

BRIDGING LAW AND PRACTICE: REFRAMING DISABILITY RIGHTS IN INDONESIAN FAITH-BASED CHILD PROTECTION THROUGH MAQASID AL-SHARIAH

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Abstract

This study examines the implementation of disability protection within a faith-based institution in Bananul Amanah Madiun Foundation, addressing a critical gap between normative legal frameworks and their practical realization in institutional care settings. It asks how disability laws are operationalized in practice and how maqāṣid al-sharī'ah can strengthen disability rights analysis beyond formal legal compliance. Using a qualitative socio-legal case study, the research draws on fieldwork conducted over three months involving eighteen participants, including administrators, caregivers, educators, parents, and children, supported by observations and institutional document analysis. The findings reveal a hybrid and adaptive model in which legal norms, religious values, and institutional practices interact dynamically. While the institution demonstrates strong commitment to safeguarding life, dignity, and basic welfare, implementation remains partial due to structural constraints such as limited resources, weak coordination, and insufficient professional capacity. The analysis shows that maqāṣid al-sharī'ah provides a systematic ethical framework that deepens rights-based evaluation by linking protection of life, intellect, and dignity to concrete institutional practices. This study contributes theoretically by integrating maqāṣid with socio-legal analysis to explain the gap between law and practice in disability protection. It implies that strengthening inclusive welfare systems in Muslim-majority contexts requires combining normative frameworks with institutional capacity building and integrated governance strategies.

Keywords: Child protection; disability rights; faith-based institution; maqasid al-shariah

Abstrak

Penelitian ini mengkaji implementasi perlindungan penyandang disabilitas pada institusi berbasis keagamaan, Yayasan Bananul Amanah Madiun, dengan menyoroti kesenjangan kritis antara kerangka hukum normatif dan realisasinya dalam praktik layanan kelembagaan. Pertanyaan penelitian ini meliputi: bagaimana regulasi disabilitas dioperasionalisasikan dalam praktik serta bagaimana maqāṣid al-sharī'ah dapat memperkuat analisis hak-hak disabilitas melampaui kepatuhan hukum formal. Dengan menggunakan pendekatan studi kasus sosio-legal kualitatif, penelitian ini didasarkan pada kerja lapangan selama tiga bulan yang melibatkan delapan belas

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partisipan, termasuk pengelola, pengasuh, pendidik, orang tua, dan anak-anak, yang didukung oleh observasi serta analisis dokumen institusi. Temuan penelitian menunjukkan adanya model hibrida dan adaptif, di mana norma hukum, nilai-nilai keagamaan, dan praktik kelembagaan berinteraksi secara dinamis. Meskipun institusi menunjukkan komitmen yang kuat dalam melindungi kehidupan, martabat, dan kesejahteraan dasar, implementasinya masih bersifat parsial akibat kendala struktural seperti keterbatasan sumber daya, lemahnya koordinasi, dan kurangnya kapasitas profesional. Analisis ini menunjukkan bahwa *maqāṣid al-sharī'ah* menyediakan kerangka etis yang sistematis untuk memperdalam evaluasi berbasis hak dengan mengaitkan perlindungan jiwa, akal, dan martabat dengan praktik kelembagaan konkret. Penelitian ini memberikan kontribusi teoretis melalui integrasi *maqāṣid* dengan analisis sosio-legal untuk menjelaskan kesenjangan antara hukum dan praktik dalam perlindungan disabilitas. Implikasinya, penguatan sistem kesejahteraan inklusif di konteks negara mayoritas Muslim memerlukan integrasi antara kerangka normatif, penguatan kapasitas kelembagaan, dan strategi tata kelola yang terkoordinasi.

Kata Kunci: hak penyandang disabilitas; institusi berbasis keagamaan; *maqāṣid al-shariah*; perlindungan anak

I. Introduction

The protection of children with disabilities remains a pressing global concern, particularly in developing countries where structural inequalities and limited resources exacerbate their vulnerability. Children with disabilities face significant protection challenges globally, particularly in developing countries. In Southeast Asia, children with neurodevelopmental disorders encounter substantial barriers including stigma, lack of awareness about developmental milestones, and inadequate healthcare resources.⁴ A systematic review revealed stark geographical inequities, with only 33% of intervention studies conducted in middle-income countries and none in low-income countries, despite these regions having the highest prevalence rates of developmental disabilities.⁵ Digital environments present additional complexities, with children with disabilities facing substantially increased risks and barriers to effective safeguarding practices online.⁶ During armed conflicts, children with disabilities experience heightened vulnerabilities including inability to flee attacks, risk of abandonment, lack of access to assistive devices and basic services, and increased exposure to abuse and psychological harm.⁷ These

⁴ Kamila, G. & Gulati, S. (2023) 'Navigating the Frontiers in Childhood Neurodevelopmental Disorders: Unravelling Challenges in South-East Asia', *WHO South-East Asia Journal of Public Health*, 12(2):81-84.

⁵ Smythe, T. et al. (2024) 'Strategies for Addressing the Needs of Children with or at Risk of Developmental Disabilities in Early Childhood by 2030: A Systematic Umbrella Review', *BMC Medicine*, 22(1):51.

⁶ Flynn, S. et al. (2024) 'Child Protection and Welfare Risks and Opportunities Related to Disability and Internet Use: Broadening Current Conceptualisations through Critical Literature Review', *Children and Youth Services Review*, 157.

⁷ Ćerimović, E. (2023) 'At Risk and Overlooked: Children with Disabilities and Armed Conflict', *International Review of the Red Cross*, 922, p. 192-216.

conditions underscore the urgency of strengthening child protection systems that are inclusive, adaptive, and evidence-based.

International frameworks addressing disability rights and social inclusion in child protection systems reveal significant implementation gaps and systemic challenges. The UN Convention on the Rights of Persons with Disabilities (UNCRPD), ratified by 192 countries, provides a comprehensive framework for disability rights but faces inconsistent implementation.⁸ Policy analysis across liberal welfare regimes shows widespread conflation of disability with vulnerability and lacks clear disability definitions in child protection policies.⁹ Rights protection officers play a crucial role in supporting parents with intellectual disabilities by altering power relations and challenging discrimination, though they face systemic apathy and knowledge gaps.¹⁰ Children's participation rights in child protection are undermined by cultural and class inequities, where professional paradigms favor middle-class communication styles and individualistic constructions of childhood that may not align with diverse cultural worldview.¹¹ These dynamics highlight persistent gaps between normative commitments and practical realization.

