2022

Community Development Practitioner Methods to Support People with Disabilities

Allison E. Lourash
Walden University

Walden University

College of Psychology and Community Services

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Allison Lourash

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Review Committee
Dr. Andrew Carpenter, Committee Chairperson, Human Services Faculty
Dr. Shari Jorissen, Committee Member, Human Services Faculty
Dr. Tina Jaeckle, University Reviewer, Human Services Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
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Abstract

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MPA, University of Illinois-Springfield, 2001

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Dissertation Submitted in Partial Fulfillment

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Doctor of Philosophy

Human Services

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April 2022

Abstract

There are numerous programs in the United States (US) that provide services and supports for people with disabilities with significant monetary costs and poor outcomes. Current research lacked information regarding how use of strengths-based approaches by community development practitioners supports people with disabilities and builds social capital. The purpose of this qualitative single case study was to explore community development practitioners' use of strengths-based approaches to support people with disabilities in their communities. The conceptual framework of social capital was used for the study. The research question involved how community development practitioners identify and provide methods to support people with disabilities within their communities. Interviews were conducted with 10 practitioners in the US who have experience with strengths-based methods in communities that included (purposefully or not) people with disabilities. Data were collected through interviews via Zoom and telephone and organized, categorized, and coded to identify themes using Yin's five-step data analysis. Analysis of data revealed that community development practitioners engage in strength-based methods to further expand opportunities for people with disabilities to be included in their communities. Findings may provide information to further enhance programs and services that create positive social change for people with disabilities such as decreased social isolation in their communities. Further research is recommended regarding specific programs and funding opportunities for people with disabilities in their communities.

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Acknowledgments

Completing this dissertation was a long process and I received a great deal of support and assistance.

I would like to thank Dr. Avon Hart-Johnson for her feedback as she guided me through the proposal stage and Dr. Andrew Carpenter’s encouragement and support as this dissertation was completed. I would also like to thank Dr. Hayley Stulmaker and Dr. Shari Jorissen for their feedback and suggestions.

Throughout this process, I connected with many engaging and passionate community practitioners and consultants who shared their experiences. I truly appreciate those who shared stories and provided information on their experiences. I would also like to thank colleagues who provided words of encouragement that sustained me to complete this journey.

I would like to thank my parents, Judy and Paul, and my siblings for their support, as well as my nephew Max, who no longer needs to ask me when I will be done. And to my grandparents, who always believed in me.

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Chapter 1: Introduction to the Study

In the United States (US), social isolation and exclusion remain prevalent for people with disabilities, making it even more important to increase opportunities for community integration and participation (Katz & Barol, 2017). Being connected to one's own community and its citizens provides psychological and physical benefits (Holt-Lundstad, 2017). Additionally, people with disabilities face significant additional costs in terms of accessing basic needs in their communities compared to nondisabled neighbors, particularly those living alone (Mitra et al., 2017).

Many human services programs have been created and expanded in the US to provide supports for people with disabilities. However, people with disabilities continue to face higher food insecurity (Park et al., 2020) and health disparities (Shandra, 2018) as well as unemployment and underemployment in comparison with their nondisabled peers (Bureau of Labor Statistics, 2022). Additionally, many states have waiting lists for community-based services for people with more significant disabilities (Zalewska & Winsor, 2018). The concept of social capital has been used as a means to explain the need of individuals for connectedness and benefits of belonging (Ehsan et al., 2019). Increased social capital can promote feelings of inclusion and also increase employment possibilities for people with disabilities through increased connections and availability of resources (Brucker et al., 2017; Phillips et al., 2018). Increasing employment for people with disabilities has an important fiscal impact, as almost five million working age disabled citizens receive Social Security Disability Insurance (SSDI) (Daly & Duggan, 2019).

In this chapter, I introduce the research topic and provide background information regarding community development practitioners, social capital theory, and people with disabilities. I then provide information regarding people with disabilities, community development practitioners, and social capital as they align with the purpose, research question, and conceptual framework. I provide a brief overview of the nature of the study along with assumptions, study limitations, delimitations, and definitions of key terms. I then provide a summary highlighting key details as a transition to Chapter 2.

Background

Through my review of literature, it was apparent that human services researchers have explored several phenomena related to people with disabilities and their relationships with their communities. This has included the influence of employment on economics as well as quality of life. Social inclusion has been a consideration for people with disabilities who are more isolated than their non-disabled peers (Emerson et al., 2021). Recently, researchers have begun to focus this work on the use of social capital to enhance the lives of people with disabilities.

Key components of social capital include reciprocity, trust, and social networks. Reciprocity is also seen as a key component of strengths-based community development approaches, especially when increased cuts to programs and services lead to more connections with neighbors when services are unavailable (Harrison et al., 2019). People with disabilities are often perceived as not needing to reciprocate in social situations, which excludes them from building social capital through giving back (Bredewold et al., 2016).

Strengths-based community development approaches have been used by community development practitioners to address inequalities in communities such as poverty and lack of resources, by actively engaging local citizens to lead projects (Harrison et al., 2019). These strengths-based approaches include looking at what is already available in a community and focusing on those intangible and tangible resources to harness the talents of citizens of the community. Several studies have indicated that strengths-based community development approaches can increase the social capital of citizens as it leads to more interaction with other citizens towards a common goal (Fedor, 2019; Kim, 2018; Stanica & Olaru, 2017). Strengths-based community development approaches have been explored in the United Kingdom in relation to people with learning disabilities and human services supports (Lunt et al., 2020). However, scholars in the US have not yet addressed how community development practitioners' strengths-based approaches within neighborhoods and associations can involve citizens with disabilities. Additionally, there is a lack of research regarding how these approaches interact with or influence human services programs and policies designed to serve people with disabilities. As a result, I am proposing this study to address the gap and explore how community development practitioners work with communities in the US and their citizens with disabilities.

Problem Statement

People with disabilities may face economic inequalities (Pinilla-Roncancio & Alkire, 2017) and social marginalization (Shandra, 2017), and are often denied full participation in employment, social/recreational opportunities, and access to their community (Bachrach, 2015; Schur et al., 2016). Lack of participation in the labor market often leads to increased poverty for people with disabilities (Ned & Lorenzo, 2016). Social isolation can lead to increased risk for early death or suicide ideation (Holt-Lunstad, 2017). There has been an increased emphasis by the US federal government, evidenced by human services policies and funding to examine local and community-focused programs that are individualized in nature as a means of support for people with disabilities instead of large, segregated center-based programs. Strength-based approaches, often used interchangeably, entail drawing upon the strengths of individual citizens within their communities to increase neighborhood connectedness through projects (Nel, 2018). Using strengths-based approaches to improve the community through citizen led projects, can increase social capital of neighbors by enhancing relationships with others in their community (Johnson et al., 2016; Rout & Gupta, 2017).

Community development practitioners can use strengths-based methods when working with persons with disabilities to promote ongoing full access to shared resources, employment, and social networks, Ned and Lorenzo (2016) said human service providers focused on the things that individuals with disabilities could not do rather that their individual strengths or talents. My research is poised to address this need to increase strength-based approaches. The problem is that while strengths-based approaches have been used by community development practitioners as strategies for people with disabilities, there are still barriers for full access to shared resources, employment, and social networks that support independence and wellbeing for people with disabilities.

Purpose

The purpose of this qualitative single-case study was to explore how, if at all, community development practitioners use strengths-based methods to support people with disabilities in their own communities within the US. By learning these methods, it is possible to understand how to promote access for people with disabilities to shared resources, build social capital, and promote social inclusion. This research may also provide information regarding community development practitioners' experiences with assisting citizens with disabilities in order to build social networks that support independence and wellbeing. More qualitative exploration is needed to identify effective practices, including strengths-based approaches.

Research Question

RQ: How do community development practitioners identify and provide methods to support people with disabilities within their communities?

Conceptual Framework

The conceptual framework for this study was social capital theory. Social capital involves the use of one's personal connections to others which bring additional value for individuals and groups (Lin, 1999; Tzanakis, 2013). I chose social capital as the conceptual framework as people with disabilities typically have fewer opportunities for networking and collaboration that would grant them the same level of social capital as their neighbors (Brucker et al., 2017). Human services professionals have not designed programs that are needed to increase employment or improve community living for people with disabilities to focus on social capital (Dimakos et al., 2016; Phillips et al., 2018).

Nature of the Study

A qualitative single case study design was used to explore the research question. Qualitative research case studies are used when a researcher seeks to understand a phenomenon within a specific context, including place and time, as well as the social and political factors involved (Merriam & Grenier, 2019; Yin, 2018). The qualitative approach involves data collection that includes extensive interviews and direct observations (Yin, 2018). Understanding experiences and work of community development practitioners will require depth provided by a qualitative case study design. Yin (2018) said qualitative case studies are appropriate when seeking to explain a social phenomenon in depth. A case study allows for current situations to be explored in their actual settings. I used this design because I explored a single phenomenon in depth which was strengths-based practices that increase community development (specifically, how community development practitioners identify and provide methods to support people with disabilities).

I conducted semi-structured interviews with community development practitioners who were using strengths-based community-based approaches. Additionally, information was gathered from documents that were discussed during interviews. Data from interviews and documents were analyzed to address the research question.

Definitions

In this section, I provide definitions of relevant terms and concepts related to this study. These terms are specific to the context of the study.

Bonding social capital: A type of social capital that involves similarities between people and is generated from familial relationships and personal connections (Andriani & Christoforou, 2016; Yeager, 2018).

Bridging social capital: Social capital that is created outside of one's network when connections are made via groups (Yeager, 2018).

Community development practitioners: People, whether paid or unpaid, employed in various roles and titles, such as community connector or community builder, who apply values and use methods of community development (International Association for Community Development [IACD], 2018).

People with disabilities: People with physical or mental impairments that limit at least a major life activity and also includes anyone regarded as having such an impairment (Americans with Disabilities Act of 1990).

Reciprocity: Exchanges of goodwill that take place without expectation of immediate return but with the assumption of similar acts in the future (Putnam, 2000).

Social capital: Access to resources that can be used to advance an individual or group derived from associations with others within social networks (Kim, 2018; Villalonga-Olives & Kawachi, 2017).

Social inclusion: The World Bank (2013) said inclusion is the "process of improving the terms for individuals and groups to take part in society, and the process of improving the ability, opportunity, and dignity of those disadvantaged on the basis of their identity to take part in society" (p. 26).

Social networks: Groups of people with mutual obligations that sustain rules of conduct and foster reciprocity (Putnam, 2000).

Strengths-based community development: Types of development, including asset-based community development (ABCD), that through relationships with communities involve exploring strengths and assets of citizens (Kunnen et al., 2013).

Assumptions

I made several assumptions as I constructed this study. First, I assumed there were enough community practitioners who have worked with citizens with disabilities when engaging communities in the US to make up a sufficient sample for my study. I used multiple strategies for outreach in the study to reach a large number of potential participants.

Additionally, I assumed during the development of questions that they would yield truthful and accurate responses from participants. I assured participants that their responses would be kept confidential, and I would not identify them. I also tested interview questions with nonparticipants so that I was comfortable with those questions as well.

Scope and Delimitations

The scope of my study was limited to the US and experiences of community development practitioners with experience working with people with disabilities. My study did not focus on one type of disability, but rather kept its scope within the broad definition of the Americans with Disabilities Act, since it occurred within the US. My study was open to the entire US due to the small number of practitioners based on consultation with content experts and my own analysis. Additionally, my study was limited within the United State due to similar programs and funding mechanisms such as Medicaid. The study results can be generalized to similar individuals. Given the current pandemic, my interviews were limited to telephone or Zoom formats

Limitations

Limitations of my study are related to the sampling method and potential researcher bias. I limited participation to community development practitioners who has experience with people with disabilities using strengths-based methods to gather thick and rich data. I was also aware of my potential bias as the researcher which was mitigated through review by my committee and a thorough data collection process (Yin, 2018). Additionally, I took notes throughout the interviewing process to reflect on thoughts that might cause bias.

