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Connecting to Quality
CQL's Social Capital Index®

> *"The basic idea of social capital is that a person's family, friends, and associates constitute an important asset, one that can be called on in a crisis, enjoyed for its own sake, and/or leveraged for material gain.[1]"*

Research has demonstrated how all our lives are enhanced by social ties with other people — families, friends, neighbors, social groups, and co-workers. Increases in social contacts have been associated with improved mental and physical health, lower rates of social problems, and greater access to economic security. The concept of social capital crosses the boundaries that have been placed on people with disabilities. Social capital offers a common meeting point for people receiving services and supports, families, employers, employees and community organizations.

The Council on Quality and Leadership (CQL) reports on the latest findings from the National *Personal Outcome Measures®* Database and the introduction of its *Social Capital Index®*.

CQL's Social Capital Index®

Researchers agree that social capital influences our quality of life. Social capital impacts the viability of civic institutions, community life, and the economic and social measures of wellness in neighborhoods. Social capital and the transformation of community relationships are of particular importance for people with intellectual and developmental disabilities, their families and friends, service and support providers, and public officials who develop policy and administer support services. The conceptual framework for over two decades of reform in the field of intellectual disabilities — deinstitutionalization, community participation, integration, inclusion, self-determination, and self-direction — rests on assumptions about social capital and the collective resources of community for social support.

Social capital is not a disability specific term, concept, or measurement. Social capital is not the same as integration, community inclusion, self-determination, or community presence/participation. Yet, social capital recognizes the importance of trust, social networks, and the centrality of strong personal relationships — all key values and principles associated with social change for people with intellectual disabilities.

CQL's *Personal Outcome Measures®* provide a method for measuring the properties of social capital that facilitate individually defined outcomes of social capital. The *Social Capital Index®* consists of eight items extracted from the *Personal Outcome Measures®* database and analyzed for reliability and validity. A factor analysis of the eight Personal Outcomes resulted in the identification of two factors, identified and named **Bonding** and **Bridging**.[2]

We have Bonding social capital with those people who are similar to us and who share common values, traditions, and backgrounds. Bridging social capital is found in relationships with others who are less like us and who exist outside our typical social circle.

Five personal outcomes make up the Bonding factor. These outcomes are entry points for developing social capital. They are related to people's current world and the people and places they already know. This factor represents the initiation of bonds that make social capital more likely. It is the glue that holds people together.

Three personal outcomes make up the Bridging factor. They represent the connections people have to the world around them beyond the confines of who they already know, where they already go, and what they already do. They represent potential for increased social ties and connections. They are the 'WD-40' of social interactions.[3]

Bonding Personal Outcomes	Bridging Personal Outcomes
People have intimate relationships People participate in the life of the community People have friends People are respected People remain connected to natural support networks	People live in integrated environments People interact with other members of the community People perform different social roles

CQL's National *Personal Outcome Measures®* Database contains data based on over 6,400 interviews with people with disabilities in accredited organizations, over a 14-year period. Analysis reveals the *Social Capital Index®* for this population.

Social Capital Index® – 2006

for People with Intellectual and Development Disabilities in CQL Accredited Organizations

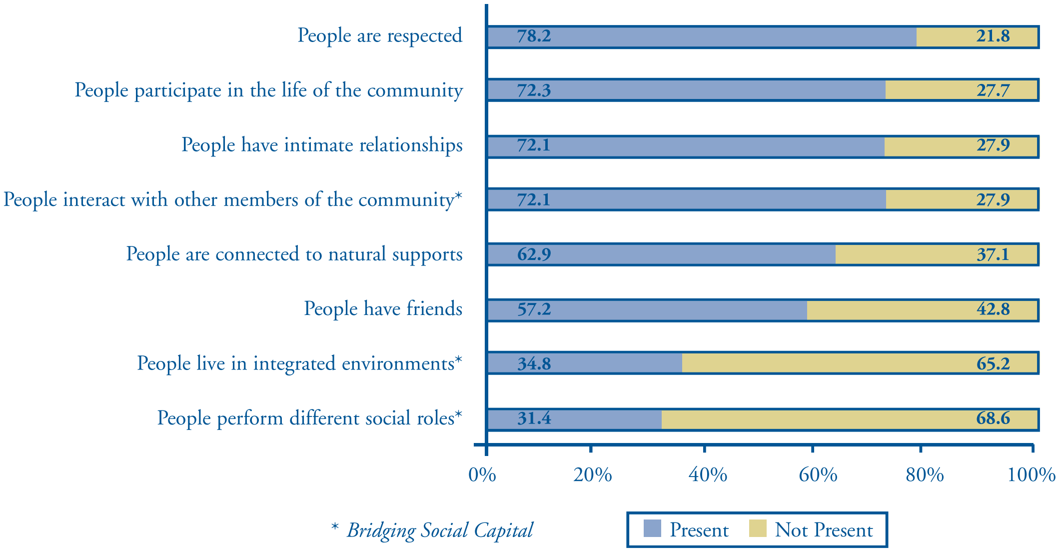
(n=6,424)