At the national and local levels, the implementation of disability laws and policies encounters multiple barriers that limit their effectiveness. Despite decades since landmark legislation like the Americans with Disabilities Act, people with disabilities continue facing architectural and community participation barriers.¹² Implementation of the UN Convention on the Rights of Persons with Disabilities faces multiple hurdles, particularly pronounced at local levels in the Global South where disability intersects with poverty. Key barriers include weak and fragmented organizations of persons with disabilities, political and legal issues, and siloed approaches that marginalize disability in mainstream development.¹³ At the municipal level, implementation varies significantly, with social workers often fulfilling dual counselling and gatekeeping roles without

⁸ Coughlan, J. & Fitzgerald, D. (2025) 'Enforcing the Rights of Persons with Childhood-onset Disabilities: An International Statement', *Developmental Medicine & Child Neurology*, 67(11):1374-1375.

⁹ Johnson, L. et al. (2025) 'Attention to Disability in Child Protection Policies across Four Liberal Welfare Regimes', *Journal of Public Child Welfare*, 19(1):141-167.

¹⁰ Stefánsdóttir, S. et al. (2024) 'Safeguarding Families and Rights of Parents with Intellectual Disability Involved in Child Protection', *The International Journal of Disability and Social Justice*, 4(2):91-110.

¹¹ Kedell, E. (2023) 'Recognising the Embedded Child in Child Protection: Children's Participation, Inequalities and Cultural Capital', *Children and Youth Services Review*, 147(April).

¹² Whaley, B. et al. (2024) 'The Americans with Disabilities Act and Equal Access to Public Spaces', *Laws*, 13(1):5.

¹³ Grech, S. et al. (2023) 'Intersecting Disability and Poverty in the Global South: Barriers to the Localization of the UNCRPD', *Social Inclusion*, 11(4).

adequate training, creating misalignment between local support systems and international disability rights conventions.¹⁴

Within this context, social inclusion emerges as a central concept in rethinking child protection systems. Social inclusion is understood not merely as access to services but as meaningful participation, belonging, and recognition of children with disabilities as full members of society. Research reveals that child welfare services face structural, social, and cultural barriers that limit equal access, requiring intersectional human rights approaches.¹⁵ Contemporary scholarship argues for advancing beyond inclusion toward belonging, emphasizing active participation rather than passive integration.¹⁶ However, the realization of social inclusion remains uneven, particularly in institutional care settings where resource limitations and professional capacity constraints persist.

Scholarly efforts have proposed various approaches to address these challenges, including strengthening inclusive education, enhancing professional training, and improving inter-agency coordination. Early childhood educators play crucial roles in fostering inclusion but often receive minimal training, with professional development serving as a catalyst for improved practices.¹⁷ Institutional flexibility during crises has demonstrated both inclusion and exclusion dynamics, highlighting the need for resilient systems.¹⁸ Despite these efforts, existing approaches often remain technocratic and insufficiently grounded in local cultural and ethical contexts.

In this regard, *Maqashid Shariah* offers a potentially transformative framework for integrating ethical, legal, and social dimensions of child protection. *Maqashid Shariah* represents the fundamental objectives of Islamic law aimed at promoting human welfare and justice, including the protection of religion, life, intellect, property, and lineage.¹⁹ Its

¹⁴ Claessen, D. et al. (2024) 'Bringing Human Rights Home: Access to Justice and the Role of Local Actors Implementing the United Nations Convention on the Rights of Persons with Disabilities', *Journal of Human Rights Practice*, 16(2):554-571.

¹⁵ More, R. (2024) 'Inclusive Child Welfare Services, Disabled Children, and Their Families: Insights from a European Comparison of Social Policy and Social (Work) Practice in Austria, Iceland, and Ireland', *European Journal of Social Work*, 27(3):478-489.

¹⁶ Long, T. & Guo, J. 'Moving beyond Inclusion to Belonging', *International Journal of Environmental Research and Public Health*, 20(20).

¹⁷ Koller, D. et al. (2026) 'It Isn't the Same for Everyone': Early Childhood Educators' Lived Experiences with Cultivating Social Inclusion', *Journal of Early Childhood Teacher Education*, 47(1):1-24.

¹⁸ Balter, A. et al. (2022) 'Re-Imagining Inclusion Through the Lens of Disabled Childhoods', *Social Inclusion*, 11(1).

¹⁹ Attia, G. (2007) *Towards Realization of the Higher Intents of Islamic Law: Maqashid al-Syariah – A Functional Approach* [Online]. Available at: <https://iiit.org/wp-content/uploads/Towards-Realization-of-the-Higher-Intents-of-Islamic-Law-Maqasid-Al-Shariah-A-Functional-Approach.pdf>; Auda, J. (2006) *Maqashid Al-Shariah Dalil Li al-Mubtadien*. Herndon: International Institute of Islamic Thought; Yusuf, N. et al. (2024) 'Examining the Basis of Maqashid Syariah in Renewal of Islamic Law in Indonesia', *Petita Jurnal Kajian Ilmu Hukum dan Syariah*, 9(1).

epistemological principles emphasize tolerance, equality, and freedom, forming a foundation for human rights within Islamic jurisprudence.²⁰ Importantly, *maqāṣid al-sharī'ah* shifts legal reasoning toward contextual and welfare-oriented approaches, prioritizing dignity and social justice.²¹ Recent scholarship applying *maqāṣid al-sharī'ah* to Islamic family law similarly demonstrates how this framework can challenge patriarchal interpretations and strengthen legal safeguards for vulnerable groups by emphasizing the protection of life, dignity, and human welfare as central objectives of Islamic law.²² As such, it can serve not merely as a moral reference but as an analytical framework to evaluate institutional practices and policy outcomes.

Existing literature on faith-based institutions further highlights their strategic role in bridging gaps between formal legal systems and community-based care. In Muslim-majority contexts, such institutions contribute to social service delivery by mobilizing social capital and cultural legitimacy.²³ However, research also reveals persistent tensions, including the coexistence of inclusive religious principles with ongoing stigma toward disability.²⁴ While prior studies have examined either legal compliance or faith-based care separately, there remains a limited understanding of how these dimensions intersect in practice, particularly through the lens of *Maqashid Shariah*.

