Field Practicum Report: Building Community Capacity

Part 1: Process Document

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| **Duration** | **Tasks and Activities** | **Constrain Faced** |
| **Week 1** Mon-Fri | **Planning:** Reviewing sets of activities to be undertaken. Required items of the fieldwork were also noted.  **Sampling:** Random sampling techniques opted for use on the target population | Planning consumes time |
| **Week 2** Mon-Fri | **Data Collection:** This is the crucial part of the practicum. Activities included visiting the rehabilitation centers for the physically challenged persons within the community. Closed interview schedules were used for the sample in the support centers. | Uncooperative respondents |
| **Week 3** Mon-Fri | **Data Collection:** Questionnaires were distributed to the target population after which they were collected after three days. Meanwhile, observation of the behavior of the respondents was noted. Also, the support systems for the physically challenged were assessed. | Biased information from support centers |
| **Week 4** Mon-Fri | **Data Analysis:** The collected sets of data were carefully checked using Excel, after which analysis was conducted **Report Writing:** A final report was written to conform to the findings of the study | Challenge of analyzing qualitative data. |

Part 2: Final Detailed Report

Introduction

Disability entails mental or physical impairments that alter the ability of an individual to carry out daily activities effectively. Most of the physically challenged persons receive support from the government, corporate and non-profit organizations (Lord & Stein, 2008). The initiatives and support rendered to disabled people are aimed at improving the lives of these people. Conversely, sustenance from the community is essential to enhance better lives for the persons with disabilities.

The disabled people are vulnerable to various life circumstances. They need help to improve the quality of life (Hall & Wilton, 2011). Thus, supporting the disabled would deter some of the life challenges that would predispose them to hazards and risks.

There are numerous responses associated with treatment of disabled people. Several inclusions are deemed necessary for the improvement of the quality of life outcomes for the physically challenged persons (Milner & Kelly, 2009). Some of these factors for considerations constitute loud pedestrian crossing so that those with ear impairments are not run over by traffic. In addition, destination announcement assists disabled persons with a hearing challenge. Doors with automated opening and closing are essential for the assistance of persons with hand disability. Level or the establishment of ramped pathways enables mobility of individuals with leg impairments, especially those in wheelchairs. Accessible toilets and braille can also serve as means to support persons with disabilities.

The community is integral in upholding the demands of the handicapped persons to ensure equality. The requirement of these essential factors inclines to the fundamental rights rendered to the persons with disability. They need to enjoy the same rights as those possessed by ordinary people. Conversely, the protection of these rights depends on the community. This is achieved through building community capacity (Lord & Stein, 2008). The latter refers to the ability of a community to develop, implement, as well as sustain actions integral to the physical, socio-cultural, and economic environment. This implies that the community establishes holistic mechanisms that aim to remove barriers and challenges, which entangle the lives of disabled persons. The community does it by devising workable concepts and strategies applied to support disadvantaged groups and populations. Therefore, improving the community capacity can be both viewed in the aspect of process or outcome of quality of life for people with disabilities.

Indeed, support for persons living with disabilities is appropriate to ensure that they enjoy mainstream support and services essential for ordinary living. This implies that equality must be considered to ensure that the physically challenged persons are not deprived of their rights. Precisely, the community is the determinant of the quality of life outcomes for the disable persons (Hall & Wilton, 2011). The community systems and settings are key to the better or worse quality of life outcomes for the disabled persons. Therefore, community planning needs to establish supportive services that improve the living conditions of disadvantaged groups.

Despite the efforts and campaigns on the improvement of lives of the disabled persons, several challenges have emerged. In some communities of the world, the disadvantaged groups are viewed with contempt. They are segregated in the provision of social services as they are considered inferior (Milner & Kelly, 2009). The communities’ attitude towards the disabled persons has altered the quality of life of these groups. Thus, the rights have been undermined. Negative attitude directed to these individuals as well as misconceptions of their needs present lack of awareness about the rights of the physically challenged persons. Thus, the social inclusions advocated by a just society fail to achieve its core purpose.

Negative attitude towards disabled persons has a heavy impact on their lives. Occasionally, disabled persons are segregated in the line of education and employment. Ultimately, their social development is impeded since education is crucial in defining the social status for future development.