Significance

I explored the work of community development practitioners in different neighborhood settings in the US that have included people with disabilities. It is possible that findings from my study may contribute to the development of enhanced service delivery models and training programs for community development practitioners across disciplines working with individuals with disabilities. While many human services disability programs in the US have transitioned from settings that segregated people with disabilities from the community to more integrated situations, more widespread active participation of people with disabilities within broader communities is needed to increase their social capital (Friedman & Spassiani, 2017.

Results from this study are expected to promote social change by including insights from community development practitioners that might increase quality of life for people with disabilities. Findings from this study can be shared for use by community development practitioners and human services professionals as a means for training, information sharing, and interventions and supports of people with disabilities. Additionally, human services programs may benefit from learning from community development practitioners' methods that increase social capital.

Summary

In this chapter, I provided an overview of the research problem and gap in literature that justifies my study. I defined key terms related to community development practitioners, social capital, and people with disabilities. I also discussed assumptions and limitations of my study. Chapter 2 contains a discussion and review of research regarding strengths-based approaches, the concept of inclusion, and people with disabilities. I also discuss the conceptual framework of social capital.

Chapter 2: Literature Review

Introduction

The purpose of this qualitative single case study was to explore how community development practitioners identify and provide methods to support people with disabilities within their communities. By learning these approaches, it is possible to understand how to promote access to shared resources, build social capital, and promote social inclusion. This research may also provide information on community development practitioners' experiences with assisting citizens with disabilities to build social networks that support independence and wellbeing. More qualitative exploration is needed to identify effective practices, including strengths-based approaches.

In this chapter, I explain the literature search strategy that I used, followed by the theoretical framework. I then discuss definitions of community and disability. Subsequently, I share community development models with emphasis on strengths-based approaches. I then provide insights regarding barriers to participation in terms of full access to shared resources for people with disabilities by addressing literature on employment and social capital. I conclude by providing a summary of key and relevant literature that supports this study.

Literature Search Strategy

I conducted an exhaustive search of literature using the Walden University Library. Using this resource, I conducted keyword searches using the ERIC, ProQuest, and SAGE databases. Additionally, I reviewed dissertations and theses within ProQuest to gain an understanding of the theoretical background and lend structure for this study. I also constructed multiple Google Scholar and Walden Thoreau alerts for current research. Search strategies were based on key areas of focus of my research and were expanded throughout the process. I used the following keywords to focus my search: *asset-based community development*, *people with disabilities*, *disabled*, *case studies*, *community development*, *employment*, *people with disabilities*, *qualitative research*, and *social capital*.

I also reviewed and synthesized articles and publications from think tanks that were focused on my topic. These included the Institute for Community Inclusion at the University of Minnesota and the Center for Quality Leadership, which provides training and collects data regarding inclusion in disability programming. Additionally, I explored resources from the World Bank to provide a contextual worldview of disability and social capital. This analysis provided me with a background on social capital and strengths-based approaches for people with disabilities.

Conceptual Framework

Social capital theory was the framework used for this study. In this section, I discuss the origin of the theory as well as two types of social capital: bonding and bridging. Social networks and reciprocity are discussed as ways to increase social capital. Additionally, social capital and its components are explored regarding people with disabilities.

Social capital, while it has an evolving definition, has been discussed in the US over the last century in multiple disciplines. Hanifan is credited with the first use of the term in 1916 as part of his work in rural Appalachia. At its core, social capital is about relationships and how citizens advance their own objectives within networks using these associations (Alvarez & Romani, 2017; Coleman, 1990; Weiler & Hinz, 2019).

For the purposes of this study, social capital is access to resources that can be used to advance an individual or group derived from social networks.

Differing Views on Social Capital

Bourdieu, Coleman, and Putnam all advanced the concept of social capital as a theory in the US throughout the last century in different ways. Bourdieu (1986) defined social capital as both the actual and potential resources that a person has from having an effective network. Social capital is derived from interactions between individuals, not tangible forms of capital like money or land (Coleman, 1988). Putnam also analyzed social capital more at the macro level in terms of a community or society, whereas Coleman focused more on individuals and their behavior (Andriani & Christoforou, 2016).

Different social structures allow some with higher status to gain social capital more easily (Lin, 1999). One’s position within a group was advantageous (Lin, 1999; Sajuria et al., 2015) and Bourdieu focused on the impact of social class as an advantage to gain more social capital and the inequalities that are created (Mithen et al., 2015). Additionally, Bourdieu (1986) said social capital can be built on collective actions of both individual and group activities, thereby resulting in both increased personal and collective gains.

Putnam (1995a) explained the importance of different types of social capital not being interchangeable. A highly formal organization such as the American Medical

Association and a casual friendship provide different types of social capital, but both have value (Putnam, 1995a). The measure of social capital was constructed that proposed that engagement led to a higher quality of life in comparison to income and education (Dimakos et al., 2016). Putnam (1995b) also examined the decline of social capital due to lack of participation within associations within the United States.

Social Networks

Bourdieu, Coleman, and Putnam have distinctions in their definitions of social capital, but they all share the basic idea that social capital involves networks that citizens exist in and how they use them (Andriani & Christoforou, 2016). Access to networks and their resources is a key component of the conceptualization of social capital and the social capital theory entails use of networks that bring added value for individuals and groups through their contacts and resources, identified as assets acquired over time (Lin, 1999). In the US, social capital is not evenly distributed among citizens, as resources vary by networks (Putnam, 2001).

Access to resources for individuals and groups can be actualized using both formal and informal networks. Networks can create opportunities for mutual gain between affiliated individuals (Putnam, 1995b). In the context of people with disabilities, not just having social connections, but a broader network creates access to more social capital. Two types of social capital, bonding and bridging, can increase access to networks (Mithen et al., 2015). The distinct variations of bonding and bridging are important to consider as two means to increase or gain social capital (Bourdieu & Putnam, 2001; Sørensen, 2016). Further exploration of these two types of social capital for people with disabilities and the distinctions between them is important to advance research (Shpigelman, 2016).

Bonding and Bridging

Bonding connects the similarities between people and is also generated from familial relationships and personal connections (Andriani & Christoforou, 2016; Sajuria et al., 2015; Yeager, 2018). A benefit of bonding social capital is that it can create opportunities to pool resources as a community to make collective gains, including for those with limited resources (Andriani & Christoforou, 2016). Bonding capital can also be based on geography or political ideology that build trust within networks (Sajuria et al., 2015) but bonding social capital can also be viewed as negative (Weiler & Hinz, 2019). Homogenous groups with nefarious activities, such as gangs and militant extremist groups, who have bonding capital through shared values and norms, can cause significant damage through shared resources.

Bonding capital may occur more frequently in poor communities (Andriani & Christoforou, 2016). This can include connecting to one's neighbors or the members of a church. But it is access to bridging capital that can make significant changes in a community's opportunities (Andriani & Christoforou, 2016). Bridging capital is social capital that is created outside of one's own network when connections are made via groups (Yeager, 2018). An example of this is when a church member is connected by a fellow parishioner to a potential employer. While the initial connections through bridging capital may be weak, they can still enhance one's capital when the closed network lacks a particular resource or connection (Andriani & Christoforou, 2016).

Both types of social capital can be lacking for people with disabilities as they have less exposure to networks as well as to people with similar interests due to segregation from their non-disabled peers (Simplican et al., 2015). An additional consideration is how bonding and bridging capital can distinctly benefit people with disabilities. Employment opportunities can increase for people with disabilities than for the general population due to bridging capital (Phillips et al, 2018). Social capital is increased when one has a strong and diverse network of colleagues and friends, not only to engage with, but also to participate in reciprocity (Mazelis, 2015).

Reciprocity

Reciprocity, the action of an individual to give back to another, is a key aspect of social capital that can be more difficult to access for people with disabilities (Fulton, et al., 2020). People with disabilities are not often expected to contribute to their community, but rather to just be the recipients of services (Bredewold, et al., 2016). Where there are high degrees of reciprocity, formal laws and norms are more likely to be maintained (Putnam, 2001).

Reciprocity can be sought in informal ways as well, and that those looking for assistance often seek others also in need of help so to create mutual support (Bredewold et al., 2016). Often, people with disabilities are categorized with children and the elderly as not being expected to, or able to, reciprocate (Bredewold et al., 2016). Furthering this lack of expectation of reciprocity, the public often feels uncomfortable engaging with people with disabilities out of fear (with those with psychiatric disabilities) or apprehension (Bredewold et al., 2016; Shandra, 2017). People with disabilities face significant barriers to participate in activities that create reciprocity like formal volunteering, due to lack of physical access and support (Shandra, 2017). All of these distinctions make it harder for people with disabilities to use reciprocity to increase social capital (Putnam, 2001).

Criticism of Social Capital Theory

Some of the criticism of social capital theory relates to the focus on increasing social capital for the benefit of individuals and society and the impact on those who do not benefit (Andriani & Christoforou, 2016). Cooperation within one group may benefit the overall community and not just that group. Since social capital lacks a clear definition (Lin, 1999), and aspects of social capital like trust can be hard to quantify, measurements can be problematic (Andriani & Christoforou, 2016; Dimakos et al., 2016). Additionally, social capital can be difficult to analyze, as it is intertwined with many of the factors, like socioeconomic status and physical health, that it impacts (Andriani & Christoforou, 2016).

Another consideration is the impact of changing technology on the level of social capital in current society. For example, online communities originally could not increase social capital, but much has changed over time (Putnam, 2001). There are promising opportunities to build trust and reciprocity through both bonding and bridging capital in online communities (Sajuria et al., 2015).

Years of institutionalization of people with disabilities in large facilities removed from local communities have left society with a negative concept of disability (Ali et al., 2016). With the shift to smaller, less isolated settings for people with disabilities over the past 50 years, concepts of community integration and inclusion have shifted the importance of connections to non-disabled neighbors (Bredewold et al., 2016). However, research has not been clear in showing that the movement to deinstitutionalize people with disabilities increased their inclusion within the community (Bredewold et al., 2016).

People with disabilities typically have less opportunities for networking and collaboration that would grant them the same level of social capital as their neighbors (Brucker et al., 2017). Yet, programs have typically not focused on social capital when attempting to increase employment (Phillips et al., 2018). Simplican et al. (2015) discussed social capital within the framework of social inclusion and its relevance for people with disabilities but did not include key components such as reciprocity and the role of neighborhoods.

Some of the literature on social inclusion for people with disabilities has included a discussion of the importance of social capital, but there is a lack of specific strategies for human services providers to utilize (Brucker et al., 2017; Phillips et al., 2018; Yeager, 2018). Another consideration within the framework of this study is how these approaches define neighborhoods and communities. Cummins and Kim (2015) discussed that within disability scholarship the concepts of neighborhood and community are often ill described and used as broad terms rather than when speaking of specific geographic regions or relational factors.

In closing, social capital theory has value when exploring the lived experiences of people with disabilities and inclusion. A further consideration is that many aspects of social capital are intertwined and increased when played off each other. For example, the stronger the relationship, the higher the level of trust (Putnam, 2001). Therefore, the social isolation of people with disabilities needs to be examined, as there are significantly less opportunities for social capital across all types of disability. However, the theorists did not consider disabled people's role using this framework. It is only recently that social capital has been explored in the context of vocational rehabilitation and special education for people with disabilities (Yeager, 2018). In the next section, I move from a focus on social capital to how it might be used by community development practitioners.