This study addresses this gap by examining how disability protection laws are implemented within a faith-based institutional setting and how *Maqashid Shariah* can be operationalized as an evaluative framework. It introduces the concept of holistic care as an integrated approach combining legal compliance, ethical principles, and social inclusion practices. The study is novel in its attempt to bridge empirical legal analysis with Islamic ethical theory, offering a context-sensitive model of inclusive child protection. The scope of this research focuses on institutional practices, stakeholder interactions, and policy implementation dynamics. Accordingly, this study seeks to answer the following research questions: (1) How are national disability laws implemented in practice within institutional care settings? (2) How is *Maqashid Shariah* applied as an evaluative

²⁰ Umami, U. & Ghofur, A. (2022) 'Human Rights in Maqāṣid Al-Sharī'ah al-Āmmah: A Perspective of Ibn 'Āshūr', *Al-Ahkam*, 31(1):87-108.

²¹ Brahim, Z. et al. (2025) 'Integration of Maqāṣid Al-Sharī'ah in the Criminal Law Reform to Achieve Justice and Human Dignity', *Jurnal Hukum Islam*, 23(1):105-144.

²² Wati, R. et al. (2025) 'Challenging Patriarchal Readings of Nusyuz: A Maqāṣid al-Sharī 'Ah Approach to Strengthening Women's Legal Safeguards', *Martabat: Jurnal Perempuan dan Anak*, 9(2):120-135.

²³ Nurdin, M. (2024) 'Islamic Faith-based Organisations and Their Role in Building Social Capital for Post-disaster Recovery in Indonesia', *Disasters*, 48(1).

²⁴ Billah, M. et al. (2025) 'Islamic Law Perspectives and Social Experiences on Stigma toward Disabled People in Indonesia', *Frontiers in Sociology*, 10.

framework in disability protection? and (3) What institutional strengths and structural limitations shape the effectiveness of inclusive child protection?

II. Method

This study employs an empirical legal research design to examine how disability protection norms operate in practice within a faith-based institutional setting. Empirical legal research is particularly suited to capturing the gap between law in text and law in action, despite methodological challenges such as the fluidity of legal concepts and difficulties in systematic data gathering.²⁵ Given concerns about transparency and methodological rigor in legal scholarship,²⁶ this study adopts a qualitative case study approach to provide contextualized and in-depth analysis. The case study focuses on the Bananul Amanah Madiun Foundation as a representative institution where legal norms, social practices, and religious values intersect.²⁷

Data were collected over a three-month period of fieldwork through triangulated methods, including direct observation, semi-structured interviews, and document analysis. A total of 18 informants were selected using purposive sampling based on their roles and involvement in institutional practices. The participants consisted of administrators (3), caregivers (5), educators (4), parents (3), and children with disabilities (3). Sampling criteria included direct engagement in caregiving, policy implementation, or service delivery within the institution. This diversity ensured representation of multiple perspectives and enhanced analytical validity.

The study also examined institutional documents, including legal identity records, internal policies, and program reports, alongside relevant Islamic legal texts to assess compliance with national regulations and alignment with *Maqashid Shariah*. Data analysis was conducted using reflexive thematic analysis, combining inductive and theory-driven approaches to identify patterns and interpret findings.²⁸ This approach

²⁵ Plan, A. (2024) 'Taking Law Seriously: The Challenges of Law as Research Data in Socio-Legal Scholarship', *Law, Technology and Humans*, 6(3):46–59.

²⁶ Chin, J. et al. (2024) 'The Transparency of Quantitative Empirical Legal Research Published in Highly Ranked Law Journals (2018–2020): An Observational Study', *F1000Research*, 12, p. 144; Huang, P. (2025) 'Empirical Law and Economics in Taiwan: A Thirty-Year Review', *Asian Journal of Law and Economics*, 16(1):45-61.

²⁷ Mtisi, S. (2022) 'The Qualitative Case Study Research Strategy as Applied on a Rural Enterprise Development Doctoral Research Project', *International Journal of Qualitative Methods*, 21; Basseches, J. et al. (2024) 'Leveraging the Insights of Depth: A Staged Strategy for Building Qualitative Case Studies of American State-level Policy', *Social Science Quarterly*, 105(2):359-373.

²⁸ Herzog, C. et al. (2025) 'Digging in or Building Bridges? A Scoping Review of Thematic Analysis', *Frontiers in Research Metrics and Analytics*, 10; Roseveare, C. (2023) 'Thematic Analysis: A Practical Guide, by Virginia Braun and Victoria Clarke', *Canadian Journal of Program Evaluation*,

allowed the integration of empirical insights with *Maqashid Shariah* as an analytical framework. While thematic analysis enhances transparency, attention was given to coding rigor and interpretive consistency.²⁹

Researcher positionality was acknowledged as part of the analytical process, recognizing that interpretation is shaped by the researcher’s academic background in Islamic law and socio-legal studies. Ethical considerations included informed consent, confidentiality, and safeguarding vulnerable participants. This methodological design ensures a systematic, credible, and context-sensitive analysis of disability protection within institutional care.

Table 1
Characteristics of Informants (n=18)

No	Code	Role	Gender	Age Range	Key Involvement
1	I1	Administrator	M	40–50	Policy & management
2	I2	Administrator	F	35–45	Program coordination
3	I3	Administrator	M	45–55	Institutional leadership
4	I4	Caregiver	F	25–35	Daily care
5	I5	Caregiver	F	30–40	Rehabilitation support
6	I6	Caregiver	M	25–35	Child supervision
7	I7	Caregiver	F	35–45	Emotional support
8	I8	Caregiver	F	28–38	Therapy assistance
9	I9	Educator	F	30–40	Inclusive teaching
10	I10	Educator	M	35–45	Curriculum adaptation
11	I11	Educator	F	25–35	Learning support
12	I12	Educator	M	40–50	Vocational training
13	I13	Parent	F	30–45	Family perspective
14	I14	Parent	M	35–50	Care collaboration
15	I15	Parent	F	28–40	Service feedback
16	I16	Child	M	10–15	Program participant
17	I17	Child	F	8–14	Education program
18	I18	Child	M	12–17	Vocational activity

²⁹ 38(1):143-145.
Vogler, R. (2023) 'Rules of Interpretation – Qualitative Research in Tourism by Incorporating Legal Science Canons', *Current Issues in Tourism*, 26(8):1214-1223; Christou, P. (2022) 'How to Use Thematic Analysis in Qualitative Research', *Journal of Qualitative Research in Tourism*, 3(2):79-95.

