HOW ALIGNED ARE DISABILITY SERVICE ORGANIZATIONS WITH HUMAN-RIGHTS POLICY GOALS?

A MULTILEVEL POLICY ANALYSIS OF ORGANIZATIONAL VALUES, PRACTICES, AND CROSS-ROLE PERCEPTIONS

by

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A dissertation submitted to the Faculty of the University of Delaware in partial fulfillment of the requirements for the degree of Doctor of Philosophy in Public Policy and Administration

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LIST OF ACRONYMS

ADA – *Americans with Disabilities Act*

CBO – *Community-Based Organization*

CDT – *Critical Disability Theory*

CMS – *Centers for Medicare & Medicaid Services*

CRPD – *Convention on the Rights of Persons with Disabilities (United Nations)*

DEI – *Diversity, Equity, and Inclusion*

DSP – *Direct Support Professional*

FAPE – *Free Appropriate Public Education*

HCBS – *Home and Community-Based Services*

HR – *Human Rights* (general domain)

HRPra – *Human Rights Practices*

HRPri – *Human Rights Priorities*

HRPraFL – *Human Rights Practices Factor Loading Index*

HRPriFL – *Human Rights Priorities Factor Loading Index*

ICC – *Intraclass Correlation Coefficient*

IDEA – *Individuals with Disabilities Education Act*

IEP – *Individualized Education Program*

IDD – *Intellectual and Developmental Disabilities*

LRE – *Least Restrictive Environment*

ODMs – *Organizational Decision-Makers*

Olmstead – *Olmstead v. L.C.* (1999 Supreme Court decision affirming the right to community living under the ADA)

OP – *Organizational Performance* (general domain)

OPPI – *Organizational Priorities and Practices Inventory*

OPPra – *Organizational Performance Practices*

OPPri – *Organizational Performance Priorities*

OPPraFL – *Organizational Performance Practices Factor Loading Index*

OPPriFL – *Organizational Performance Priorities Factor Loading Index*

PCA – *Principal Component Analysis*

QoL – *Quality of Life*

SLBs – *Street-Level Bureaucrats*

UPIAS – *Union of the Physically Impaired Against Segregation*

ABSTRACT

Disability policy in the United States has shifted toward a human-rights paradigm centered on autonomy, participation, and community inclusion; yet translating these commitments into everyday organizational practice remains inconsistent and often symbolic. Guided by Critical Disability Theory, Institutional Theory, and Policy Implementation Theory, this dissertation empirically examines how disability service organizations internalize and enact human-rights-based priorities through their systems, leadership structures, and frontline practices. Using data from the Organizational Priorities and Practices Inventory (OPPI), the study analyzes responses from 237 organizations, including a matched subsample of 36 agencies with data from both Organizational Decision-Makers (ODMs) and Street-Level Bureaucrats (SLBs).

A multi-method quantitative design assessed alignment at three levels: (1) internal alignment between priorities and practices within each role; (2) cross-role alignment between ODMs and SLBs; and (3) cross-domain alignment between human-rights principles and organizational performance management systems. Analytical procedures included paired-sample t-tests, correlation analysis, intraclass correlation coefficients (ICCs), PCA-derived indexes, multivariate regression, and redundancy analysis.

Findings reveal persistent gaps between organizational commitments and implementation. ODMs rated human-rights priorities significantly higher than corresponding practices, particularly in Community Living and Autonomy, indicating that rights-based values

are not fully embedded in operational routines. SLBs reported similar gaps and identified distinct areas where daily realities diverge most from organizational intent. Cross-role comparisons showed low statistical agreement, reflecting structural power imbalances and the discretionary nature of frontline implementation.

Despite these misalignments, multivariate analyses suggested structural relationships between human-rights domains and organizational performance management areas. Organizations with stronger infrastructures, leadership development, workforce support, participatory governance, and DEI practices, showed higher alignment in rights-based priorities and practices. Redundancy analysis confirmed that performance systems and human-rights domains share substantial variance, suggesting they are mutually reinforcing. This study contributes a transformative, empirically grounded perspective on implementing emancipatory disability policy and offers a framework for aligning organizational systems with the human-rights model of disability.

CHAPTER 1

INTRODUCTION

1.1 Introduction

Over the past several decades, disability policy and practice have undergone a significant conceptual transformation. Internationally and within the United States, the field has shifted from a medical or deficit-based understanding of disability toward a human right–centered approach (Degener, 2016a; Lawson & Beckett, 2021; Stein, 2015). This evolution, grounded in global disability rights activism and the rise of critical, participatory scholarship, has laid the foundation for what scholars describe as emancipatory disability policy: policies designed to advance autonomy, inclusion, self-determination, and full participation for people with disabilities (Devlin & Pothier, 2006; Fine, 2019; Pease, 2020).

Over time, disability policy has been shaped by several conceptual models that define how disability is understood and addressed. The medical model frames disability as an individual impairment requiring professional intervention or correction, often resulting in segregated services and institutionalization (Fleischer & Zames, 2012). In contrast, the social model positions disability as a product of societal barriers rather than individual deficits, emphasizing environmental access and antidiscrimination reforms (Oliver, 1990; Patterson, 2018). Building on these foundations, the human rights model asserts that people with disabilities are rights-bearing citizens entitled to autonomy, equality, participation, and self-determination (Degener, 2016; Lawson & Beckett, 2021). This model provides the normative grounding for contemporary

emancipatory disability policy, which seeks not only to remove barriers but to affirm full inclusion, agency, and equal participation in community life.

This rights-based shift has been reinforced by international policy developments such as the United Nations Convention on the Rights of Persons with Disabilities (CRPD), which affirms that persons with disabilities are entitled to the full enjoyment of all human rights and fundamental freedoms (United Nations, 2006). Although the United States has signed but not ratified the CRPD, its core principles have influenced policy expectations and organizational practice nationwide (Degener, 2016a; Percy, 2018). Parallel to global developments, U.S. disability rights movements beginning in the mid-twentieth century catalyzed landmark domestic reforms such as the Americans with Disabilities Act (ADA) (Blanck, 2019) and the Supreme Court's decision in Olmstead v. L.C., which declared that unjustified segregation constitutes discrimination under the ADA and affirmed individuals' rights to receive services in the most integrated setting possible (Sloan & Gulrajani, 2019; U.S. Department of Health and Human Services, 2023).

A critical but sometimes overlooked milestone in this evolution is the federal Home and Community-Based Services (HCBS) Final Rule, which operationalizes rights-based expectations by defining the characteristics of truly community-based services. Requirements such as person-centered planning, autonomy, privacy, choice of daily activities, and freedom from coercion represent some of the strongest federal articulations of rights-aligned service expectations and reflect the core values of emancipatory disability policy (Friedman, 2020; Pettinicchio, 2019).

Simultaneously, a robust academic movement grounded in Critical Disability Theory and emancipatory research traditions has emphasized that people with disabilities are not only rights-holders but also experts whose lived experience should guide policy and practice (Devlin &

Pothier, 2006; Fine, 2019). Scholars argue that human rights, including autonomy, community inclusion, and meaningful self-determination, are fundamental components of an individual's quality of life (Gómez Sánchez et al., 2022; Verdugo et al., 2012). This literature provides a theoretical foundation for designing and evaluating disability policies that center the rights, agency, and participation of people with disabilities.

As a result, organizations providing services for individuals with intellectual and developmental disabilities (IDD) now operate within a landscape where implementing these rights is both a policy expectation and a measure of service quality. In this dissertation, "organizations" refers to publicly funded disability service agencies responsible for delivering community-based supports, implementing state and federal policies, and shaping the everyday service experiences of people with disabilities. Within these organizations, two groups of actors play critical roles in policy implementation:

Organizational Decision-Makers (ODMs): who determine strategic and administrative directions; and

Street-Level Bureaucrats (SLBs): who directly deliver services and ultimately enact policy in daily interactions (Lipsky's framework applied to disability services).

Understanding how these groups interpret and implement emancipatory disability policy is essential for assessing whether organizational practices genuinely reflect rights-based values.

Despite extensive policy infrastructure, people with disabilities in the United States continue to report limited autonomy, constrained decision-making power, and inconsistent access to community opportunities, suggesting persistent gaps in the realization of rights intended by modern policy (Houtenville et al., 2023; Merrells et al., 2018, 2019a; von Schrader & Erickson,

2022). Scholars point to ongoing physical, social, and institutional barriers that undermine full participation (Abbott & McConkey, 2006; Simplican et al., 2015), and research increasingly emphasizes the role of organizational practices in either supporting or restricting the exercise of rights (Giesbers et al., 2019; Reinders & Schalock, 2014).

This dissertation emerges at this intersection between emancipatory disability policy and the organizational systems responsible for implementing it. By focusing on organizational priorities and practices, and by analyzing the perspectives of both ODMs and SLBs, this study examines whether the rights and values embedded in modern disability policy are consistently operationalized in service delivery. In doing so, this research contributes to a deeper understanding of how organizations interpret human rights mandates, how implementation varies across organizational levels, and where gaps persist that may hinder the realization of rights for people with disabilities.

1.2 Problem Statement

Despite decades of progress in disability rights and policy, people with disabilities in the United States continue to experience substantial gaps in autonomy, decision-making power, and access to community life. The most recent National Core Indicators–IDD (NCI-ID) In-Person Survey data illustrate this persistent challenge. Nationally, only 23% of adults with intellectual and developmental disabilities (IDD) chose where they live, and only 23% chose the people they live with. Just 25% selected the day program they attend, while an additional 38% reported having only "some input" in that decision. Although 78% have at least one friend who is not staff or family, only 69% are able to meet those friends in person when they want. Community participation remains limited: while 71% report they can do things in the community as much as they would like, only 28% participate in community groups, organizations, or civic activities

(National Core Indicators, 2024). These data underscore a continuing disconnect between the rights promised under modern disability policy and the lived experiences of people receiving services.

Scholars have long noted that such gaps are not attributable solely to individual or environmental barriers but are often the result of institutional and organizational structures that restrict autonomy, limit choice, and shape daily opportunities for people with disabilities (Abbott & McConkey, 2006; Giesbers et al., 2019; Simplican et al., 2015). Because disability services in the United States are delivered primarily through publicly funded organizations, these agencies function as the implementation arm of emancipatory disability policy. They are responsible for translating rights-based mandates, such as person-centered planning, community inclusion, and supported decision-making, into everyday service practices.

Extensive scholarship shows that organizations play a central role in the empowerment and emancipation of people with disabilities by implementing practices that support autonomy, inclusion, and meaningful participation (Friedman, 2022; Reinders & Schalock, 2014). This study focuses on six key organizational domains, defined by the Organizational Priorities and Practices Inventory (OPPI), that collectively represent the operational foundation of emancipatory disability policy. These domains include both human rights–aligned practices and organizational performance capacities, reflecting the dual structure of policy implementation in disability services.

The first three OPPI domains represent direct human rights best practices that operationalize core principles of emancipatory disability policy. Autonomy, Choice, and Control encompass organizational practices that support individuals in making decisions about where they live, who they live with, the services they receive, their daily routines, and long-term goals.

Research continually demonstrates that increasing choice and control strengthens quality of life and advances self-determination (Hewitt et al., 2016; Rajaraman et al., 2023; Brien, 2018). Community Living, Employment, and Engagement include practices that ensure meaningful access to community life, social relationships, employment opportunities, and civic participation. These supports are essential for belonging, relationship-building, and overall emotional well-being (Amado et al., 2013; Sheth et al., 2019). The third domain, Stakeholder Input into Organizational Management and Governance, captures mechanisms through which people with disabilities and their families shape organizational priorities. Engaging stakeholders in advisory, planning, and governance roles ensures that organizational decisions reflect the needs, rights, and lived experiences of those most affected by services (Kendrick, 2011).

The remaining three OPPI domains reflect organizational performance best practices, which scholarship identifies as indispensable for the effective implementation of rights-based policy. Staff Participation, Value, Impact, and Support include practices that involve frontline staff in decision-making, provide adequate training, and create supportive work environments. These practices sustain consistent, high-quality service delivery, increase staff engagement, and help mitigate the historically high turnover rates among direct support professionals (Giesbers et al., 2019; Osborne & Hammoud, 2017; Friedman, 2018). Leadership Strength and Skill Development refers to the organizational capacity of leaders to cultivate person-centered cultures, manage change processes, and sustain community-based service models; strong leadership is repeatedly linked to successful transformations in disability service systems (Bigby & Beadle-Brown, 2018; Bailey & Gilden, 2018). Finally, Diversity, Equity, and Inclusion (DEI) encompass practices that ensure equitable treatment, representation, and culturally responsive support across race, ethnicity, gender identity, language, and disability. DEI is a critical domain

because inequities amplify barriers to autonomy, participation, and rights realization for marginalized groups; improvements in DEI strengthen organizational climate, reduce disparities, and enhance both the fairness and accessibility of human rights–based practices (Janes & Harvey, 2022).

Yet organizations do not always implement policy ideals as intended. Public administration scholarship describes this phenomenon as decoupling, a process in which formal commitments to values or policy principles are not fully reflected in actual practices (Meyer & Rowan, 1977). Within disability services, this suggests that organizations may endorse principles such as autonomy, inclusion, and choice, while struggling to enact them consistently in service delivery. Such misalignment may arise from structural constraints, limited resources, divergent role expectations, or inconsistent interpretations of policy across organizational levels.

Understanding these gaps requires examining organizations not only as service providers but as multilevel system whose values, internal processes, and actor relationships collectively shape policy implementation. This study conceptualizes organizational implementation through three interrelated forms of alignment:

1. **Internal Alignment:** the extent to which an organization's stated values (priorities) align with its actual behaviors (practices).
2. **Cross-Role Alignment:** the degree to which organizational decision-makers (ODMs) and street-level bureaucrats (SLBs) share similar perceptions about organizational priorities and practices. Differences between these groups may reveal implementation fractures.

3. **Cross-Domain Alignment:** the consistency between human rights best practices and organizational performance best practices. Emancipatory disability policy requires both rights-centered and structural-organizational capacities; misalignment across these domains may signal deeper policy implementation barriers.

These three forms of alignment correspond directly to the structure of the study's research questions and support the central hypothesis: that organizations exhibit meaningful misalignment, both across roles and across domains, in the implementation of emancipatory disability policy. This hypothesis is grounded in organizational theory, implementation scholarship, and empirical evidence of decoupling within human service agencies (Giesbers et al., 2019; Pettinicchio, 2019; Reinders & Schalock, 2014).

Internal Alignment (Priorities vs. Practices) & Decoupling

As discussed above, current scholarship clearly establishes that each OPPI construct matters for rights realization and quality of life, directly Autonomy/Choice/Control, Community Living, Employment, Engagement, and indirectly Stakeholder Input as direct rights-based practice areas, and Staff Participation/Support, Leadership Development, and DEI as organizational capacities that enable implementation (Friedman, 2022; Kendrick, 2011; Bigby & Beadle-Brown, 2018; Giesbers et al., 2019; Janes & Harvey, 2022). Yet, most studies examine these domains as practice areas (or outcomes) rather than as organizational alignment problems. Previous scholarship documents whether organizations do person-centered planning, inclusion, stakeholder participation, or workforce supports (Friedman, 2022; Bigby & Beadle-Brown, 2018). However, less often tests whether these domains are internally coherent, comparing what organizations say they prioritize versus what they enact. Institutional Theory predicts that organizations may adopt the language of rights and best practices for legitimacy while

maintaining routine operations that do not fully reflect these commitments (i.e., decoupling) (Meyer & Rowan, 1977; Scott, 2001).

This study contributes to the scholarship in this are by empirically measuring decoupling in disability service organizations. While previous authors have established the outcomes and explain its impact in services deliver and the lives of people with disabilities, this study measures those outcomes implementation by measuring alignment between them as "priorities" and "practices". Another contribution is that this study summarizes all those outcomes described by the scholarship mentioned above and measures internal alignment across all six constructs simultaneously rather than in isolated silos. This approach addresses the gap described earlier on the limited precedents for evaluating the implementation of rights-relevant domains as a comprehensive organizational system rather than as separate best-practice checklists.

While existing scholarship identifies specific organizational practices that enhance quality of life and uphold human rights, such as autonomy, community living, stakeholder governance, staff participation, leadership development, and DEI (Amado et al., 2013; Friedman, 2022; Kendrick, 2011; Osborne & Hammoud, 2017), there has been no comprehensive, simultaneous evaluation of these areas as interconnected domains of emancipatory disability policy implementation. Nor have studies specifically and systematically examined perceptual differences between ODMs and SLBs, despite their central roles in shaping service delivery.

Cross-role Alignment (ODMs vs. SLBs)

Prior work in disability services and implementation research recognizes that leadership and frontline implementers often experience policy differently, and that street-level discretion shapes what policy becomes in practice (Lipsky, 1980; Van Meter & Van Horn, 1975; Matland, 1995). However, much of the disability-service literature that emphasizes

Autonomy/Choice/Control, Community Living/Employment/Engagement, and Stakeholder Input tends to treat the "organization" as a single unit of intention and action, rarely unpacking role-based perception gaps that may exist across the very same constructs. This is a meaningful omission in the body of literature in the field because each construct is implemented through role-dependent mechanisms: Autonomy and Community Living are shaped by frontline discretion and operational constraints; Stakeholder Input depends on governance access and decision rights; and the performance constructs (Staff Participation/Support, Leadership Development, and DEI) depend on how leaders design systems and how staff experience them. The cross-role framework proposed in this study directly operationalizes this implementation problem by treating decision-makers as key sources of how organizations define and communicate priorities, and street-level bureaucrats as key sources of how those priorities are actually lived through day-to-day service delivery, making it possible to identify whether alignment exists (or fractures) within each of the six constructs.

Cross-domain alignment (Human Rights& Organizational Performance)

Currently scholarship widely acknowledges that rights-based outcomes depend not only on human-rights commitments but also on organizational capacity: workforce support, leadership systems, and equitable workplace practices are repeatedly identified as preconditions for quality and for sustaining person-centered change (Fixsen et al., 2005; Bigby & Beadle-Brown, 2018; Schalock et al., 2016). Still, existing studies commonly address the six domains in two separate literatures: (a) the "human rights/QoL" scholarship focused on Autonomy/Choice/Control, Community Living/Employment/Engagement, and Stakeholder Input, and (b) the organizational management scholarship focused on Staff Participation/Support, Leadership Development, and DEI. However, system-level evidence that quantifies how the performance constructs function as

enabling conditions for the rights constructs within disability service organizations remains comparatively understudied. There is a lack of evidence on whether and how improvements in leadership, staff systems, and DEI are statistically associated with stronger human-rights priorities and practices. This study's cross-domain strategy directly fills shuch gap by treating both sets of constructs as a coupled organizational system. This dissertation explicitly examines whether performance-management priorities and practices predict rights priorities and practices, moving beyond the common assumption that "good management supports rights" into a testable organizational mechanism of implementation.

The persistent gaps reflected in national indicators, combined with theoretical expectations of decoupling, point to a critical need to investigate how organizations interpret, prioritize, and implement human rights–based policy mandates. This study responds to that need by evaluating alignment across six organizational domains defined by the Organizational Priorities and Practices Inventory (OPPI) and by examining how these alignments differ across organizational roles and across human rights and performance domains.

1.2.1 Research Statement

This study examines how disability service organizations interpret and implement emancipatory disability policy by evaluating the alignment between organizational priorities and practices across six key domains. Guided by the theoretical expectation of decoupling, the study hypothesizes that organizations may publicly endorse human rights principles, such as autonomy, inclusion, equity, and person-centeredness, while struggling to consistently enact these commitments in day-to-day service delivery. Such misalignment may arise from differences in organizational role, divergent interpretations of policy, structural constraints, or varying degrees of implementation capacity across human rights and performance domains.

To investigate this phenomenon, the study evaluates organizational implementation through three interrelated dimensions of alignment. First, it examines internal alignment by assessing whether the values organizations identify as priorities correspond with their reported practices. Second, it analyzes cross-role alignment by comparing how organizational decision-makers (ODMs) and street-level bureaucrats (SLBs), two groups central to policy interpretation and enactment, perceive organizational priorities and practices. Finally, it evaluates cross-domain alignment by assessing the relationship between human rights best practices and organizational performance practices, both of which are necessary for effective policy implementation.

Given the relevance of organizational settings for this matter described above, understanding why this gap persists requires examining how disability service organizations enact, or fail to enact, rights-based policy in practice. This dissertation approaches this question through three complementary analytical angles: internal alignment, cross-role alignment, and cross-domain alignment. Together, these analyses illuminate the cultural, structural, and relational dynamics that shape whether emancipatory disability policy is meaningfully implemented.

The first angle, internal alignment, examines the relationship between an organization's stated priorities and its enacted practices. This perspective is essential because organizations often express strong commitments to autonomy, community living, and person-centered practices in their formal mission statements while struggling to operationalize those commitments in practice. Institutional Theory describes this pattern as decoupling, wherein organizations symbolically adopt socially valued norms without fully integrating them into daily routines (Meyer & Rowan, 1977; Scott, 2014). Critical Disability Theory similarly argues that

institutional structures frequently reproduce ableist assumptions that constrain authentic rights realization, even in settings that appear progressive on their surface (Hosking, 2008; Devlin & Pothier, 2006; Rioux & Prince, 2002). By comparing priorities and practices within organizational roles, internal alignment analysis shows where symbolic commitments to human rights fail to materialize into consistent organizational behavior, revealing one mechanism through which emancipatory policy may remain unrealized.

The second angle, cross-role alignment, examines whether Organizational Decision-Makers (ODMs) and Street-Level Bureaucrats (SLBs) share a common understanding of organizational priorities and practices. Policy Implementation Theory emphasizes that the success of policy depends not only on formal directives but also on how frontline actors interpret and enact those directives (Lipsky, 1980; Van Meter & Van Horn, 1975; Matland, 1995). When decision-makers articulate rights-based priorities without providing the structures, clarity, or resources needed for implementation, frontline staff are left to navigate tensions between policy expectations and practical constraints. Differences in perceptions between ODMs and SLBs can therefore signal deeper organizational misalignment, such as communication gaps, unclear expectations, or conflicting incentives, that shape the consistency and fidelity of human rights practices. Examining cross-role alignment reveals how the discretionary power of SLBs and the strategic orientation of leaders interact to either facilitate or hinder the realization of rights for people with IDD.

The third angle, cross-domain alignment, investigates the relationship between Human Rights domains and Organizational Performance Management domains. This perspective recognizes that rights-based practice does not occur in a vacuum but depends on the presence of robust organizational infrastructures. Research on organizational development and

implementation science emphasizes that leadership, staff development, participatory governance, supervision systems, and equity frameworks are critical drivers of sustained practice change (Fixsen et al., 2005). In disability services, scholars similarly argue that organizations with strong learning cultures, reflective supervision, and inclusive decision-making structures are better positioned to deliver person-centered, rights-based supports (Schalock et al., 2016; Bigby & Beadle-Brown, 2018). By examining how performance systems relate to human rights practices, cross-domain alignment analysis identifies the structural capacities necessary for translating values into action and highlights why rights commitments often falter when organizational systems are weak or misaligned.

These three analytical angles provide a comprehensive exploratory framework to understand for emancipatory disability policy has not yet achieved its full transformative potential. Internal alignment may reveal where organizational rhetoric outpaces practice; cross-role alignment intends to expose how differing perspectives and discretionary authority shape implementation; and cross-domain alignment demonstrates that rights cannot be realized without the structural capacity to support them. By integrating these perspectives, this dissertation advances a deeper understanding of the organizational mechanisms that sustain or undermine human rights in disability services and identifies leverage points for strengthening the alignment between policy, organizational systems, and everyday practice.

Through this multidimensional approach, the study seeks to determine whether disability service organizations enact the rights-centered values of emancipatory disability policy, where gaps in implementation occur, and how differences in role or domain may shape the realization of human rights in everyday service delivery. By identifying patterns of alignment and misalignment across these dimensions, the study contributes to a more comprehensive

understanding of how organizations operationalize rights-based policies and where targeted improvements may strengthen equity, inclusion, and quality of life for people with disabilities.

1.2.2 Research Questions

This study aimed to explore to what extent are disability service organizations aligned with human rights principles and broader organizational performance standards, and how do perceptions of these alignments differ between decision-makers and street-level bureaucrats?

Specific Research Questions:

The following specific research questions guided the inquiry:

RQ 1: To what extent are human rights priorities and practices aligned according to organizational decision-makers?

RQ 2: To what extent are human rights priorities and practices aligned according to street-level bureaucrats?

RQ 3: To what extent are organizational performance priorities and practices aligned according to organizational decision-makers?

RQ 4: To what extent are organizational performance priorities and practices aligned according to street-level bureaucrats?

RQ 5: To what extent do decision-makers and street-level bureaucrats differ in their ratings of human rights and organizational performance priorities and practices?

RQ 6: What is the relationship between human rights priorities and practices and organizational performance priorities and practices across organizations?

The implications of responding to these research questions extend across multiple fields, offering a comprehensive understanding of how disability organizations interpret and implement

human rights-based policies. By investigating the alignment between stated priorities and actual practices, and the perspectives of different organizational actors, this research has the potential to inform systemic improvements in service quality, policy effectiveness, and organizational management. The findings will not only contribute to academic scholarship but also provide practical guidance for disability organizations, public administrators, and policymakers working to advance equity, inclusion, and rights-based approaches in services for people with disabilities.

By addressing these research questions, this study will provide valuable, evidence-based insights into the extent to which disability service organizations align their stated human rights priorities with their actual practices and internal performance systems. For the field of Disability Services, the study will generate benchmarks that reflect current organizational efforts to uphold principles such as autonomy, inclusion, and supported decision-making. These benchmarks can serve as a foundation for continuous quality improvement and cross-organizational comparison. Moreover, by identifying specific areas where priorities and practices diverge, the research will help illuminate structural and operational gaps that may be limiting the realization of rights for people with disabilities. These findings can inform the development of targeted strategies and interventions that organizations may adopt to strengthen the implementation of human rights principles. Ultimately, this work will support organizations in building more accountable, inclusive, and responsive systems that center on the dignity, agency, and participation of people with disabilities.

To the field of Public Administration, the findings of this study will offer a deeper understanding of how organizational strategies and administrative processes either support or hinder the effective implementation of human rights-based practices. By analyzing patterns of alignment and misalignment across organizational roles, the study will discuss how internal

decision-making structures and operational workflows contribute to or detract from rights-centered services. These insights can inform the refinement of management strategies, enabling administrators to allocate resources more effectively, design inclusive staff training programs, and improve internal accountability mechanisms. This research findings can support the development of more transparent, responsive, and equity-driven administrative systems within disability service organizations.

In the field of Public Policy, this research will offer critical insights into how emancipatory disability policies are translated from legislative intent into everyday organizational practice. By examining the degree of alignment between stated priorities and implemented practices, the study will illuminate the practical challenges and enabling factors that influence policy enactment at the service delivery level. Policymakers can leverage these findings to refine and strengthen implementation frameworks, ensuring that disability policies are realistically actionable within organizational contexts. This may include the development of clearer policy guidance, stronger accountability mechanisms, and targeted support such as funding incentives or technical assistance for organizations striving to meet human rights standards. Ultimately, this research can inform more effective and equitable policy development, contributing to systems that deliver higher-quality services and improved life outcomes for people with disabilities.

Chapter 2

LITERATURE REVIEW

2.1 Introduction

This chapter provides an overview of the key elements shaping organizational practices within the U.S. disability service delivery system. Because this system operates as a complex, adaptive network with multiple feedback loops and interdependent actors, understanding policy implementation requires a systems perspective that integrates organizational, social, and policy dynamics (Jordan & Adelle, 2012). This chapter establishes the conceptual foundation for analyzing how disability policy translates into organizational practices and outcomes.

It begins by tracing the evolution of disability models from medical and social frameworks to the human rights model emphasizing autonomy, equality, and participation. It then situates these conceptual shifts within the disability rights movement and reviews landmark legislation, such as the Americans with Disabilities Act (ADA), Individuals with Disabilities Education Act (IDEA), and Home and Community-Based Services (HCBS), that shape current service systems. Subsequent sections examine how disability services function across federal, state, local, and community levels, highlighting evidence-based practices and implementation challenges. Finally, the chapter discusses contemporary frameworks for policy implementation and evaluation (Verdugo et al., 2017; Schalock & Verdugo, 2017), providing the conceptual and empirical grounding for the study's analysis of human-rights-framed organizational practices.

2.2 Models of Disability

There are several models of disability, each offering a distinct lens for understanding the experiences of people with disabilities and shaping how organizations design and deliver services (Evans et al., 2017). These models differ in their assumptions, focus, and implications for both policy and social attitudes. Collectively, they serve as the epistemological foundations that define what disability means, where responsibility for it lies, and how societies respond to it through policy and practice.

Understanding these models is essential to this study because they inform how disability policy is formulated, implemented, and evaluated (Evans et al., 2017). Each model represents not only a theoretical stance but also an institutional logic that guides how systems and organizations conceptualize support, control, and participation. As Evans et al. (2017, p. 54) notes, "most disability models are closer to paradigms than they are to theories, in that they present a way of viewing disability based on people's perceptions, beliefs, and experiences rather than research data." These paradigms ultimately influence how professionals, policymakers, and service organizations define success and allocate power in the disability system.

Scholars and institutions have proposed multiple models of disability. Retief and Letšosa (2018) identified nine, including the Moral, Medical, Social, Human Rights, Cultural, and Charity models. The United Nations highlights four foundational frameworks, the Charity, Medical, Social, and Rights-Based models (UNHCR, n.d.). Each is historically situated and culturally contingent, reflecting shifting political, economic, and moral understandings of human differences (Drum, 2009; Meade & Serlin, 2006; Olkin, 1999). As Olkin (1999) explains, each model defines what the "problem" of disability is, who owns that problem, and what solutions

are deemed appropriate, a structure that, in practice, translates into distinct policy and organizational approaches.

In the United States, shifting conceptions of disability, from moral failing to medical condition to human variation, have profoundly influenced how people with disabilities are perceived and how services are designed. These evolving perspectives have redefined expectations around independence, equal rights, and community participation (Evans et al., 2017; Retief & Letšosa, 2018). Despite progress, enduring challenges such as stigma, paternalism, and institutional dependency reflect the persistence of older paradigms embedded in systems of care.

The ongoing debates in disability service delivery primarily revolve around three dominant models; the Medical, Social, and Human Rights Models. Each presents a unique framework for understanding the relationship between the individual and society, shaping how policies are implemented and how organizations operationalize values such as autonomy, inclusion, and participation. The following sections outline the evolution and core assumptions of these three models and examine their relevance for contemporary disability policy and organizational practice.

2.2.1 The Medical Model of Disability

The medical model of disability emerged during the mid-1800s amid scientific, cultural, and social transformations that redefined the role of medicine in society (Evans et al., 2017; Retief & Letšosa, 2018). Also known as the *biomedical model*, it reflected the rise of positivist science and professional medicine during the late eighteenth and nineteenth centuries (Castañeda et al., 2013). As Comte's positivism replaced religious explanations of human difference,

disability came to be understood primarily as a biological or physiological deviation to be diagnosed, treated, and, if possible, cured (Retief & Letšosa, 2018; Feichtinger et al., 2018).

Under this model, disability is conceptualized as a personal tragedy or medical defect residing within the individual, a condition to be corrected or managed through clinical intervention (Olkin, 1999). Consequently, social and institutional responses focused on medical treatment and rehabilitation rather than environmental change or empowerment. By the early twentieth century, medical professionals had become the primary authorities on disability, institutionalizing the belief that expertise, rather than lived experience, should guide policy and service delivery (Nielsen, 2012).

The medical model thus frames disability as "a medical problem that resides in the individual ... a defect in or failure of a bodily system and as such is inherently abnormal and pathological" (Olkin, 1999, p. 26). Within this logic, full social participation depends on the extent to which the impairment can be "cured or eliminated" (Siebers, 2008, p. 3). This orientation produced systems that valued treatment and control over autonomy and participation, reinforcing segregation and the institutionalization of people with disabilities as a form of public health management (Retief & Letšosa, 2018).

In organizational terms, the medical model establishes a hierarchical and expert-driven logic. Service organizations modeled after this paradigm prioritize professional authority, standardization, and compliance with clinical norms. Decision-making tends to flow top-down, positioning people with disabilities as recipients of care rather than agents of change. Such structures often create rigid bureaucracies that resist transformation toward human-rights-based approaches.

Critics argue that the medical model, while historically influential, constrains individual agencies by framing disability as pathology rather than diversity. It also contributes to what later institutional theorists describe as decoupling, organizations publicly adopting progressive language while maintaining systems centered on diagnosis, risk management, and control. This enduring legacy continues to shape contemporary service environments, where even rights-based organizations must contend with institutional norms rooted in the medical model.

2.2.2 The Social Model of Disability

The social model of disability emerged as a response to the limitations of the medical model, challenging its focus on impairment as the source of disadvantage (D'Alessio, 2011). Rooted in the British disability rights movement of the 1960s and 1970s, the model was articulated in the *Fundamental Principles of Disability* (1976), a manifesto by the Union of the Physically Impaired Against Segregation (UPIAS) (Retief & Letšosa, 2018). British scholars Michael Oliver, Colin Barnes, and Vic Finkelstein later formalized these ideas into a theoretical framework, arguing that disability results not from individual deficits but from environmental, attitudinal, and institutional barriers (Oliver, 1990).

At its core, the social model asserts that *"it is society which disables people with impairments"* (Retief & Letšosa, 2018). Accordingly, meaningful change must occur at the societal level through the removal of structural and cultural barriers rather than through individual rehabilitation (Barnes et al., 2010). Disability, in this view, is a socially constructed phenomenon produced by inaccessible environments, discriminatory norms, and exclusionary practices rather than by the body itself.

Since its formulation, the social model has evolved into multiple strands, including materialist (Finkelstein, 1980), cultural (Barnes, 1991; Shakespeare, 1994), and feminist interpretations (C.

Thomas, 1999), each expanding its explanatory power (Tregaskis, 2002). Despite these variations, all emphasize the contextual nature of disability and the collective responsibility to dismantle systemic barriers. The model aligns closely with the social constructivist paradigm, sharing its focus on how social, cultural, and institutional contexts shape human experience and identity (Detel, 2001).

The social model fundamentally reframed disability as a civil and political issue rather than a medical or charitable concern. It galvanized a new collective consciousness among disabled people, emphasizing solidarity and shared struggle against exclusionary systems (Evans et al., 2017; Oliver, 2004). This shift influenced a generation of policies promoting accessibility, inclusion, and equal participation, particularly in employment, housing, and transportation.

From an organizational perspective, the social model reoriented the focus of reform from individual adjustment to institutional transformation. Service organizations influenced by this paradigm began to adopt participatory practices and environmental accommodations aimed at reducing barriers. However, the translation of these values into practice has often been inconsistent, revealing the tension between progressive rhetoric and entrenched bureaucratic norms, a theme that connects directly to the concept of organizational decoupling explored later in this study.

2.2.3 The Human Rights Model of Disability

The Human Rights Model of Disability extends the evolution of disability through reframing people with disabilities as rights-holders rather than objects of care or charity. Although human rights principles have a long history in social science and emancipatory movements (Berghs et al., 2016), their explicit application to disability has only recently gained prominence (Groce, 2014). The foundation of this model can be traced to the 1948 Universal

Declaration of Human Rights, which first articulated the universality of dignity and equality (Swain et al., 2013). Over subsequent decades, rights-based frameworks also emerged from parallel movements for civil rights (Barton, 1993), feminism (Heumann, 1997), and children's rights (Jones, 2000), gradually extending their logic to disability.

By the late 1980s, several nations, including Australia, the United States, and the United Kingdom began embedding disability within a legal and policy framework that criminalized discrimination and advanced equal participation (Hallahan, 2015). The Americans with Disabilities Act (ADA, 1990) and the UK Equality Act (2010) exemplify this global shift from medical or charitable views toward a justice-based understanding of disability. These policy transformations emphasized community inclusion, access to education, employment, and public life, signaling a cultural transition from dependency to self-determination (Berghs et al., 2016). The United Nations Convention on the Rights of Persons with Disabilities (CRPD, 2006) solidified this paradigm internationally, positioning disability as a human rights and social justice issue. Although the United States signed but did not ratify the CRPD, its principles strongly influence U.S. discourse and practice.

The Human Rights Model builds upon the social model by affirming that persons with disabilities are entitled to equal rights and full participation in society and that both governments and social institutions bear obligations to realize those rights (Degener, 2017). Grounded in the critical and constructivist paradigms, it advances a transformative view of policy implementation, emphasizing empowerment, autonomy, and accountability (Berghs et al., 2016; Hurtado, 2015; Evans et al., 2017). Disability is understood as a natural dimension of human diversity, and societal obstacles, not impairments, constitute the central form of discrimination

(Retief & Letšosa, 2018). Within this framework, individuals with disabilities are recognized as capable decision-makers who can assert and exercise agency over matters that affect their lives.

Policies and practices grounded in the human rights model prioritize autonomy, choice, self-determination, equality, and freedom from discrimination or fear (Berghs et al., 2016; Degener, 2016). The model insists that respect for human diversity and dignity must underpin all systems of support. Thus, organizational and governmental responsibility extends beyond ensuring access to services, it includes actively promoting environments where people with disabilities can participate and lead.

From an organizational perspective, the human rights model represents a normative shift from compliance to transformation. Service systems are expected not only to meet regulatory standards but also to embody rights-based values in their cultures, leadership, and daily practices. This requires translating abstract human rights principles into measurable organizational commitments, such as policies promoting autonomy, participation, and inclusive decision-making. The Organizational Priorities and Practices Inventory (OPPI) used in this study operationalizes these principles to assess how organizations internalize and enact human rights values.

Main Critiques and Debates

Critics of the human rights model focus primarily on its cultural scope and operationalization. Some scholars warn that its origins in Eurocentric political philosophy risk reproducing cultural imperialism (Katsui, 2008; Kennedy, 2004). While values such as equality and non-discrimination are universal, their expressions may differ across cultural contexts, limiting transferability in diverse societies like the United States. Others question the gap between normative adoption and practical realization, noting that despite broad acceptance, the

human rights approach often lacks mechanisms for enforcement or evaluation (Kennedy, 2004; Uvin, 2004; Batliwala, 2007). This "implementation deficit" underscores the need for empirical tools, such as the OPPI, to examine how human rights principles are operationalized within organizations.

Despite these challenges, the human rights model offers a more comprehensive and pragmatic framework than its predecessors. Whereas the social model highlights the social construction of disability, the human rights model extends that analysis into actionable standards for policy and practice (Degener, 2017). It integrates both civil and political rights and economic, social, and cultural rights, encompassing dignity, participation, and well-being. Moreover, it acknowledges the realities of impairment and intersectionality, recognizing pain, hardship, and identity diversity as relevant to justice and inclusion (Degener, 2017).

The human rights model reframes disability as a matter of justice, governance, and organizational ethics. It challenges systems to move beyond symbolic inclusion toward genuine empowerment and accountability. This paradigm provides the conceptual foundation for the present study, which examines the extent to which disability service organizations align their priorities and practices with human-rights-based principles of autonomy, participation, and equality.

2.3 Disability Policy in the United States

Disability policy in the United States encompasses a comprehensive framework of laws, regulations, and social programs designed to protect the human rights and enhance the quality of life (QoL) of people with disabilities. Rooted in civil and human rights movements, these policies aim to eliminate discrimination and ensure equitable access to education, employment, healthcare, housing, transportation, and community life. Collectively, they represent the nation's

ongoing effort to support full participation, autonomy, and inclusion for individuals with disabilities.

U.S. disability policy has evolved through sustained social advocacy and legislative milestones that progressively expanded recognition of disability as a rights-based issue. Landmark statutes such as the Rehabilitation Act of 1973, the Individuals with Disabilities Education Act (IDEA, 1975), the Americans with Disabilities Act (ADA, 1990), and the Home and Community-Based Services (HCBS) waivers established legal and programmatic foundations for equality and inclusion. These policies share the central goal of removing social, institutional, and environmental barriers that restrict participation and opportunity.

Disability policy in the U.S. is therefore not a single law but a network of interrelated frameworks that collectively articulate the nation's commitment to equality and nondiscrimination. The ADA prohibits exclusion across public and private spheres; IDEA guarantees the right to a free and appropriate education; and HCBS policies promote access to community living and person-centered supports. Together, they operationalize the principles of the Human Rights Model of Disability, autonomy, participation, and equality within federal and state systems.

Despite these achievements, implementation challenges persist. Policy translation often varies across states and service systems, producing disparities in access, accountability, and quality of support. Limited funding, inconsistent enforcement, and competing institutional priorities can weaken the realization of policy goals. As a result, even well-designed rights-based frameworks risk becoming symbolic rather than transformative, a concern examined in later chapters through the lens of *organizational decoupling*.

This study situates its analysis within this policy landscape, focusing on how organizations interpret and enact the human rights principles embedded in these landmark frameworks. The following subsections outline the historical context, key provisions, and ongoing impact of major U.S. disability policies, with attention to how they shape service delivery and organizational behavior.

2.3.1 Social Movements and the Disability Rights Movement

The disability rights movement emerged in the late 1960s, alongside the broader civil rights era, as a collective effort to secure the legal and civil protection of people with disabilities (Fleischer & Zames, 2012). Advocates, self-advocates, and families mobilized to challenge stigma, institutionalization, and exclusion, asserting that disability was a political and social issue rather than a medical condition (Evans et al., 2017; Patterson, 2018).

Early activism focused on dismantling segregation and securing access to education, employment, and community life. Parent-led movements called for deinstitutionalization and inclusive education, leading to early legislative victories such as the Rehabilitation Act of 1973, which for the first time prohibited disability-based discrimination in federally funded programs (Meldon, 2023). Section 504 of that Act established equal access to public services and facilities (Fleischer & Zames, 2012).

Building on this momentum, advocates pushed for broader rights protections, culminating in the Education for All Handicapped Children Act (1975), later reauthorized as the Individuals with Disabilities Education Act (IDEA), and the landmark Americans with Disabilities Act (ADA, 1990). The ADA extended civil rights protections to public and private sectors, ensuring equal access to employment, education, and community participation (ADL, 2017; Meldon, 2023).

The disability rights movement reframed people with disabilities as active citizens and rights-holders, laying the groundwork for contemporary human-rights-based policy frameworks. Its legacy endures in ongoing advocacy for autonomy, community inclusion, and self-determination led by a growing cadre of self-advocates (Fleischer & Zames, 2012).

2.3.2 The Americans with Disabilities Act (ADA)

The Americans with Disabilities Act (ADA), enacted in 1990, is the most comprehensive civil rights law protecting individuals with disabilities in the United States. It prohibits discrimination and ensures equal opportunity in employment, public services, transportation, telecommunications, and public accommodations (Americans with Disabilities Act, 1990; Cook, 1991).

Historical Context

The ADA represented the culmination of decades of advocacy by the disability rights movement. In the early 1980s, under mounting pressure from activists, the National Council on Disability, led by Justin Dart and other advocates, developed the first draft of a national civil rights law to eliminate disability discrimination (Blanck, 2019; Essex-Sorlie, 1994). With bipartisan congressional support from figures such as Senator Tom Harkin (D-IA) and Congressman Tony Coelho (D-CA), and with sustained grassroots mobilization, including the famous 1990 Capitol Crawl protest, the legislation passed and was signed by President George H. W. Bush on July 26, 1990 (Elliot, 2022).

Purpose and Impact

Congress declared the ADA's purpose as "a clear and comprehensive national mandate for the elimination of discrimination" (Essex-Sorlie, 1994). The law sought to make American

society more accessible by ensuring that individuals with disabilities could fully participate in public life. It required employers to provide reasonable accommodations, mandated accessibility in public spaces and transportation, and extended adaptive telecommunications services (Blanck, 2019).

The ADA's passage marked a paradigm shift from viewing disability as a matter of charity or medical treatment to recognizing it as an issue of civil and human rights. It institutionalized many of the principles articulated in the Human Rights Model of Disability, autonomy, participation, and equality and became the legislative cornerstone for advancing inclusion within U.S. policy and organizational practice.

Continuing Relevance

Despite its transformative role, the ADA's impact depends heavily on implementation at the organizational level. Varying interpretations, resource limitations, and symbolic compliance often dilute its intent, illustrating the dynamics of organizational decoupling explored later in this study. Nevertheless, the ADA remains a foundational legal instrument that continues to shape the cultural and operational frameworks of disability service systems across the nation.

2.3.2.1Key Provisions of the ADA

The ADA legislation includes five provisions that ensure antidiscrimination and full participation of people with disabilities. These provisions serve as protective mandates across domains like employment, transportation, public access, communication, and engagement with state and local government programs and services. Such provision represents the framework of policy development in the field of disabilities. Table 2.1 details each ADA title, its provisions, and the federal agency responsible for enforcing them.

Table 2.1: ADA Provisions (Americans with Disabilities Act, 1990)

Title	Enforcing Agency	Mandate
Employment (I)	*U.S Equal Employment Opportunity Commission (EEOC)*	Prohibits employers from discriminating against qualified people with disabilities in all areas of employment, including hiring, promotions, pay, and job assignments. Employers must also provide reasonable accommodations to support employees with disabilities in performing their job duties.
Public Services (II)	*U.S. Department of Health and Human Services (HHS)* *U.S. Department of Justice*	Prohibits state and local governments from discriminating against individuals with disabilities in their programs, services, and activities. Requires that public transportation, facilities, and services be accessible and usable for people with disabilities.
Public Accommodations (III)	*U.S. Department of Justice*	Places of public accommodation, including restaurants, hotels, retail stores, and entertainment venues, must be accessible to people with disabilities. Businesses are required to make reasonable modifications to their policies and practices to ensure equal access.
Telecommunications (IV)	*Federal Communications Commission (FCC)*	Addresses telecommunications access for individuals with hearing and speech disabilities. Requires telephone providers to offer relay services that enable communication with others.
Miscellaneous Provisions (V)	*U.S. Department of Justice*	Provides protections against retaliation for asserting ADA rights, clarifies its relationship to other laws, and prohibits coercion or retaliatory actions.

2.3.3 Individuals with Disabilities Education Act (IDEA)

The Individuals with Disabilities Education Act (IDEA) is a federal law that guarantees students with disabilities the right to free and appropriate public education (FAPE) tailored to their individual needs. It requires public schools to provide special education and related services designed to support student learning and prepare young people with disabilities for postsecondary life (Individuals with Disabilities Education Act, 1975; Lipkin et al., 2015).

IDEA emphasizes the creation of an Individualized Education Program (IEP) that defines each student's goals, services, and accommodations. It mandates that students with disabilities be educated, to the greatest extent possible, alongside their peers without disabilities and that parents or guardians play an active role in all educational decisions. The law protects students across a wide range of disabilities, including intellectual, learning, speech and language, and developmental disorders (Lipkin et al., 2015).

Historical Context

IDEA's legal foundation can be traced to Brown v. Board of Education (1954), which established the constitutional principle of equal educational opportunity. Building on this precedent, Pennsylvania Association for Retarded Children (PARC) v. Pennsylvania (1972) and Mills v. Board of Education (1972) extended equal protection to children with disabilities, affirming their right to education in the *least restrictive environment* (Turnbull, 2005; Bleak & Abernathy, 2022). These rulings directly inspired federal legislation. In 1975, Congress enacted the Education for All Handicapped Children Act (P.L. 94-142), later renamed the Individuals with Disabilities Education Act (IDEA) in 1990, to codify those rights nationally (Katsiyannis et al., 2001). The law established both educational standards and procedural safeguards to ensure compliance, accountability, and family participation in decision-making.

Significance and Implications

IDEA represents a cornerstone of rights-based policy implementation, translating equality principles into enforceable educational practice. It redefined the relationship between families, educators, and institutions by embedding accountability mechanisms within schools and state systems. From an organizational perspective, IDEA introduced an enduring model

of collaborative governance and individualized planning, key features that later influenced human-rights-based approaches across broader disability service systems.

2.3.3.1 Key Principles of IDEA

The IDEA outlines several key principles that guide the provision of special education services, policies and support for children with disabilities in the US. These principles serve as the foundation for ensuring that children with disabilities receive a free appropriate public education (FAPE) that meets their individual needs. Also, the principles set the frame for implementing a comprehensive educational program for children with disabilities and protect parents' and guardians' rights to participate in school placement (Bleak & Abernathy, 2022). These tenets establish and protect the educational rights of children with disabilities and their families. Table 2.2 below shows some of the key principles of IDEA and its mandates.

Table 2.2: Principles of IDEA (Individuals with Disabilities Education Act, 1975)

Principles	Mandates
Free Appropriate Public Education (FAPE)	→ Every child with a disability has the right to a Free Appropriate Public Education (FAPE). → Special education and related services should address a child's unique needs and prepare them for further education, employment, and independent living.
Appropriate Evaluation	→ Schools must conduct appropriate evaluations for students suspected of having a disability. → Evaluations must be carried out by a team of qualified and trained professionals.
Individualized Education Plan	→ Individualized Education Programs (IEPs) ensure each child's access to a Free Appropriate Public Education. → The IEP is a written plan, developed by a team, that outlines goals, services, and accommodations.
Least Restrictive Environment	→ Students with disabilities should be educated in inclusive settings with non-disabled peers whenever appropriate.
Parental Participation	→ Parents have the right to participate in all decisions regarding their child's education. → Parents have the right to refuse additional evaluations and serve as equal decision-makers.

Procedural Safeguards	→ Safeguards ensure parents have access to information about placement and transition planning. → Procedures are in place to resolve disputes between parents and schools regarding student placement.

IDEA's regulations ensure access to an equitable and inclusive education for children with disabilities. The mandates promote children's development and preparedness to succeed in school, post-secondary endeavors, and adulthood. IDEA's precepts pave the path to community inclusion, autonomy, and self-determination by mandating educational programs that address the unique needs of children with disabilities (Lipkin et al., 2015). Also, these principles provide a framework for collaboration between parents, educators, and other stakeholders. Such foundations are critical to creating a supportive learning environment for children with disabilities.

2.3.4 Home and Community-Based Services (HCBS)

Home and Community-Based Services (HCBS) refer to a broad range of person-centered supports provided in individuals' homes and community settings rather than in institutions. These include assistance with daily living (e.g., bathing, eating), home health care, supported housing, and assistive technology (Chidambaram & Musumeci, 2021; Watson, 2009). HCBS programs enable Medicaid beneficiaries with disabilities, chronic conditions, or functional limitations to live independently, promoting inclusion, autonomy, and quality of life (Medicaid.gov).

Historical Context and Policy Evolution

In 1983, under growing pressure from the disability rights movement, Congress added Section 1915(c) to the *Social Security Act*, authorizing states to develop HCBS waiver

programs (Watson, 2009). These waivers allowed states to offer long-term services and support to individuals who would otherwise require institutional care, marking a major policy shift toward community living.

The HCBS framework aligns with the U.S. Supreme Court's *Olmstead v. L.C.* (1999) decision, which affirmed the right of individuals with disabilities to receive services in the *most integrated setting appropriate* to their needs. Later, the Affordable Care Act (ACA, 2010) expanded HCBS options through new provisions encouraging states to rebalance long-term care systems toward community-based services (Harrington et al., 2012). Today, nearly all U.S. states operate at least one HCBS waiver program in coordination with the Centers for Medicare & Medicaid Services (CMS).

Purpose and Significance

HCBS embodies the principles of the Human Rights Model of Disability, emphasizing self-determination, inclusion, and individualized support. It shifts service delivery from institutional dependency to community integration, ensuring that people with disabilities can remain connected to families, friends, and civic life (Rizzolo, 2013; Friedman, 2020).

Beyond promoting autonomy and dignity, HCBS also advances cost-effective policy implementation, as states can provide high-quality care in less restrictive environments while improving outcomes. The program's success depends, however, on consistent quality assurance and equitable access across states, areas where organizational alignment and implementation fidelity remain ongoing challenges.

2.3.4.1 Key Services Provided Under HCBS

Due to the centralization of the disabilities services system in the US, the services provided under HCBS vary from state to state. Each state has different programs that fall under HCBS and fund and mandate distinct services for people with disabilities. The State Waiver program is among the most relevant HCBS programs (Chidambaram & Musumeci, 2021). All states and the District of Columbia provide services through HCBS Waivers (Centers for Medicare & Medicaid Services, n.d. a). According to the Centers for Medicare and Medicaid Services (CMS), states can operate as many HCBS Waivers as they want. Recent reports from CMS claim that about 257 HCBS Waiver programs are active nationwide (Rizzolo, 2013).

There are two main categories of HCBS services: human services that support daily living and health services that meet medical needs. While different states support different varieties of those services, Personal and Home Health Care, Day Rehabilitation, Employment Support, Transportation, and Case Management are fundamental provisions of HCBS available for people with disabilities in each state (Rizzolo, 2013). Table 2.3 describes some of basic HCBS benefits available for people with disabilities in all states.

Table 2.3: Principal services delivered through HCBS programs

Services	Description
Personal Care Assistance	A range of human assistance provided to persons with disabilities and chronic conditions to enable them to accomplish activities of daily living (ADLs) or instrumental activities of daily living (IADLs) (LINK). Tasks can include meal preparation, hygiene, light housework, and shopping for food and clothing. (Personal Care Services, 42 C.F.R. § 440.167; Definitions, 42 C.F.R. § 441.505)
Home Health Care	Skilled nursing care, medication management, wound care, and other medical services provided at home.
Day Habilitation Services	Services focus on enabling the individual to attain or maintain their maximum functional level in completing ADLs and IADLs. Assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills taking place in a non-residential setting.

Supported Employment	Assistance with finding and maintaining employment in the community.
Transportation	Assistance with transportation to medical appointments, social activities, and other community events.
Assistive Technology and Adaptive Aids:	Devices and tools that help individuals with disabilities increase their independence and participation.
Case Management:	Coordination of services and supports to ensure that the individual's needs are met effectively.
Counseling and Therapies:	Mental health counseling, speech therapy, physical therapy, and other therapeutic services.

2.4 Disability Policy Implementation

The implementation of disability policy is a dynamic, multifaceted process shaped by ongoing changes in service systems, funding structures, and societal values. Effective implementation requires a person-centered, context-sensitive approach that aligns disability policy goals with individual and organizational practices (Shogren et al., 2017). This alignment involves connecting policy inputs (intentions), throughputs (services and supports), and outcomes (personal and organizational change) within an integrated systems framework.

2.4.1 Key Elements of Policy Implementation

Drawing from Verdugo et al. (2017), successful implementation follows four guiding principles: (1) contextual analysis, (2) a value-based approach, (3) vertical and horizontal alignment, and (4) partnership among key stakeholders. Together, these principles reflect a rights-based and systemic view of disability policy, consistent with the human rights and quality-of-life (QoL) paradigms.

Contextual Analysis

Contextual analysis involves understanding environmental, cultural, and systemic factors that facilitate or constrain policy realization (Verdugo et al., 2017). It builds on participatory and

empowerment evaluation traditions (Schalock & Verdugo, 2012; Shogren et al., 2015), ensuring that insights from diverse actors, organizational leadership, staff, and service recipients, inform implementation and evaluation. This approach enables continuous feedback and adaptation, addressing discrepancies between intended policy outcomes and actual practices.

Value-Based Approach

Implementation is strengthened when anchored in shared values and rights-based principles. A QoL-oriented supports paradigm emphasizes autonomy, inclusion, and individualized supports as policy outcomes (Claes et al., 2016; Thompson et al., 2014). Aligning organizational missions and practices with QoL domains promotes coherence between disability rights policies and service delivery (Verdugo et al., 2017; Percy, 2018). Direct Support Professionals (DSPs) play a vital role as frontline implementers (Street Level Bureaucrats) by translating these principles into everyday practice and reinforcing human-rights-based organizational culture through emancipatory discretion (Friedman, 2018).

Vertical and Horizontal Alignment

Policy implementation requires consistent alignment across and within organizational levels. Vertical alignment strengthens connections between policymakers, agency leadership, and frontline staff, while horizontal alignment integrates functions and services across departments and organizations (Schalock & Verdugo, 2012a; Percy, 2018). This coherence enhances accountability, reduces duplication, and enables organizations to deliver person-centered supports that reflect policy intent.

Partnership and Co-Production

Finally, implementation is most effective when grounded in collaborative partnerships among policymakers, professionals, organizations, researchers, and people with disabilities and their families (Verdugo et al., 2017). Such partnerships ensure that disability policy remains culturally responsive and inclusive, embedding the voices of those most affected in both development and evaluation. From policymakers shaping built environments (Christensen & Byrne, 2014) to researchers supporting formative evaluation through tools such as the OPPI, these interactions reflect a co-productive model of policy enactment that centers autonomy and participation.