The discussion in this excerpt is a report that aims to build community capacity to ensure that those living with disabilities enjoy their rights. The report assesses the community regarding their practice towards those disadvantaged. The study aims to prove whether taken actions conform to the recommended practice standards that uphold the rights of the disadvantaged in the community (Thorn et al., 2009). From the assessment, recommendations would be formulated to ensure that persons living with a disability enjoy their right just like the ordinary people. The practicum is defined by the objectives and summary described in the subsequent discussions.

Objectives of the practicum

* To mobilize as well as support disabled people in the community so as to optimize their participation
* To facilitate community planning and coordination by linking disadvantaged persons with their families and disability service providers in the community
* To coordinate activities and work with the disability service providers so that they provide relevant support to the community
* To build and support community’s capacity to provide support to disadvantaged people in the community.
* To facilitate easy access to information regarding appropriate services as well as relevant community activities to be obtained by disabled individuals.

Plan of Activities

The schedule of activities for the field study would be as per the table below.

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| --- | --- | --- | --- |
| **Field tasks** | **Duration** | **Start Date** | **End Date** |
| Field Practicum Planning | 2 days | Monday | Tuesday |
| Questionnaires Designing | 2 days | Wednesday | Thursday |
| Sampling | 1 day | Friday | Saturday |
| Data Collection | 10 days | Monday | Friday |
| Data Preparation and Compiling | 3 days | Monday | Wednesday |
| Report Writing | 2 days | Thursday | Friday |

Outcome

The main goal is to assess the availability of various support services within the community. The target group needs to state the availability of the support services providers within the community and accessible support services (Jaeger & Xie, 2008). The outcome would also highlight the sustainability of the support services especially the maintenance of the equipment that supports mobility.

Knowledge and information sharing about disability support services within the community. This entails the exchange of good and bad practices information rendered by self-directed initiatives for the improvement of lives of disabled persons (Hall & Wilton, 2011). The information would also be relayed concerning the innovations within the community that aims to support the disabled in the community but failed to achieve its objectives.

The main goal is to improve capacity of the community to promote inclusiveness for the persons with disabilities. Specifically, building individual as well as group confidence in line with self-advocacy is important to enhance inclusiveness.

Improved community participation together with challenging exclusion strategies conforms to the community-building initiative. Greater involvement of the disabled persons in political forums is also critical to increasing capacity of disadvantaged groups (Milner & Kelly, 2009). Moreover, understanding of the human rights for the persons living with a disability is also crucial for building the capacity.

Summary of the Process of task completion

The task activities would begin with the identification of the target group with help of local community leaders. The leaders guide us mainly by informing the target audience about the reasons for carrying out the practicum. The leaders also connect us with the available disability service providers within the community.

The process begins with community mapping. This entails assessing the existing community assets and resources available to the support of the disabled people. A review of current initiatives and their effectiveness in support for the physically challenged persons also takes a center part of the whole process (Thorn et al., 2009). Moreover, the establishment of potential opportunities that foster inclusion as well as the participation of persons with disabilities within the community also help in community mapping.

Similarly, assessing the diversity and experience of local community in working with disabled persons are also the part of the mapping process. Moreover, establishing strategic connections that build the community would also form part of the mapping to help increase participation and inclusion of the disabled persons.

The community mapping process would help to establish the feelings and participation of the physically challenged persons within the community (Jaeger & Xie, 2008). Moreover, the process contributes to the formulation of strategies and opportunities that would support the disabled individuals in the community.

Community mapping would be embedded on the assessment of the community talents, assets, and skills that encourage the participation of the handicapped persons within the community. Such abilities provide a platform for social inclusions.

The community mapping would also constitute assessing the pertinent issues addressed by the disabled persons concerning community inclusions as well as participation (Milner & Kelly, 2009). The activity determines the extent to which the persons are living with disability in the community gain support and recognition within the society.

The mapping also entails evaluating the stakeholders within the community that responds to the plight of the disadvantaged groups. Key stakeholders (such as the disability service providers) within the society discuss the issues addressed by the disabled persons concerning inclusion and community participation. Their number and location within the community determine the effectiveness of their response in the community (Thorn et al., 2009). Other than the support providers, mapping also assesses the availability of other responsive groups in the society that listens and acts on the plight of the disadvantaged groups in the society.