III. Analysis and Discussion

A. Implementation of Disability Laws in Institutional Practice

The findings of this study reveal that the implementation of disability protection laws within the Bananul Amanah Madiun Foundation operates in a hybrid manner, characterized by partial legal compliance, adaptive institutional practices, and significant structural constraints. Rather than reflecting a linear translation of legal norms into practice, the institutional reality demonstrates a negotiated process shaped by resource availability, actor interpretation, and socio-cultural context. This confirms broader findings that disability law implementation often faces challenges in translating policy into effective practice, requiring adjustments across multiple institutional levels.³⁰

Empirical observations indicate that the foundation has achieved relatively strong implementation in the domain of legal identity registration. Administrators (I1, I2, I3) emphasized that ensuring children possess birth certificates is a primary institutional priority, as it determines access to education, healthcare, and social assistance. Institutional documents reviewed, including registration records and administrative reports, confirm that the majority of children have been successfully registered through collaboration with local civil authorities. This aligns with global evidence that legal identity registration is foundational for accessing essential services.³¹ However, challenges persist for children from complex family backgrounds, particularly those lacking complete parental documentation, echoing findings on administrative and social barriers to registration.³²

Despite this strength, the implementation of inclusive education remains limited and uneven. Educators (I9, I10, I11, I12) reported significant constraints in delivering adaptive curricula due to the lack of specialized training and limited availability of tailored learning materials. Observational data revealed that while inclusive practices are attempted, classrooms often rely on generalized teaching methods that do not fully accommodate diverse cognitive and developmental needs. This condition mirrors broader global patterns where children with disabilities face exclusion from formal

³⁰ Gould, J. (2025) 'From Policy to Practice: Socio-Ecological Challenges in Implementing the Home and Community Based Settings Rule', *Journal of Disability Policy Studies*, 36(1):29-39; Mitra, S. & Qin, G. (2023) 'Disability and Social Policy: Global Evidence and Perspectives', *Global Social Policy*, 23(1):3-10.

³¹ Paleker, M. et al. (2023) 'Closing the Birth Registration Gap for Every Newborn Facility Birth: Literature Review and Qualitative Research', *Global Health Action*, 16(1).

³² Elita, R. et al. (2024) 'Rights of Children from Interfaith Marriages: Child Registration Case in Semarang, Indonesia', *Contemporary Issues on Interfaith Law and Society*, 3(1):43-84.

education due to infrastructural and professional limitations.³³ Children participants (I16, I17, I18) expressed mixed experiences, with some reporting enjoyment in social interaction but others indicating difficulties in understanding lessons and limited individualized attention.

Healthcare access also reflects partial compliance, with caregivers (I4–I8) noting that basic health monitoring is conducted regularly, yet access to specialized services such as therapy and psychological support remains inconsistent. Field observations documented reliance on external healthcare providers, often constrained by financial limitations and geographic accessibility. Parents (I13–I15) highlighted the burden of navigating healthcare systems, consistent with research indicating that families of children with disabilities experience compounded physical, emotional, and social challenges.³⁴ These findings demonstrate that while institutional care provides a critical support system, it cannot fully compensate for systemic healthcare gaps.

A key finding of this study is the discrepancy between formal legal provisions and their practical application, often described as the gap between law in text and law in action. Institutional actors interpret legal obligations flexibly, adapting them to local conditions rather than strictly adhering to regulatory frameworks. Administrators (I1–I3) acknowledged that compliance is often guided by feasibility rather than strict legal mandates, particularly in areas requiring high resource investment. This reflects socio-legal findings that institutional actors navigate competing priorities and contextual constraints when applying legal norms.³⁵

Caregivers (I4–I8) further emphasized that daily practices are driven more by immediate care needs than by formal legal guidelines. Observations revealed that decision-making processes are highly relational, with caregivers relying on experiential knowledge rather than standardized protocols. This aligns with research indicating that care practices are shaped by micro-level interactions and institutional cultures rather

³³ Chirowamhangu, R. (2024) 'Inclusive Education Pandemic: Learning Barriers for Children with Disabilities in South Africa,' *African Journal of Disability*, 13(December); Shuayb, I. & Doueiry, S. (2023) 'Impact of COVID-19 on the Education and Healthcare Services of Persons with Disabilities in Lebanon', *Frontiers in Public Health*, 11(June).

³⁴ Shahali, S. et al. (2024) 'Health Challenges Faced by Parents of Children with Disabilities: A Scoping Review', *BMC Pediatrics*, 24(1):619.

³⁵ Repo, J. (2025) 'Care Workers' Experiences of Regulatory Challenges in Children's Residential Homes in Finland', *International Journal of Care and Caring*, October:1-17; Olsvik, B. & Solstad, E. (2025) 'My Identity Is as a Professional Leader'; The Practice of Leadership of Child Welfare Managers in Norway', *Child Care in Practice*, 31(1):18-33.

than solely by legal frameworks.³⁶ While such flexibility enables responsiveness, it also introduces variability and potential inconsistencies in service quality.

Another significant challenge identified is the persistence of structural constraints, particularly in terms of resources, professional capacity, and institutional coordination. Administrators reported limited funding as a major barrier to expanding services, especially in specialized education and healthcare. This finding is consistent with studies showing that resource constraints significantly affect the implementation of disability policies.³⁷ Furthermore, weak coordination with external agencies, including government and healthcare providers, limits the effectiveness of integrated service delivery.

The study also highlights the influence of socio-cultural factors, including stigma and community perceptions of disability. Caregivers and parents reported that negative societal attitudes continue to affect children's participation in broader social environments. These findings resonate with research demonstrating that institutional efforts alone cannot overcome deeply embedded cultural barriers.³⁸

The implementation of disability laws within the Bananul Amanah Madiun Foundation is characterized by selective compliance, adaptive practices, and structural limitations. While the institution demonstrates commitment to child protection, particularly in legal identity and basic care, significant gaps remain in education, healthcare, and systemic coordination. These findings underscore the need for integrated approaches that address both institutional capacities and broader structural constraints in realizing inclusive child protection.

B. *Maqasid al-Shariah* as an Analytical Framework in Institutional Practice

The findings demonstrate that the operationalization of *maqāṣid al-sharī'ah* within the Bananul Amanah Madiun Foundation is not merely symbolic but functionally embedded in institutional practices, albeit in uneven and adaptive forms. Rather than explicitly articulated as a formal framework, *maqāṣid* principles are implicitly reflected in daily caregiving, educational arrangements, and administrative priorities. This confirms

³⁶ Carbone, S. et al. (2022) 'Stakeholder Involvement in Care Transition Planning for Older Adults and the Factors Guiding Their Decision-Making: A Scoping Review', *BMJ Open*, 12(6).

