

Social Rehabilitation and Reintegration of Vulnerable Groups: A Community-Based Welfare Approach

Syukri¹, Srirath Gohwong²

¹ Universitas Muhammadiyah Jakarta

² Kasetsart University

Correspondence: syukri@gmail.com

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ABSTRACT

This study examines the implementation of community-based welfare approaches in supporting the social rehabilitation and reintegration of vulnerable groups within contemporary social welfare systems. The research aims to analyze the role of community participation, empowerment mechanisms, and inclusive welfare governance in strengthening sustainable rehabilitation outcomes among marginalized populations. The study employed a qualitative method using a case study design because this approach enables an in-depth understanding of social experiences, participatory interactions, and institutional dynamics within real-life welfare contexts. The research was conducted in Tangerang Regency and South Tangerang City, Banten Province, Indonesia, due to the regions' increasing social welfare challenges and the existence of community-based rehabilitation initiatives. Fifteen informants were selected purposively, consisting of social workers, community leaders, welfare activists, government representatives, and rehabilitation beneficiaries, because they possessed direct experience and strategic knowledge related to rehabilitation and reintegration processes. The findings reveal that community participation, social capital, empowerment programs, and inclusive social support significantly strengthen psychosocial recovery, social acceptance, and economic resilience among vulnerable individuals. However, social stigma, institutional limitations, and structural inequality remain major barriers affecting sustainable reintegration. The study recommends strengthening participatory welfare governance, community empowerment programs, and collaborative rehabilitation policies to promote inclusive and sustainable social welfare systems.



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INTRODUCTION

Social rehabilitation and reintegration have become increasingly significant within the global welfare agenda due to the growing complexity of social vulnerability experienced by marginalized populations (Crawford, 2025). Vulnerable groups, including persons with disabilities, older adults, homeless individuals, survivors of domestic violence, neglected children, former prisoners, victims of human trafficking, and economically disadvantaged communities, frequently encounter multidimensional barriers that limit their access to social participation, economic opportunities, education, healthcare, and legal protection (Parvaei et al., 2023). These conditions are intensified by rapid urbanization, social inequality, economic instability, technological disruption, and weak institutional coordination. In many developing and transitional countries, welfare interventions remain predominantly administrative and charitable in nature, while long-term rehabilitation and reintegration efforts often receive insufficient attention (Kim et al., 2024). Consequently, many vulnerable individuals continue to experience social exclusion despite the existence of governmental assistance programs. This condition demonstrates that welfare policies cannot merely focus on short-term relief, but must also encourage sustainable social recovery and community inclusion.

The contemporary discourse on social welfare emphasizes the importance of community participation as a strategic mechanism for strengthening social rehabilitation programs (Dai et al., 2024). Community-based welfare approaches are increasingly recognized as more adaptive and sustainable because they integrate local social capital, participatory governance, cultural values, and

collective responsibility into the rehabilitation process. Previous studies have highlighted that rehabilitation programs managed solely through institutional or centralized mechanisms frequently fail to address the social and psychological dimensions of exclusion (Manninen, 2024). Individuals who have experienced prolonged marginalization often face stigma, discrimination, and social rejection even after receiving formal rehabilitation services. As a result, reintegration into society becomes difficult and unsustainable. Existing literature also demonstrates that successful social reintegration requires collaborative engagement between government agencies, local communities, civil society organizations, social workers, families, and beneficiaries themselves (Djatkiko et al., 2025). Through community participation, rehabilitation initiatives are more capable of fostering empowerment, rebuilding social trust, and strengthening social resilience among vulnerable populations.

The state of the art in social welfare research reveals a growing shift from conventional institutional care toward community-oriented rehabilitation systems (Harris, 2024). International welfare frameworks promoted by organizations such as the United Nations and the International Labour Organization increasingly advocate inclusive social protection and participatory welfare governance. Several empirical studies conducted in Europe, Asia, and Latin America indicate that community-based interventions contribute positively to psychosocial recovery, social adaptation, and economic independence among vulnerable groups (Fang & Li, 2023). However, many previous studies remain fragmented because they focus only on specific categories of beneficiaries, such as persons with disabilities or homeless populations, without examining broader multidimensional vulnerability. Furthermore, prior research predominantly evaluates program effectiveness from administrative and policy perspectives, while limited attention has been given to the relational dynamics between social rehabilitation, community acceptance, and long-term reintegration outcomes. Existing studies also tend to emphasize urban contexts, leaving rural and semi-urban community welfare practices insufficiently explored.

The principal problem addressed in this research lies in the persistent gap between formal rehabilitation policies and the actual reintegration experiences of vulnerable groups within society (Fairfax, 2024). Although many welfare institutions provide rehabilitation services, beneficiaries frequently encounter social stigma, unemployment, exclusion, and weakened family support after completing rehabilitation programs. In addition, community participation in welfare programs often remains symbolic rather than substantive, resulting in limited collective ownership of reintegration processes (Patel & Midgley, 2023). Institutional approaches may provide temporary assistance, but they are often unable to create inclusive environments that support sustainable social recovery. This issue reflects structural limitations in welfare governance, particularly concerning intersectoral coordination, participatory mechanisms, and social empowerment strategies. Therefore, there is a critical need to develop a more integrative welfare framework that places communities at the center of rehabilitation and reintegration efforts.

The research gap identified in this study concerns the limited integration between social rehabilitation theory and community-based welfare practices within existing academic literature. Previous research has generally examined rehabilitation, empowerment, and social protection as separate domains rather than interconnected processes (Suh, 2023). Moreover, limited studies have comprehensively analyzed how community-based welfare approaches influence psychosocial adaptation, social acceptance, and economic reintegration simultaneously. Another gap emerges from the scarcity of contextual studies examining the role of local cultural values, social solidarity, and participatory networks in supporting rehabilitation outcomes (Han & Shim, 2023). Consequently, there remains insufficient conceptual understanding regarding how community-driven welfare systems can function as sustainable mechanisms for rebuilding social inclusion among vulnerable populations. This research seeks to address these limitations by constructing a multidimensional analysis that combines rehabilitation, reintegration, empowerment, and participatory welfare governance within a unified analytical framework.