Existing strategies that engage the stakeholders in being committed to their work are also established. These include government and community support to the stakeholders given the task of providing support to the disabled persons. Such support mainly includes financial assistance and community cooperation with these stakeholders. Moreover, assessing standards of operations also includes a task of ensuring that stakeholders do not violate the very rights of the disabled persons that they aim to protect.

The activity also entails cooperation with the representatives of the physically challenged persons. This would establish how the disabled persons are viewed in the society. These representatives provide information regarding their association with the rest of the members of the community (Hall & Wilton, 2011). Representatives provide pertinent information regarding the most form of disability prone to prejudices and discrimination. Moreover, they also provide information on the places and locations where violation of the rights of the disabled takes place.

Further Scope

Building the community capacity would entail an assessment of pertinent matters essential for improved outcomes for the handicapped persons. Easy access to favorable environment will also be a part of the assessment (Jaeger & Xie, 2008). Buildings such as theaters, health facilities, shopping malls, and recreational centers need to have support services for the physically challenged people. Sections for cab driving are essential for easy mobility of the disabled persons with wheelchairs. The parking sections for these buildings need to remain accessible to the physically challenged persons.

Arts, festivals, and cultural events can also help to incorporate the physically challenged into the society. This includes sporting activities, dances and visual arts, which can also help to increase inclusiveness of the disadvantaged groups within the community. Moreover, celebration of the International Day of Disabled Persons creates awareness of the society about the support and recognition that disabled people need.

The disability support systems are crucial to ensure the quality of life outcomes for the disabled persons. The disability support providers within the society render such support services. These providers include government, non-profit organization such as Red Cross, corporate, and other stakeholders (Milner & Kelly, 2009). These stakeholders provide daily services, accommodation and transportation support for persons with disability. Moreover, they provide equipment for the physically challenged persons.

Findings and recommendations

**Findings**

* The private sector supported by the government provides a range of services to individuals with disability in the society. These services include health treatment and providing necessary equipment.
* Advocacy services are available within the community, but their support for the disabled persons is mugged by inadequate finance.
* Education and employment sectors embraced the inclusions of the handicapped persons. However, representatives of the physically challenged persons noted that segregation occurred in the rural areas as opposed to urban centers.
* Black persons living with disabilities faced challenges of exclusion compared to their white counterparts. This was evident in education and employment exclusion as well as association with criminal activities. Social exclusion of the rural and black disabled persons led to the development of stress, and this exacerbated chronic illness.
* In the urban centers there were sufficient support services aimed at providing easy access to public utilities.
* Cultural activities and participation of disabled persons especially those with psychological impairments were minimal.

**Recommendations**

* Advocacy

It entails promotion of the fundamental rights of the disabled persons. Moreover, it lays the foundation for increased engagement and representations of the physically challenged people within the community (Jaeger & Xie, 2008). Thus, disability service providers that specialize on advocacy need adequate funding. These providers are integral in voicing the concerns of the disabled persons within different localities in the society.

* Inclusiveness of community building initiative

Community building program should not exclude those in rural locations. Even the disabled groups comprised of few people in the community should have all their rights protected (Milner & Kelly, 2009). Moreover, black disabled persons should not be excluded from the same support services provided to their white counterparts.

* Resources

Improving access to resources for the disability service providers enhances effectiveness of these stakeholders. These resources include finances, access to information, adequate equipment and materials (Hall & Wilton, 2011). Information on a total number of disabled persons assists the service providers in gathering data for planning. Finances and equipment enhance the realization of objectives. Sufficient resources should be timely availed to these service providers to improve their efficiency.

Conclusion

The field practicum obtained relevant information about the perception of the disabled persons. It established the integral roles of disability service providers. The field study also highlighted the stakeholders participating in creating a suitable environment for physically challenged persons. Moreover, inclusiveness of the disabled population in the societal structure through education, employment, and leadership was also established. These are key concepts that aim at illustrating the instances of prejudice and discrimination directed towards physically challenged persons.

However, the report failed to capture the disabled women in the community. The analysis of the discussion thus was biased on physically challenged men (Milner & Kelly, 2009). Moreover, the report did not take into account the disabled children and the societal attitude towards the disabled groups in the community.

References

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