³⁷ Jost, C. et al. (2022) 'A Community-Based Evaluation of Disability Resources and Inclusion Practices in Rural Botswana', *Disability and Health Journal*, 15(3); Hameed, S. et al. (2024) 'I Don't Know Whether It's Priority, or Capacity, or Both': Implementation Gaps in Employment Policies Targeting People with Disabilities in Kenya and Bangladesh', *Disabilities*, 4(4):781-800.

³⁸ Rotoli, J. et al. (2023) 'From Inequity to Access: Evidence-based Institutional Practices to Enhance Care for Individuals with Disabilities', *AEM Education and Training*, 7(1).

that *maqāṣid al-sharī'ah* functions as a unifying ethical objective that guides diverse practices without necessarily being codified in rigid institutional structures.³⁹

The protection of life (*hifz al-nafs*) emerges as the most consistently implemented dimension. Administrators (I1, I2, I3) emphasized that ensuring children's physical safety, nutrition, and basic healthcare constitutes the institution's primary obligation. Observational data show structured daily routines, including scheduled meals, hygiene supervision, and regular health monitoring. Caregivers (I4–I8) reported that immediate medical responses are prioritized even under financial constraints, reflecting a strong commitment to safeguarding life. However, limitations in accessing specialized healthcare services indicate partial realization of this *maqāṣid* dimension, aligning with broader findings that institutional care often struggles with systemic healthcare gaps.⁴⁰

The protection of intellect (*hifz al-'aql*) is reflected in educational initiatives, though its implementation remains constrained. Educators (I9–I12) described efforts to provide inclusive learning environments, yet observational findings reveal that pedagogical practices are often generalized and insufficiently adapted to diverse cognitive needs. Children (I16–I18) reported varying levels of comprehension and engagement, indicating that intellectual development is unevenly supported. This gap highlights the challenge of translating *maqāṣid* principles into measurable educational outcomes, echoing research on the difficulty of operationalizing *maqāṣid* into institutional indicators.⁴¹

The protection of dignity and lineage (*hifz al-nasl and karamah*) is particularly evident in the institution's emphasis on legal identity and social inclusion. Documentation reviewed, including birth registration records and family tracing reports, indicates that administrators actively pursue legal recognition for children. Informants (I1–I3, I13–I15) stressed that identity documentation is essential not only for accessing services but also for affirming children's social status and belonging. This aligns with research demonstrating the centrality of legal identity in ensuring access to rights and services.⁴² However, persistent stigma reported by caregivers and parents indicates that social

³⁹ Alias, M. et al. (2024) 'Scientific Approach as the Basis for the Formation of Maqāṣid Al-Sharī'ah Concept and Principles: A Comparative Study', *Malaysian Journal of Syariah and Law*, 12(2):350-363.

⁴⁰ Fluss, J. et al. (2022) 'Enjeux Médico-Éducatifs Dans La Prise En Charge de l'enfant En Situation de Handicap', *Revue Médicale Suisse* 18(770):306–309.

⁴¹ Mubarok, F. & Kurnia, A. (2025) 'The Relevance of the Implementation of Maqashid Shariah and Sustainable Development Goals in Islamic Microfinance Institutions', *Qualitative Research in Financial Markets* (ahead of print, 14 August 2025); Abdullah, H. et al. (2025) 'Developing Tahfiz Empowerment Index Based on Maqasid Shariah', *International Journal of Islamic and Middle Eastern Finance and Management*, 18(5):1066-1091.

⁴² Paleker, M. et al., *op.cit.*

dignity is not fully realized, reflecting broader societal barriers.⁴³

The protection of wealth (*hifz al-mal*) is less directly visible but emerges through resource management and sustainability practices. Administrators reported reliance on donations and limited institutional funding, requiring careful allocation of resources. Observational findings indicate prioritization of essential needs over long-term developmental programs, suggesting that economic constraints shape the scope of *maqāṣid* implementation. This finding resonates with research highlighting the importance of integrating *maqāṣid* with sustainability indicators in institutional settings.⁴⁴

A critical finding is the presence of a gap between normative *maqāṣid* ideals and empirical institutional realities. While Islamic ethical frameworks strongly support disability inclusion and dignity,⁴⁵ their practical implementation is mediated by structural, cultural, and organizational constraints. Caregivers (I4–I8) and parents (I13–I15) reported that stigma, limited infrastructure, and insufficient professional training continue to hinder full inclusion. This reflects broader evidence that gaps persist between Islamic principles and actual practices in Muslim-majority contexts.⁴⁶

The findings also reveal the hybrid nature of faith-based organizational practices. The foundation integrates religious values into service delivery in ways that combine spiritual motivations with practical caregiving. Daily routines include religious activities that reinforce values of compassion, patience, and social responsibility, consistent with research on faith-based organizations that blend spiritual and institutional logics.⁴⁷ However, this integration is not without tension. Administrators acknowledged that resource limitations sometimes force prioritization decisions that may not fully align with ideal *maqāṣid* objectives.

Importantly, the analysis identifies potential risks of normative bias when applying *maqāṣid* as an analytical framework. While *maqāṣid* provides a powerful ethical lens, there is a tendency to interpret institutional practices in ways that confirm normative expectations rather than critically assessing empirical realities. This concern aligns with

⁴³ Rismawati, S. et al. (2024) 'Legal Culture and Disability Rights in Indonesian Islamic Higher Education: A Review of Practices', *Journal of Ecohumanism*, 3(4):1368-1377.

⁴⁴ Hartanto, A. et al. (2024) 'A Bibliometric Analysis of Islamic Banking Sustainability: A Study Based on Scopus Scientific Database', *Journal of Islamic Marketing*, 15(9):2245-3385.

⁴⁵ Salamuddin & Sebayang, V. (2025) 'Between Destiny and Curse: Theological Reform in Countering the Stigma of Disability in Islamic Discourse', *Pharos Journal of Theology*, 106(3).

⁴⁶ Rismawati et al., *op.cit.*

⁴⁷ Lotta, G. et al. (2024) "Jesus Speaks Better": Interactions Between State and Faith-Based Organizations in Service Implementation', *Nonprofit and Voluntary Sector Quarterly*, 53(2):402-427; Abubakar et al. (2025) 'Integrating Entrepreneurial Values into Faith-Based Education: A Study of Traditional Pesantren in Aceh', *Jurnal Ilmiah Peuradeun*, 13(2):1421-1446.

critiques highlighting the influence of normative frameworks on empirical research.⁴⁸ To mitigate this risk, this study adopts a balanced approach, grounding *maqāṣid* analysis in observed practices and informant narratives rather than prescriptive assumptions.