2.4.2 Organizational Decoupling and Policy Implementation

Organizational decoupling refers to the disconnection between formal policies, stated values, or goals and the actual practices that occur within organizations. Rooted in institutional theory, the concept was first articulated by Meyer and Rowan (1977), who argued that organizations often adopt structures, procedures, or language symbolically to demonstrate legitimacy and compliance with external expectations, even when these commitments are not fully enacted in practice. This symbolic adoption allows organizations to appear aligned with institutional norms, such as inclusion, quality, or rights, while maintaining internal routines that differ from those espoused publicly (Brunsson, 1989; Bromley & Powell, 2012; Oliver, 1992).

In this context of disability policy, decoupling occurs when organizations publicly endorse person-centered, rights-based principles, such as autonomy, participation, and equality, yet fail to embed these values into the everyday practices, decisions, and interactions that shape people's lives. For instance, agencies may promote inclusive language or rights-oriented frameworks while continuing to operate through hierarchical decision-making, compliance-

oriented practices, or risk-averse cultures. This disconnect reflects not only organizational inertia but also broader institutional pressures to conform to funders' or regulators' expectations without necessarily transforming internal cultures (Scott, 2014; Coburn, 2004).

Decoupling can take multiple forms (Brunsson, 1989). Policy–practice decoupling emerges when laws and regulations are adopted but not fully implemented. Goal–means decoupling occurs when organizations pursue symbolic compliance rather than substantive outcomes (Brunsson, 1989). And role-based decoupling, particularly relevant to disability services, arises when leadership priorities and practices diverge from the practices of frontline or "street-level" staff (Lipsky, 1980; Winter, 2003). This last form is especially salient for understanding how public values and human rights are enacted (or neglected) in the implementation process.

Some organizations, however, engage in selective coupling, strategically integrating certain elements of reform while buffering others to balance competing institutional logics (Pache & Santos, 2010). This dynamic often occurs in human service organizations that must satisfy funders, regulatory agencies, and service users simultaneously, each demanding different measures of accountability and success.

Within disability services, decoupling has direct implications for the Human Rights Model of Disability. When rights-oriented frameworks are institutionalized in name but not in daily practice, the transformative potential of disability policy is weakened. Such gaps undermine self-determination, equity, and inclusion, principles central to both the supports paradigm and quality-of-life (QoL) frameworks guiding disability service reform (Schalock & Verdugo, 2012; Degener, 2017).

At the same time, decoupling is not always the product of resistance or neglect; it may arise from structural complexity, conflicting demands, or limited resources (Bromley & Powell, 2012; Oliver, 1992). Leaders may adopt formal policies to secure legitimacy with funders or regulators while allowing discretion at the street level to manage contextual realities (Lipsky, 1980). Understanding decoupling, therefore, requires examining both intentional adaptation and unintended misalignment within multilevel systems.

This dissertation adopts decoupling as a diagnostic lens to analyze the alignment, or lack thereof, between organizational priorities and practices related to human rights. Using data from the Organizational Priorities and Practices Inventory (OPPI), the study assesses how decision-makers and street-level professionals interpret, prioritize, and implement disability rights principles across service organizations. Exploring these alignment patterns provides insight into how human-rights-based frameworks are enacted in practice, and where organizational or systemic barriers disrupt their realization.

2.4.3 Disability Policy Evaluation

Disability policy evaluation provides a structured framework for assessing the personal, organizational, and societal outcomes that result from policy implementation. Schalock et al. (2017) define it as "a structured approach for assessing personal, family, or societal changes or benefits that follow as a result or consequence of a specific policy" (p. 267). Effective evaluation integrates a clear model, outcome indicators, evidence-gathering strategies, comparative standards, and mechanisms to translate results into evidence-based decision-making.

Outcome evaluation focuses on measuring changes in domain-referenced personal outcomes, such as choice, participation, and resource control, that reflect policy impact on people's lives (Schalock et al., 2017). These outcomes are particularly relevant within rights-

based and person-centered frameworks, as they operationalize autonomy and inclusion as measurable policy effects.

According to Gómez and Verdugo (2016), rigorous evaluation requires a validated conceptual model that aligns policy goals with outcome domains and indicators. This model should employ culturally sensitive measures, standardized administration, and psychometrically sound metrics to ensure comparability across settings. The process also depends on using results to inform continuous improvement, linking evidence to decision-making and supporting policies that effectively advance the QoL and human rights of people with disabilities (Schalock et al., 2017).

2.5 Disability Service Delivery in the USA

The U.S. disability service system is a complex, multi-level network of federal, state, and local agencies, community-based organizations, and direct service providers that support individuals with disabilities and their families (USA.gov, n.d.). Government agencies oversee funding and regulation, while provider organizations deliver day-to-day supports such as residential services, employment programs, and community inclusion initiatives.

This system operates through blended funding streams, federal, state, local, and private, and is guided by major policies such as the Americans with Disabilities Act (ADA) and the Individuals with Disabilities Education Act (IDEA). These frameworks establish the legal and ethical foundation for services that promote autonomy, inclusion, and participation. The present study focuses specifically on provider organizations, which play a pivotal role in translating disability policy into practice. These organizations serve as the primary setting where policy intentions are enacted from daily operations.

2.5.1 Federal Role in Disability Services

In the United States, the federal government plays a central role in developing and funding disability policy, ensuring accountability, and advancing inclusion and equality for people with disabilities (HHS, n.d.). Federal agencies design programs, distribute grants, and monitor compliance to ensure that national disability policies are implemented effectively across states. Table 2.4 outlines key federal agencies and their principal programs that support people with disabilities through income security, healthcare, education, and employment initiatives.

Table 2.4: Federal Government Organizations in The Disabilities Services System

Agency	Role	Program	Description
Social Security Administration (SSA)	Provides financial support to individuals with disabilities.	*Social Security Disability Insurance (SSDI)* *Supplemental Security Income (SSI)*	SSDI is based on work history and is received by persons that become disabled and meet certain eligibility criteria. SSI is provided to low-income individual with a disability.
Centers for Medicare & Medicaid Services (CMS)	Provides healthcare coverage to millions of people with disabilities.	*Medicaid*	Cover doctor visits, hospital stays, prescription medications, and supportive services to help individuals with disabilities maintain their health and independence.
Department of Education (DOE)	Ensures that children with disabilities receive a Free Appropriate Public Education (FAPE).	*Individuals with Disabilities Education Act (IDEA)*	Cover specialized services and supports to cover the educational needs of children with disabilities.
Department of Labor (DOL)	Addresses employment related matters for individuals with disabilities.	*Office of Disability Employment Policy (ODEP)*	Promotes workplace inclusion and helps develop policies that support the hiring, retention, and professional advancement of people with disabilities.

These federal entities establish the policy and funding infrastructure for disability services in the United States. Through grants, research, and oversight, they shape how disability

rights are operationalized across education, employment, health, and community systems. Their effectiveness depends on how state and local agencies, and especially provider organizations, interpret and implement these federal mandates, underscoring the importance of examining organizational alignment in this study.

2.5.2 State Government

State governments play a central role in administering and overseeing disability services across the United States. They implement federal mandates, allocate funding, and coordinate programs that promote employment, community living, and access to healthcare for individuals with disabilities (ACL, n.d.). Because of the system's decentralized structure, state agencies differ in organization and scope, but all share responsibility for ensuring that disability services are accessible and person-centered. Table 2.5 highlights key types of state-level agencies and their primary functions within the disability service system.

Table 2.5: State Governments Organizations in the Disabilities Services System

Agency	Role	Program/Services	Description
State vocational rehabilitation agencies	Help individuals with disabilities achieve meaningful employment.	Provide a wide range of services, including vocational assessment, career counseling, job training, job placement assistance, and ongoing support in the workplace	State vocational rehabilitation counselors work closely with individuals with disabilities to identify their skills and interests and develop personalized plans to help them achieve their employment goals.
State Medicaid agencies	Manage the Medicaid program, which provides essential healthcare coverage individuals with disabilities.	Medicaid waiver programs, which offer home and community-based services to individuals who would otherwise require institutional care.	State Medicaid agencies determine eligibility criteria, administer benefits, and negotiate with healthcare providers to ensure access to medical services and long-term care options.
Department of Developmental	Develop and implement policies	Early intervention programs, residential	Fund, Implement and oversee services.

Disabilities (DDD)[1] *(Or similar entities)*	and programs that support individuals with IDD.	support, job training, and community integration initiatives.	
State Disability Services Offices	Responsible for designing, implementing, and coordinating disability services and programs.	Providing information on available services, financial assistance, and support options within the state.	Collaborate with federal agencies, local governments, community-based organizations, and advocacy groups to develop and implement disability-related initiatives
State Independent Living Councils (SILCs)	Promote independent living for individuals with disabilities	State Plan for Independent Living	SILCs advocate for policies and programs that enhance independent living services, accessibility, and community participation for people with disabilities.

Notes: *Many states have a specific department or agency dedicated to addressing the needs of individuals with developmental disabilities.*

Through these agencies, states adapt national disability policies to their unique contexts, shaping service delivery and quality outcomes at the local level. Working in partnership with federal and community organizations, state governments bridge the gap between **p**olicy intent and on-the-ground implementation, advancing autonomy, inclusion, and quality of life for people with disabilities.

2.5.3 Local Government

Local governments are the level of government closest to communities and play a critical role in ensuring accessibility, inclusion, and quality of life for people with disabilities. They oversee the implementation of accessibility standards in public spaces, transportation, and emergency management while funding or providing community-based programs such as recreation, housing, and independent living supports (National Association of Counties [NACo], n.d.; U.S. Department of Justice, 2020). Many municipalities maintain disability services offices or advisory councils that coordinate with state and federal agencies, collaborate with nonprofits,

and provide information and referrals to local providers (Administration for Community Living [ACL], n.d.). Through these efforts, local governments translate national and state disability policies into tangible community action, fostering environments where individuals with disabilities can live, work, and participate fully in civic life.

2.5.4 Community-Based Organizations (CBOs)

Community-Based Organizations (CBOs) are vital components of the U.S. disability service system. Operating primarily as nonprofit entities, they deliver direct supports, advocacy, and community integration initiatives tailored to local needs (Administration for Community Living [ACL], n.d.). Organizations such as *The Arc of the United States*, which is the nation's largest network of and for people with intellectual and developmental disabilities, illustrate the central role CBOs play in advancing inclusion, independence, and quality of life through more than 700 state and local chapters. Table 2.6 summarizes the major functions of CBOs and the types of services they provide.

Table 2.6: Different Roles of CBOS and the Services they Provide

Role	Services	Description
Direct Support and Services	Independent Living Support; Personal Care and Transportation Assistance; Job Training; Counseling; Social and Recreational Programs; Skill-Building; Peer Support Groups.	Direct support and services to PWDs, tailored to their specific needs.
Advocacy	Accessibility; Inclusive education; Housing rights; Transportation options; Employment opportunities	Advocating for the rights and needs of PWDs and push for policy changes.
Community Integration	Organize accessible outings to museums, parks, or cultural events; Provide inclusive opportunities for social interaction.	Organizing social events, community outings, and inclusive activities
Family Support	Provide information, resources, and counseling to support family members. Guidance on accessing services and navigating the education system	Offer support services for family members of PWDs

Employment Services	Job Readiness and Placement Training; Collaborate with businesses to create inclusive workplace and educate them on hiring PWDs.	Support PWDs in their pursuit of employment
Resource Referral	Information and referrals to support services and organizations in the community; Connect PWDs with medical, legal, or housing support services	Provide valuable resources for PWDs and their families
Crisis Intervention	Crisis Hotlines; Emergency Housing Options; Disaster Preparedness Plans.	Provide immediate assistance and support to PWDs during crisis or emergencies.
Capacity Building	Workshops on Self-advocacy and Disability Rights; Independent Living Skills; Assistive Technology Training	Building the capacity of PWDs

CBOs are often the primary bridge between policy and practice, translating federal and state mandates into localized, person-centered action. Their community presence allows them to identify service gaps, respond quickly to emerging needs, and promote systems change through advocacy and partnership (National Council on Independent Living [NCIL], n.d.; O'Brien & O'Brien, 2018). This study focuses on CBOs as the operational level where disability policy implementation, human rights principles, and organizational culture intersect most directly.

2.5.5 Influence of Services on the Quality of life of People with Disabilities

The quality of life (QoL) of people with disabilities is closely linked to the adequacy, accessibility, and person-centeredness of the services they receive. Services that promote autonomy, inclusion, and rights not only meet basic needs but also enhance self-determination, social participation, and overall well-being (Schalock et al., 2002; Verdugo et al., 2012). The study of QoL in disability contexts has evolved alongside social reforms emphasizing empowerment, person-centered planning, and civil rights, which redefined service delivery from a model of care to one of partnership and participation (Schalock et al., 2002).

Schalock and colleagues conceptualized QoL as a multidimensional construct encompassing eight domains: emotional well-being, interpersonal relations, material

well-being, personal development, physical well-being, self-determination, social inclusion, and rights (Schalock et al., 2002). These domains provide an evaluative framework for understanding how services affect people's daily lives. Empowerment is central to this framework, services that enable individuals to make choices and exercise control are considered quality-enhancing practices. Schalock et al. (2016) later expanded this model into a *Theory of Individual Quality of Life*, which posits that QoL is influenced by personal and environmental factors and can be improved through "quality enhancement strategies" such as individualized supports, personal growth opportunities, and inclusive environments.

Verdugo et al. (2012) further aligned QoL with human rights principles by mapping the eight QoL domains onto the 34 Articles of the *United Nations Convention on the Rights of Persons with Disabilities* (CRPD). Their model highlights that QoL is universal, multidimensional, and achieved when personal needs are met and opportunities for life enrichment are available. From this perspective, person-centered practices, such as individualized planning, autonomy-supportive decision-making, and inclusive environments, serve as both the means and indicators of rights realization.

Complementary work by Bertelli and Brown (2006) identified instruments that measure QoL outcomes, such as the *ComQoL*, *Lifestyle Satisfaction Survey (LSS)*, and *Cross-Cultural Survey of QoL Indicators (CCSQoLI)*. These tools capture both objective (e.g., health, material stability) and subjective (e.g., autonomy, belonging) aspects of life quality, offering evidence to evaluate how service delivery influences personal outcomes.

Overall, the literature converges on the view that services directly shape QoL by providing individualized supports, promoting autonomy, and fostering participation in community life. As Schalock et al. (2016) suggest, the quality of organizational practices is a

significant predictor of QoL outcomes. Therefore, disability service organizations play a pivotal role not only in meeting basic needs but also in enacting the human rights and aspirations of people with disabilities through the quality, alignment, and intentionality of their service practices.

2.5.6 Systemic Workforce Failure: The Direct Support Professional (DSP) Crisis

The quality of services and, consequently, the QoL and the realization of human rights for people with disabilities are directly dependent on the workforce that delivers those supports. Direct Support Professionals (DSPs), the frontline staff providing daily, person-centered assistance, are essential to ensuring inclusion, independence, and rights realization. Yet, despite their critical role, the disability services field has faced a long-term, systemic workforce failure rather than a temporary staffing crisis (Friedman, 2018; Hewitt et al., 2021). Chronic underinvestment, low wages, high turnover, and inadequate training have eroded the stability and quality of the support system, threatening its sustainability and the well-being of both workers and people with disabilities (National Core Indicators, 2023).

Research consistently links DSP stability and competence to positive QoL outcomes for people with IDD. Friedman (2018) found that frequent staff turnover and insufficient preparation undermine person-centered practices, disrupt relationships, and reduce individuals' participation and autonomy. The problem extends beyond workforce shortages, it reflects a structural failure in how states and provider organizations value and resource direct support labor. The lack of career pathways, insufficient reimbursement rates, and administrative inefficiencies have led to "one-size-fits-all" service models that compromise individualized supports and limit opportunities for community inclusion and competitive employment (Friedman, 2018; Hewitt & Nye-Lengerman, 2022).

This systemic failure illustrates the broader issue of organizational and policy decoupling, in which espoused commitments to person-centered and rights-based services remain misaligned with funding structures and administrative practices (Bogenschutz et al., 2020). While policies such as the HCBS Settings Rule promote autonomy and inclusion, their implementation is constrained by the instability of the DSP workforce and the absence of organizational investment in staff well-being. As Friedman (2018, p. 4) notes, "States cannot continue to provide near-poverty-level reimbursement rates for DSPs and still ensure quality of life." Addressing this systemic workforce failure therefore requires more than workforce recruitment, it demands policy realignment, organizational transformation, and leadership practices that prioritize workforce development as an integral component of human rights implementation.

2.6 Main Areas of Organizational Practices in Disability Services

Current research suggests that several organizational areas enhance service delivery in disability organizations (Friedman, 2022). In this sense, six areas of Human Rights and Organizational Performance Management have been identified through a systematic literature review as particularly critical for disability service delivery (National Leadership Consortium, 2022). Table 2.7 outlines the six areas of organizational performance and their defining principles. These areas of organizational best practices for disability organizations serve as the framework for the main constructs of the OPPI.

Table 2.7: Main Areas of Organizational Practices in Disability Services

Construct	Defining Principle
Autonomy, Choice, and Control:	*Choice and control for people with disabilities are basic human rights. All people with disabilities should have control over all aspects of their lives, including which services they use, who works for them, where and with whom they live, how they spend their days, who they love, and with whom they spend their time.*

Community Living, Employment, and Engagement:	*People with disabilities are better off when they live in and are engaged in their communities. Communities are better off when people with disabilities belong to them. All people with disabilities should be supported to live, work, and become meaningful members of their communities and serve in the same valued roles as people who do not have disabilities.*
Stakeholder Input to Organizational Management and Governance:	*Organizations in the disability service sector are ultimately responsible to people with disabilities, their families, regulators, and funders. All governing and management practices are informed by people with disabilities and their families and should reflect principles of person-centeredness and self-determination*
Staff Participation, Value, Impact, and Support:	*For employees to provide, oversee and support quality, person-directed services that promote the rights of people with disabilities, they must know that they are valued, important, and supported in their organizations. Organizations assure that all employees have a voice, are valued and respected, influence organizational decisions, receive praise and recognition, receive regular supervision, and support and access the appropriate training, development, and support opportunities needed to succeed in their roles.*
Leadership Strength and Development:	*The success of an organization depends on the effectiveness of its leaders. Leaders have the skills and values needed to develop and run sustainable organizations that strive to achieve best-practice standards. To ensure this, leaders are developed at all levels of the organization.*
Diversity, Equity, and Inclusion:	*Organizations are responsive to the unique cultural beliefs, perspectives, intersectionality, and traditions of all people they employ, people they support, and people who are impacted by their work. Ultimately, organizations create and nurture accessible, inclusive, and equitable cultures by combatting oppression and valuing differences. Any manifestation of racism, xenophobia, homophobia, ableism, cisgenderism, misogyny, or harassment are addressed quickly, consistent with policies and procedures, and may result in personnel action up to and including termination*

Autonomy, Choice, and Control and Community Living are two of areas of Human Rights principles identified in Table 2.7. These areas enhance service delivery by contributing to the QoL of people with disabilities. Researchers claim that when organizations help people connect with community activities and with others with and without disabilities that share similar

interests, they are more likely to build meaningful relationships (Cameron et al., 2022; Thorn et al.,2009).

Stakeholder Input into Organizational Governance is another domain of best practices that service agencies should embrace and evaluate periodically. Enfranchising people with disabilities and their families is not only part of their human rights, but also it is an essential process to ensure that the mission and practices of an organization align with the needs of the people most impacted (Kendrick, 2011).

Also, organizations benefits from involving volunteers and staff members in all decisions that will affect them and the people they serve, as well as supporting and valuing them (Fontein, 2021). Involving staff in decisions is a best practice of organizational performance that makes the people supporting people with IDD feel valued and included in organizational governance, which improves engagement.

Moreover, studies conducted in organizational settings (Bigby & Beadle-Brown, 2018) have found that leadership is essential to successfully implementing person and family-centered services (National Leadership Consortium, 2022). Effective leadership also plays a fundamental role in transforming congregate services into community-based support for people with disabilities (Bailey & Gilden, 2018). Finally, another area of organizational performance that organizations need to nurture and further develop is Diversity, Equity, and Inclusion. Diverse and inclusive workplaces make employees equally involved and engaged in all workplace areas, positively impacting performance, and stakeholders' experience (Hunt et al., 2014).

The six areas identified above constitute the guiding constructs of the OPPI which is used as a formative assessment for policy implementation evaluation. Thus, the following section

describes how each of these organizational areas impact services delivery in the disabilities field. It also outlines some of the best practices in the field found in the literature.

2.6.1 Autonomy, Choice, and Control

Choice and control over one's life is a basic human right for people with disabilities. When people with disabilities have the chance to participate in decision-making, including decisions about their education, work, career, free time, relationships, services, and their personal lives in general, they have a higher QoL and have stronger confidence in themselves (Friedman, 2018; Pelletier & Jouseemet, 2017). However, studies show that many people with intellectual and developmental disabilities are limited in contributing to decisions about key aspects of their lives, such as where and with whom they live (Friedman, 2018; NCI, 2018), how they spend their days (NCI, 2018), the services and supports they receive (Friedman, 2018), and their financial wellbeing (Curryer et al., 2018). Recent studies show that lack of choice and control is particularly prevalent among people with more significant support needs (NCI, 2018; Houseworth et al., 2018), people living in congregate settings, and aging people with disabilities (Friedman, 2019).

Choice and Control for people with disabilities requires all disability service sector organizations (including government agencies, advocacy groups, and organizations that provide direct services) to seek the direct perspectives of people with disabilities regarding how they want to be supported and live. Further, research shows that for many people with disabilities, the process of establishing choice and control in their lives is ongoing (Curryer, 2018; Tracy, 2015). It is essential for agencies to not only ensure that people have choice and control over decisions that impact their lives, but that they offer ongoing support to make additional choices over time.

Evidence Based Best Practices in Autonomy, Choice, and Control

Multiple factors influence the opportunity for people with intellectual and developmental disabilities to have choice and control in their own lives. These factors are greatly influenced by systems and organizational practices. Ultimately, when mechanisms are in place to ensure that people are the primary authorities in their lives, autonomy, choice, and control are more likely to be present.

For organizations to enact processes and supports that prioritize the right of self-determination for people with disabilities they support, systemic mechanisms need to be in place to enable and encourage best practices related to autonomy, choice, and control. Research has shown that local and national policies, legislation, regulations, and political priorities can impact funding and services that promote autonomy, choice, and control. For example, a 2018 study (Friedman, 2018) found that states with higher rates of goals and funding allocated to person-directed services supported more people to have full control over the services and supports. Another study (Houseworth et al., 2018) found that states that utilized HCBS instead of congregate and institutional services more frequently reported higher rates of choice and control for people with disabilities. A study of Australian systems found that the political priorities of the party in power influenced funding allocation and support for services that promote choice and control (Henderson & Bigby, 2016).

Finally, a critical review of systems practices in England identified several strategies, including providing direct payments to people with disabilities (instead of agencies), initiatives to promote control and autonomy, individualized budgeting models, and more comprehensive aging supports, have led to greater levels of autonomy and life-satisfaction among people with disabilities (Fleming et al., 2019).

However, systems policies and priorities do not guarantee practices that promote choice and control because there is often a disconnect between policy and practice. The ADA (1990) compels agencies and systems to ensure that people with disabilities have the most control over their lives and services possible (Silverstein, 2000), but many people with disabilities continue to receive services in environments that limit opportunities for inclusion and autonomy (Tanis et al., 2022), despite HCBS are recognized to have cost-saving benefits (Bogenschutz et al., 2019). Further, many studies have found that while service waivers that promote self-direction, choice, and control are available in almost every state, most people with disabilities do not access them (Friedman, 2019; Rizzolo et al., 2013).

Organizational Best Practices in Autonomy Choice and Control

The structures and practices of organizations that support people with disabilities play an integral role in the delivery of services and initiatives that support choice and control. Research shows that organizational practices that are effective in promoting autonomy, choice, and control for people with disabilities include both internal efforts, involving policy and procedures, and external efforts with support they provide.

Internal organizational practices that have been shown to advance autonomy, choice, and control for people with disabilities include: integrating language about choice and control in agency policy (Friedman & VanPuymbrouck, 2019), including people being supported in decision making and in leadership roles at the organization and supporting current leaders with disabilities to provide leadership education and mentoring to emerging leaders (Powers et al., 2002), training support staff in how to facilitate choice and calculated risk taking (Marsh, 2018), and consistently assessing the quality of the services and supports provided. These kinds of internal policy and training help guide external services and initiatives.

External organizational services can greatly impact the people with disabilities they support by advocating for and helping to build self-determination. Organizations that promote practices such as supported decision making, where people with disabilities are the primary decision makers, and the use of assistive or cognitive technology, "technology supports that enable people with cognitive disabilities to successfully function in inclusive environments" (Wehmeyer & Shogren, 2013, p. 92), can help preserve the autonomy and rights of people with disabilities (Wehmeyer et al., 2020). Similarly, employing practices of supported planning of personal budgets and control over personal financing has been shown to contribute to self-determination (Williams & Porter, 2015). Encouraging involvement in self-advocacy groups can contribute to a sense of empowerment and self-worth, independence, and citizenship, and helps expand social relationships for the people supported (Anderson & Bigby, 2017). Since people with disabilities are often supported by several agencies, interagency collaboration and coordination also contributes to beneficial outcomes for people with disabilities (Kulkarni & Kote, 2013).

The values and practices of frontline staff can also greatly enhance the extent of self-determination exercised by the people they support. Staff working with people with disabilities should be aware of their personal biases about the competence of people with disabilities, use strengths-based approaches with the people they support, and facilitate activities that will increase self-esteem and self-efficacy (Carter et al., 2012). Also, staff should offer consistent opportunities for the people they support to choose and to express preferences to help improve decision making skills and feeling competent and confident, factors that are necessary to autonomy (Pelletier & Joussemet, 2017; Williams & Porter, 2015). Staff attitudes and actions are often dependent on organizational priorities and training initiatives, and vice versa, which makes

it necessary to consider both internal and external priorities and practices when examining the impact of organizations on autonomy.

While extensive research has been conducted to understand the practices that promote and limit autonomy, choice, and control for people with disabilities, there continue to be disparities in services and support, and people's lives, particularly for people with highest support needs and from marginalized communities. More research is needed to understand how to overcome these imbalanced practices. For example, there is limited research focused on choice and control for people from different cultural backgrounds (National Core Indicators, 2019). Better understanding would promote service practices that recognize and honor people's cultural identities as it relates to choice and control, as well as understanding how intersecting minority identities impact autonomy. In addition, more research is required to understand how people who do not communicate verbally and those having more intense service needs can be better supported, as it has been shown that people who communicate verbally have more opportunities to direct their services and lives (Friedman, 2019).

2.6.2 Community Living, Employment, and Engagement

Participation in the community is a fundamental human right for people with disabilities (Gomez et al., 2015). Also, the sense of community belongingness and acceptance positively impacts a person with disabilities' relationships, opportunities, services, and support (Wallerstein et al., 2015). However, many people continue to be segregated and kept away from community activities and their peers without disabilities.

Community living, employment, and engagement for people with disabilities is largely dependent on the overarching service system's priorities and practices where people live. Individual and community systems, such as family support, formal services and benefits, and

community demographics all impact whether and how people are included and engaged in their communities. Similarly, larger systems and influences such as cultural norms, regulations, and regional demographics and characteristics can promote or prohibit access to and involvement in the community for people with disabilities (Verdugo et al., 2005).

Importance of Community Living, Employment, and Engagement

Community inclusion offers several benefits for people with disabilities and for the community itself. It contributes to the development of social connections and opportunities, while also promoting autonomy in decision-making for people with disabilities (Terry & Townley, 2019). Furthermore, community inclusion for people with disabilities benefits society by promoting the collective sharing of wisdom, knowledge, ideas, talents, and creativity of all people (Townley et al., 2013).

Although there are clear and evidence-based examples of how people with disabilities benefit communities, there are several studies that show that community attitudes toward people with disabilities are not consistent, ranging from open hostility to enthusiasm (Sinson 1993). However, researchers have speculated that the more people with disabilities are included, the more people without disabilities will recognize how they contribute and benefit their communities; this is called the social contact hypothesis. The more frequent interactions between underrepresented and overrepresented group members can lead to greater understanding, overcoming prejudice and stereotypes (Paluck et al., 2019).

Hiring people with disabilities into the community businesses as a practice of community integration has also shown to bring several benefits as well. For instance, Lindsay et al. (2018) found that community businesses benefit from hiring people with disabilities by improving profitability, marked by increased profits and cost-effectiveness, reduced turnover and higher

rates of employee retention, reliability, punctuality, and loyalty. Companies that hire people with disabilities also see an increased competitive advantage through more diverse customers, higher customer loyalty and satisfaction, and greater levels of innovation (Lindsay et al., 2018). Finally, companies that prioritize hiring people with disabilities have more inclusive work cultures (Lindsay et al., 2018). Also, researchers found that community employment benefits people with disabilities by improving their QoL and income, enhancing self-confidence, expanding social networks, and a sense of community.

Community integration practices are an important part of the array of disability services that contribute to quality outcomes for people with disabilities (Cameron et al., 2022; Thorn et al.,2009). Organizations that follow principles of community organizations report an improvement in quality outcomes for people with disabilities such as: Enhancement in the meaning and purpose in the life of persons with disabilities, higher acknowledgment and supports of basic civil rights, such as, personal freedom, choice, and self-determination for people with disabilities.

Evidence Based Best Practices Related to Community Living, Employment, and Engagement.

Some factors that impact community engagement for people with disabilities include their living situation, the type of support they receive from support staff, and the aspects of the community in which they would like to be involved. Friedman (2021) identifies living arrangements for people with disabilities as a factor that impacts community engagement.

Friedman (2021) highlights natural supports as beneficial for community engagement of people with intellectual and developmental disabilities and defines “natural supports” as “informal (unpaid) relationships” that assist individuals with intellectual and developmental disabilities in their existing communities (p. 2). Friedman (2021) additionally notes the roles that

natural support should provide for individuals with intellectual and developmental disabilities, mentioning greater access to resources, emotional support, and connections to each person's specific interests (p. 4). Research notes that access to natural support provides individuals with intellectual and developmental disabilities with greater access to resources, emotional support, and connections to each person's specific interests (Friedman, 2021). Furthermore, studies have shown that natural support provides benefits for both the individual with a disability and the person providing support. While the person with disabilities being supported feels more included in the community, the individual providing support typically gains knowledge about disability by working with the person with a disability.

Organizations providing services can play a significant role in supporting people to build natural and meaningful relationships (Bigby et al., 2017). Researchers have found that when organizations help people connect with community activities, experiences, and people with and without disabilities that align with people's interests, they are more likely to build meaningful relationships. Conversely, when organizations focus on practices that do not foster the development of relationships, people are less likely to build long-term community connections that promote inclusion (Bigby et al., 2017).

Other factors that contributed to successful outcomes for community integration for individuals with disabilities included regular training for staff members. In addition to training, emphasis on the perspective of a person with a disability who may be the recipient of services and value of their perspectives by supporting staff and add disability services organizations alike contributes to successful outcomes for community integration for individuals with disabilities (Bigby & Beadle-Brown,2018).

Fostering a sense of community belonging is another practice that can contribute to the social integration of people with disabilities (Biggs & Carter, 2016). Researchers have provided a social belonging inventory through which the community can assess itself on how it builds a sense of belonging for people with IDD. In this sense, ten principles of belonging such as: to be present, invited, welcomed, known, accepted, supported, cared for, befriended, needed, and loved been proposed (Biggs & Carter, 2016).

Researchers have described community conversations as another good practice of community inclusion for people with disabilities. Community conversation is an asset-based approach for engaging a cross-section of diverse stakeholders in addressing an issue of importance to their local community (Carter et al., 2009; Carter et al., 2012). This approach offers a structured method for generating and prioritizing local solutions that align with a community's culture, priorities, and available resources. This practice represents an opportunity for people with disabilities to engage in community development and decision making.

2.6.3 Participation: Stakeholder Input to Organizational Management and Governance.

articipation in governance activities for people with IDD includes involvement in events such as board meetings and in processes like decision-making protocols and compensation practices. Organizational governance plays a key role in establishing management structures and administrative systems, as well as overseeing risk and accountability. For disability service sector organizations, it is essential that people who are most impacted by the work of the organization, people with disabilities and (often) family members of people with disabilities, are part of a governance structure. The Organizational Priorities and Practices Inventory consider the input of stakeholders to organizational management and governance as a human right.

Enfranchised stakeholders in an organization's governance structure are individuals or groups who control or contribute input to the resources and capabilities essential to organizational performance. Their involvement directly supports the achievement of organizational goals and the preservation of value. As a result, those engaged in governance activities are accountable to stakeholders for responsible and effective stewardship (Vallejo & Hauselmann, 2004).

Many disability service sector agencies include people with disabilities and families in their governance structures; they include them on their boards or have specific processes in place to ensure they provide input into their values and practices. Enfranchising people with disabilities and their families is an essential process to ensure that the mission and practices of an organization align with the needs of the people who are most impacted by their work (Kendrick, 2011).

Importance of Stakeholder Participation

Governance is a critical element in all service sectors due to its influence on decision-making and, consequently, in the satisfaction of the people supported (Vallejo & Hauselmann, 2004). In disabilities services, its role is even more essential to ensure the fulfillment of fundamental rights of people with disabilities including self-determination, choice and control over small and large decisions, inclusion, and autonomy. Additionally, the practice of evidence-informed governance contributes to the optimization of services within the organization (Lockwood et al., 2010). For instance, the organization can use feedback from service recipients, family members, and the community to develop programs that better suit the needs of its prime stakeholders. In this sense, governance not only contributes to the integration of all members of the organization in the decision-making process but also helps to provide more effective,

accurate, and efficient services; best practices in governance can also have a positive financial effect on the organization.

Evidence Based Best Practices in Organizational Governance

Organizational experts and scholars have proposed a set of critical elements of good governance including practices such as data and evidence-informed decision-making, embedding equity and social justice in services and structures, transparent and inclusive processes, and responsiveness to the needs of the people or beneficiaries (Chauvin et al., 2016). Other actions involve accountability by those who make or implement decisions, efficient and effective implementation of strategic objectives, and maintenance of organizational vitality (Carlson et al., 2015; Anwari et al., 2015). According to Kuipers (2014), for disability systems in lower-middle-income economies, good governance may be reflected in services that are managed to be responsive to people with disabilities and their families. This includes including people with disabilities and, when appropriate, family members, in organizational decision making and regular evaluation and monitoring of organizational practices (Kuipers, 2014). Strong governance in disability services is also reflected in a clear vision for improvement and a commitment to equity and transparency. Key elements include transparent and accessible leadership, a well-communicated long-term vision, and the integration of values-based language into policies, training materials, and performance measures (Bailey & Gilden, 2018; Kendrick, 2011).

A 2014 study by the World Federation of Public Health Associations (WFPHA) sought to identify the state of organizational governance of national public health associations. Ultimately, they found that a high percentage of respondents indicated ethical principles and stakeholder engagement were valuable governance practices. In fact, the factors most identified as essential

to effective governance were a high degree of integrity and ethical behavior of the leaders of the organization. Other factors that support governance effectiveness included Broad-based engagement of stakeholders in decision-making process and a high degree of transparency and accountability in decision-making. Furthermore, Chauvin et al. (2016) argues that procedures that ensure good long-term governance are also key best practices. In this regard, governance best practices include elements that foster sustainability. Some of such practices include board gender and age diversity, gender-responsiveness, and strategies to build the future generation of organizational leaders.

Several studies and theoretical papers have provided a sound understanding of the best practices that contribute to effective governance in public, private and nonprofit organizations. However, there are fewer experimental studies that dive into the practices that have proven to be more efficient in-service delivery for people with disabilities specifically. Furthermore, more studies are needed in the sector of disability services. While corporate governance in private companies accounts for a deep and broad body of knowledge of excellence and best practices, that is not the case in the disability field. Research in disability service shows that governance best practices disability organizations are related to processes involving stakeholders and community feedback and engagement (Kuipers, 2014). While this is important to make an organization thrive by providing quality services, it is also important to consider stakeholders and community integration in governance practices, such as strategic planning processes, evaluation, and more. Such input can help the organization become more focused on the specific needs of the recipients of their services.

2.6.4 Staff Participation, Value, Impact, and Support

Staff Participation, Value, Impact, and Support influence the degree of involvement, engagement, and satisfaction of employees, which contributes to promoting productive and thriving workplaces (Osborne & Hammoud, 2017). Employee involvement is an approach in which organizations include employees in decisions that directly affect their work. It refers to the practices and processes used to engage employees in collaborating toward a common goal. For some organizations, it is where employees are actively involved in the decision-making process. Employees and executives or managers collaborate to make all the decisions as a whole group. Participation in decision-making is becoming increasingly popular and is part of what is known as employee empowerment (García-Juan et al., 2018). Employee empowerment involves decentralizing power within a company and transferring it to individual decision-makers at the base of the organization's hierarchical structure. (Osborne & Hammoud, 2017).

Importance Staff Participation, Value, Impact, and Support within Disability Service Sector

Frontline employees who engage directly with customers or clients often have greater insight into their preferences, values, interests, and concerns, and they are more likely to receive direct feedback. When leaders foster environments that encourage idea-sharing and employee participation in decision-making, they gain more informed perspectives on customer needs and expectations. In contrast, when top managers make key decisions without employee input, their choices are limited to their own perceptions and past experiences.

A key reason employee involvement has expanded is its strong link to increased organizational commitment. When leaders actively include employees in decision-making, they reinforce the importance of their contributions. Employees are more likely to feel connected to

organizational and departmental goals when they help define them and play a role in achieving them through their input and decisions.

Engaging employees in decisions also improves how they feel about their workplace, as it signals that their perspectives are valued. This boosts overall morale, which positively influences performance across teams and projects (Nielsen & Randall, 2012). When employees feel satisfied and motivated, absenteeism tends to decrease. These factors contribute to higher productivity and better organizational outcomes. Additionally, satisfied employees are more likely to remain with their organizations, reducing turnover (Gallup, 2021). Lower turnover decreases the need for constant hiring and training, saving time and resources while minimizing disruptions caused by frequent staff changes (Vance, 2006).

Staff Participation, Value, Impact, and Support Best Practices

Practices of recognition and value are critical elements to accomplish effective employee engagement and commitment. In this regard, recognition approaches embed workplaces in dynamic and inclusive environments, positively affirming the basic dignity of employees (Islam, 2012). Such procedures contribute to building a sense of belongingness from the staff within the organization (Dávila & Jiménez García, 2012), which, according to Jaitl and Hua (2013), has a positive effect on productivity. In turn, valuing staff is another effective strategy to foster productivity through commitment. Population ecology (Hannan & Freeman, 1977) and protection motivation theory (Rogers & Prentice-Dunn, 1997) suggest that companies should create an environment where employees feel valued to succeed in a fast-paced environment. The theories highlight that both speed and value are essential to achieving higher performance. Welbourne (1997) found that firms placing a high value on employees and growing faster achieve higher stock price growth. Also, this researcher found evidence that employees working

at a faster pace and who feel valued are higher performers (Welbourne, 1997). Feedback and suggestions are key approaches in this area. Employees are often willing to share ideas, but may hesitate if they do not feel in the right position or environment to do so. Research (O.C. Tanner Institute, 2022) shows that valuing employees leads to strong improvements in performance. When employees feel appreciated, they tend to be more motivated, more committed, and more innovative in their work.

Moreover, supporting staff through active mentoring, coaching, and professional training is another strategy to raise organizational engagement and commitment. Coaching and mentoring are powerful tools for developing organizations' workforce (Garvey et al., 2010). Coaching is highly effective for leadership development, particularly for high-potential staff and senior leaders. It is task-focused, time-limited, and follows a structured plan to strengthen or shift specific skills and behaviors. Mentoring, in contrast, is relationship-centered and supports both career growth and psychosocial development (Garvey et al., 2010). It is a reciprocal, mutually beneficial connection in which both mentors and mentees learn from one another (Garvey et al., 2010). Research confirms that coaching and mentoring are positively correlated to employee performance, and both factors have a significant effect on employee performance (Neupane, 2015). Also, Weston (2001) argues that managers who recognize that Generation X employees are looking for workplaces that allow them to develop their competencies and have a balance in their personal and professional lives are more successful in attracting and retaining employees in this age group. Professional training is another meaningful aspect of supporting staff. Offering employee training and development allows employers to define the knowledge and skills they expect their workforce to build. Training and development programs can educate employees on

new skills or update existing skills to improve productivity (Elnaga & Imran, 2013; Rodriguez & Walters, 2017).

Although employee engagement is widely seen as beneficial across organizations, most employees remain disengaged at work. Gallup data show that only 39% of employees were engaged in 2021, up from 36% in 2020 (Gallup, 2021). Low engagement can result from factors such as limited recognition from managers, ineffective communication, and a lack of alignment with the organization's mission. Prioritizing and valuing employees is therefore essential to strengthen commitment and engagement.

2.6.5 Leadership Strength and Skill Development

Effective leadership is a lynchpin for the health and functioning of an organization. Responsive leadership styles that align with the developmental needs of employees can benefit both the economic well-being of an organization and the success of its workforce (Bass & Riggio, 2006; Northouse, 2022). Conversely, weak leadership can leave an organization and its employees without direction, purpose, or the support needed to effectively carry out work-related tasks, responsibilities, and functions (Yukl, 2013; Avolio & Walumbwa, 2014).

The conceptualization of leadership has transformed and changed with the growth of scholarship on this topic in the last decades. For instance, Buchanan (2013) asserts that there have been different phases of leadership understanding since the beginning of the 20th century. First, there was the "command and control" concept that prevailed in the 1980s. This phase was succeeded by a surge in the style of "empower and track" until the mid-2000s. Finally, the most popular approach currently is a "connect and nurture" style that centers on empowering employees (Gandolfi & Stone, 2018). In this sense, leadership approaches have evolved from authoritative top-down approaches to democratic, participative leadership. While authoritative

leadership styles may fit well in bureaucratic organizations where privilege and power are vested in senior management, organizations in services delivery have largely embraced participative leadership (Igbaekemen, 2014).

Authentic Leadership requires that leaders spend time learning and knowing their own leadership styles and strengths and that they behave genuinely in their interactions (Fusco et al.; 2015). In disability services, authentic leadership can be seen as a vessel for professional, ethical, and thoughtful management practices. According to Begley (2001, p. 353), "this is leadership that is knowledge-based, values informed and skillfully executed." Some of the most relevant characteristics of authentic leaders are self-awareness, consciousness and intentional alignment of values and beliefs, genuineness, reliability, and trustworthiness. Ilies et al. (2005, p. 374) claim that authentic leaders center their efforts on "nurturing followers' strengths, broadening their thinking, and creating a positive and engaging organizational context."

There are many definitions and approaches to leadership. For instance, leadership has been defined as the practice of guiding the activities of an organized group of individuals by influencing their performance throughout communicative efforts to achieve an organization's mission (Winston, & Patterson, 2006). Therefore, leadership is a practical skill contingent on the development of interpersonal relationships. Armandi et al. (2003) also note that leadership can be defined as the capacity of certain individuals to influence a group of people toward a decided common goal. Leadership effectiveness in the eyes of followers is closely tied to the leader being driven, able to inspire, and prioritize needs, which produces a sense of safety and calm for followers (McDermott et al., 2013). While leadership is often studied as a phenomenon for those who hold the most power in an organization, executive and director level employees, leaders

operate at every level. It follows that the skills and practices discussed in this section apply to employees in all positions in the organization.

Importance of Leadership Strength and Skill Development within Disability Service Sector

Leadership strength and development have a tremendous impact on the services that are provided to people with disabilities. It not only impacts on the quality of such services but also the overall well-being of individuals receiving them. An exploratory study conducted by Bigby & Beadle-Brown (2018) in residential services for people with severe or profound IDs found that practice leadership appears to be an important factor in enabling staff to provide active support but as part of general good management. According to these researchers, to enhance services quality proxy leadership, attention needs to be given to the training, career development, and support of practice leaders (Bigby & Beadle-Brown, 2018).

Existing research underscores the importance of examining leadership within disability services scholarship. Studies conducted at the organizational and systems levels (Agranoff, 2013; Parish, 2005) indicate that leadership plays a critical role in the successful transition from traditional, congregate models to individualized, community-based supports for people with disabilities. Additional research shows that leadership is also central to the effective implementation of high-quality, person- and family-centered services (Bailey & Gilden, 2018; Bigby & Beadle-Brown, 2018).

Evidence-Based Best Practices in Leadership Strength and Skill Development

Effective leadership is central to organizational health and the advancement of quality services. Leaders who model responsiveness, shared purpose, and support for staff can elevate both workforce performance and organizational outcomes (Bass & Riggio, 2006; Northouse,

2022). In contrast, weak or hierarchical leadership often produces disengagement, low morale, and reduced service quality, particularly in human-service settings where collaboration and empowerment are essential (Avolio & Walumbwa, 2014).

Among evidence-based approaches, servant leadership has proven especially relevant in disability service organizations. Rooted in Greenleaf's (1977) principle of putting others first, servant leadership emphasizes humility, authenticity, and stewardship which are qualities that empower employees to grow and foster trust within teams (Luthans & Avolio, 2003). In human-service systems, this model aligns with person-centered and rights-based practices by prioritizing the well-being of staff and the people they support.

Complementing this, transformational leadership advances organizational change by motivating and inspiring followers to exceed expectations. Transformational leaders cultivate shared vision, encourage innovation, and recognize staff contributions, thereby promoting engagement and continuous improvement (Bass & Avolio, 1994). In the disability field, such leaders drive inclusive cultures that sustain workforce satisfaction and improve the quality of support delivered to people with disabilities.

Recent leadership paradigms, such as Piersanti's (2017) *New Leadership Paradigm*, reinforce these ideas by shifting from control to collaboration, transparency, diversity, and shared accountability. These values reflect a growing consensus that strong leadership in IDD services must be distributed, egalitarian, and purpose-driven, enabling all members of the organization to lead from their roles. Despite growing recognition of leadership's importance in IDD services, research remains limited. Few studies examine leadership across all organizational levels or capture the perspectives of direct support staff and other frontline staff.

2.6.6 Diversity, Equity, and Inclusion.

Achieving diversity, equity, and inclusion (DEI) requires more than programs or training, it demands embedding equitable and inclusive practices into the organization's culture and everyday operations. Research shows that organizations that authentically integrate DEI outperform their peers in innovation, engagement, and retention by respecting the unique perspectives and potential of all employees (Janes & Harvey, 2022). In contrast, many efforts fail when DEI is treated as an isolated initiative or assigned solely to human resources without structural or leadership commitment (Hunt et al., 2014).

Sustainable DEI requires visible leadership support, transparent data use, and inclusive decision-making across all levels of the organization. Barriers such as inadequate representation in leadership, limited training scope, and enduring institutional biases, especially those restricting women and marginalized groups from advancement, continue to hinder progress (Groysberg & Connolly, 2013). Embedding DEI across organizational systems ensures that all members, regardless of identity or role, share responsibility for fostering inclusion and equity in policies, practices, and daily interactions.

In disability service organizations, DEI principles are especially critical. People with disabilities experience compounded inequities shaped by race, ethnicity, gender, language, socioeconomic status, and other intersecting identities. The concept of intersectionality, introduced by Kimberlé Crenshaw (1989), highlights how overlapping systems of oppression, such as racism, ableism, sexism, and homophobia, interact to create unique forms of exclusion. Recognizing these intersections is essential for creating equitable workplaces and inclusive service environments.

To advance DEI, disability organizations must reflect the diversity of the communities they serve. This involves promoting representation in leadership, eliminating discriminatory hiring practices, investing in equity-focused professional development, and enacting policies that hold all members accountable for inclusion. Ultimately, embedding DEI as a core organizational value strengthens both workforce well-being and the human rights outcomes of people with disabilities.

Importance of Diversity, Equity, and Inclusion within Disability Service Sector

When organizations in the disability service sector become more diverse, equitable, and inclusive, they are better equipped to meet the complex needs of people with disabilities while attracting and retaining top talent (Hunt et al., 2014; Janes & Harvey, 2022). Research shows that organizations demonstrating genuine commitment to DEI report higher employee satisfaction, innovation, and decision-making quality, factors that contribute to improved sustainability, service quality, and stakeholder trust (Hunt et al., 2014).

Inclusive workplace cultures are not only ethical imperatives but also strategic assets. Equitable practices that recognize and value diversity across gender, race, ethnicity, sexual orientation, age, and disability enhance recruitment, engagement, and leadership retention. For organizations serving people with intellectual and developmental disabilities (IDD), DEI must be embedded in two interconnected ways: first, by promoting inclusion and equity for individuals with disabilities through person-centered, culturally responsive support; and second, by cultivating internal organizational cultures that model those same values among employees and leaders. Ensuring that people with IDD see their identities represented within the structures and leadership of disability organizations reinforces the principles of equity, empowerment, and human rights at the heart of this field.

Evidence-Based Best Practices in Diversity Equity and Inclusion

Building truly diverse, equitable, and inclusive organizations requires more than statements of intent or one-time training. Disability service organizations seeking to advance DEI must undertake cultural, structural, and logistical transformations that embed equity and inclusion into every facet of their operations (HR.com, 2020). Research suggests that early steps include developing a clear business case for DEI, securing leadership commitment, setting measurable goals, and fostering transparent communication across all organizational levels (Keller & Price, 2011).

Successful DEI efforts extend beyond compliance or representation. They require continuous, evidence-based strategies that challenge existing narratives, restructure processes, and sustain accountability. Effective programs are driven by leadership, incorporate data-informed objectives, and engage the full workforce in shaping and monitoring outcomes (Hunt et al., 2014). In disability services, this work is particularly urgent given the intersection of disability with other marginalized identities, such as race, gender, language, and socioeconomic status, which amplifies barriers to inclusion and equity.

Behavioral and organizational sciences provide practical tools for advancing DEI. Studies show that tailored education and bias-reduction training (Plous, 2003), analytical decision-making frameworks (Kahneman, 2011), and structured debate to challenge assumptions (Klein, 2007) improve equitable outcomes. Similarly, communication strategies that emphasize peer recognition, positive reinforcement, and inclusive framing can promote sustained behavior change across teams (Thaler & Sunstein, 2008; Guadagno & Cialdini, 2010).

Despite these advances, research reveals persistent challenges in operationalizing DEI within the disability field. Many organizations lack measurable definitions of *cultural competence*, leading

to inconsistent implementation (Goode, 2006). Likewise, studies indicate that quality-of-life (QoL) measures may not translate consistently across linguistic or cultural contexts (Verdugo et al., 2005). As such, future research must examine how DEI frameworks and QoL indicators interact within disability organizations to ensure that support and outcomes reflect the diversity of those served (Shifrer & Frederick, 2019). Embedding DEI as a core organizational competency, supported by leadership, evidence, and accountability, strengthens both workforce well-being and the equity outcomes central to the mission of disability services.

2.7 Organizational Alignment in Disability Policy Implementation

A growing body of scholarship across organizational sociology, public administration, and disability policy has emphasized that the implementation of rights-based policy depends not only on statutory design or normative commitment, but on how organizations interpret, align, and operationalize those commitments within complex institutional environments (Meyer & Rowan, 1977; Scott, 2014; Van Meter & Van Horn, 1975). Research on disability services similarly shows that despite the widespread adoption of the Human Rights Model of Disability, significant gaps persist between policy intent and lived experience, particularly in domains related to autonomy, participation, and community inclusion (Degener, 2017; Schalock & Verdugo, 2012; Friedman, 2019). To explain these gaps, scholars have suggested to explore organizational-level analyses that examine how values are translated into practice, how different organizational actors enact policy, and how structural capacity shapes implementation outcomes (Lipsky, 1980; Fixsen et al., 2005; Bigby & Beadle-Brown, 2018).

Within this literature, the three complementary analytical perspectives used in this study have emerged as particularly salient for understanding policy implementation in human service organizations. First, internal alignment, which examines the relationship between stated priorities

and enacted practices and is closely associated with theories of organizational decoupling (Meyer & Rowan, 1977; Scott, 2014). Second, cross-role alignment, which focuses on the interaction between decision-makers and street-level bureaucrats in shaping implementation outcomes (Lipsky, 1980; Matland, 1995), Finally, cross-domain alignment, which examines how organizational performance systems enable or constrain the realization of normative policy goals such as human rights and quality of life (Fixsen et al., 2005; Schalock et al., 2016). Although each of these perspectives is well established in the broader organizational and policy literature, they remain siloed to specific bodies of literature and are rarely examined together in disability services research. Also, they are less frequently operationalized across multiple human rights and organizational performance domains. The following sections review the literature associated with each perspective, highlighting key findings and unresolved gaps that the present study seeks to address.

2.7.1 Internal Alignment and Organizational Decoupling

Research on internal alignment has been shaped primarily by institutional theory and its concept of organizational decoupling. Meyer and Rowan (1977) first described decoupling as the separation between formal organizational structures, policies, or stated values and the actual practices carried out in daily operations. According to this framework, organizations adopt socially valued norms, such as equity, participation, or quality, not only to improve performance but also to secure legitimacy in their institutional environments. Subsequent scholarship has shown that decoupling is particularly common in highly regulated human service fields, where organizations must respond simultaneously to professional standards, regulatory mandates, funding requirements, and public expectations (Brunsson, 1989; Scott, 2014). Empirical studies across education, healthcare, and social services show that organizations may publicly endorse

progressive reforms while internally preserving established routines that are easier to manage, less risky, or more aligned with existing power structures (Meyer & Rowan, 1977; Brunsson, 1989; Scott, 2014).

Within disability policy and service systems, organizational decoupling has been rarely used to explain why rights-based reforms are widely articulated yet inconsistently realized. However, scholars have note that disability service organizations frequently adopt the language of the Human Rights Model of Disability, emphasizing autonomy, participation, and inclusion, while continuing to operate through hierarchical, compliance-driven, or risk-averse practices inherited from medical and custodial paradigms (Degener, 2017; Schalock & Verdugo, 2012). Research on HCBS implementation, deinstitutionalization, and person-centered planning documents persistent gaps between policy commitments and lived experiences, including limited choice, constrained autonomy, and restricted community participation despite formal compliance with rights-based frameworks (Friedman, 2019; Mansell, 2006; Roberts et al., 2023; Tennety et al., 2025). These findings suggest that symbolic adoption of human rights principles does not necessarily translate into substantive organizational change.

Despite this recognition, the existing literature on decoupling in disability services remains limited in several important ways. Much of the work is conceptual, descriptive, or focused on single policy domains, case studies, or compliance indicators rather than on comprehensive organizational systems (Scott, 2014; Schalock & Verdugo, 2012). Few studies empirically assess internal alignment by directly comparing organizational priorities and practices across multiple domains of human rights and organizational performance within the same organizations. As a result, it remains unclear where implementation gaps are most pronounced, whether misalignment is consistent or variable across domains, and how internal

alignment differs by organizational role or function. This lack of integrated, multidimensional evidence constrains current scholarship to diagnose implementation failures with precision and to identify leverage points for strengthening the enactment of emancipatory disability policy. The present study addresses this gap by operationalizing internal alignment as a measurable organizational construct, examining the extent to which stated priorities correspond to enacted practices across multiple human rights and organizational performance domains.

2.7.2 Cross-Role Alignment and Street-Level Policy Implementation

Research on cross-role alignment in policy implementation is grounded in classic theories of public administration and street-level bureaucracy (Lipsky, 1980; Van Meter & Van Horn, 1975; Matland, 1995). Early implementation models emphasized that policy outcomes are shaped not only by formal design but by how different organizational actors interpret and enact policy across hierarchical levels (Van Meter & Van Horn, 1975; Matland, 1995). Lipsky's (1980) seminal work on street-level bureaucracy demonstrated that frontline workers exercise substantial discretion in translating policy into practice, often adapting formal mandates to local conditions, workload pressures, and professional norms. This literature consistently shows that misalignment between decision-makers' intentions and frontline enactment contribute to variation, inconsistency, and policy drift across service systems.

Empirical studies across education, healthcare, and social services document how differences in perspectives, priorities, and constraints between organizational leaders and frontline staff shape implementation outcomes (Coburn, 2004; Winter, 2003; Currie et al., 2012; Hill & Hupe, 2014).Research shows that leaders may articulate reform-oriented goals, such as equity, participation, or quality improvement, while frontline workers experience these goals as insufficiently resourced, ambiguous, or incompatible with operational realities (Hill & Hupe,

2014; Winter, 2003). In disability services, scholars have highlighted the central role of Direct Support Professionals (DSPs) as street-level implementers whose daily decisions directly affect autonomy, participation, and quality of life for people with IDD (Friedman, 2018; Hewitt et al., 2021). Workforce instability, limited training, and exclusion from organizational decision-making further complicate alignment between leadership priorities and frontline practice, reinforcing implementation gaps even when organizational values are rights-oriented (Lipsky, 1980; Friedman, 2018; Hewitt et al., 2021).