The novelty of this research is reflected in its integrative approach that conceptualizes social rehabilitation and reintegration not merely as institutional recovery programs, but as collaborative social transformation processes rooted in community participation and local welfare ecosystems. Unlike

previous studies that focus predominantly on service delivery effectiveness, this study emphasizes the relational interaction between vulnerable groups and community structures in shaping sustainable reintegration outcomes. The research also introduces a multidimensional welfare perspective that combines social inclusion, psychosocial empowerment, participatory governance, and economic resilience within community-based rehabilitation practices (M. Lee, 2023). Furthermore, this study contributes to the development of contextual welfare models by highlighting the importance of local social capital, cultural acceptance, and community solidarity as determinants of successful reintegration. Through this perspective, the research offers a broader understanding of how inclusive welfare systems can strengthen social cohesion while simultaneously reducing long-term vulnerability.

Based on the identified problems and research gaps, this study formulates several research questions. The first question examines how community-based welfare approaches contribute to the social rehabilitation process of vulnerable groups. The second question investigates the factors influencing successful social reintegration within community environments. The third question analyzes the role of participatory governance, social capital, and community empowerment in supporting sustainable welfare outcomes. The fourth question explores the challenges and structural barriers encountered during rehabilitation and reintegration processes. These questions are designed to provide a comprehensive understanding of the relationship between welfare systems, community participation, and social inclusion among vulnerable populations.

The primary objective of this research is to analyze the implementation of community-based welfare approaches in supporting social rehabilitation and reintegration among vulnerable groups. Specifically, the study aims to identify the social, institutional, and cultural factors influencing rehabilitation effectiveness and reintegration sustainability. The research also seeks to evaluate the role of communities in fostering empowerment, social acceptance, and collective responsibility toward marginalized populations. In addition, this study intends to formulate a conceptual framework for inclusive welfare governance that integrates participatory rehabilitation strategies with long-term social development objectives.

The theoretical contribution of this research lies in its effort to enrich the interdisciplinary discourse on social welfare, rehabilitation, and participatory governance (Kuradusenge, 2023). The study expands existing welfare theories by emphasizing the interconnected relationship between social inclusion, community participation, and sustainable reintegration. Academically, this research is expected to provide empirical and conceptual references for future studies concerning community-based welfare systems, vulnerable populations, and inclusive social policies. The findings may also contribute to the development of comparative welfare studies, particularly within developing-country contexts where social exclusion remains a persistent challenge. Practically, this research offers strategic recommendations for policymakers, social workers, non-governmental organizations, and local communities in designing participatory rehabilitation programs that prioritize empowerment, inclusion, and social sustainability. The study may also assist welfare institutions in strengthening collaborative governance mechanisms and improving beneficiary-centered service delivery.

Despite its contributions, this research acknowledges several limitations. The study may encounter constraints related to data accessibility, variations in community characteristics, and differences in institutional capacities across regions. Social rehabilitation outcomes are also influenced by complex cultural and socioeconomic factors that may not be fully generalized across different contexts. In addition, the dynamic nature of vulnerability and social exclusion presents methodological challenges in measuring long-term reintegration success. Therefore, future research is encouraged to conduct comparative and longitudinal studies involving diverse welfare settings and broader categories of vulnerable populations. Subsequent studies may also explore the integration of digital welfare technologies, social entrepreneurship, and cross-sector partnerships in strengthening community-based rehabilitation systems. Through continued scholarly exploration, more adaptive and inclusive welfare frameworks can be developed to support sustainable social reintegration and human dignity for vulnerable groups.

LITERATURE REVIEW

The study of social rehabilitation and reintegration has developed into an important interdisciplinary field within social welfare, sociology, psychology, and public policy (Son & Kim, 2025). Contemporary welfare systems increasingly recognize that vulnerable groups require not only temporary social assistance but also sustainable mechanisms that restore social functioning, dignity, participation, and independence. Vulnerable populations, including individuals experiencing poverty, disability, homelessness, social displacement, domestic violence, neglect, substance dependency, and post-incarceration exclusion, often encounter structural barriers that hinder their reintegration into society (Kane, 2025). In response to these challenges, scholars and practitioners have emphasized the importance of community-based welfare approaches that integrate empowerment, participation, and collective social responsibility into rehabilitation processes (Grab, 2023). The literature demonstrates that social rehabilitation is most effective when communities actively contribute to rebuilding social inclusion and reducing stigma toward marginalized individuals (Xie, 2024). Therefore, this research employs three major theoretical perspectives to construct a comprehensive analytical framework for understanding social rehabilitation and reintegration within community-based welfare systems.

The first theory utilized in this research is Social Capital Theory, popularized by Robert David Putnam in 1993 through his influential work on civic traditions and democratic participation (Harayama, 2024). Robert D. Putnam, a scholar from Harvard University, United States, argued that social networks, trust, norms of reciprocity, and civic engagement are essential foundations for collective social welfare and institutional effectiveness. According to Putnam, communities with strong social capital possess greater capacity to solve social problems collaboratively because social trust and participation strengthen collective action. The conceptual framework of Social Capital Theory emphasizes bonding social capital, bridging social capital, and linking social capital. Bonding capital refers to close interpersonal relationships within communities, bridging capital concerns connections across diverse social groups, and linking capital highlights relationships between communities and formal institutions. In the context of social rehabilitation, these dimensions become important mechanisms for supporting social reintegration among vulnerable groups.

Another important scholar associated with Social Capital Theory is Pierre Bourdieu from the École des Hautes Études en Sciences Sociales, France, whose theoretical contribution emerged prominently in 1986 (Arandarenko & Aleksić, 2023). Bourdieu conceptualized social capital as a resource embedded within durable social networks that can provide individuals with access to power, opportunities, and social mobility. Unlike Putnam, who emphasized collective social cohesion, Bourdieu highlighted inequalities in access to social capital and the role of social structures in reproducing exclusion. James Samuel Coleman from the University of Chicago, United States, also contributed significantly to the development of Social Capital Theory in 1988 by emphasizing the role of social relationships in facilitating cooperative actions and educational advancement (Noor, 2024). Coleman viewed social capital as a productive social resource generated through trust, obligations, expectations, and shared norms. The integration of these three perspectives demonstrates that social capital is not merely a communal asset but also a structural mechanism influencing inclusion, empowerment, and social rehabilitation outcomes.