Literature Review Related to Key Variables and/or Concepts

Community

Community is a broad concept that can have several meanings and types (Barrett, 2015) and needs to be appropriately defined in the context of my research study. Researchers have identified two types of community, one based on physical location and one on common relational factors (Gusfield, 1975). Characteristics found in these different types of communities are defined by shared attributes within social capital, including trust, reciprocity, and shared resources (Chavis & Lee, 2015). This indicates that social capital is one way to define community (Cummins & Kim, 2015) as is the context of exchanges (Schmidt, 2017).

Geographic communities, such as an urban neighborhood or rural area, are what one typically thinks of as a general definition of community. It is not just the physical proximity that forms the community, but rather the use of shared resources within that area (Barrett, 2015; Chavis & Lee, 2015). Physical proximity alone does not create a sense of community, as suburban areas are often seen as lacking a sense of bonding amongst neighbors (Barrett, 2015). Relational communities form based on similarities among people and/or groups and may be more commonly result in communities than proximity. These communities can be bound by social ties across a large geographic area or via technological networking (Chavis & Lee, 2015). Congregations, cultural and ethnic associations, and disability pride groups all share a common interest or attribute that ties them together to form a community. Collective efforts amongst individuals can also build social capital and form a relational community when these communities come together to address a concern (Barrett, 2015). Many relational communities, such as associations like Kiwanis and Lions Clubs, have declined over time due to decreasing social capital related to those groups' missions (Putnam, 2001). Changes in common interests have expanded recently with increased transportation and technology which has resulted in changes in communities that people belong to (Chavis & Lee, 2015).

For people with disabilities, the multiple concepts of community are most often focused on increased inclusion, as both physical and social isolation are a frequent problem with this population (Emerson et. al, 2020). Researchers have had mixed results related to if moving people with disabilities out of large, institutionalized settings has increased their relationships with their neighbors (Bredewold et al., 2018). The concepts of community and neighborhoods may often be used beyond their generalized definition, especially within disability scholarship (Cummins & Kim, 2015). Defining a community not by size or proximity, but by similar characteristics, allows a unified definition for research comparisons and to evaluate whether people with disabilities experience true integration or access to their community in name only (Cummins & Kim, 2015).

Considering that being a part of one's community is an important part of gaining social capital, it is important to consider that human services organizations are not utilizing neighborhood-based development models (Bigby & Wiesel, 2015). Creating residential settings has been the largest use of federal Medicaid waiver dollars to increase inclusion of people with disabilities but this has still resulted in them being unable to connect to shared resources and access expanded networks (Friedman, 2017).

Community Development

Community Development Practitioners

According to the IACD (2018), community development practitioners have various roles and titles, with large contingents of these workers found in communities, in academia, and within the public health sector. These allied professionals can include those from economic development and cooperative extensions as well as community organizers. Those who work in community development, to support a neighborhood or a group of individuals seeking collective change, have various professional backgrounds and personal experiences. The IACD (2018) has defined community development practitioners as those who, whether paid or unpaid, apply the values and methods of community development to their work.

Even those working in higher education have been considered community engagement professionals (Kuttner et al., 2019). These education-based workers often are found on and off campus with the primary focus of engaging students in creating community-service-based partnerships (Kuttner et al., 2019). Within psychology, community professionals have addressed concerns within mental health by looking at not only the individual, but the existing environment (Nelson et al., 2018). These workers are also engaged in community organizing and strive to promote well-being through social policy changes (Santilli et al., 2016). Such changes can be seen in public health related to chronic disease prevention, including food systems although the changes may be small and may take a long time to occur (Nelson et al., 2017; Santilli et al., 2016).

Professionals that attempt to bring about social change through these methods use their knowledge of the neighborhood setting(s) to foster participatory-based changes with others in the community, as well as the different roles they play including friend and leader (Vanleene et al., 2019). While there appears to be no single clearly identified definition of the community development practitioner, there is growing support to encourage community development practitioners to follow a common code of ethics, practices, procedures, and standards when engaging in community work. In addition to the standards set forth by IACD, several other concerns have been considered by researchers. A need for a standardized practice when working in poor, urban communities of drawing staff from the local community, as they generally receive greater responses and engagement from neighborhood members rather than the distrust of being an outsider has been discussed (Santilli et al., 2016). In the current study, I draw upon the IACD (2018) description, whereby this professional group are individuals who partner with the community and others, actively working to advance the well-being of their local community members.

Community Development Approaches

Coming together for the good of the community can have significant impacts on social capital as community development practices increase both bonding and bridging social capital (Nguyen & Reigner, 2017). There are several different approaches that can be used when working within communities, including traditional needs assessments (Altschud et al., 2014), community-driven development (Pham, 2018), and other strengths-based approaches (Nel, 2018). While strengths-based and social capital strategies exist in many other domains, there is less attention paid to how, if at all, community development practitioners use these methods when working with persons with disabilities to promote ongoing full access to shared resources, employment, and social networks, leaving a gap in this research domain (Blickem et al., 2018). Blickem et al. (2018) discussed that the nature of strengths-based approaches is designed to have community members be active partners or coproducers.

Needs Assessment. One tool often used by community development practitioners is a needs assessment, which is a standardized process of looking at what is lacking in a defined area (Feldhaus & Deppen, 2018). This is often required by funders to show a gap or need that a grant or new program can address. A needs-based approach is well rooted within community development and written about extensively (Altschud et al., 2014). Most recently, it has been a requirement from the Affordable Care Act that nonprofit hospitals complete at least one needs assessment every 3 years (Santilli et al., 2016).

Concerns with needs assessments have included that they are that they only focus on the deficits within a community (Nel, 2015, 2018). Needs assessments also often do not identify strengths, assets, and capacities that could be used to enhance any new programming. A deficits approach can have a negative impact on the views of community members regarding their neighborhood and interest in assisting outside professionals with new projects (Nel, 2018). Needs assessments have developed into a hybrid models over the last 20 years where deficits need to be defined in order to be measured and addressed and that assets and capacities should be included in community development work (Altschud et al., 2014).

Community-Driven Development. Community-driven development emerged as an approach in response to criticism of needs-based assessments and lack of involvement of locals (Pham, 2018). The World Bank and others have focused on community-driven development as a participatory approach to work with communities to address poverty over the last 20 years by having locals be a part of the decision-making process (Arcand & Wagner, 2015; Pham, 2018; Saguin, 2018). Like other community-based approaches, the process appreciates that communities know what is best for themselves and should be active participants in determining what projects take place (Nguyen & Reiger, 2017). Additionally, this approach takes into consideration diversity of populations within the community (Pham, 2018).

Community-driven development has seen mixed results (Nguyen & Reiger, 2017). Outcomes have varied with community-driven development partially due to the lack of an appropriate evaluation framework, but when utilized with a capability approach, it has seen effective outcomes (Pham, 2018). One concern with community-driven development is that local leaders may have overt influence on projects and which ones are chosen (Arcand & Wagner, 2015). The poorest citizens are less likely to participate in the processes, thus decreasing the potentially positive effects on social capital (Saguin, 2018).

Strengths-Based Approaches. Strengths-based approaches in human services have been discussed in the literature extensively within the framework of social inclusion and community integration (Spencer-Cavaliere, et al.,2017). Community development practitioners do use a neighborhood or a defined relational community approach (Chavis & Lee, 2015). This could be helpful for human services professionals who are seen, along with families, as the primary connections to the broader community for people with disabilities (Dimakos et al., 2016). ABCD is particularly focused on a defined community and the assets within it (Mathie et al., 2017).

McKnight and Kretzmann (1993) developed and framed the term ABCD based on their work in Chicago neighborhoods and a tour of other communities across the country. They identified several key pieces that made communities resilient and proactive. These included a focus on the assets of the neighborhood itself and what the collection of neighbors could accomplish together rather than looking to institutions like government agencies to solve social ills (Nel, 2018).

Asset-based approaches like ABCD can create capacities within communities and focus more on community building rather than identifying the deficits in a community (Mengesha et al., 2015). Social capital is a cornerstone of ABCD, with the components of strengths, capacities, and resources identified as types of assets (Blickem et al., 2018). Within the framework of social capital, ABCD is unique among strengths-based approaches within human services programming, as it focuses on relationships and how all citizens have assets to share that can create reciprocity (Mengesha et al., 2015). Asset mapping, a key component of ABCD, can provide an opportunity to create more defined ties to potentially increase employment for people with disabilities (Carter et al., 2016).

However, one of the difficulties with ABCD is its lack of scholarly research and tested methods (Blickem et al., 2018). Its use across Africa and Australia has brought critiques regarding its origin in the US and the need to further recognize unequal distributions of power (Mansvelt, 2018). ABCD is used by a cadre of community development practitioners that work in the United States. These practitioners, who use strengths-based approaches, were the focus of my study to see if their methods are relevant to increasing social capital for people with disabilities.

Disabilities

Definition

Disability is a concept that has been used in various forms, and it is important to define its use as the term for the population of this study and its relevance to social capital (Goodley, 2016). The World Bank (2011) and World Health Organization provided a concise discussion of the definition and history of both the medical and social models as part of their first *World Report on Disability.* They defined disability as both the physical and health conditions that have negative impacts on individuals as well as the societal and contextual barriers around them (World Bank, 2011). They also referenced that the United Nations Convention on the Rights of People with Disabilities states, "Disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others" (World Bank, 2011, p. 4).

These two broad definitions not only encapsulate medical and biological factors of the individual but also stress the social model of disability that has been forwarded by the disability community over the last several decades (World Bank, 2011). This distinction of examining not only medical/psychological aspects of disability but the social components as well. The social model of disability looks at the environmental and attitudinal barriers that people with disabilities face rather than diagnosis by a medical professional (Goering, 2015). This also aligns with the definition within the Americans with Disabilities Act which includes individuals who are perceived as having disabilities within its broad scope (1990).

Disability and Social Barriers

Inclusion. While these definitions are broad to encapsulate all people with disabilities, it is important to recognize that the impact of societal factors may vary amongst subgroups. It is important to discuss social capital within the context of different types of disabilities (Mithen et al., 2015). People with intellectual disabilities have been found to have less bonding social capital, or close ties to family and friends, while people with physical disabilities had less bridging social capital, which links them to associates that can create resources (Mithen et al., 2015). Additionally, people with intellectual disabilities overall had lower social capital across all types (Dimakos et al., 2016). Acquiring a disability later in life may also change one's social capital (Bassey et al., 2019).

The World Bank (2013) defined social inclusion as the "process of improving the terms for individuals and groups to take part in society, and the process of improving the ability, opportunity, and dignity of those disadvantaged on the basis of their identity to take part in society" (p. 26). Of note in the definition is the acknowledgement that society must be more hospitable for inclusion to occur (World Bank, 2013). People with disabilities may face significant barriers in many aspects of their lives that relate to social capital and community inclusion, including lack of employment opportunities, poor health, lack of transportation, and social isolation (Hall, 2017).

Increased social capital can have positive impacts on inclusion for people with disabilities. People with disabilities may need to be reliant on others to assist them in accessing their own community (Dimakos et al., 2016). Yet, human service organizations are increasingly funded to provide specific supports to individuals, but not to the overall community to create a welcoming environment (Lenette & Ingamells, 2015). Increased government funding and programming can mitigate social capital as those who receive the benefit of government funding are often seen as being dependent on others in society (Compton, 2018). Neighbors are often unsure of how to interact with people with disabilities during encounters (Bigby & Weisel, 2015). Individuals with disabilities may also have individuals who work with them in the community that can further result in their community members not knowing how to interact with them (Bigby & Wiesel, 2015).