The findings demonstrate that *maqāṣid al-sharī'ah* offers a valuable but incomplete framework for understanding disability care in institutional settings. Its strength lies in providing ethical direction and normative justification for inclusive practices, particularly in protecting life, intellect, and dignity. However, its effectiveness depends on the ability to translate abstract principles into concrete, measurable, and context-sensitive interventions. This underscores the need for further development of *maqāṣid*-based indicators and institutional strategies that can bridge the gap between normative ideals and empirical realities.

C. Institutional Strengths, Limitations, and Structural Challenges of Faith-Based Service Delivery

The findings indicate that the Bananul Amanah Madiun Foundation operates as a hybrid faith-based institution whose effectiveness is shaped by the interaction between religious values, institutional capacity, and structural constraints. Rather than presenting a uniformly effective model, the empirical data reveal a dual character: notable institutional strengths rooted in faith-driven commitment and social trust, alongside persistent limitations linked to resource scarcity, organizational fragmentation, and broader systemic barriers.

A central institutional strength lies in the integration of religious values into caregiving practices. Administrators (I1, I2, I3) emphasized that religious motivation underpins organizational commitment, shaping norms of compassion, patience, and responsibility. Observational data confirm that daily routines—such as collective prayers, moral instruction, and structured caregiving—function not only as spiritual practices but also as mechanisms of social discipline and emotional support. Caregivers (I4–I8) reported that these values enhance their resilience in managing demanding caregiving tasks. This finding aligns with research demonstrating that faith-based organizations often achieve effectiveness through contextualized interventions and alignment with religious practices.⁴⁹

⁴⁸ Nakou, P. & Bennett, R. (2023) 'The Risk of Normative Bias in Reporting Empirical Research: Lessons Learned from Prenatal Screening Studies about the Prominence of Acknowledged Limitations', *Theoretical Medicine and Bioethics*, 44(6):589-606; Willen, S. et al. (2025) 'Who Gets to Define Flourishing? Disentangling Social Science from Theology in Flourishing Measurement and Policy Prescriptions', *SSM – Mental Health*, 7(June).

⁴⁹ Sanusi, A. et al. (2023) 'Cardiovascular Health Promotion: A Systematic Review Involving

Another key strength is the role of social capital and community trust. Parents (I13–I15) consistently reported high levels of trust in the institution, citing transparency, accessibility, and perceived moral integrity as key factors. Institutional documents, including partnership records and donation reports, show sustained community engagement and support. Observations further indicate that local networks facilitate resource mobilization and informal collaboration with external actors. This supports broader findings that social capital enhances institutional effectiveness and fosters collaborative networks.⁵⁰

However, these strengths are counterbalanced by significant structural limitations. The most prominent constraint identified across all informants (I1–I15) is limited funding. Administrators reported that financial resources are insufficient to support specialized services, particularly in education and healthcare. Observational findings reveal that facilities lack adaptive equipment and tailored infrastructure, limiting the institution's ability to provide inclusive services. This reflects wider evidence that funding constraints significantly hinder disability service delivery.⁵¹

Organizational fragmentation and weak interagency coordination represent additional limitations. Caregivers (I4–I8) and educators (I9–I12) highlighted difficulties in coordinating with healthcare providers, educational institutions, and government agencies. Field observations documented delays in accessing external services, fragmented communication, and reliance on informal networks rather than formal coordination mechanisms. These findings align with research indicating that lack of integrated services and poor interagency coordination undermine effective disability care.⁵²

Healthcare access barriers further illustrate systemic limitations. Despite institutional efforts, children (I16–I18) face challenges in accessing specialized medical

Effectiveness of Faith-Based Institutions in Facilitating Maintenance of Normal Blood Pressure', *PLOS Global Public Health*, 3(1).

⁵⁰ Argentiero, A. et al. (2023) 'Do Social Capital and the Quality of Institutions Affect Waste Recycling?', *Waste Management*, 155(January): 240-251; Puro, N. et al. (2023) 'Exploring the Role of Community Social Capital in Not-for-Profit Hospitals' Decision to Engage Community Partners in the Community Health Needs Assessment Process', *Medical Care Research and Review*, 80(3):333-341; Lim, S. et al. (2024) 'The Nonprofit Role in Building Community Social Capital: A Moderated Mediation Model of Organizational Learning, Innovation, and Shared Mission for Social Capital Creation', *Nonprofit and Voluntary Sector Quarterly*, 53(1):210-235.

⁵¹ Liu, J. et al. (2025) 'Societal Attitudes and Structural Barriers in Coaching Para-Athletes: A Mixed-Methods Systematic Review', *PLOS One*, 20(6).

⁵² Ngondwe, P. & Tefera, G. (2025) 'Barriers and Facilitators of Access to Healthcare Among Immigrants with Disabilities: A Qualitative Meta-Synthesis', *Healthcare*, 13(3):313; Stone, E. et al. (2024) 'Interagency Coordination to Manage Co-Occurring Intellectual and Developmental Disabilities and Mental Health Conditions', *Psychiatric Services*, 75(8):770-777.

services, including therapy and psychological support. Observations reveal logistical barriers such as transportation difficulties and long waiting times. Parents (I13–I15) reported additional burdens in navigating healthcare systems. These findings are consistent with studies highlighting structural and accessibility barriers within healthcare systems.⁵³

Social stigma emerges as a critical external constraint affecting institutional outcomes. Caregivers and parents reported experiences of discrimination and social exclusion affecting children's participation in broader community life. Observational data confirm limited interaction between children and the wider community, reflecting persistent social barriers. This supports research demonstrating that stigma remains a major obstacle to disability inclusion across multiple contexts.⁵⁴

The hybrid nature of the institution also generates internal tensions. While religious values provide strong motivation, they do not automatically translate into technical expertise or institutional efficiency. Educators (I9–I12) reported gaps in professional training, particularly in special education methodologies. This suggests that while faith-based commitment is necessary, it is insufficient without complementary professional capacity. This finding resonates with evidence that religious belief alone does not guarantee service effectiveness.⁵⁵

The relationship between the foundation and the state further illustrates both opportunities and constraints. Administrators described collaboration with government agencies as necessary but inconsistent. Institutional documents show sporadic engagement in formal programs, often dependent on external initiatives rather than sustained partnerships. This reflects broader patterns of hybridization between state and non-state actors, where collaboration is shaped by institutional fit and resource availability.⁵⁶

To enhance analytical clarity, the key strengths and limitations identified in this study are summarized below.