The development of Social Capital Theory has evolved substantially in contemporary welfare studies. Current scholarship expands the theory beyond civic participation by incorporating digital communities, participatory governance, social entrepreneurship, and collaborative welfare networks (Mehboodi et al., 2025). Contemporary researchers argue that social capital plays a critical role in strengthening resilience among vulnerable populations during periods of economic crisis, social disruption, and institutional transformation. Within community-based welfare systems, social capital has become increasingly important in promoting inclusive participation, reducing social stigma, and strengthening support systems for marginalized individuals. This theoretical development is highly relevant to the primary problem of this research, namely the limited sustainability of rehabilitation programs caused by weak community participation and social acceptance. Social Capital Theory also addresses the research gap concerning insufficient integration between institutional welfare policies and grassroots social support mechanisms.

The second theory applied in this study is Empowerment Theory, which was popularized by Julian Rappaport in 1981 through his contributions to community psychology at the University of Illinois, United States (Heydari et al., 2023). Rappaport defined empowerment as a process through which individuals, organizations, and communities gain greater control over decisions and resources affecting their lives. Empowerment Theory emphasizes participation, self-determination, critical awareness, and collective capacity-building as central dimensions of social transformation. According to Rappaport, vulnerable populations should not be treated merely as passive recipients of assistance but as active agents capable of shaping their own social recovery and development. The conceptual framework of empowerment includes psychological empowerment, organizational empowerment, and community empowerment, each contributing to social inclusion and participatory welfare governance.

Paulo Reglus Neves Freire from the Federal University of Pernambuco, Brazil, also contributed significantly to empowerment discourse through his critical pedagogy approach in 1970 (Shammah, 2025). Freire emphasized conscientization, which refers to the development of critical awareness among oppressed groups regarding structural inequalities and social injustice. He argued that empowerment emerges through participatory dialogue and collective reflection that enable marginalized individuals to challenge oppressive systems. In addition, Marc A. Zimmerman from the University of Michigan, United States, advanced Empowerment Theory during the 1990s by developing psychological empowerment models focused on individual competence, perceived control, and participatory behavior (Laleva & Georgieva, 2023). Zimmerman highlighted that empowerment is multidimensional because it combines intrapersonal confidence, social interaction, and behavioral engagement.

The contemporary development of Empowerment Theory demonstrates increasing integration with welfare governance, social innovation, and sustainable development frameworks (Nusa et al., 2025). Modern welfare studies emphasize empowerment as a central principle in community-based rehabilitation programs because empowerment strengthens autonomy, social confidence, and long-term resilience among vulnerable populations. The theory has also evolved through the incorporation of gender perspectives, digital participation, and community resilience approaches. In relation to this research, Empowerment Theory addresses the principal issue of dependency-oriented welfare programs that often fail to encourage self-reliance and social participation. The theory also contributes to understanding the research gap related to the limited inclusion of beneficiaries in decision-making processes within rehabilitation programs. By emphasizing participatory empowerment, this theory directly supports the formulation of research questions concerning community involvement, social inclusion, and sustainable reintegration.

The third theory employed in this research is Social Inclusion Theory, which gained prominence through the work of Amartya Kumar Sen in the late twentieth century, particularly through his capability approach developed at Harvard University, United States, and Trinity College Cambridge, United Kingdom (Vickery, 2023). Sen argued that social development should be evaluated based on individuals' capabilities to achieve meaningful participation and well-being rather than solely through economic indicators. Social inclusion, according to Sen, involves expanding freedoms, opportunities, and access to social participation for marginalized groups. The capability approach emphasizes human dignity, equality, social justice, and participatory access as essential components of inclusive welfare systems.

Anthony Barnes Atkinson from the University of Oxford, United Kingdom, further developed social inclusion discourse in the context of poverty and inequality studies during the 1990s (Köppen et al., 2025). Atkinson emphasized that exclusion occurs when individuals are systematically prevented from participating in social, economic, and political life. Hilary Silver from Brown University, United States, also contributed substantially to Social Inclusion Theory by conceptualizing exclusion through solidarity, specialization, and monopoly paradigms (McKenzie & Khan, 2023). Silver argued that social exclusion is multidimensional because it involves institutional barriers, discrimination, and unequal power relations that isolate vulnerable populations from mainstream society.

The development of Social Inclusion Theory has become increasingly relevant in contemporary welfare governance, particularly in relation to inclusive development goals, human rights frameworks, and participatory social policies (Yenni et al., 2024). Recent theoretical advancements highlight the

importance of inclusive institutions, digital accessibility, community participation, and intersectional approaches in reducing social exclusion. This development aligns directly with the focus of this research because vulnerable groups frequently experience exclusion not only economically but also socially, culturally, and politically. Social Inclusion Theory therefore provides a comprehensive framework for understanding how community-based welfare systems can strengthen participation, dignity, and equal access within rehabilitation processes.

The integration of Social Capital Theory, Empowerment Theory, and Social Inclusion Theory provides a multidimensional conceptual framework for analyzing the rehabilitation and reintegration of vulnerable groups. Social Capital Theory explains the importance of collective trust, social networks, and participatory relationships in supporting reintegration. Empowerment Theory emphasizes the active role of vulnerable individuals and communities in creating sustainable social transformation. Social Inclusion Theory highlights the necessity of equal participation, access, and human dignity within welfare systems. Together, these theories address the principal problem of ineffective rehabilitation caused by limited community engagement, persistent stigma, and structural exclusion (Csernák & Marosán, 2025).

The theoretical framework also contributes to resolving the identified research gap concerning the fragmented understanding of rehabilitation, empowerment, and inclusion within existing literature. Previous studies often examined these concepts separately without integrating community participation, empowerment processes, and social inclusion into a unified welfare perspective (Dulia et al., 2025). By combining the three theories, this research develops a more comprehensive analytical model capable of explaining the interconnected relationship between rehabilitation, social participation, and sustainable reintegration outcomes. This theoretical integration also supports the formulation of research questions concerning the role of communities, institutional collaboration, empowerment strategies, and participatory welfare governance.

The theoretical contribution of this study lies in strengthening interdisciplinary discourse concerning community-based welfare systems and inclusive rehabilitation practices (Kapilashrami et al., 2025). Academically, the research enriches social welfare scholarship by integrating three complementary theoretical perspectives into a unified analytical framework. Practically, the study offers conceptual guidance for policymakers, social workers, and welfare institutions in designing participatory rehabilitation programs that prioritize empowerment, inclusion, and social sustainability. Theoretically, the research contributes to expanding contemporary welfare studies by emphasizing the relationship between social capital, empowerment, and social inclusion in addressing vulnerability and marginalization.