Employment. Americans typically spend a large part of their day interacting with others through formal or informal employment and other social interactions with colleagues (Hamermesh, 2019). The employment rate for people with disabilities in the US is 17.9% in comparison to an overall employment rate for all working-age individuals of 65% (Bureau of Labor Statistics, 2020). A variety of policies at the federal and state level, as well as strategies and funding mechanisms, were created to increase employment to lessen the burden on government programs (Harkin, 2012). Numerous researchers have examined the complex issues surrounding employment and people with disabilities, yet the problem has persisted since the formalization of employment systems for people with disabilities a century ago (Harris et al., 2017). One program is the use of pre-vocational services that are funded through federal-state partnerships as Medicaid waivers. While over $750 million is spent on these training programs to prepare people with disabilities for work, there has not been evidence to show their effectiveness (Friedman & Nye-Lengerman, 2018).

Much of the scholarly research regarding ongoing efforts to increase the employment rate of people with disabilities has discussed them within the lens of the role of human services organizations and improvements that programs can make to increase job matches and work with employers (Harris et al., 2017). Some of the researchers have discussed the need for increased social and soft skills by people with disabilities (Noel et al., 2017) as well as the need for increased assistive technology and accommodations (Anand & Sevak, 2017). Researchers have found a need for employers to better understand the accommodations process, greater acceptance of people with disabilities, and a change in attitudes to decrease stigma (Gewurtz et al., 2016).

In the past several years, more discussions have occurred regarding social capital and employment for people with disabilities, including exploration of the social networks people with disabilities have that lead to job connections (Yeager, 2018). Both bonding and bridging social capital can increase opportunities for people with disabilities in seeking employment (Phillips et al, 2018). Additionally, increasing social capital for people with disabilities can lead to better employment opportunities and advancement (Brucker et al., 2017).

A barrier to achieving social capital through employment for people with disabilities is that they may not interact with their colleagues in the same ways, or as much, as their peers without disabilities (Hall, 2017). For people with intellectual disabilities, this can be due to the carving out of jobs made to isolate them from others and the types of jobs they are often in. Commonly, people with intellectual disabilities work in service positions like janitorial services or stocking where they are working on a specific task during hours when few employees are present. Additionally, the presence of human services professionals, including providing transportation to workers with disabilities and job support, create a barrier to meaningful relationships with coworkers that would create and increase social capital (Hall, 2017). Another consideration is the amount of time spent by people with disabilities to navigate their need for access and that often the types of social activities that may increase social capital are not available due to needing to prioritize other things (Shandra, 2017).

Other Settings. Outside of employment, more exploration is needed to find how social capital can be increased to further positive outcomes for people with disabilities and how it relates to other barriers. Social capital and the lives of people with disabilities are intertwined in several ways as and need to be further studied (Dimakos et al., 2016). One area that may be beneficial to study is in relation to health as with disabilities have poorer health outcomes than their non-disabled peers (Mithen et al., 2015). However, there was not a correlation between social capital and health for people with disabilities (Mithen et al., 2015). Additionally, transportation can hinder opportunities for people with disabilities to gain social capital through networking (Anand & Sevak, 2017; Hall, 2017). My study explores if those barriers to full inclusion for people with disabilities are part of the work of community development practitioners.

Summary and Conclusions

While social inclusion has been highly emphasized in research regarding people with disabilities, there has been a lack of study regarding how community development approaches could support this (Nel, 2018). Additionally, social capital has been discussed in many areas, but theorists have not fully examined the opportunities it affords citizens with disabilities (Dimakos et al., 2016). Opportunities to increase employment for people with disabilities by enhancing social capital have been studied and show promise (Simplican et al., 2015).

In this chapter, I provided background on the framework of social capital, community as a concept, community-based approaches, and their practitioners, as well as barriers to inclusion, to frame this single-case study. These specific concepts have been studied separately extensively, but there is a lack of research focusing on all of these factors to increase quality of life for people with disabilities. In Chapter 3, I will outline the study itself, including the research design and the rationale for the study. Additionally, how data will be collected and analyzed will be explained. I will discuss important ethical considerations and potential conflicts as well.

Chapter 3: Research Method

Introduction

The purpose of this qualitative single case study was to learn what community development practitioners identify and provide methods to support people with disabilities within their communities. In this chapter, I explained the methodology that was used to better understand the research problem through a qualitative lens. I also explain data collection, analysis, and issues of trustworthiness. There is also a discussion of ethical considerations for this study.

Research Design and Rationale

Researchers use both quantitative and qualitative research methods to further scientific inquiry and exploration (Padgett, 2016). Quantitative researchers examine relationships and patterns from numerical information, while qualitative researchers explore lived experiences through analysis of stories (Merriam & Grenier, 2019; Padgett, 2016). Quantitative researchers also examine predetermined factors and prevalence of these variables to determine their importance (Merriam & Grenier, 2019). Researchers using quantitative approaches can collect larger amounts of data. However, I did not have defined variables, nor did I seek to measure a phenomenon within this study. Therefore, I selected a qualitative study to allow for the exploration of participants' responses and provide rich descriptive data.

Merriam and Grenier (2019) said qualitative research involves understanding a phenomenon rather than measuring the situation. The research question for this study was: How do community development practitioners identify and provide methods to support people with disabilities within their communities? I selected a single case study approach based on the exploratory nature of the research question and because I was concerned with how and why questions.

Researchers use qualitative case studies when they seek to understand a phenomenon within a specific context, including place and time, as well as social and political factors involved (Merriam & Grenier, 2019; Yin, 2018). Further exploration is needed regarding social participation of people with disabilities in their communities. Additionally, my exploration of the work of community development practitioners explores a timely and relevant topic as social isolation is associated with early mortality.

A qualitative single case study allows researchers to complete a more in-depth examination of a small number of cases (Merriam & Tisdell, 2016). A qualitative approach involves data collection that includes extensive interviews and direct observations for increased validity (Yin, 2018). Attempting to understand the experiences and work of community development practitioners required the level of depth that my qualitative case study design entails.

I ruled out other qualitative approaches that did not effectively address the research question. Ethnographers immerse themselves within a defined group (often with cultural or ethnic focus) within a community through observations and interviews conducted over an extensive period (Ugwa, 2017). Grounded theorists explore phenomena primarily through observations and develop a theory as part of the study (Bryant & Charmaz, 2008). I ruled out these observational-based methods since they were not appropriate for studies that occur at multiple sites in short periods. Additionally, I did not explore my own experience, as it is limited, so a narrative or phenomenological approach was not suitable. For my study, it was important to look at several examples of situations where practitioners do their work and explore similarities and nuances.

Role of the Researcher

The researcher serves as the main instrument when conducting qualitative studies (Merriam & Grenier, 2019). I served as the primary data collection and analysis instrument by conducting interviews using an interview protocol. To conduct a qualitative study, researchers must have a thorough understanding of the type of study they are embarking on, as well as knowledge of related studies (Yin, 2018). This prepares one for the research process, including interviewing, documenting observations, and effectively collecting data. Being well prepared allows for the researcher to adjust and adapt during the case study to unexpected changes (Yin, 2018). Through the preparation of materials for my study, I became aware of common issues that can arise as part of the research process. This allowed me to adapt to situations, revise interview questions if needed, and clarify any issues that arose.

Researchers come to their research with biases and faults that should be addressed (Merriam & Tisdell, 2016). Additionally, researchers should be open to evidence that is contrary to their opinions and should seek out others to review initial findings to reduce bias (Yin, 2018). Additionally, it was important to select participants equitably through sampling and based on inclusion criteria as well as advertise widely to promote diverse respondents and negate any researcher bias. To mitigate potential or perceived bias, a diverse sample was sought. Ethical concerns were considered and, if needed, addressed throughout the study. To avoid potential conflicts of interest, I excluded any community development practitioners whom I knew personally or had worked with on previous projects from my study.

Therefore, it is important for the researcher to be cognizant of any biases, held assumptions, and beliefs during interviewing and data collection (Rubin & Rubin, 2011). Bracketing was used for this study to address researcher bias by identifying these concerns and setting them aside. Bracketing can also support the researcher throughout the process, as the subject material can be personal and emotionally draining (Tufford & Newman, 2012). For this study, I wrote memos to address preconceptions and as an opportunity for self-reflection before and after each interview. I also worked with my dissertation committee for feedback and shared all transcripts with my dissertation chair.

I followed an interview guide created for this dissertation to ensure all participants provided the same type of rich data necessary for the study and reduce bias (see Appendix A). Interview questions were designed to be asked in the same style and order so that all participants were treated the same, as this provided credibility to my study. Additionally, to avoid concerns regarding potential conflicts of interest or influence in this situation, I did not discuss the study beyond what was advertised within the flyer to potential participants.

Methodology

Participant Selection Logic

Population

Participants for this study were community development practitioners with experience involving strengths-based approaches in the US. They were screened to ensure they had experience working in communities with people with disabilities within the US to gather rich and thick data (see Appendix B). Practitioners served as the main data source for this study based on the research question and type of data that was explored.

Sampling Strategy

When exploring a phenomenon, a purposeful approach is needed to determine sample size and saturation (Yin, 2018). Researchers determine the sample based on criteria and justification to find rich cases (Etikan et al., 2016). There was not a known number of potential participants that met inclusion criteria to determine a random sample for my study. A purposeful sample of practitioners who had experience working in communities was sought so that I obtained rich and descriptive data.

I recruited participants from the US so that my study addressed the specific gap. My study was open to the entire US due to the small number of practitioners based on consultation with content experts and my own analysis. Interviews were completed virtually. I also used snowball sampling, which is when participants recruit others they know with the same characteristics (Naderifar et al., 2017). I asked participants if they knew of any other practitioners who met inclusion criteria. I reached out to these practitioners if they provided diversity to the sample and their contact information was obtained.

Sample Size and Saturation

Saturation determines an appropriate sample size (Gentles et al., 2105) and when no new information is gathered from data collection, redundancy and saturation have occurred (Saunders et al., 2018). As part of my participant selection process, I attempted to interview community development practitioners who had a wide variety of experiences within the US so that thick and rich data were captured. Thick data references the large volume of data. Rich data includes the intricate details that come from semi-structured interviews with an appropriate sample (Ness & Fusch, 2015). I planned for a sample of six to 12 participants as it was anticipated that at six interviews meta-themes would be available and by 12 interviews data saturation would have occurred (Guest et al., 2006).

As I interviewed participants, I was able to determine if I had enough participants for saturation, as I coded data simultaneously. I sought out participants from areas of the country that were not represented in my study as interviews were conducted. I closed the survey that included the Demographic Screening once saturation was reached.

Inclusion Criteria

The criteria for participant selection were determined based on the literature gathered for Chapter 2. The participants needed to have enough experience to provide rich descriptive data for the study (Yin, 2018). First, the participants needed to self-identify as a community development practitioner/consultant/community builder. Second, participants needed to have experience in strengths-based community projects within the United

States that include people with disabilities. Participants also needed to be willing to be interviewed about their experiences. They also needed to consent, so over 18 years of age and available to be interviewed in English via video or phone conferencing. To verify this, they completed a Demographic Screening Questionnaire as part of the invitation to participate.

Instrumentation

The researcher serves as the primary instrument in qualitative research, and any materials are reviewed, interpreted, and analyzed through their lens (Merriam & Grenier, 2019). Semi-structured interviews served as the main data collection tool (Appendix A). I developed an interview protocol to guide conversations. Two content experts reviewed the interview questions and provided feedback. These two content experts were not a part of my study, as they are not active practitioners in the US. One is a founding practitioner of a strengths-based approach, and another is a practitioner who lives and works outside of the US.

As part of the interview process, study participants were asked about written tools such as any curricula that they used in their work. These documents were reviewed after interviews for an additional data collection instrument.