Despite broad recognition of the importance of street-level dynamics, existing research rarely operationalizes cross-role alignment empirically within disability service organizations. Most studies focus on either leadership perspectives (Bigby & Beadle-Brown, 2018; Bailey, 2020; Bailey & Gilden, 2018; Gilden et al., 2024; Gilden et al., 2025) or frontline working conditions (Friedman, 2018; Hewitt et al., 2021), rather than directly assessing agreement or divergence between roles regarding organizational priorities and practices. Consequently, it remains unclear whether implementation gaps reflect shared organizational constraints or fundamentally different interpretations of rights-based practice across hierarchical levels. The literature also lacks systematic evidence examining cross-role alignment across multiple human rights and organizational performance domains within the same organizations. The present study addresses these gaps by explicitly comparing the perspectives of organizational decision-makers and street-level bureaucrats, allowing for a more precise assessment of how role-based alignment, or misalignment, shapes the implementation of emancipatory disability policy.

2.7.3 Cross-Domain Alignment Between Human Rights and Organizational Performance

Current research on cross-domain alignment is limited and examines individually how organizational performance systems enable, or constrain, the implementation of normative policy

goals such as human rights, equity, and quality of life (Fixsen et al., 2005; Schalock et al., 2016; Aarons et al., 2011). This perspective is grounded in organizational development and implementation science, which emphasize that values-based reforms require supporting infrastructures to become embedded in routine practice rather than remaining aspirational (Fixsen et al., 2005; Aarons et al., 2011). From this standpoint, the realization of human rights in disability services depends not only on organizational commitment to rights-based principles, but on the presence of leadership, workforce, governance, and equity systems capable of sustaining those commitments.

Within disability services, a limited but growing body of research links organizational performance practices such as leadership quality, workforce support, supervision, participatory decision-making, and diversity, equity, and inclusion (DEI), to improved outcomes for people with intellectual and developmental disabilities. Studies have shown that organizations with strong leadership capacity and intentional culture change are more likely to implement person-centered and community-based supports with fidelity (Bigby & Beadle-Brown, 2018; Bailey & Gilden, 2018). Research grounded in quality-of-life frameworks further demonstrates that organizational environments characterized by staff engagement, learning-oriented supervision, and values-based management are associated with greater autonomy, inclusion, and overall well-being for people with disabilities (Schalock et al., 2016; Schalock & Verdugo, 2012). Importantly, emerging empirical evidence shows that organizational performance practices affecting employees directly, such as treating staff with dignity, respect, and fairness, are significantly associated with higher quality-of-life outcomes for people with IDD, underscoring the cascading impact of organizational systems on human rights–relevant outcomes (Friedman & Gilden, 2024).

Research on diversity, equity, and inclusion further strengthens this cross-domain perspective by demonstrating how equity-oriented organizational practices function as performance mechanisms that shape service quality and implementation capacity. Studies across human services and related sectors show that diversity-oriented leadership, inclusive organizational climates, and equitable decision-making structures are associated with higher levels of employee engagement, organizational commitment, and trust, conditions that are critical for sustaining complex, values-driven practice change (Janes & Harvey, 2022; Lee et al., 2025; Showkat & Yahya, 2025). In disability service organizations, where frontline discretion and relational practice are central to rights realization, DEI practices play a key role in shaping whose voices are valued, how power is distributed, and whether organizational systems reinforce or challenge structural inequities. Leadership-focused research further highlights that organizational systems, rather than individual staff attitudes alone, are decisive in sustaining individualized and inclusive services over time (Gilden et al., 2024; Gilden et al., 2025).

Despite these insights, the literature largely treats human rights domains and organizational performance domains as analytically distinct and consequently siloed. Human rights and quality-of-life research tends to focus on outcomes and values, while management, workforce, and DEI studies focus on organizational functioning, often without empirically testing the relationship between the two. As a result, there is limited systematic evidence examining whether organizations that prioritize and enact strong performance practices, including leadership development, staff participation and support, and DEI, also demonstrate stronger alignment with human rights priorities and practices. Few studies quantitatively assess cross-domain alignment within the same organizations or estimate the extent to which organizational performance capacities predict the enactment of rights-based practices. This

unresolved integration problem constrains the field's ability to identify the structural conditions under which emancipatory disability policy can be sustained. The present study addresses this gap by explicitly examining the alignment between human rights and organizational performance domains, treating them as interdependent components of organizational implementation rather than separate spheres of analysis.

2.8 Performance Evaluation in Disability services

In organizations delivering services for people with disabilities, performance evaluation is critical to ensure successful policy implementation. By systematically assessing the effectiveness and outcomes of disability policies, organizations can ensure that their services are aligned with best practices in the field that contribute to enhance the QoL of stakeholders. Performance evaluation efforts provide valuable insights into how policies achieve their goals of enhancing inclusion, promoting equal opportunities, and supporting the rights of people with disabilities. This section outlines some assessments available for disability services organizations to pursue such endeavors in each of the organizational areas described above.

2.8.1 Current Evaluation Tools in the Field

A variety of tools exist to assess different areas of organizational performance within the disability services field. Some instruments, such as those addressing community inclusion, autonomy, or leadership are tailored specifically to disability services. Others, like those assessing governance, staff engagement, or diversity, equity, and inclusion (DEI) are more general and adapted from broader organizational contexts. However, despite this abundance, existing assessments operate in isolation, each using distinct scales, constructs, and measurement frameworks, making it impossible to evaluate how organizational practices align horizontally across domains. In other words, current tools cannot generate a comprehensive or comparative

picture of how organizations simultaneously enact best practices across policy, leadership, inclusion, and human rights. This fragmentation underscores the need for an integrated framework like the one developed in this research.

Autonomy, Choice, and Control

Few quantitative instruments capture the lived experiences of people with intellectual and developmental disabilities (IDD) from their own perspectives. One notable exception is The Council on Quality and Leadership's (CQL) Personal Outcome Measures (POM), which quantifies individuals' experiences with autonomy, safety, community participation, and self-determination (Friedman, 2018, 2019). Unlike earlier assessments that relied on third-party observations, the POM centers the voices of people with disabilities themselves, offering a more accurate reflection of their quality of life and service outcomes.

Community Living and Inclusion

The Community Living Attitudes Scale (CLAS) (Henry et al., 1996) assesses attitudes toward inclusion and integration of people with disabilities in community settings. Widely used by policymakers and researchers, the CLAS captures societal perceptions of inclusion and informs initiatives to reduce stigma and promote community engagement (Jones et al., 2008). However, like many other tools, it focuses on attitudinal environments rather than on organizational practices that directly influence outcomes.

Governance and Stakeholder Input

The Governance Self-Assessment Checklist (GSAC) (Gill et al., 2005) offers a comprehensive diagnostic of nonprofit governance and board effectiveness, comprising 144 items across twelve subscales. It is valuable for promoting reflective governance and

accountability but was not designed specifically for disability service systems. Thus, while it strengthens organizational oversight, it does not evaluate policy or practice alignment with disability inclusion principles.

Staff Participation and Organizational Support

To assess staff experience, many organizations employ Quality of Work Life (QWL) surveys, which examine job satisfaction, work-life balance, and workplace culture (Abdullah et al., 2021; Dhamija et al., 2019). These tools provide insight into employee morale and organizational climate but lack a disability-specific equity lens. Similarly, Key Performance Indicators (KPIs) (Parmenter, 2015) offer metrics of performance and productivity yet often overlook relational, human-rights-based aspects of service work central to the disability field.

Leadership Assessment

Leadership quality, crucial for policy implementation, has been measured through several instruments. Laub's Organizational Leadership Assessment (OLA) (1999) and Page and Wong's Servant Leadership Profile (SLP) (2000) evaluate leader authenticity, community-building, and ethical conduct, while Kouzes and Posner's Leadership Practices Inventory (LPI) (1988; Posner, 2016) measures transformational behaviors linked to motivation and innovation. Though validated and reliable, these scales assess leadership traits in general organizational contexts, not within disability service frameworks emphasizing human rights and empowerment.

Diversity, Equity, and Inclusion

Assessment tools for DEI are even less developed in the disability field. While general instruments such as DEI Climate Surveys (Galak & Kahn, 2021; Tesfaye et al., 2022) and DEI

Self-Assessment Questionnaires (Scott, 2020) have been used in educational and corporate sectors, no standardized DEI metric yet exists for disability service organizations. These tools can capture perceptions of inclusivity, belonging, and representation but often omit intersectional experiences of disability and identity (Ravenna et al., 2022).

2.8.2 Need for an Integrated Assessment

Overall, existing instruments offer valuable but fragmented perspectives. Some capture *individual outcomes* (e.g., autonomy, inclusion), others measure *organizational inputs* (e.g., governance, leadership, workforce), but few connect these levels systematically. Moreover, the absence of standardized, comparable metrics prevents organizations from evaluating horizontal alignment, the degree to which their practices in leadership, DEI, staff engagement, and service quality mutually reinforce human rights–based outcomes (Friedman & VanPuymbrouck, 2019).

Addressing this gap requires a holistic, multi-domain instrument capable of measuring and comparing organizational priorities and practices across all areas relevant to disability services. Such a tool would allow organizations to identify both strengths and in-progress domains, informing data-driven improvement and policy alignment. The Organizational Priorities and Practices Inventory (OPPI) used in this research responds to this need by integrating established constructs into a unified framework for assessing alignment between policy, practice, and human-rights-based service delivery.

2.9 Theoretical Foundations

A strong theoretical foundation is essential for understanding the interplay between disability, human rights, and organizational behavior. Theories emerging from Disability

Studies, Human Development, and Public Administration have each contributed to framing how individual experiences, institutional structures, and policy systems influence the lives of people with disabilities (Berghs et al., 2016; Degener, 2017; Lipsky, 1980; Meyer & Rowan, 1977; Schalock et al., 2016). Collectively, these perspectives offer complementary ways of examining how societies and organizations interpret, value, and enact the rights of disabled people.

Over time, the evolution from the medical and social models of disability toward human-rights and systems-oriented approaches has expanded scholarly understanding of disability from an individual condition to a matter of justice, participation, and governance (Oliver, 1990; Retief & Letšosa, 2018; Shogren et al., 2017). Within this evolving landscape, four theoretical traditions have been particularly influential in shaping contemporary disability scholarship and practice:

- Critical Disability Theory (CDT), which interrogates the social and political construction of disability and the mechanisms of exclusion that marginalize disabled people (Hosking, 2008; Meekosha & Shuttleworth, 2009; Rioux & Valentine, 2006).
- The Theory of Individual Quality of Life (QoL), which defines well-being as a multidimensional construct encompassing personal, social, and environmental domains (Schalock & Verdugo, 2012; Verdugo et al., 2012).
- Institutional Theory, which explains how organizations conform to, adapt, or resist the normative and regulatory pressures of their environments (Meyer & Rowan, 1977; DiMaggio & Powell, 1983; Scott, 2014).

- And Policy Implementation Theory, which examines the mechanisms through which policy intentions are translated, or distorted, within organizational systems (Lipsky, 1980; Winter, 2003; Fixsen et al., 2005).

These theoretical perspectives provide a broad interpretive foundation for understanding the relationship between human-rights principles, organizational behavior, and service delivery in disability contexts. The following sections review each of these traditions, highlighting their key assumptions, central debates, and contributions to understanding the alignment between disability policy, organizational culture, and individual outcomes.

2.9.1 Critical Disability Theory

Critical Disability Theory (CDT) encompasses diverse, interdisciplinary approaches that examine disability as a cultural, historical, social, and political phenomenon rather than a fixed biological condition (Hall, 2019). It critiques traditional discourses that pathologize disability and reproduces systemic oppression (Gillies, 2014). Emerging in the 1970s alongside the disability rights movement and policy milestones such as the Rehabilitation Act of 1973, CDT evolved as a counter-response to medicalized conceptions of disability (Reaume, 2014; Switzer, 2003).

CDT builds on the broader tradition of critical theory, influenced by the Frankfurt School and theorists such as Theodor Adorno and Max Horkheimer, to interrogate how social institutions and cultural narratives perpetuate domination and exclusion (Burghardt, 2011; Meekosha & Shuttleworth, 2009). Like other critical frameworks, feminist theory, critical race theory, and postcolonialism, it exposes the historical and structural roots of inequality embedded in social systems and knowledge production (Hall, 2019). As Burghardt (2011) notes, CDT calls

for a praxis-oriented inquiry that challenges "cultural discursive institutions" sustaining oppression and misrepresentation (p. 13).

CDT is both explanatory and normative, advancing not only a critique of ableist systems but also a call for transformative social change (Hosking, 2008). Hosking (2008) identifies seven interrelated elements that capture the multidimensional nature of the theory: the social model of disability, multidimensionality, valuing diversity, rights, voice, language, and transformative politics (see Table 2.8).

Table 2.8: Elements of the Critical Disability Theory (Hosking, 2008)

Element	Description
Models of disability	*Disability is a social construct, characterized as a complex interrelationship between impairment, individual response to impairment, and the social environment.* *Disabled people's social disadvantage is caused by the failure of physical, institutional, and social environment to meet their needs.*
Multidimensionality	*Disabled people are a diverse and variable population within any particular social structure who are also members of all other social classifications.*
Valuing diversity	*Being identified, and identifying, as a disabled person is central to understanding oneself, one's social position, and one's knowledge of the world.* *CDT recognizes and welcomes the inevitability of difference and conceives of equality within a framework of diversity.*
Rights	*Rights are an indispensable tool to advance the equality claims of disabled people and to promote full social integration.* *Disabled people's rights to autonomy and participation influences the tension between the social welfare- and rights-based approaches to disability policy.*
Voice	*The voices of disabled people who contest mainstream conceptions of disability and the potential role of disabled people have been suppressed and marginalized.* *By listening to and valuing the perspectives of those living disabled lives the able bodied can understand that disability does not prevent a joyful and desired life.*
Language	*Language influences the concept of disability and the status of disabled people.* *The words and images used to portray disabled people have a direct effect on social attitudes towards them.*

Transformative politics	*Policy responses to disability should be focused on the inclusion, equality, and autonomy of people with disabilities.* *The goal of theorization is the pursuit of empowerment and substantive equality.*

CDT situates disability within a human rights paradigm, emphasizing autonomy, participation, and full societal inclusion (Rioux, 2003; Rioux & Prince, 2002). It challenges dominant ideologies that treat disability solely as a medical problem requiring individual treatment, instead framing it as a structural issue requiring social and institutional reform (Oliver, 1993; Williams, 2001). As Devlin and Pothier (2006) argue, the most significant challenge lies in society's resistance to transforming its "normal" ways of operating (p. 27).

By advancing a rights-based and justice-oriented conception of disability, CDT calls for redistribution of power and autonomy to people with disabilities and for systemic reorganization of political, social, and economic institutions (Oliver & Barnes, 1993; Hughes & Paterson, 1997). In this sense, CDT provides a robust theoretical foundation for understanding equality, inclusion, and self-determination not as programmatic goals, but as moral and structural imperatives shaping disability policy and organizational practice.

2.9.2 Theory of Individual Quality of Life

The Theory of Individual Quality of Life (QoL), developed by Schalock and colleagues (Schalock et al., 2016; Schalock & Verdugo, 2012), offers a multidimensional framework for understanding well-being among people with disabilities. It posits that individuals' quality of life is shaped by the dynamic interaction between personal characteristics and environmental factors, emphasizing the role of organizations and systems in promoting human rights and self-

determination. According to this theory, QoL is "a multidimensional phenomenon composed of core domains that constitute personal well-being" (Schalock & Verdugo, 2012, p. 2).

The theory proposes that quality of life can be enhanced through intentional quality enhancement strategies such as fostering personal talents, maximizing participation, providing individualized support, and creating opportunities for personal growth (Schalock et al., 2016). Within this perspective, organizational practices framed in human rights principles, those that affirm inclusion, autonomy, and participation serve as mechanisms through which individuals experience improved well-being and life satisfaction.

Schalock et al. (2016) outline three key contributions of the QoL concept to disability services reform: (1) it offers a framework for person-centered planning; (2) it provides a principled foundation for policies and practices aligned with human rights; and (3) it establishes a model for assessing the influence of individual and environmental factors on QoL-related outcomes. Together, these dimensions emphasize the importance of integrating QoL principles into all aspects of service delivery, ensuring that programs not only meet functional needs but also promote independence, inclusion, and social participation.

Central to the theory are eight core domains that define quality of life: emotional well-being, interpersonal relations, material well-being, personal development, physical well-being, self-determination, social inclusion, and rights. These domains are both universal and context-sensitive, allowing organizations to design, evaluate, and refine support that respect human dignity and foster empowerment (Schalock et al., 2016). As shown in Figure 2.1, the model conceptualizes QoL as a holistic system in which individual and environmental factors interact to produce outcomes at personal and societal levels.

Figure 2.1: Conceptual Model of the Theory of Individual Quality of Life. Retrieved from Schalock et al. (2016).



The Theory of Individual Quality of Life thus provides a comprehensive lens through which disability services can be understood as both ethical and systemic enterprises. It bridges human-rights-based theory and organizational practice, positioning well-being, autonomy, and inclusion not as isolated outcomes but as interdependent components of equitable service delivery.

2.9.3 Institutional Theory

Institutional Theory is one of the most influential frameworks in contemporary organizational research. It explores how cultural norms, social expectations, and regulatory environments shape the structures and behaviors of organizations (David et al., 2019). The theory is widely used to

explain the adoption and diffusion of formal organizational structures, such as policies, procedures, and administrative routines (Meyer & Rowan, 1977).

Rooted in Max Weber's classical work on legitimacy and authority (Lepsius, 2017), Institutional Theory evolved through the mid-20th century with contributions from Talcott Parsons, Philip Selznick, and Alvin Gouldner, who examined the interplay between organizations and their environments (David et al., 2019). Later developments by Meyer and Rowan (1977) and DiMaggio and Powell (1983) emphasized how institutional environments exert pressures that drive organizational conformity and change. In the field of Public Administration, this theory provides a framework to understand how social norms, formal rules, and collective expectations influence organizational design and performance (Olsson, 2020; de Jonge, 2015).

Table 2.9: Key Aspects of Institutional Theory

Theory Element	Description
Institutional Pressures:	*Institutional environments exert three main types of pressures on an organization: coercive, mimetic, and normative.*
Legitimacy:	*Organizations strive to attain and maintain legitimacy*
Isomorphism:	*Organizations tend to become like their institutional environment through isomorphism.*
Organizational Change:	*Institutional theory examines the mechanisms that lead to processes of organizational change.*

Institutional environments shape organizations through coercive, mimetic, and normative pressures (de Jonge, 2015). Coercive pressures arise from regulatory requirements and legal mandates, such as the Americans with Disabilities Act (ADA) and the Individuals with Disabilities Education Act (IDEA), that establish compliance expectations for disability service providers. Mimetic pressures emerge when organizations model themselves after perceived successful peers, particularly under conditions of uncertainty or resource dependency. Normative

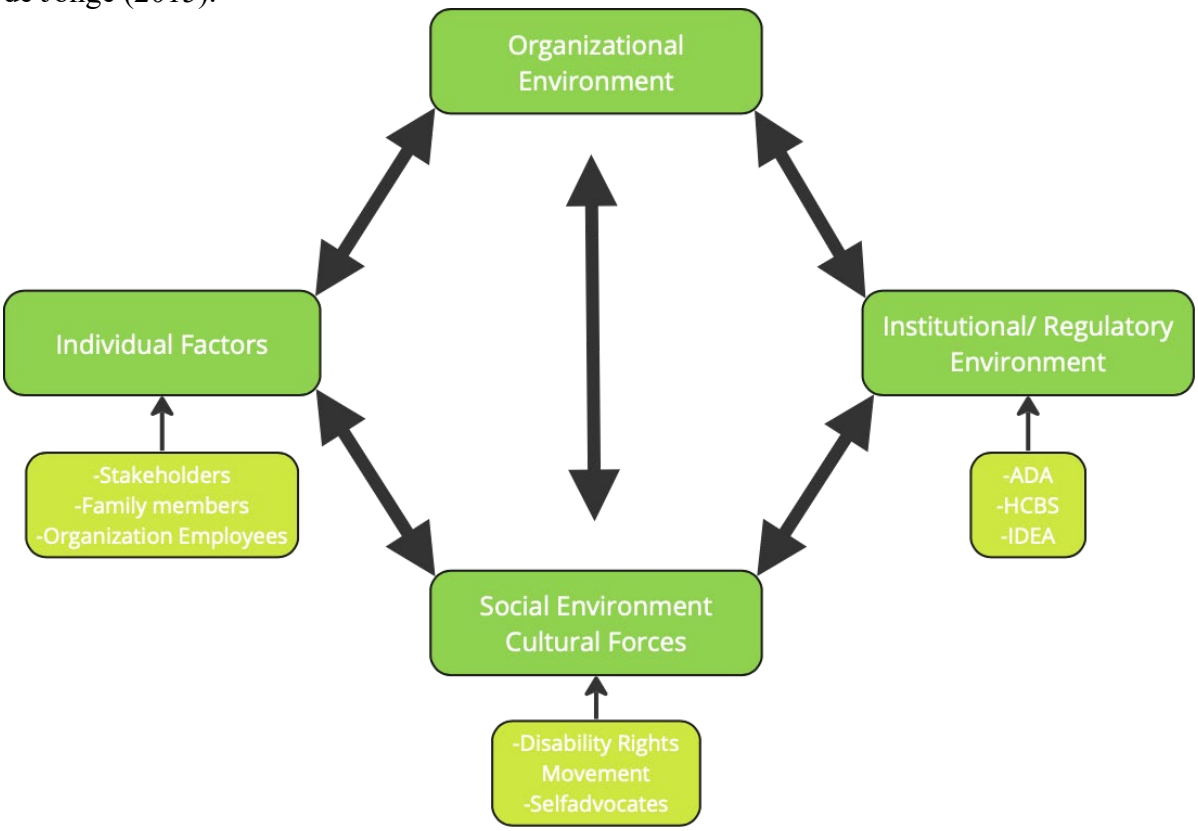
pressures stem from professional standards, sector-wide values, and social movements, including the disability rights and self-advocacy movements, which collectively redefine expectations for inclusive, rights-based practice.

A central concept in Institutional Theory is legitimacy, the perception that an organization's actions and structures are appropriate and socially acceptable (David et al., 2019). Legitimacy enables organizations to secure resources, credibility, and stability within their institutional fields. Over time, the pursuit of legitimacy can lead to isomorphism, a convergence of structures and practices across organizations responding to similar environmental constraints (DiMaggio & Powell, 1983).

Recent scholarship has extended Institutional Theory to examine how organizations experience and enact institutional change. This includes understanding the role of "institutional entrepreneurs", actors within organizations who challenge established norms and introduce innovations that redefine organizational behavior (de Jonge, 2015). Such dynamics are particularly relevant in public and nonprofit organizations serving people with disabilities, where evolving cultural expectations, funding models, and policy reforms require constant negotiation between compliance and innovation.

Figure 2.2 presents a conceptual model adapted from de Jonge (2015), illustrating the interconnected relationships among individual, organizational, cultural, and regulatory factors in shaping institutional change. These interactions are multidirectional: individuals influence and are influenced by organizational and social contexts, while institutions are simultaneously shaped by and shaping regulatory forces and societal values.

Figure 2. 2: Institutional Theory Framework Applied to Disability Organizations. Adapted from de Jonge (2015).



Through this lens, disability service organizations can be understood as situated within a complex web of institutional pressures that both constrain and enable transformative change. Institutional Theory thus provides a valuable foundation for analyzing how organizations align or decouple, from human rights–based policy frameworks, balancing legitimacy with authentic commitment to inclusion and equity.

2.9.4 Policy Implementation Theory

Policy Implementation Theory examines the complex interplay between policy objectives, organizational structures, human actors, and external environments that shape the translation of policy into practice. It seeks to explain why well-designed policies sometimes fail,

or succeed in achieving their intended outcomes, highlighting how institutional, managerial, and behavioral factors interact across multiple levels of governance (Pressman & Wildavsky, 1973; Hill & Hupe, 2014).

Implementation represents the critical phase of the policymaking process where laws and programs are executed through the coordinated efforts of public agencies, organizations, and individual actors (Stewart et al., 2008). It involves aligning policy goals with the everyday actions of implementers and managing the feedback loops between planning, execution, and outcomes.

The field of implementation research originated with Pressman and Wildavsky's (1973) seminal study, *Implementation: How Great Expectations in Washington Are Dashed in Oakland*, which revealed the gap between policy intentions and outcomes in U.S. federal programs. This "first generation" of implementation studies focused on identifying administrative barriers and highlighting the complexity of inter-organizational coordination (Hill & Hupe, 2014). Later, "second-generation" research introduced systematic frameworks for analyzing success and failure, distinguishing between top-down and bottom-up approaches (O'Toole et al., 1990; Pülzl & Treib, 2007).

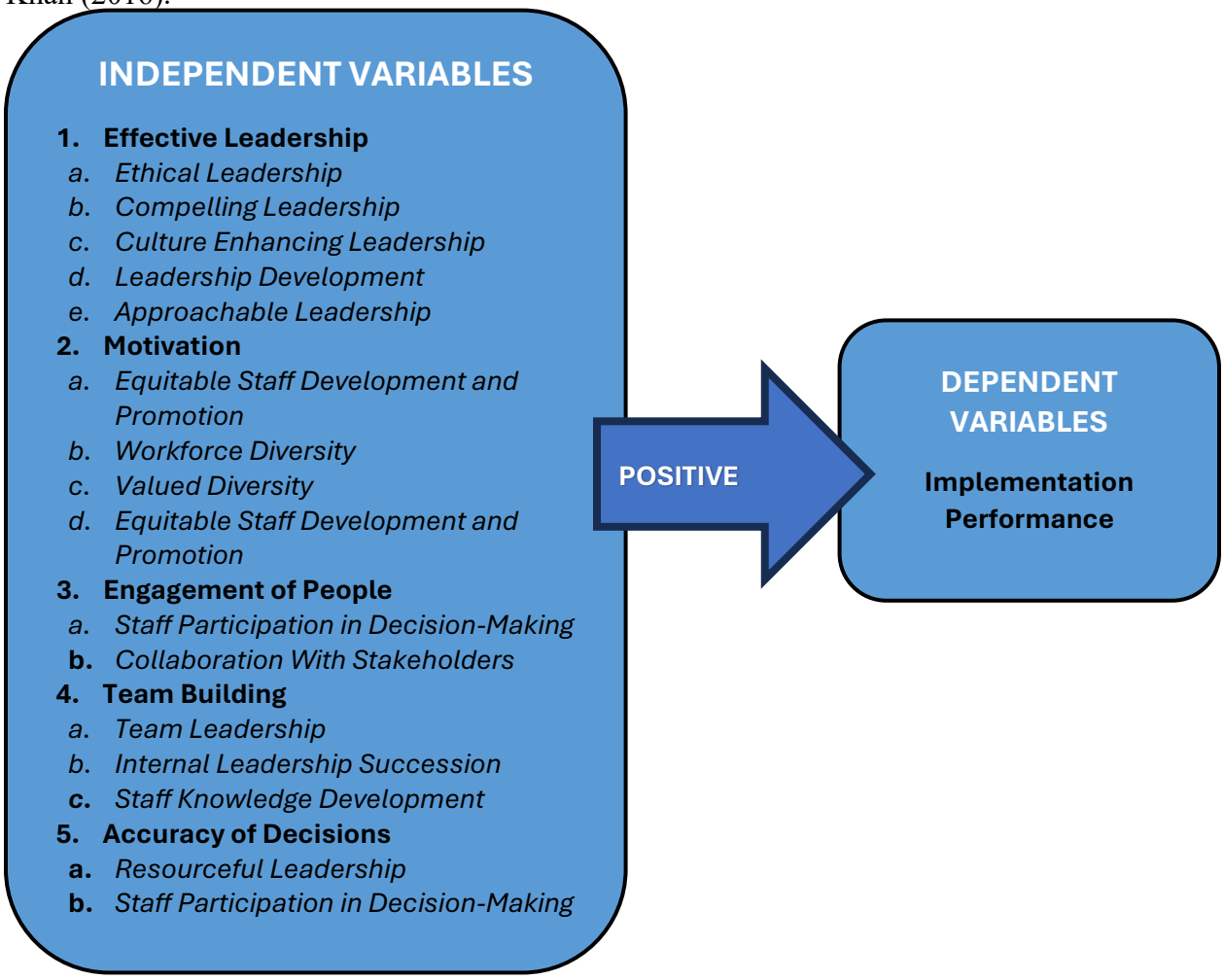
Policy implementation models vary in their emphasis on authority, discretion, and adaptability within the policymaking process. Top-down models emphasize hierarchical control, focusing on how clearly defined goals, adequate resources, and structured monitoring mechanisms influence the fidelity of implementation (Mazmanian & Sabatier, 1989). In contrast, bottom-up models highlight the discretion and adaptive behavior of *street-level bureaucrats* (SLBs), frontline workers who interpret, modify, and enact policies through their everyday interactions with service recipients (Lipsky, 1980). Recognizing the limitations of both

perspectives, hybrid or third-generation approaches integrate these views by acknowledging that effective implementation requires coordination between centralized directives and local flexibility, balancing managerial oversight with practitioner autonomy (O'Toole et al., 1990).

Third-generation studies increased conceptual rigor by operationalizing variables and testing hypotheses through empirical observation (Pülzl & Treib, 2007). These developments led to the identification of key implementation barriers, including limited resources, unclear goals, conflicting incentives, inadequate communication, and value misalignment between policy designers and implementers (Meter & Horn, 1975; Mazmanian & Sabatier, 1989; Bridgman & Davis, 2004).

To better explain implementation performance within organizations, several models have been developed, including the rational, political, bureaucratic, and organizational development models (Shahriar & Khan, 2016). The organizational development model has proven especially useful for analyzing how leadership, motivation, coordination, and team engagement influence the effectiveness of implementation within organizational contexts.

Figure 2.3: Organizational Development Model of Implementation. Adapted from Shahriar & Khan (2016).



This model underscores the importance of leadership effectiveness, staff motivation, participatory engagement, decision-making accuracy, and team commitment as interrelated determinants of successful implementation. In doing so, it connects implementation theory to organizational learning and performance management traditions, offering a framework for understanding how leadership practices, workforce dynamics, and institutional pressures jointly shape the enactment of policy goals.

Overall, Policy Implementation Theory provides a bridge between macro-level policy frameworks and micro-level organizational behavior. It highlights the critical role of human agency, particularly that of frontline implementers and decision-makers, in translating broad policy mandates into tangible outcomes for communities, including those served within disability systems.

2.10 Chapter Summary

This chapter provided a comprehensive review of the historical, policy, organizational, and theoretical literature that informs this study. It began with an overview of the models of disability, tracing the conceptual evolution from the medical model, which locates disability within the individual, to the social model, which frames disability as the result of social and environmental barriers, and finally to the human rights model, which positions people with disabilities as full rights-bearing citizens entitled to equality, participation, and self-determination. This conceptual progression establishes the philosophical foundation for the study's emphasis on human rights–framed organizational practices.

The chapter then examined the U.S. disability policy landscape, including the Americans with Disabilities Act (ADA), the Individuals with Disabilities Education Act (IDEA), and Home and Community-Based Services (HCBS). Together, these policies have advanced inclusion and autonomy, yet persistent challenges in policy implementation and evaluation reveal ongoing misalignments between legislative intent and lived experience. Literature on policy implementation and evaluation underscores that barriers such as organizational fragmentation, inconsistent accountability mechanisms, and limited outcome-based assessment continue to impede effective policy delivery.

Building on this foundation, the chapter reviewed the structure of the disability service delivery system, detailing the interconnected roles of federal, state, local governments and community-based organizations (CBOs). While this multilayered system offers essential support, it also produces coordination challenges that affect quality and access. The review explored how the availability and quality of services directly influence the quality of life (QoL) of people with disabilities, emphasizing autonomy, participation, and inclusion as key domains of well-being. The persistent Direct Support Professional (DSP) workforce crisis was identified as a systemic failure that undermines these outcomes and highlights structural weaknesses in workforce policy, leadership, and organizational management.

Next, the review synthesized research on organizational practices that shape service quality, specifically autonomy and choice, stakeholder participation, staff engagement, leadership development, and diversity, equity, and inclusion (DEI). While evidence-based practices exist in each domain, the literature revealed a lack of integrated assessment tools capable of measuring organizational alignment across multiple performance and human rights dimensions simultaneously. This gap justifies the need for comprehensive, cross-level evaluation tools such as the Organizational Priorities and Practices Inventory (OPPI).

Finally, the chapter presents the theoretical foundations guiding this study. Critical Disability Theory (CDT) provides a rights-based framework for understanding disability as a social, political, and cultural construct, while the Theory of Individual Quality of Life links organizational practices to personal well-being outcomes. From organizational and administrative perspectives, Institutional Theory explains how legitimacy, external pressures, and social norms shape organizational behavior, and Policy Implementation Theory, particularly

through the Organizational Development Model, illuminates the interplay between leadership, motivation, and stakeholder engagement in translating policy into practice.

These theoretical and empirical insights form an integrated conceptual foundation for investigating how disability service organizations interpret, prioritize, and enact human rights–based practices. They also highlight the persistent gaps between policy, organizational culture, and implementation outcomes. The next chapter, Chapter III: Research Methods, builds upon this framework by detailing the study's mixed-methods research design, data collection procedures, analytical strategies, and operationalization of constructs to empirically examine the alignment between organizational priorities, practices, and human rights principles.

Chapter 3

RESEARCH DESIGN AND ANALYTICAL PROCEDURES

3.1 Introduction

This chapter describes the methodological design and analytic procedures used to examine alignment between Human Rights and Organizational Performance Management domains in disability service organizations. Guided by a transformative research paradigm and informed by Critical Disability Theory, Institutional Theory, and Policy Implementation frameworks, the study investigates how organizational priorities and practices reflect Human Rights–based and performance-management oriented principles. The chapter outlines the research design, sampling frame, data collection methods, data preparation procedures, and analytic strategies employed to address the six research questions introduced in Chapter 1. It concludes by summarizing the reliability, validity, and limitations of the study's methodological approach.

3.2 Epistemological Grounds: Critical and Transformative Paradigm

> *"The transformative paradigm is intended to serve as an umbrella for all scholarly approaches that may employ different research methods but are rooted in a critique of power relationships, with emancipatory goals for individuals and transformative goals for institutions and systems of oppression."* (Hurtado, 2015, p. 285)

This study is situated within the critical epistemological tradition, specifically framed by the transformative paradigm, which emphasizes the need to interrogate and dismantle oppressive systems through research that actively contributes to social justice. In alignment with this

paradigm, the present study is grounded in Critical Disability Theory (CDT), which posits that disability is not merely a biological characteristic, but a socially constructed identity shaped by institutional, cultural, and systemic ableism. CDT asserts that Human Rights are foundational to the empowerment and emancipation of people with disabilities and thus provides the theoretical foundation for this inquiry.

The transformative orientation of this research is reflected in its core aim: to assess the extent to which disability service organizations implement practices aligned with the Human Rights model of disability. Historically, service systems in the United States have been complicit in the marginalization and exclusion of people with disabilities, often through institutionalization, medicalized approaches, and paternalistic control. By evaluating how contemporary organizational practices align with, or diverge from, Human Rights principles, this study seeks to challenge the reproduction of systemic inequality and inform more emancipatory forms of service delivery.

The research is designed to analyze organizational priorities and practices across decision-making levels, with a particular focus on power dynamics embedded in service delivery. In this context, organizational decision-makers are examined as key actors who shape administrative procedures and set strategic priorities, while street-level bureaucrats (frontline staff) are analyzed as discretionary agents whose day-to-day actions either reinforce or challenge the Human Rights of people with disabilities. In doing so, the study attends to how power is exercised across organizational layers and how it affects the implementation of rights-based practices.

Consistent with the tenets of critical inquiry, this study adopts a multi-level perspective on best organizational best practices. At the individual level, Human Rights principles are

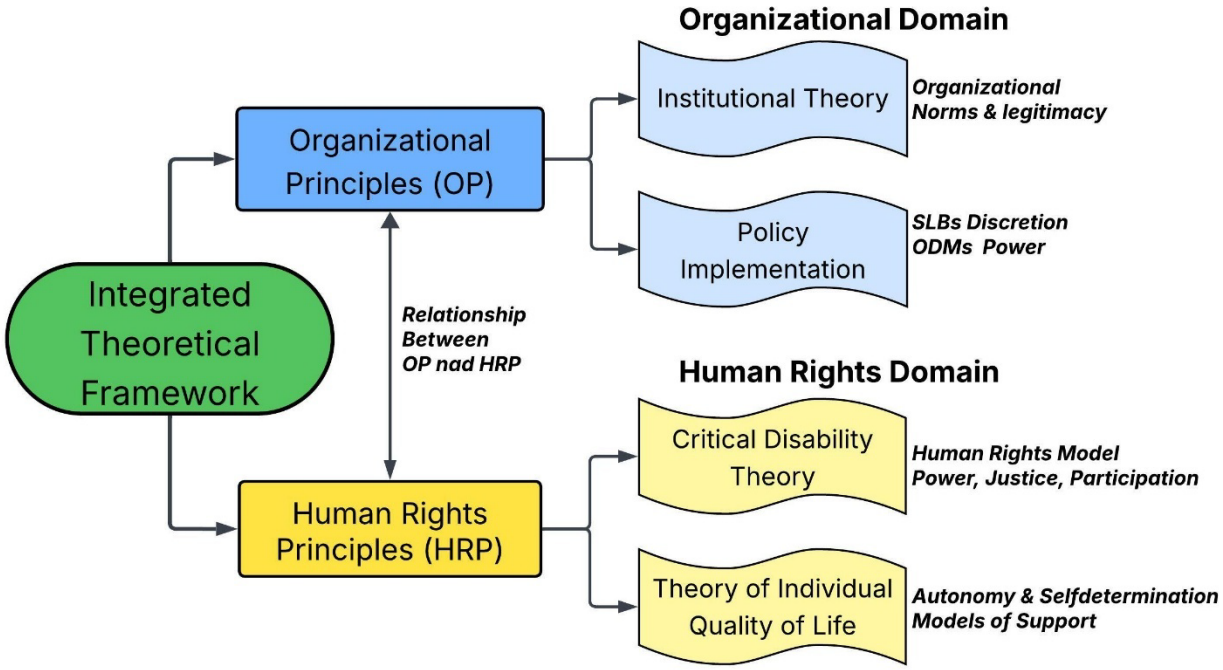
reflected through practices that uphold dignity, respect, self-determination, and inclusion. At the organizational and administrative level, best practices are evaluated based on how they promote justice, beneficence, and autonomy. At the managerial and operational level, frontline practices are assessed for how they integrate rights-based indicators into performance and service outcomes. This layered approach enables a holistic examination of how emancipatory values are enacted, or obstructed, through organizational decision-making and culture.

The value of this research lies in its capacity to produce actionable knowledge that both critiques and informs administrative practices. In keeping with the critical paradigm, the validity of this study is tied to its potential for transformation, to shift the field toward more equitable, inclusive, and rights-centered approaches to disability services. Rather than aiming solely for explanation or prediction, this study seeks to contribute directly to positive social change, particularly by identifying structural misalignments and highlighting pathways to align practice with Human Rights standards. This approach bridges theory and practice, offering a research model that advocates justice, empowerment, and the institutionalization of dignity as a measurable performance outcome of organizational success.

3.3 Theoretical Framework

This study is grounded in a multidimensional theoretical framework that integrates perspectives from disability studies, human development, public administration, and policy implementation. These theories inform how organizational practices are shaped, enacted, and experienced across roles within disability service organizations. As can be seen in Figure 3.1, they collectively support the study's critical inquiry into the alignment between stated Human Rights priorities and actual practices.

Figure 3.1: Theoretical Framework



Note: *Conceptual integration of theoretical frameworks guiding organizational and Human Rights practices.*

3.3.1 Critical Disability Theory (CDT)

At the core of this study is Critical Disability Theory (CDT), which positions disability as a political and social construct rooted in historical systems of oppression, rather than individual

impairment. CDT challenges dominant, medicalized models of disability and instead advocates for an emancipatory, rights-based approach to inclusion, participation, autonomy, and equity (Rioux & Prince, 2002; Gillies, 2014). Hosking's (2008) seven principles, social models of disability, multidimensionality, valuing diversity, rights, voice, language, and transformative politics, guide how the study defines and evaluates best practices in disability service delivery. CDT not only supports the normative foundation of this research but also aligns with its transformative aim: to produce knowledge that informs systems change and advances the Human Rights of people with disabilities.

Critical Disability Theory (CDT) challenges traditional deficit-based views of disability by emphasizing emancipation, participation, and self-determination as expressions of human rights (Hosking, 2008). It conceptualizes disability not as an individual impairment but as a product of social and institutional barriers. In this study, CDT establishes the normative foundation for assessing the alignment of organizational priorities and practices with human-rights principles such as autonomy, inclusion, and equity. It informs the interpretation of *Human Rights Priorities (HRPri)* and *Human Rights Practices (HRPra)* constructs within the Organizational Priorities and Practices Inventory (OPPI).

3.3.2 Theory of Individual Quality of Life

The Theory of Individual Quality of Life (QoL) (Schalock et al., 2016) complements CDT by offering a multidimensional and person-centered framework for measuring the outcomes of organizational practices. QoL is conceptualized through domains such as emotional well-being, self-determination, and inclusion, and is influenced by both individual and environmental factors. This theory provides a conceptual bridge between organizational inputs (e.g., rights-based practices) and the lived experiences of people with disabilities. It also

reinforces the idea that effective Organizational Performance Management cannot be separated from rights-based outcomes and provides a structure for evaluating how practice impacts the overall well-being of those served.

The Theory of Individual Quality of Life (QoL) (Schalock & Verdugo, 2012; Schalock et al., 2016) extends the human-rights dimension by operationalizing personal outcomes associated with well-being, inclusion, and self-determination. QoL theory conceptualizes these outcomes across multiple domains, emotional well-being, self-determination, social inclusion, and rights, reflecting the practical realization of human rights in daily life. In this study, QoL theory informs the *dependent variables* representing the personal and organizational outcomes of rights-based practices, grounding the OPPI's focus on measurable dimensions of well-being and participation.

CDT and the Theory of Individual Quality of Life frame the Human Rights dimension of this research. They guide the interpretation of results related to the extent to which organizations embody and operationalize the principles of choice, control, inclusion, and equality that underpin emancipatory disability policy.

3.3.3 Institutional Theory

Institutional Theory adds a macro-level lens by examining how disability service organizations are influenced by external forces such as policy mandates, cultural expectations, and professional norms. Through mechanisms such as coercive, mimetic, and normative pressures, organizations are shaped by their broader institutional environments in ways that often lead to conformity or isomorphism (Meyer & Rowan, 1977; de Jonge, 2015; Scott, 2001). Within this study, Institutional Theory explains how disability organizations may adopt Human Rights language or structures to gain legitimacy, even if practices do not fully align with those stated

priorities. It also highlights the role of internal actors, such as decision-makers and street-level bureaucrats, as potential change agents or barriers to organizational transformation.

Institutional Theory provides a lens for examining the structural and cultural pressures influencing organizational behavior. Disability service organizations often face coercive pressures from funding systems, normative pressures from professional expectations, and mimetic pressures from peer agencies. These forces can produce decoupling, a gap between formal policy commitments and actual practice (Meyer & Rowan, 1977). In this study, Institutional Theory informs the analysis of alignment and decoupling between organizational priorities and practices, particularly across roles (Organizational Decision-Makers and Street-Level Bureaucrats). The theory helps interpret whether observed differences reflect genuine cultural change or symbolic compliance driven by institutional constraints.

3.3.4 Policy Implementation Theory

To explore the mechanisms through which disability policies are implemented within organizations, this study engages with Policy Implementation Theory, focusing specifically on two models relevant to the distinct roles within organizational hierarchies: the Organizational Development Model and the Bureaucratic Model (Shahriar & Khan, 2016; Lipsky, 1980).

The Organizational Development Model centers on leadership and organizational decision-making as critical to implementation success. In particular, this study draws on Hypothesis 5, which posits that *"the accuracy of decision-making by leaders is a contributing factor to successful policy implementation."* This hypothesis aligns with the study's examination of how decision-makers assess and prioritize Human Rights practices and how these priorities are reflected (or not) in daily operations.

The Bureaucratic Model complements this by emphasizing the role of street-level bureaucrats (SLBs) which are the frontline staff who operationalize policy through their discretionary actions. This model focuses on the capacity and agency of implementers, and the study draws on three hypotheses to frame its analysis of SLBs:

Hypothesis I: *"The appropriate discretionary power granted to frontline implementers significantly influences implementation outcomes."*

Hypothesis II: *"Competency among frontline implementers is critical to successful policy implementation."*

Hypothesis III: *"The level of commitment exhibited by frontline implementers enhances the likelihood of successful implementation."*

These hypotheses map directly onto constructs measured by the Organizational Priorities and Practices Inventory (OPPI) and inform the comparison of SLBs and ODMs perceptions regarding Human Rights and Organizational Performance Management domains.

Policy Implementation Theory, particularly the Organizational Development Model, focuses on the human and structural factors that shape policy execution. It emphasizes how leadership, staff capacity, communication, and feedback systems affect the fidelity of implementation (Winter, 2003). This perspective informs the analysis of organizational role differences, specifically the comparison between Decision-Makers (ODMs), who set strategic priorities, and Street-Level Bureaucrats (SLBs), who directly deliver services. Policy Implementation Theory helps explain the mechanisms through which leadership, resources, and frontline discretion mediate the translation of human-rights-oriented policies into daily practices.

3.4 Ethical Considerations

This study was conducted in compliance with ethical research standards established by the University of Delaware Institutional Review Board (IRB). The research protocol was reviewed and determined to qualify for exempt status, as it involved secondary analysis of de-identified data collected from adult professionals through voluntary survey participation. All participants provided informed consent prior to completing the Leadership Institute application and the Organizational Priorities and Practices Inventory (OPPI). No identifying information (such as names or contact details) is reported in this dissertation, and all analyses were conducted using anonymized datasets stored securely on password-protected platforms. The study adheres to the principles of respect, beneficence, and justice, ensuring that findings are used to promote equitable, rights-based organizational development across the disability services field.

3.5 Research Design

This study employs a quantitative, comparative, and multilevel research design to evaluate the extent to which disability service organizations align with Human Rights principles and Organizational Performance Management standards. The design is informed by the study's transformative epistemological stance and its theoretical foundation in Critical Disability Theory, the Theory of Individual Quality of Life, Institutional Theory, and Policy Implementation Theory. Specifically, this research uses a within- and between-group comparative approach to assess differences in perception across organizational roles and examine implementation patterns of rights-based practices.

Each of the six research questions is addressed through a structured analytic approach tailored to role-specific and cross-role comparisons, as well as correlational relationships across constructs. This research design enables a comprehensive investigation of implementation

alignment from multiple organizational levels and theoretical angles. It supports the study's goal of producing actionable insights for transforming service systems to be more equitable, inclusive, and aligned with the rights of people with disabilities.

Data were collected using the Organizational Priorities and Practices Inventory (OPPI), a validated instrument developed by the National Leadership Consortium on Developmental Disabilities (NLCDD) to assess six organizational domains. These domains include three constructs that reflect Human Rights principles: (1) *Autonomy, Choice, and Control*; (2) *Community Living, Employment*, *and Engagement*; and (3) *Stakeholder Input*; and three constructs representing Organizational Performance Management: (4) *Staff Management and Support*, (5) *Leadership Development*, and (6*) Diversity, Equity, and Inclusion*. The selection of constructs included in the OPPI was informed by a systematic literature review that found common themes in these specific organizational areas.

OPPI Measures

As can be seen in Table 3.1, each construct comprehends seven indicators that constitute specific best practices of organizational performance within the rights model of disability. The indicators were designed from a combination of knowledge yielded by experience, expert judgment, values, policy, and research. Research findings from lines of inquiry related to human rights and services, QoL for people with disabilities, and organization management were used for this purpose.

Table 3.1: OPPI Constructs and Indicators

Human Rights		Organizational Performance Management	
Construct	**Indicator**	**Construct**	**Indicator**
I. Autonomy, Choice, and Control	1. Person-centered Support and services. 2. Autonomous Decision-making. 3. Financial and Services Independence. 4. Choice of Living Accommodations 5. Respected Choice and Control 6. Self-determination 7. Services Control	IV. Staff Participation, Value, Impact, and Support	1. Staff participation in strategic planning 2. Comprehensive support. 3. Staff input into work content. 4. Staff development 5. Staff Appreciation 6. Staff Participation in Financial decision-making 7. Staff knowledge development
II. Community Living, Employment, and Engagement	1. Community engagement and participation. 2. Employment inclusion. 3. Community engagement. 4. Community Inclusion. 5. Community Living 6. Community Building 7. Community Choice	V. Leadership Strength and Development	1. *Ethical Leadership* 2. *Compelling Leadership* 3. *Authentic Leadership* 4. *Leadership development* 5. *Internal Leadership succession* 6. *Team Leadership* 7. *Current/ abreast Leadership*
III. Stakeholder Input into Organizational Governance	1. Stakeholders' Input 2. Governance Participation 3. Inclusive Strategic Planning 4. Approachable Leadership 5. Input into operating materials 6. Input into employees-related materials 7. Stakeholders' Collaborative Participation	VI. Diversity, Equity, and Inclusion	1. *Workforce diversity* 2. *Valued Diversity* 3. *DEI policies & practices* 4. *DEI Professional Development* 5. *Anti-discrimination policy* 6. *DEI evaluation* 7. *Equitable staff development*

The indicators are double folded as priorities and practices. This is participants are asked to rate each indicator as an organizational priority and as an organizational practice. The distinction between priorities and practices within each core indicator allows the distinction between practice acknowledgment as a priority and practice implementation itself.

3.5.1 Analytic Framework and Variables of Interest

The analytic framework for this study is grounded in the conceptual distinction between two domains: Human Rights and Organizational Performance Management. Each domain is operationalized through two parallel dimensions: priorities and practices. Priorities reflect the stated organizational commitments, values, and intended actions. On the other hand, practices represent the extent to which these values are enacted through daily operations, policies, and procedures. These dimensions form four analytical constructs derived from the Organizational Priorities and Practices Inventory (OPPI):

1. Human Rights Priorities (HR_Pri)
2. Human Rights Practices (HR_Pra)
3. Organizational Performance Management Priorities (OP_Pri)
4. Organizational Performance Management Practices (OP_Pra)

Each construct captures a unique but interrelated aspect of organizational culture and policy implementation. The Human Rights domains assess the organization's alignment with principles of autonomy, inclusion, participation, and equity. Organizational Performance domains measure leadership development, staff engagement, and the embedding of organizational values in operational systems. These constructs are used to analyze both intra-domain alignment (e.g., priorities versus practices within the same domain) and inter-domain alignment (e.g., Human Rights priorities versus Organizational Performance Management practices). This framework

allows for multi-level assessment of organizational alignment, from values and commitments to tangible practices, which may reflect how policy intent translates into lived experience within service organizations.

It is also essential to recognize how perceptions and experiences may differ depending on participants' organizational roles. Because implementation processes often vary between those who design policy structures and those who enact them, the study distinguishes between Organizational Decision Makers (ODMs), such as executives and directors, and Street-Level Bureaucrats (SLBs), such as managers and frontline staff. This distinction provides an additional analytic layer to examine how priorities and practices are perceived across hierarchical levels within organizations. The following section elaborates on the theoretical rationale for this role-based grouping.

3.5.1.1 Theoretical Rationale for Role-Based Grouping

The analytic distinction between Street-Level Bureaucrats (SLBs) and Organizational Decision-Makers (ODMs) reflects not only positional differences but also structural and theoretical differences in how power and discretion are exercised within organizations. This role-based grouping is grounded in both Institutional Theory and Street-Level Bureaucracy Theory.

From the perspective of Institutional Theory (Scott, 2001), ODMs, individuals in director and executive-level roles, hold formal decision-making authority. They shape the strategic direction, define resource allocation, and articulate policy priorities for the organization. These roles reflect top-down influence on organizational culture and accountability mechanisms. Their decisions establish the frameworks through which Human Rights and performance principles are interpreted and institutionalized.

Conversely, Street-Level Bureaucracy Theory (Lipsky, 1980) explains the central role of SLBs, frontline and mid-level staff, in interpreting and implementing policies during everyday service delivery. Although they do not create policy, SLBs wield significant discretionary power in applying organizational directives to individualized situations. This discretion allows them to adapt or modify practices in response to contextual realities, making them co-producers of policy outcomes in practice.

This theoretical grounding justifies the methodological decision to analyze these two groups separately. ODMs influence what organizations say they do; SLBs reveal what actually happens on the ground**.** Analyzing both groups' perspectives is essential for evaluating gaps between policy intention and implementation, particularly when assessing alignment with Human Rights-based practices. The distinction also aligns with the study's critical transformative paradigm, which calls for examining how power is distributed and exercised across organizational hierarchies. Table 3.2 presents a comparison between ODMs, and SLBs.

Table 3.2: Comparison of Role Characteristics between SLBs and ODMs

Group	Definition	Primary Function	Organizational Level	Examples of Roles
Street-Level Bureaucrats (SLBs)	Staff who directly implement policies and interact with people with disabilities	Interpret and apply organizational policies in daily service	Frontline and Mid-Level Managers	Direct Support Professionals, Case Managers, Job Coaches, Program Managers
Organizational Decision-Makers (ODMs)	Leaders who design, approve, or oversee strategic policies and allocate organizational resources	Define priorities, set strategy, approve policies and budgets	Director and Executive Level	Program Directors, Executive Directors, Vice Presidents, State Agency Division Chiefs

Note. *SLBs = Street-Level Bureaucrats; ODMs = Organizational Decision-Makers. Role classifications were determined based on participants' self-reported titles and primary job responsibilities within their organizations. This grouping reflects differences in authority, discretion, and proximity to direct service delivery.*

3.5.2 Population, Sampling Frame, and Data Collection Procedures

Data for this study were drawn from 24 Leadership Institute[1] cohorts facilitated by the NLCDD between Summer 2021 and Fall 2024. Across these cohorts, 384 participants representing 237 nonprofit organizations from 41 states and the District of Columbia completed both the Leadership Institute application survey and the Organizational Priorities and Practices Inventory (OPPI). The Leadership Institute application collected demographic and organizational

[1] NLCDD's *Leadership Institute*(https://natleadership.org/week-long-institute.html) is a week-long, intensive leadership development program designed for executives and emerging leaders in the disability service field. It focuses on promoting Human-Rights-based organizational practices, inclusive supports, and systems change.

context data, while the OPPI measured alignment between organizational priorities and practices related to Human Rights and performance.

Application data were merged with OPPI responses using participant names, last names, and cohort years as unique identifiers. This merger produced a comprehensive dataset linking individual leader characteristics to organizational contexts. Although the responses were collected from individuals, each record represents an organizational perspective on policies and practices, allowing the organization to serve as the unit of analysis.

Because the unit of analysis in this study is the organization, only one observation per organization was retained to ensure that each contributed equally to the findings. This decision helps avoid overrepresentation of organizations with multiple respondents, which could introduce bias and distort descriptive statistics. The following logic was applied to select a single observation per organization:

1. For organizations with one or more respondents in the role of street-level bureaucrat, one observation was randomly selected from among those respondents. This group was prioritized due to their direct involvement in service delivery and their lower representation in the overall sample.
2. For organizations with no street-level bureaucrats, one random observation was selected from among all available responses.
3. A fixed random seed was used to ensure the selection process was reproducible and not subject to arbitrary variation.

This method preserves the integrity of the organization as the unit of analysis while also prioritizing analytically meaningful perspectives and maintaining representativeness across the dataset.

The target population includes organizations providing services to people with intellectual and developmental disabilities (IDD) and their leaders at various organizational levels. The sampling frame consisted of Leadership Institute participants employed in community-based, governmental, and advocacy organizations across the United States. Inclusion criteria required respondents to identify their organizational role and complete all priority and practice items within the OPPI. Responses with substantial missing data or ambiguous organizational identification were excluded.

Leadership Institute Participants Selection

Admission to the Leadership Institute occurs through a competitive application process facilitated by the National Leadership Consortium. Applicants submit demographic information, professional background, organizational context, and narrative responses describing their leadership responsibilities and commitment to advancing rights-based, person-directed supports (National Leadership Consortium, n.d.).

Since organizations typically fund or co-fund Leadership Institute tuition, participants generally represent staff whose employers are intentionally investing in their development as current or future leaders. This financial commitment signals organizational willingness to strengthen leadership capacity and supports the assumption that participants have meaningful influence, whether through strategic decisions, program management, or frontline supervision, within their agencies. Because participants are both selected for leadership potential and supported financially by their organizations, they provide a strategically appropriate sampling frame for examining how human rights principles and organizational performance approaches are interpreted across roles within disability service organizations.

Data were collected electronically via Qualtrics using secure links distributed by the NLCDD. Participation was voluntary, and all respondents provided informed consent before completing the survey. The combined dataset provides both individual and organizational contextual variables necessary for examining alignment between Human Rights and Organizational Performance Management domains.