In conclusion, the literature review demonstrates that Social Capital Theory, Empowerment Theory, and Social Inclusion Theory collectively provide a strong conceptual foundation for analyzing social rehabilitation and reintegration among vulnerable groups. The perspectives of Robert D. Putnam, Pierre Bourdieu, James S. Coleman, Julian Rappaport, Paulo Freire, Marc Zimmerman, Amartya Sen, Anthony Atkinson, and Hilary Silver illustrate that sustainable rehabilitation requires participatory communities, empowered individuals, and inclusive welfare structures. These theories are directly connected to the principal research problem concerning weak community participation and persistent social exclusion within rehabilitation programs. The integration of these theories also addresses the identified research gap and supports the novelty of the study by developing a multidimensional community-based welfare framework. Ultimately, the literature review confirms that effective social rehabilitation depends on collaborative, inclusive, and empowerment-oriented welfare systems capable of fostering long-term social reintegration and human dignity for vulnerable populations (Seekings, 2024).

RESEARCH METHODS

This study employs a qualitative research method to examine the processes of social rehabilitation and reintegration among vulnerable groups through a community-based welfare approach (Nugroho & Alifa, 2025). Qualitative research was selected because the primary focus of this study is to understand social experiences, participatory dynamics, institutional interactions, and community perceptions related to rehabilitation and reintegration processes. The complexity of vulnerability,

exclusion, empowerment, and social participation cannot be adequately measured solely through numerical indicators because these phenomena involve subjective meanings, cultural interpretations, emotional experiences, and relational interactions among individuals and communities (Vlasidis et al., 2025). Therefore, the qualitative approach provides greater flexibility in exploring the lived experiences of vulnerable populations, institutional actors, and local communities involved in welfare practices. This method also enables the researcher to develop contextual understanding concerning how community-based welfare systems operate within specific social environments and how social rehabilitation is experienced by beneficiaries in everyday life.

The research design adopted in this study is a qualitative case study design (Sarnatska & Semigina, 2024). The case study approach was chosen because it allows an in-depth investigation of social rehabilitation and reintegration processes within a real-life social context. The design is particularly relevant for examining complex welfare phenomena involving multiple actors, institutional arrangements, community participation, and social interactions. Through the case study approach, the researcher can explore the relationship between rehabilitation policies, community engagement, empowerment practices, and reintegration outcomes in a comprehensive manner. This design also facilitates the analysis of contextual factors such as local culture, social solidarity, economic conditions, and institutional collaboration that influence rehabilitation effectiveness. The use of a case study approach is appropriate because the study aims not only to identify welfare problems but also to understand how social actors collectively construct solutions for vulnerable populations through participatory welfare mechanisms.

The research was conducted in Tangerang Regency and South Tangerang City, Banten Province, Indonesia. These locations were selected purposively because both regions represent rapidly urbanizing areas characterized by social diversity, economic disparities, migration flows, and growing numbers of vulnerable populations. In recent years, the regions have experienced significant social transformation due to industrial development, urban expansion, and population mobility, resulting in increased social welfare challenges, including homelessness, unemployment, social neglect, juvenile vulnerability, and social exclusion among marginalized groups (Pazer, 2025). Furthermore, the selected locations have implemented several community-based welfare initiatives involving local governments, social organizations, community groups, and social workers in rehabilitation and reintegration programs. The existence of collaborative welfare programs makes these areas relevant for examining how community participation contributes to social rehabilitation processes. Another reason for selecting these locations is the accessibility of welfare institutions and community organizations that actively engage in social rehabilitation services, thereby enabling comprehensive data collection from multiple stakeholders involved in welfare governance.

The qualitative case study involved participants selected through purposive sampling techniques (Tsunashima, 2025). Purposive sampling was employed because the study required participants who possessed direct experience, knowledge, and involvement in social rehabilitation and community-based welfare activities. The selection of participants was guided by several criteria, including active engagement in rehabilitation programs, institutional responsibilities related to social welfare services, and lived experiences associated with social reintegration processes. This sampling strategy enabled the researcher to obtain rich and relevant information capable of supporting an in-depth understanding of the research problem.

The study involved fifteen primary informants representing different social actors connected to rehabilitation and reintegration programs. The first category of informants consisted of social workers employed in local social welfare institutions. These participants included “Mr. Arif,” a senior social worker responsible for coordinating rehabilitation services for homeless individuals; “Ms. Ratna,” a community welfare facilitator specializing in family empowerment programs; and “Mr. Dedi,” a rehabilitation counselor assisting former substance dependency survivors. These informants were selected because they possessed professional experience and direct involvement in designing and implementing rehabilitation interventions. Their perspectives were important for understanding institutional practices, policy implementation, and challenges encountered during rehabilitation processes.

The second category of informants included community leaders and local welfare activists actively engaged in participatory welfare programs. This category involved “Mr. Hasan,” a neighborhood community leader facilitating local welfare activities; “Ms. Lina,” a coordinator of a women’s empowerment organization; “Mr. Fikri,” a youth activist involved in community mentoring programs; and “Ms. Yuni,” a volunteer managing community-based support groups for vulnerable families. These informants were chosen because they represented community perspectives concerning social participation, local solidarity, and collective responsibility toward vulnerable groups. Their experiences provided insights into how communities contribute to social acceptance, empowerment, and reintegration efforts.

The third category consisted of beneficiaries of rehabilitation and reintegration programs. This group included “Mr. Bayu,” a former homeless individual participating in vocational empowerment activities; “Ms. Sari,” a survivor of domestic violence receiving psychosocial rehabilitation support; “Mr. Andi,” a former juvenile offender involved in community reintegration programs; “Ms. Maya,” an economically vulnerable single mother participating in community welfare initiatives; and “Mr. Rian,” a former substance dependency survivor who had completed rehabilitation services. Pseudonyms were utilized to protect participant confidentiality and ensure ethical compliance throughout the research process (Sari et al., 2023). These informants were selected because their lived experiences were essential for understanding the effectiveness, limitations, and social impact of rehabilitation programs within community environments.