Rubin and Rubin (2011) discussed the need for responsive interviewing to develop a rapport with participants. Responsive interviewing allows for changes to be made during the research process, as I learned new information to adjust questions to future participants. Additionally, I used an open-ended interview approach that allowed for follow-up questions to be answered so that responses contained the rich, expansive data needed to complete the study (Merriam & Tisdell, 2016). When possible, questions utilized an appreciative inquiry approach, as suggested by a content expert. Appreciative inquiry is used by strengths-based practitioners for positive community change (Whitney et al., 2019).

Procedures for Recruitment, Participation, and Data Collection

Recruitment and Participation

I invited community development practitioners to participate in the study via electronic announcements. I posted information to Facebook groups and online forums that were specific to strengths-based community development practitioners after receiving approval from administrators. I also sent information on the study to professional associations and to a community of practice (CoP) for practitioners primarily in the US to share. I obtained permission from the CoP administrators of groups before posting any information and confirmed that it conformed with their terms of use. Information in these communications included the purpose of the study, methods of data collection, and how the interviews would take place (see Appendix D). After the completion of the demographic inclusion criteria questionnaire, participants were given instructions on the next steps and were contacted by email within 2 days of completing the screening questions.

Data Collection

Before starting recruitment, I completed the process to obtain approval from Walden University's Institutional Review Board (IRB). Once potential participants were screened and selected, they were sent an informed consent form that adhered to Walden

University's template. At the beginning of each interview, the form was read to each participant. The professionals who participated were not considered vulnerable per IRB guidelines. I ensured confidentiality of what they shared and listened to any concerns that they had.

The four principles of data collection as outlined by Yin were followed (2018). The first being using multiple sources of evidence for triangulation. I used both interviewing and document analysis for data collection. Open-ended questions, as part of semi-structured interviewing, were the primary data collection tool for my study. Questions were based on the exploration of the problem statement and research question. Questions, including follow-up or probing questions, were designed for an in-depth understanding of the respondent's knowledge, experiences, opinions, and inferences on the topic (Rubin & Rubin, 2011). I conducted the interviews using Zoom video technology or over the phone. I used a tape recorder to record the audio as a MP3 file but engaged with participants over video to develop rapport. I followed an interview protocol (Appendix A) of the questions that I created, which was the primary data collection instrument for this survey.

The length of the interviews depended on the participant. Key informants are those participants that can give a greater level of in-depth knowledge as well as access to other participants that provide confirming or contradictory information (Yin, 2018). One key informant was identified and provided a broader level of his experiences over his career. Yin (2018) discussed the importance of reviewing data during collection, including immediately after interviews take place. Any gaps found during my analysis prompted additional data collection. To assure the accuracy of the data, I recorded each interview and took copious handwritten notes as well. I requested permission to record beforehand within the consent form.

After each interview, I read several statements to debrief and to close the conversation (Appendix A). Member checking is an important step in the interview data collection method to ensure accuracy of the data (Rubin & Rubin, 2018). I sent transcriptions of interviews back to participants for accuracy if they agreed to it.

Documents provided additional data collection sources for my study to provide triangulation (Yin, 2018). They also are an easily accessible way to examine a phenomenon (Merriam & Tisdale, 2016). Participants were asked during interviews for copies of handouts or guides that they had created. They were also asked about any resources or source material that was helpful to them in their work. These included curricula developed as part of their work or reports written as the culmination of a project. Content analysis is useful to examine the meaning and role with the source that provided it (Merriam & Tisdale, 2016). I analyzed the documents for data to explore themes, using the same coding system as the interviews. It is important to use caution when using data from social media sources as another principle of data collection (Yin, 2018). Social media sources should be checked for accuracy since information can be easily added and edited by unverifiable sources (Yin, 2018).

Another data collection principle is creating a method to store and organize data (Yin, 2018). I used a folder system on an external hard drive to organize all the data to make them easily retrievable during analysis. This included my notes, transcripts of interviews, and copies of documents collected along with my annotations. It was important for all these materials to be organized so they were easily retrievable for data analysis as well as for questions from other researchers. Maintaining a chain of evidence was the other important for validity (Yin, 2018). The chain of evidence allows for other researchers to learn more about specific findings (Yin, 2018). Research findings need to be linked to the case study database, protocol, and research question (Yin, 2018).

Data Analysis Plan

My analysis occurred throughout the data collection process to ensure that I achieved data saturation and to identify potential themes. I utilized Yin's (2016) five-phase data analysis process to organize a thorough study. I first compiled all data sources from interviews and the documents that I analyzed and organized them in a consistent format within an electronic filing system. I reacquainted myself with the information by rereading the transcripts, along with data gathered from documents, with key thoughts, including the research question, in mind.

I then proceeded to the second step, "disassembling" the data into smaller components (Yin, 2016). I identified initial codes to find common themes, including shared language and experiences (Rubin & Rubin, 2011). I then reviewed my notes and transcripts again to identify Level 2 codes. Additionally, memo writing took place while disassembling to note ideas or patterns.

I used an Excel spreadsheet to organize all the data to identify and categorize themes. Software can assist with data collection and analysis, but it is still important for the researcher to analyze the codes and patterns that are created (Yin, 2018). In my study, these included the components of social capital like reciprocity that were embedded in questions. A code was created for each concept and theme, and a codebook allowed for the accurate organization of these codes.

Codes were clustered to find more substantive themes as part of the third step of reassembling (Yin, 2016). I assembled and reassembled the data using pattern matching and advanced coding with arrays to tie the cases to the research question and theory and to examine case discrepancies. Trochim developed pattern matching to analyze data by using pre-study assumptions by researchers (Yin, 2018). I developed predictive patterns based on the hows and whys using the research examined in Chapter 2. It was also important to constantly consider negative cases and think about rival explanations while reassembling data (Yin, 2016).

The fourth step is interpretation (Yin, 2016). Interpretations of the data from interviews and my review of documents were presented with descriptions and explanations to justify my interpretations. I highlighted excerpts from transcripts and documents to illustrate themes. Finally, I provided conclusions as part of the fifth step (Yin, 2016). This provided a broader or conceptual analysis to the interpretive findings. If appropriate, I tied these findings to potential for further research, challenging generalizations, new theories, or discoveries.

Issues of Trustworthiness

It is important to maintain scientific rigor in a case study to make possible generalizations and to report credible findings (Yin, 2018). This allows for other researchers to elaborate on my research in the future. Qualitative researchers can use the framework of credibility, transferability, dependability, and confirmability to ensure validity and reliability to achieve trustworthiness (Lincoln & Guba, 1985; Merriam & Grenier, 2019).

Credibility

Credibility, or internal validity, addresses the accuracy of a researcher's documentation and interpretation of data (Merriam & Grenier, 2019). I established credibility through member checks and triangulation (Lincoln & Guba, 1985). Member checks ensure accuracy during data analysis by providing an opportunity for the participant to read the transcript of their interview to identify any errors or provide clarification (Yin, 2018). I asked for clarification during interviews if I felt that I did not fully understand or capture the response. If clarification was needed, I shared my initial interpretations with participants once each interview was transcribed and analyzed to confirm that I accurately interpreted the data collected during the interview. These member checks can evolve into the participants reviewing the entire study to provide feedback (Thomas, 2017).

Qualitative researchers can use different forms of triangulation to validate findings (Merriam & Grenier, 2019). I achieved triangulation by using multiple sources of data, which is key to case study research (Yin, 2018). Credibility involves addressing data that does not fit the patterns of other cases (Ravitch & Carl, 2019). Negative case analysis was explored and reported as part of the pattern matching (Yin, 2018).

Transferability

Transferability is the equivalent of external validity and addresses whether the researcher's findings are relevant in other contexts (Ravitch & Carl, 2019). Rich descriptions should be included to ensure transferability so that other researchers can replicate or expand upon the study (Korstjens & Moser, 2018). I provided expansive descriptions, aided by asking follow-up questions and probes, to get the level of detail needed to achieve transferability. Additionally, transferability is enhanced when researchers are clear in reporting their analysis (Connelly, 2016). I further enhanced transferability by providing a clear understanding of the research study and results.

Dependability

It is important for a researcher to design a study that is consistent and holds up over time to create dependability (Ravitch & Carl, 2019). Dependability was achieved by using multiple data sources for triangulation. Different data sources such as interviews, documents, and archival records can be used for data triangulation (Yin, 2018). In addition to collecting documents and data from interviews, I reviewed previous studies, ethnographies, and texts to find consistent findings that reinforced dependability. Audit trails and peer-debriefings also create dependability (Connelly, 2016) and both of these processes were a part of my study.

Confirmability

Confirmability is used in qualitative research to accurately capture the way participants experience a particular phenomenon and how they describe it while taking into account researcher bias (Ravitch and Carl, 2019). Confirmability was achieved by making sure that the interviewer accurately described the phenomena and creating a thorough process to collect data, which has been outlined in this chapter (Korstjens & Moser, 2018). This "audit trail" includes the participant selection criteria that I have outlined, describing and addressing potential bias, and following an interview protocol (Connelly, 2016). Member checking and peer debriefing processes also support confirmability (Connelly, 2016), and I incorporated these as well.

Ethical Procedures

A is responsible for protecting human subjects and I ensured that I followed the ethical tenets related to this practice (Yin, 2018). I adhered to all ethical standards to comply with the Walden University IRB. I obtained informed consent and took precautions to adhere to the highest level of privacy and confidentiality. Requirements for the study were included within the *Demographic Screening Questionnaire* (see Appendix B) and minors were excluded from the study.

The participants that I interviewed were professionals and were not purposefully recruited to be members of vulnerable populations (I did not know if they belonged to these population or not). As part of the informed consent process, I provided a list of low- or no-cost counseling support services in their areas to the participants. Participation was voluntary and withdrawal from the study could occur at any time. The federal Office for Human Research Protections (2016) provides little guidance other than that compensation for research participants should be fair and not impact whether someone will participate in the study. Since the participants were professionals from across the US, it was hard to find an appropriate gift of thanks that was available for all to use. Therefore, no compensation was offered.

I created a system to track interviews and artifacts by unique identifiers to log the information in a confidential book, which I locked in a file when not in use. I provided confidentiality by using pseudonym descriptors for individuals, organizations, and locations that provide appropriate context but lack identifying information. To ensure confidentiality of the data, the Zoom videoconference calls were encrypted. Per IRB, I did not record the video portions of the interviews for data collection. I used a tape recorder to collect audio files. Any transcriptions and additional notes were placed on a password-protected drive that contained only my study data. I will keep this drive for 5 years, as is required by Walden University, and then it will be destroyed.

Summary

In this chapter, I explained the process and rationale to ensure a valid and ethically sound implementation of my research study. I conducted this research study through open-ended questions as part of semi-structured interviews with community development practitioners using reliable data collection methods. I also analyzed documents and data to provide further analysis of the subject. The process was methodical and thorough to ensure an accurate study that explored the work of community development practitioners. In Chapter 4, I provide information on the data collection and analysis of the collected data.

Chapter 4: Results

Introduction

This chapter contains the results of this qualitative single case study, which was implemented to determine how community development practitioners identify and provide methods to support people with disabilities within their communities. This is to address issues involving social capital for individuals with disabilities in their communities. In this chapter, I explained the setting, sample demographics, data collection, evidence of trustworthiness, and results of the study.

Setting

I began recruitment after obtaining approval from the Walden University Institutional Review Board (approval number 01-14-21-0228087) per the plans stated in Chapter 3. Interviews occurred from February to October 2021.

