

Beyond Service Delivery: Disability-Inclusive University-Community Engagement, Beneficiary Satisfaction, and Participatory Inclusion

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HOW TO CITE:

Nova C. Baldo (2026). Beyond Service Delivery: Disability-Inclusive University-Community Engagement, Beneficiary Satisfaction, and Participatory Inclusion. International Journal of Special Education, 41(21s), 1667-1673

ABSTRACT:

University-community engagement can advance inclusive and equitable development; however, disability inclusion requires not only service provision but also meaningful participation of **persons with disabilities** in identifying needs, designing, implementing, and evaluating interventions. This study examined the **perceived impact** of the University of the Cordilleras' Project H.E.L.E.N. (Health, Education, Livelihood, Environment, and Nurturance), **beneficiary satisfaction**, and experiences of members of the Blessed Community of Persons with Disability, Inc. (BCPDI).

A mixed-methods design was employed. Quantitative data were collected using a researcher-developed four-point Likert-scale questionnaire and analyzed using descriptive statistics, while qualitative data from interviews and focus group discussions were analyzed thematically. Findings showed that Project H.E.L.E.N. was perceived to have a high overall impact ($M = 3.07$), while BCPDI members reported overall **satisfaction** ($M = 3.20$). Qualitative findings further indicated positive experiences related to educational support, capacity-building, and university-community relationships. However, community involvement in program planning received the lowest satisfaction rating ($M = 2.45$, Dissatisfied), revealing a participation gap. This highlights a participation paradox: BCPDI members may experience programs as beneficial and satisfactory while having limited influence over their planning. **Disability-inclusive university-community engagement** therefore requires shifting from programs delivered for **persons with disabilities** to programs developed with them.

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Keywords: disability-inclusive university-community engagement, inclusive education, persons with disabilities, university-community partnerships, beneficiary satisfaction, perceived impact

1. Introduction

Inclusive education extends beyond access to include participation, responsiveness, and meaningful engagement of persons with disabilities (UNESCO, 2020; Gelacio, 2026; Ismail et al., 2025; Saini et al., 2024). Similarly, university-community engagement emphasizes reciprocity and collaboration between universities and communities (Dostilio, 2014; Janke et al., 2022; Koekkoek et al., 2021). Disability-inclusive university-community engagement therefore extends beyond service provision to include beneficiary experience, participation in decision-making, and reciprocal partnership. Accordingly, disability-inclusive university-community engagement can be examined across four interconnected levels: service provision, beneficiary experience, participation, and partnership. While effective service delivery may generate positive beneficiary experiences, it does not necessarily ensure that persons with disabilities have influence over programs intended for them. Meaningful inclusion therefore requires moving beyond doing programs for persons with disabilities toward doing programs with them.

Research Gap and Study Focus

Although inclusive education and university-community engagement have received increasing scholarly attention, limited research has examined disability inclusion across service provision, beneficiary experience, and meaningful participation. This study examines Project H.E.L.E.N., a University of the Cordilleras (UC) university-community initiative involving adopted communities, focusing on BCPDI member's (1) perceived impact across five domains, (2) satisfaction, and (3) participation experiences. It examines whether disability-inclusive engagement extends beyond service delivery toward more participatory and reciprocal partnerships.

Conceptual Framework

The Service Provision–Experience–Participation–Partnership (SEPP) Framework proposes that substantive disability inclusion requires greater participation and, ultimately, reciprocal partnership. Thus, the study integrates perspectives from:

1. Inclusive Education and Inclusion Theory: Provides the broad conceptual foundation for understanding disability inclusion beyond physical or programmatic access.
2. Arnstein's theory of citizen participation: Highlights the degree of influence that affected groups exercise in decisions that concern them, distinguishing service receipt and consultation from meaningful participation and shared decision-making.
3. Reciprocal university-community engagement: Emphasizes reciprocity, mutual benefit, collaborative knowledge production, and sustained partnerships between higher education institutions and communities.

Together, these perspectives inform the SEPP Framework, which conceptualizes university-community engagement across four increasing levels: service provision, beneficiary experience, participation, and partnership.

The levels reflect increasing degrees of influence rather than a strictly linear causal sequence.