The fourth category of informants involved institutional and policy stakeholders. These participants included “Mr. Hendra,” a local government official responsible for social welfare policy coordination; “Ms. Dewi,” a program manager from a non-governmental organization focusing on vulnerable populations; and “Mr. Rahmat,” a representative from a community empowerment agency. These stakeholders were selected because they possessed strategic knowledge concerning welfare governance, interinstitutional collaboration, policy implementation, and resource management within rehabilitation programs. Their perspectives were necessary for understanding institutional coordination and participatory governance mechanisms supporting community-based welfare systems.

Data collection in this study was conducted through in-depth interviews, participant observation, and document analysis (Awoyemi & Oke, 2024). In-depth interviews served as the primary data collection technique because they enabled participants to express their experiences, perceptions, and interpretations concerning rehabilitation and reintegration processes openly and comprehensively. Semi-structured interview guidelines were used to maintain flexibility while ensuring alignment with the research objectives (Suarez, 2024). The interviews explored themes such as social exclusion, community participation, empowerment experiences, institutional support, rehabilitation challenges, and reintegration outcomes. Each interview lasted between sixty and ninety minutes and was conducted in locations considered safe and comfortable for participants.

Participant observation was conducted to strengthen contextual understanding regarding community interactions, rehabilitation activities, and participatory welfare practices (Rad et al., 2025). The researcher observed community meetings, empowerment programs, counseling activities, social assistance initiatives, and collaborative welfare events organized by local institutions and community organizations. Through observation, the researcher obtained direct insights into the dynamics of social participation, community solidarity, and interactions between vulnerable individuals and local communities. Observation also enabled the identification of behavioral patterns, social responses, and informal support mechanisms that may not have been fully articulated during interviews.

Document analysis was employed to complement interview and observational data (Yang et al., 2023). The analyzed documents included local welfare policy reports, rehabilitation program guidelines, community empowerment records, institutional annual reports, and social welfare statistics. Document analysis provided supporting evidence concerning program implementation, institutional objectives, and policy frameworks related to social rehabilitation and reintegration. The integration of interviews, observations, and document analysis strengthened data triangulation and enhanced the credibility of research findings.

Data validity in this study was ensured through triangulation, member checking, prolonged engagement, and peer debriefing (Kyriakidis & Papadopoulos, 2025). Triangulation was conducted by comparing information obtained from different data sources, participant categories, and collection methods. Member checking involved confirming interview interpretations and preliminary findings with selected participants to ensure accuracy and consistency. Prolonged engagement allowed the researcher to build trust with participants and obtain deeper contextual understanding regarding welfare practices and social relationships within communities. Peer debriefing was conducted through discussions with academic colleagues and social welfare experts to minimize researcher bias and strengthen analytical rigor.

The data analysis process employed thematic analysis techniques (Krismanto, 2023). Thematic analysis was selected because it allows systematic identification, categorization, and interpretation of recurring themes emerging from qualitative data. The analysis process began with data transcription and repeated reading of interview records, observational notes, and documentary materials. The researcher then conducted open coding to identify significant concepts, experiences, and social patterns related to rehabilitation and reintegration processes. Similar codes were subsequently grouped into broader thematic categories such as social exclusion, community participation, empowerment, institutional collaboration, stigma reduction, psychosocial adaptation, and welfare sustainability.

After thematic categorization, the researcher interpreted relationships among themes by connecting empirical findings with the theoretical framework derived from Social Capital Theory, Empowerment Theory, and Social Inclusion Theory. This analytical process enabled the researcher to examine how community participation, empowerment mechanisms, and inclusive welfare structures influence rehabilitation outcomes among vulnerable populations. Thematic interpretation also facilitated the identification of structural barriers, institutional limitations, and participatory opportunities affecting reintegration sustainability.

The conclusion-drawing technique in this study followed an inductive analytical approach (Pugh et al., 2023). Conclusions were developed progressively through continuous interaction between empirical findings, theoretical interpretation, and contextual analysis. Rather than testing predetermined hypotheses, the researcher constructed conclusions based on patterns, meanings, and relationships emerging from the collected data. The inductive process enabled the researcher to formulate contextual explanations regarding the role of community-based welfare systems in supporting rehabilitation and reintegration among vulnerable groups. Final conclusions were derived after cross-validating themes, comparing participant perspectives, and integrating theoretical interpretations with empirical evidence.

Ethical considerations constituted an important component of this research process (Vogel-Campbell, 2025). Participants were informed regarding the objectives of the study, confidentiality procedures, voluntary participation, and their right to withdraw from the research at any stage. Informed consent was obtained prior to interviews and observations. The use of pseudonyms protected participant identities and minimized potential risks associated with discussing sensitive experiences of vulnerability and exclusion. Ethical sensitivity was particularly important because several participants had experienced trauma, stigma, and social marginalization. Therefore, the researcher maintained respectful communication, empathetic interaction, and confidentiality throughout the research process.

Overall, the qualitative case study methodology employed in this research provides a comprehensive and contextually grounded framework for examining social rehabilitation and reintegration among vulnerable groups through community-based welfare approaches. The combination of purposive sampling, in-depth interviews, participant observation, document analysis, thematic analysis, and inductive conclusion-drawing techniques enables the study to generate rich empirical insights regarding participatory welfare practices, empowerment processes, and inclusive rehabilitation mechanisms. Through this methodological approach, the research contributes to the development of more responsive, participatory, and sustainable welfare strategies capable of supporting social inclusion and human dignity among marginalized populations (Edwards & Ugwudike, 2023).

RESULTS AND DISCUSSION

The findings of this research demonstrate that community-based welfare approaches play a significant role in strengthening the processes of social rehabilitation and reintegration among vulnerable groups (Shammah, 2024). The study revealed that social rehabilitation is not limited to institutional recovery programs, but constitutes a multidimensional social process involving psychosocial support, economic empowerment, participatory inclusion, and community acceptance. Vulnerable individuals who participated in rehabilitation programs experienced substantial improvements in self-confidence, social interaction, emotional resilience, and community participation when local communities actively contributed to welfare initiatives. The research further identified that sustainable reintegration depends not only on institutional intervention but also on the existence of social trust, collective solidarity, and inclusive social environments. These findings directly address the principal problem identified in this study, namely the persistent gap between formal welfare policies and the actual social reintegration experiences of vulnerable populations.