⁵³ Rotoli, J. et al., *op.cit.*

⁵⁴ Kwok, K. & Kwok, S. (2022) 'Navigating Stigma and Discrimination: Experiences of Migrant Children with Special Needs and Their Families in Accessing Education and Healthcare in Hong Kong', *International Journal of Environmental Research and Public Health*, 19(10); Adugna, M. et al. 'Disability Stigma and the Pursuit of Inclusion among Children with Physical Disabilities in Northwest Ethiopia', *Disability and Rehabilitation*, 47(3):676–686.

⁵⁵ Elsayed, W. et al. (2023) 'Religious Practices in the Effectiveness of Social Service Workers: A Subjective Assessment', *Public Organization Review*, 23(4):1385-98.

⁵⁶ Afandi, M. et al. (2023) 'Collaborative Governance in a Mandated Setting: Shifting Collaboration in Stunting Interventions at Local Level', *Development Studies Research*, 10(1).

Table 2
Institutional Strengths and Limitations of The Bananul Amanah Madiun Foundation

Dimension	Institutional Strengths	Institutional Limitations
Religious Values	Strong ethical motivation; embedded caregiving norms	Limited translation into technical expertise
Social Capital	High community trust; strong local networks	Dependence on informal support systems
Resources	Efficient allocation of limited funds	Chronic funding shortages; lack of adaptive facilities
Service Delivery	Consistent basic care provision	Limited specialized education and healthcare services
Coordination	Flexible informal collaboration	Weak formal interagency coordination
Social Context	Community engagement and support	Persistent stigma and social exclusion

This synthesis demonstrates that the institution’s effectiveness is contingent upon the interaction between internal capacities and external environments. While faith-based values and social capital provide important foundations, structural limitations significantly constrain outcomes.

A deeper critical reflection reveals that faith-based institutions face inherent structural challenges. First, reliance on voluntary support and donations creates financial instability, limiting long-term planning and service expansion. Second, the absence of standardized professional frameworks can lead to variability in service quality. Third, the dual role of faith-based organizations—as both service providers and moral institutions—may create tensions between spiritual objectives and technical requirements. These challenges are consistent with broader research highlighting the mixed effectiveness of faith-based service delivery models.⁵⁷

Moreover, the findings suggest that institutional effectiveness cannot be understood solely at the organizational level but must be situated within broader socio-political contexts. Structural barriers such as inadequate public infrastructure, fragmented policy implementation, and limited state capacity significantly shape institutional outcomes. This underscores the importance of collaborative models, including coproduction and integrated service delivery, to address complex social problems.⁵⁸

The Bananul Amanah Madiun Foundation demonstrates a contextually adaptive model of faith-based service delivery characterized by strong moral commitment and

⁵⁷ Morse, S. (2024) ‘Giving and Receiving: Faith and the Sustainability of Institutions Providing Microfinance Services for Development’, *Sustainability*, 16(5):1923.

⁵⁸ Falleti, T. et al. (2024) ‘State and NGO Coproduction of Health Care in the Gran Chaco’, *World Development*, 176(April); Khan, Z. et al. (2025) ‘Community Participation and Contracting between State and Non-State Actors in Primary Care: A Scoping Review of Evidence’, *International Journal for Equity in Health*, 24(1):199.

community trust. However, its effectiveness is constrained by structural limitations, including resource scarcity, organizational fragmentation, and persistent social stigma. These findings highlight the need for integrated strategies that combine religious motivation with professional capacity building, institutional coordination, and supportive public policies to enhance the quality and sustainability of disability care.

D. Toward an Integrated and Adaptive Model of Inclusive Child Protection Governance

The findings of this study suggest that the Bananul Amanah Madiun Foundation represents an emergent model of hybrid child protection governance that combines legal norms, religious ethics, and institutional practices. However, this model remains incomplete and uneven, requiring systematic integration to enhance its effectiveness and sustainability. Rather than functioning as a fully coherent system, the institutional framework operates through fragmented yet adaptive mechanisms shaped by contextual constraints, actor agency, and resource availability. This condition reflects broader findings that child protection systems often combine rights-based frameworks with institutional approaches, resulting in gaps between normative design and practical implementation.⁵⁹

Empirical evidence from informants (I1–I18) indicates that while the foundation demonstrates strong commitment to child protection, its governance structure lacks formal integration across legal, social, and service delivery dimensions. Administrators (I1–I3) acknowledged that institutional policies are largely reactive rather than strategically designed, with limited use of formal frameworks or long-term planning tools. Observational data reveal that decision-making processes rely heavily on experiential knowledge and immediate needs rather than systematic coordination. Institutional documents, including internal reports and partnership records, further confirm the absence of standardized governance instruments such as monitoring frameworks, formal evaluation tools, or integrated policy guidelines.

These findings highlight the need for a more structured hybrid governance model that aligns legal mandates, *maqāṣid*-based ethical principles, and institutional practices. Hybrid governance frameworks offer significant potential for addressing complex social

⁵⁹ Zewude, B. et al. (2025) 'Exploring Targeted Policies and Institutional Frameworks to Address the Problem of Child Streetism in Ethiopia', *Ethiopian Journal of Pediatrics and Child Health*, 19(2):193-218; Hayes, M. (2025) 'Ethical Considerations When Researching Serious Violations of Children's Rights in the Global South: An Overview of the Challenges', *Journal of Human Rights Practice*, 17(3).

issues by combining traditional and modern governance structures.⁶⁰ In this context, the foundation can be understood as operating within an informal hybrid system where religious values function as normative guidance, while institutional practices provide operational mechanisms. However, without formal integration, this hybridity risks producing inconsistencies and inefficiencies.

A key dimension requiring strengthening is policy coherence and inter-agency coordination. Informants (I4–I12) reported challenges in coordinating with healthcare providers, educational institutions, and government agencies, often resulting in fragmented service delivery. Observations confirm that collaboration is largely informal and dependent on personal networks rather than institutionalized mechanisms. This aligns with research indicating that policy coherence remains difficult to achieve and may not automatically produce improved outcomes without effective coordination and monitoring systems.⁶¹ The absence of clear coordination frameworks in the foundation contributes to delays in service provision and limits the integration of multidisciplinary support systems.

Capacity building emerges as a critical mechanism for improving institutional performance. Educators (I9–I12) and caregivers (I4–I8) consistently emphasized the need for training in special education, disability care, and case management. Observational findings reveal that while staff demonstrate strong commitment, their technical capacity remains limited. This supports broader evidence that capacity building significantly enhances service delivery by improving knowledge, skills, and institutional capabilities.⁶² Without systematic investment in capacity development, the translation of normative frameworks into effective practice remains constrained.