3.5.2.1 Participants Demographic Characteristics

The sample of Leadership Institute participants reflects a diverse range of backgrounds and roles within the disability services field. Consistent with sector trends, the vast majority of respondents identify as female (approximately 80%), while men comprise just over 16% of the sample (National Core Indicators – Aging & Disabilities, 2024). Racially and ethnically, participants are predominantly White (about 61%), with Black or African American (13%) and Hispanic or Latinx (9%) leaders forming the next largest groups; other racial identities are represented in smaller proportions.

Educational attainment is high among respondents. Nearly 80% hold at least a bachelor's degree and approximately one third possess a master's degree, indicating a well-educated leadership workforce. The distribution of positions shows that directors (35%) and managers (32%) constitute the largest groups, followed by executives (17%) and frontline staff (10%). This composition mirrors the Leadership Institute's emphasis on leadership and organizational development for mid- and upper-level professionals.

For analytic purposes, participants were reclassified into two role-based groups reflecting organizational authority and discretion. Decision Makers (n = 198; ≈52%) include directors and executives responsible for strategic direction, policy development, and resource allocation. Street-Level Bureaucrats (n = 160; ≈42%) comprise frontline staff and managers who translate

policy into practice through day-to-day service delivery and program management. This dichotomy operationalizes Organizational Theory distinctions between macro-level decision-making and micro-level implementation.

Participants demonstrate substantial professional experience. Approximately 60% have worked five to nine years in their current organization, while an additional 35% report ten or more years of organizational tenure. In terms of field experience, nearly two thirds have worked in the IDD sector for more than 15 years, indicating a highly seasoned sample with strong institutional knowledge. Although age data were incomplete for many respondents, available information shows a predominance of mid-career professionals aged 30–49. Overall, these demographics suggest that the study captures the perspectives of experienced leaders and managers whose roles influence organizational policy and practice.

Table 3.3: Participant Demographic Characteristics (n = 384)

Variable	n	%
Gender		
Female	308	80.2
Male	62	16.2
Prefer not to answer / Missing	14	3.6
Race / Ethnicity		
American Indian / Alaska Native	6	1.6
Asian	5	1.4
Black / African American	48	12.6
Hispanic / Latinx	35	9.2
Mixed / Multiple	16	4.0
Native Hawaiian / Pacific Islander	3	0.7
White	234	60.8
Prefer not to answer / Missing	17	4.4
Education		
High school / Some college	38	9.9
Associate / Vocational	35	9.1
Bachelor's degree	154	40.1
Master's degree	133	34.6
Doctoral degree	11	2.9
Missing	13	3.4
Position Level		
Frontline	38	9.9
Manager	122	31.8
Director	134	34.9
Executive	64	16.7
Other / Missing	26	6.8
Organizational Tenure		
< 5 years	96	25.0
5–9 years	132	34.4
10–19 years	81	21.1
Missing	19	4.9
Field Tenure		
< 5 years	21	5.5
5–14 years	143	37.2
15–24 years	105	27.3
≥ 25 years	85	22.1
Missing	30	7.8

Note. *This table presents the demographic and positional characteristics of all 384 Leadership Institute participants included in the study prior to data treatment and analysis. These figures represent the final raw dataset before applying case exclusions or variable transformations conducted for specific research questions and analytic subsamples. Percentages are based on valid responses, with missing data reported where applicable.*

3.5.2.2 Organizational Characteristics

The 237 organizations represented in the dataset span a wide range of sizes, types, and geographic locations within the United States. Approximately one third of organizations serve between 101 and 500 people with disabilities, representing mid-sized service providers that balance scale and personalization. Smaller providers (1–100 people served) account for roughly 18% of respondents, and larger organizations serving over 1,000 individuals comprise approximately 21%, including a subset serving more than 5,000 individuals. These distributions indicate broad coverage of organizational capacity levels within the IDD sector.

Regarding organizational type, nearly half (49%) of the sample were advocacy or lobbying organizations, and about 23% represent direct service providers. Smaller proportions come from government agencies (≈3%), developmental disabilities councils (≈2%), and national agencies or funder entities (≈6%). Consistent with the Consortium's network, a large majority (≈86%) of organizations directly provide services to people with disabilities.

Geographically, the sample includes organizations from 41 states plus the District of Columbia, with the highest representation from the West (35%) and Midwest (34%), followed by the South (19%) and Northeast (11%). This regional distribution reflects the location of Leadership Institute offerings during the study period and the strong presence of NLCDD networks in those regions. The geographic diversity of the sample enhances the generalizability of findings across different policies and service environments, although underrepresentation of some regions may limit comparisons at the state level.

Together, these organizational characteristics provide a contextually rich foundation for understanding how Human Rights and Organizational Performance Management principles are implemented within diverse institutional settings. By capturing variation in organizational size,

mission, and geography, the study illuminates how contextual factors may influence the extent to which values-based practices are realized in the IDD sector.

Table 3.4: Organizational Characteristics of Participating Agencies (n = 237)

Variable	n	%
People Served (per year)		
1 – 100	70	18.2
101 – 500	122	31.8
501 – 1,000	40	10.4
1,001 – 5,000	41	10.7
> 5,000	41	10.7
Missing	70	18.2
Region		
Northeast	42	10.9
Midwest	126	32.8
South	72	18.8
West	131	34.1
Missing	13	3.4
Direct Service Status		
Yes	329	85.7
No	52	13.5
Missing	3	0.8
Type of Organization		
Advocacy / Lobbying Organization	190	49.5
Direct Service Provider	89	23.2
County / City Government	10	2.6
Developmental Disabilities Council	7	1.8
Federal / National Agency	24	6.3
State / Provincial Agency	16	4.2
Protection & Advocacy Agency	9	2.3
Provider Association	3	0.8
Funder / Managed Care Org.	2	0.5
Other	17	4.4

Note. *This table summarizes the organizational characteristics of the 237 agencies included in the study prior to data treatment. Because many organizations operate across multiple functional areas (e.g., both advocacy and direct service), "Type of Organization" reflects each respondent's primary role rather than a mutually exclusive category. Regional classifications follow U.S. Census Bureau standards.*

While the dataset is broad in scope and includes a large, multi-state sample of leaders and organizations, several limitations should be acknowledged. First, the sample overrepresents advocacy and leadership roles while underrepresenting frontline staff, which may bias results toward administrative perspectives. Second, missing age data and uneven regional distribution, particularly the overrepresentation of Western and Midwestern states, limit the generalizability of findings to the national service system. Finally, organizational-level variables such as funding stability, staff turnover, and client outcomes were not available, constraining the study's capacity to assess how resources and systemic pressures shape practice implementation. These limitations underscore the need for caution in interpreting results and highlight opportunities for future research to strengthen representativeness and depth in evaluating Human Rights implementation across disability service organizations

3.5.3 Analytic Subsamples

To address the six research questions with methodological precision and theoretical alignment, the study utilizes three distinct analytic subsamples derived from the full dataset. Each subsample serves a unique analytic purpose:

Full Role-Based Dataset (n = 237) RQ1–RQ4

This full dataset includes all survey responses from individuals who identified as either decision-makers or street-level bureaucrats and completed the OPPI instrument. Retaining all responses allows for robust within-group analyses of how each role group perceives alignment between organizational priorities and practices in both the Human Rights and Organizational Performance Management domains. These perceptions are essential for understanding how each role, shaped by different forms of authority and discretion, interprets policy implementation at different levels of the organization. Street-level bureaucrats and decision-makers do not operate

in isolation; they shape and respond to systems in real-time. Analyzing them separately within their roles reveals internal alignment (or gaps) between what their organizations claim to value and what actually occurs in practice.

Matched-Pair Dataset (n = 36 organizational pairs with both roles) RQ5

This subset includes only organizations for which both a decision-maker and a street-level bureaucrat responded, allowing for within-organization, cross-role comparisons. This design controls for external variation across organizations, enabling a direct look at perceptual gaps between actors within the same institutional setting. Comparing SLBs and ODMs across the same organization enables stronger inference about how role-based perceptions diverge in interpreting and enacting the same policies. This is vital for identifying potential miscommunication, cultural drift, or organizational silos.

Index-Based Dataset (n = 238; PCA-derived) RQ6

This dataset is derived from the full dataset but transformed using Principal Component Analysis (PCA) to produce four standardized indexes that summarize each organization's alignment in the Human Rights and Organizational Performance Management domains. These indexes are then used to explore the broader structural relationships between values and practices across domains. While RQ1–RQ5 focus on internal consistency and role-based perceptions, RQ6 examines whether an organization’s performance in one domain predicts performance in the other. This analytic approach supports a deeper understanding of system-wide alignment, synergy, or tradeoffs between Human Rights practices and broader organizational functioning.

These subsamples capture complementary perspectives necessary to address the study’s multi-level research design, from individual role-based perceptions to organizational and

systemic alignment. By distinguishing between full-role analyses, matched organizational pairs, and PCA-derived indexes, the study integrates both descriptive and inferential approaches to understanding alignment across domains. Table 3.5 summarizes the composition, analytic purpose, and rationale for each subsample.

Table 3.5: Overview of Analytic Subsamples

Subsample	Purpose	RQ	Content	Size (n)	Description
Full Role-Based Dataset	Within-role comparison of HR and OP alignment	RQ1–RQ4	All respondents classified as SLB or ODM who completed priority/practice items	237 responses	Captures full variation in SLB and ODM perspectives to assess internal alignment
Matched-Pair Dataset	Cross-role, within-organization comparisons	RQ5	Valid responses from both an SLB and a ODM	36 Organizational pairs	Controls for org-level variation enables direct perceptual comparison
Index-Based Dataset (PCA)	Structural relationship between domains	RQ6	PCA-derived HR and OP indexes from full dataset	237 (transformed)	Continuous data enabling multivariate analysis across domains to explore systemic alignment trends

Note. *SLB = Street-Level Bureaucrat; ODM = Organizational Decision-Maker. Each subsample was developed to correspond with specific research questions and analytical goals, ensuring methodological rigor and theoretical coherence across the study.*

3.6 Analytical Procedures

This section outlines the analytical procedures used to address all Research Questions. All analyses were conducted using Stata 18.5 (Basic Edition). The analytic sequence progresses from within-role analyses (RQ1-4) to cross-role comparisons (RQ5) and finally to system-level modeling (RQ6). Each stage employs a combination of statistical techniques to capture complementary dimensions of organizational alignment. These procedures provide a structured

approach to understanding how values and practices intersect across individual, organizational, and systemic levels within disability service organizations.

3.6.1 RQ 1-4: Organizational Alignment between Priorities and Practices for each Group

Research Questions 1 through 4 examine the extent to which organizational priorities align with organizational practices within disability service organizations, as perceived by Street-Level Bureaucrats (SLBs) and Organizational Decision-Makers (ODMs). These four questions assess internal consistency within two major domains of the OPPI, Human Rights and Organizational Performance, by analyzing how closely stated values (priorities) correspond to what organizations do (practices). The same analytical procedure was used for these four questions.

Within-group comparative design was used, combining three complementary analyses: (a) paired-sample *t*-tests to assess mean-level differences between priorities and practices; (b) gap analysis to quantify the magnitude and distribution of misalignment; and (c) Spearman correlation analysis to evaluate the strength and direction of association between priorities and practices across indicators.

Four complementary statistical approaches were applied to examine the degree of internal alignment among each group. Each method provided a distinct yet interrelated perspective on Organizational Performance Management alignment, allowing both mean-level and relational assessments of role-based perceptions.

Paired-sample *t*-tests were used to compare mean priority and practice ratings for each indicator within the specific area of the OPPI. This procedure identified whether statistically

significant differences existed between what each group perceived as organizational priorities and how they rated corresponding practices.

Gap analyses provided a quantitative measure of the magnitude and direction of misalignment by calculating the difference between priority and practice ratings for each indicator (Priority – Practice). The different scores served as a direct indicator of perceived shortfall in implementation, allowing for examination of the extent and variability of gaps across constructs.

Spearman correlation analyses were then used to assess the strength and direction of association between priorities and practices, offering insight into the consistency with which organizational values were reflected in practice. Unlike the *t*-tests and gap analyses, which focus on magnitude, correlations capture relational coherence, that is, whether organizations that prioritize certain principles are also more likely to enact them.

3.6.1.1 Paired-Sample *t*-Tests

To evaluate differences between priorities and practices, paired-sample *t*-tests were conducted for each corresponding OPPI indicators within the constructs addressed by each question. This approach controlled for organization-level variability by comparing responses within the same individuals and constructs.

Prior to analysis, assumptions of approximate normality and absence of extreme outliers were verified for difference scores. Two-tailed tests were conducted using an alpha level of $p < .05$. Given the moderate sample sizes and potential for Type II error, results were interpreted in conjunction with effect size magnitude and correlation strength to ensure balanced evaluation of both statistical and practical significance.

3.6.1.2 Gap Analysis

Following the *t*-tests, a gap analysis was used to quantify the magnitude and variability of alignment between priorities and practices for each indicator. Mean difference scores (Priority/Practice) were calculated, and descriptive statistics (mean, standard deviation, minimum, maximum, percentiles, skewness, and kurtosis) were computed to evaluate the central tendency and distribution of implementation shortfalls across constructs.

This step provided insight into whether discrepancies between priorities and practices were uniformly distributed or concentrated among certain organizational areas. Positive mean values indicated that implementation lagged stated priorities, while the shape and spread of the distributions (skewness, kurtosis) offered information about the consistency of these gaps across the sample.

3.6.1.3 Correlation Analysis

To complement the *t*-test and gap analyses, Spearman rank-order correlations (ρ) were computed to examine the association between priorities and practices across all indicators for each research question. Spearman's rho was chosen over Pearson's *r* due to its robustness to non-normal distributions and its suitability for ordinal or Likert-type data.

Correlation coefficients were interpreted using Cohen's (1988) conventions: *small* (.10–.29), *moderate* (.30–.49), *strong* (.50–.69), and *very strong* (≥ .70). All correlations were tested for statistical significance at $p < .05$. This analysis provided a measure of directional coherence, indicating whether organizations that prioritize certain practices tend to implement them more consistently as perceived by each analytical group.

3.6.1.4 Integration and Theoretical Framing

The integration of *t*-tests, gap analyses, and correlation analyses allowed for a robust, multi-angle examination alignment from each group's perspective. These methods captured both quantitative differences and structural relationships, offering a comprehensive understanding of how internal organizational systems translate values into operational practice.

3.6.2 RQ 5: Cross-Role Alignment of Perceptions

Research Question 5 examined the extent to which Decision-Makers (ODMs) and Street-Level Bureaucrats (SLBs) differ in their perceptions of organizational priorities and practices across the six constructs of the Organizational Priorities and Practices Inventory (OPPI). This question focused on both divergence and convergence in perceptions across hierarchical levels, evaluating the degree of alignment between leadership and frontline staff within disability service organizations. To address Research Question 5, four complementary statistical approaches were applied to examine differences and alignment between ODMs and SLBs. Each method offers a distinct perspective, allowing for both mean-level comparisons and assessments of agreement across roles.

Paired-sample *t*-tests were used to compare mean ratings between ODMs and SLBs across the six OPPI constructs, identifying whether perceptual differences were statistically significant. Cohen's *d* was calculated to estimate the magnitude of observed differences regardless of significance, offering insight into the *practical importance* of role-based gaps. Intraclass Correlation Coefficients (ICCs) were employed to evaluate the degree of agreement between ODMs and SLBs within the same organizations, capturing the consistency of perceptions rather than only their differences. Finally, because the matched sample was relatively small (n = 36 organizational pairs), a post-hoc Power Analysis was conducted to assess whether

the dataset provided adequate sensitivity to detect meaningful differences, qualifying the interpretation of non-significant findings. Together, these methods provide a multidimensional lens on cross-role alignment: *t*-tests identify where differences exist, effect sizes indicate their magnitude, ICCs capture consistency, and power analysis contextualizes confidence in the results.

3.6.2.1 Power Analysis

Before conducting inferential tests, a post-hoc power analysis was performed to evaluate whether the matched sample of 36 organizations provided sufficient statistical power to detect meaningful role-based differences across the six OPPI constructs. Power values were calculated for each construct and for both Priority and Practice ratings using the observed mean differences and standard deviations of those differences.

Analyses followed Cohen (1988) and Faul et al. (2009) conventions for interpreting power levels (*Very Low* < .20, *Low* .20–.39, *Moderate* .40–.59, *Adequate* .60–.79, *High* ≥ .80). The analysis was conducted in Stata 18.5 (Basic Edition) using observed parameters to estimate achieved power ($1 - \beta$) for each paired-sample *t*-test. The power analysis served two purposes:

1. To determine whether the matched organizational sample could reliably detect small-to-moderate differences between ODMs and SLBs ratings; and
2. To guide interpretation of nonsignificant *t*-tests by indicating when low power, rather than true equivalence, might explain null results.

Given the limited sample, power estimates were treated as diagnostic indicators of test sensitivity rather than inferential outcomes, providing critical context for subsequent analyses.

3.6.2.2 Paired-Sample *t*-Tests

To evaluate mean-level differences between ODMs and SLBs, paired-sample *t*-tests were performed for each of the six OPPI constructs within both the Priority (values and commitments) and Practice (implementation strategies) domains. This matched-pair design controlled for organizational-level variability by comparing role-based differences within the same organizations.

All assumptions of the paired-sample *t*-test were verified, including approximate normality of difference scores and absence of extreme outliers. Two-tailed tests were conducted at $p < .05$. Because of the small sample and potential for Type II error, findings were interpreted alongside effect sizes and power estimates to balance statistical and practical significance.

3.6.2.3 Effect-Size Estimation

To quantify the magnitude of role-based differences independent of sample size, Cohen's *d* was calculated for each paired comparison. Effect sizes were interpreted using Cohen's (1988) thresholds: *negligible* (< |0.10|), *small* (|0.10–0.29|), *medium* (|0.30–0.49|), and *large* (≥ |0.50|). Reporting *d* values allowed for assessment of organizationally meaningful differences even when statistical significance was not achieved, following best practices for evaluating practical significance in applied policy and organizational research. This approach aligns with recommendations in the methodological literature emphasizing the importance of effect-size interpretation alongside significance testing (Cohen, 1988; Lakens, 2013)

3.6.2.4 Intraclass Correlation Coefficients (ICCs)

To complement the mean-difference analyses, ICCs were computed using a two-way mixed-effects model with an absolute-agreement definition. The ICCs assessed the degree of

consistency between ODMs and SLBs ratings within each organization, providing an index of cross-role agreement rather than difference.

ICCs were interpreted using Cicchetti's (1994) benchmarks: *poor* (< .40), *fair* (.40–.59), *good* (.60–.74), and *excellent* (≥ .75). Ninety-five percent confidence intervals were reported for each estimate to assess precision. This analysis complemented the *t*-tests by evaluating the extent of perceptual coherence across roles.

3.6.2.5 Integration and Theoretical Framing

Together, these analytic procedures provided a comprehensive assessment of cross-role alignment in the OPPI framework. The integration of power diagnostics, *t*-tests, effect sizes, and ICCs enabled triangulation between evidence of difference and evidence of agreement, offering a more robust picture of how organizational priorities and practices are understood across hierarchical levels.

This approach was guided by Policy Implementation Theory (Lipsky, 1980; Winter, 2003), which highlights the interpretive role of frontline actors in translating policy into practice; Institutional Theory (Meyer & Rowan, 1977), which anticipates gaps between formal commitments and enacted behaviors; and Critical Disability Theory (Devlin & Pothier, 2006), which emphasizes the epistemic value of frontline perspectives in revealing systemic misalignments within disability service systems. All findings for RQ5 were interpreted in light of both statistical and practical significance as well as their theoretical implications for organizational coherence and human-rights-based practice implementation.

3.6.3 RQ6: Alignment Between Human Rights and Organizational Performance Management Domains

The analytical sequence followed a stepwise design consistent with correlational modeling logic (Tabachnick & Fidell, 2019) and variance-based implementation research frameworks (Fixsen et al., 2005). The analyses progressed from exploratory (correlational) to predictive (regression) to structural (redundancy) stages:

1. **Pearson Correlation Analysis**: to establish the degree and direction of pairwise associations among the four indexes.
2. **Multivariate Regression Analysis**: to test predictive relationships between Organizational Performance Management (independent variables) and Human Rights (dependent variables).
3. **Redundancy (Shared Variance) Analysis**: to estimate the proportion of variance in one conceptual domain that is explained by the other, quantifying systemic alignment.

This layered structure allows for triangulation: correlations capture linear association, regression models test directional influence, and redundancy analysis evaluates system-level coherence.

3.6.3.1 Pearson Correlation Analysis

Pearson correlation analysis was used as an initial diagnostic step to assess the strength and direction of linear associations between all possible pairs of PCA-derived indexes. The technique is appropriate when variables are continuous, approximately normally distributed, and measured at the interval level (Cohen, Cohen, West, & Aiken, 2003).

In this study, Pearson's *r* provided a straightforward measure of association between domains (Human Rights and Organizational Performance Management) and orientations (Priorities and Practices). These relationships were essential for confirming whether higher

performance alignment corresponded with higher Human Rights alignment, a foundational expectation of Institutional and Implementation Theory.

Pairwise correlations were computed using the pwcorr command with the sig and star(0.05) options in Stata to report p-values and significance levels. Correlation coefficients were interpreted using Cohen's (1988) effect-size conventions:

- Small = .10 to .29
- Moderate = .30 to .49
- Strong = ≥ .50

Significance was assessed using two-tailed tests.

High positive correlations within domains (HR_PriFL ↔ HR_PraFL; OP_PriFL ↔ OP_PraFL) indicate internal coherence, suggesting alignment between organizational priorities and practices. High cross-domain correlations (e.g., HR_PriFL ↔ OP_PriFL) indicate systemic alignment, suggesting that performance systems reinforce rights-based priorities. This stage established the empirical foundation for the regression and redundancy analyses that followed, consistent with prior scholarship on organizational coherence and institutional alignment (Schalock et al., 2016; Scott, 2014; Innes et al., 2012).

3.6.3.2 Multivariate Regression Analysis

Following the correlation analysis, Ordinary Least Squares (OLS) multiple regression was employed to test predictive pathways between domains. Regression was selected because it allows the estimation of unique and joint contributions of Organizational Performance Management priorities and practices to Human Rights outcomes while controlling for their shared variance. This technique aligns with Policy Implementation Theory (Lipsky, 1980;

Guldbrandsson & Fossum, 2009) by identifying which organizational conditions, normative (values) or structural (systems), better predict rights-based priorities and practices.

Two OLS models were estimated:

Model I: Predicting Human Rights Priorities

$$\boldsymbol{HR\_PriFL_i = \beta_0 + \beta_1(OP\_PriFL_i) + \beta_2(OP\_PraFL_i) + \varepsilon_i}$$

Where:

- $\boldsymbol{HR\_PriFL_i}$ represents the Human Rights Priorities Index score for organization *i*.
- $\boldsymbol{\beta_0}$ is the intercept, indicating the expected value of Human Rights Priorities when both Organizational Performance Management variables are zero.
- $\boldsymbol{\beta_1(OP\_PriFL_i)}$ captures the effect of **Organizational Performance Management Priorities** on Human Rights Priorities; a positive coefficient suggests that organizations emphasizing performance goals also tend to value Human Rights principles.
- $\boldsymbol{\beta_2(OP\_PraFL_i)}$ represents the effect of **Organizational Performance Management Practices** on Human Rights Priorities; a positive coefficient indicates that organizations with stronger management practices tend to express stronger rights-based commitments.
- $\boldsymbol{\varepsilon_i}$ is the random error term capturing unexplained variance in Human Rights Priorities for organization *i*.

This model assesses the extent to which an organization's emphasis on **Organizational Performance Management,** both in terms of stated priorities and enacted practices, predicts its orientation toward **Human Rights Priorities**.

Model II: Predicting Human Rights Practices

$$\boldsymbol{HR\_PraFL_i = \beta_0 + \beta_1(OP\_PriFL_i) + \beta_2(OP\_PraFL_i) + \varepsilon_i}$$

Where:

- $\boldsymbol{HR\_PraFL_i}$ represents the Human Rights Practices Index score for organization *i*.
- $\boldsymbol{\beta_0}$ is the intercept, indicating the baseline level of Human Rights Practices when both predictors are zero.
- $\boldsymbol{\beta_1(OP\_PriFL_i)}$ measures the influence of Organizational Performance Management Priorities on Human Rights Practices; a positive relationship suggests that valuing performance is associated with more consistent implementation of rights-based practices.
- $\boldsymbol{\beta_2(OP\_PraFL_i)}$ represents the influence of Organizational Performance Management Practices on Human Rights Practices; a positive coefficient implies that effective internal systems and management support greater enactment of human-rights principles.
- $\boldsymbol{\varepsilon_i}$ denotes the residual error term, capturing unexplained variability in Human Rights Practices across organizations.

This model examines whether performance-related priorities and practices predict the degree to which organizations implement Human Rights Practices in daily operations.

Regression assumptions were verified prior to model estimation to ensure the validity of the analyses. Examination of residual plots indicated that residuals approximated a normal distribution, satisfying the assumption of normality. The assumption of homoscedasticity was met, as standardized residual plots demonstrated constant variance across predicted values. Multicollinearity was not a concern, with all Variance Inflation Factors (VIFs) remaining below 2.0. Linearity between predictors and dependent variables was confirmed through visual

inspection of scatterplots, and the independence of errors assumption was supported by Durbin–Watson statistics falling within the acceptable range of 1.5 to 2.5.

Regression coefficients (β) represent the expected change in the dependent variable (HR index) for a one-unit change in each OP index, holding the other constant. Model fit was evaluated using the R^2 statistic, representing the proportion of explained variance. F-statistics tested the joint significance of predictors. This analysis directly tests whether organizational structures and cultural commitments toward performance function as *predictive mechanisms* for rights-based orientations. The two models distinguish between:

- **Symbolic alignment (Model I):** the extent to which shared values and leadership culture influence Human Rights priorities.
- **Structural alignment (Model II):** the degree to which operational practices (e.g., staff participation, DEI systems) facilitate to rights implementation.

This approach operationalizes institutional and CDT frameworks by quantifying the link between belief systems (values) and material conditions (practices) within disability service organizations. These models allow examination of both normative alignment (values predicting values) and structural alignment (systems predicting implementation).

3.6.3.3 Redundancy (Shared Variance) Analysis

Redundancy analysis was employed as a final step to quantify the extent of shared variance between the Human Rights and Organizational Performance Management domains. Rather than testing causality, redundancy analysis evaluates the degree of systemic overlap, the proportion of total variance in one conceptual system that can be explained by the other.

Although Canonical Correlation Analysis (CCA) was initially considered, redundancy analysis was selected for three key reasons:

1. The study used PCA-derived composite indexes rather than multiple observed items per construct, making CCA unnecessary and less interpretable.
2. Redundancy coefficients (based on squared correlations and regression R^2 values) provide a direct and transparent estimate of shared variance between constructs.
3. The focus of this dissertation is variance explanation and alignment, not canonical dimension extraction.

Redundancy estimates were calculated using two complementary methods:

1. **Squared Correlations (r^2):** Each Pearson correlation coefficient between indexes was squared to represent shared variance between pairs.
2. **Regression-Based R^2:** R^2 values from the multivariate regression models served as redundancy coefficients, representing the proportion of variance in Human Rights indexes explained by Organizational Performance Management indexes.

Formally, the redundancy coefficient (R_D) was estimated as:

$$R_D = \frac{1}{n}\sum_{i=1}^{n} R_i^2$$

Where R_i^2 represents the proportion of explained variance for each dependent index, and n is the number of models.

Redundancy coefficients around 0.50 indicate substantial but incomplete overlap, consistent with *partial coupling* in institutional systems (Meyer & Rowan, 1977; Scott, 2001). Higher within-domain redundancy (e.g., HR priorities ↔ HR practices) reflects internal

consistency, while moderate cross-domain redundancy indicates that values and practices interact dynamically but remain distinct. This approach is consistent with contemporary organizational research emphasizing that systems can be loosely coupled yet still coordinated through shared norms and reinforcing feedback mechanisms (Weick, 1976; Innes et al., 2012).

Redundancy analysis extends the interpretation of regression results by providing a system-level measure of integration. It empirically quantifies the "implementation gap", which would be the proportion of organizational potential (in values and systems) that remains unconverted into rights-based practice. Thus, redundancy estimates bridge the descriptive correlations and causal regressions, offering a holistic measure of alignment efficiency between Organizational Performance Management and Human Rights systems.

3.6.3.4 Analytical Limitations

While the analytical framework employed in responding RQ6 offers robust evidence of alignment between Human Rights and Organizational Performance Management domains, several limitations should be noted. First, the analyses are cross-sectional, restricting causal inference; observed associations indicate co-variation rather than temporal or directional causality. Second, although Principal Component Analysis produced standardized composite indexes, this dimensional reduction inevitably simplified complex constructs and may have masked within-domain variability. Third, Canonical Correlation Analysis (CCA) was considered but not implemented because the study relied on aggregated indexes rather than multiple manifest variables per domain. Redundancy analysis, therefore, provided a more interpretable estimate of shared variance, albeit with less dimensional nuance. Finally, all data were self-reported, which introduces potential perceptual or organizational bias.

Despite these limitations, the chosen analytic strategy: correlation, regression, and redundancy

analyses remains well suited for capturing the structural and systemic alignment patterns central to Research Question 6.

3.6.4 Methods for Index Construction

This section describes the procedures used to construct four standardized indexes representing Human Rights and Organizational Performance Management domains across both priorities and practices. The construction of these indexes was guided by the goal of capturing underlying dimensions that reflect how organizations operationalize Human Rights–based principles and performance-oriented approaches. Each index was derived through Principal Component Analysis (PCA), a data reduction technique that summarizes patterns of correlations among items into a smaller number of composite variables. These indexes: Human Rights Priorities (HR_Pri), Human Rights Practices (HR_Pra), Organizational Performance Management Priorities (OP_Pri), and Organizational Performance Management Practices (OP_Pra), serve as the foundation for the correlational and multivariate analyses presented in Chapter 6. Prior to PCA, the data were assessed for internal reliability and sampling adequacy to ensure the robustness of subsequent analyses.

3.6.4 .1 Reliability and Sampling Adequacy

To evaluate internal consistency prior to dimensionality reduction, Cronbach's alpha coefficients were calculated for each of the four conceptual domains: Human Rights Priorities, Human Rights Practices, Organizational Performance Management Priorities, and Organizational Performance Management Practices. All four scales demonstrated excellent internal reliability, exceeding the conventional threshold of $\alpha = 0.70$ for acceptable internal consistency (Nunnally, 1978) and aligning with standards for construct reliability in attitudinal research (Tavakol &

Dennick, 2011). Table 3.6 presents the reliability coefficients, item counts, and average inter-item covariances for each domain.

Table 3.6: Cronbach's Alpha Reliability Coefficients

Index	Average Inter-Item Covariance	Cronbach's α
Human Rights Priorities (HR_Pri)	0.458	**0.94**
Human Rights Practices (HR_Pra)	0.467	**0.93**
Organizational Performance Management Priorities (OP_Pri)	0.508	**0.96**
Organizational Performance Management Practices (OP_Pra)	0.538	**0.95**

Note. *Each index comprises 21 components corresponding to the Organizational Priorities and Practices Inventory (OPPI) indicators.*

Across all four domains, α values ranged from 0.93 to 0.96, confirming a high degree of internal homogeneity among items within each scale. These results indicate that each domain reliably captures a cohesive latent construct, whether related to Human Rights–based orientations or Organizational Performance Management–based orientations, supporting their subsequent use in principal component analysis and index construction.

3.6.4.2 Sampling Adequacy

To assess the suitability of the data for factor extraction, the Kaiser–Meyer–Olkin (KMO) measure of sampling adequacy was calculated for each of the four domains: Human Rights Priorities, Human Rights Practices, Organizational Performance Management Priorities, and Organizational Performance Management Practices. The KMO statistic evaluates the proportion of variance among variables that may be common variance (Kaiser, 1974); values above 0.80 are generally considered meritorious, and values above 0.90 indicate superb adequacy (Hutcheson & Sofroniou, 1999). All four domains achieved exceptionally high overall KMO values, ranging from 0.93 to 0.95, demonstrating that the inter-item correlations were sufficiently large and

consistent to justify the application of Principal Component Analysis (PCA). Individual item-level KMO scores within each category also exceeded 0.85, further confirming that the data were well suited for dimensionality reduction.

Table 3.7: Kaiser–Meyer–Olkin (KMO) Measures of Sampling Adequacy

Index	Overall KMO
Human Rights Priorities (HR_Pri)	**0.936**
Human Rights Practices (HR_Pra)	**0.930**
Organizational Performance Management Priorities (OP_Pri)	**0.930**
Organizational Performance Management Practices (OP_Pra)	**0.949**

Note. *Each index includes 21 components corresponding to the Organizational Priorities and Practices Inventory (OPPI) indicators.*

In each domain, the KMO values at both the item and category levels far exceeded the minimum threshold of 0.60, confirming that the correlations among variables were compact enough to yield distinct and reliable factors. Consequently, PCA was deemed appropriate for all four domains. Together, the reliability and sampling-adequacy results establish a strong psychometric foundation for constructing the four composite indexes: Human Rights Priorities (HR_Pri), Human Rights Practices (HR_Pra), Organizational Performance Management Priorities (OP_Pri), and Organizational Performance Management Practices (OP_Pra), described in the next section.

Detailed item-level KMO measures of sampling adequacy are presented in Appendix A. This Appendix includes KMO values for every item within the Human Rights and Organizational Performance Management domains, showing consistently high adequacy across categories and confirming the suitability of the data for dimensionality reduction.

3.6.4.3 Principal Component Analysis (PCA)

Principal Component Analysis (PCA) was conducted separately for each of the four domains: Human Rights Priorities, Human Rights Practices, Organizational Performance Management Priorities, and Organizational Performance Management Practices, to reduce dimensionality and develop continuous standardized indexes representing each conceptual construct. PCA was chosen over exploratory factor analysis because the goal was to summarize total variance across items rather than estimate latent factors. The analysis extracted components based on the correlation matrix, using the Kaiser criterion (eigenvalues greater than 1.0) and scree plot inspection to determine the number of components to retain.

The eigenvalue and variance explained statistics for each domain are presented in Table 3.8. In all four analyses, a single dominant component emerged, explaining between 44% and 56% of the total variance. This indicates a strong one-factor solution, suggesting that each set of items within a domain measures a cohesive underlying construct.

Table 3.8: Summary of Principal Component Analysis Results

Index	1st Eigenvalue	% Variance Explained (Comp1)	Components >1
Human Rights Priorities (HR_Pri)	10.22	48.7%	3
Human Rights Practices (HR_Pra)	9.26	44.1%	4
Organizational Performance Management Priorities (OP_Pri)	11.78	56.1%	3
Organizational Performance Management Practices (OP_Pra)	10.37	49.4%	3

Note. *A single dominant component emerged in each domain, explaining between 44% and 56% of total variance.*

The complete PCA outputs are provided in Appendix B, including eigenvalues, differences, proportions, and cumulative variance for all extracted components across the four

domains (*Human Rights Priorities, Human Rights Practices, Organizational Performance Management Priorities,* and *Organizational Performance Management Practices*). These detailed tables supplement Table 3.8 and support the interpretation of a dominant first component for each domain.

The scree plots for each domain illustrated a distinct inflection point following the first component, supporting the decision to retain a single component for index construction. In each plot, the eigenvalues drop sharply after the first component and level off thereafter, confirming that one principal component accounts for the majority of total variance. Scree plots for each domain are provided in Appendix C.

The first principal component for each domain was therefore retained for index construction. All item loadings on the first component were positive and modest, indicating coherence among items. This pattern supports the theoretical assumption that each domain reflects a unified construct, Human Rights and Organizational Performance Management, operationalized through priorities and practices.

These results confirm that PCA effectively reduced the dimensionality of the OPPI dataset while preserving conceptual integrity. The single-factor structure across all domains justifies the use of component scores as robust, composite measures for subsequent correlational, regression, and canonical correlation analyses.

3.6.4.4 Unrotated Principal Component Loadings

The unrotated principal component loadings for each domain are summarized below in Table 3.9 and presented in full in Appendix D. Each Appendix table lists the contribution of every item to the first principal component retained for index construction. The loadings quantify

the extent to which each item contributes to the single composite factor extracted for its respective domain.

Table 3.9: Summary of unrotated principal component loadings (Comp1) across four domains

Index	Range of Loadings (Comp1)	Mean Loading	Interpretation
Human Rights Priorities (HR_Pri)	0.18 – 0.25	0.22	Positive and consistent loadings; modest shared variance
Human Rights Practices (HR_Pra)	0.17 – 0.26	0.22	Positive and consistent loadings; modest shared variance
Organizational Performance Management Priorities (OP_Pri)	0.15 – 0.25	0.21	All items contribute positively to the component
Organizational Performance Management Practices (OP_Pra)	0.17 – 0.25	0.22	Positive, uniform pattern across items

Note. *All items within each domain contributed positively to the first principal component, with loadings ranging from .15 to .26.*

Across the four domains, loadings on the first component ranged from 0.15 to 0.26, indicating that all items contributed positively, though at modest strength, to their respective principal components. The Human Rights domains produced loading ranges of 0.18 to 0.25, while the Organizational Performance Management domains produced loadings of 0.15 to 0.25. These uniformly positive loadings confirm that all items move in the same direction and measure a common underlying dimension within each domain, albeit with modest shared variance, consistent with the complex, multi-faceted nature of Human Rights and performance constructs in organizational contexts.

Because the goal of this analysis was index construction rather than factor interpretation, a rotational method such as VARIMAX or OBLIMIN was not employed. Rotations are typically used to improve the interpretability of multiple extracted factors by redistributing variance across

components. In this study, the PCA was intentionally limited to a single principal component in each domain, the component explaining the greatest total variance, so that the resulting scores could serve as standardized, unidimensional indexes. Rotation of a one-component solution would have no statistical or conceptual benefit, as the orientation of a single axis in multidimensional space is arbitrary (Jolliffe & Cadima, 2016).

Although the component loadings fall below the conventional 'strong' loading threshold of 0.40, they are consistent across items and domains, suggesting a stable pattern rather than random noise. This outcome likely reflects the diversity of items included in each construct, which span conceptually distinct but theoretically related dimensions of Human Rights and Organizational Performance Management. Retaining all items in the index ensures that these broad conceptual domains are represented comprehensively rather than reduced to a narrower subset of highly correlated indicators.

The relatively modest loading magnitudes indicate that the resulting indexes should be interpreted as broad composite indicators capturing general orientation rather than tightly clustered latent constructs. Future research could explore confirmatory factor analysis (CFA) or item-parceling approaches to refine the dimensional structure. Overall, the pattern of positive, directionally consistent loadings supports the continued use of unrotated component scores as the basis for constructing the four standardized indexes described in the following section.

3.6.4.5 Index Computation Using the Factor Loadings Approach

Each of the four indexes was computed using the Factor Loadings Approach, derived from the first principal component of the PCA results. This approach ensures that variables contributing more strongly to the underlying construct have a proportionally higher influence on

the composite index. Specifically, the factor loadings from the first principal component (PC1) were used as weights to calculate a single continuous score for each case.

Formally, for each respondent *i* and domain *d*, the PCA-based index score was computed as:

$$\text{Index}_{i,d} = \sum_{j=1}^{p} (L_{j,d} \times X_{ij})$$

Where:

- X_{ij}represents the standardized value of item *j* for respondent *i*,
- $L_{j,d}$is the loading of item *j* on the first principal component for domain *d*, and
- $p$is the total number of items within that domain.

This calculation produces a weighted composite score in which items with higher loadings contribute more strongly to the final index. Because the first principal component captures the largest proportion of shared variance across items, this weighted sum provides a robust, data-driven summary measure for each conceptual construct. Following computation, all indexes were standardized (z-scores) to ensure comparability across domains and to facilitate interpretation in correlation and regression analyses. The resulting standardized indexes are:

- **HR_PriFL:** Human Rights Priorities Factor Loadings Index
- **HR_PraFL:** Human Rights Practices Factor Loadings Index
- **OP_PriFL:** Organizational Performance Management Priorities Factor Loadings Index
- **OP_PraFL:** Organizational Performance Management Practices Factor Loadings Index

Each index represents the extent to which organizations' responses align with their respective conceptual domains. Higher index scores indicate greater alignment with Human Rights–based or performance-based orientations, while lower scores indicate weaker alignment.

Each PCA-derived index should be interpreted as a continuous composite measure representing the degree of organizational alignment with a specific conceptual orientation. For instance, higher scores on the *Human Rights Practices Factor Loadings Index (HRPraFL)* reflect stronger enactment of Human Rights–driven practices, such as person-centered supports, community participation, and self-determination, while higher scores on the *Organizational Performance Management Practices Index (OPPraFL)* indicate stronger emphasis on staff development, leadership, and diversity, equity, and inclusion (DEI) practices.

Because the indexes were computed using standardized item values, the results are comparable across domains and samples, allowing for direct assessment of relationships among priorities and practices, as well as between Human Rights and Organizational Performance Management orientations.

3.6.4.6 Descriptive Statistics of Indexes

Descriptive statistics were calculated for the four PCA-derived indexes to assess their central tendency, variability, and distributional properties. Each index represents a weighted composite score summarizing a multidimensional construct derived from the first principal component. Table 3.10 displays the mean, standard deviation, minimum and maximum values, and measures of skewness and kurtosis for each index.

Table 3.10: Descriptive statistics of PCA-derived factor-loadings indexes (n = 238).

Index	Mean	SD	Min	Max	Skew.	Kurt.	Interpretation
HRPriFL	19.36	3.18	4.56	22.82	−1.84	8.19	Negatively skewed; moderately leptokurtic distribution
HRPraFL	17.06	3.23	5.41	22.77	−0.33	3.05	Approximately symmetric; near-normal distribution
OPPriFL	19.25	3.33	4.99	22.76	−1.60	6.20	Mild negative skew; moderate kurtosis
OPPraFL	16.89	3.46	4.98	22.81	−0.54	3.33	Near-normal distribution with mild left skew

The results show that all four indexes demonstrate adequate variability and stable dispersion, with standard deviations ranging between 3.2 and 3.5 points. The mean values for the *Human Rights* indexes (HRPriFL = 19.36; HRPraFL = 17.06) and the *Organizational Performance Management* indexes (OPPriFL = 19.25; OPPraFL = 16.89) are comparable, indicating consistent scaling across domains.

The skewness and kurtosis statistics suggest that the data approximate normality, though the *Priorities* indexes exhibit slight negative skew and modest leptokurtosis (values > 3). This pattern indicates that most organizations report relatively higher priority alignment with human-rights and performance principles, while variation in *Practices* is more balanced.

To complement these statistics, histograms were generated for each index which can be seen in Appendix E. Visual inspection confirmed that the distributions are approximately normal, with only minor deviations in the tails.

These findings confirm that the PCA-derived indexes possess acceptable distributional properties for subsequent correlation, and multivariate regression analyses, supporting their validity as continuous composite measures.

Internal Consistency and Reliability of Indexes

The internal consistency of the constructs underlying these indexes was verified through Cronbach's α reliability analysis, which yielded coefficients above 0.93 for all domains. Specifically, α = 0.9437 for *Human Rights Priorities*, 0.9327 for *Human Rights Practices*, 0.9572 for *Organizational Performance Management Priorities*, and 0.9469 for *Organizational Performance Management Practices*. These values exceed the commonly accepted threshold of 0.80 for research-level reliability (George & Mallery, 2019), indicating excellent internal consistency.

The high reliability coefficients, in conjunction with the near-normal distributions of the PCA-derived scores, further confirm that these indexes provide robust and psychometrically sound composite measures suitable for examining the interrelationships among human-rights and organizational-performance domains in the following analyses.

3.7 Assumptions, Validity, and Limitations of the Methodology

The methodological design of this study rests on several analytical assumptions, guided by the goal of ensuring internal consistency, construct validity, and transparency across all analyses. Assumptions underlying the quantitative procedures are verified prior to interpretation. Normality and homoscedasticity are confirmed through residual and scatterplot inspections, indicating that error terms are normally distributed and display constant variance. Linearity between predictors and dependent variables is established through visual diagnostics, and all Variance Inflation Factors remain below 2.0, confirming the absence of multicollinearity. The independence of observations is ensured at the organizational level, since each response represents a unique organization. These diagnostic checks confirm that the data meet the assumptions required for correlation, regression, and redundancy analyses.

The validity of this study is grounded in both statistical and conceptual rigor. Construct validity is supported by the strong psychometric performance of the Organizational Priorities and Practices Inventory (OPPI), whose domains reliably capture the constructs of Human Rights and Organizational Performance Management. Internal validity is reinforced by the analytic design, which incorporates both within-role and cross-role comparisons to control for organizational variation and minimize confounding. External validity is strengthened by the diversity of the sample, 237 organizations across 41 states and the District of Columbia, which enhances the generalizability of findings within U.S. disability service systems. Reliability is explored through high Cronbach's α values (.93–.96) and excellent sampling adequacy (KMO = .93–.95), indicating that the constructs are internally consistent and suitable for factor extraction. Taken together, these indicators demonstrate that the measures and analytic procedures provide a valid and reliable representation of organizational alignment.

Despite these strengths, several methodological limitations are acknowledged. The cross-sectional nature of the data limits causal inference; observed associations indicate relationships rather than temporal or directional causality. All measures rely on self-reported perceptions, which may introduce social desirability bias or reflect organizational optimism. The use of PCA-derived indexes, while improving parsimony, necessarily reduces dimensional richness and may obscure within-domain variability. Additionally, the matched-pair subsample (n = 36) constrains statistical power for certain analyses, particularly those examining cross-role alignment. Finally, although the sample is broad, it is not random, and organizations choosing to participate in Leadership Institute cohorts may differ systematically from those that do not, potentially affecting external generalizability.

Overall, the methodological strategy employed in this study balances analytical rigor with conceptual coherence. Multiple complementary analyses like t-tests, correlations, regressions, and redundancy estimates, allow for triangulation and cross-validation of findings. The approach aligns with the study's epistemological orientation, recognizing that validity is not only statistical but also interpretive: it reflects how accurately the analyses represent the lived realities of organizational systems. These considerations ensure that subsequent findings are interpreted within appropriate empirical and theoretical boundaries, providing a credible foundation for the analyses presented in Chapter four to six.

3.8 Chapter Summary

This chapter presents the methodological foundation for examining alignment between Human Rights and Organizational Performance Management domains within disability service organizations. It outlines the study's epistemological grounding in the critical and transformative paradigm and details how the integrated theoretical framework, drawing from Critical Disability Theory, the Theory of Individual Quality of Life, Institutional Theory, and Policy Implementation Theory, guides the research design. The chapter specifies the population, sampling frame, and data collection procedures, describing how data from 384 Leadership Institute participants representing 237 organizations are merged and prepared for analysis.

The analytic framework emphasizes both within-role and cross-role comparisons, as well as inter-domain relationships between priorities and practices. Quantitative analyses, including paired-sample t-tests, correlation and regression models, and redundancy analysis, are used to assess alignment across multiple organizational levels. Principal Component Analysis (PCA) is employed to construct standardized indexes that capture underlying dimensions of Human Rights

and Organizational Performance Management, supported by high reliability and sampling adequacy.

Methodological assumptions are verified, and validity and reliability are established through psychometric testing and diagnostic checks. Although the study is limited by its cross-sectional design, self-reported data, and non-random sample, these limitations are offset by methodological triangulation, a diverse dataset, and strong theoretical integration.

The methodological foundations established in this chapter provide the structure for the analyses that follow. Chapters 4 through 6 present the empirical findings derived from the analytic procedures outlined above. Each chapter focuses on a specific dimension of organizational alignment, first within individual roles, then across hierarchical levels, and finally between Human Rights and Organizational Performance Management domains. These chapters integrate statistical results with theoretical interpretation to illuminate how disability service organizations implement Human Rights principles into practice.

Chapter 4

FINDINGS AND DISCUSSION ON INTERNAL ALIGNMENT BETWEEN ORGANIZATIONAL PRIORITIES AND PRACTICES FOR SLBS AND ODMS (RQ1-4)

4.1 Introduction

This chapter examines how closely disability service organizations translate their stated human-rights and organizational performance management priorities into everyday practice. It analyzes internal alignment across two key organizational roles: Decision-Makers (ODMs) and Street-Level Bureaucrats (SLBs) [2], to reveal where values are enacted and where implementation falls short. Drawing on data from the Organizational Priorities and Practices Inventory (OPPI), the chapter addresses Research Questions one through four, examining constructs related to Human Rights (categories one through three) and Organizational Performance Management (categories four through six). Quantitative analyses were conducted separately for each group to assess the extent of alignment. Using paired t-tests, correlation, and gap analyses enables comparison between organizational intent and action, highlighting structural or cultural barriers that shape practice.

Following the presentation of findings, the chapter integrates quantitative results with theoretical interpretation, focusing on the implications of observed misalignments across constructs and roles. Using Critical Disability Theory and Policy Implementation Theory, the

[2] Organizational Decision Makers are considered the leadership of the organization: Executives and Directors; Street-Level Bureaucrats are employees directly supporting people with disabilities: Frontline Staff and Mangers. See Chapter 3 (Methods) for a detailed description of each group.

analysis explores how organizational power dynamics, street-level discretion, and institutional context shape the implementation of human rights-based practices. Sections 4.2 through 4.5 present results for each role and domain, followed by Section 4.6 on policy implications and 4.7–4.8 on limitations and conclusions.

4.2 Alignment of Human Rights Priorities and Practices for ODMs

This section addresses Research Question 1: *To what extent are human rights priorities and practices aligned according to Organizational Decision-Makers (ODMs)?* Drawing on paired-sample t-tests, gap analyses, and Spearman correlations, the analysis explores the degree of alignment across three Human Rights (HR) constructs: *Autonomy, Community Living, and Participation*.

4.2.1 Differences Between Priorities and Practices

Paired-sample t-tests were used to determine whether ODMs rate HR priorities significantly differently from practices. Across all 21 indicators, the results indicated statistically significant differences ($p < .001$), with priorities rated higher than practices. This suggests a consistent divergence between reported organizational values and implementation. Table 4.1 presents the results of these tests.

Community Living showed the largest average gap ($\Delta = 0.612$), followed by *Autonomy* ($\Delta = 0.595$), and *Participation* ($\Delta = 0.448$). Notably, Meaningful, Natural Supports ($\Delta = 0.773$) and *Full Community Engagement and Participation* ($\Delta = 0.718$) revealed the largest gaps, highlighting key areas where practice lags most behind values.

Table 4.1: Paired-sample t-test for *Autonomy*, *Community Living*, and *Participation* among ODMs (n = 110)

Indicator	$\overline{x}_{Pri}$	$\overline{x}_{Pra}$	Δ	SE	*t*
Category I Autonomy					
S1Q1: Person-Centered Supports and Services	4.427	3.745	0.682	0.080	8.572
S1Q2: Autonomous Decision-Making	4.364	3.718	0.645	0.079	8.152
S1Q3: Control Over Service Plan and Budget	4.055	3.436	0.618	0.087	7.137
S1Q4: Choice of Living Accommodations	4.109	3.491	0.618	0.091	6.770
S1Q5: Respectful Behavioral Support	4.545	3.945	0.600	0.078	7.721
S1Q6: Self-Determination	4.327	3.809	0.518	0.082	6.287
S1Q7: Control Over Service Delivery	4.191	3.709	0.482	0.074	6.521
Category II Community Living					
S2Q1: Full Community Engagement and Participation	4.582	3.864	0.718	0.078	9.251
S2Q2: Meaningful Employment	4.218	3.527	0.691	0.086	7.997
S2Q3: Community Supports for All	4.409	3.836	0.573	0.076	7.554
S2Q4: Community Inclusion for All	4.255	3.764	0.491	0.075	6.543
S2Q5: Person-Led Service Delivery Over Organization-Led Service Delivery	4.091	3.645	0.445	0.068	6.567
S2Q6: Prioritizing Relationship and Community Building	4.482	3.891	0.591	0.079	7.492
S2Q7: Meaningful, Natural Supports	4.082	3.309	0.773	0.093	8.324
Category III Participation					
S3Q1: Stakeholder Input	4.000	3.345	0.655	0.080	8.175
S3Q2: Participation In Governance	3.700	3.091	0.609	0.089	6.872
S3Q3: Inclusive Strategic Planning	3.982	3.391	0.591	0.073	8.051
S3Q4: Approachable Leadership	4.427	4.182	0.245	0.059	4.129
S3Q5: Values Built into Operating Materials	4.436	4.118	0.318	0.052	6.172
S3Q6: Values Built into Employee-Related Materials	4.264	3.836	0.427	0.070	6.095
S3Q7: Collaboration with Stakeholders	4.373	4.082	0.291	0.064	4.565

Note: *All p-values were < .001 for the indicators reported.*

These results illustrate how organizational leadership articulates high human-rights aspirations but encounters systematic implementation shortfalls. According to Policy Implementation Theory (Shahriar & Khan, 2016), such gaps may be due to constrained resources, limited cross-agency collaboration, or risk-averse systems. Similarly, Critical Disability Theory (Hosking, 2008; Rioux & Prince, 2002) suggests that institutional inertia and power dynamics may inhibit full enactment of autonomy and community inclusion values.

4.2.2 Gap Analysis: Magnitude and Distribution of Misalignment

To complement the t-tests, a gap (calculated as priority minus practice) analysis was conducted to quantify the magnitude and distribution of the differences between organizational priorities and practices for each indicator. This analysis offers a more detailed view of where discrepancies are most pronounced, capturing not only whether a significant difference exists but how large that difference is in practical terms. Higher values indicate greater misalignment, suggesting that while organizations may emphasize certain principles in policy or mission, actual implementation may lag. Table 4.2 presents the full set of results, including descriptive statistics that shed light on the variability, skewness, and extremity of responses across indicators. This analysis highlights several areas where organizational intentions fail to translate into practice, specifically in indicators related to person-centered support, natural supports, and community engagement, underscoring the need for targeted strategies to close these persistent gaps.

Table 4.2: Gap analysis for *Autonomy, Community Living*, and *Participation* among ODMs (n = 110)

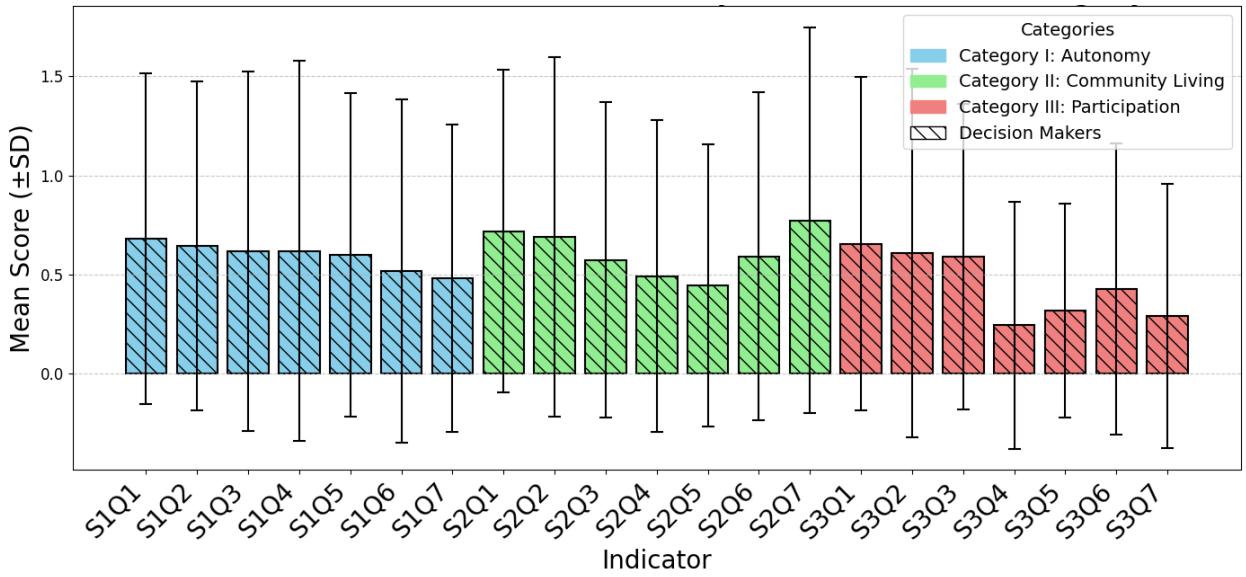
Indicator	$\bar{x}$	SD	*Min*	*Max*	*p1*	*P99*	Skew.	Kurt.
Category I Autonomy								
S1Q1: Person-Centered Supports and Services	.682	.834	-1	3	0	2	.65	2.216
S1Q2: Autonomous Decision-Making	.645	.830	-1	2	-1	2	.352	2.133
S1Q3: Control Over Service Plan and Budget	.618	.908	-2	3	-1	3	.457	2.905
S1Q4: Choice of Living Accommodations	.618	.958	-2	4	-1	3	.762	4.02
S1Q5: Respectful Behavioral Support	.600	.815	0	3	0	3	1.156	3.407
S1Q6: Self-Determination	.518	.865	-2	3	-1	3	.671	3.486
S1Q7: Control Over Service Delivery	.482	.775	-2	3	-1	2	.714	3.911
Category II Community Living								
S2Q1: Full Community Engagement and Participation	.718	.814	-1	3	-1	2	.453	2.355
S2Q2: Meaningful Employment	.69	.906	-1	3	-1	3	.87	3.002
S2Q3: Community Supports for All	.573	.795	-2	2	0	2	.475	2.921
S2Q4: Community Inclusion for All	.491	.787	-2	3	-1	2	.598	3.767

S2Q5: Person-Led Service Delivery Over Organization Led Service Delivery	.445	.711	-1	3	-1	2	1.114	3.953
S2Q6: Prioritizing Relationship and Community Building	.591	.827	-2	3	-1	3	.49	3.642
S2Q7: Meaningful, Natural Supports	.773	.974	-1	3	-1	3	.706	2.442
Category III Participation								
S3Q1: Stakeholder Input	.655	.84	-1	3	-1	3	.532	2.842
S3Q2: Participation In Governance	.609	.93	-1	4	-1	3	1.194	3.927
S3Q3: Inclusive Strategic Planning	.591	.77	-1	2	0	2	.723	2.258
S3Q4: Approachable Leadership	.245	.623	-1	3	-1	2	1.375	6.48
S3Q5: Values Built into Operating Materials	.318	.541	0	2	0	2	1.46	4.187
S3Q6: Values Built into Employee-Related Materials	.427	.735	-1	3	-1	3	1.366	4.757
S3Q7: Collaboration with Stakeholders	.291	.668	-2	2	-1	2	.519	4.498

Note: *All p-values were < .001 for the indicators reported.*

To further illustrate the variability in alignment between priorities and practices, Figure 4.1 presents the mean gap scores and standard deviations for each Human Rights (HR) indicator, across the three key constructs: Autonomy (blue), Community Living (green), and Participation (red). This visual representation helps clarify both the magnitude and consistency of implementation gaps as reported by organizational Decision-Makers (n=110).