The empirical findings indicate that many vulnerable individuals previously experienced long-term social exclusion due to stigma, discrimination, economic marginalization, and weakened family relationships (Albanjari et al., 2024). Participants reported that institutional rehabilitation programs alone were insufficient to restore their social functioning because community rejection frequently continued after rehabilitation services were completed. However, community-based welfare initiatives that integrated mentoring programs, participatory activities, vocational empowerment, psychosocial assistance, and neighborhood engagement significantly contributed to rebuilding social acceptance and individual dignity. This finding confirms that rehabilitation effectiveness is closely connected to community participation and collective responsibility. The results therefore align with the assumptions of Social Capital Theory proposed by Robert D. Putnam, which emphasizes that social trust, networks, and civic engagement are essential foundations for social cooperation and collective welfare (Yau et al., 2024).

The study found that bonding social capital played a crucial role in strengthening emotional recovery among vulnerable individuals. Family support groups, peer mentoring activities, and neighborhood solidarity contributed positively to participants' psychosocial adaptation during reintegration processes. Vulnerable individuals who maintained supportive social relationships demonstrated greater resilience and confidence in rebuilding their social lives. Bridging social capital also emerged as an important factor because collaboration between community organizations, social institutions, and local governments created broader opportunities for employment, training, and social participation. Furthermore, linking social capital strengthened access to institutional resources, social protection programs, and welfare services. These findings indicate that community-based welfare systems become more sustainable when social networks operate collaboratively across interpersonal, community, and institutional levels (Jafarpisheh et al., 2023).

The findings additionally support Pierre Bourdieu's perspective concerning unequal access to social capital (Rahman & Gumilang, 2023). Participants from economically marginalized backgrounds often possessed limited social connections and reduced access to welfare opportunities prior to entering rehabilitation programs. This structural limitation intensified their exclusion from mainstream social participation. Nevertheless, community-based welfare initiatives contributed to expanding social networks and improving access to social resources. Through community empowerment programs, vulnerable individuals gained opportunities to participate in vocational activities, social enterprises, and community organizations. These findings demonstrate that social rehabilitation requires not only psychological recovery but also structural inclusion capable of reducing inequality and strengthening social mobility.

The research further revealed that empowerment processes significantly influenced rehabilitation and reintegration outcomes (Meyer, 2025). Participants who actively engaged in community decision-making, empowerment training, and participatory welfare activities reported stronger self-esteem, autonomy, and social confidence. Community participation enabled beneficiaries to perceive themselves not as passive recipients of assistance but as active contributors to social development. These findings strongly correspond with Empowerment Theory developed by Julian Rappaport, which emphasizes individual and collective control over social conditions affecting

everyday life. The study demonstrated that empowerment-oriented rehabilitation programs strengthened participants' capacities to manage personal challenges, develop economic independence, and engage in social relationships more effectively.

The findings also reflected Paulo Freire's concept of critical consciousness (Drumbl, 2024). Several participants indicated that participatory dialogue and community discussions helped them recognize structural causes of their marginalization, including poverty, discrimination, unemployment, and social stigma. This awareness encouraged beneficiaries to participate more actively in collective problem-solving and community development activities. Empowerment processes therefore extended beyond individual adaptation toward broader social transformation and participatory citizenship. Marc Zimmerman's psychological empowerment framework was similarly reflected in the findings because participants demonstrated increased personal competence, self-efficacy, and participatory behavior after engaging in community-based welfare initiatives (Nevot & Guethón, 2023).

The implementation of empowerment strategies was particularly visible in vocational rehabilitation programs and community entrepreneurship initiatives. Beneficiaries involved in small-scale business training, cooperative activities, and local economic programs reported improved financial stability and stronger social integration. Economic empowerment reduced dependency on institutional assistance while simultaneously increasing participants' social acceptance within communities. Local residents perceived economically productive beneficiaries more positively because they contributed actively to community welfare activities. These findings indicate that empowerment-oriented welfare systems strengthen both economic resilience and social inclusion among vulnerable groups (Ullah et al., 2025).

The research additionally identified the importance of inclusive social environments in supporting sustainable reintegration. Participants emphasized that social acceptance, respectful treatment, and equal participation opportunities significantly influenced their recovery experiences. Several beneficiaries explained that persistent social stigma remained one of the greatest barriers to reintegration despite institutional rehabilitation success. However, communities implementing inclusive welfare practices demonstrated greater tolerance, empathy, and collective support toward marginalized individuals. These findings directly correspond with Social Inclusion Theory proposed by Amartya Sen, which emphasizes human capabilities, equal opportunities, and meaningful social participation as essential dimensions of welfare development (Imran et al., 2025).

The findings further support Anthony Atkinson's argument that exclusion is multidimensional and extends beyond economic deprivation (Kim & Kang, 2025). Vulnerable individuals in this study experienced exclusion socially, culturally, and institutionally. Several participants reported difficulties obtaining employment, participating in community activities, and rebuilding family relationships due to negative societal perceptions. Nevertheless, community-based welfare programs contributed to reducing exclusion by creating participatory spaces where beneficiaries could interact with communities on equal terms. Hilary Silver's conceptualization of exclusion through institutional and relational barriers was also evident because participants frequently encountered discrimination rooted in social stereotypes and unequal power relations (Shay & MacNamara, 2024).

The following table summarizes the principal findings of the study in relation to the theoretical framework and research objectives.

Table

Table 1 Major Research Findings on Community-Based Social Rehabilitation and Reintegration

Research Focus	Empirical Findings	Related Theory	Implementation Implications
Social Rehabilitation	Psychosocial recovery improved through family and community support	Social Capital Theory	Strengthening local solidarity and participatory welfare networks
Social Reintegration	Community acceptance increased sustainable reintegration outcomes	Social Inclusion Theory	Developing inclusive community participation programs
Empowerment Processes	Beneficiaries gained confidence and economic independence	Empowerment Theory	Expanding vocational and participatory empowerment programs
Institutional Collaboration	Cooperation among stakeholders improved welfare effectiveness	Social Capital Theory	Enhancing interinstitutional partnerships
Reduction of Social Stigma	Community engagement reduced discrimination against vulnerable groups	Social Inclusion Theory	Promoting inclusive welfare education and awareness
Participatory Welfare Governance	Community involvement strengthened policy implementation	Empowerment Theory	Encouraging participatory decision-making mechanisms

The findings indicate that the principal research problem concerning weak reintegration sustainability is closely connected to limited community participation and fragmented welfare governance. Previous studies frequently emphasized institutional rehabilitation effectiveness without sufficiently examining relational interactions between vulnerable individuals and community environments. This study demonstrates that rehabilitation outcomes become more sustainable when communities actively participate in empowerment, acceptance, and support processes. These findings therefore extend earlier research by integrating institutional welfare practices with community participation mechanisms (Kainulainen, 2024).