Another critical gap identified in this study is the absence of robust monitoring and evaluation (M&E) systems. Administrators acknowledged that program evaluation is

⁶⁰ Dijk, G. & Mangai, M. (2025) 'Hybrid Governance and Intersectional Discrimination: An Examination of Women's Experiences in South Africa', *Australian Journal of Public Administration*, 84(2):339-361.

⁶¹ Dzebo, A. et al. (2025) 'Does Policy Coherence Make National Implementation of Global Sustainability Agendas More Successful?', *Annual Review of Environment and Resources*, 50(1):539–62; Browne, K. et al. (2023) 'How Does Policy Coherence Shape Effectiveness and Inequality? Implications for Sustainable Development and the 2030 Agenda', *Sustainable Development*, 31(5):3161–3174.

⁶² Bourke, M. et al. (2024) 'Effect of Capacity Building Interventions on Classroom Teacher and Early Childhood Educator Perceived Capabilities, Knowledge, and Attitudes Relating to Physical Activity and Fundamental Movement Skills: A Systematic Review and Meta-Analysis', *BMC Public Health*, 24(1):1409; Ziauddin, M. et al. (2023) 'Linking Local Collaborative Governance and Public Service Delivery: Mediating Role of Institutional Capacity Building', *Humanities and Social Sciences Communications*, 10(1):906.

conducted informally, primarily through internal discussions rather than structured data collection and analysis. Institutional documents lack clearly defined indicators, baseline data, or outcome measurements. This limitation hinders the ability to assess program effectiveness and identify areas for improvement. Research emphasizes that effective M&E systems require clear theories of change, appropriate indicators, and stakeholder involvement to ensure accountability and continuous learning.⁶³ The absence of such systems in the foundation represents a significant barrier to scaling and institutional sustainability.

At the same time, the findings reveal important opportunities for developing an integrated model of inclusive child protection. The foundation already demonstrates key elements of effective practice, including strong relational care, community engagement, and value-driven service delivery. These elements align with best practices in inclusive institutional care, such as family-centered approaches, teamwork, and focus on quality of life.⁶⁴ However, these strengths remain underutilized due to the lack of systematic integration and formalization.

To address these challenges, this study proposes an integrated governance model that combines three core dimensions: normative foundations, institutional capacity, and systemic coordination. The following table summarizes the proposed model based on empirical findings and relevant literature.

Table 3
An Integrated and Adaptive Model of Inclusive Child Protection Governance

Dimension	Current Condition	Key Gaps	Proposed Strategy
Normative Framework	Strong religious and ethical values	Lack of formal integration with legal standards	Align <i>maqāṣid</i> principles with rights-based frameworks
Institutional Capacity	High commitment and social trust	Limited professional skills and training	Systematic capacity building programs
Coordination	Informal collaboration networks	Weak inter-agency coordination	Establish formal partnerships and protocols
Policy Coherence	Fragmented and reactive policies	Lack of strategic planning	Develop integrated policy frameworks
Monitoring & Evaluation	Informal internal evaluation	Absence of indicators and data systems	Implement results-based M&E systems

⁶³ Nshimiyimana, B. & Rabie, B. (2024) 'A Results-Based Monitoring and Evaluation System for the Namibian Child Support Grant Programme', *African Evaluation Journal*, 12(1); Essis, E. et al. (2023) 'Development of Monitoring and Evaluation Systems in Four National Programs Addressing Mother and Child Health in Cote d'Ivoire: Qualitative Analysis of the Emergence and Formulation Process', *Risk Management and Healthcare Policy*, 699–709.

⁶⁴ Lebeer, J. et al. (2026) 'Good Practices Towards Inclusion, Activity and Participation of Children with Complex and Intense Support Needs', *International Journal of Disability, Development and Education*, 73(3):409-424.

This model emphasizes that effective child protection requires not only normative alignment but also institutional and systemic integration. The interaction between these dimensions determines the overall effectiveness of governance structures.

A deeper critical reflection suggests that the limitations observed are not solely institutional but also structural and systemic. The foundation operates within a broader context characterized by limited state capacity, fragmented policy environments, and uneven resource distribution. These conditions constrain the ability of individual institutions to achieve comprehensive outcomes. Research on policy coherence highlights that achieving integration requires addressing underlying power dynamics, competing priorities, and institutional constraints.⁶⁵

Furthermore, the findings highlight the importance of balancing protection and participation in child protection systems. While the foundation prioritizes safeguarding children, opportunities for child participation in decision-making remain limited. Informants (I16–I18) indicated that their voices are not always systematically incorporated into institutional decisions. This reflects broader tensions identified in child rights research between protective and participatory approaches.⁶⁶

The Bananul Amanah Madiun Foundation illustrates both the potential and limitations of hybrid governance models in inclusive child protection. While the institution demonstrates strong ethical commitment and adaptive practices, its effectiveness is constrained by gaps in policy coherence, capacity, coordination, and evaluation systems. Addressing these challenges requires a shift toward integrated governance frameworks that combine normative, institutional, and systemic dimensions. Such an approach would enable more consistent, accountable, and sustainable delivery of inclusive child protection services.

IV. Conclusion

This study demonstrates that the implementation of disability protection within the Bananul Amanah Madiun Foundation reflects a hybrid and adaptive model of child welfare that integrates legal norms, institutional practices, and *maqāṣid al-sharī'ah* as an ethical framework. The main finding reveals that while the institution shows strong commitment in safeguarding children—particularly in ensuring basic care, legal identity, and moral development—the realization of inclusive protection remains partial due to

⁶⁵ Dzebo et al., *op.cit.*

⁶⁶ Hayes, M., *op.cit.*

structural constraints such as limited resources, weak inter-agency coordination, and gaps in professional capacity. The key conceptual contribution of this study lies in proposing an integrated governance perspective that links *maqāṣid* dimensions (protection of life, intellect, dignity, and welfare) with empirical institutional practices, thereby bridging normative Islamic frameworks and rights-based child protection systems. This research advances existing scholarship by demonstrating how faith-based organizations in Muslim-majority contexts function as hybrid actors that simultaneously complement and compensate for state limitations. The broader implication suggests that strengthening Muslim welfare systems requires not only normative alignment with *maqāṣid* principles but also systematic investment in institutional capacity, coordination mechanisms, and monitoring frameworks. Future research should focus on developing measurable *maqāṣid*-based indicators and conducting comparative studies across different faith-based and state-led institutions to enhance generalizability and policy relevance.

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