Demographics

Participants represented a diverse group of practitioners in terms of geographic area and roles. Demographic data were not formally collected as part of the interview process, but the following information was captured during interviews. Two participants were from the Pacific Northwest and held different roles within two separate organization. Three other participants were within the same organization in the Midwest but served different populations (families with children with disabilities and adults with disabilities). Another three participants were from the same southern state within different communities and represented both urban and rural areas. The other two participants were in urban cities in the central part of the country. Five practitioners served in consultant roles or were project-based, while the other five had a specific role within an organization.

Data Collection

The 10 community practitioners completed interviews for the study. Informed consent information was sent before interviews, and consent was received before each interview took place. Interview times were arranged to be convenient to participants. Each participant was interviewed over one session. I conducted each interview over Zoom or telephone, depending on the participant's preference. Since I recruited participants from across the US, and due to the global pandemic, no interviews occurred in person.

Data Analysis

Coding Process

I manually transcribed interviews from audio recordings and sent transcripts to those participants who wanted to review them. I organized all interview recordings and transcripts into separate folders and reviewed transcript information during data collection. I first listened to audio recordings and reread transcripts for key concepts multiple times. I highlighted remarks in the transcript that I found important in terms of the research question and conceptual framework and used an Excel sheet to note these by each question or probe. I reviewed these notes and grouped them into initial codes. After a thorough review of initial codes and associated data, I gathered these visually to determine categories and themes and then finalized by grouping similar themes if appropriate (see Table 1).

Table 1

Examples of Coding Process

Code	Category	Theme
Lived experience Co-present Pairs of connectors Client directed Workplace connections	Partnership Self-direction	Strengths-based approaches for greater connections for people with disabilities
Knowing neighbors Being leaders Connecting people	Connections	Connections that increase social networks
Shared space Emotional comfort Value Contribution Sharing strengths	Reciprocity	Reciprocity felt by neighbors and citizens
Being intentional Access Stigma Understanding inclusion Transportation	Barriers Disability-related issues	Important considerations and barriers

I reviewed information at different points of time to explore whether it presented discrepant cases. Information varied by participant, but no discrepant cases were found. One participant was categorized as a key informant based on the nature of the interview responses and their extensive background and knowledge. Information from this interview was used to confirm findings.

I reviewed a number of print documents and audio/video recordings to further identify themes and provide triangulation with interviews. In situations where the participant was known to have published work, I reviewed those pieces before and after the interview. This included organizational newsletters, annual reports, and stories. Additionally, I examined published works from other practitioners and content experts that were referenced by multiple participants. This information was collected in a spreadsheet, and I made notes from my analysis.

Themes

The purpose of this qualitative single case study was to explore how, if at all, community development practitioners use strengths-based methods for people with disabilities in neighborhoods across the US. I broke the results into four overarching themes, which contain subthemes.

Theme 1: Strengths Based Approaches that are focused more on community connections than current approaches

Subtheme 1A: Personal Connections

All participants explained methods that were outside the typical human services delivery system. They were individualized to people with disabilities they were working with, but also community-focused, providing a holistic approach that created greater linkages to neighbors and the community as a whole.

P9 said: “I spend most of my time working with a person with a disability and trying to get, I get to know them, to know what they like, what they're good at, what they want to do, and then going out into the community to try to find the people and places that align with that.”

P8 discussed creating opportunities to increase connections for someone at their workplace by looking at workplace connections as a whole. They interviewed coworkers with the perceived intent of creating information for an organizational newsletter and other activities. However, this also led to identifying coworkers who could be part of the person with a disability's social network.

Some participants discussed projects they were working on as part of the roles that led them to be interviewed as well as work they were doing personally. P6 discussed connecting community members to basic services before she could begin community-building work that helped them become more engaged with their neighbors and less isolated. P8 and P9 mentioned that when they started switching to more strengths-based approaches in their work in community building, they also became more engaged in their own community. P4 discussed holding block parties in her neighborhood in addition to community connecting. P10 discussed a broader community project that failed because community members were not asked for their input.

Additionally, when participants told stories of working with people with disabilities, their stories addressed how that related to the greater community good and built upon those relationships. P2 held an event at the local farmers' market to attract more people who had not attended these types of events in the past, in particular the African American community. P2 said, "Everybody was astounded by that. The newspaper even did a big article on it, so we felt really good about that we had been able to draw people in from the side of town that normally doesn't come to events." P2 also became aware of a grant and worked with others in the community to rehabilitate a park. Her involvement allowed for projects like building an accessible chess table, but she also made the commitment to have events in the park.

P3 said:

> Just kind of thinking beyond disability, we have a very high Hispanic population, and it wasn't always a place where that specific population felt like they could show up and be involved. Because of some, they face some of the same misconceptions and things like that. And now some of those residents are leading the efforts now.

Because of the nature of these projects, this also meant connecting with people with disabilities at different points in their lives regardless of needed services. Participant 7 discussed this connector/builder mindset in terms of identifying people with disabilities to engage with even before there was a project or program.

Doing the work in this way can be problematic due to funding structure. P5 said, “People who are designated to receive services and investments of public or foundation money have to fit in boxes . . . providers are accountable to that and it's part of the whole flawed system.” Participant 5 expanded on this by saying community connectors/builders are often looking not to provide services, but to get people connected to others, and that is a critical distinction.

Subtheme 1B: Professional Connections.

Participants explained that in certain projects, people with disabilities were not just serving as clients, but in paid roles that further realigned and shifted their role as clients. Some participants self-identified that they or a family member had a disability and that their community work was driven by their own actions connecting within their community. P2 said, “We try to be role models for getting out in community in any way that we can.”

P1 said,

> Someone who has lived experience with a disability will co-present or in some way provide their perspective, whether that's in person or via webinar or a video, so we've also done a lot of work with folks who want to be able to reach more people, especially during COVID, but even before that by having a video of their presentation or creating some kind of . . . whether that’s exemplifying how they build relationships in their community, how to do community mapping, or it could be—hey, this is how I successfully got a job and kept that job, or this is what I'm looking for in a caregiver.

P8 talked about shifting the organization to accommodate people with disabilities as coworkers, not just clients:

> But I could still see that it was being done to people with disabilities and being used by us to maximize our own ego and financial well-being, so at some point then I took a stand and said, I think some of us are being used by others, and we're going to stop that, and we're going to start seeing people as partners.

P1 discussed including people with disabilities at professional conferences:

> We had, I think we had like one person with a disability there [at a conference related to helping people with disabilities] and they were just there, they weren't actually participating in facilitation, and I kept insisting along with another colleague at the state that we bring more folks in, and by now the participation

> from people with lived experiences increased a lot. Like we went from like one person to be like 25, and you know, the symposium was only like 65 people, so that's a big percentage of folks with disabilities that are participating in that.

According to P2:

> Just always ensuring that that everybody is represented, that everybody has something meaningful to do, not that you just have a token person that you know you want to say—oh, we did this and we brought in a person with a disability and gave them some menial tasks to do, but, you know, working with people with disabilities, if you do it for a while, you realize that they're no different than anybody else, and they can do stuff that some other people can't do that don't have a disability.

P4 was involved in a project where people with and without disabilities were paired to address accessibility issues in communities and people with disabilities were paid for their work. She stated, “you don’t ask people to do self-advocacy work for free.”

Theme 2: Connections Within Communities That Increase Social Networks for People With and Without Disabilities

P9 said while people with disabilities may be known in their community, that does not mean they have had an opportunity to connect with others or know how to go about that:

> I don't think it ever crossed their [neighbors’] minds, so they weren't a hard sell like they were ready for that. I just don't think they'd even really considered about

> [this person] being a part of things, and then I think once he showed up, they were very much like, “Yeah, oh my gosh.”

According to P10:

> We’ve had—there was a situation, actually, where a woman that we support, actually, just a really rough living situation, I think, she was like living with a family member and got kicked out, so to speak. And, you know, wasn't able to navigate getting Section 8 and all those things on her own, but her coworkers knew about this and really rallied to find housing for her in the community, and basically took an unpaid caseworker-type role, if you will. But it's also what I think a lot of people would expect of our network, right?

P3 discussed how sharing their gifts broadened their network:

> And when we brought those gifts together, magical things happened. So, internally as a family, we discovered that we had the gift of connecting with people and connecting people to people. Everyone was kind of skeptical about this park. Going in and knowing what we know about people, and everybody has value, we stepped into the space of activating that neighborhood with other neighborhood leaders and what resulted was this beautiful, diversified project.

P6 discussed the durability of networks:

> What we found is once you make that connection, that relationship lasts, because for some reason, you know, when you're dealing with disabilities, you're dealing with the whole person, mind, body, and soul. So, people make those kinds of intimate connections, and they end up being some very lasting partnerships as

> well as friendships. So, to see the community to come together, to see people that you know once had a bias toward a person with a disability, but once when they came to the community that it had the opportunity to sit down and break bread with them and just really find out who they were. To see that friendship, to see them walking down the street or see them sitting together at another event, that's, that's the best part about that. And to see those biases that you're talking about, to see those evaporate. And just to see the human connection occur. And even the human connection occurs to the point where you better not mess with that person.

Theme 3: Reciprocity

Participants were asked whether people with disabilities experienced reciprocity in their connections to community members. Several gave specific examples of individual reciprocity or a general sense of community connection that allowed for reciprocity to occur.

P6 discussed situations where people with disabilities received help but also offered their yards for neighborhood gardens, which also was helpful to neighbors with disabilities.

P7 discussed shifts to make sure that reciprocity and interaction occurred in a meaningful way. The unique individual matching that occurred in the program made reciprocity a core part of the relationship. Several stories were provided as examples of people with disabilities making others feel that they “made them a better person.”

P3 said as neighbors and community members got to know her son through their community work, they identified similar interests and further relationships developed. It also created a greater network of support in terms of caretaking for her son.

P9 said community connectors helped with reciprocity by reminding people with disabilities of opportunities like giving birthday presents or other gifts that would happen among friends and neighbors.

P4 said:

> So anytime you are in a community setting where you can see beyond, you know, somebody's challenges and see their strengths, and get to know them as a person, not just as a representative of a group, I think there is, you know, it just opens up a lot of possibilities in terms of the way people behave towards each other and their willingness to offer help and receive help.

P8 described how during a crisis within the organization, clients with disabilities provided support to staff, and that shifted perceptions of value within relationships:

> But he, in his way that day, he just—he just took care of everybody. You know, and I was like, man, we're watching contribution happen right here in ways that I don't think people with disabilities are allowed to contribute, to be consolers, to the spiritual leaders in times of tragedy, you know. Especially people with intellectual disabilities. So that was a really formative experience.

P9 also discussed the importance of people with disabilities being able to choose how they reciprocate outside of a stereotypical role. A young man with a disability wanted to do a bike ride fundraiser for a local group he supported, and the organizing committee was making him the focus of the event rather than the recipient. P9 said:

> But just to allow people to show up and be a part of things in the way that they want. I think that's really important. It's not just for people with disabilities. That's for a lot of people when it comes to community projects or community building. Like people have strengths, like, not everybody has to check every box of what needs to happen, you know, especially when you're working in community, it's not a job description.

Theme 4: Important Considerations and Barriers

Respondents mentioned several considerations that they felt were important to think about regarding supporting people with disabilities in their community.

P1 said:

> Making space is important, because you can say you are bringing somebody to the table but you don't make space for them to find their voice, um, and to, you know, really inquire whether they feel like they've been fully heard, because communication is often—could, can be a barrier in folks being able to express what their true thoughts are, so, yeah, yeah, so, I think that's a big part, making space for folks.

P4 said, "these kinds of projects had to be very carefully designed to be impactful. You know because you do not want it to be the same, reinforce the same charity model."

P5 said, “the more that the people who have the resources make an investment in what people really want to do, the more it will be successful, and very often that does not happen.”