Figure 4.1: Gap Analysis for Human Rights principles for ODMs



Note. *Mean difference scores and standard deviations for human rights principles across Autonomy (blue), Community Living (green), and Participation (red) constructs among organizational Decision-Makers (n=110).*

As shown, the largest and most consistent misalignments occur in the Autonomy and Community Living domains, particularly for indicators that demand individualized supports, such as personal budgeting, natural supports, and access to meaningful employment. The largest gaps in Autonomy and Community Living underscore that organizational rhetoric around independence often exceeds operational reality. These areas appear to require deeper cultural and systemic shifts: not just new tools or procedures, but fundamental changes in how organizations define their mission, share power, and relate to people with disabilities. Such shifts should involve rethinking institutional logic, altering day-to-day power dynamics, and redistributing control from professionals to people receiving services.

For example, implementing truly person-directed budgeting or integrating natural supports cannot be achieved through compliance-based strategies alone; they necessitate transforming staff roles, dismantling risk-averse funding models, and building trust-based

community partnerships. Such strategies inherently challenge entrenched organizational logic and existing resource systems, possibly leading to transformative outcomes for people with disabilities.

Such struggles are documented by Critical Disability Theory scholars, who argue that the persistence of institutional ableism and professional dominance often masks as "support" but, in practice, limits self-determination and community integration (Hosking, 2008; Rioux & Prince, 2002; Gillies, 2014). From an Institutional Theory lens, these domains are particularly vulnerable to ceremonial adoption, where organizations adopt the language of autonomy and inclusion without restructuring internal norms, leadership practices, or incentive systems (Meyer & Rowan, 1977; de Jonge, 2015). Meanwhile, Policy Implementation Theory highlights that even when formal values are in place, change is often stalled due to lack of discretion, resources, or leadership capacity, especially in areas requiring inter-agency coordination or system-level investments (Shahriar & Khan, 2016; Lipsky, 1980).

In contrast, the Participation domain exhibited smaller average gaps, which may suggest better alignment; however, the higher variability in standard deviations indicates inconsistent implementation across organizations. This inconsistency may reflect differing levels of investment in the understanding of participatory practices like stakeholder engagement and inclusive governance. Overall, the chart underscores the uneven progress in operationalizing human rights values, particularly in areas that demand transformation rather than reform.

4.2.3 Associations Between Priorities and Practices

To assess whether prioritization was associated with stronger implementation, Spearman correlation analyses were conducted. The results, summarized in Table 4.3, reveal significant

positive associations across all indicators ($p < .001$). This suggests that, overall, higher prioritization of a value was linked to greater likelihood of its implementation in practice.

Table 4.3: Spearman Correlations for *Autonomy, Community Living,* and *Participation* among ODMs (n=110).

Indicator	ρ
Category I Autonomy	
S1Q1: Person-Centered Supports and Services	0.524
S1Q2: Autonomous Decision-Making	0.588
S1Q3: Control Over Service Plan and Budget	0.592
S1Q4: Choice of Living Accommodations	0.587
S1Q5: Respectful Behavioral Support	0.569
S1Q6: Self-Determination	0.550
S1Q7: Control Over Service Delivery	0.619
Category II Community Living	
S2Q1: Full Community Engagement and Participation	0.501
S2Q2: Meaningful Employment	0.645
S2Q3: Community Supports for All	0.651
S2Q4: Community Inclusion for All	0.714
S2Q5: Person-Led Service Delivery Over Organization-Led Service Delivery	0.781
S2Q6: Prioritizing Relationship and Community Building	0.596
S2Q7: Meaningful, Natural Supports	0.590
Category III Participation	
S3Q1: Stakeholder Input	0.708
S3Q2: Participation In Governance	0.763
S3Q3: Inclusive Strategic Planning	0.763
S3Q4: Approachable Leadership	0.753
S3Q5: Values Built into Operating Materials	0.852
S3Q6: Values Built into Employee-Related Materials	0.795
S3Q7: Collaboration with Stakeholders	0.659

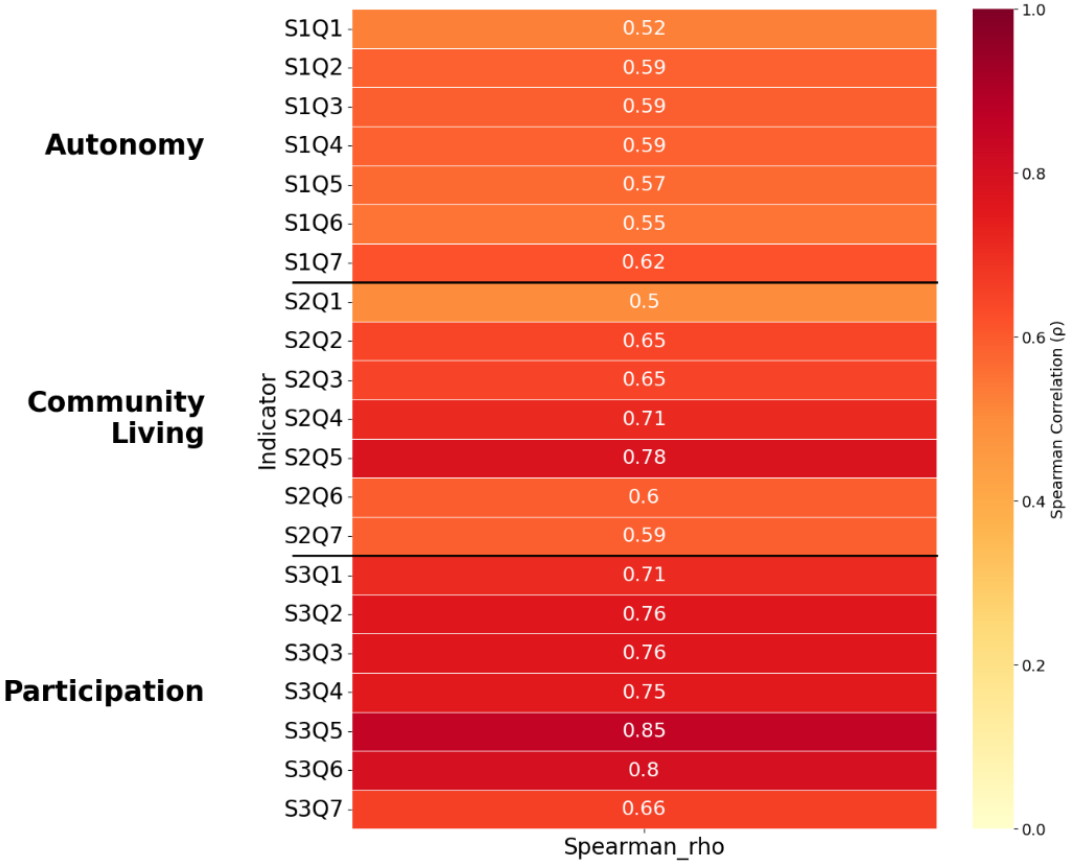
Note: *All ρ-values were < .001 for the indicators reported.*

In the area of Participation, correlations were especially strong, for example, ρ = 0.852 for "Values Built into Operating Materials" suggesting a high degree of consistency between what is prioritized and what is enacted. Rather than indicating universal integration, this pattern reflects that when these participatory values are present, they are more likely to co-occur with related practices.

Organizations that emphasize these values tend to embed them into governance and materials more effectively, while those that deprioritize them exhibit similar gaps, yielding tighter correlations despite variability. This finding aligns with prior implementation research suggesting that visible, measurable, and leadership-driven indicators are more easily embedded in organizational routines (Fixsen et al., 2005). In contrast, domains such as Autonomy and Community Living exhibited moderate correlations, for instance, $\rho = 0.524$ for *Person-Centered Supports and Services* and $\rho = 0.781$ for *Person-Led Service Delivery Over Organization-Led Service Delivery,* which highlights a greater inconsistency in implementation.

As depicted in Figure 4.2, correlation scores cluster most tightly in the Participation construct, reinforcing the interpretation that these values may be more observable, more easily monitored, or more directly shaped by leadership oversight (Fixsen et al., 2005; Meyers & VanWoerkom, 2017). This distinction is important in interpreting not only correlation strength, but also the practical implications of implementation patterns across constructs.

Figure 4.2: Spearman Correlation Heat Map for Human Rights principles for ODMs



Note. *Spearman Correlations Between Human Rights Priorities and Practices Across Constructs for ODMs*

These findings suggest that while organizational values and stated priorities are positively associated with reported implementation, particularly in the *Participation* domain, their influence may be limited in areas requiring more complex structural change. In domains like *Autonomy and Community Living*, even strong prioritization does not always translate into practice, pointing to the importance of infrastructure, interagency collaboration, and leadership capacity.

Embedding rights-based frameworks into strategic planning, leadership development, and cross-system collaboration is essential to reducing implementation gaps, particularly in domains like Autonomy and Community Living that require sustained structural change. Research from Fixsen et al. (2005) underscores that implementation success depends on aligning core

components such as leadership, competence drivers (e.g., training and coaching), and organizational infrastructure. Similarly, the Bureaucratic and Organizational Development Models within Policy Implementation Theory (Shahriar & Khan, 2016) emphasize that the presence of clear decision-making pathways, accountability mechanisms, and frontline support systems greatly enhances the likelihood that values will be operationalized in practice. Empirical studies of disability service systems (e.g., Schalock et al., 2016; de Jonge, 2015) further find that when rights-based frameworks are embedded at multiple organizational levels, including strategic plans, staff development, and evaluation systems, they are more likely to produce measurable improvements in autonomy, inclusion, and quality of life outcomes. Without this structural alignment, even the most strongly held priorities risk remaining aspirational rather than actionable. These statistical patterns inform the interpretive discussion that follows, highlighting the differing mechanisms that enable or inhibit value translation.

4.2.4 Interpretation and Implications

The largest misalignments appear in *Autonomy* and *Community Living*, domains that demand sustained cultural change, individualized service delivery, and coordinated cross-system support. Prior work shows that advancing person-centered and rights-based practice typically requires shifts in organizational norms, competencies, and resource flows, not just procedural adjustments (Schalock et al., 2016; Gillies, 2014; Schalock & Verdugo, 2013). Implementation research similarly indicates that high-value practices stall without aligned leadership supports, competency drivers like training and coaching, and enabling organizational infrastructure (Fixsen et al., 2005; Aarons et al., 2011). From an institutional perspective, organizations often dissociate formal commitments from day-to-day routines under legitimate pressures, which can

leave *Autonomy* and *Community Inclusion* principles enacted symbolically rather than substantively (Meyer & Rowan, 1977; Oliver, 1991; Scott, 2014).

The Spearman correlations suggest that prioritization is associated with stronger practice, yet not sufficient to guarantee it. The *Participation* domain shows comparatively tighter alignment, consistent with research that visible, auditable, and routinized practices (like stakeholder input, inclusive governance, values embedded in documents) are easier to incorporate, monitor, and sustain through standard operating procedures and leadership oversight (Fixsen et al., 2005; Guldbrandsson & Fossum, 2009; Greenhalgh et al., 2004). In contrast, *Autonomy* and *Community Living* rely on cross-boundary coordination (employment, housing, healthcare), risk-sharing, and flexible, person-directed support. Principles like these are harder to institutionalize and maintain in the face of the reimbursement rules, workforce instability, and fragmented interagency arrangements that characterize the disabilities field(de Jonge, 2015; Innes et al., 2012; Hewitt et al., 2012; Tilly & Weissert, 2000).

These patterns may indicate that values-to-practice translation is specifically dependent on systems' intrinsic characteristics. Scholarship from organizational change and implementation science emphasizes the need for mutually reinforcing mechanisms like clear strategy and policy signals paired with leadership that models and reinforces expectations and protects time and training for staff, feedback loops, and local discretion with accountability (Aarons et al., 2011; Damschroder et al., 2009; Weiner, 2009; Lipsky, 1980). When such alignment is absent, human-rights frameworks may remain aspirational.

These findings reflect on the need of moving beyond identifying "best practices" to redesigning organizational and interorganizational systems so that dignity, autonomy, and inclusion are established as normative: embedding rights into performance management;

resourcing coaching and supervisory structures that support person-directed planning; enabling flexible funding for natural supports; and establishing cross-sector partnerships that establishes services around people rather than programs. Prior rights-based implementation studies show that multilevel coordination, empowered staff, and continuous open communication between leadership and frontline workers are key to sustaining change (Schalock & Verdugo, 2013; Gillies, 2014; Fixsen et al., 2005). While prioritization provides direction, it is the implementation of infrastructure, competencies, and accountability which makes the changes happen.

4.3 Alignment of Human Rights Priorities and Practices for SLBs

This section addresses Research Question two: *To what extent are human rights priorities and practices aligned according to Street-Level Bureaucrats (SLBs)?* Using data from 108 SLB respondents to the OPPI, this analysis explores how frontline staff perceive alignment between organizational human rights values and the implementation of those values in practice. As the primary agents of service delivery, SLBs provide essential insights into how policies and priorities materialize at the ground level. Whereas organizational decision-makers reflect strategic intent, SLBs illuminate how human-rights commitments translate, or fail to translate, into daily interactions with people supported (Lipsky, 1980).Paired-sample t-tests, gap analysis, and Spearman correlation analyses were also used to examine differences, magnitudes, and associations across the three Human Rights (HR) constructs: *Autonomy*, *Community Living*, and *Participation*.

4.3.1 Differences Between Priorities and Practices

Across all 21 human rights indicators, paired-sample t-tests showed statistically significant differences ($p < .001$), with SLBs consistently rating priorities higher than practices.

These differences presented in Table 4.4 suggest widespread implementation gaps in translating organizational values into daily service delivery.

Table 4.4: Paired-sample t-test results for *Autonomy, Community Living, and Participation* among SLBs (n=108).

Indicator	$\overline{x}_{Pri}$	$\overline{x}_{Prq}$	Δ	SE	t
Category I Autonomy					
S1Q1: Person-Centered Supports and Services	4.463	4.065	0.398	0.074	5.355
S1Q2: Autonomous Decision-Making	4.333	3.870	0.463	0.068	6.846
S1Q3: Control Over Service Plan and Budget	4.167	3.565	0.602	0.077	7.853
S1Q4: Choice of Living Accommodations	4.111	3.583	0.528	0.084	6.307
S1Q5: Respectful Behavioral Support	4.241	3.815	0.426	0.078	5.457
S1Q6: Self-Determination	4.278	3.750	0.528	0.073	7.269
S1Q7: Control Over Service Delivery	4.111	3.667	0.444	0.075	5.941
Category II Community Living					
S2Q1: Full Community Engagement and Participation	4.463	3.926	0.537	0.079	6.764
S2Q2: Meaningful Employment	4.259	3.639	0.620	0.086	7.215
S2Q3: Community Supports for All	4.213	3.657	0.556	0.079	7.006
S2Q4: Community Inclusion for All	4.231	3.806	0.426	0.077	5.536
S2Q5: Person-Led Service Delivery Over Organization Led Service Delivery	4.194	3.769	0.426	0.071	5.991
S2Q6: Prioritizing Relationship and Community Building	4.389	3.870	0.519	0.075	6.916
S2Q7: Meaningful, Natural Supports	4.028	3.481	0.546	0.093	5.850
Category III Participation					
S3Q1: Stakeholder Input	4.009	3.611	0.398	0.070	5.726
S3Q2: Participation In Governance	3.815	3.389	0.426	0.082	5.171
S3Q3: Inclusive Strategic Planning	3.917	3.546	0.370	0.068	5.459
S3Q4: Approachable Leadership	4.111	3.833	0.278	0.060	4.626
S3Q5: Values Built into Operating Materials	4.407	4.102	0.306	0.057	5.406
S3Q6: Values Built into Employee-Related Materials	4.157	3.824	0.333	0.071	4.705
S3Q7: Collaboration with Stakeholders	4.324	4.037	0.287	0.059	4.873

Note: *All p-values were < .001 for the indicators reported.*

Among the three constructs, *Community Living* exhibited the largest average difference (Δ = 0.504), with *Meaningful Employment* (Δ = 0.620, t = 7.215) and *Full Community Engagement* (Δ = 0.537, t = 6.764) emerging as the most misaligned indicators. *Autonomy* followed with an average gap of 0.484, driven by large differences in *Control Over Service Plan and Budget* (Δ = 0.602) and *Self-Determination* (Δ = 0.528). The smallest gaps appeared in

Participation (M = 0.337), particularly for indicators such as *Inclusive Strategic Planning* (Δ = 0.370) and *Approachable Leadership* (Δ = 0.278).

These patterns resemble those seen among Decision-Makers but with slightly smaller magnitudes, suggesting that SLBs, potentially by virtue of their proximity to practice, may have a more grounded view of what is feasible and actually occurring. Nevertheless, the consistency of discrepancies across all three domains reinforces that SLBs also experience meaningful gaps between what is valued and what is enacted. This consistent pattern aligns with earlier research on human-service implementation, which finds that frontline workers often face structural and procedural barriers even when they endorse organizational values (Hasenfeld, 2010; Evans & Harris, 2004).

4.3.2 Gap Analysis: Magnitude and Distribution of Misalignment

To explore the distribution and directionality of implementation gaps, a gap analysis was conducted. As shown in Table 4.5, all mean difference scores were positive, confirming that practices lag priorities across all indicators.

In the area of *Autonomy*, gap scores ranged from 0.398 to 0.602, with the largest gap reported *for Control Over Service Plan and Budget*. Interestingly, two indicators, *Person-Centered Supports* and *Respectful Behavioral Support*, had negative skewness and high kurtosis, suggesting a subset of SLBs reported higher practice than priority or potentially extremely favorable practice ratings. Negative skewness in person-centered indicators may signal localized excellence, for example, units or supervisors who have achieved high-fidelity person-centered supports despite systemic limitations (McDonald & West, 2021). This may reflect variation in organizational service delivery approaches or exceptional approaches.

Table 4.5: Gap analysis results for *Autonomy, Community Living,* and *Participation* among Street-Level Bureaucrats (n=108).

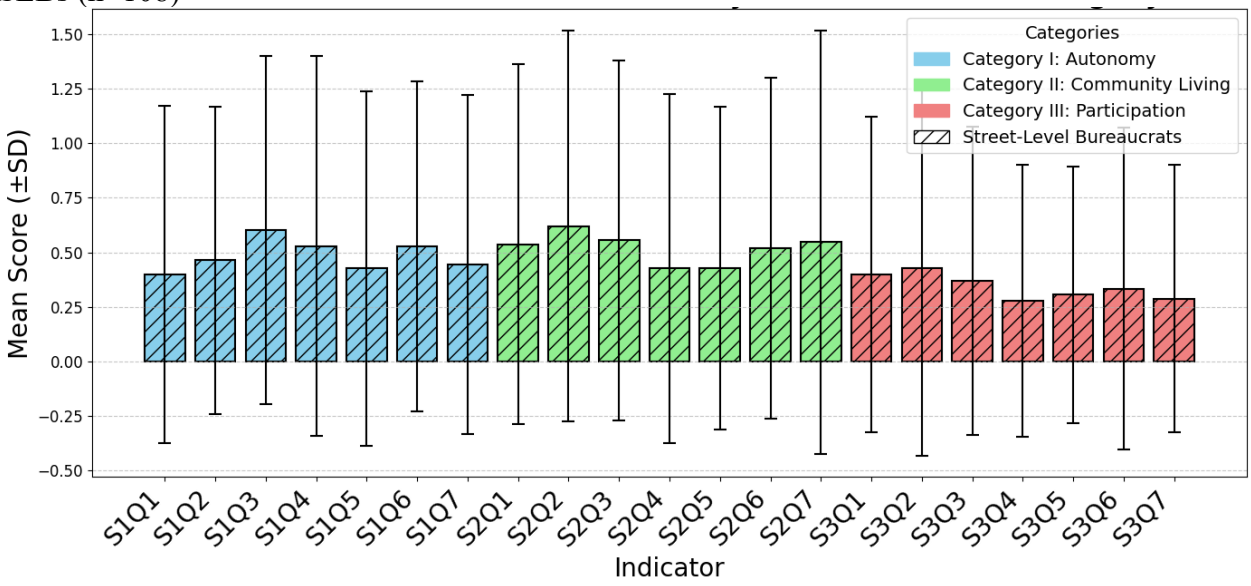
Indicator	$\bar{x}$	SD	*Min*	*Max*	*p1*	*P99*	Skew.	Kurt.
Category I Autonomy								
S1Q1: Person-Centered Supports and Services	.398	.773	-4	2	-2	2	-1.549	11.93
S1Q2: Autonomous Decision-Making	.463	.703	-1	2	-1	2	.538	2.871
S1Q3: Control Over Service Plan and Budget	.602	.796	-1	3	-1	3	.611	3.331
S1Q4: Choice of Living Accommodations	.528	.87	-2	3	-1	3	.643	3.437
S1Q5: Respectful Behavioral Support	.426	.811	-4	2	-1	2	-1.026	9.960
S1Q6: Self-Determination	.528	.755	-1	3	-1	2	.758	3.248
S1Q7: Control Over Service Delivery	.444	.777	-2	3	-1	2	.605	4.01
Category II Community Living								
S2Q1: Full Community Engagement and Participation	.537	.825	-2	3	-1	3	.633	3.816
S2Q2: Meaningful Employment	.62	.894	-2	3	-1	3	.582	3.315
S2Q3: Community Supports for All	.556	.824	-1	3	-1	3	.879	3.206
S2Q4: Community Inclusion for All	.426	.8	-2	3	-1	2	.739	3.91
S2Q5: Person-Led Service Delivery Over Organization Led Service Delivery	.426	.739	-2	3	-1	2	.815	4.534
S2Q6: Prioritizing Relationship and Community Building	.519	.779	-1	3	-1	2	.951	3.124
S2Q7: Meaningful, Natural Supports	.546	.97	-3	3	-2	3	.146	4.805
Category III Participation								
S3Q1: Stakeholder Input	.398	.723	-1	2	-1	2	.882	3.206
S3Q2: Participation In Governance	.426	.856	-2	4	-1	3	1.399	6.216
S3Q3: Inclusive Strategic Planning	.37	.705	-2	3	-1	2	.788	5.14
S3Q4: Approachable Leadership	.278	.624	-1	2	-1	2	1.351	4.679
S3Q5: Values Built into Operating Materials	.306	.587	-1	2	0	2	1.486	4.61
S3Q6: Values Built into Employee-Related Materials	.333	.736	-2	2	-1	2	.518	3.874
S3Q7: Collaboration with Stakeholders	.287	.612	-1	2	-1	2	1.47	4.782

Note: *All p-values were < .001 for the indicators reported.*

In *Community Living*, the largest gap was again for Meaningful Employment (Δ = 0.620), underscoring persistent difficulty in connecting people with IDD to community-integrated work. Positive skewness and kurtosis patterns across this domain suggest that while most SLBs perceive moderate gaps, some report considerable shortfalls, possibly reflecting localized barriers like lack of employer partnerships or inadequate service coordination.

Participation showed the smallest average gaps (Δ = 0.278 to 0.426), yet high skewness and kurtosis (e.g., Participation in Governance, Skew = 1.399), suggesting fragmented implementation. As can be seen in Figure 4.3, these results point to greater consistency in some organizations and wide variability in others.

Figure 4.3: Gap Analysis for Autonomy, Community Living, and Participation (red) among SLBs (n=108)



Note: *Mean difference scores and standard deviations for human rights principles across Autonomy (blue), Community Living (green), and Participation (red) constructs among SLBs (n=108).*

These findings point to an uneven landscape of human rights implementation, where some organizations make meaningful progress in closing alignment gaps, while others continue

to struggle significantly. The perceived gaps in *Autonomy* and *Community Living* may reflect deeper structural issues like insufficient time and staffing, lack of flexibility in funding streams, or limited cross-system collaboration for natural support and employment.

The weaker associations observed in Autonomy and Community Living constructs likely stem from entrenched structural barriers that prevent organizations from fully enacting these values, even when prioritized. Prior research in the disability and human services fields has consistently emphasized how domains requiring individualized, community-based, and person-directed supports are especially vulnerable to systemic constraints (Braddock et al., 2015; Stancliffe et al., 2011).

Autonomy and Community Living are domains that demand time-intensive planning, flexible funding mechanisms, and robust interagency collaboration, features that are often absent in traditional service delivery models. Several implementation studies have pointed out that staffing shortages, high caseloads, and lack of decision-making autonomy among frontline staff significantly limit the ability to provide person-centered services like individualized budgeting or natural supports (Aarons et al., 2011; Hewitt et al., 2012). Moreover, rigid Medicaid reimbursement models, which incentivize billable hours and standardized service provision, can disincentivize the kind of creativity and flexibility needed to support individualized autonomy (Tilly & Weissert, 2000).

From a policy perspective, cross-system collaboration, for example, coordination between IDD, behavioral health, housing, and workforce development systems, is often underdeveloped, resulting in fragmented service navigation and gaps in natural supports or employment opportunities (Hall et al., 2011; O'Day & Killeen, 2002). This misalignment is further exacerbated in rural or underserved areas, where community-based resources are already

scarce and where individuals with IDD face compounded barriers due to geography, stigma, or race (Nord et al., 2014).

Thus, these findings do not merely signal lagging implementation; they reflect what Critical Disability Theory would frame as *institutionalized ableism*, systems that are structurally designed to deliver custodial care rather than to support self-determination and full inclusion (Gillies, 2014; Devlin & Pothier, 2006). Bridging this gap requires more than policy mandates, it demands intentional, sustained investment in reimagining service systems to support meaningful autonomy and interdependence.

This supports the conclusion that prioritization alone is not enough, a rights-based vision must be operationalized through organizational capacity-building, flexible policy instruments, and cross-sector integration. As Fixsen et al. (2005) argue, implementation is a multi-stage process that demands aligned leadership, infrastructure, and feedback loops; without these, the very values organizations claim to uphold remain aspirational.

4.3.3 Correlations Between Priorities and Practices

To assess consistency between what is valued and what is implemented, Spearman correlation coefficients were computed across all Human Rights (HR) indicators for frontline respondents (Street-Level Bureaucrats). Results are summarized in Table 4.6. All correlations were statistically significant ($p < .001$), ranging from moderately strong ($\rho = 0.537$) to very strong ($\rho = 0.834$) indicating a strong positive association between priorities and practices.

Table 4.6: Spearman correlations for *Autonomy, Community Living, and* Participation among SLB*s (n=108).*

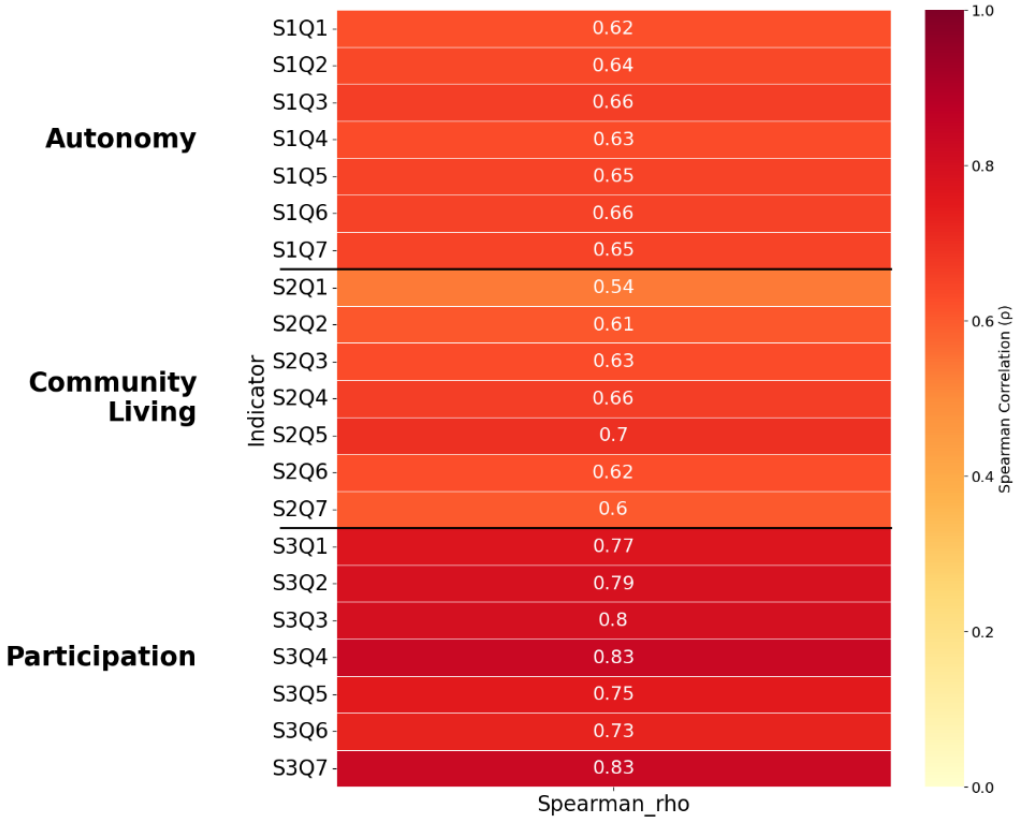
Indicator	ρ
Category I Autonomy	
S1Q1: Person-Centered Supports and Services	0.624
S1Q2: Autonomous Decision-Making	0.638
S1Q3: Control Over Service Plan and Budget	0.664
S1Q4: Choice of Living Accommodations	0.631
S1Q5: Respectful Behavioral Support	0.652
S1Q6: Self-Determination	0.655
S1Q7: Control Over Service Delivery	0.650
Category II Community Living	
S2Q1: Full Community Engagement and Participation	0.537
S2Q2: Meaningful Employment	0.609
S2Q3: Community Supports for All	0.632
S2Q4: Community Inclusion for All	0.664
S2Q5: Person-Led Service Delivery Over Organization-Led Service Delivery	0.697
S2Q6: Prioritizing Relationship and Community Building	0.625
S2Q7: Meaningful, Natural Supports	0.602
Category III Participation	
S3Q1: Stakeholder Input	0.771
S3Q2: Participation In Governance	0.792
S3Q3: Inclusive Strategic Planning	0.798
S3Q4: Approachable Leadership	0.834
S3Q5: Values Built into Operating Materials	0.751
S3Q6: Values Built into Employee-Related Materials	0.727
S3Q7: Collaboration with Stakeholders	0.829

Note: *All p-values were < .001 for the indicators reported.*

The highest correlations emerged within the *Participation* domain, particularly for indicators related to Approachable Leadership (ρ = 0.834), Collaboration with Stakeholders (ρ = 0.829), and Inclusive Strategic Planning (ρ = 0.798), suggesting that SLBs perceive that when values are present, practices are more likely to be present. Strong correlations in Participation may reflect that SLBs operate within clearer procedural frameworks (e.g., mandated team meetings, care-planning protocols) that frames and ensure institutionalized participation (Guldbrandsson & Fossum, 2009; Aarons et al., 2011).

While correlations were slightly lower in Autonomy and Community Living domains, they remained robust, highlighting that when frontline staff prioritize human rights principles, they are also more likely to perceive those principles being reflected in their day-to-day practice. These results suggest that participatory practices may be more clearly communicated and reinforced at the frontline level.

Figure 4.4: Spearman Correlation Between *Human Rights* Priorities and Practices Heat Map for SLBs



Note. *Spearman Correlations Between Human Rights Priorities and Practices Across Constructs for SLBs*

Correlations in *Autonomy* (ρ = 0.624 to 0.664) suggest moderate-to-strong alignment between values and practices in person-centered decision-making and support planning. Meanwhile, *Community Living* showed slightly weaker and more variable correlations, with *Full*

Community Engagement and *Meaningful Employment* showing the weakest relationship between prioritization and practice.

Organizational values appear to have meaningful influence, but practical implementation is still constrained by systemic barriers well-documented in the disability services literature, including rigid regulatory policies, persistent workforce shortages, and insufficient community infrastructure (Hewitt, Larson, & Lakin, 2012; Innes et al., 2012; Friedman, 2018; Larson et al., 2023). These empirical studies collectively demonstrate that even when organizational culture strongly emphasizes person-centered and rights-based values, high staff turnover, limited funding flexibility, and fragmented interagency systems undermine consistent application in practice. Such findings reinforce the above analysis, suggesting that alignment at the street level depends not only on individual or organizational intent but also on broader policy and structural capacity to sustain implementation.

According to Policy Implementation Theory (Shahriar & Khan, 2016), these patterns highlight the importance of discretion, adequate resources, and clear directives at the service-delivery level. The stronger correlations observed in the *Participation* domain align with this perspective, suggesting that when expectations and procedures are well defined, like for example in stakeholder engagement, communication, or governance processes, frontline staff have greater clarity and flexibility to act. These practices are also more observable and routinized, which enhances accountability and feedback loops between leadership and frontline staff (Fixsen et al., 2005; Guldbrandsson & Fossum, 2009). In contrast, domains such as *Autonomy* and *Community Living* often rely on more diffuse, less observable activities that require individualized decision-making and cross-sector coordination, where ambiguity and risk management constrain discretion (Lipsky, 1980; Tummers & Bekkers, 2014). This difference underscores how the

visibility and codifiability of certain values may influence the degree to which they can be implemented and sustained in daily practice.

4.3.4 Interpretation and Implications

The alignment patterns reported by SLBs resemble those of ODMs, but with smaller average gaps and generally lower absolute scores across both priorities and practices. This pattern suggests that while SLBs perceive somewhat tighter coherence between what is said and done, their ratings reflect a more grounded perspective of organizational performance. Prior research indicates that frontline workers often rate organizational practices more conservatively than administrators, partly because they experience constraints and resource gaps firsthand (Hasenfeld, 2010; Brodkin, 2012; Hewitt et al., 2012). In this sense, smaller gaps among SLBs do not necessarily signal stronger implementation but rather a more context-informed view of what is feasible within existing conditions. Their proximity to service delivery provides nuanced insight into the day-to-day realities of implementation, such as limited time for individualized planning, staff turnover, or lack of tools to foster natural supports, which align with empirical findings on systemic barriers to person-centered practice (Friedman, 2018; Larson et al., 2023). Collectively, these results suggest that SLBs' evaluations may better capture implementation feasibility than aspirational alignment, underscoring the importance of considering role-based interpretation when assessing coherence between organizational values and practice.

Beyond role-based differences, domain-specific patterns reveal where alignment breaks down most sharply. The largest and most consistent misalignments were in Community Living, especially regarding employment and natural support, domains dependent on external systems, partnerships, and long-term investments. Critical Disability Theory (Hosking, 2008; Rioux & Prince, 2002; Gillies, 2014) argues that these struggles are not merely logistical; they reflect

persistent structural ableism and service systems still designed to contain rather than liberate. Empirical work reinforces this perspective, showing that systemic ableism and inequitable resource distribution continue to limit autonomy, inclusion, and full community participation for people with intellectual and developmental disabilities (Friedman, 2018, 2021, 2023).

The Theory of Individual Quality of Life (Schalock et al., 2016) adds further depth to this interpretation. Gaps in *Autonomy* and *Community Living* directly threaten core quality-of-life domains, including self-determination, interpersonal relationships, and social inclusion. Several studies by Carli Friedman using the Personal Outcome Measures®[3] framework have found these domains to be among the most predictive of overall well-being and life satisfaction for people with IDD (Friedman, 2019; Friedman & VanPuymbrouck, 2020). These findings underscore that *Autonomy* and *Community Living* are not peripheral program goals, they represent the foundation of human rights and quality of life in disability services.

SLBs' consistently strong correlations between values and practice, particularly in Participation, may suggest that alignment is most achievable in contexts where organizational structures actively support collaboration and communication. Although the present data do not directly test these relationships, prior research has shown that staff inclusion, open communication, and participatory leadership enhance organizational readiness and the translation of human-rights-based values into everyday practice (Aarons et al., 2011; Guldbrandsson & Fossum, 2009; Weiner, 2009; Fixsen et al., 2005). As further discussed in Chapter 6, these findings correspond with organizational-level patterns identified in the performance constructs.

[3] The *Personal Outcome Measures® (POMs)* is a person-centered quality-of-life assessment tool developed by the Council on Quality and Leadership (CQL, 2017). It evaluates outcomes that matter most to people receiving services, such as choice, autonomy, relationships, and community participation, and the organizational supports that enable those outcomes. The POMs framework is frequently used in disability services research to examine the relationship between individual experiences, organizational supports, and broader quality-of-life outcomes (Friedman, 2019; Friedman & VanPuymbrouck, 2020).

Organizations that cultivate feedback loops between leadership and frontline staff, provide autonomy-supportive supervision, and maintain transparent communication channels are more likely to sustain value–practice coherence and equitable implementation across programs (Friedman, 2019; McDonald & West, 2021). Conversely, the variability in gap size and distribution across organizations signals persistent inequities in how rights are realized, reinforcing the need for intentional strategies to build capacity, strengthen accountability, and develop system-level supports that embed human rights across all levels of service delivery.

4.4 Alignment of Organizational Performance Priorities and Practices for ODMs

This section addresses Research Question 3: *To what extent are Organizational Performance priorities and practices aligned according to Organizational Decision-Makers (ODMs)?* Drawing from constructs four through six of the Organizational Priorities and Practices Inventory (OPPI), the analysis examines three domains of internal organizational functioning, *Staff Management*, *Leadership Development*, and *Diversity, Equity, and Inclusion* (DEI), using paired-sample t-tests, gap analysis, and Spearman correlation coefficients to evaluate alignment.

4.4.1 Differences Between Priorities and Practices

Paired sample t-tests revealed statistically significant differences ($p < .001$) across all 21 organizational performance indicators. Decision-Makers consistently rated priorities higher than practices, pointing to substantial implementation gaps across all three constructs.

Table 4.7: Paired sample t-test for Staff Management, Leadership, and DEI among ODMs (n=110).

Indicator	$\bar{x}_{Pri}$	$\bar{x}_{Pra}$	Δ	SE	*t*
Category IV Staff Management					
S4Q1: Staff Participation in Decision Making	4.173	3.445	0.727	0.090	8.052
S4Q2: Comprehensive Training and Support	4.382	3.600	0.782	0.095	8.209
S4Q3: Flexibility For Staff	4.118	3.564	0.555	0.087	6.359
S4Q4: Staff Development	4.273	3.691	0.582	0.091	6.411
S4Q5: Staff Appreciation	4.518	3.791	0.727	0.080	9.146
S4Q6: Staff Participation in Financial Decision-Making	3.282	2.600	0.682	0.102	6.708
S4Q7: Staff Knowledge Development	3.836	3.191	0.645	0.087	7.402
Category V Leadership Development	$\bar{x}_{Pri}$	$\bar{x}_{Pra}$	Δ	SE	*t*
S5Q1: Ethical Leadership	4.591	4.145	0.445	0.071	6.236
S5Q2: Compelling Leadership	4.473	3.791	0.682	0.088	7.789
S5Q3: *Culture Enhancing Leadership*	4.555	3.855	0.700	0.081	8.618
S5Q4: Leadership Development	4.255	3.545	0.709	0.097	7.314
S5Q5: Internal Leadership Succession	4.418	3.945	0.473	0.078	6.041
S5Q6: Team Leadership	4.382	3.718	0.664	0.083	7.998
S5Q7: Resourceful Leadership	4.373	3.882	0.491	0.079	6.187
Category VI DEI	$\bar{x}_{Pri}$	$\bar{x}_{Pra}$	Δ	SE	*t*
S6Q1: Workforce Diversity	4.345	3.755	0.591	0.087	6.798
S6Q2: Valued Diversity	4.509	4.018	0.491	0.063	7.800
S6Q3: DEI Policies & Practices	4.436	3.891	0.545	0.081	6.708
S6Q4: DEI Professional Training and Development	4.345	3.736	0.609	0.095	6.412
S6Q5: Anti-Discrimination Policy	4.673	4.391	0.282	0.067	4.189
S6Q6: DEI Evaluation	3.973	3.318	0.655	0.097	6.746
S6Q7: Equitable Staff Development and Promotion	4.536	4.309	0.227	0.057	3.969

Note: *All p-values were < .001 for the indicators reported.*

The largest differences were found in the *Staff Management* domain (M = 0.667), especially in *Comprehensive Training and Support* (Δ = 0.782) and *Staff Appreciation* (Δ = 0.727). These results indicate a disconnect between organizations' commitment to workforce support and the perceived enactment of those commitments.

The *Leadership Development* domain followed (M = 0.609), with major gaps reported for *Leadership Development* and *Culture-Enhancing Leadership* (Δs = 0.709 and 0.700, respectively), suggesting that while leadership ideals are valued, their application is inconsistent.

In contrast, DEI showed the smallest average differences (M = 0.457), with *Equitable Staff Development* (Δ = 0.227) and *Anti-Discrimination Policy* (Δ = 0.282) reflecting closer alignment. These patterns imply stronger attention to formal DEI commitments, although variability still exists.

4.4.2 Gap Analysis: Magnitude and Distribution of Misalignment

Gap analysis further confirmed the extent of misalignment. All mean gap scores were positive, confirming that practices lag priorities across all domains. The largest gaps were observed in indicators related to training, leadership development, and inclusive practices, areas that often require long-term investment and cultural change.

Table 4.8: Gap analysis results for *Staff Management, Leadership,* and *DEI* among ODMs(n=110)

Indicator	$\bar{x}$	SD	*Min*	*Max*	*p1*	*P99*	Skew.	Kurt.
Category IV Staff Management								
S4Q1: Staff Participation in Decision Making	.727	.947	-2	4	-1	3	.762	3.936
S4Q2: Comprehensive Training and Support	.782	.999	-2	3	-2	3	.28	3.135
S4Q3: Flexibility For Staff	.555	.915	-1	3	-1	3	1.067	3.837
S4Q4: Staff Development	.582	.952	-2	3	-1	3	.726	3.165
S4Q5: Staff Appreciation	.727	.834	-2	3	-1	2	.163	3
S4Q6: Staff Participation in Financial Decision-Making	.682	1.066	-2	4	-1	4	1.071	3.856
S4Q7: Staff Knowledge Development	.645	.915	-1	3	-1	3	.758	3.225
Category V Leadership								
S5Q1: Ethical Leadership	.445	.749	-1	3	-1	3	1.305	4.461
S5Q2: Compelling Leadership	.682	.918	-1	3	-1	3	.67	2.785
S5Q3: *Culture Enhancing Leadership*	.700	.852	-1	3	0	3	.971	3.439
S5Q4: Leadership Development	.709	1.017	-2	3	-2	3	.448	3.252
S5Q5: Internal Leadership Succession	.473	.821	-1	3	-1	3	1.038	3.599
S5Q6: Team Leadership	.664	.87	-1	3	-1	3	.706	2.865
S5Q7: Resourceful Leadership	.491	.832	-1	3	-1	3	1.372	4.825
Category VI DEI								
S6Q1: Workforce Diversity	.591	.912	-1	3	-1	3	1.189	3.952
S6Q2: Valued Diversity	.491	.66	0	2	0	2	.995	2.828
S6Q3: DEI Policies & Practices	.545	.853	-2	3	-1	3	.839	3.88
S6Q4: DEI Professional Training and Development	.609	.996	-1	4	-1	3	1.234	4.082
S6Q5: Anti-Discrimination Policy	.282	.706	-1	3	-1	3	2.221	8.107
S6Q6: DEI Evaluation	.655	1.018	-1	4	-1	3	1.045	3.46
S6Q7: Equitable Staff Development and Promotion	.227	.601	-1	3	-1	2	2.165	8.414

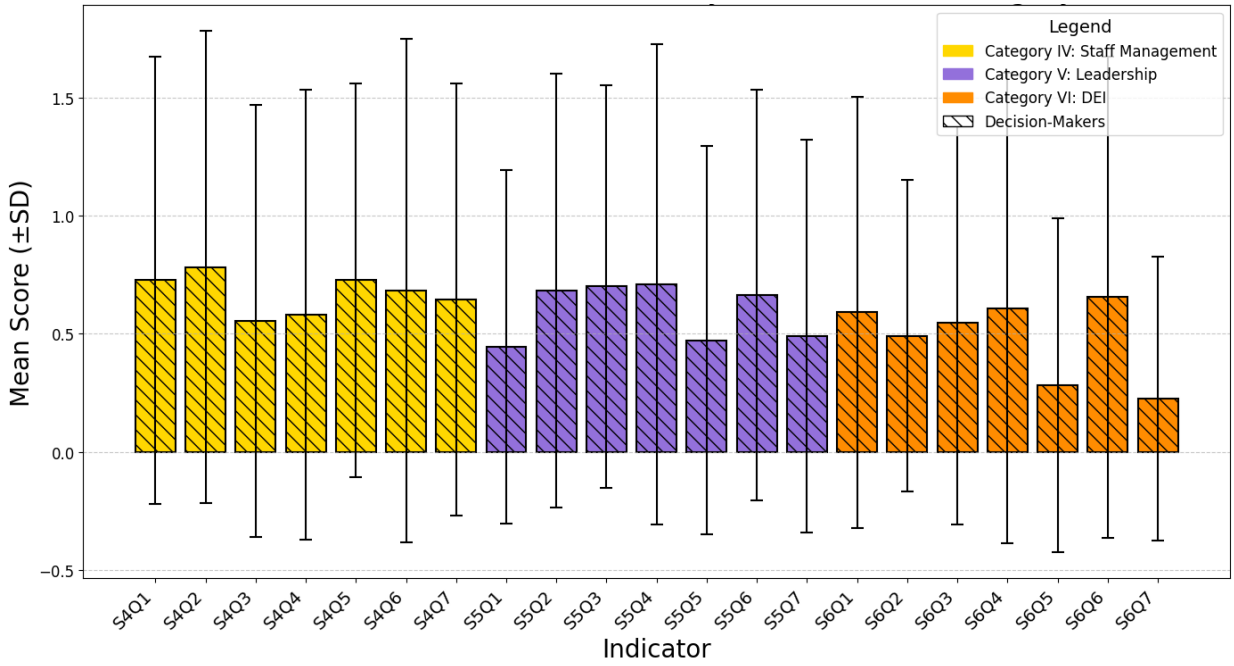
Note: *All p-values were < .001 for the indicators reported.*

Staff Management, *Comprehensive Training and Support* ($\bar{x}$ = 0.782) and *Staff Appreciation* ($\bar{x}$ = 0.727) had the largest gaps. The wide standard deviations and right-skewed distributions indicate variability, with some organizations reporting very high discrepancies in staff-related practices. *Leadership* showed similar trends. *Leadership Development* ($\bar{x}$ = 0.709) and *Culture-Enhancing Leadership* ($\bar{x}$ = 0.700) reflected persistent misalignment, compounded

by high skewness and kurtosis values that suggest a small group of organizations experience extreme gaps. In *DEI*, although gaps were generally smaller, high skewness values for *Equitable Promotion* (Skew = 2.165) and *Anti-Discrimination Policy* (Skew = 2.221) indicate concentrated shortfalls in a subset of organizations. This reveals inconsistencies in how DEI values are realized.

Figure 4.5 visually depicts the mean gap scores and standard deviations across all Organizational Performance indicators for each construct: Staff Management, Leadership, and DEI. As shown, the most pronounced gaps appear in Staff Management and Leadership, particularly in indicators involving staff training, appreciation, and leadership development. DEI indicators, while still exhibiting gaps, tend to show smaller average differences and less variability, suggesting relatively strong implementation in that domain. This chart reinforces the finding that internal workforce values are not yet fully realized in everyday organizational practices.

Figure 4.5: Gap Analysis *Staff Management*, *Leadership*, and *DE*I for ODMs (n=110)



Note: *Mean difference scores and standard deviations for organizational performance principles across Staff Management, Leadership, and DEI constructs among ODMs (n=110)*

These findings indicate that, despite stated commitments to staff development, leadership growth, and equity, implementation remains uneven. Policy Implementation Theory (Shahriar & Khan, 2016) suggests these discrepancies may stem from underdeveloped systems, lack of clear accountability structures, and resource constraints.

4.4.3 Correlations Between Priorities and Practices

Spearman correlation coefficients were calculated to evaluate the strength of association between priorities and practices. Table 4.9 presents the results of this analysis.

Table 4.9: Spearman correlations for Staff Management, Leadership, and DEI among ODMs (n=110)

Indicator	ρ
Category IV Staff Management	
S4Q1: Staff Participation in Decision Making	0.623
S4Q2: Comprehensive Training and Support	0.485
S4Q3: Flexibility for Staff	0.611
S4Q4: Staff Development	0.570
S4Q5: Staff Appreciation	0.497
S4Q6: Staff Participation in Financial Decision-Making	0.646
S4Q7: Staff Knowledge Development	0.706
Category V Leadership	
S5Q1: Ethical Leadership	0.596
S5Q2: Compelling Leadership	0.444
S5Q3: *Culture Enhancing Leadership*	0.529
S5Q4: Leadership Development	0.517
S5Q5: Internal Leadership Succession	0.648
S5Q6: Team Leadership	0.513
S5Q7: Resourceful Leadership	0.678
Category VI DEI	
S6Q1: Workforce Diversity	0.643
S6Q2: Valued Diversity	0.710
S6Q3: DEI Policies & Practices	0.652
S6Q4: DEI Professional Training and Development	0.520
S6Q5: Anti-Discrimination Policy	0.698
S6Q6: DEI Evaluation	0.635
S6Q7: Equitable Staff Development and Promotion	0.771

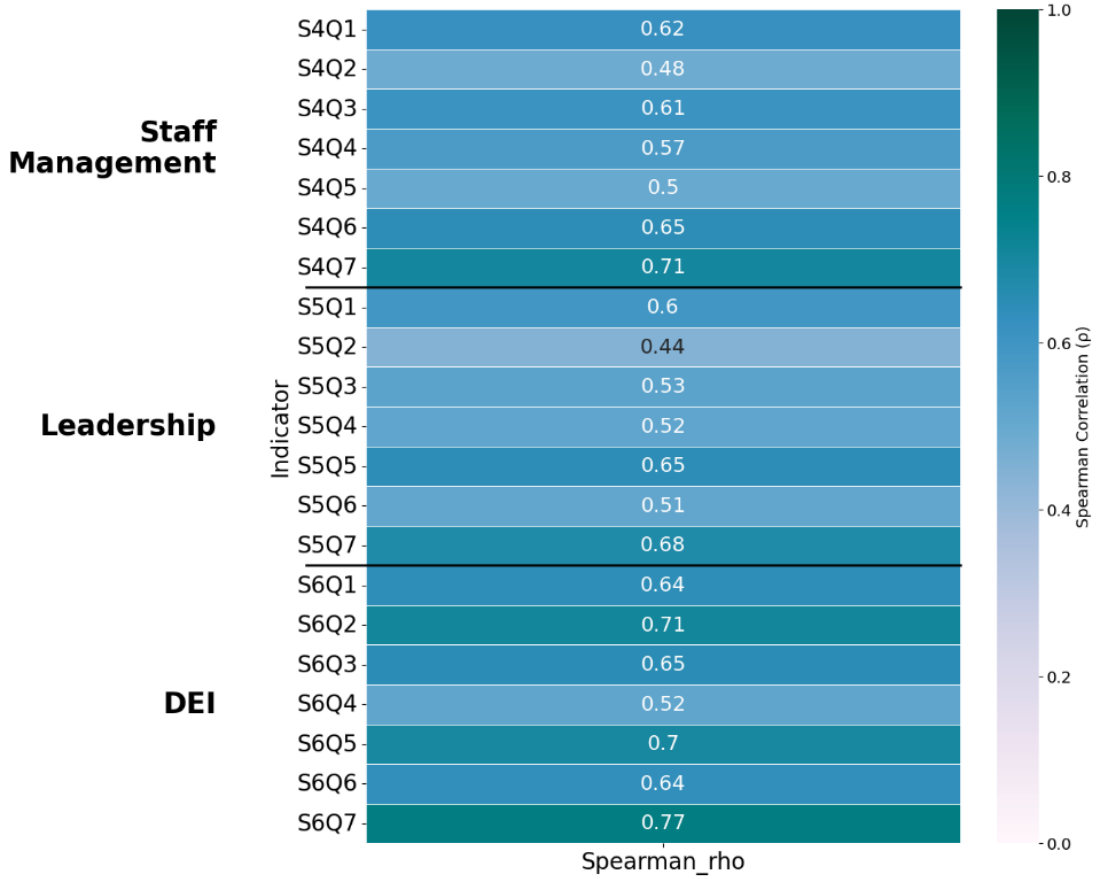
Note: *All p-values were < .001 for the indicators reported.*

Staff Management correlations ranged from ρ = 0.485 to 0.706, with Staff Knowledge Development showing the highest consistency. This suggests that when staff values are explicitly prioritized, related practices are also more likely to be implemented, though not uniformly across organizations. Leadership showed the weakest and most inconsistent correlations (ρ = 0.444 to 0.678), particularly for Compelling Leadership and Culture-Enhancing Leadership. This reveals a gap between leadership ideals and practice, potentially linked to limited training infrastructure, inconsistent supervisory accountability, and competing administrative demands (Aarons et al., 2011; Weiner, 2009).

Diversity, Equity, and Inclusion (DEI) presented the strongest relationships (ρ = 0.520 to 0.771), with Equitable Promotion and Valued Diversity leading the way. These findings imply that DEI-related values may benefit from clearer implementation frameworks, sustained leadership modeling, and external accountability mechanisms, factors identified in organizational change literature as critical to institutionalizing equity (Nishii, 2013; Shore et al., 2018). In disability services, evidence suggests that DEI progress is often driven by compliance mandates, accreditation standards, and funder expectations that require measurable equity outcomes (CQL, 2022; Friedman, 2021). Together, these results suggest that while many organizations may embrace DEI theoretically, sustained alignment depends on embedding equity within performance metrics, leadership evaluations, and policy infrastructure.

Figure 4.6 displays a heat map of Spearman correlation coefficients between organizational performance priorities and practices reported by Organizational Decision-Makers (ODMs). As discussed above, correlations range from moderate to strong (ρ = .44 to .77), with *DEI* indicators showing the strongest and most consistent relationships, particularly in collaboration and equity-driven practices. As the graph illustrates, *Staff Management* also demonstrated solid associations, especially around training and supervision, while *Leadership* indicators were comparatively weaker, indicating greater variability in how these values correspond with implementation. These correlations reflect the strength of association between what organizations prioritize and what they enact from the ODMs perspective, indicating where internal value systems and operational practices are most consistently aligned. Such patterns are consistent with implementation research showing that alignment between organizational intent and behavior depends on feedback mechanisms, leadership support, and workforce capacity (Fixsen et al., 2005; Aarons et al., 2011; Weiner, 2009).