- Service provision – the university provides resources and other forms of community support;
- Beneficiary experience – persons with disabilities experience the benefits, responsiveness, satisfaction, and sense of belonging associated with these interventions;
- Participation – persons with disabilities are provided opportunities for consultation,

needs identification, feedback, program design, and influence over decisions; and

- Partnership – persons with disabilities participate as active partners through co-design, shared implementation, co-evaluation, and shared decision-making.

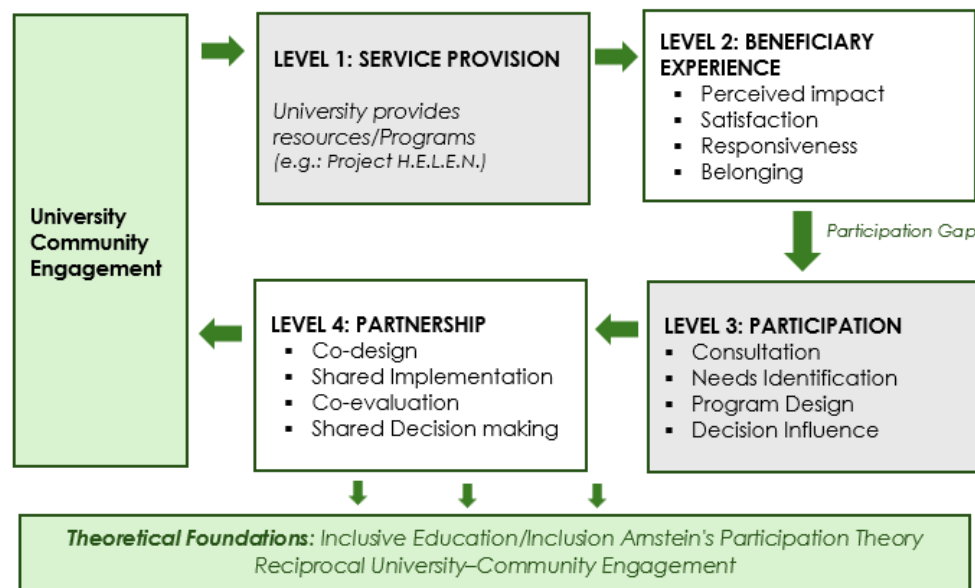


Figure 1. SEPP Conceptual Framework

2. Methodology

2.1 Research Design

The study employed a convergent mixed-methods design. Quantitative data assessed BCPDI members' perceived impact of Project H.E.L.E.N. across five program domains and beneficiary satisfaction, while qualitative data explored engagement experiences, including benefits, relationships, and participation in planning and implementation. Findings were integrated to examine the relationship between perceived impact, satisfaction, and beneficiary participation.

2.2 Participants and Sample

The study involved 282 participants and stakeholders from three Project H.E.L.E.N. adopted-community settings: Benguet LGU ($n = 208$), Elementary School ($n = 43$), and BCPDI ($n = 31$). The BCPDI subgroup comprised the focused participant group for the disability-inclusive analysis. All 31 BCPDI members participated in the qualitative component through semi-structured interviews and/or focus-group discussions based on their direct experience with Project H.E.L.E.N.

2.3 Instruments

Data were collected using a researcher-developed questionnaire comprising a 25-item Project Impact Scale across five Project H.E.L.E.N. domains and a seven-item Beneficiary Satisfaction Scale, both using a four-point Likert scale. Six experts in community engagement, business, management, and leadership reviewed the instrument for content validity. Pilot testing with 64 respondents yielded a Cronbach's alpha of .92, indicating excellent internal consistency. Qualitative data were collected through semi-structured interviews and focus-group discussions.

2.4 Procedure

Ethical clearance and institutional approval were secured before data collection. Participants were informed of the study's purpose, voluntary participation, and confidentiality measures. Quantitative data were collected through printed questionnaires and Google Forms, while qualitative data were gathered through semi-structured interviews and focus-group discussions with purposively selected BCPDI

members. Qualitative sessions were transcribed and reviewed for accuracy.