The research also addresses the identified gap concerning the limited integration of rehabilitation, empowerment, and social inclusion perspectives within existing literature. Previous studies often analyzed vulnerable populations from sectoral perspectives, focusing either on psychosocial recovery, economic assistance, or policy implementation separately. In contrast, this study demonstrates that effective rehabilitation requires multidimensional integration involving social capital formation, participatory empowerment, and inclusive welfare structures simultaneously. The findings therefore contribute a broader conceptual understanding of how community-based welfare systems can operate as sustainable mechanisms for reducing social exclusion and strengthening human dignity (Muddasani, 2025).

The first research question examined how community-based welfare approaches contribute to social rehabilitation processes among vulnerable groups. The findings revealed that community participation significantly strengthens emotional recovery, social adaptation, and empowerment outcomes. Participants receiving support from neighborhood groups, volunteers, and community organizations experienced stronger motivation and social confidence during rehabilitation. These findings correspond with Putnam's argument that social networks and civic participation strengthen collective welfare and community resilience (Velgina, 2024). The implementation of participatory mentoring programs, peer support groups, and community counseling initiatives illustrates how social capital contributes practically to rehabilitation effectiveness.

The second research question explored factors influencing successful social reintegration within community environments. The findings identified several important determinants, including

social acceptance, empowerment opportunities, family support, institutional collaboration, and inclusive community attitudes. Persistent stigma and discrimination remained major barriers to reintegration, particularly among former homeless individuals and former substance dependency survivors. However, inclusive welfare programs reduced these barriers by facilitating interaction between beneficiaries and local communities. These findings strongly support Social Inclusion Theory because reintegration success depended largely on equal participation opportunities and community recognition of beneficiaries' social dignity (Horton & Lynch-Wood, 2023).

The third research question analyzed the role of participatory governance, social capital, and community empowerment in supporting sustainable welfare outcomes. The findings revealed that collaborative governance mechanisms involving local governments, non-governmental organizations, social workers, and community leaders improved rehabilitation coordination and resource accessibility. Communities that actively participated in welfare planning and implementation demonstrated stronger collective ownership of rehabilitation programs. These findings align with Empowerment Theory because participatory governance increased both institutional accountability and community responsibility toward vulnerable populations (Hidayah, 2025).

The fourth research question examined structural barriers encountered during rehabilitation and reintegration processes. The findings identified institutional limitations, insufficient funding, inconsistent policy implementation, social stigma, and economic inequality as major obstacles affecting rehabilitation sustainability. Participants also highlighted challenges associated with unemployment, limited vocational opportunities, and weak long-term monitoring systems. These findings correspond with Bourdieu's perspective that structural inequalities influence access to social resources and opportunities (Adayuga & Dadzie, 2023). Consequently, community-based welfare systems require stronger institutional support and integrated policy frameworks to address structural exclusion effectively.

The research objectives were successfully achieved through the identification of social, institutional, and cultural factors influencing rehabilitation and reintegration processes. The findings confirmed that community participation, empowerment mechanisms, and inclusive welfare structures collectively contribute to sustainable rehabilitation outcomes. The study also succeeded in developing a multidimensional conceptual framework integrating social capital, empowerment, and social inclusion perspectives within community-based welfare governance. This framework represents the novelty of the research because it combines relational, participatory, and inclusive dimensions into a unified welfare approach.

From a theoretical perspective, the findings contribute to the advancement of interdisciplinary welfare studies by demonstrating the interconnected relationship between social capital, empowerment, and social inclusion within rehabilitation processes (A. Lee et al., 2023). Previous studies often treated these theories separately, whereas this research confirms their complementary nature in explaining sustainable social reintegration. Social Capital Theory explains the importance of trust and collective participation; Empowerment Theory emphasizes agency and participatory transformation; and Social Inclusion Theory highlights equality, dignity, and access to participation. Together, these theories provide a comprehensive explanation for the success of community-based rehabilitation systems.

Academically, this research enriches scholarly discussions concerning participatory welfare governance and vulnerable populations. The findings provide empirical evidence supporting the importance of integrating psychosocial, economic, and participatory dimensions within rehabilitation policies. The study also contributes to comparative welfare literature by presenting contextual evidence from rapidly urbanizing Indonesian communities. These findings may therefore serve as references for future research examining community welfare systems, inclusive development, and participatory governance within diverse social contexts (Wojczewski et al., 2023).

Practically, the findings offer important implications for policymakers, social workers, welfare institutions, and community organizations. The study demonstrates that welfare programs should

prioritize participatory empowerment and inclusive social engagement rather than relying solely on institutional rehabilitation models. Local governments should strengthen community participation through neighborhood-based welfare initiatives, collaborative governance mechanisms, and inclusive social policies. Social workers should also incorporate empowerment-oriented approaches emphasizing autonomy, participation, and social confidence among beneficiaries. Furthermore, community organizations should continue promoting social awareness and collective responsibility to reduce stigma and strengthen social solidarity (Oumlil, 2025).

The findings are also consistent with previous international studies emphasizing the importance of participatory welfare systems in supporting rehabilitation sustainability (Jain & Zicari, 2025). Earlier research conducted in community welfare contexts demonstrated that rehabilitation programs become more effective when beneficiaries maintain supportive social relationships and participatory opportunities after institutional recovery. This study expands such findings by demonstrating how local social capital and community empowerment interact within rehabilitation processes. Previous research often focused narrowly on institutional service delivery, whereas this study highlights the broader social ecosystem influencing reintegration success.

The discussion additionally reveals that the identified research gap concerning fragmented welfare approaches remains highly relevant. Existing welfare systems frequently separate psychosocial rehabilitation, economic assistance, and social inclusion into isolated interventions. However, this study demonstrates that vulnerable individuals require integrated support systems combining emotional recovery, economic empowerment, participatory engagement, and inclusive social environments. Therefore, sustainable welfare governance must move beyond sectoral interventions toward collaborative and community-centered rehabilitation frameworks (Winarti et al., 2024).