P9 discussed the value of shifting projects so that people with disabilities are known within their community. When the agency would volunteer for a project or do something as a group, they were identified as from that agency. She recounted a story where a community member who volunteered at special needs dances at the local Y asked a woman with a disability if she attended them but did not know the woman’s name and just associated her with the group that went to the dances.

P4 said:

> One of the hardest things is really helping people understand what inclusion is. I think a lot of people, even if you talk with them about what inclusion is, they still want to do a separate program as part of their overall program.

Trustworthiness

It is important to maintain scientific rigor in a case study to make possible generalizations and to report credible findings (Yin, 2018). This allows for other researchers to elaborate on research in the future. Qualitative researchers can use the framework of credibility, transferability, dependability, and confirmability to ensure validity and reliability to achieve trustworthiness (Lincoln & Guba, 1985; Merriam & Grenier, 2019).

Credibility

A purposeful sample was used to reduce bias and to learn of diverse experiences. Participants were recruited from different areas of the US and as interviews took place, outreach occurred in areas without representation. To further enhance credibility, triangulation occurred by using multiple sets of data. Interviews and documents were analyzed and compared with each other. I also looked for and addressed data that did not fit the patterns of other cases (Ravitch & Carl, 2019). Negative case analysis was explored as part of the pattern matching (Yin, 2018)

Transferability

Transferability is the equivalent of external validity and addresses whether the researcher's findings are relevant in other contexts (Ravitch & Carl, 2019). Rich descriptions should be included to ensure transferability so that other researchers can replicate or expand upon the study (Korstjens & Moser, 2018). I provided expansive descriptions, aided by asking follow-up questions and probes, to get the level of detail needed to achieve transferability. Additionally, transferability is enhanced when researchers are clear when reporting their analysis (Connelly, 2016). I further enhanced transferability by providing a clear understanding of the research study and results.

Dependability

Dependability was achieved by using multiple data sources for triangulation. I included interviews, documents, and archival records for data triangulation (Yin, 2018). In addition to collecting documents and data from interviews, I asked participants about any materials they used that would be helpful and either obtained these from the interview participants or located them on my own. Additionally, I collected data from documents like those participants discussed. For example, one participant mentioned a “Block Party Kit,” and while I did not obtain the one referenced, I reviewed four similar kits from other communities that had their kits online. Other practitioner material mentioned in interviews included videos and recorded conference presentations that were publicly available. I also reviewed information from organizational websites that contained stories of the work of other practitioners.

Audit trails and peer debriefings also create dependability (Connelly, 2016), and both of these processes were a part of my study. I identified two key informants at the beginning of my study with whom I could discuss information when necessary. I also wrote notes regarding any lingering questions or concerns.

Confirmability

I followed the interview protocol (see Appendix A) to negate researcher bias. Many practitioners were used to telling the stories of their work, so data for probing questions were frequently gathered without the need for the question to be asked. Questions were modified and some simplified or combined to create a better flow after initial interviews. I also sent transcripts of the interviews to those participants who indicated that they would like to review them. I also defined terms during the interview if needed. If participants did not seem to understand the question or I was not clear, I rephrased it. I also repeated questions if necessary. I wrote extensive notes after interviews and allowed time for self-reflection. I also reconsidered any researcher bias and noted any potential concerns.

Results

The research question for the study was: How do community development practitioners identify and provide methods to support people with disabilities within their communities? I found that there are unique characteristics and approaches that practitioners use to increase inclusion for people with disabilities.

Methods

Aligning with the first theme, participants discussed their backgrounds and interests in community approaches for people with disabilities that were not based on traditional human services for people with disabilities. Participants did not discuss post-secondary education as a primary way that they identified methods to use but focused more on their personal experiences with people with disabilities that encouraged their interest in this work. Additionally, many discussed that their experiences with people with disabilities in their personal lives were more influential and related to the connecting type of work that they do now.

P1 said:

> Well, that's interesting, I kind of fell into this field unintentionally- I didn't go to school for it. I needed a job and … basically took one of the first jobs that was offered but I did look at organization and saw you know the big value is advancing the potential in our communities and customers and ourselves and …you know it fired a passion in me to help them speak up for themselves and you know live as full of a life and as high quality of life as is possible and there's so much that goes into that. I'd say even like looking back into my childhood it's

> funny 'cause I say I fell into this field; I did not intentionally get into it but when I looked back like I used to spend recess is an elementary school hanging out with the kids with disabilities and helping them with art projects.

P9 said:

> And during college I was curious about working with people with disabilities so worked at a summer camp and … therapeutic recreation. Enjoyed it, thought it was pretty great and ended up changing my major to Special Ed knowing that I didn't want to be in a classroom. But no one could tell me what else to do if I was gonna work with like- what does this look like or what could it look like to work with people with disabilities?

Additionally, methods identified came from the work of practitioners and consultants that aligned with their focus on community. Besides community development approaches, P7 and P8 also discussed Wolf Wolfsenberger's social role valorization theory.

The three other themes addressed the second part of the research question regarding how community practitioner provide methods to support people with disabilities. Community connecting is a method that is distinct from typical human services work. It goes beyond having a list of resources to knowing the broader community and utilizing social networks. Participants discussed the importance of forming networks within neighborhoods to better understand the issues to then improve the lives of people with disabilities.

P2 said:

> So going into community, continuing to engage, continuing to build trust to continue having these conversations, encouraging community to look out for one another. Then we get these little nuggets, you know, and as a result of that which that conversation took some months, we got other community partners together.

Participant 6 said, “We try to be role models for getting out in community in any way that we can You know, just being part of community in whatever way that we can.”

Practitioners provided individualized services to people with disabilities that considered their strengths and interests. They spent time listening and then using that information to identify others in the community or within their own networks who could also connect with people with disabilities. P7 emphasized deep and intuitive listening.

P5 said, “I think probably the most important thing is if you’re actually listening to people and investing in what people themselves want.”

Another method that community practitioners provided was supporting opportunities for reciprocity. P7 shared several stories of people without disabilities who were paired with people with disabilities to support them who then shared that that experience made them a better person or provided intangible support.

P9 stated ways that she encourages reciprocity:

> So that was another thing that you know, sometimes we have time that is sort of a “What are we doing today?” kind of conversation and sometimes it is like, you know, let's give that birthday card so you know how easy is it to keep track of everybody's birthdays or when celebrations are going on. But if I can do that and just remind the people that I'm working with… So I think sometimes it's just as

> far as I think that thoughtfulness sometimes it does just take some thought right and some like for on my own part to keep track of what's going on with some of the people they have in their network and to remember some of those details and say like hey, did you catch that? They just said this is happening, you know, they just they mentioned that this will be going on. Maybe there's a way you could help with that. Let's think about it. What do you think and so there's that like a little bit of extra prompting…. It's always an opportunity to do that with in a variety of ways.

Parti One barrier was the need to fit activities into funding protocols. Participant 5 noted that although methods such as person-centered planning are being used, it is important that they not be used by institutions and non-profit organizations to fit requirements but truly center services and supports in the communities of people with disabilities. Additionally, these methods are provided by individuals who may leave or funding may shift. P5 discussed this as well in relation to receiving funding from a foundation:

> [We] developed one of the most wonderful kind of grassroots strengthening neighborhood small grants stories- one of the first. Everything about it is gone now…. the people who were involved in it really either left or were fired or whatever. They have a new person and you know that's the way it is, but that doesn't mean those lives that were touched weren't touched and that's good enough for me.

Participants also needed to provide methods for people with disabilities and their families to feel comfortable and address concerns about being more engaged in the community.

P3 discussed fears of families whose children's behavior may be embarrassing or viewed negatively by others in the community:

> Because we're working together, we're working side by side. And I think if we can get past those fears, like as a parent, my fear is my child is not going to be accepted, right? Working through those fears and bombs and empowers us to step into a space where we can start combating those and say- Wait, there are people here and my son is accepted and can be accepted for his gifts, and so that's awesome.

Summary

In this chapter, I provided information on the data collection and analysis that occurred during my research study. I outlined the process of gathering data and what steps were taken as well as information on trustworthiness. The respondents discussed their work in communities, serving people with disabilities and engagement that occurred with other citizens when community-based approaches were used. Most respondents tied this work into their personal relationships and connections. Barriers that still prevent full participation of people with disabilities were also discussed. In Chapter 5, the findings will be interpreted to provide a connection to the conceptual framework of social capital. Chapter 5 will also discuss the limitations of the study, recommendations for additional research on the topic, and implications for social change.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this qualitative single case study was to explore how community development practitioners identify and provide methods to support people with disabilities within their communities. I used the conceptual framework of social capital to support the purpose of the study and use as a lens to interpret results. I found that there are unique characteristics and approaches that practitioners use. In this chapter, I provide interpretations of findings as well as limitations to this study. I offer recommendations for future research and implications for social change to conclude my study.

Interpretation of Findings

In this section, I interpret key findings of the study in relation to the conceptual framework and literature review. Findings within my study helped me understand further how the work of community development practitioners who used strengths-based approaches supported people with disabilities. Findings aligned with current research involving social capital as well as approaches to services for people with disabilities.

Interpretation of Findings in Context of the Conceptual Framework

Social capital has recently been used as a framework for increasing social connections for people with disabilities, and findings show that strengths-based approaches can impact social capital due to expanding social networks, bonding and bridging social capital, and reciprocity.

People with disabilities who are employed have higher levels of social capital (Brucker et al., 2017), which is why it is often discussed as means to greater community connections. Participants discussed situations where people with disabilities were hired alongside people without disabilities within human service organizations to advance community projects. Social capital is increased in horizontal relationships, such as with coworkers and peers, more so than in vertical relationships like a client working with a social worker (Gelderblom, 2018). Participants discussed how they actively created opportunities to encourage coworker relationships or shared stories of coworkers creating bonds to the benefit of individuals with disabilities.

Additionally, people with disabilities as partners or peers in professional work have the opportunity to increase social capital. This shift away from people with disabilities being seen as only a client can also lead to increased inclusion. Being in the community in small groups, as peers, can distinguish someone from a large group of people with disabilities that is part of traditional models. Some participants discussed people with disabilities being paid to serve as consultants to entire communities and serving in advisory roles that advanced access to resources for people with disabilities.

Social Networks

Social networks are a key component of social capital. Increasing social networks can be of great value to people with disabilities, as it truly makes them a part of the community. To increase social capital, people with disabilities cannot just share physical space with the community as a whole (Bigby & Wiesel, 2020). Participants discussed concerns with ongoing segregated programs that congregate people with disabilities as a group and prevent them from being seen as individual citizens. People with disabilities have networks with their disabled peers, but these ties do not advance their social capital, as they have limited resources. Additionally, as P9 explained, when human services organizations arrange for people with disabilities to volunteer as a group, it is the organization that gets the credit and receives positive connections, which does not advance the social capital of each person with a disability.

A distinct theme emerged in this study involving a broader networking approach for services that focused on community integration rather than skill building or training. This included more engagement of community neighbors by people with disabilities than they would experience in a segregated setting with other people with disabilities. Several studies have discussed limited social connections and isolation that most people with disabilities experience within their communities.

Types of Social Capital

Social networks also can be discussed within the framework of both bonding and bridging social capital. According to participants, bonding social capital occurred in unique ways. Typically, bonding social capital occurs with close ties like within families (Weiler & Hinz, 2019). People with disabilities, in particular those with mental illness or psychological disabilities, can have weak ties (Yeager, 2018) and lack of connection to family, so these opportunities can be beneficial to increasing this type of capital. Participants connected individuals with disabilities to people within their neighborhoods or communities that they had not met before. P9 explained that when they connected someone with a local volunteer opportunity in their neighborhood, others acknowledged knowing the person as someone in their neighborhood but had not previously interacted with them. P7 also discussed connections with community members that created bonding capital. These community members used their capital to connect people with disabilities to their networks to create bridges to employment and other opportunities.