2.5 Data Analysis

Quantitative data were analyzed using SPSS, with means computed to assess perceived impact across the five program domains and BCPDI members' satisfaction using the predetermined four-point scale. Qualitative data were thematically analyzed through familiarization, coding, categorization, theme development, review, and interpretation. Integration involved comparing quantitative indicators with qualitative themes and classifying findings as convergence, complementarity, or divergence. Results were presented in a joint display linking quantitative findings, qualitative evidence, and integrated interpretations.

3. Results

3.1 Respondent Profile

The study involved 282 participants and stakeholders from three Project H.E.L.E.N. adopted-community settings: Benguet LGU ($n = 208$), Elementary School ($n = 43$), and BCPDI ($n = 31$). All 31 BCPDI members participated in the

3.3 BCPDI Satisfaction with Project H.E.L.E.N.

Among the 31 BCPDI members, the overall satisfaction rating for Project H.E.L.E.N. was 3.20, interpreted as Satisfied. In contrast, Q4 received the lowest rating ($M = 2.45$), interpreted as Dissatisfied.

Table 2: *Satisfaction of BCPDI Beneficiaries with Project H.E.L.E.N.*

Satisfaction Indicator	M	Interpretation
Q3. Quality of materials and services	3.84	Very Satisfied
Q7. Overall satisfaction with implementation	3.52	Very Satisfied
Q2. Relevance to community needs	3.32	Very Satisfied
Q6. Responsiveness to community concerns	3.19	Satisfied
Q1. Timeliness of activities	3.15	Satisfied
Q5. Communication with the community	2.93	Satisfied
Q4. Community involvement in planning	2.45	Dissatisfied
Overall	3.20	Satisfied

3.4 Qualitative Findings: BCPDI Participants' Experiences

qualitative component through semi-structured interviews and/or focus-group discussions.

3.2 BCPDI Perceived Impact of Project H.E.L.E.N.

Project H.E.L.E.N. obtained an overall mean of 3.07 (High Impact). Education received the highest rating ($M = 3.31$, Very High Impact), followed by Livelihood ($M = 3.23$), Environment ($M = 3.16$), Nurturance ($M = 2.85$), and Health ($M = 2.80$), all rated High Impact.

Table 1: *Perceived Impact of Project H.E.L.E.N. Across Five Domains*

Domain	M	Interpretation
Education	3.31	Very High Impact
Livelihood	3.23	High Impact
Environment	3.16	High Impact
Nurturance	2.85	High Impact
Health	2.80	High Impact
Overall	3.07	High Impact

The qualitative findings identified positive experiences of engagement alongside accounts describing limited involvement in project planning.

Table 3: BCPDI Participants' Experiences

Theme	Core Qualitative Finding
1. Belonging Beyond Service Delivery	<i>Malasakit</i> , genuine care, and recognition made BCPDI members feel valued and included beyond service receipt.
2. Relational Engagement and Psychosocial Inclusion	Sustained interaction with UC personnel and students strengthened connection, and psychosocial inclusion.
3. Satisfaction Without Full Participation	Despite overall satisfaction ($M = 3.20$), limited involvement in planning ($M = 2.45$) revealed a gap between benefiting from services and influencing decisions.

3.5 Integration of Quantitative and Qualitative Findings

The integrated findings showed convergence across satisfaction, relevance, and participation. Overall satisfaction ($M = 3.20$) and relevance ($M = 3.32$) were consistent with qualitative accounts of *malasakit*, supportive relationships, and valued

educational and community-oriented activities. In contrast, the lower planning/participation rating ($M = 2.45$) corresponded with accounts of limited involvement in planning and decision-making, indicating that positive service experiences did not necessarily extend to participatory influence.

Table 4: Joint Summary of Quantitative and Qualitative Findings

Quantitative finding	Qualitative evidence	Integrated interpretation
Overall satisfaction: $M = 3.20$	BCPDI members described <i>malasakit</i> and supportive interactions with university representatives.	Convergence: High satisfaction aligned with accounts of care and positive interpersonal experiences.
Relevance: $M = 3.32$	Members valued the educational, support, and community-oriented activities. One participant noted, "They showed <i>malasakit</i> and made us feel that we mattered" (BCPDI-P03).	Convergence: High relevance was supported by accounts of valued and responsive activities.
Planning/participation: $M = 2.45$	Members described limited involvement in program planning and decision-making. One participant noted, "We appreciated the activities, but we were not always involved in deciding what activities we needed" (BCPDI-P11).	Convergence: The lower participation rating aligned with accounts of limited influence in planning and decision-making.