Figure 4.6: Sperman Correlations Heat Map for Organizational Performance Management domains for ODMs (n=110*)*



Note. *Spearman Correlations Between Organizational Performance Priorities and Practices Across Constructs for ODMs*

4.4.4 Interpretation and Implications

The most substantial misalignments reported by ODMs were found in the *Staff Management* domain, suggesting a systemic failure to translate workforce-related values into actionable organizational support. Persistent challenges in training, recognition, and participatory decision-making may indicate patterns of institutional inertia, which according to foundational scholarship and Institutional Theory is a tendency for organizations to reproduce existing structures and practices even when new priorities are identified (Meyer & Rowan, 1977; Scott, 2014). Empirical studies within disability services similarly point to insufficient workforce

infrastructure, including limited career pathways, inadequate supervision models, and inconsistent access to professional development, as key barriers to implementing person-centered and rights-based practices (Hewitt et al., 2012; Larson et al., 2023; Friedman, 2018). These structural weaknesses directly contribute to low morale and high turnover, which in turn undermine service quality and organizational stability, critical concerns amid ongoing workforce shortages across the disability sector (Bogenschutz et al., 2020; Hewitt et al., 2012).

In *Leadership*, implementation gaps were particularly acute in developmental and culture-enhancing practices. Despite leadership being frequently championed in mission statements of organizations supporting people with IDD, weak correlations and high gap scores reveal that these practices are not meaningfully embedded. Recent research has shown that while transformational and participatory leadership styles are associated with higher staff satisfaction and service quality, such approaches are rarely operationalized through structured systems for coaching, accountability, or succession planning (Friedman, 2020; Hewitt et al., 2021; Bigby et al., 2022). This disconnect between aspirational leadership discourse and day-to-day management practices reflects broader implementation challenges documented across the human-services sector, where visionary rhetoric is often undermined by workload pressures, limited training infrastructure, and insufficient investment in leadership development (Aarons et al., 2011; Harkins et al., 2023). As a result, leadership ideals remain disconnected from operational systems, perpetuating inconsistency in culture-building and staff development across organizations.

DEI stood out as the domain with the strongest value–practice alignment, yet high variability across organizations remains a considerable concern. These differences likely reflect uneven leadership commitment, disparities in resource allocation, and inconsistent access to DEI

expertise. Previous research has shown that while many disability service organizations publicly embrace equity principles, few possess the structural supports, dedicated funding, trained DEI officers, or measurable equity goals which necessary to sustain them (Friedman, 2021; CQL, 2022; Cahn et al., 2023). Variability in implementation mirrors broader trends in the nonprofit and human-services sectors, where equity initiatives often depend on individual champions rather than institutionalized accountability systems (Nishii, 2013; Shore et al., 2018; O'Neill et al., 2022). Such inconsistency raises equity concerns and underscores that without system-level investment, policy guidance, and leadership accountability, DEI may remain largely aspirational rather than operationalized in everyday organizational practice.

According to *Critical Disability Theory* (Hosking, 2008; Rioux & Prince, 2002), these findings indicate persistent systemic exclusion and inequity, manifested in unequal access to professional growth, disproportionate representation of members from underserved communities in leadership roles, and inconsistent organizational investment in inclusive practices. Despite broad endorsement of DEI and human-rights principles, organizational structures often reproduce existing hierarchies that privilege administrative authority and compliance over empowerment and shared decision-making (Friedman, 2021; Bigby et al., 2022; O'Neill et al., 2022). While alignment is stronger in areas subject to policy mandates or external pressure (e.g., DEI reporting and compliance), domains such as leadership development and staff support, which require sustained cultural and structural change, remain inconsistently enacted. *Policy Implementation Theory* (Shahriar & Khan, 2016) further suggests that without clear frameworks, dedicated resources, and capacity-building mechanisms, strong values alone are insufficient to ensure consistent practice.

4.5 Alignment of Organizational Performance Priorities and Practices for SLBs

This section addresses Research Question Four: *To what extent are Organizational Performance priorities and practices aligned according to Street-Level Bureaucrats (SLBs)?* Drawing on data from 108 SLBs, this analysis explores the alignment between performance priorities and practices across three constructs of the Organizational Priorities and Practices Inventory (OPPI): *Staff Management, Leadership Development*, and *Diversity, Equity, and Inclusion (DEI)*. Using paired sample t-tests, gap analysis, and Spearman correlations, the section provides a frontline perspective on the internal systems shaping staff experience, complementing the leadership insights discussed in the prior section.

4.5.1 Differences Between Priorities and Practices

Paired-sample *t*-tests revealed statistically significant differences ($p < .001$) across all 21 indicators, with SLBs consistently rating organizational priorities higher than their corresponding practices. These results suggest a widespread perception among frontline staff that, while their organizations express strong commitments to *Organizational Performance* values, actual implementation often falls short. The consistency of this pattern across all indicators points to a systemic gap between intention and action, indicating that barriers to implementation are likely structural rather than confined to specific domains. Table 4.10 presents these results in detail, illustrating where the greatest discrepancies emerge and reinforcing the need for deeper exploration of the organizational factors contributing to this misalignment.

Table 4.10: Paired-sample t-test for *Staff Management, Leadership,* and *DEI* among SLBs (n=108).

Indicator	$\bar{x}_{Pri}$	$\bar{x}_{Pra}$	Δ	SE	*t*
Category IV Staff Management					
S4Q1: Staff Participation in Decision Making	3.843	3.213	0.630	0.081	7.806
S4Q2: Comprehensive Training and Support	4.056	3.333	0.722	0.083	8.698
S4Q3: Flexibility For Staff	4.019	3.648	0.370	0.069	5.360
S4Q4: Staff Development	3.880	3.481	0.398	0.067	5.942
S4Q5: Staff Appreciation	4.296	3.741	0.556	0.076	7.314
S4Q6: Staff Participation in Financial Decision-Making	3.074	2.667	0.407	0.073	5.559
S4Q7: Staff Knowledge Development	3.630	3.120	0.509	0.070	7.252
Category V Leadership					
S5Q1: Ethical Leadership	4.315	3.889	0.426	0.076	5.619
S5Q2: Compelling Leadership	4.185	3.593	0.593	0.074	7.958
S5Q3: *Culture Enhancing Leadership*	4.185	3.750	0.435	0.079	5.493
S5Q4: Leadership Development	3.963	3.407	0.556	0.080	6.911
S5Q5: Internal Leadership Succession	4.139	3.843	0.296	0.074	4.028
S5Q6: Team Leadership	4.204	3.639	0.565	0.085	6.683
S5Q7: Resourceful Leadership	3.935	3.583	0.352	0.076	4.634
Category VI DEI					
S6Q1: Workforce Diversity	4.157	3.537	0.620	0.086	7.215
S6Q2: Valued Diversity	4.324	3.963	0.361	0.065	5.550
S6Q3: DEI Policies & Practices	4.259	3.852	0.407	0.073	5.559
S6Q4: DEI Professional Training and Development	4.093	3.639	0.454	0.079	5.717
S6Q5: Anti-Discrimination Policy	4.602	4.315	0.287	0.060	4.755
S6Q6: DEI Evaluation	3.907	3.556	0.352	0.070	5.026
S6Q7: Equitable Staff Development and Promotion	4.352	4.093	0.259	0.069	3.767

Note: *All p-values were < .001 for the indicators reported.*

Staff Management showed the largest average difference (M = 0.536), particularly in *Comprehensive Training and Support* (Δ = 0.722) and *Staff Participation in Decision-Making* (Δ = 0.630). These findings point to persistent challenges in equipping and involving staff in decision-making. *Leadership* followed closely (M = 0.518), with *Compelling Leadership* (Δ = 0.593) and *Team Leadership* (Δ = 0.565) showing the greatest misalignment. These results indicate perceived shortcomings in fostering collaboration and visionary leadership among direct supervisors and managers. *DEI* showed the smallest average difference (M = 0.394), with strong

alignment in *Equitable Staff Development* (Δ = 0.259) and *Anti-Discrimination Policy* (Δ = 0.287), though gaps persisted in *Workforce Diversity* (Δ = 0.620).

4.5.2 Gap Analysis: Magnitude and Distribution of Misalignment

Gap scores further illuminate the magnitude and distribution of misalignment perceived by SLBs. These scores reveal not only the presence of misalignment, but also which areas exhibit the largest disparities between what organizations claim to value and what is enacted on the ground. Higher, positive, gap values indicate domains where translation from policy to practice is particularly weak, often in areas requiring individualized, relational, or sustained organizational effort. Table 4.11 illustrates these patterns, offering a more nuanced view of which constructs are most vulnerable to implementation shortfalls.

Table 4.11: Gap analysis for *Staff Management, Leadership,* and *DEI* among SLBs (n=108).

Indicator	$\bar{x}$	SD	*Min*	*Max*	*p1*	*P99*	Skew.	Kurt.
Category IV Staff Management								
S4Q1: Staff Participation in Decision Making	.63	.838	-1	3	-1	3	.686	2.863
S4Q2: Comprehensive Training and Support	.722	.863	-1	4	-1	3	.829	3.769
S4Q3: Flexibility for Staff	.37	.718	-2	3	-1	2	.689	4.903
S4Q4: Staff Development	.398	.696	-1	2	-1	2	.618	3.112
S4Q5: Staff Appreciation	.556	.789	-1	3	-1	3	.733	3.523
S4Q6: Staff Participation in Financial Decision-Making	.407	.762	-1	3	-1	2	.825	3.698
S4Q7: Staff Knowledge Development	.509	.73	-1	2	-1	2	.765	2.678
Category V Leadership								
S5Q1: Ethical Leadership	.426	.788	-3	3	-1	2	.246	6.18
S5Q2: Compelling Leadership	.593	.774	-1	4	-1	2	.843	5.341
S5Q3: *Culture Enhancing Leadership*	.435	.823	-3	4	-1	3	.763	8.120
S5Q4: Leadership Development	.556	.835	-1	3	-1	3	1.08	3.535
S5Q5: Internal Leadership Succession	.296	.764	-2	3	-1	3	1.211	5.801
S5Q6: Team Leadership	.565	.878	-2	4	-1	3	.882	5.075
S5Q7: Resourceful Leadership	.352	.789	-1	4	-1	4	2.159	9.971
Category VI DEI								
S6Q1: Workforce Diversity	.62	.894	-1	4	-1	3	1.135	4.081
S6Q2: Valued Diversity	.361	.676	-1	4	-1	2	1.972	9.799
S6Q3: DEI Policies & Practices	.407	.762	-1	4	-1	3	1.845	7.56
S6Q4: DEI Professional Training and Development	.454	.825	-1	4	-1	3	1.404	5.718
S6Q5: Anti-Discrimination Policy	.287	.627	0	4	0	2	2.898	14.012
S6Q6: DEI Evaluation	.352	.727	-1	4	-1	2	1.988	8.337
S6Q7: Equitable Staff Development and Promotion	.259	.715	-1	4	-1	3	2.503	11.183

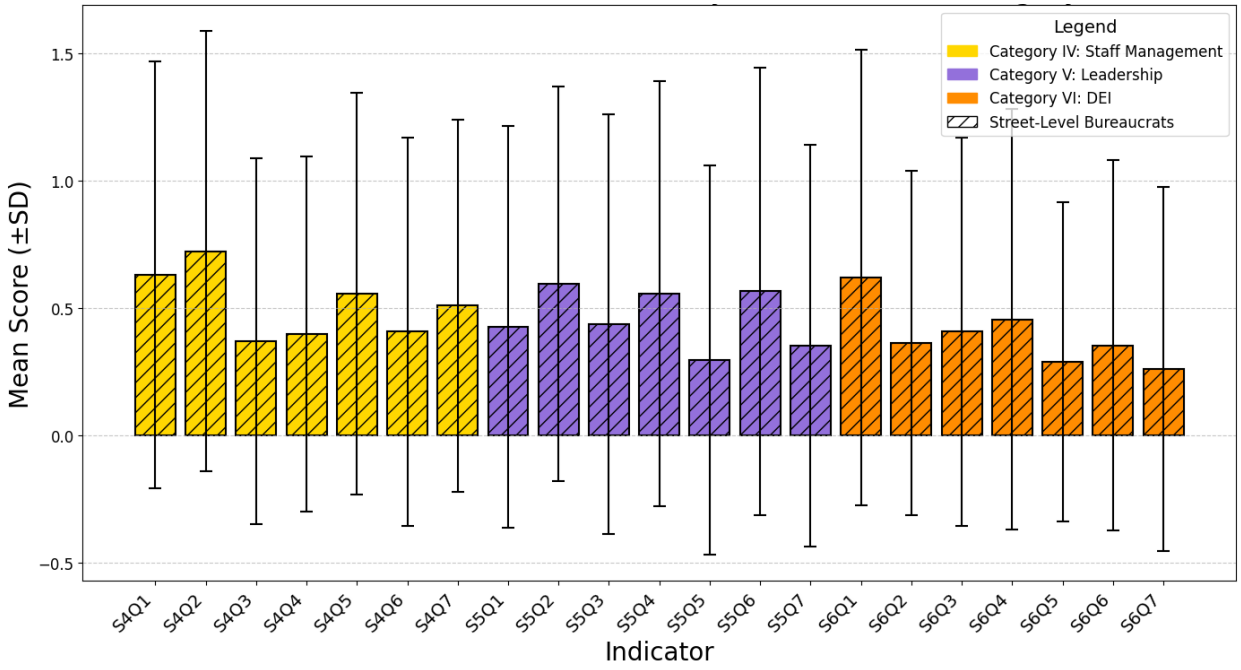
Note: *All p-values were < .001 for the indicators reported.*

In *Staff Management*, *Comprehensive Training and Support* ($\bar{x}$ = 0.722) and *Staff Knowledge Development* ($\bar{x}$ = 0.509) were again among the highest. High skewness and kurtosis values (e.g., *Flexibility for Staff*, Skew = 0.689, Kurtosis = 4.903) indicate a distribution where most staff experience moderate gaps, but a few report significant discrepancies. *Leadership* indicators showed similarly high skewness and peaked distributions. *Leadership Development* ($\bar{x}$ = 0.556, Skew = 1.08) and *Resourceful Leadership* ($\bar{x}$ = 0.352, Skew = 2.159) exemplify gaps

that are both moderate and unevenly distributed, suggesting some SLBs feel entirely disconnected from effective leadership systems. *DEI* showed smaller mean gaps overall, but extreme skew and kurtosis values for *Anti-Discrimination Policy* (Skew = 2.898, Kurtosis = 14.012) and *Equitable Promotion* (Skew = 2.503, Kurtosis = 11.183) reveal that while most respondents perceive alignment, a minority report significant under implementation.

Figure 4.7 displays the gap analysis results for Street-Level Bureaucrats (SLBs) across the Organizational Performance constructs *Staff Management*, *Leadership*, and *DEI*. The chart illustrates mean difference scores (priority minus practice) and standard deviations for all 21 performance indicators. Across all categories, SLBs consistently reported higher priority ratings than practice ratings, with the largest gaps observed in Staff Management and select Leadership indicators. While DEI constructs showed relatively smaller misalignments, the visual variability, indicated by the standard deviation bars, suggests that perceptions of alignment still vary widely across individuals and organizations. This chart reinforces the findings from Tables 4.10 and 4.11, providing a visual representation of how performance priorities are not consistently translated into daily practice from the perspective of those delivering frontline services.

Figure 4.7: Gap Analysis for Staff Management, Leadership, and DEI among SLBs (n=108)



Note. *Mean difference scores and standard deviations for organizational performance principles across Staff Management, Leadership, and DEI constructs among SLBs (n=108).*

4.5.3 Correlations Between Priorities and Practices

Spearman correlations were used to assess the degree of alignment. *Staff Management* showed the strongest correlations (ρ = 0.640 to 0.821), with *Financial Decision-Making* (ρ = 0.821) and *Knowledge Development* (ρ = 0.807) topping the list. These high correlations suggest that where organizations prioritize staff engagement, SLBs frequently experience corresponding support in practice.

Table 4.12: Spearman correlations for *Staff Management*, *Leadership*, and *DEI* among SLBs (n=108).

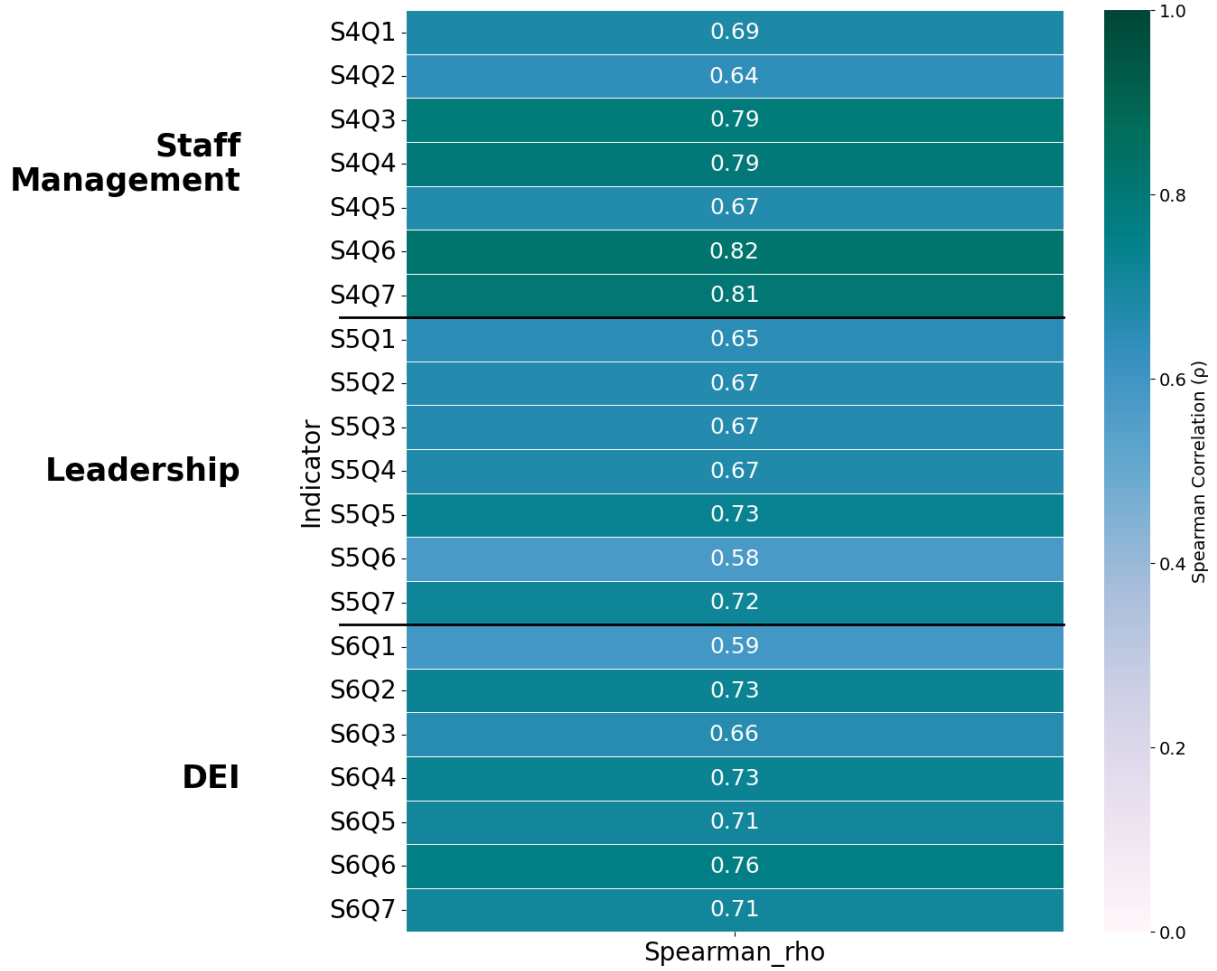
Indicator	ρ
Category IV Staff Management	
S4Q1: Staff Participation in Decision Making	0.685
S4Q2: Comprehensive Training and Support	0.640
S4Q3: Flexibility for Staff	0.786
S4Q4: Staff Development	0.793
S4Q5: Staff Appreciation	0.670
S4Q6: Staff Participation in Financial Decision-Making	0.821
S4Q7: Staff Knowledge Development	0.807
Category V Leadership	
S5Q1: Ethical Leadership	0.649
S5Q2: Compelling Leadership	0.665
S5Q3: *Culture Enhancing Leadership*	0.665
S5Q4: Leadership Development	0.673
S5Q5: Internal Leadership Succession	0.733
S5Q6: Team Leadership	0.576
S5Q7: Resourceful Leadership	0.716
Category VI DEI	
S6Q1: Workforce Diversity	0.593
S6Q2: Valued Diversity	0.730
S6Q3: DEI Policies & Practices	0.658
S6Q4: DEI Professional Training and Development	0.730
S6Q5: Anti-Discrimination Policy	0.709
S6Q6: DEI Evaluation	0.762
S6Q7: Equitable Staff Development and Promotion	0.709

Note: *All p-values were < .001 for the indicators reported.*

Leadership correlations were moderately strong (ρ = 0.576 to 0.733), with *Internal Leadership Succession* (ρ = 0.733) and *Resourceful Leadership* (ρ = 0.716) showing better alignment than more aspirational traits like *Team Leadership* (ρ = 0.576).

DEI correlations ranged from ρ = 0.593 to 0.762. Notably, *DEI Evaluation* (ρ = 0.762) and *Valued Diversity* (ρ = 0.730) ranked highest. These results highlight that SLBs perceive strong alignment in areas where DEI is clearly defined and institutionalized.

Figure 4.8: Sperman Correlations Heat Map for *Organizational Performance* for SLBs



Note. *Spearman Correlations Between Organizational Performance Priorities and Practices Across Constructs for SLBs*

4.5.4 Interpretation and Implications

SLBs reported slightly smaller average gaps than ODMs, but their perceptions reinforce many of the same systemic concerns identified across organizational levels. *Staff Management* remains the area with the most significant misalignment, particularly in access to training, supervision quality, and staff support systems. These findings align with extensive workforce literature documenting that inadequate training infrastructure, limited career advancement, and chronic turnover undermine service quality and continuity of care (Hewitt et al., 2012;

Bogenschutz et al., 2020; Larson et al., 2023). Frontline staff frequently describe a "commitment–capacity gap," in which organizational values prioritize development and recognition, yet available resources and managerial supports remain insufficient to realize them (Friedman, 2018; Hewitt et al., 2021).

Leadership implementation was reported as moderate and consistent, suggesting that while formal leadership structures exist, the embodiment of leadership values such as collaboration, vision, and empowerment remains uneven. This aligns with prior research showing that many disability service organizations have adopted leadership language but lack structured mentorship, coaching, and participatory decision-making mechanisms that embed leadership development into daily operations (Bigby et al., 2022; Harkins et al., 2023). The narrower gap distribution across leadership indicators suggests that baseline administrative processes (e.g., performance reviews, communication routines) are in place but that aspirational leadership practices remain underdeveloped without dedicated investment and accountability structures.

The *DEI* domain revealed a bimodal distribution: while many SLBs experienced strong alignment, others reported major shortfalls. This disparity indicates fragmented implementation across organizations, consistent with empirical evidence that equity initiatives are often contingent on local leadership commitment and access to technical expertise (Friedman, 2021; Cahn et al., 2023). Studies have found that organizations with formal DEI frameworks, ongoing staff training, and external accountability mechanisms are significantly more likely to sustain equitable practices than those relying solely on symbolic commitments (Nishii, 2013; Shore et al., 2018). These findings highlight the central role of leadership modeling, organizational learning, and resource allocation in advancing consistent DEI outcomes.

SLBs' strong correlation scores in both *Staff Management* and *DEI* suggest that frontline implementation is most effective in areas where organizations provide clear structures, training supports, and external accountability. *Policy Implementation Theory* (Shahriar & Khan, 2016) supports this interpretation, emphasizing that policy values translate into consistent action only when reinforced by concrete directives, resource capacity, and feedback loops. In contrast, *Institutional Theory* (Meyer & Rowan, 1977; de Jonge, 2015) helps explain why *Leadership* constructs lag: formal commitment does not necessarily produce operational change when leadership is under-resourced or treated as symbolic rather than functional.

4.6 Policy Implications

Findings from this chapter highlight a pervasive and systemic gap between stated organizational values and actual implementation in disability service organizations. While both ODMs and SLBs affirm the importance of *Human Rights* and *Organizational Performance* values consistent misalignment, especially in *Autonomy*, *Community Living*, *Staff Management*, and *Leadership*, reveals not only weaknesses in specific domains but a broader organizational pattern of misalignment across the entire system of support.

As noted earlier in this chapter, the consistency of these discrepancies across indicators suggests that implementation challenges are not isolated to individual programs or leadership teams; rather, they expose field-wide structural and cultural barriers that inhibit organizations from translating values into sustained practice. When misalignment occurs simultaneously across domains as diverse as human rights, workforce development, and leadership, it indicates underlying system inertia, like for example outdated service models, fragmented accountability mechanisms, and insufficient cross-sector coordination (Meyer & Rowan, 1977; Fixsen et al., 2005; de Jonge, 2015). These overlapping barriers reinforce one another, producing a cycle in

which new policy frameworks or training initiatives fail to yield transformative change because the foundational infrastructure to sustain them is weak or unevenly distributed (Aarons et al., 2011; Hewitt et al., 2021).

Addressing this multidimensional misalignment requires policy interventions that build system capacity rather than isolated program fixes. Investments in workforce stabilization, leadership pipelines, and organizational learning systems can help align day-to-day practices with the human-rights principles and performance outcomes organizations aspire to uphold. At the policy level, funding and accreditation frameworks should emphasize *implementation fidelity* and *infrastructure development*, ensuring that human rights, staff empowerment, and leadership development are not parallel goals but mutually reinforcing components of high-quality service delivery.

4.6.1 Policy Recommendations

To begin addressing the gaps between priorities and practices, disability service organizations and their funders must commit to sustained, targeted reforms that move beyond verbal affirmations of values and focus on tangible, lived change. While some level of discrepancy between priorities and practices may reflect a growth mindset, signaling that organizations recognize the need for ongoing improvement, the magnitude and consistency of gaps across all domains identified in this chapter suggest deeper, systemic challenges that require policy attention.

Invest in Workforce Development Infrastructure

The data shows that both decision-makers and SLBs view training, development, and staff support as under-implemented, particularly in competencies essential for person-centered

and rights-based service delivery. National workforce research confirms that limited access to professional development and supervision contributes to high turnover and inconsistent service quality (Hewitt et al., 2012; Larson et al., 2023; Bogenschutz et al., 2020). Policymakers and funders should prioritize sustained workforce investments leading to the professionalization of DSPs**.** Some efforts may involve tuition reimbursement programs, credentialing programs, and wage parity initiatives which could stabilize the direct support workforce and ensure equitable access to quality services.

Strengthening Accountability and Co-Production Mechanisms

Empirical evidence highlights the importance of participatory evaluation and feedback loops for improving implementation fidelity and organizational learning (Fixsen et al., 2005; Aarons et al., 2011). Policy frameworks could require organizations receiving public funding to demonstrate mechanisms for incorporating staff and participant input into governance and quality improvement, ensuring that accountability is shared and transparent across roles.

Advance Cross-System Coordination for Autonomy and Community Living

Persistent gaps in these domains indicate that disability organizations cannot advance inclusion goals in isolation. Research points to the need for integrated service delivery models and flexible funding mechanisms that bridge housing, employment, and healthcare systems (de Jonge, 2015; Innes et al., 2012). Policymakers should promote interagency partnerships and align funding streams, such as Medicaid Home and Community-Based Services (HCBS), workforce development, and housing supports, to expand individualized planning and community integration opportunities.

Prioritize Inclusive Leadership Development

The study found that culture-enhancing and equity-driven leadership practices remain underdeveloped, despite widespread rhetorical support. Empirical work shows that transformational and participatory leadership directly improve staff retention, morale, and person-centered outcomes (Bigby et al., 2022; Harkins et al., 2023). Federal and state funders should invest in leadership development pipelines, technical assistance, and mentorship programs that diversify leadership and ensure that DEI principles are operationalized throughout all organizational levels.

Ultimately, aligning practice with human rights and performance values requires more than policy adoption or strategic planning, it demands a system-level redesign. Sustainable progress depends on coordinated policy, funding, and regulatory efforts that reinforce organizational learning, workforce equity, and inclusive leadership. Only through this kind of intentional, co-produced reform can disability service organizations deliver on their promises and fully support the dignity, autonomy, and inclusion of people with disabilities.

4.7 Conclusion

This chapter examined the internal alignment between organizational priorities and practices across Human Rights and Organizational Performance Management constructs, comparing perspectives of *Organizational Decision-Makers (ODMs)* and *Street-Level Bureaucrats (SLBs)*. Across both roles, results revealed consistent misalignment between what organizations value and what they enact, most notably in *Autonomy*, *Community Living*, *Staff Management*, and *Leadership*. The consistency of these discrepancies across domains underscores a field-wide challenge: implementation gaps are not isolated or episodic but embedded within broader organizational and systemic structures.

Quantitative evidence from paired-sample t-tests, gap analyses, and correlation heat maps showed that SLBs generally perceive smaller gaps than ODMs, suggesting more grounded judgments shaped by day-to-day service realities. However, both groups identified similar areas of weakness, reinforcing the conclusion that organizational rhetoric around inclusion, participation, and equity often outpaces the capacity to sustain those values in practice. *Policy Implementation Theory* and *Institutional Theory* together illuminate this pattern, values are formally endorsed yet only partially operationalized when leadership, training, and feedback systems remain under-resourced.

These findings have significant implications for the disability service field and for policy development. Building alignment requires structural investments in workforce infrastructure, leadership development, and cross-system coordination, supported by accountability mechanisms that make equity and participation measurable and continuous.

While this chapter studied patterns of alignment across independent groups, the next chapter turns inward to the organizations themselves. Chapter 5 explores matched data from ODMs and SLBs within the same organizations, offering a deeper look at intra-organizational coherence and the relational dynamics that shape how alignment is understood and enacted in context.

Chapter 5

CROSS-ROLE ALIGNMENT OF PERCEPTIONS: DIFFERENCES BETWEEN DECISION-MAKERS AND STREET-LEVEL BUREAUCRATS (RQ5)

5.1 Introduction

Research Question Five investigates the extent to which Decision-Makers (ODMs) and Street-Level Bureaucrats (SLBs) differ in their perceptions of organizational priorities and practices related to human rights and organizational performance. Understanding alignment across different roles is essential for assessing policy implementation, as decision-makers establish strategic direction while frontline staff interpret and enact those commitments in daily practice. According to Organizational Theory Shahriar & Khan, 2016; Lipsky, 1980), discrepancies between these groups can reveal critical gaps in communication, accountability, and the translation of values into action.

To address this question, the analysis examined both mean-level differences and cross-role agreement using complementary statistical methods. Paired-sample t-tests were used to test for statistically significant differences in ratings between ODMs and SLBs across the six constructs of the Organizational Priorities and Practices Inventory (OPPI). Cohen's d provided effect size estimates to assess the magnitude of these differences, regardless of statistical significance. Intraclass Correlation Coefficients (ICCs) were calculated to evaluate the degree of agreement between roles within organizations, offering an index of consistency rather than

difference. Finally, statistical power analyses were conducted to assess the adequacy of the matched sample size (n = 36 organizations) in detecting meaningful differences across constructs.

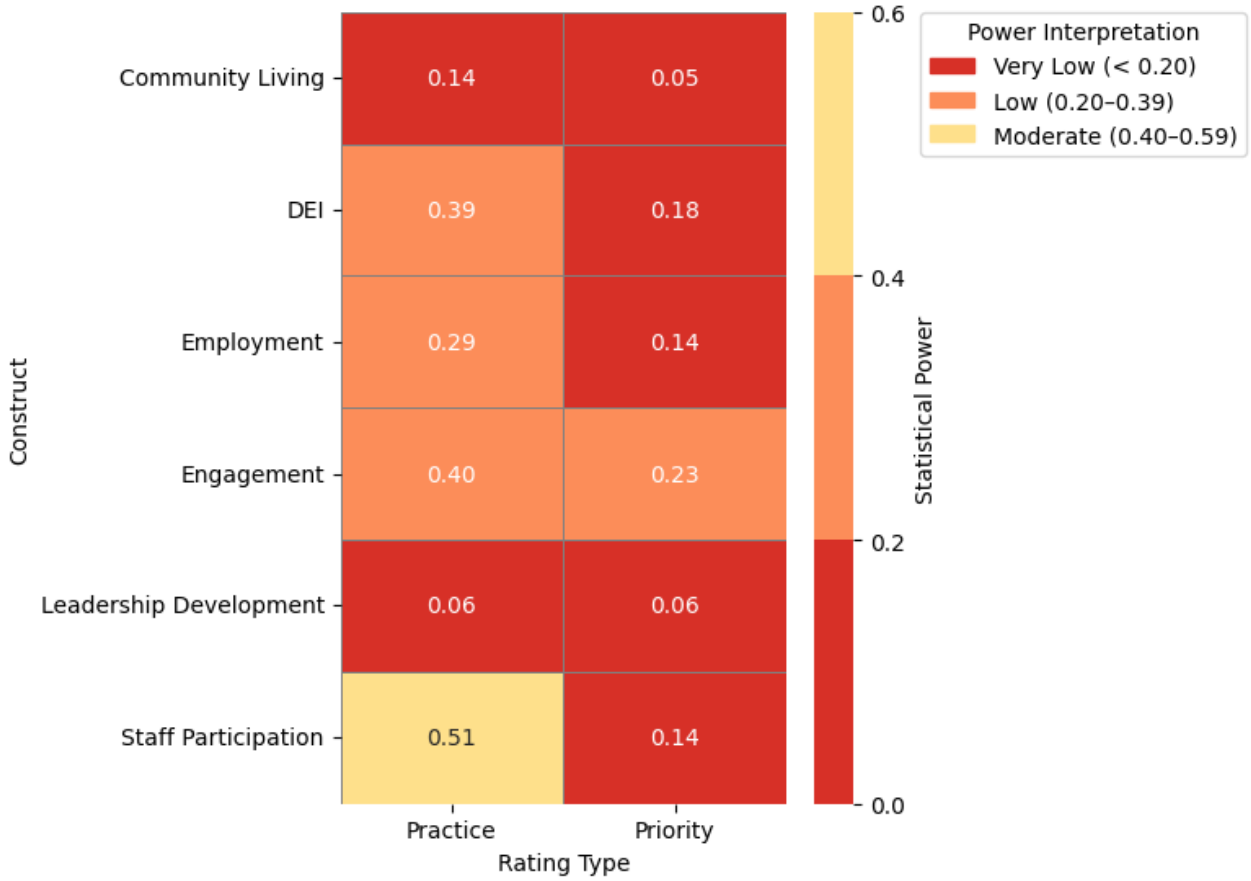
Chapter five offers a multidimensional assessment of role-based alignment, identifying where organizational values and practices are shared across hierarchical levels and where perceptual gaps may persist. These findings provide insight into the dynamics of policy implementation within disability service organizations within employees at all levels. It establishes a foundation for understanding how alignment shapes organizational performance and human rights outcomes.

5.2 Power Analysis: Adequacy of the Matched Sample

To assess whether the sample of 36 matched organizations had sufficient statistical power to detect meaningful differences in priority and practice ratings between decision-makers (ODMs) and street-level bureaucrats (SLBs), a series of power analyses were conducted for each of the six OPPI constructs.

The heatmap in Figure 5.1 displays the estimated power values across both Priority and Practice ratings for all six OPPI constructs, using color gradients to visually distinguish between levels of statistical power. Consistent with Cohen's (1988) benchmarks, cells are colored to indicate Very Low (< 0.20), Low (0.20–0.39), and Moderate (0.40–0.59) power levels.

Figure 5.1: Post-hoc Statistical Power for Paired-Sample t-tests by Construct and Rating Type (n = 36 Organizations)



Note. *The heatmap displays estimated post-hoc statistical power values for paired-sample t-tests comparing Decision-Maker (DM) and Street-Level Bureaucrat (SLB) ratings across six OPPI constructs. Cells are shaded according to Cohen's (1988) benchmarks: Very Low (< .20), Low (.20–.39), and Moderate (.40–.59). Only Staff Participation (practices) reached the Moderate range.*

As can be seen in Figure 5.1, most comparisons fall within the Very Low and Low power ranges, suggesting a limited ability to detect statistically significant differences between decision-maker and street-level bureaucrat ratings, even when small differences exist. Only the *Staff Participation Practice* construct reached a Moderate power level (0.51), indicating a somewhat higher likelihood of detecting true differences in that domain. These findings reinforce the importance of interpreting nonsignificant t-test results with caution, as many comparisons

may have lacked sufficient power to identify meaningful effects. Power estimates shown in Table 5.1 were derived using the observed mean differences and standard deviations of the differences.

Table 5.1: Post-hoc[4] Power Estimates for Paired-Sample Comparisons of ODMs and SLBs Ratings Across OPPI Constructs (n = 36 Organizations)

	Construct	$\bar{x}\,\Delta$	SD Δ	Power	Interpretation
Priorities	Community Living	0.028	6.653	0.0501	Very Low
	Employment	-1.083	7.185	0.1423	Very Low
	Community Engagement	-1.806	8.711	0.2274	Very Low
	Staff Participation	-1.361	9.012	0.1426	Very Low
	Leadership Development	-0.417	7.958	0.0608	Very Low
	DEI	-1.528	8.429	0.1848	Very Low
Practice	Community Living	-1.167	7.973	0.1369	Very Low
	Employment	-1.944	7.993	0.2947	Low
	Community Engagement	-2.722	9.364	0.3961	Low
	Staff Participation	-2.694	7.938	0.5081	Moderate
	Leadership Development	-0.472	7.977	0.0638	Very Low
	DEI	-2.333	8.11	0.3894	Low

Note. *DM = Decision-Makers; SLB = Street-Level Bureaucrats; DEI = Diversity, Equity, and Inclusion. Power estimates were derived from observed mean differences and standard deviations of differences, interpreted using Cohen's (1988) guidelines: Very Low (< .20), Low (.20–.39), Moderate (.40–.59), Adequate (.60–.79), High (≥ .80). Staff Participation (practice) was the only construct to reach moderate power.*

As shown in Table 5.1, power estimates were generally low across all constructs, particularly for priority ratings, where power ranged from 0.0501 to 0.2274, falling into the *very low* (Cohen, 1988; Faul, Erdfelder, Buchner, & Lang, 2009) range. The construct with the highest power among priority ratings was Community Engagement (power = 0.2274), but it still fell below the conventional threshold for sufficient power.

[4] A *Post-hoc* power analysis was conducted because the sample size (n = 36) was determined by the number of matched organizational responses available in the original sample rather than through a priori power planning. Post-hoc estimates provide context for interpreting the adequacy of the sample in detecting meaningful differences but here are interpreted cautiously since they are conditional on the observed effect sizes.

For practice ratings, slightly higher power estimates were observed, with *Staff Participation* reaching a moderate power level of 0.5081, the only construct to surpass the 0.40 benchmark. Other constructs such as *Community Engagement* (0.3961) and *DEI* (0.3894) closely approached moderate power but remained within the *low* range.

Overall, most constructs lacked adequate power to confidently detect small to moderate differences in mean ratings. This limitation should be considered when interpreting non-significant t-test results since true differences may exist but remain undetected due to insufficient power.

5.2.1 Implications of Low Statistical Power

The power analysis findings raise important considerations about the interpretability and robustness of the mean comparison results between decision-makers and street-level bureaucrats Low power values indicate a heightened risk of Type II error, meaning that true differences might go undetected. Methodological literature underscores this concern, cautioning that studies with low statistical power are less likely to detect real effects and much more prone to false negatives (Christley, 2010; Serdar et al., 2020).

These findings align with existing literature emphasizing the challenge of detecting cross-role perceptual differences in small organizational samples (Cohen, 1988). Although some mean differences were of practical interest (e.g., ~2.7 points on *Community Engagement* and *Staff Participation*), the statistical tests lacked sufficient power to confirm these differences at conventional significance levels.

Nevertheless, *Staff Participation (Practice),* showed moderate power, suggesting greater confidence in the reliability of observed differences in this area. This may reflect clearer

divergence between ODMs and SLBs in how they perceive frontline implementation of staff engagement practices, possibly due to differences in day-to-day involvement. For instance, Kang (2021) emphasizes that post-hoc power analysis, when calculated using the actual sample size and observed effect size, serves as a valuable diagnostic tool to assess the trustworthiness of non-significant results and to judge the robustness of detected effects within the study context. In this case, the moderate power in *Staff Participation* (practices) lends additional credibility to that particular result, suggesting that the perceptual divergence between roles in staff engagement practices likely reflects a substantive distinction in frontline implementation experiences. Future research with larger samples or the use of complementary methods is recommended to further explore these trends.

5.3 Paired-Sample t-tests: Role-Based Differences in Priorities and Practices

Paired-sample t-tests were conducted to compare ODMs and SLBs ratings across the six OPPI constructs under two domains: *Priority* (values and commitments) and *Practice* (implementation strategies). Results are presented in Table 5.2.

Table 5.2: Paired-Sample t-test for ODMs and SLBs (n = 36 Organizations)

	Construct	ODMs $\bar{x}$	SLBs $\bar{x}$	$\bar{x}\,\Delta$	*t*	*p*
Priorities	Community Living	29.86	29.83	0.03	0.03	0.98
	Employment	29.31	30.39	-1.08	-0.90	0.37
	Engagement	27.61	29.42	-1.81	-1.24	0.22
	Staff Participation	26.03	27.39	-1.36	-0.91	0.37
	Leadership Development	29.19	29.61	-0.42	-0.31	0.76
	DEI	28.75	30.28	-1.53	-1.09	0.28
Practices	Community Living	25.44	26.61	-1.17	-0.88	0.39
	Employment	24.58	26.53	-1.94	-1.46	0.15
	Engagement	24.19	26.92	-2.72	-1.74	0.09
	Staff Participation	21.33	24.03	-2.69	-2.04	0.05
	Leadership Development	25.36	25.83	-0.47	-0.36	0.72
	DEI	25.61	27.94	-2.33	-1.73	0.09

Note. *DM = Decision-Makers; SLB = Street-Level Bureaucrats; DEI = Diversity, Equity, and Inclusion. Positive mean differences indicate higher ratings by ODMs, while negative values indicate higher ratings by SLBs.*

Across priorities, the differences in ratings between ODMs and SLBs were small and not statistically significant. SLBs reported slightly higher ratings in five of six constructs: *Employment*, *Engagement*, *Staff Participation*, *Leadership Development*, and *DEI*. However, these differences did not reach statistical significance ($p > 0.1$). The only exception was *Community Living*, for which the difference was negligible (Mean diff = 0.03, p = .98). These findings may suggest strong alignment in perceived priorities between roles.

In contrast, findings for the Practice domain revealed larger discrepancies. SLBs consistently reported higher ratings than ODMs for every construct. While differences in *Engagement* (Mean diff = -2.72, p = .09), *DEI* (Mean diff = -2.33, p = .09), and *Employment* (Mean diff = -1.94, p = .15) approached marginal significance, only one construct: *Staff Participation*; showed a statistically significant difference between roles (Mean diff = -2.69, t = -2.04, p = .049). These results may suggest that SLBs perceive a higher level of enacted *Staff Participation* than ODMs within the same organizations.

While most of these differences are not statistically significant, the direction and consistency of the pattern carry substantive meaning. Across constructs, SLBs' higher practice scores imply that frontline staff may experience organizational initiatives more directly and tangibly than decision-makers. A two- to three-point difference in OPPI practice ratings can represent noticeable gaps in how programs are experienced day-to-day, whether participation meetings occur regularly, feedback is acted on, or inclusive communication feels authentic. These small numerical gaps thus may signal practical misalignments that may influence morale, engagement, and the credibility of leadership commitments.

5.3.1 Interpretation of Role-Based Perception Gaps

The lack of significant differences in priority ratings implies a general consistency in the values and commitments of organizations, regardless of respondents' positional roles. This alignment may reflect shared mission-driven goals or the influence of top-down strategic planning communicated across levels of the organization. Previous research indicates that strategic alignment, when leadership's vision, mission, and values are clearly communicated and integrated across all levels of an organization, helps create cohesion and shared understanding among leadership and frontline staff (Beehive, 2024).

However, the larger and more variable gaps in practice ratings may raise questions about implementation fidelity and internal communication. The significant discrepancy in *Staff Participation* practice ratings suggests that SLBs, operating at the point of service delivery, observe more direct engagement mechanisms than ODMs may be aware of, or that SLBs perceive more inclusion in decision-making than ODMs believe they are facilitating. Similarly, the near-significant differences in *Engagement*, *DEI*, and *Employment* practices may reflect

different role-based interpretations or experiences of how well those values are enacted on the ground.

This interpretation is consistent with recent research showing that frontline professionals often perceive themselves as more involved in decision-making than organizational leaders recognize, owing to their daily engagement with work processes and informal participation mechanisms (Van Gestel et al., 2024). Such role-based differences in perception highlight the challenge of ensuring that organizational decision makers maintain awareness of the ways in which the organization as a whole provides opportunities for values to be enacted on the ground and underscore the importance of strengthening feedback loops and cross-role communication to bridge gaps in understanding.

In substantive terms, these perceptual gaps matter because they shape how policies and initiatives are lived within organizations. When SLBs perceive greater participation and inclusion than leaders recognize, leadership may underestimate the value of existing grassroots engagement mechanisms. Conversely, when leaders assume alignment that staff do not feel, implementation fidelity may be impacted. Understanding these divergences moves beyond statistical difference, it helps identify *where communication, trust, and co-production mechanisms can be strengthened* to ensure values translate into consistent experiences across roles.

These findings also align with the theoretical expectation from Policy Implementation Theory (Shahriar & Khan, 2016; Lipsky, 1980), which emphasizes that frontline staff (SLBs) exercise discretion in how policies and organizational priorities are enacted. They also support Institutional Theory (Meyer & Rowan, 1977; de Jonge, 2015; Scott, 2001), which suggests that formal commitments do not always translate into consistent organizational practices, particularly

when those practices require structural investment or cultural change. The higher SLB practice scores may reflect localized, informal adaptations, or they may highlight gaps in leadership awareness or oversight.

These results may suggest general agreement on priorities (values) between roles but more discrepant views on the degree of implementation (practices), especially in constructs tied to *Engagement*, *DEI*, *Staff Participation*. This divergence may offer critical insights for leadership development and quality improvement efforts aimed at increasing transparency and co-production across hierarchical levels in disability service organizations.

5.4 Effect Size Estimates: Magnitude of Role-Based Differences

To complement the paired-sample t-tests and assess the magnitude of differences in ratings between decision-makers and street-level bureaucrats, Cohen's d effect sizes were calculated for each of the 12 OPPI construct ratings (six priority and six practice). As shown in Table 5.3, most differences fell within the *negligible to small* range, with a few reaching the *small–medium* or *medium* thresholds.

Table 5.3: Cohen's d Effect Sizes for Paired-Sample Comparisons of ODMs and SLBs (n = 36 Organizations)

Construct		$\bar{x}$	SD	Cohen's d	Interpretation
Priority	Community Living	0.03	6.65	0.0	Negligible
	Employment	-1.08	7.18	-0.15	Small
	Engagement	-1.81	8.71	-0.21	Small
	Staff Participation	-1.36	9.01	-0.15	Small
	Leadership Development	-0.42	7.96	-0.05	Negligible
	DEI	-1.53	8.43	-0.18	Small
Practice	Community Living	-1.17	7.97	-0.15	Small
	Employment	-1.94	7.99	-0.24	Small
	Engagement	-2.72	9.36	-0.29	Small–Medium
	Staff Participation	-2.69	7.94	-0.34	Medium
	Leadership Development	-0.47	7.98	-0.06	Negligible
	DEI	-2.33	8.11	-0.29	Small–Medium

Note. *DM = Decision-Makers; SLB = Street-Level Bureaucrats; DEI = Diversity, Equity, and Inclusion. Effect sizes (Cohen's d) were interpreted according to Cohen's (1988) guidelines: negligible (< |0.10|), small (|0.10–0.29|), medium (|0.30–0.49|), large (≥ |0.50|). The largest effects were observed for Staff Participation – Practice (d = -0.34), Engagement – Practice (d = -0.29), and DEI – Practice (d = -0.29).*

Among priority ratings, effect sizes were all small or negligible. The largest effects were observed for *Engagement* (d = -0.21) and *DEI* (d = -0.18), indicating small differences in how SLBs and ODMs prioritized these constructs. Other priority constructs (e.g., *Community Living*, *Leadership Development*) showed negligible differences (d < |0.10|), suggesting substantial agreement in perceptions of importance across roles.

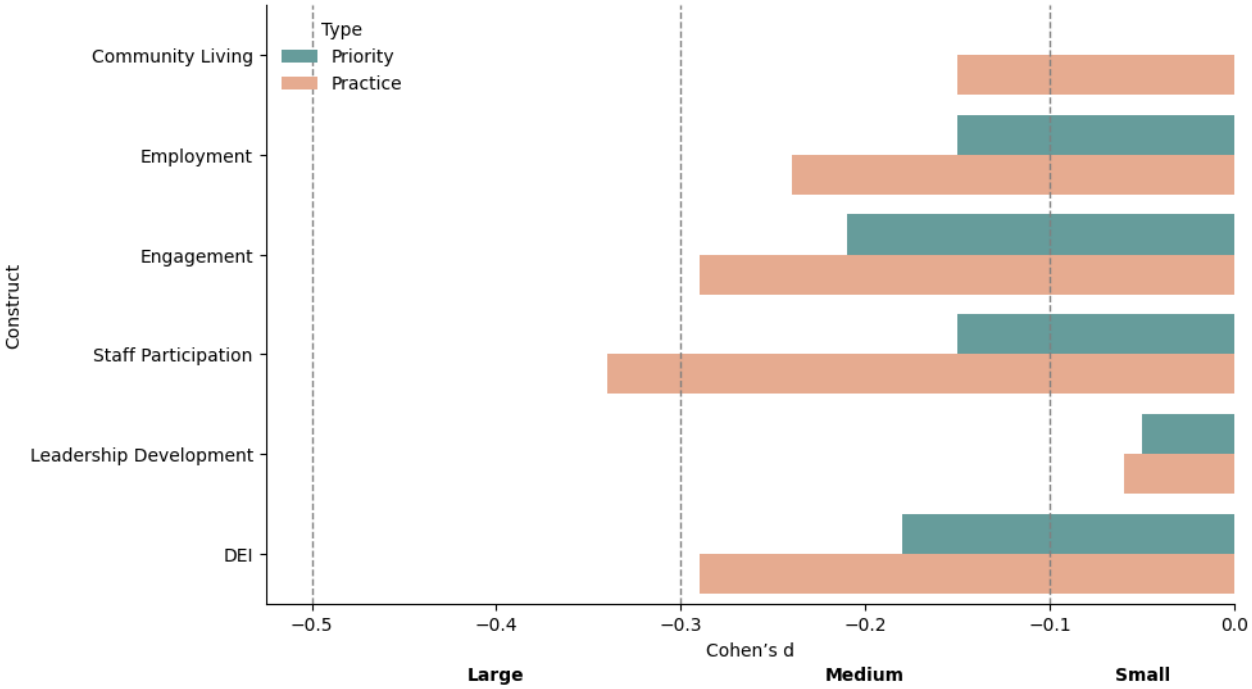
For practice ratings, effect sizes were consistently larger. For instance, *Staff Participation* reached a *medium* effect size (d = -0.34), indicating a meaningful difference in how practices related to staff engagement were perceived by ODMs and SLBs. *Engagement* and *DEI* had *small-to-medium* effect sizes (d = -0.29 for both), suggesting that SLBs rated these practices as more present or effectively implemented than ODMs. Other constructs, such as *Employment* (d = -0.24) and *Community Living* (d = -0.15), reflected small but consistent differences.

Overall, practice ratings demonstrated more divergence across roles than priority ratings, with SLBs generally providing more favorable assessments of implementation. This pattern may suggest that those directly engaged in frontline work perceive greater alignment with practices than those in higher-level decision-making roles.

While these effect sizes appear small by conventional standards, even small-to-medium differences can carry meaningful operational consequences. In service environments where cultural climate and perceived inclusion strongly influence turnover and client outcomes, modest perceptual gaps can translate into significant differences in organizational climate and service consistency. Thus, the substantive significance of these results lies in their implications for organizational trust and alignment rather than their statistical magnitude.

Figure 5.2 presents a visual comparison of Cohen's d effect sizes across six OPPI constructs, grouped by rating type (Priority vs. Practice). The chart highlights the magnitude and direction of differences in perceptions between Decision-Makers and Street-Level Bureaucrats within matched organizations (n = 36).

Figure 5.2: Cohen's d Effect Sizes for ODMs and SLBs (n = 36 Organizations)



Note: *The bar chart displays Cohen's d effect sizes for Priority and Practice ratings across six OPPI constructs. Negative values indicate higher ratings by SLBs compared to ODMs. Reference lines mark Cohen's (1988) thresholds for interpreting effect sizes: small (|0.10–0.29|), medium (|0.30–0.49|), and large (≥ |0.50|). The largest differences were observed in Staff Participation – Practice (d = -0.34), Engagement – Practice (d = -0.29), and DEI – Practice (d = -0.29).*

Overall, effect sizes are generally small, with Community Living showing negligible differences in both Priority and Practice ratings. The most pronounced disparities appear in *Staff Participation*, Practice (d = -0.34) and Engagement , Practice (d = -0.29), indicating moderate discrepancies between roles in how these constructs are experienced and implemented in practice. These patterns support the interpretation that street-level staff may experience organizational performance differently than leadership, particularly in day-to-day participation and engagement efforts.

These findings highlight that substantive differences, even when statistically small, reflect the lived realities of leadership and staff. A medium effect in *Staff Participation*, for

instance, may signal a meaningful divergence in how empowerment and communication are experienced, influencing whether staff feel heard and valued in decision-making. In human-services organizations, such perceptual differences can directly affect quality of support and commitment to person-centered practices.

5.4.1 Implications of Effect Size Patterns

The small-to-moderate effect sizes observed in practice ratings, particularly *for Staff Participation, Engagement,* and *DEI*, may indicate meaningful perceptual gaps between ODMs and SLBs in how organizational practices are enacted. While these gaps may not always be statistically significant (as seen in the t-tests), they suggest *practical implications* for organizational coherence and implementation fidelity.

This pattern aligns with broader research on practice–management perceptual gaps. For instance, Shuman, Smith, and Finley (2023) investigated frontline staff and managerial perceptions of implementation leadership and organizational climate in nursing contexts. They found significant divergence between staff and managers, with frontline staff often perceiving implementation climate differently than leadership, highlighting potential breakdowns in communication and fidelity of implementation (Shuman, Smith, & Finley, 2023; Shuman et al., 2020; Aarons et al., 2014).

In another field, a mixed-method study in children's social services revealed that senior managers rated organizational culture and climate significantly more positively, and perceived higher levels of proficiency and engagement than frontline workers did, pointing to perceptual misalignment that can impact implementation coherence (Patterson et al., 2014).

These findings may reinforce the notion that small-to-moderate effect sizes, although not always statistically significant, carry organizational importance. They reflect real role-based perceptual disparities that may hinder enactment of shared values. Practically, these differences may underline the need for deliberate cross-role interventions, such as joint decision-making forums, structured feedback systems, and inclusive governance mechanisms, to improve organizational coherence and ensure that human rights–based practices are consistently experienced across hierarchical levels.

The larger effect sizes in practice, as compared to priorities, underscore that shared values do not always translate into consistent implementation across organizational levels. This aligns with Policy Implementation Theory, particularly Lipsky's (1980) framework of street-level bureaucracy, which emphasizes that discretion and proximity to service delivery significantly shape how policies are interpreted and enacted by frontline staff. In practice, SLBs often adapt policies to the realities of their work context, resulting in perceptual and operational divergence from the intent expressed by leadership (Lipsky, 1980).

This pattern is echoed in empirical research. For instance, Aarons et al. (2014) found that while senior managers and frontline staff in health and social service systems often agreed on broad organizational priorities (e.g., valuing evidence-based practice), their perceptions diverged substantially in implementation climate and fidelity, with frontline perspectives revealing gaps that leadership-level consensus overlooked. This demonstrates that alignment in priorities may coexist with misalignment in day-to-day execution.

Similarly, the finding resonates with Critical Disability Theory (Gillies, 2014; Devlin & Pothier, 2006), which underscores the importance of frontline perspectives in exposing systemic misalignments and overlooked challenges in implementation. By centering lived and practice-

based knowledge, CDT reveals how formal commitments to inclusion and human rights values may be diluted or distorted in practice (Brocco, 2024).

In contrast, the minimal effect sizes observed among priority ratings suggest a high degree of philosophical or strategic alignment across organizational roles regarding what should be valued. This may reflect the successful dissemination of mission-driven priorities or external pressures such as regulatory or accreditation standards that promote consensus at the policy level (Aarons et al., 2014).

These findings underscore the importance of closing the gap between organizational aspirations and actual practices, particularly through feedback loops and cross-role collaboration that elevate SLB insights in continuous improvement processes. Such mechanisms not only strengthen implementation fidelity but also foster trust, transparency, and shared ownership across organizational levels, ensuring that mission-driven values are not only articulated but consistently enacted in practice.