Social Capital	Bonding Social Capital	Bridging Social Capital
60.1	68.5	46.1

These findings indicate that, for people with disabilities in our sample, Bridging social capital — relationships with others who are less like us and who are outside our typical social circle — is found to a much less degree than Bonding social capital. Bridging social capital is **inclusive**; it is outward-looking and encompasses people across different social groups.[3] As the following table indicates, outcomes related to *integrated living* and *social roles* remain the greatest challenges for people with disabilities.

Social Capital Outcomes 1993-2006

(n=6,424)



* *Bridging Social Capital*

Social Capital is particularly important for people with intellectual disabilities who often lack financial and human resource capital. Social capital calls attention to the link between health, safety, and security and connectedness to caring networks of supportive people. The development of social capital and social networking enables people to reach across boundaries and develop trusting relationships with other community members. As organizations work to enhance the formation of social capital for individuals, their focus moves beyond programs and services. It is in the community where we truly build social capital.

Inspired by a vision of a world of dignity, opportunity, and community inclusion for all people, The Council on Quality and Leadership (CQL) is an international leader in the definition, measurement, and improvement of quality of life for people with disabilities. CQL has demonstrated that valid and reliable quality of life measurement can be incorporated in community-based human services.

In the 1990s, CQL changed human services when it redefined quality as responsiveness to people rather than compliance with standards. After conducting focus groups throughout North America, CQL published the *Personal Outcome Measures®* offering people with disabilities an to opportunity define their own quality of life outcomes and exert choice and self-determination. In 1993, CQL published the *Personal Outcome Measures®* as an alternative to both its traditional quality indicators and assessment methodology. CQL signaled a new era in quality measurement with a re-definition of quality from organizational compliance to responsiveness to people. The Personal Outcomes focus on the items and issues that matter most to people. Organizations committed to Personal Outcomes recognize the connections between the service and intervention and the whole person. Learning about Personal Outcomes results from talking to people and discovering what is important to them and why.

In 2005, CQL introduced the *Quality Measures 2005®*, including the 2005 edition of *Personal Outcome Measures®*. This new edition contains 21 Personal Outcomes, organized into the following factors:

My Self: **Who I am as a result of my unique heredity, life experiences and decisions.**
My World: **Where I work, live, socialize, belong or connect.**
My Dreams: **How I want my life (self and world) to be.**

CQL recognizes that large-scale adaptation of a person-centered approach to Basic Assurances® and quality of life assessment is strengthened by an evidence-based quality model. To that end, we established the *Personal Outcome Measures®* Database in 1993. The database now contains data collected during interviews with over 6,400 individuals receiving services from CQL Accredited organizations, between 1993 and 2006. These organizations are not a random sample of the disability service system. They are instead a group of highly motivated service/support providers who have adopted the principles and practices of the *Personal Outcome Measures®*. They represent a range of community service providers delivering residential, vocational, service coordination, case management and other supports, and are found across the United States in small rural communities, as well as suburban and metropolitan areas.

During the CQL Accreditation process, individuals with disabilities meet a CQL staff member for a personal outcomes interview and follow up is done with others who know the person best to further evaluate the presence of outcomes and supports for each person. People in the CQL database represent the range of intellectual and developmental disabilities, as well as mental illnesses.

CQL has studied and published findings from the data in peer-reviewed journals (see references below). We have demonstrated and reported on the validity of the *Personal Outcome Measures®* as an instrument and the reliability of the review and interview methodology.

This is one of series that reports key findings from the CQL National *Personal Outcome Measures®* Database. We encourage readers to consider the lessons learned from our data in the movement toward a meaningful quality of life for people with disabilities in community.

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References

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[2] CQL (2005). *Social Capital Index®*. Towson, MD.

[3] Putnam, R.D. and Feldstein, L.M. (2003). *Better Together.* New York: Simon and Shuster.