4. Discussion

4.1 BCPDI Perceived Impact

The high perceived impact ratings across domains indicate that BCPDI members viewed

the project as a relevant source of community support. Within the SEPP framework, these findings correspond primarily to Level 1—Service Provision. Perceived impact result

indicates service effectiveness but does not establish meaningful participatory inclusion.

4.2 BCPDI Satisfaction

BCPDI participants reported overall satisfaction with Project H.E.L.E.N. ($M = 3.20$), with three indicators rated Very Satisfied. Qualitative findings reinforced these results through accounts of educational support, capacity-building, *malasakit*, and positive interactions with university personnel and students. These findings correspond to Level 2—Beneficiary Experience in the SEPP framework. Satisfaction represents an important dimension of engagement but remains distinct from participation.

4.3 Participation Gap and Implications for Partnership

The clearest evidence of limited inclusion was the lowest satisfaction rating for community involvement in planning ($M = 2.45$, Dissatisfied). Qualitative accounts described limited opportunities to influence program planning. Within the SEPP framework, this reflects a gap between Level 2—Beneficiary Experience and Level 3—Participation. Reciprocal engagement requires communities to contribute knowledge, and decision-making alongside universities (Dostilio, 2014; Janke et al., 2022; Plummer et al., 2022). Thus, disability-inclusive engagement should move beyond programs delivered for persons with disabilities toward programs developed with them, advancing participation toward Level 4—Partnership.

4.4 Overall Interpretation

The study therefore identifies a participation paradox: BCPDI members may perceive university-community programs as highly beneficial and satisfactory while having limited influence over how those programs are planned. This supports the SEPP framework's proposition that effective service provision and positive experiences are important foundations of inclusion, but meaningful disability inclusion ultimately requires influence, and shared decision-making in program planning, implementation, and evaluation.

4.5 Limitations

The study measured perceived project impact and satisfaction rather than objective educational or developmental outcomes; therefore, the findings should not be interpreted as evidence of causal effects attributable solely to Project H.E.L.E.N. The BCPDI subgroup comprised 31 participants from a single disability organization, limiting the transferability of the findings to other persons with disabilities, disability organizations, and community settings. The cross-sectional design also limits assessment of changes over time. In addition, while the study provides evidence regarding participation, it did not directly measure all dimensions of partnership identified in the SEPP framework. The partnership dimension should therefore be understood as a conceptual direction for strengthening future university-community engagement rather than as an empirically established outcome of the present study.

5. Conclusion

BCPDI members reported positive perceived impact and satisfaction from Project H.E.L.E.N.. However, the comparatively low rating for involvement in planning indicates a participation gap, showing that positive experiences do not automatically constitute meaningful disability inclusion. Meaningful disability-inclusive university-community engagement therefore requires moving beyond service provision toward participatory planning, implementation, evaluation, and partnership.

6. Practical Recommendations

The following recommendations are proposed for higher education institutions seeking to strengthen disability-inclusive university-community engagement:

1. **Institutionalize participatory planning.** Involve persons with disabilities and their representative organizations in needs assessment, program design, implementation, and evaluation.
2. **Adopt disability-inclusive engagement guidelines.** Establish institutional

guidelines covering accessibility, communication, and decision-making.

3. **Formalize reciprocal partnerships with disability organizations.** Engage disability organizations as co-designers, and implementation partners through shared planning, decision-making, and evaluation.
4. **Strengthen outcome and longitudinal evaluation.** Complement perceived impact and satisfaction measures with developmental, participation, and community outcomes assessed over time.

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9. Author Declaration

The author declares that this manuscript is an original work and has not been published or submitted for publication elsewhere. The author also declares **no conflict of interest**.

7. Future Research

Future research should examine whether greater participation in planning and decision-making is associated with improved satisfaction and longer-term outcomes using longitudinal, comparative, and mixed-methods designs across diverse disability groups and community settings.