5.5 Intraclass Correlation Coefficients: Cross-Role Agreement

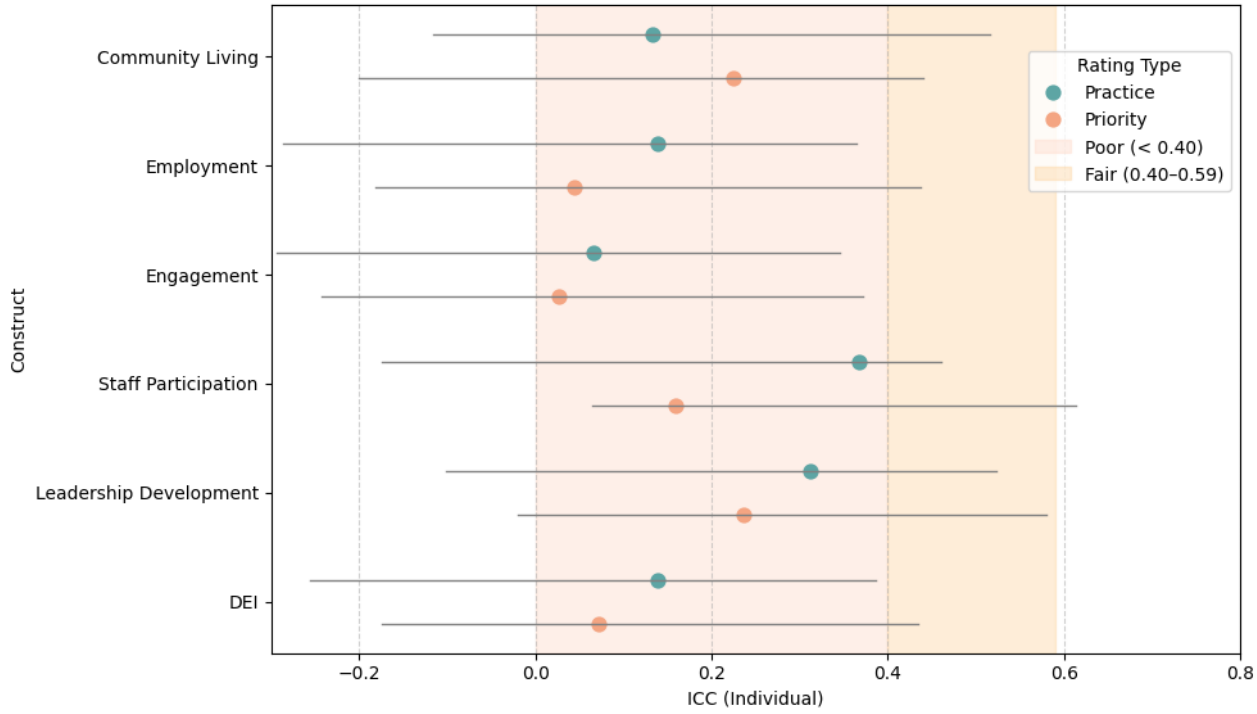
To assess the level of agreement between decision-makers and street-level bureaucrats across organizations, Intraclass Correlation Coefficients (ICCs) were calculated for each OPPI construct using a two-way mixed-effects model (absolute agreement). As shown in Table 5.4, ICC values varied across constructs, reflecting different levels of cross-role alignment.

Table 5.4: Intraclass correlation coefficients (ICCs): ODM vs. SLB

	Construct	ICC (Ind)	95% CI (Ind)	p	Interpretation
Priority	Community Living	0.225	[–.11, .52]	0.095	Fair (not significant)
	Employment	0.044	[–.29, .36]	0.398	Poor
	Engagement	0.027	[–.29, .35]	0.435	Poor
	Staff Participation	0.16	[–.17, .46]	0.174	Poor
	Leadership Development	0.237	[–.10, .52]	0.083	Fair (marginal)
	DEI	0.072	[–.26, .39]	0.336	Poor
Practice	Community Living	0.133	[–.20, .44]	0.217	Poor
	Employment	0.139	[–.18, .44]	0.199	Poor
	Engagement	0.066	[–.24, .37]	0.341	Poor
	Staff Participation	0.367	[.07, .61]	0.009	Fair (significant)
	Leadership Development	0.312	[–.02, .58]	0.032	Fair (significant)
	DEI	0.139	[–.17, .44]	0.195	Poor

Note. *ICC = Intraclass correlation coefficient; CI = confidence interval; DM = Decision-Makers; SLB = Street-Level Bureaucrats; DEI = Diversity, Equity, and Inclusion.*

Figure 5.3: Intraclass Correlation Coefficients (ICCs) for Priority and Practice Ratings by Construct



Note. *The figure presents individual-level ICCs for decision-maker (DM) and street-level bureaucrat (SLB) comparisons across six constructs, with separate markers for Priority and Practice ratings.*

Also, Figure 5.3 presents individual-level ICCs for both *Priority* and *Practice* ratings by construct, including 95% confidence intervals. Shaded regions denote standard interpretation thresholds: *poor agreement* (ICC < 0.40) and *fair agreement* (ICC = 0.40–0.59). Values above 0.60 (good agreement) are not present in this dataset and therefore omitted from the visual interpretation.

For priority ratings, ICCs ranged from .03 to .24, indicating poor to fair agreement overall. Community Living – Priority (ICC = .23, p = .095, 95% CI [–.11, .52]) and *Leadership Development* (ICC = .24, p = .083, 95% CI [–.10, .52]) showed fair but nonsignificant agreement. This may suggest that while there is some shared understanding of priorities, role-based perspectives still may diverge in meaningful ways. Other priority constructs, such as *Engagement* (ICC = .03, p = .435, 95% CI [–.29, .35]), reflected poor agreement with wide confidence intervals that included zero, which may indicate that decision-makers and frontline staff hold inconsistent views of what should be prioritized.

For practice ratings, ICCs showed somewhat stronger alignment. *Staff Participation* (ICC = .37, p = .009, 95% CI [.07, .61]) and *Leadership Development* (ICC = .31, p = .032, 95% CI [–.02, .58]) presented fair and statistically significant agreement, highlighting areas where decision-makers and frontline staff may have a are more close alignment in their assessment of how these practices are carried out. The other practice constructs, including DEI (ICC = .14, p = .195, 95% CI [–.17, .44]), may indicate poor agreement, suggesting persistent gaps in perceptions of how equity and inclusion are implemented at the organizational level. These results suggest that agreement is stronger for some practice-related constructs, particularly where organizational systems or direct supervision may encourage more consistent implementation and observation across roles.

Due to the low statistical significance in these findings, they may only suggest that while there may be some convergence in perceived implementation of these specific practices, divergence could persists broadly between organizational levels in both priority setting and implementation. This pattern reinforces the need to address perceptual gaps between leadership and frontline personnel in service organizations, particularly around how human rights principles and organizational performance values are prioritized and enacted.

While the t-tests in section 5.2 primarily assessed mean differences between decision-makers and street-level bureaucrats, the ICCs provide a complementary perspective by evaluating the extent of agreement within matched organizational pairs. The two approaches can yield different impressions: non-significant t-tests suggest that group averages may not differ reliably, but low ICCs indicate that role-based ratings do not consistently align within organizations. The absence of statistically significant mean differences does not necessarily imply cross-role agreement. Instead, the ICC findings highlight variability in how closely ODMs and SLBs perceive priorities and practices in the same organizational context, underscoring that consensus at the aggregate level may mask notable inconsistencies in practice alignment across roles.

From a substantive perspective, weak ICCs mean that two people within the same organization, one leader and one frontline employee, can have vastly different understandings of how well the same practice is implemented. This lack of shared perception can hinder teamwork, strategic planning, and accountability. In disability-service settings, such perceptual fragmentation may reduce coherence in supporting individuals' rights and goals, even when policies appear unified on paper.

5.5.1 Implications of Role Alignment and Implementation Dynamics

The ICCs reveal limited agreement between DMs and SLBs across most OPPI constructs, particularly in priority ratings, where shared strategic direction is often assumed. However, most ICCs were nonsignificant, suggesting that consistent alignment between the two roles cannot be reliably established in these domains. The only exceptions were *Staff Participation* (practices) (ICC = .37, p = .009) and *Leadership Development* – Practice (ICC = .31, p = .032), both of which demonstrated fair and statistically significant agreement. These findings indicate that, overall, DMs and SLBs do not consistently converge in their ratings of organizational priorities and practices, with modest alignment emerging only in select practice domains tied to staff engagement and leadership development. This finding resonates with organizational research showing that low leader–staff agreement can erode alignment and effectiveness. For instance, Felfe and Heinitz (2010) found that discrepancies in leader–follower perceptions were linked to lower commitment, reduced organizational citizenship behaviors, and diminished customer satisfaction. Similarly, Kamphuis et al. (2021) reported minimal convergence in coping strategies among team members (ICC[1] = .01, ICC[2] = .05), underscoring how even within teams or organizations that share common goals, perceptual gaps can persist and undermine collective functioning.

This pattern suggests that practice-based constructs may be more visible or tangible across organizational roles, enabling somewhat greater convergence in assessments. It is possible that shared training, evaluation frameworks, or collaborative experiences contribute to this consistency. In contrast, the weaker agreement in priority constructs, especially those related to abstract values like *Engagement* or *DEI*, may reflect differences in perceived urgency, role-based responsibilities, or organizational communication gaps.

From a theoretical perspective, these findings align with Institutional Theory, which predicts that organizations often display formal alignment in stated values but may lack operational coherence when accountability structures are weak (Meyer & Rowan, 1977; de Jonge, 2015; Scott, 2001). Similarly, Policy Implementation Theory highlights how street-level discretion shapes the way policies and values are enacted, with frontline actors' interpretations sometimes diverging from those of higher-level decision makers (Lipsky, 1980; Winter, 2003). Finally, Critical Disability Theory (CDT) underscores the importance of centering marginalized voices, suggesting that divergences between decision-makers and street-level staff may reveal systemic blind spots or inequities that hinder the realization of emancipatory, rights-based practices (Devlin & Pothier, 2006). In this context, these findings suggest that perceptual gaps between ODMs and SLBs are not incidental but rather reflect predictable dynamics of organizational culture, where symbolic compliance can coexist with uneven practice.

Altogether, the ICC findings emphasize the need for deliberate alignment strategies that move beyond symbolic agreement to foster genuine operational coherence. Approaches such as co-constructed goals, structured cross-role feedback loops, and inclusive leadership practices can help bridge perceptual divides, ensuring that priorities are not only shared in principle but also enacted consistently in practice across organizational levels.

Substantively, these patterns show that the problem is not disagreement over ideals but inconsistency in everyday enactment. The limited alignment between roles suggests that organizations may speak the same language of inclusion yet practice it unevenly. Addressing this requires leadership structures that make shared meaning visible through routine dialogue, reflective supervision, and participatory evaluation.

5.6 Policy Implications and Recommendations

While the statistical findings were modest, their *substantive significance* is considerable: they reveal where alignment succeeds and where it breaks down in ways that directly influence organizational justice, inclusion, and human-rights outcomes. The findings of this chapter carry important implications for organizational leadership, policy development, and system-level efforts to strengthen the alignment between values and enacted practices in disability services. Grounded in a human rights framework, these findings suggest that more research is needed to determine whether the similarities and differences observed between DMs and SLBs within organizations translate into meaningful organizational outcomes. At the same time, the results underscore that organizational coherence is not only a matter of efficiency or effectiveness but also of justice and dignity for people with disabilities. When priorities and practices diverge, the risk is that rights-based commitments remain rhetorical rather than implemented, limiting the transformative potential of disability policy.

Bridging the Gap Between Priorities and Practices

The strong cross-role alignment in priorities suggests that values, such as *Community Living, Employment, and Diversity*, are well communicated across levels of staff. However, the divergences in practice ratings highlight a critical gap: values are not always experienced as consistently enacted by frontline staff and leaders alike. This finding underscores the need for policies that move beyond mission statements and invest in mechanisms that ensure values are operationalized in daily practice. Strategies such as co-production models, participatory planning, and shared governance structures can strengthen the translation of priorities into lived organizational practices.

Elevating Frontline Perspectives

Across multiple analyses, SLBs consistently rated practices higher than ODMs, particularly in domains such as *Staff Participation, Engagement,* and *DEI*. This suggests that frontline staff observe or experience forms of inclusion and participation that are less visible to leadership. Policy initiatives should therefore prioritize feedback loops and cross-role dialogue mechanisms in the specific domains where perceptual gaps were evident. In particular, the significant differences and fair agreement observed in *Staff Participation* (practices) and *Leadership Development* (practices) highlight the value of incorporating SLB perspectives into decision-making processes. By elevating frontline voices in these areas, organizations can strengthen alignment between leadership and staff, ensuring that practices of participation and leadership development are implemented with greater fidelity and responsiveness to day-to-day realities.

Strengthening Accountability Structures.

The fair and statistically significant agreement observed in *Staff Participation* (practices) and *Leadership Development* (practices) suggests that these domains are particularly important targets for reinforcing accountability structures. Policy responses in these areas should emphasize transparent systems that ensure consistency in how participation and leadership development practices are enacted across organizational roles. This could include standardized evaluation frameworks, outcome-based performance measures, or requirements for cross-role review teams to jointly assess progress on staff engagement and leadership development indicators.

Targeting Staff Participation as a Leverage Point

Staff Participation emerged as the most robust finding across all analytic approaches: it showed statistically significant differences, moderate power, medium effect sizes, and fair levels of agreement. This indicates that SLBs perceive stronger engagement in participatory practices than DMs report, suggesting a potential gap in leadership awareness of existing mechanisms. Rather than calling only for more staff opportunities, policy action should focus on making these participatory practices more visible, valued, and integrated into leadership's decision-making frameworks. Efforts such as structured reporting systems, cross-role leadership forums, and mechanisms to elevate successful frontline engagement practices can help ensure that SLB perspectives are not only enacted but also recognized and leveraged by decision-makers.

5.7 Conclusion

This chapter examined the degree of alignment between decision-makers (ODMs) and street-level bureaucrats (SLBs) across the six constructs of the Organizational Priorities and Practices Inventory (OPPI). The paired-sample t-tests, effect-size estimates, intraclass correlation coefficients, and power analyses reveal a consistent pattern: priorities appear largely shared across roles, while perceptions of practice implementation are more uneven. Decision-makers and frontline staff show convergence in values such as community living and employment, yet SLBs consistently report higher ratings for enacted practices, especially in *Staff Participation*, *Engagement*, and *DEI*. *Staff Participation* emerged as the clearest point of divergence, supported by multiple analytic indicators, while *Leadership Development* showed moderate, though less robust, alignment.

These findings suggest that organizational values are effectively communicated but not always consistently realized in practice. Shared priorities reflect coherence in mission, whereas

perceptual gaps in practices highlight ongoing challenges in communication, accountability, and visibility across hierarchical levels. Structured domains, those embedded in tangible systems or participatory mechanisms, tend to yield stronger agreement than abstract commitments tied to culture or identity.

Given the small, matched sample and limited statistical power, these results should be viewed as exploratory rather than conclusive. Still, their substantive significance lies in showing that even modest perceptual gaps can shape organizational learning, implementation fidelity, and staff trust. Bridging these gaps remains central to ensuring that human-rights-based priorities are enacted with consistency across roles and contexts.

Chapter 6

ALIGNMENT BETWEEN HUMAN RIGHTS AND ORGANIZATIONAL PERFORMANCE MANAGEMENT DOMAINS (RQ6)

6.1 Introduction

This chapter examines the relationship between organizational Human Rights and Organizational Performance Management domains, addressing Research Question Six (RQ6): *What is the relationship between human rights priorities and practices and Organizational Performance Management priorities and practices across organizations?*

Building on the PCA-derived composite indexes, developed from the OPPI indicators, this chapter explores whether and how organizational emphasis on performance-oriented systems corresponds with the prioritization and enactment of human rights principles. Specifically, it investigates whether organizations that invest in leadership, workforce development, and diversity, equity, and inclusion (DEI) infrastructures are also those that most strongly emphasize and implement person-centered, autonomy-driven, and inclusive practices.

In this chapter, the term organizational systems refer to the formal and informal infrastructures that enable consistent implementation of values and practices within organizations. These include mechanisms such as leadership development programs, supervision structures, data-driven feedback loops, staff training and evaluation processes, and DEI initiatives that shape how priorities are translated into daily practice. Conceptually, “systems” are operationalized in the OPPI through the Organizational Performance Management Practices

index (OPPraFL), which captures the extent to which these structures are present and functioning within organizations.

To empirically assess these relationships, analyses were conducted using four standardized indexes derived from Principal Component Analysis (PCA):

- **HRPriFL**: Human Rights Priorities Factor Loading Index
- **HRPraFL**: Practices Factor Loading Index
- **OPPriFL**: Organizational Performance Management Priorities Factor Loading Index
- **OPPraFL**: Organizational Performance Management Practices Factor Loading Index

These four indexes capture the two core dimensions examined across both frameworks: priorities (organizational values) and practices (their implementation). A cross-sectional correlational design was used to examine direct and multivariate relationships among these domains. This chapter overviews a sequential analytical strategy to examine the interrelationships and predictive pathways between the Human Rights and Organizational Performance Management domains. First, a Pearson Correlation Analysis was conducted to explore the pairwise associations among the four PCA-derived indexes, identifying the strength and direction of relationships within and across domains. Second, a Multivariate Regression Analysis tested whether Organizational Performance Management priorities and practices significantly predict Human Rights priorities and practices, providing insight into the mechanisms that enable rights realization. Finally, a Redundancy Analysis estimated the proportion of shared variance between the two domains, offering a system-level perspective on the degree of overlap between organizational infrastructures and rights-based values.

These analyses reveal the extent to which performance management-oriented practices serve as enabling conditions for embedding Human Rights principles into organizational operations. The chapter concludes by presenting key policy recommendations derived from the findings and reflecting on the analytical and methodological limitations that inform directions for future research and practice.

6.2 Pearson Correlation Analysis

Bivariate correlations were conducted to examine the relationships among the four PCA-derived indexes representing the Human Rights and Organizational Performance Management domains. Table 6.1 presents the Pearson correlation coefficients and corresponding significance.

Table 6.1: Correlation matrix of PCA-derived indexes (n = 238).

Variables	HRPriFL	HRPraFL	OPPriFL	OPPraFL
HRPriFL	1.000			
HRPraFL	.728***	1.000		
OPPriFL	.728***	.516***	1.000	
OPPraFL	.552***	.704***	.731***	1.000

Note: ***$p < .001$.

All four indexes were positively and significantly correlated, indicating strong internal coherence between the Human Rights and Organizational Performance Management domains. The strongest correlation was observed between *Human Rights Priorities (HRPriFL)* and *Human Rights Practices (HRPraFL)* ($r = .73$, $p < .001$), suggesting that organizations emphasizing rights-based priorities tend to enact corresponding practices.

Similarly, *Organizational Performance Management Priorities (OPPriFL)* were strongly associated with *Organizational Performance Management Practices (OPPraFL)* ($r = .73$, $p < .001$), demonstrating alignment between performance-related values and implementation. Cross-

domain correlations were also significant and positive with *HRPriFL* and *OPPriFL* ($r = .73$, $p < .001$) and *HRPraFL* and *OPPraFL* ($r = .70$, $p < .001$)

These findings reveal that organizations investing in leadership, workforce engagement, and DEI infrastructure also exhibit stronger adherence to person-centered and autonomy-supporting principles. The magnitude of these coefficients reflects substantial conceptual alignment between Human Rights and Organizational Performance Management, consistent with the theoretical expectation that Organizational Performance Management and values-based management jointly facilitate rights realization in organizational systems.

6.2.1 Implications and Interpretations

The correlation results reveal a clear and theoretically meaningful structure of relationships among the four PCA-derived indexes, confirming strong alignment both within and across the Human Rights (HR) and Organizational Performance Management (OP) domains. All coefficients were positive and significant ($p < .001$), indicating that respondents' perceptions of organizational strength in one domain tend to correspond with perceived strength in the other. These findings support the central proposition of this study: organizational infrastructures and cultures oriented towards performance excellence also serve as vehicles for advancing Human Rights realization.

The two highest correlations emerged within the same conceptual domains: between *Human Rights Priorities (HRPriFL)* and *Human Rights Practices (HRPraFL)* ($r = .73$), and between *Organizational Performance Management Priorities (OPPriFL)* and *Organizational Performance Management Practices (OPPraFL)* ($r = .73$). The strong correlation between HR priorities and practices indicates internal coherence between organizational beliefs and actions surrounding rights-based principles. This alignment may suggest that, from respondents'

perspectives, Human Rights principles are more than rhetorical aspirations and are reflected in organizational intentions and reported practices. The finding echoes previous scholarship emphasizing the critical role of organizational values in shaping outcomes for people with disabilities. For instance, Schalock et al. (2016) and Fixsen et al. (2005) highlight that when organizations explicitly prioritize person-centeredness, inclusion, and self-determination, those values become embedded in operational routines and quality improvement processes. Similarly, Rioux and Pinto (2016) argue that realizing the UN Convention on the Rights of Persons with Disabilities (CRPD) requires not only policy-level commitment but also micro-level translation into service design and daily practice. The high HRPriFL–HRPraFL correlation suggests If organizations place a high value on Human Rights, they are more likely to implement practices that actively realize those principles. The high HRPriFL–HRPraFL correlation suggests that organizations emphasizing Human Rights values also tend to report stronger rights-related practices. While this does not establish causation, it indicates internal consistency between how staff perceive their organization's commitments and how those commitments are enacted in practice.

The similarly strong correlation between OP priorities and practices (r = .73) indicates that organizational effectiveness and developmental infrastructure also exhibit internal consistency. The similarly strong correlation between OP priorities and practices (r = .73) indicates that organizational effectiveness and developmental infrastructure also exhibit internal consistency. This pattern supports prior research on high-performing disability service organizations, where strong leadership, professional development, and participatory decision-making systems form coherent ecosystems of performance (Bailey & Hewitt, 2014; Bigby et al., 2019). As these authors note, such organizations typically emphasize leadership cultivation, staff

empowerment, and reflective learning environments. Such practices not only enhance performance metrics but also strengthen the organizational culture needed to sustain equitable and inclusive practices. If organizations maintain a strong emphasis on performance values, they are more likely to sustain institutional and operational mechanisms such as training, intentional leadership, evaluation, and DEI frameworks.

Equally remarkable are the strong cross-domain correlations: *Human Rights Priorities (HRPriFL)* and *Organizational Performance Management Priorities (OPPriFL)* (r = .73) and *Human Rights Practices (HRPraFL)* and *Organizational Performance Management Practices (OPPraFL)* (r = .70). These results show that rights-based and performance-based orientations are empirically intertwined, not separate spheres of organizational life. The shared variance between these domains suggests that organizations advancing internal performance systems, such as transparent leadership, ethical governance, and workforce inclusion, also tend to embody person-centered and participatory rights frameworks.

This pattern reflects the argument within Institutional Theory (Meyer & Rowan, 1977; Scott, 2014) that organizational legitimacy derives from embedding socially valued norms, such as Human Rights, within institutional routines. In this inquiry, performance priorities (e.g., leadership development, workforce management, and diversity policies) appear to function as institutional carriers of Human Rights, enabling the operationalization of abstract values into measurable outcomes. These findings compliment Ines et al. (2012) and Cocks & Thomson (2022), who argue that quality improvement frameworks, when grounded in ethical and participatory leadership, are critical pathways for sustaining rights-aligned organizational systems.

The association between *Organizational Performance Management Practices* and *Human Rights Practices* ($r = .70$) further underscores the role of organizational capacity as a mechanism of rights realization. This finding aligns with Policy Implementation Theory, particularly the Organizational Development Model (Guldbrandsson & Fossum, 2009), which posits that successful policy enactment depends on the strength of internal infrastructures supporting learning, flexibility, and collaboration. In this case, performance-related practices like leadership development, staff participation, and DEI implementation, serve as the operational backbone that makes it possible for organizations to deliver on rights-based commitments.

Importantly, these correlations also reveal mutual reinforcement: as rights-based priorities deepen, they may also drive greater attention to performance systems that support those rights, creating a self-reinforcing cycle of improvement. This resonates with findings by Bigby et al. (2019) and Cocks & Boaden (2011), who observed that organizations committed to inclusion and person-centered support tend to simultaneously invest in staff development, leadership capacity, and evidence-based practice.

Taken together, these relationships illustrate that Organizational Performance Management and Human Rights operate as interdependent constructs within an integrated system of organizational functioning. The high within-domain correlations indicate coherence and internal consistency, while the cross-domain correlations demonstrate that these frameworks are dynamically linked. Organizations perceived by staff as value-driven in their internal management structures also appear more closely aligned with Human Rights principles in practice. This empirical finding expands the conceptual reach of both Critical Disability Theory and Institutional Theory.

From a CDT lens, this interdependence challenges the persistent dichotomy between "efficiency" and "equity" in disability policy implementation. Rather than existing in tension, the findings suggest that equitable organizations often achieve both effective and efficient outcomes when inclusion is embedded in their core systems. From an institutional perspective, correlations provide empirical support for the argument that rights-based legitimacy and performance legitimacy are structurally inseparable within current service systems. Together, these findings extend Schalock et al.'s (2016) work on organizational quality by illustrating that the most inclusive organizations are those that have deliberately built systems for continuous improvement, participatory governance, and workforce empowerment.

Organizations that successfully integrate leadership, staff development, and DEI structures create conditions that make rights-based practices possible, while Human Rights commitments reinforce the ethical and participatory foundation upon which effective performance depends. To explore these relationships further, the next section uses regression analysis to examine how Organizational Performance Management priorities and practices predict Human Rights priorities and practices.

6.3 Multivariate Regression Analysis

To examine the predictive relationships between Organizational Performance Management and Human Rights domains, two Ordinary Least Squares (OLS) regression models were estimated using the PCA-derived indexes as composite variables.

- **Model 1** predicted *Human Rights Priorities (HRPriFL)* from *Organizational Performance Management Priorities (OPPriFL)* and *Organizational Performance Management Practices (OPPraFL)*.

- **Model 2** predicted *Human Rights Practices (HRPraFL)* from the same two predictors.

This approach assessed whether organizational values and behaviors related to performance influence the degree to which organizations prioritize and enact Human Rights principles. It helps identifying whether cultural alignment (values) or structural capacity (practices) plays a greater role in shaping rights-based outcomes within organizations.

Table 6.2: OLS regression models predicting Human Rights Priorities and Practices.

Predictor	B	SE	*t*	*p*	95% CI
Model 1: Human Rights Priorities (HRPriFL)					
OPPriFL	0.664	0.062	10.63	< 0.001	[0.541, 0.787]
OPPraFL	0.040	0.060	0.67	0.506	[−0.078, 0.159]
Constant	5.903	0.844	6.99	< 0.001	[4.240, 7.566]
$R^2 = 0.531$, $F(2, 235) = 132.82$, $p < 0.001$					
Model 2: Human Rights Practices (HRPraFL)	**B**	**SE**	***t***	***p***	**95% CI**
OPPriFL	0.003	0.066	0.05	0.963	[−0.127, 0.133]
OPPraFL	0.656	0.063	10.33	< 0.001	[0.530, 0.781]
Constant	5.931	0.890	6.66	< 0.001	[4.177, 7.685]
$R^2 = 0.495$, $F(2, 235) = 115.22$, $p < 0.001$					

Note: ***$p < .01$; **$p < .05$; $p < .1$.

Model 1: Human Rights Priorities

The first model was statistically significant, $F(2, 235) = 132.82$, $p < .001$, explaining 53.1% of the variance in Human Rights Priorities (HRPriFL). Among the predictors, Organizational Performance Management Priorities (OPPriFL) emerged as a strong and significant predictor ($\beta = 0.66$, $p < .001$), whereas Organizational Performance Management Practices (OPPraFL) were not significant ($\beta = 0.04$, $p = .51$).

These findings suggest that organizations perceived by employees as placing greater emphasis on performance-related values, such as leadership development, staff support, and DEI

also tend to prioritize Human Rights principles within their stated missions and strategies. However, the presence of specific operational systems or procedures (e.g., training programs or evaluation processes) did not independently predict the level of human-rights prioritization.

Model one captures what can be defined as a *Cultural Pathway* of alignment: when organizations internalize performance-related values at the leadership and strategic level, they also tend to articulate stronger commitments to Human Rights. This suggests that shared values and cultural orientation, rather than operational mechanisms, drive the prioritization of rights within organizations.

This pattern suggests that Organizational Performance Management priorities play a central role in shaping a culture that values Human Rights. When organizations emphasize principles such as ethical leadership, inclusion, and professional growth, employees feel that they also cultivate an environment where Human Rights become part of the organization's shared identity and moral purpose. In this way, performance management priorities help shape organizational culture, which in turn reinforces a stronger commitment to Human Rights priorities:

Performance Management Priorities → Shape Organizational Culture → Reinforce Human Rights Priorities.

Model 2 (Human Rights Practices)

The second model was statistically significant, $F(2, 235) = 115.22$, $p < .001$, explaining 49.5% of the variance in Human Rights Practices (HRPraFL). Among the predictors, Organizational Performance Management Practices (OPPraFL) emerged as a strong and

significant predictor (β = 0.656, $p < .001$), while Organizational Performance Management Priorities (OPPriFL) did not show a significant effect (β = 0.003, $p = .963$).

This indicates that organizations with strong operational systems of Organizational Performance Management practices, such as participatory governance, equitable training, and active staff engagement; are significantly more likely to implement Human Rights principles in practice. In contrast, simply valuing performance or articulating inclusive priorities does not appear sufficient to predict actual rights-based behavior.

In essence, Organizational Performance Management practices drive implementation. The results suggest that it is not an organization's *performance-related priorities*, its stated values and intentions, but rather its *performance-related practices*, the structures and systems guiding daily operations, that best predict whether human-rights principles are realized in practice. This pattern reflects a structural or instrumental pathway in which performance practices provide the operational foundation for rights enactment. In other words, organizations must "walk their talk": the same systems that sustain performance excellence also create the conditions for realizing Human Rights in practice.

From this perspective, performance practices such as leadership development, supervision models, DEI initiatives, and opportunities for staff participation provide the infrastructure through which organizations build the capacity to deliver equitable, person-centered services. In practical terms, organizations that enact these practices are better equipped to uphold autonomy, participation, and inclusion for the people they support.

This finding reinforces the idea that while values may shape organizational intent, practices sustain implementation. Organizational Performance Management Practices create the mechanisms: policies, feedback loops, and collaborative structures that make Human Rights

principles actionable. In short, performance practices shape organizational capacity, which in turn reinforces and sustains Human Rights practices:

Performance Management Practices → Organizational Capacity → Reinforce Human Rights Practices.

The two models reveal a complementary pattern: values predict values, and operational practices predict actions. Organizations that emphasize performance-oriented priorities tend to also prioritize Human Rights as part of their mission and culture, while those that have developed robust performance practices are more likely to translate those values into tangible outcomes. This dual structure, where beliefs guide vision and systems of practices enable implementation, illustrates the interdependence between cultural and operational dimensions of rights realization within disability service organizations.

6.3.2 Theoretical and Empirical Interpretation: Institutional Pathways and Implementation Gaps

The regression models presented in this section illuminate two distinct but complementary mechanisms through which Organizational Performance Management domains relate to Human Rights outcomes. From a theoretical standpoint, these mechanisms can be understood through the lenses of Institutional Theory, Implementation Science, Critical Disability Theory (CDT), and Public Policy Implementation. These frameworks contextualize the empirical finding that *organizational priorities predict Human Rights priorities*, and *organizational practices predict Human Rights practices,* revealing that rights realization within organizations operate through both symbolic and structural systems.

From an Institutional Theory perspective (Scott, 2001; Meyer & Rowan, 1977), Model 1 corresponds to the normative pillar of institutional life: those shared values, cultural commitments, and ethical expectations that define appropriate organizational goals and boundaries of legitimacy. In this model, *Organizational Performance Management Priorities* significantly predict *Human Rights Priorities*, suggesting that the moral and cultural frameworks embedded in performance priorities, such as leadership ethics, staff development, and participatory decision-making, serve as the normative infrastructure for articulating rights-based values. This supports prior research emphasizing that institutional values often shape organizational missions and policy orientations (DiMaggio & Powell, 1983; Innes et al., 2012).

Conversely, Model 2 aligns more closely with the regulative pillar of institutions: those rules, procedures, and structures that operationalize norms through formalized practice. The significant predictive relationship between Organizational Performance Management Practices and Human Rights Practices suggests that the realization of rights is associated with the presence of strong operational systems. In organizations where employees report well-developed structures (such as training opportunities, feedback mechanisms, equitable staffing, and distributed leadership) rights-based practices are more likely to be observed. These findings imply that robust organizational systems may help translate symbolic commitments into tangible behaviors.

From an Implementation Science perspective (Fixsen et al., 2005; Guldbrandsen & Fossum, 2009), Model 2 underscores the proposition that "implementation is about systems." The transformation of Human Rights principles into concrete action depends less on ideological alignment and more on the existence of enabling environments like organizational structures supporting fidelity, adaptability, and capacity.

Thus, while the normative alignment of values (Model 1) sets the vision, it is the regulative alignment of systems (Model 2) that actually ensures realization. The dual-pillar pattern reinforces the notion that effective institutional change requires both normative legitimacy: belief in rights; and operational capacity: the means and structures to enact them. When one of these elements is missing, organizations risk what Meyer and Rowan (1977) describe as *decoupling*: a gap between what is said and what is actually done.

Within the framework of Critical Disability Theory (CDT), these findings reveal a deeper dimension. CDT argues that disability rights cannot be understood solely as legal or moral obligations but must be analyzed in relation to power, structure, and material conditions (Rioux & Valentine, 2006; Devlin & Pothier, 2006). The significant influence of *Organizational Performance Management Priorities* on *Human Rights Priorities* in Model 1 reflects an ideological or discursive alignment: organizations that espouse inclusive and equitable values are more likely to articulate Human Rights principles as part of their normative identity. However, this ideological alignment alone is insufficient to translate commitments into action

Model two shows that *Organizational Performance Management Practices* are the real engines of rights implementation. Without embedding rights in everyday practices, organizations risk what Rioux and Valentine (2006) describe as performative justice: the symbolic inclusion of underserved communities through rhetoric without the redistribution of power or resources. Conversely, even in the absence of explicit rights language, organizations that institutionalize equitable practices may unintentionally advance substantive equality and social inclusion. This aligns with contemporary CDT scholars who argue that genuine emancipation often begins through concrete practices that reshape systems and relationships, even before they are fully reflected in organizational discourse or ideology (Meekosha & Shuttleworth, 2009).

CDT helps explain the asymmetry observed in the regression results: while values (priorities) are necessary to express rights intentions, structures (practices) are indispensable for enacting them. In practical terms, achieving equity requires both a shared commitment to rights and the concrete systems that make those rights work in practice.

These findings resonate strongly with classical and contemporary insights from Public Policy Implementation and Organizational Development scholarship. As Lipsky (1980) argued, policies often fail not because implementers reject their goals, but because organizations lack the internal infrastructures and systemic supports needed to carry them out effectively. This observation captures the empirical pattern emerging from the models: organizations may value rights (high priorities) yet fall short in implementing them (weaker practices) due to missing structural support.

Similarly, Innes et al. (2012) and Fixsen et al. (2005) emphasized that effective implementation requires iterative learning systems, stable infrastructures, and mechanisms for staff participation. The non-significant cross-domain relationships, where performance priorities fail to predict rights practices, shows the persistence of what implementation scholars call the "design–delivery gap." This is the disconnect between policy design (what organizations intend to do) and policy delivery (what they actually do).

Organizational development theory (Schein, 2010; Argyris & Schön, 1996) further reinforces this point: real change requires alignment between espoused values (what organizations say they value: priorities) and theories-in-use (how they operate: practices). These findings empirically validate this distinction: values predict priorities, systems predict practices, but translation between the two is neither automatic nor guaranteed.

Empirically, these results delineate two complementary but functionally distinct systems within organizations in the disabilities services sector shown in Table 6.3.

Table 6.3: Cultural and Structural Mechanisms Supporting Human Rights Implementation

Organizational System	Analytical Domain	Predictive Relationship	Empirical Function
Symbolic System: values, mission, ideology	Cultural and normative layer	OPPriFL → HRPriFL	Defines commitment to Human Rights as organizational philosophy
Structural System: policies, procedures, staff supports	Operational and regulative layer	OPPraFL → HRPraFL	Enables the enactment of Human Rights principles through daily practices

The models collectively explain nearly 50–53% of variance in their respective outcomes, underscoring that organizational alignment around Human Rights is both substantial and multidimensional. While this level of explained variance is considerable for organizational and policy research, it also indicates that roughly half of the variation in human-rights outcomes remains unaccounted for. This unexplained variance likely reflects contextual and organizational factors not captured by the OPPI like policy environment, funding stability, leadership turnover, or community partnerships, which may also shape how rights-based practices take hold in organizations.

However, the absence of cross-predictive relationships, such as *performance priorities* influencing *rights practices*, suggests that symbolic commitments are insufficient without institutionalized mechanisms. This finding reinforces the need for intentional alignment strategies, leadership development, participatory planning, and inter-departmental accountability, to bridge the cultural and structural domains. The regression models empirically validate a dual-pathway framework of rights implementation:

- *Cultural Pathway*: where values shape commitment (normative legitimacy)

&

- *Structural Pathway*: where systems shape practice (operational capacity).

Achieving full rights alignment requires deliberate integration across both pathways, ensuring that Human Rights principles are not only valued but operationalized through concrete systems of leadership, accountability, and workforce empowerment. In this sense, closing what Fixsen et al. (2005) describe as the persistent "implementation gap" between aspiration and action depends on creating feedback mechanisms, learning infrastructures, and cross-level collaboration that make rights-based practice an organizational norm rather than an aspirational ideal.

To further evaluate the structural alignment between the Human Rights and Organizational Performance Management domains, a redundancy analysis is conducted in the following section. While the regression models established significant predictive relationships, this additional analysis examined the overall degree of shared variance between the two systems. The redundancy analysis captures the extent to which organizations that are strong in performance systems also demonstrate parallel strength in Human Rights outcomes, providing a clearer picture of how deeply these two frameworks operate in tandem within real organizational contexts.

6.4 Redundancy Analysis: Variance Shared Between Domains

Redundancy analysis was conducted to estimate the degree of variance in one conceptual domain Human Rights (HR) priorities and practices, that can be explained by variance in the corresponding Organizational Performance Management (OP) indexes, and vice versa. This

approach quantifies the *shared variance* between the two multidimensional constructs, thereby offering an empirical perspective on the degree of systemic alignment between values-based commitments (Human Rights) and operational mechanisms (Organizational Performance Management).

Drawing on the logic of canonical redundancy analysis[5], shared variance between domains was estimated using squared correlations (r^2) and the R^2 statistics from the regression models reported in Section 6.4.

6.4.1 Shared Variance Across Domains

Table 6.4 summarizes the proportion of variance shared among the four PCA-derived indexes. Within each domain, relationships were strong and internally coherent:

- **Human Rights Priorities–Human Rights Practices**: $r = .73$ ($r^2 = .53$)
- **Organizational Performance Management Priorities–Organizational Performance Management Practices:** $r = .73$ ($r^2 = .53$)

Cross-domain relationships were moderate to strong, with the highest shared variance occurring between conceptually parallel constructs (priorities ↔ priorities and practices ↔ practices). These patterns suggest that while human-rights and organizational-performance systems are strongly associated, they remain empirically distinguishable.

[5] This approximation was used to preserve interpretability and parsimony, given that the analysis focused on four PCA-derived indexes rather than full variable sets. A full canonical correlation model would have been statistically possible but less transparent for this dataset's structure and sample size.

Table 6.4: Shared Variance (r^2) Among PCA-Derived Indexes

	Index Pair	Pearson's *r*	Shared Variance (r^2)
Within-domain pairs	HR Priorities – HR Practices	0.728	0.53
	OP Priorities – OP Practices	0.731	0.53
Cross-domain pairs	HR Priorities – OP Priorities	0.728	0.53
	HR Practices – OP Practices	0.704	0.50
	HR Priorities – OP Practices	0.552	0.30
	HR Practices – OP Priorities	0.516	0.27

The average within-domain shared variance (mean $r^2 = .53$) exceeded the cross-domain average (mean $r^2 = .40$), suggesting that while values and practices tend to be internally consistent within their respective domains, the translation of priorities into practices across systems remains partial. In other words, organizations appear to maintain coherent internal logics, those that value Human Rights also tend to practice them, and those that emphasize performance values also act on them, but the alignment between Human Rights and performance systems is less complete. This pattern reinforces the concept of "partial coupling" (Scott, 2001), in which institutional subsystems like normative (values, commitments) and technical (procedures, performance mechanisms), are connected but not fully integrated. This indicates that while organizations may espouse both strong Human Rights values and robust performance systems, these two frameworks often operate in parallel rather than synergistically, limiting their potential to reinforce one another in everyday practice.

6.4.2 Regression-Based Redundancy Estimates

To further quantify system-level overlaps, regression analyses were used to estimate the proportion of variance in human-rights indexes explained jointly by organizational-performance

indexes. These R^2 values represent the redundancy coefficients, or the degree to which one set of indexes accounts for variance in the other.

Table 6.5: Regression-Based Redundancy Estimates (Variance Explained)

Model	Dependent Variable	Predictors	R^2	Interpretation
Model 1	HR Priorities (HRPriFL)	OP Priorities, OP Practices	0.531	53% of variance in HR priorities explained by OP variables
Model 2	HR Practices (HRPraFL)	OP Priorities, OP Practices	0.495	50% of variance in HR practices explained by OP variables
Mean Redundancy Coefficient	—	—	0.513	Average shared variance between HR and OP domains

These results indicate that approximately half of the variance in human-rights priorities and practices can be explained by the organizational-performance system. Reciprocal models (predicting OP from HR) yielded similar R^2 values, confirming the bidirectional and interdependent nature of alignment between normative and operational dimensions.

6.4.3 Interpretation and Theoretical Implications

The redundancy results reinforce the broader pattern emerging from the correlational and regression analyses: Human-rights and organizational-performance domains are highly interrelated but not synonymous. Approximately half of the variance in each set is shared with the other, suggesting that organizations often align their values and practices around overlapping principles of autonomy, inclusion, staff participation, and leadership development, yet maintain distinct functional systems.

From an institutional theory perspective (Scott, 2001), this pattern reflects partial integration between the *normative pillar* (values, priorities) and the *regulative pillar* (rules,

practices). The moderate cross-domain overlap implies that while many organizations articulate human-rights–aligned values, structural and procedural mechanisms for realizing these values may lag or operate semi-independently which is a hallmark of loose coupling according to Meyer & Rowan (1977).

Similarly, from an implementation-science perspective (Fixsen et al., 2005; Guldbrandsson & Fossum, 2009), redundancy estimates around 50% illustrate the persistent "implementation gap" in the service system, where values are not fully translated into consistent organizational behaviors or policies. This gap suggests that alignment requires not only value consensus but also robust performance infrastructure, leadership capacity, and accountability mechanisms that reinforce rights-based practices.

Viewed through Critical Disability Theory (CDT), the remaining unexplained variance underscores how systemic inequities, professional hierarchies, and policy fragmentation continue to constrain the full operationalization of human-rights principles (Rioux & Valentine, 2006). Even as organizations develop performance systems that are more responsive to person-centered and inclusive practices, deeper emancipatory change depends on addressing the cultural and structural barriers that perpetuate disempowerment.

The redundancy analysis confirms that approximately 50% of the total variance in human-rights constructs is shared with organizational-performance constructs. This substantial yet incomplete overlap highlights both progress and limitations. While Human Rights are increasingly embedded within organizational infrastructures, a full systems-level alignment remains an aspirational goal. Future policy and leadership development initiatives should therefore focus on strengthening cross-domain translation, ensuring that values of autonomy,

participation, and equity are reinforced by measurable organizational practices and performance systems.

6.5 Policy Implications and Recommendations

The findings of this study carry important implications for policy, organizational development, and leadership practice in the disability services sector. Together correlation, regression, and redundancy analyses show that human-rights realization within organizations is not achieved through rhetoric alone, but through the deliberate alignment of values and systems. The results indicate that approximately half of the variance in human-rights outcomes can be explained by organizational-performance structures, underscoring that rights implementation depends on operational capacity as much as on normative commitment.

The strong association between performance practices and human-rights practices highlights the necessity for policy frameworks that integrate performance accountability with rights accountability. Funding mechanisms, licensure requirements, and accreditation standards should move beyond compliance checklists to assess whether organizations have built inclusive infrastructures, leadership pipelines, workforce development systems, and DEI initiatives that translate rights into routine practice. Whereas licensure establishes baseline regulatory compliance, accreditation processes can be leveraged to promote continuous quality improvement and the integration of rights-based principles into organizational systems.

The above findings support the design of policy incentives for continuous organizational learning. Agencies that cultivate reflective, data-driven, and participatory management systems show stronger rights outcomes. Policies promoting leadership development, staff co-production, and cross-sector training can therefore function as human-rights interventions.

Third, the observed "implementation gap" suggests that regulatory guidance must bridge aspiration and action. Policymakers should embed rights indicators within performance-management systems, ensuring that autonomy, participation, and community inclusion are measured alongside efficiency and fiscal outcomes. Current efforts to advance this integration are evident in the Home and Community-Based Services (HCBS) quality measurement framework developed through the National Quality Forum (NQF), which includes domains such as person-centered planning, choice, and community participation (Medicaid & NQF, 2023). However, the present findings highlight the continued need to move beyond measurement toward organizational systems that operationalize these principles in everyday practice. This integration aligns with recent international approaches to disability governance emphasizing person-centered metrics (e.g., Schalock et al., 2016; OECD, 2023).

Finally, results invite a reframing of rights enforcement as system design, rather than solely compliance oversight. Rights-based quality improvement requires not only protecting individuals from harm but structuring organizations to empower staff and people with disabilities as partners in governance. Legislative and funding bodies should therefore promote models that reward shared leadership, transparency, and inter-agency collaboration, conditions empirically shown here to predict rights realization.

6.6 Conclusions

This chapter provides empirical confirmation that Organizational Performance Management and Human Rights are interdependent systems rather than competing priorities. The correlation and regression analyses show that organizational values predict human-rights priorities, while operational practices predict rights implementation. This reveals a dual-pathway model of change encompassing both cultural and structural mechanisms. Redundancy analysis

further shows that approximately half of the variance across these domains is shared, reflecting substantial but incomplete alignment.

From a theoretical perspective, these findings substantiate the propositions of Critical Disability Theory, Institutional Theory, and Implementation Science. They reveal that normative legitimacy (the belief in rights) and operational capacity (the ability to enact them) are mutually reinforcing pillars of sustainable transformation. The persistence of unexplained variance points to ongoing challenges of decoupling, where organizations espouse rights commitments but lack the systems to realize them fully.

In practical terms, the results call for policy and organizational strategies that explicitly link human-rights principles to leadership development, workforce investment, and DEI structures. When organizations build robust systems that empower staff, foster participatory governance, and institutionalize inclusive values, they create the material conditions through which rights can flourish.

Ultimately, this chapter confirms that advancing Human Rights within disability service systems is not a peripheral ideal but a systemic outcome of organizational design. Aligning priorities with practice and values with performance represents not only a pathway to better services but a structural realization of equity and justice.

Chapter 7

SUMMARY, FINDINGS, AND CONCLUSIONS

7.1 Summary

This dissertation examined how disability service organizations interpret and implement emancipatory disability policy through their internal priorities and practices. Building on Critical Disability Theory (CDT), Institutional Theory, and Policy Implementation Theory, the study explored the extent to which human-rights principles like *Autonomy*, *Community Living*, and *Participation* are embedded within organizational systems traditionally oriented toward performance management, efficiency, and compliance. At its core, this research investigated whether organizations that publicly commit to human-rights-based service delivery also operationalize those commitments in day-to-day practice and how these patterns vary across organizational roles.

Scholars have long observed that the translation of human-rights-based policy into organizational behavior remains a persistent challenge in public and social service systems. Despite decades of reform emphasizing inclusion and person-centeredness, implementation often stalls at the organizational level, where structural, cultural, and bureaucratic factors mediate between policy intent and lived experience (Fixsen et al., 2005; Lipsky, 1980; Schalock et al., 2016). Disability policy has been marked by what Rioux and Pinto (2016) describe as a "rhetoric–reality gap" in which aspirational commitments to *Autonomy*, *Community Living*, and *Participation* coexist with institutional logics emphasizing compliance, risk management, and

efficiency. Institutional theorists attribute this gap to "decoupling" or organizations symbolically adopting rights-based language while maintaining performance systems and accountability structures that reinforce traditional hierarchies (Meyer & Rowan, 1977; Scott, 2014). From a CDT perspective, this dynamic reflects deeper tensions between emancipatory values and the regulatory environments that continue to frame people with disabilities as service recipients rather than rights-bearing citizens (Hosking, 2008; Priestley, 2010).

Within this broader literature, this study contributes to an empirically grounded understanding of how these tensions manifest within contemporary disability service organizations. By quantifying and comparing organizational priorities and practices, this research identifies where and how values *of Autonomy, Community Living*, and *Participation* are enacted or diminished within organizational systems. Through a multi-level analysis of perceptions from both Organizational Decision-Makers (ODMs) and Street-Level Bureaucrats (SLBs), the study examines how structural authority, role-based discretion, and institutional culture jointly influence the realization of rights-based commitments. In doing so, it builds on prior implementation research but extends it through the explicit integration of Human Rights constructs and Organizational Performance Management systems, using the Organizational Priorities and Practices Inventory (OPPI) as a unifying framework.

The analyses addressed six research questions, integrating quantitative and interpretive approaches to capture the multidimensional nature of organizational alignment. Chapters four through six examined this alignment across three empirical levels: (1) internal consistency between organizational priorities and practices within each role (ODMs and SLBs); (2) cross-role convergence and divergence in how these groups perceive values and implementation; and (3) the degree of structural linkage between human-rights and organization-performance

systems. Together, these analyses respond to the overarching question of whether disability service organizations function as coherent systems of rights realization or as fragmented structures where values and practices diverge.

By applying a public-administration lens to the disability policy field, this study advances understanding of how institutional and bureaucratic mechanisms shape the translation of human-rights commitments into practice. Where earlier scholarships have often focused on policy design or individual outcomes, this research situates implementation within the organizational ecosystem of Leadership Development, Staff Support, and Diversity, which mediates between policy intent and lived experience. The findings shed light into the mechanisms through which organizations internalize or refrain from rights-based reform and identify leverage points for policy and administrative improvement.

This concluding chapter integrates the empirical and theoretical threads that emerged across the study. Section 7.2 summarizes findings by research question, linking quantitative patterns to conceptual interpretation. Section 7.3 extends these findings into broader implications for theory, policy, and organizational practice followed by Section 7.4 on methodological limitations and directions for future research. The chapter closes with Section 7.5 which reflects on the study's overall contribution to advancing equitable, person-centered systems of support for people with disabilities.

7.2 Summary of Findings and Discussion by Research Question

The findings from Chapters four through six provide an integrated picture of how disability service organizations internalize, enact, and sustain human-rights-based practices within complex institutional environments. Each research question addressed a distinct level of alignment: within roles, across roles, and between conceptual domains. This approach allows the

study to trace how values become embedded (or lost) as they move through organizational hierarchies and systems. The analyses collectively showed that alignment is not a singular construct, but a layered process shaped by cultural, structural, and relational factors. Patterns of convergence and divergence across the six questions reveal both the persistence of implementation gaps and the emergence of promising pathways where organizational infrastructure, leadership, and participatory practices reinforce realization of rights.

7.2.1 Research Question 1: How aligned are human-rights priorities and practices according to organizational decision-makers?

Across the three Human Rights constructs, *Autonomy, Community Living, and Participation*, Decision-Makers (ODMs) consistently rated priorities significantly higher than practices ($p < .001$). The largest gaps appeared in Community Living ($\Delta \approx 0.61$) and Autonomy ($\Delta \approx 0.59$), particularly for indicators related to meaningful employment, natural supports, and personal control over budgets. Correlations between priorities and practices were positive and significant ($\rho \approx .52–.85$), suggesting that higher prioritization predicts stronger implementation but not complete alignment.

From a theoretical perspective, these results show that while leadership articulates strong normative commitments to autonomy and inclusion, organizational systems lag in operationalizing them. Institutional Theory helps explain this *decoupling*, formal adoption of rights-based language without corresponding structural reform (Meyer & Rowan, 1977). Policy Implementation Theory points to resource constraints and fragmented inter-agency coordination as obstacles to translating mission into practice. From a CDT standpoint, the persistence of these gaps reflects enduring hierarchies and risk-averse cultures that limit authentic power-sharing with people with disabilities.

7.2.2 Research Question 2: How aligned are human-rights priorities and practices according to street-level bureaucrats?

Street-Level Bureaucrats (SLBs) also rated priorities significantly higher than practices ($p < .001$), though the magnitude of gaps was slightly smaller than that reported by ODMs. The most pronounced differences emerged in Meaningful Employment ($\Delta \approx 0.62$) and Control over Service Plan and Budget ($\Delta \approx 0.60$). SLBs' correlations between priorities and practices were moderate, indicating variability across organizations and units.

These findings confirm that front-line staff encounter structural barriers similar to those identified by decision-makers but experience them more directly through resource shortages, caseload pressures, and procedural rigidity. According to Lipsky's (1980) street-level bureaucracy model, frontline discretion shapes implementation; SLBs often adapt or improvise to preserve person-centered values within constrained systems. Their slightly narrower gaps may thus represent micro-level innovation rather than systemic change. The results reinforce that rights realization depends not only on formal policy but also on the everyday agency of practitioners navigating institutional constraints.

7.2.3 Research Question 3: How aligned are organizational-performance priorities and practices according to decision-makers?

Within Organizational Performance constructs: *Staff Participation, Leadership Development, and Diversity, Equity & Inclusion (DEI)*, Decision-Makers again reported significant priority-practice gaps ($p < .001$). The largest misalignment appeared in Staff Participation and Leadership Development, suggesting that even while performance improvement and leadership capacity are highly valued, they are unevenly enacted. Correlations

remained positive ($\rho \approx .60–.80$), indicating that prioritization supports but does not guarantee implementation.

This pattern reflects institutional and cultural inertia where performance systems may reward compliance metrics rather than relational or developmental outcomes. The findings support Implementation Science literature emphasizing that leadership support, competency drivers, and enabling infrastructures are prerequisites for fidelity of practice (Fixsen et al., 2005). They also suggest that human-rights principles cannot be sustained without concurrent investment in workforce and leadership systems.

7.2.4 Research Question 4: How aligned are organizational-performance priorities and practices according to street-level bureaucrats?

SLBs' responses mirrored ODMs' but revealed slightly stronger correlations between performance priorities and practices. Frontline staff perceived higher implementation in Staff Participation and DEI, possibly because they experience direct participation opportunities or observe inclusion efforts firsthand. However, significant gaps remained across all constructs, with average $\Delta \approx 0.45–0.50$.

These results suggest that while inclusive and participatory initiatives are visible to staff, they may be inconsistently supported by leadership or unevenly distributed across programs. The difference between ODM and SLB perceptions underscores the importance of multi-level communication and feedback loops. Theoretically, this reflects the interaction between institutional norms and discretionary agency, frontline actors may operationalize inclusion informally even when organizational systems remain hierarchical.

7.2.5 Research Question 5: How aligned are decision-makers and street-level bureaucrats in their ratings of human-rights and performance domains?

Paired-sample t-tests of matched organizations (n = 36) revealed no statistically significant differences in *priority* ratings between roles, indicating broad value consensus. In contrast, *practice* ratings diverged: SLBs consistently rated implementation higher than ODMs, with the largest and only significant gap in Staff Participation (practices) ($p \approx .05$; $d = -0.34$). Intraclass Correlation Coefficients (ICCs) indicated modest cross-role agreement, particularly in Participation and DEI constructs.

This cross-role pattern suggests that while mission and values are shared, perceptions of practice differ. Decision-Makers may underestimate the degree of frontline participation, whereas SLBs may overestimate leadership awareness or systemic impact. The divergence aligns with Lipsky's (1980) notion that discretion and localized adaptation create perceptual distance between hierarchical levels. It also illustrates Institutional Theory's distinction between espoused values and operational routines. In other words, alignment at the symbolic level does not ensure experiential consistency. Strengthening bi-directional communication and co-production mechanisms may therefore be key to bridging these perception gaps.