Many of the participants in my study also mentioned connections that could be described as increasing bridging social capital for people with disabilities. Bridging social capital is formed when one goes outside their initial network of family and friends to create bonds (Yeager, 2018). This was demonstrated by participants introducing people with disabilities to individuals who were part of community groups that shared their interests. This also occurred when participants acted as connectors to other parts of the community, such as clubs and social groups. P7 discussed pairing people with disabilities with others in the community who had established social networks that were then open to them via those connections.

Reciprocity

An interview question specifically involved reciprocity since it is not clearly defined. Opportunities for people with disabilities to gain social capital through reciprocity are lacking, as they are perceived within society as only being recipients of acts of charity so are not expected to reciprocate (Bredewold et al., 2020). Participants discussed tangible forms of reciprocity that they supposed with people with disabilities, including volunteering and people with disabilities using their talents to better their community. Additionally, participants discussed how individuals without disabilities felt that engaging in relationships with people with disabilities was a form of reciprocity. P7 said, “they make me a better person.”

Reciprocity is defined as being neighborly and doing things for your neighbors, with the social understanding that when you are in need of something, the favor will be returned. Participants provided methods to encourage reciprocity by suggesting ways that individuals with disabilities could show appreciation to the community and other citizens. This include remembering birthdays and sending sympathy cards.

Interpretation of Findings in Context of the Literature Review

Practitioners and Approaches

Participants in my study discussed strengths-based methods they used with individuals with disabilities to make connections with non-disabled community members. This included innovative approaches involving connecting individuals with disabilities with their neighbors and other community members outside of structured human services programs. A lack of training and lack of emphasis on social inclusion being part of their role, can be factors in human service workers not incorporating connecting with the community in their work (Overmars-Marx et al., 2017).

Many times, people with disabilities have social ties with individuals that do not create social capital, including human services staff. Practitioners in this study worked individually with people with disabilities to identify strengths and assets that would be of value to their neighborhoods or communities. Strengths-based approaches involve not only individual gifts and strengths, but assets of the community. Knowing where there are strong community ties with assets that align with gifts of people with disabilities was a key skill expressed by practitioners as important to their work. This also aligned with strengths-based approaches like ABCD.

Disabilities

The concepts of inclusion and community are important to discussions around increasing the social capital of people with disabilities. Moving people with disabilities into a physical community does not create inclusion in and of itself (Bredewold et al., 2018). With the misunderstandings and stigma among the general public regarding people with disabilities, a distinct and strategic approach is still needed (van Asselt-Goverts et al., 2018).

Participants discussed several key considerations related to barriers that were important to their work providing methods to support people with disabilities. Many of the barriers for people with disabilities that participants described aligned with those found in the literature including transportation, employment, and community acceptance (Hall, 2017). Additionally, while social connectedness can be created by employment or volunteer opportunities, people with disabilities in the US have limited volunteer experiences and the opportunities available to them do not mirror those open to the general public (Shandra, 2017).

The concept of inclusion still remains a barrier for people with disabilities to access full community, mainly due to social isolation and misperceptions in the broader community. Participants discussed how members of the general public believe inclusion is about specialized programs rather than community experiences, and the difficulty of shifting those perceptions. Shifting human services models to clarify their role in inclusion and focusing on connecting with community is important for increased social capital (Spencer-Cavaliere et al., 2018).

Limitations of the Study

Researcher bias can limit the exploration of a study as well as the results (Merriam & Grenier, 2019). As a human services professional who has a strong interest in this topic, I was careful to manage any researcher bias during data collection. Using the interview guide mitigated bias, but it also created a barrier and lack of rapport with the participants, who spent their days connecting with others. I also spent time reflecting on whether my bias was related to my personal experience with physical disabilities and my own perceptions of community.

The study may have been limited due to the additional burdens and stressors of the COVID-19 pandemic, in terms of a representative sample. While I interviewed a total of 10 participants, many were clustered in geographical areas. This may limit the replication of results to broader areas, but it may also show that strengths-based approaches are clustered in areas where other activities take place.

I originally expected to interview strengths-based practitioners rooted in community development who worked on a variety of projects not specific to disability. However, the participants primarily were focused within disability human services or community organizing. Many discussed using the practices of ABCD or identifying similar approaches that were not disability specific.

Recommendations

The findings of my research study can be used to explore additional aspects of people with disabilities in their communities, especially in relation to social capital. While many of the participants discussed utilizing strengths-based community development approaches, such as ABCD, there were few examples of people with disabilities engaged in those community activities in the curricula and media that were reviewed. Additional research regarding people with disabilities in community development projects would be beneficial to human services professionals as well as community development practitioners. The practitioners discussed methods and tools that crossed both disciplines and there would be benefit to increase participation of people with disabilities in these other activities in their communities, further increasing their social capital. This may also lead to decrease use of Medicaid waiver dollars for services if there were more options for community integration.

Medicaid waivers fund services for individuals through eligibility criteria so do not fund community initiatives and are primarily focused on placement in the community, not necessarily in integration (Watts, et al., 2020; Friedman & Nye-Lengerman, 2018). Several participants alluded to funding as an issue, but specifics were not discussed. Further research on effective funding systems to successfully connect people with disabilities to their communities would be beneficial to further my research as it could lead to better outcomes and increased integration (Friedman & Nye-Lengerman, 2018).

My findings can be utilized to develop programs that use advanced strengths-based approaches. Strengths-based approaches were used as a general term in my study, and this could be further discussed in relation to other theories. Participants discussed a few frameworks that centered on community-based approaches focusing on the gifts and assets of individuals with disabilities. Some participants mentioned social role valorization and so opportunities to explore both social capital and role valorization that may be valuable to people with disabilities (Phillips et al., 2018).

It is significant to recognize that my study interviewed community development practitioners and not the people with disabilities that this research most impacts. While some participants identified as having a disability, my findings could be further expanded by researchers working directly with people with disabilities who want to connect further with their communities.

Implications

People with disabilities in the US continue to lead more isolated lives than their non-disabled peers, with less social interaction and connection (Spencer-Cavaliere et al., 2017). I explored how community development practitioners identify and provide methods to support people with disabilities within their communities. This work can have a significant impact on positive social change through better outcomes for people with disabilities and less dependency on the human services system.

Communities benefit from having engaged citizens with disabilities. The field of human services for people with disabilities would benefit from continuing to shift to more community centered and strength-based approaches. Utilizing natural supports in the community can reduce costs as well as provide more opportunities for people with disabilities to connect with their neighbors.

Better quality of life through less social isolation also creates positive social changes. Individuals with disabilities and their families could use the information gleaned from my study to explore more community integrated services and supports that focus on social capital Increased social capital through social connections has the potential to increase employment and other opportunities for people with disabilities (Phillips et al., 2018). In addition, social capital has been found to predict physical and mental health and lack of it is a factor in early mortality (Eshan et al., 2019).

Conclusion

The US has a long history of segregating and isolating people with disabilities. My research study focused on the role of community development practitioners in supporting people with disabilities live and work in their communities. If people with disabilities are to truly be included in their communities, human services providers need to explore opportunities to increase social capital. My findings suggest that there are unique and effective ways for strengths-based approaches to increase social capital for people with disabilities, leading to better outcomes. Participants provided detailed stories and examples of strengths-based approaches that could be utilized within human services programs. Further research studies have the opportunity to expand on the findings and further explore specific methods to support people with disabilities in growing their social capital and networks within their community. Additionally, with increasing social isolation across the entire population, more opportunities for connecting with neighbors benefits everyone.

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Appendix A: Interview Questions and Debriefing Script

Research Question: How do community development practitioners identify and provide methods to support people with disabilities within their communities in the United States?

Open-Ended Interview Questions

1. Please tell me about your experience as a community development practitioner or connector/builder (based on respondent). What drew you to this work? What inspires you to do this work?

   - Probe 1a. Did the people with disabilities who participated in the project have a specific role or were they part of the general community participating? What sparked their participation?
   - Probe 1b. Was the participation (in the aforementioned projects) of people with disabilities in those situations supported by staff from an agency? How so?
   - Probe 1b. Can you tell me about a time when you were working in a neighborhood/ community that you felt really included people with disabilities? (Define disability).
   - Probe 1e. Can you tell me about what whether the community members with and without disabilities maintained relationships?
   - Probe 1f. What do you consider your greatest success working with a community/ neighborhood?

2. Please tell me about any times when your projects increased social networks or promoted inclusion (individual or community). What made this possible?

3. I would like to learn more about times that reciprocity (define) has occurred during or after these projects—please tell me, and in particular for people with disabilities.

4. What is really important that I should know about the projects where people with disabilities were actively involved? Barriers? Best practices?

5. Is there anything else that you would like to share about the work?

6. Are their manuals, documents, or curriculums that you could share that were helpful to you in this work or were developed as part of these projects? Would it be possible to obtain a copy?

Additional Question for Key Informants

7. Are there projects that you are aware of in the United States that are great examples that include people with disabilities in meaningful ways in community?

Debriefing Statements

- Thank you for providing me information on your experience. This concludes the interview. I appreciate your time.
- Please note that I take your confidentiality very seriously and it is the highest priority. No identifying information will be used in the transcriptions or in the final study.

- The next step for me is to transcribe and review the data from today's conversation. I may have follow-up questions while doing that. Can I contact you for clarification?
- Once all the data have been analyzed, I will include my findings in my dissertation. The study will be published, and I will post the study as well as a summary online and send you an email with a link to those materials when those are available.

Appendix B: Inclusion Criteria

Questions

- Be 18 years or older and live in the United States.
- Have experience as a community development practitioner/ consultant/connector/organizer or other similar role with communities or neighborhoods in the United States.
- Have experience working with communities that include, either purposefully or not, people with disabilities
- Your participation is voluntary, and interview responses will remain confidential.

Appendix C: Human Subjects Training

Completion Date 04-Nov-2020
Expiration Date N/A
Record ID 37567073

This is to certify that:

Allison Lourash

Has completed the following CITI Program course:

Not valid for renewal of certification through CME.

Student's
(Curriculum Group)
Doctoral Student Researchers
(Course Learner Group)
1 - Basic Course
(Stage)

Under requirements set by:

Walden University

CITI
Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?w55796300-8718-4003-b554-5ae2832d571a-37567073

Appendix D: Flyer

Are you a Community Development Practitioner or Community Connector/Builder working in the United States?

Hello—I am currently looking for volunteer participants for a research study titled "Exploring Practitioners' Strategies for Social Inclusion of People with Disabilities." This study has the potential to add knowledge to the field of human services and will be shared broadly once completed.

To participate you will fill out a brief questionnaire that may take under less than 5 minutes to complete. Open-ended interview questions will be asked about your work in communities in the United States and regarding the participation of people with disabilities. Interviews will take place over Zoom video conferencing or on the phone in English. The interview will last between 60-90 minutes, followed by a 10-15 minutes of questions, answers, and debriefing period. No identifying names will be used in the study. Organizations have assisted only with posting information about the study for recruitment. There is no compensation for participation.

To participate:

- Be 18 years or older and live in the United States.
- Have experience as a community development practitioner/ consultant/connector/organizer or other similar role with communities or neighborhoods in the United States.
- Have experience working with communities that include, either purposefully or not, people with disabilities
- Your participation is voluntary, and interview responses will remain confidential.

This study has been approved by Walden University's Institutional Review Board to ensure that it is aligned with the University's standards and that interviews are conducted in an ethical manner.

For more information go to lourash.com or contact:

Allison Lourash
Allison.lourash@waldenu.edu
715-205-7305

This study has been approved by Walden University. The Institutional Review Board number is: 01-14-21-0228087