Overall, the findings confirm that social rehabilitation and reintegration are fundamentally collective social processes requiring active collaboration among institutions, communities, families, and beneficiaries themselves. Community-based welfare approaches strengthen empowerment, reduce exclusion, and improve social sustainability by integrating participatory governance with inclusive social support systems. The integration of Social Capital Theory, Empowerment Theory, and Social Inclusion Theory provides a comprehensive analytical framework capable of explaining the multidimensional nature of rehabilitation and reintegration among vulnerable groups. Consequently, the study contributes both theoretically and practically to the development of more inclusive, participatory, and sustainable welfare systems capable of promoting human dignity and long-term social inclusion for marginalized populations (Meijer, 2023).

CONCLUSION

The findings of this research confirm that social rehabilitation and reintegration among vulnerable groups cannot be effectively achieved through institutional interventions alone, but require comprehensive community-based welfare approaches that integrate participation, empowerment, and inclusive social support systems. The study demonstrates that vulnerable individuals frequently experience multidimensional exclusion involving economic hardship, psychosocial instability, social stigma, discrimination, and weakened social relationships. Although formal rehabilitation institutions provide important recovery services, the research reveals that sustainable reintegration depends significantly on the ability of communities to create supportive, participatory, and inclusive social environments. Consequently, the success of rehabilitation programs is strongly influenced by the quality of community engagement, social solidarity, and collaborative welfare governance among institutions, communities, families, and beneficiaries themselves.

The research findings indicate that community participation constitutes one of the most important determinants of successful rehabilitation and reintegration processes. Communities that actively engage in welfare initiatives contribute substantially to rebuilding social trust, reducing stigma, and strengthening psychosocial adaptation among vulnerable individuals. The existence of community mentoring programs, peer support groups, neighborhood empowerment initiatives, and collaborative welfare activities enables beneficiaries to regain social confidence and improve their participation in public life. These findings confirm that social rehabilitation is fundamentally relational because

vulnerable individuals require social acceptance and collective support in order to restore their dignity and social functioning. The study therefore emphasizes that welfare systems should move beyond charity-oriented assistance models toward participatory and empowerment-based approaches capable of fostering long-term social inclusion.

The conclusions of this study also demonstrate that Social Capital Theory, Empowerment Theory, and Social Inclusion Theory collectively provide a comprehensive explanatory framework for understanding rehabilitation and reintegration processes within community-based welfare systems. The findings support Robert D. Putnam's perspective that social trust, networks, and civic participation strengthen collective welfare outcomes and social resilience. Bonding, bridging, and linking social capital were found to play crucial roles in facilitating emotional recovery, expanding access to welfare resources, and strengthening institutional collaboration. Simultaneously, the study validates Julian Rappaport's empowerment perspective by showing that beneficiaries who actively participate in decision-making processes, vocational programs, and community activities develop stronger self-confidence, autonomy, and social responsibility. Furthermore, the findings align with Amartya Sen's Social Inclusion Theory, particularly regarding the importance of equal participation, dignity, and access to opportunities as essential dimensions of inclusive welfare development.

The study further concludes that persistent social stigma and structural inequality remain major barriers affecting rehabilitation sustainability. Many vulnerable individuals continue to experience exclusion even after completing institutional rehabilitation programs because communities often maintain negative perceptions toward marginalized populations. Economic inequality, limited employment opportunities, insufficient long-term assistance, and fragmented welfare coordination additionally weaken reintegration outcomes. These findings demonstrate that rehabilitation challenges are not solely individual problems but also structural and societal issues requiring integrated welfare responses. Therefore, effective social rehabilitation must involve coordinated collaboration among governments, social institutions, community organizations, social workers, and local communities in order to address multidimensional exclusion comprehensively.

Another important conclusion emerging from this study concerns the significance of empowerment-oriented welfare practices in strengthening social resilience and independence among vulnerable groups. The findings reveal that vocational empowerment programs, participatory community activities, and local entrepreneurship initiatives contribute positively to economic recovery and social adaptation. Beneficiaries who participate in empowerment programs demonstrate improved self-efficacy, greater motivation, and stronger engagement in social life. Economic participation also enhances community acceptance because beneficiaries are perceived as productive contributors rather than passive recipients of assistance. Consequently, empowerment-based rehabilitation models are more sustainable because they strengthen both individual capacity and collective social responsibility simultaneously.

This research additionally concludes that inclusive welfare governance represents a critical foundation for sustainable rehabilitation and reintegration. Community-based welfare systems become more effective when participatory governance mechanisms encourage collaboration between governmental institutions, civil society organizations, local communities, and beneficiaries. The findings demonstrate that collaborative governance strengthens resource accessibility, institutional accountability, and program sustainability. Participatory welfare systems also facilitate contextual solutions adapted to local social and cultural conditions. Therefore, the study emphasizes the necessity of developing integrated welfare policies that prioritize community engagement, social inclusion, and empowerment as central components of rehabilitation strategies.

From a theoretical perspective, this study contributes to the advancement of interdisciplinary welfare scholarship by integrating social capital, empowerment, and social inclusion perspectives into a unified analytical framework. The findings enrich academic discussions concerning participatory welfare governance and demonstrate that sustainable social rehabilitation requires multidimensional approaches involving relational, structural, and participatory dimensions simultaneously. Academically, the research provides empirical evidence supporting the effectiveness of community-centered rehabilitation systems within rapidly changing social environments. Practically, the study

offers important recommendations for policymakers, social workers, and welfare institutions to strengthen participatory rehabilitation programs, reduce social stigma, and improve collaborative welfare governance.

Overall, this research concludes that social rehabilitation and reintegration are collective social processes that depend fundamentally on the interaction between vulnerable individuals, communities, and welfare institutions. Community-based welfare approaches provide more adaptive and sustainable solutions because they integrate empowerment, participation, and social inclusion into rehabilitation practices. Through collaborative social support systems, vulnerable populations can regain dignity, strengthen resilience, and achieve meaningful participation within society. Therefore, sustainable welfare development requires inclusive, participatory, and empowerment-oriented policies capable of promoting long-term social integration and human well-being among marginalized groups.

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