7.2.6 Research Question 6: What is the relationship between human-rights and organizational-performance domains?

Analyses of PCA-derived indexes demonstrated strong positive correlations across domains ($r = .52–.73$, $p < .001$), indicating that organizations emphasizing Performance Management systems in Leadership, Staff, and DEI; also tend to prioritize and enact human-rights principles. Regression models revealed complementary pathways:

- **Model 1:** Organizational Performance Priorities significantly predicted Human Rights Priorities ($\beta = 0.66$, $p < .001$), representing a *cultural pathway* where shared values drive rights commitment.
- **Model 2:** Organizational Performance Practices significantly predicted Human Rights Practices ($\beta = 0.66$, $p < .001$), representing a *structural pathway* where operational systems enable rights implementation.

Redundancy analyses estimated approximately 50 % shared variance between the two domains, suggesting that organizational infrastructures and human-rights enactment are deeply interdependent.

Theoretically, these results integrate CDT, Institutional Theory, and Implementation Science as effective rights realization depends on both normative alignment (values, leadership ethos) and operational capacity (systems, feedback, DEI, training). In contrast to the conventional dichotomy between efficiency and equity, the findings demonstrate that performance excellence and human-rights fulfillment are mutually reinforcing. Organizations that "walk their talk" by embedding participatory and developmental practices achieve greater coherence between moral intent and administrative action.

The six analyses converge on a central insight: disability service organizations largely share human-rights values but remain constrained by institutional logic and uneven infrastructures that limit full translation into practice. Alignment improves where performance systems, leadership, staff engagement, DEI, function as enabling mechanisms rather than compliance tools. The next section builds on these findings to discuss their broader implications for theory, policy, and organizational practice.

7.3 Implications for Theory, Policy, and Practice

The implications of this study extend across theoretical, policy, and practical dimensions of disability service systems. The findings underscore that alignment between human rights and organizational is conceptual and operational, shaping how organizations define legitimacy, accountability, and equity. Interpreting these findings through multiple lenses provides a deeper understanding of how values become institutionalized and how leaders, policymakers, and practitioners can strengthen the conditions for rights-based implementation. The following subsections discuss these implications beginning with their theoretical contributions.

7.3.1 Theoretical Implications

This study contributes to multiple theoretical traditions by indicating how the implementation of emancipatory disability policy unfolds through both cultural and structural mechanisms within organizations. The findings extend Critical Disability Theory (CDT) by empirically illustrating how human-rights realization depends not only on the removal of external barriers but also on the transformation of internal organizational norms and hierarchies. The persistent misalignment between human-rights priorities and practices, particularly in *Autonomy* and *Community Living,* suggests that institutional ableism and risk-averse cultures continue to shape the ways organizations interpret "support" by often reinforcing paternalistic models of care. By quantifying these misalignments, the study provides evidence that rights implementation requires structural empowerment within organizations as much as policy change at the system level.

Through the lens of Institutional Theory, the results empirically confirm the process of *decoupling* described by Meyer and Rowan (1977) were the symbolic adoption of rights-based language takes place without full operational integration. Yet the strong correlations between Human Rights and Organizational Performance domains reveal that such decoupling is neither

inevitable nor complete. When performance systems, such as *Leadership Development, Staff Participation,* and *DEI* initiatives, are aligned with participatory and person-centered values, they become mechanisms of *recoupling* that connect legitimacy to genuine practice. This suggests that institutional legitimacy in disability service systems increasingly depends on an organization's capacity to align its performance structures with human-rights principles, rather than treating the two as competing mandates.

Finally, from a Policy Implementation Theory perspective, the study clarifies the dual pathways through which policy intent becomes practice: a *cultural pathway*, in which leadership priorities and values shape normative alignment, and a *structural pathway*, in which operational systems and workforce capacity determine implementation fidelity. This dual-model interpretation advances existing frameworks by linking values-based and systems-based implementation mechanisms, demonstrating that both are necessary for sustainable rights realization. The OPPI's multidimensional structure provides a tool for operationalizing this conceptual model, allowing future scholars to quantify and monitor the dynamic relationship between human-rights culture and performance infrastructure.

7.3.2 Policy Implications and Recommendations

The study's findings hold important implications for public policy and administrative reform. First, they highlight that rights-based outcomes cannot be achieved solely through legislative or regulatory mandates; they depend on the organizational systems that translate policy into action. Policymakers should therefore view leadership development, workforce training, and DEI initiatives not as peripheral support but as core components of human-rights implementation. Funding mechanisms and state contracts could explicitly incentivize organizations to build

internal infrastructures, such as participatory governance structures, staff development pipelines, and cross-system partnerships, which sustain person-centered practices over time.

Second, the evidence of partial misalignment between priorities and practices underscores the need for accountability systems that measure both values and actions. Current quality assurance frameworks often focus on compliance indicators rather than experiential measures of autonomy, inclusion, and participation. Integrating instruments measuring intent such as the OPPI into state or federal performance monitoring systems could provide a more holistic view of organizational alignment, encouraging continuous improvement rather than punitive oversight. This approach would shift evaluation from static compliance to dynamic capacity-building, consistent with the principles of continuous quality improvement in public administration.

Third, the cross-role findings indicate that communication and co-production mechanisms between leadership and frontline staff are essential policy strategies. When policy guidance includes expectations for shared decision-making and participatory planning, organizations are more likely to maintain congruence between mission and practice. Embedding co-production principles into HCBS regulations, accreditation standards, or funding criteria could help bridge the perceptual and structural divides identified in this study.

Finally, the strong interdependence between Human Rights and Organizational Performance Management systems challenges the traditional dichotomy between efficiency and equity in public service delivery. Policymakers should recognize that investment in workforce well-being, leadership capacity, and inclusion infrastructures enhances rights implementation. Policies that link human-rights outcomes with performance incentives, technical assistance, and leadership development grants would reinforce this synergy and accelerate the institutionalization of rights-based organizational cultures.

7.3.3 Practical Implications for Organizational Leadership

For practitioners and organizational leaders, the study underscores that alignment between priorities and practices must be cultivated deliberately through leadership, structure, and culture. The findings reveal that values alone are insufficient. Implementation depends on embedded systems that make rights actionable. Organizations can begin by integrating human-rights indicators into strategic plans, supervisory models, and performance reviews. This will ensure that autonomy, inclusion, and participation are not rhetorical ideals but operational benchmarks.

Leadership development emerged as a particularly strong predictor of rights-based practice. Investing in coaching, reflective supervision, and distributed leadership models can strengthen both organizational performance and human-rights alignment. Similarly, enhancing staff participation, through feedback loops, inclusive committees, and peer learning structures, builds organizational trust and shared accountability. These practices reduce the perceptual divide between Organizational Decision-Makers and Street-Level Bureaucrats identified in this study and foster a culture where everyone contributes to realization of rights.

Finally, organizations should leverage DEI frameworks as gateways for embedding human-rights principles across all dimensions of practice. When equity and inclusion are treated as system-wide commitments rather than compliance categories, they reinforce autonomy and participation for both staff and people served. Using instruments like the OPPI to regularly assess alignment can help leaders diagnose gaps, set improvement goals, and demonstrate progress to funders and regulatory bodies.

7.4 Limitations and Directions for Future Research

The present study, while comprehensive in its examination of organizational alignment between human-rights principles and performance systems, is bound by several overarching limitations related to design, scope, and conceptual framing. Recognizing these boundaries helps clarifies the interpretive context of the findings and identifies meaningful directions for future research.

First, the study's cross-sectional and quantitative design provides a valuable snapshot of organizational alignment but cannot capture its dynamic or evolving nature. Thus, causality cannot be assumed; the results indicate relationships rather than causal effects. Alignment between values and practices is not static, it fluctuates in response to leadership turnover, policy shifts, and changing organizational climates. Future longitudinal or mixed-method research could examine how rights-based reforms are sustained over time and how organizations progress (or regress) along trajectories of institutional change. Understanding these temporal dynamics would enrich the field's grasp of how human-rights commitments become embedded, or eroded, within organizational culture.

Second, the study is grounded in self-reported perceptions of organizational actors. While this approach is appropriate for assessing internal culture and alignment, it privileges subjective understandings over externally verifiable behaviors or outcomes. The study's purpose was not to measure service quality or individual outcomes directly but to examine how staff at different levels perceive their organization's commitment to human rights. Future research should complement perception-based analyses with observational, case-based, or outcome-oriented methods to triangulate the relationship between organizational alignment and tangible improvements in people's lives.

Third, although the study draws on a diverse national sample, its participants represent organizations that are voluntarily engaged in leadership and system-development initiatives. These organizations may be more reflective of innovation-oriented or high-performing agencies than of the broader service landscape. Consequently, the findings should be interpreted as indicative of alignment among organizations already predisposed toward human-rights values rather than representative of all service providers. Future studies should expand inclusion to underrepresented organizations, particularly those operating with limited resources, rural contexts, or less formalized leadership infrastructures.

Fourth, the research design centers on the organizational level of analysis, focusing on internal alignment rather than system-wide interactions. While this level is critical for understanding how policy is enacted, human-rights realization occurs across interlocking systems, state agencies, funding bodies, regulatory frameworks, and community networks. Future multi-level or comparative studies could examine how organizational alignment interacts with these broader policy environments, shedding light on how external incentives, accountability mechanisms, and community partnerships facilitate or constrain rights-based implementation.

Finally, as a quantitative, theory-driven study, this research necessarily operationalized complex, value-laden constructs such as autonomy, inclusion, and equity, into measurable indicators. While this approach advances to empirical precision, it may underrepresent the lived, contextual dimensions of rights implementation that qualitative inquiry can reveal. Future scholarship could adopt participatory or narrative methods to capture the perspectives of people with disabilities, family members, and direct support professionals, complementing statistical alignment data with experiential accounts of inclusion and agency.

These limitations highlight the inherent complexity of studying rights-based organizational change. They point to the need for integrative, multi-method approaches that connect institutional analysis with lived experience. Future research grounded in collaboration with self-advocates, policymakers, and practitioners can build upon this work to deepen understanding of how disability service systems evolve toward genuine human-rights alignment.

7.5 Conclusions

The findings from the internal alignment analyses showcase the persistence of the rhetoric–reality gap in disability services is not primarily a question of values, but of organizational translation. Across both organizational decision-makers and street-level bureaucrats, priorities for autonomy, community living, participation, leadership development, staff participation, and diversity, equity, and inclusion consistently exceeded enacted practices. This pattern empirically substantiates institutional theories of decoupling by showing that rights-based commitments are often symbolically embedded within organizational missions while remaining unevenly operationalized within everyday systems. By measuring internal alignment across all six constructs simultaneously, this study shows that decoupling is not isolated to a single practice area but reflects a systemic organizational condition that constrains the realization of emancipatory disability policy. In doing so, this study advances the literature by empirically operationalizing organizational decoupling across multiple human rights and organizational performance domains, addressing a key gap identified in prior research that has largely documented rights-based outcomes without systematically examining their internal organizational translation.

The cross-role alignment findings further reveal that implementation gaps may also be shaped by how organizational authority and discretion are distributed across roles. While decision-makers and street-level bureaucrats largely share human-rights values, they differ in how they perceive the enactment of those values in practice. These differences underscore the role of frontline discretion, local adaptation, and organizational communication in shaping rights realization. Importantly, the absence of widespread value conflict suggests that misalignment stems less from ideological disagreement and more from structural and relational barriers within organizations. This insight advances policy implementation theory by demonstrating that shared commitment does not guarantee shared experience, and that bridging leadership and frontline perspectives is central to strengthening rights-based implementation. By directly comparing how decision-makers and street-level bureaucrats understand and experience the same organizational priorities and practices, this study fills an important gap in the literature that has largely examined leadership perspectives and frontline conditions separately, offering new insight into how role-based dynamics shape the implementation of rights-based policy within disability service organizations.

Finally, the cross-domain alignment analyses highlight that human-rights realization is structurally dependent on organizational performance systems. The strong relationships between leadership development, staff participation and support, DEI practices, and human-rights enactment demonstrate that rights do not operate independently of organizational capacity. Rather, organizational performance systems function as enabling or constraining mechanisms that shape whether autonomy, inclusion, and participation are realized in practice. By empirically linking performance practices to human-rights outcomes, this study moves beyond normative assertions to show that emancipatory disability policy is sustained through organizational

infrastructures that support learning, participation, and equity. Together, these findings indicate that alignment across values, roles, and systems is essential for translating rights-based policy into lived experience. By analyzing human rights and organizational performance domains together rather than as separate lines of inquiry, this study contributes new evidence on how leadership, workforce systems, and equity practices structure the conditions under which rights-based commitments are translated into practice within disability service organizations.

7.6 Reflection

This dissertation sets out to examine how disability service organizations translate the moral and policy commitments of the human-rights model into the practical realities of organizational life. Across all analyses, a central theme emerged: alignment between values and practice is both an ethical aspiration and an administrative challenge. Organizations can affirm inclusion, autonomy, and participation in principle, yet still struggle to realize these ideals in their everyday routines, accountability systems, and workforce structures. The findings demonstrate that genuine human-rights implementation depends on the interplay of values and infrastructure of leadership that empower, and on systems that make empowerment sustainable.

These results indicate that human-rights realization is not external to the organizational mission but intrinsic to effective management and public stewardship. The strongest organizations were those that embedded person-centered values within performance management systems, where leadership development, staff participation, and DEI initiatives operated as instruments of rights fulfillment rather than compliance checklists. In this way, the study reframes organizational effectiveness and equity not as competing imperatives but as mutually reinforcing goals. When equity becomes a structural feature of management, performance gains

follow; when performance systems are rooted in dignity and participation, rights move from rhetoric to reality.

Theoretically, the study bridges Critical Disability Theory, Institutional Theory, and Policy Implementation Theory, illustrating that emancipatory policy requires both cultural legitimacy and administrative capacity. By operationalizing these concepts through the OPPI, the research offers a replicable framework for diagnosing alignment gaps and guiding systems change. Empirically, it provides one of the first large-scale, organizational-level assessments of rights-based implementation across multiple staff roles in disability services, offering data that can inform both scholarship and applied leadership development.

Beyond its analytic contribution, this work reflects a broader commitment to advancing a social vision in which disability policy is understood not as a program of care, but as a framework for citizenship and justice. Building organizations that honor autonomy and belonging requires re-imagining administrative practice as a vehicle for liberation rather than control. The hope embedded in this research is that data, theory, and human experience can converge to illuminate pathways toward that transformation.

Ultimately, the pursuit of alignment, between priorities and practices, between decision-makers and practitioners, between policy ideals and lived experience, is the pursuit of integrity within systems that shape people's lives. The findings underscore that progress toward rights-based service delivery is achievable, but it requires sustained reflection, leadership courage, and a willingness to redesign institutions around the principles they profess to uphold. In that sense, the study closes not with finality but with an invitation: to continue bridging research and practice, policy and experience, until the structures that govern disability services fully embody the rights and dignity of all people.

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APPENDIX A

DETAILED ITEM-LEVEL KMO MEASURES OF SAMPLING ADEQUACY

Table A.1: KMO measure of sampling adequacy Human Rights Priorities

Indicator	KMO
Category I Priorities	
S1Q1_1: Person-Centered Supports and Services	0.968
S1Q2_1: Autonomous Decision-Making	0.946
S1Q3_1: Control Over Service Plan and Budget	0.908
S1Q4_1: Choice of Living Accommodations	0.926
S1Q5_1: Respectful Behavioral Support	0.956
S1Q6_1: Self-Determination	0.949
S1Q7_1: Control Over Service Delivery	0.956
Category II Priorities	
S2Q1_1: Full Community Engagement and Participation	0.934
S2Q2_1: Meaningful Employment	0.936
S2Q3_1: Community Supports for All	0.954
S2Q4_1: Community Inclusion for All	0.925
S2Q5_1: Person Led Service Delivery Over Organization Led Service Delivery	0.947
S2Q6_1: Prioritizing Relationship and Community Building	0.933
S2Q7_1: Meaningful, Natural Supports	0.942
Category III Priorities	
S3Q1_1: Stakeholder Input	0.911
S3Q2_1: Participation In Governance	0.871
S3Q3_1: Inclusive Strategic Planning	0.925
S3Q4_1: Approachable Leadership	0.940
S3Q5_1: Values Built into Operating Materials	0.926
S3Q6_1: Values Built into Employee-Related Materials	0.925
S3Q7_1: Collaboration With Stakeholders	0.937
Overall	0.936

Note: *The Kaiser–Meyer–Olkin (KMO) measure of sampling adequacy was computed to assess whether the dataset's correlation matrix is suitable for dimension-reduction techniques such as principal component analysis (PCA). Individual KMO values for the 21 items of the priority's indicators for categories one to three ranged from 0.871 to 0. 0.968, which is above the minimum acceptable threshold of 0.50, and the overall KMO was 0.936, which Kaiser (1974) categorizes as "marvelous."*[6]

[6] Kaiser, H. F. (1974). An index of factorial simplicity. *Psychometrika*, 39(1), 31–36.

Table A.2: KMO measure of sampling adequacy Human Rights Practices items

Indicator	KMO
Category I Priorities	
S1Q1_2: Person-Centered Supports and Services	0.964
S1Q2_2: Autonomous Decision-Making	0.944
S1Q3_2: Control Over Service Plan and Budget	0.928
S1Q4_2: Choice of Living Accommodations	0.929
S1Q5_2: Respectful Behavioral Support	0.932
S1Q6_2: Self-Determination	0.952
S1Q7_2: Control Over Service Delivery	0.963
Category II Priorities	
S2Q1_2: Full Community Engagement and Participation	0.951
S2Q2_2: Meaningful Employment	0.956
S2Q3_2: Community Supports for All	0.934
S2Q4_2: Community Inclusion for All	0.917
S2Q5_2: Person Led Service Delivery Over Organization Led Service Delivery	0.937
S2Q6_2: Prioritizing Relationship and Community Building	0.943
S2Q7_2: Meaningful, Natural Supports	0.951
Category III Priorities	
S3Q1_2: Stakeholder Input	0.889
S3Q2_2: Participation In Governance	0.855
S3Q3_2: Inclusive Strategic Planning	0.909
S3Q4_2: Approachable Leadership	0.904
S3Q5_2: Values Built into Operating Materials	0.870
S3Q6_2: Values Built into Employee-Related Materials	0.884
S3Q7_2: Collaboration With Stakeholders	0.923
Overall	0.930

Note: *These high KMO values confirm that the items measuring Human Rights Practices are strongly interrelated, providing robust support for further factor analytic procedures. In particular, the KMO results indicate that it is more than adequate to proceed with a PCA-based index, as the overall and individual values far exceed the recommended threshold (typically 0.5 or 0.6).*

Table A.3: KMO measure of sampling adequacy Organizational Performance Priorities

Indicator	KMO
Category IV	
S4Q1_1: Staff Participation in Decision Making	0.964
S4Q2_1: Comprehensive Training and Support	0.944
S4Q3_1: Flexibility For Staff	0.928
S4Q4_1: Staff Development	0.929
S4Q5_1: Staff Appreciation	0.932
S4Q6_1: Staff Participation in Financial Decision-Making	0.952
S4Q7_1: Staff Knowledge Development	0.963
Category V	
S5Q1_1: Ethical Leadership	0.951
S5Q2_1: Compelling Leadership	0.956
S5Q3_1: *Culture Enhancing Leadership*	0.934
S5Q4_1: Leadership Development	0.917
S5Q5_1: Internal Leadership Succession	0.937
S5Q6_1: Team Leadership	0.943
S5Q7_1: Resourceful Leadership	0.951
Category VI	
S6Q1_1: Workforce Diversity	0.889
S6Q2_1: Valued Diversity	0.855
S6Q3_1: DEI Policies & Practices	0.909
S6Q4_1: DEI Professional Training and Development	0.904
S6Q5_1: Anti-Discrimination Policy	0.870
S6Q6_1: DEI Evaluation	0.884
S6Q7_1: Equitable Staff Development and Promotion	0.923
Overall	0.930

Note: *These high KMO values confirm that the items measuring Organizational Performance Priorities are strongly interrelated, providing robust support for further factor analytic procedures. In particular, the KMO results indicate that proceeding with a PCA-based index is more than adequate, as the overall and individual values far exceed the recommended threshold (typically 0.5 or 0.6).*

Table A.4: KMO measure of sampling adequacy Organizational Performance Practices

Indicator	KMO
Category IV	0.964
S4Q1_2: Staff Participation in Decision Making	0.959
S4Q2_2: Comprehensive Training and Support	0.946
S4Q3_2: Flexibility For Staff	0.944
S4Q4_2: Staff Development	0.963
S4Q5_2: Staff Appreciation	0.890
S4Q6_2: Staff Participation in Financial Decision-Making	0.940
S4Q7_2: Staff Knowledge Development	
Category V	0.920
S5Q1_2: Ethical Leadership	0.962
S5Q2_2: Compelling Leadership	0.957
S5Q3_2: *Culture Enhancing Leadership*	0.958
S5Q4_2: Leadership Development	0.963
S5Q5_2: Internal Leadership Succession	0.961
S5Q6_2: Team Leadership	0.972
S5Q7_2: Resourceful Leadership	
Category VI	0.957
S6Q1_2: Workforce Diversity	0.951
S6Q2_2: Valued Diversity	0.928
S6Q3_2: DEI Policies & Practices	0.922
S6Q4_2: DEI Professional Training and Development	0.948
S6Q5_2: Anti-Discrimination Policy	0.918
S6Q6_2: DEI Evaluation	0.961
Overall	0.949

Note: *This high sampling adequacy suggests that the variables measuring organizational performance practices are strongly interrelated and well-suited for a factor analytic approach such as PCA. In practical terms, the excellent KMO values provide robust support for the use of these items in constructing a reliable and coherent index. Overall, the data are deemed appropriate for further analysis, ensuring that the resulting Organizational Performance Practices Index will be both meaningful and empirically sound.*

APPENDIX B

PCA OUTPUTS (EIGENVALUES, DIFFERENCES, PROPORTIONS, AND CUMULATIVE VARIANCE)

Principal Component Analysis (PCA) Human Rights Priorities

Table B.1: Principal Component Analysis (PCA) Human Rights Priorities

Component	Eigenvalue	Difference	Proportion	Cumulative
Comp1	10.221	8.390	0.487	0.487
Comp2	1.831	0.532	0.087	0.574
Comp3	1.299	0.314	0.062	0.636
Comp4	0.985	0.255	0.047	0.683
Comp5	0.730	0.036	0.035	0.718
Comp6	0.694	0.091	0.033	0.750
Comp7	0.603	0.051	0.029	0.779
Comp8	0.552	0.041	0.026	0.805
Comp9	0.511	0.025	0.024	0.830
Comp10	0.486	0.086	0.023	0.853
Comp11	0.400	0.020	0.019	0.872
Comp12	0.380	0.041	0.018	0.890
Comp13	0.339	0.015	0.016	0.906
Comp14	0.325	0.036	0.015	0.922
Comp15	0.288	0.024	0.014	0.935
Comp16	0.264	0.013	0.013	0.948
Comp17	0.251	0.022	0.012	0.960
Comp18	0.228	0.006	0.011	0.971
Comp19	0.222	0.012	0.011	0.981
Comp20	0.210	0.030	0.010	0.991
Comp21	0.180	.	0.009	1.000
Principal components/correlation			Number of obs =	338
Rotation: (unrotated = principal)			Number of comp. =	21
			Trace =	21
			Rho =	1.0000

Note: *According to Kaiser's criterion (eigenvalue > 1), four components (Comp1–Comp3) are considered meaningful and warrant retention for further analysis. Subsequent components all have eigenvalues below 1, and each explains less than 4.7% of variance, indicating diminishing returns and minimal additional information beyond the first four factors.*

Principal Component Analysis (PCA) Human Rights Practices

Table B.2: Principal Component Analysis (PCA) Human Rights Practices

Component	Eigenvalue	Difference	Proportion	Cumulative
Comp1	9.260	7.392	0.441	0.441
Comp2	1.868	0.617	0.089	0.530
Comp3	1.251	0.172	0.060	0.589
Comp4	1.079	0.159	0.051	0.641
Comp5	0.920	0.141	0.044	0.685
Comp6	0.779	0.164	0.037	0.722
Comp7	0.615	0.045	0.029	0.751
Comp8	0.570	0.017	0.027	0.778
Comp9	0.553	0.040	0.026	0.804
Comp10	0.514	0.025	0.025	0.829
Comp11	0.489	0.062	0.023	0.852
Comp12	0.427	0.033	0.020	0.873
Comp13	0.394	0.053	0.019	0.891
Comp14	0.340	0.008	0.016	0.907
Comp15	0.332	0.025	0.016	0.923
Comp16	0.307	0.009	0.015	0.938
Comp17	0.298	0.023	0.014	0.952
Comp18	0.275	0.015	0.013	0.965
Comp19	0.260	0.016	0.012	0.978
Comp20	0.244	0.019	0.012	0.989
Comp21	0.225	.	0.011	1.000

Principal components/correlation	Number of obs = 238
Rotation: (unrotated = principal)	Number of comp. = 21
	Trace = 21
	Rho = 1.0000

Note: *According to Kaiser's criterion (eigenvalue > 1), PC1–PC4 warrant retention; however, the substantive dominance of PC1(Eigenvalue 9.260) suggests that a unidimensional index based solely on PC1 scores offers a robust summary of human rights priorities. Retaining PC2 and PC3 may be advisable only when a more nuanced, multidimensional understanding of variation is required.*

Principal Component Analysis (PCA) Organizational Performance Priorities

Table B.3: Principal Component Analysis (PCA) Organizational Performance Priorities

Component	Eigenvalue	Difference	Proportion	Cumulative
Comp1	11.777	9.911	0.561	0.561
Comp2	1.867	0.466	0.089	0.650
Comp3	1.401	0.671	0.067	0.716
Comp4	0.730	0.101	0.035	0.751
Comp5	0.629	0.011	0.030	0.781
Comp6	0.618	0.165	0.029	0.811
Comp7	0.454	0.028	0.022	0.832
Comp8	0.425	0.057	0.020	0.853
Comp9	0.368	0.023	0.018	0.870
Comp10	0.345	0.016	0.016	0.886
Comp11	0.329	0.031	0.016	0.902
Comp12	0.298	0.024	0.014	0.916
Comp13	0.274	0.005	0.013	0.929
Comp14	0.269	0.039	0.013	0.942
Comp15	0.230	0.018	0.011	0.953
Comp16	0.212	0.016	0.010	0.963
Comp17	0.196	0.027	0.009	0.973
Comp18	0.170	0.009	0.008	0.981
Comp19	0.161	0.019	0.008	0.988
Comp20	0.141	0.037	0.007	0.995
Comp21	0.105	.	0.005	1.000

Principal components/correlation	Number of obs = 238
Rotation: (unrotated = principal)	Number of comp. = 21
	Trace = 21
	Rho = 1.0000

Note: *The PCA output for Organizational Performance Priorities reveals that the first principal component (PC1) has an eigenvalue of 11.777, accounting for 56.1% of the total variance. This dominant component suggests that a single underlying factor captures the majority of the information in the data. The subsequent components (PC2 with an eigenvalue of 1.867 and PC3 with an eigenvalue of 1.401) account for an additional 8.9% and 6.7% of variance, respectively, bringing the cumulative variance to 71.6% by the third component.*

Principal Component Analysis (PCA) Organizational Performance Practices

Table B.4: Principal Component Analysis (PCA) Organizational Performance Practices

Component	Eigenvalue	Difference	Proportion	Cumulative
Comp1	10.373	8.403	0.494	0.494
Comp2	1.969	0.632	0.094	0.588
Comp3	1.338	0.482	0.064	0.651
Comp4	0.856	0.127	0.041	0.692
Comp5	0.729	0.038	0.035	0.727
Comp6	0.691	0.105	0.033	0.760
Comp7	0.586	0.072	0.028	0.788
Comp8	0.514	0.040	0.025	0.812
Comp9	0.474	0.027	0.023	0.835
Comp10	0.447	0.025	0.021	0.856
Comp11	0.422	0.038	0.020	0.876
Comp12	0.384	0.026	0.018	0.894
Comp13	0.359	0.057	0.017	0.911
Comp14	0.302	0.026	0.014	0.926
Comp15	0.276	0.012	0.013	0.939
Comp16	0.264	0.010	0.013	0.952
Comp17	0.253	0.032	0.012	0.964
Comp18	0.222	0.020	0.011	0.974
Comp19	0.202	0.025	0.010	0.984
Comp20	0.177	0.013	0.008	0.992
Comp21	0.164	.	0.008	1.000

Principal components/correlation	Number of obs = 238
Rotation: (unrotated = principal)	Number of comp. = 21
	Trace = 21
	Rho = 1.0000

Note: *The first principal component (PC1) has an eigenvalue of 10.373 and alone explains 49.4% of the total variance, indicating that almost half of the variability in the data can be attributed to a single underlying dimension. The second and third components (PC2 and PC3) account for an additional 9.4% and 6.4% of variance, respectively, raising cumulative explained variance to 65.1%.*

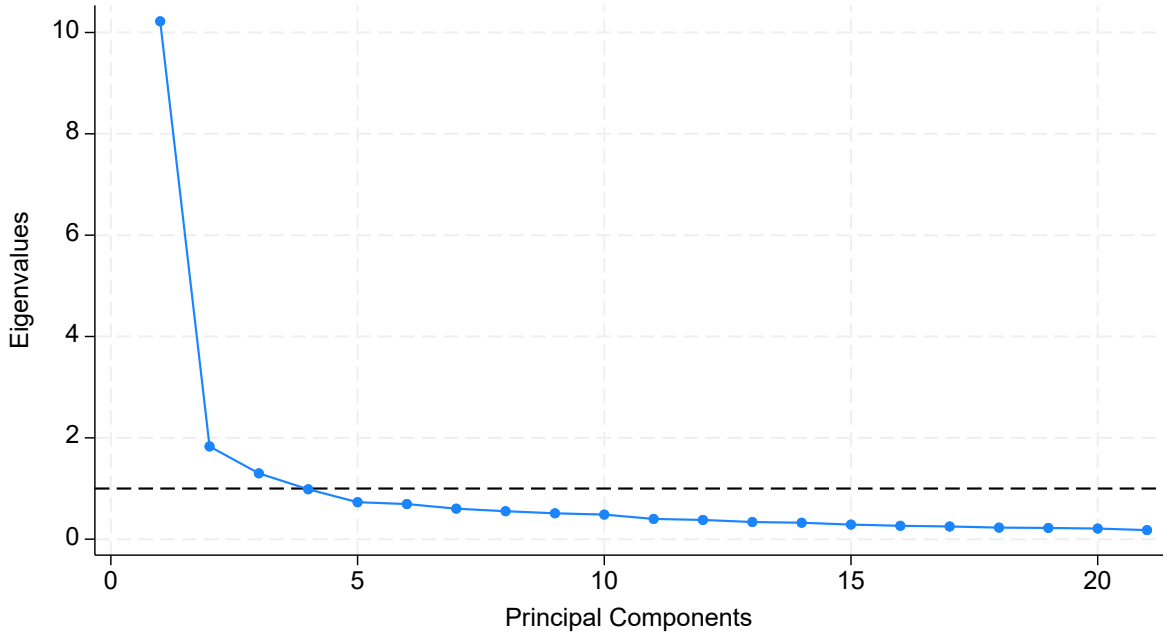
APPENDIX C

SCREE PLOTS FOR EACH DOMAIN

Scree Plot in PCA Human Rights Priorities

This Scree Plot in figure A3.6.1 displays the eigenvalues of the principal components (PCs) obtained from the PCA (Principal Component Analysis). The scree plot displays the eigenvalues of the 21 principal components in descending order, with each point representing the variance explained by a given component. The first component (PC1) has an exceptionally large eigenvalue (>10, followed by a sharp decline to the second component (PC2; eigenvalue >1.75). Beyond PC3, eigenvalues decline gradually and fall below the Kaiser threshold of 1 after the third component.

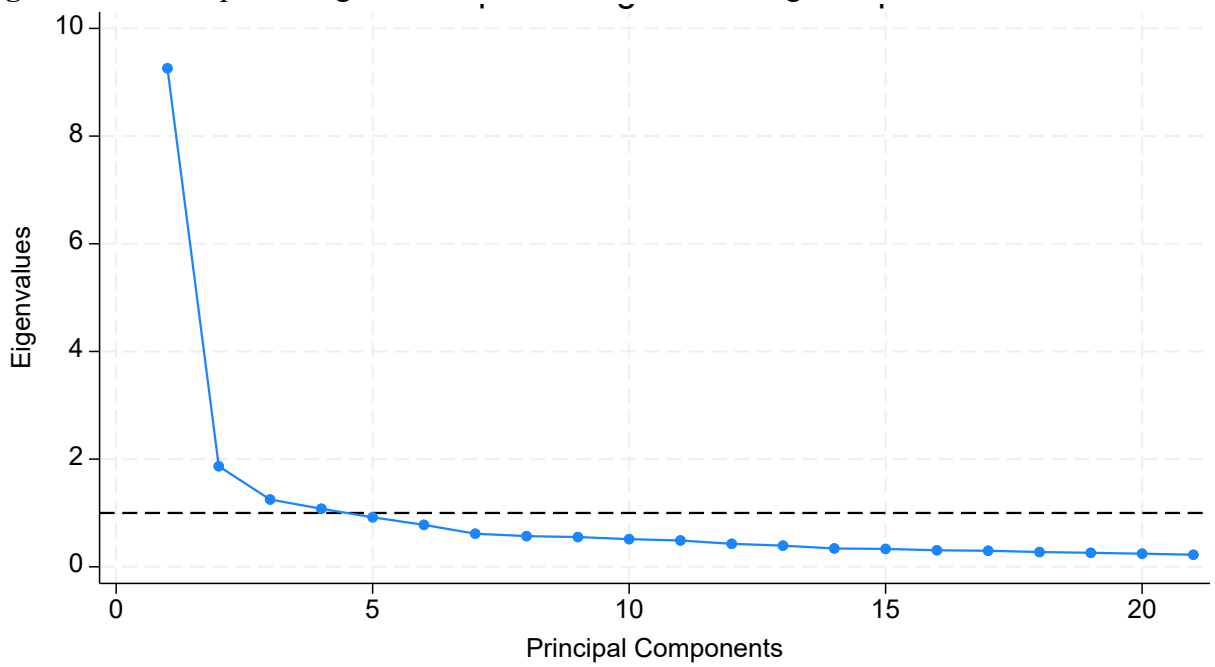
Figure C.1: Scree plot of eigenvalues after PCA for Human Rights Priorities



Scree Plot in PCA Human Rights Practices

The scree plot of eigenvalues from the principal component analysis provides a visual justification for dimensionality reduction. The plot displays a pronounced "elbow" after the first component: PC1 exhibits a substantially larger eigenvalue (>9) than all subsequent components. A steep decline occurs between PC1 and PC2, followed by a more gradual decrease through PC3 and beyond.

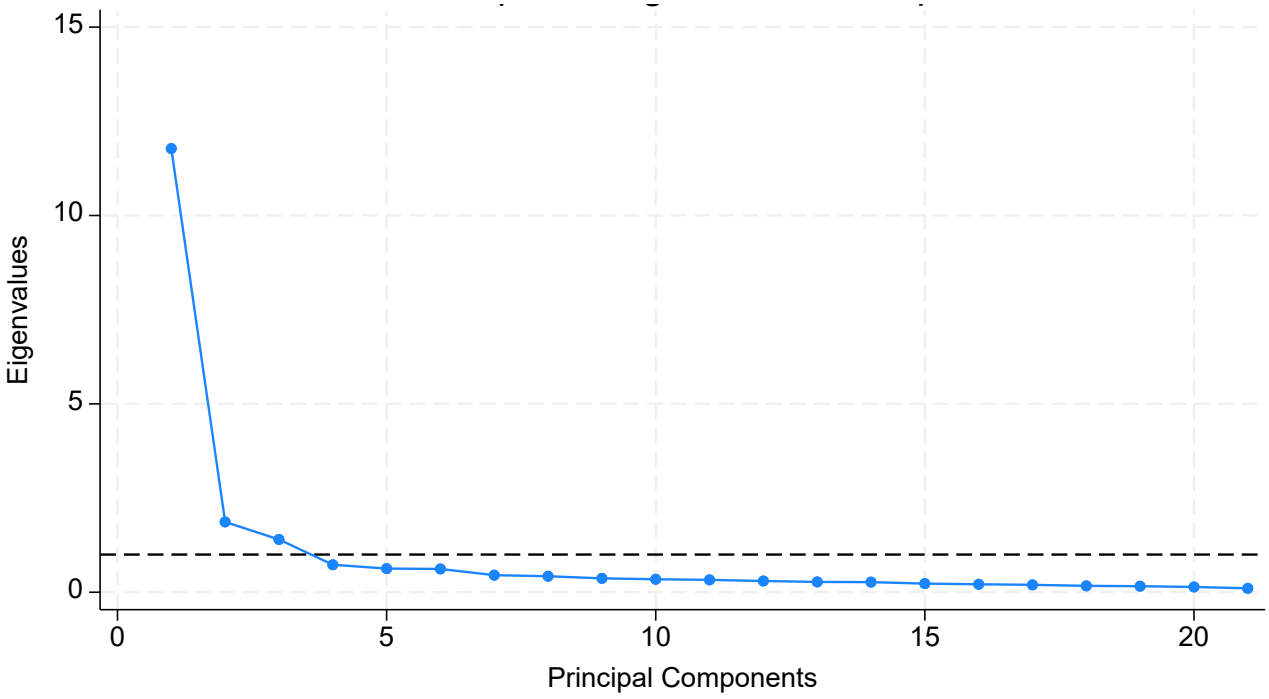
Figure C.2: Scree plot of eigenvalues after PCA for Human Rights Practices.



Scree Plot in PCA Organizational Performance Priorities

The scree plot in Figure A3.6.3 visualizes the eigenvalues of the principal components, it helps to visually determine the optimal number of components to retain in the Organizational Performance Priorities PCA. This scree plot illustrates a **significant drop** in eigenvalues from the **first principal component** to the **second and third**, followed by a **relatively flat line** where the eigenvalues remain below 1. The black dashed line at **eigenvalue = 1** indicates the **Kaiser criterion**, suggesting that only a few components (roughly the first three) contribute substantially to the total variance.

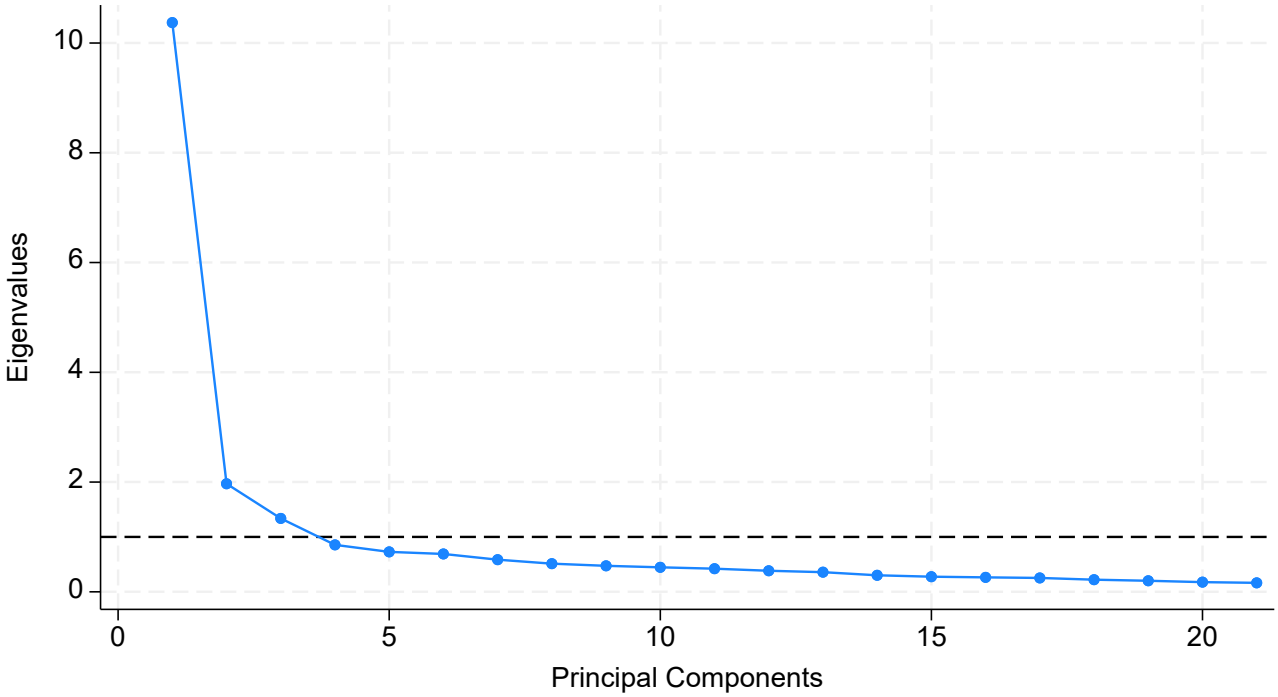
Figure C.3: Scree plot of eigenvalues after PCA for Organizational Performance Priorities.



Scree Plot in PCA Organizational Performance Practices

The scree plot in Figure A3.6.4 illustrates how the eigenvalues of the principal components decrease rapidly after the first component, then flatten out for subsequent components. The black dashed line at eigenvalue = 1 represents the Kaiser criterion, suggesting that only the first three components contribute substantially more variance than any single original variable.

Figure C.4: Scree plot of eigenvalues after PCA for Organizational Perform



APPENDIX D

ITEM-LEVEL PRINCIPAL COMPONENT UNROTATED LOADINGS

Unrotated principal component loadings Human Rights Priorities

Table D.1: Unrotated principal component loadings Human Rights Priorities

Indicator	Comp1	Unexplained
S1Q1_1: Person-Centered Supports and Services	0.242	0.400
S1Q2_1: Autonomous Decision-Making	0.236	0.430
S1Q3_1: Control Over Service Plan and Budget	0.195	0.611
S1Q4_1: Choice of Living Accommodations	0.217	0.518
S1Q5_1: Respectful Behavioral Support	0.198	0.601
S1Q6_1: Self-Determination	0.247	0.374
S1Q7_1: Control Over Service Delivery	0.231	0.456
S2Q1_1: Full Community Engagement and Participation	0.237	0.424
S2Q2_1: Meaningful Employment	0.216	0.523
S2Q3_1: Community Supports for All	0.236	0.431
S2Q4_1: Community Inclusion for All	0.205	0.570
S2Q5_1: Person Led Service Delivery Over Organization Led Service Delivery	0.216	0.521
S2Q6_1: Prioritizing Relationship and Community Building	0.227	0.471
S2Q7_1: Meaningful, Natural Supports	0.214	0.532
S3Q1_1: Stakeholder Input	0.187	0.644
S3Q2_1:Participation In Governance	0.176	0.685
S3Q3_1:Inclusive Strategic Planning	0.180	0.669
S3Q4_1:Approachable Leadership	0.219	0.510
S3Q5_1:Values Built into Operating Materials	0.239	0.418
S3Q6_1:Values Built into Employee-Related Materials	0.223	0.494
S3Q7_1:Collaboration With Stakeholders	0.222	0.496

Note: *Table D.1 displays the unrotated principal component loadings for the first principal component (PC1) along with the proportion of variance that remains unexplained by PC1 for each variable. The loadings, which range from 0.176 to 0.247, represent the correlation between each variable and PC1, indicating the degree to which each variable contributes to the primary latent construct. Consequently, constructing the Human Rights Priorities Index (HRPI) using the factor loadings from PC1 is a valid, data-driven approach that effectively captures the most salient aspects of the construct.*

Unrotated principal component loadings Human Rights Practices

Table D.2: Unrotated principal component loadings Human Rights Practices

Indicator	Comp1	Unexplained
S1Q1_2: Person-Centered Supports and Services	0.247	0.435
S1Q2_2: Autonomous Decision-Making	0.251	0.416
S1Q3_2: Control Over Service Plan and Budget	0.217	0.563
S1Q4_2: Choice of Living Accommodations	0.216	0.568
S1Q5_2: Respectful Behavioral Support	0.209	0.596
S1Q6_2: Self-Determination	0.258	0.386
S1Q7_2: Control Over Service Delivery	0.248	0.432
S2Q1_2: Full Community Engagement and Participation	0.243	0.451
S2Q2_2: Meaningful Employment	0.219	0.555
S2Q3_2: Community Supports for All	0.229	0.516
S2Q4_2: Community Inclusion for All	0.205	0.613
S2Q5_2: Person Led Service Delivery Over Organization Led Service Delivery	0.222	0.542
S2Q6_2: Prioritizing Relationship and Community Building	0.241	0.462
S2Q7_2: Meaningful, Natural Supports	0.226	0.528
S3Q1_2: Stakeholder Input	0.190	0.665
S3Q2_2: Participation In Governance	0.165	0.748
S3Q3_2: Inclusive Strategic Planning	0.192	0.657
S3Q4_2: Approachable Leadership	0.181	0.698
S3Q5_2: Values Built into Operating Materials	0.198	0.637
S3Q6_2: Values Built into Employee-Related Materials	0.195	0.649
S3Q7_2: Collaboration With Stakeholders	0.202	0.624

Note: *Table D.2 reports the unrotated loadings of each of the 21 human rights practice indicators on the first principal component (PC1), alongside the proportion of variance in each indicator that remains unexplained by PC1. Loadings range from 0.165 to 0.258, indicating that while all items contribute positively to the dominant dimension, some exert a stronger influence than others.*

Unrotated principal component loadings Organizational Performance Priorities

Table D.3: Unrotated principal component loadings Organizational Performance Priorities

Indicator	Comp1	Unexplained
S4Q1_1: Staff Participation in Decision Making	0.203	0.513
S4Q2_1: Comprehensive Training and Support	0.213	0.465
S4Q3_1: Flexibility For Staff	0.184	0.599
S4Q4_1: Staff Development	0.213	0.466
S4Q5_1: Staff Appreciation	0.242	0.308
S4Q6_1: Staff Participation in Financial Decision-Making	0.149	0.738
S4Q7_1: Staff Knowledge Development	0.186	0.594
S5Q1_1: Ethical Leadership	0.228	0.387
S5Q2_1: Compelling Leadership	0.238	0.330
S5Q3_1: *Culture Enhancing Leadership*	0.245	0.294
S5Q4_1: Leadership Development	0.221	0.425
S5Q5_1: Internal Leadership Succession	0.232	0.365
S5Q6_1: Team Leadership	0.245	0.292
S5Q7_1: Resourceful Leadership	0.236	0.342
S6Q1_1: Workforce Diversity	0.217	0.443
S6Q2_1: Valued Diversity	0.238	0.334
S6Q3_1: DEI Policies & Practices	0.224	0.409
S6Q4_1: DEI Professional Training and Development	0.207	0.494
S6Q5_1: Anti-Discrimination Policy	0.225	0.403
S6Q6_1: DEI Evaluation	0.172	0.651
S6Q7_1: Equitable Staff Development and Promotion	0.231	0.373

Note: *Table D.3 displays the loadings of each variable on the first principal component (PC1) along with the proportion of variance that remains unexplained by PC1 for each item. The PC1 loadings, which range from 0.149 to 0.245, indicate how strongly each variable is associated with the dominant underlying dimension. Overall, the consistent moderate loadings across most variables suggest that they are relatively homogeneous and measure a similar underlying construct, with some items being better represented by PC1 than others.*

Unrotated Principal Component Loadings Organizational Performance Practices

Table D.4: Unrotated Principal Component Loadings Organizational Performance Practices

Variable	Comp1	Unexplained
S4Q1_2: Staff Participation in Decision Making	0.203	0.574
S4Q2_2: Comprehensive Training and Support	0.225	0.474
S4Q3_2: Flexibility For Staff	0.193	0.614
S4Q4_2: Staff Development	0.217	0.510
S4Q5_2: Staff Appreciation	0.240	0.404
S4Q6_2: Staff Participation in Financial Decision-Making	0.187	0.639
S4Q7_2: Staff Knowledge Development	0.198	0.595
S5Q1_2: Ethical Leadership	0.225	0.474
S5Q2_2: Compelling Leadership	0.241	0.398
S5Q3_2: Culture Enhancing Leadership	0.246	0.371
S5Q4_2: Leadership Development	0.246	0.371
S5Q5_2: Internal Leadership Succession	0.233	0.438
S5Q6_2: Team Leadership	0.252	0.344
S5Q7_2: Resourceful Leadership	0.231	0.448
S6Q1_2: Workforce Diversity	0.198	0.592
S6Q2_2: Valued Diversity	0.221	0.493
S6Q3_2: DEI Policies & Practices	0.220	0.496
S6Q4_2: DEI Professional Training and Development	0.195	0.607
S6Q5_2: Anti-Discrimination Policy	0.201	0.580
S6Q6_2: DEI Evaluation	0.181	0.658
S6Q1_2: Workforce Diversity	0.209	0.548

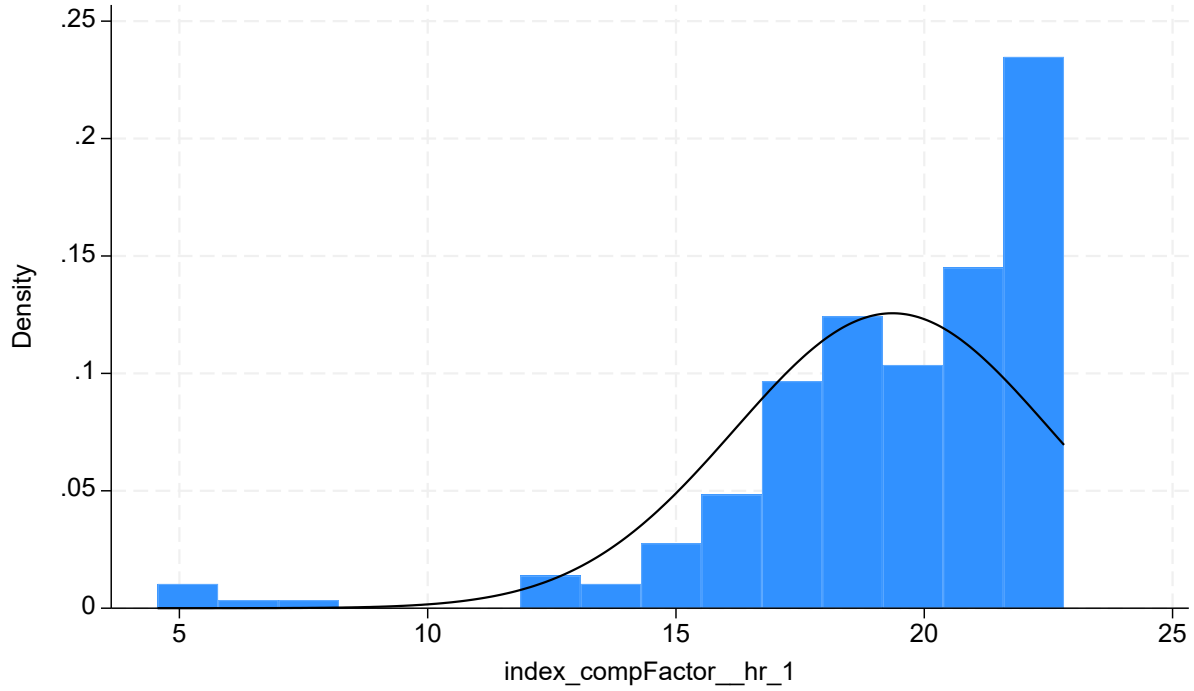
Note: *Table D.4 reports the unrotated loadings of each organizational performance indicator on the first principal component (PC1), along with the proportion of each item's variance not explained by PC1. Loadings range from 0.188 (Staff Participation in Financial Decision-Making) to 0.245 (Team Leadership), indicating that all 21 items exhibit moderate to strong correlations with the dominant latent dimension of organizational performance practices.*

APPENDIX E

HISTOGRAMS OF PCA-DERIVED INDEX DISTRIBUTIONS

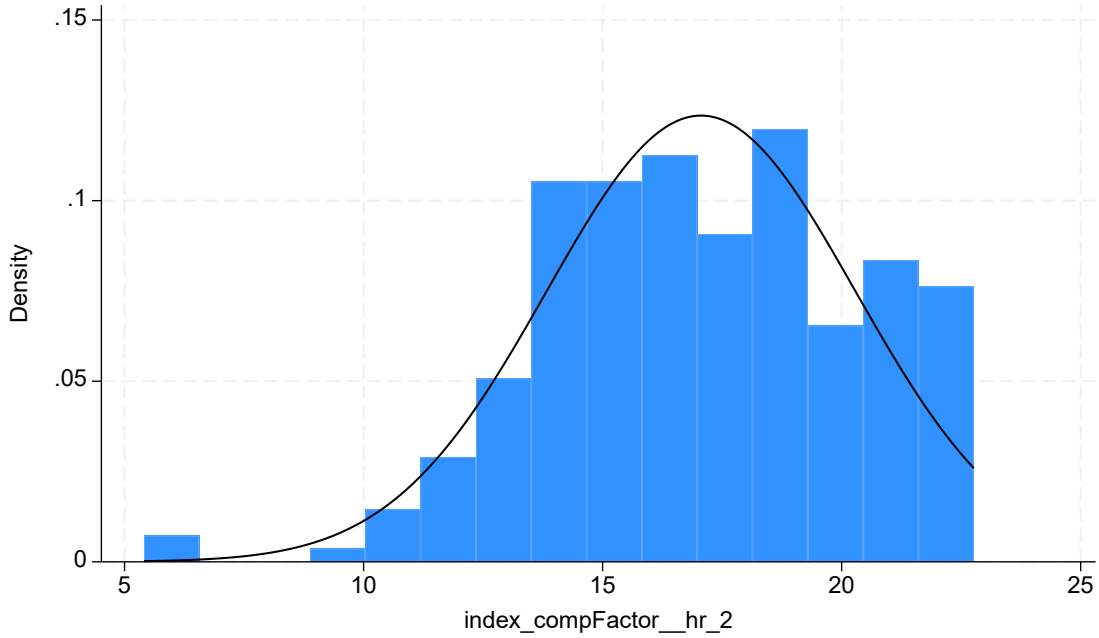
Human Rights Priorities Factor Loadings Index (HRPriFL)

Figure E.1: Histogram of Human Rights Priorities Index (HRPriFL)



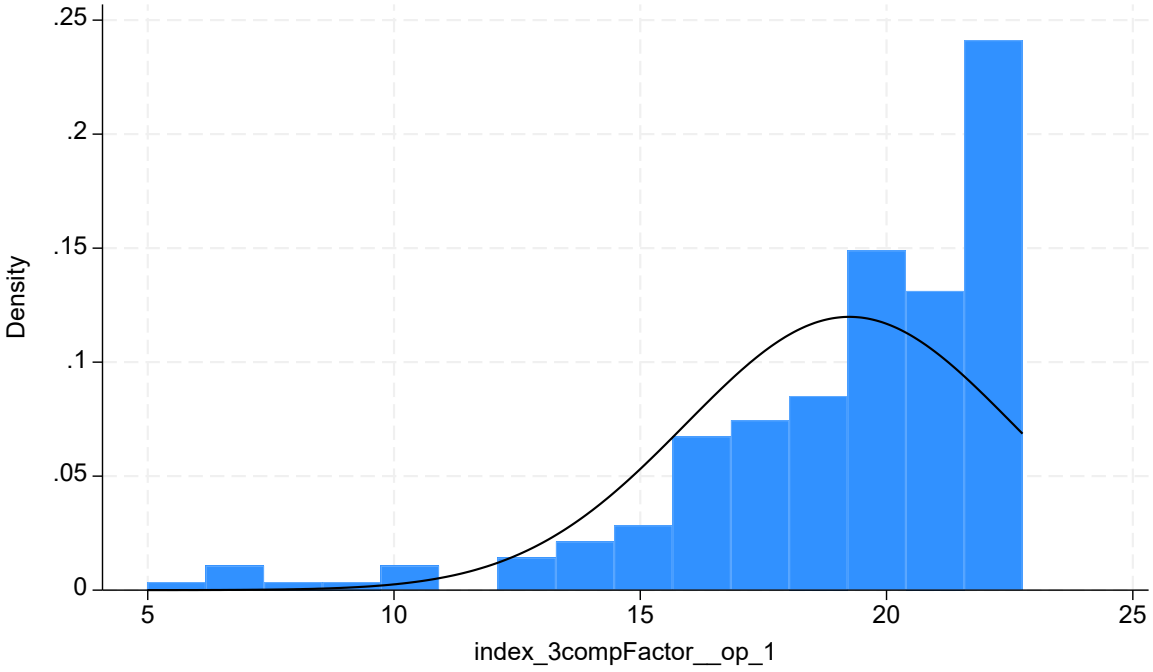
Human Rights Practices Factor Loadings Index (HRPraFL)

Figure E.2: Histogram of Human Rights Practices Index (HRPraFL)



Organizational Performance Priorities Factor Loadings Index (OPPriFL)

Figure E.3: Histogram of Organizational Performance Priorities Index (OPPriFL)



Organizational Performance Practices Factor Loadings Index (OPPraL)

Figure E.4: Histogram of Organizational Performance Practices Index (OPPraFL)

