



The Council on Quality and Leadership

Social Capital IndexSM



*Partners in Excellence;
Leadership for the Journey.*



Social Capital IndexSM

The Council on Quality and Leadership

ACKNOWLEDGEMENTS

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MEMBER ORGANIZATIONS

American Association on Mental Retardation

American Network of Community Options
and Resources

The Arc

Autism Society of America

Brain Injury Association

Easter Seals

Mosaic

National Association of QMRPs

Self Advocates Becoming Empowered

United Cerebral Palsy Associations, Inc.

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THE COUNCIL ON QUALITY AND LEADERSHIP (CQL)

The Council on Quality and Leadership (CQL) is the recognized leader for quality of life for people with disabilities and people with mental illness, and the people, organizations and communities who support them. Through our services, publications and public presence, we establish real connections between disabilities' theory and practice, helping those who work in the disability community take the important step from innovative ideas to everyday action.

CQL is an international not-for-profit organization dedicated to being the leader for excellence in the definition, measurement and evaluation of personal and community quality of life for people with disabilities and people with mental illness.

OUR VISION

A world of dignity, opportunity and community inclusion for all people.

OUR MISSION

To provide leadership for greater world-wide inclusion and quality of Community LifeSM for all people.



SOCIAL CAPITAL AND QUALITY OF LIFE

Choice and personal control are at the heart of personal quality of life. Since its earliest beginnings, CQL's values have been grounded in promoting self-determination and autonomy. Our Quality Measures 2005SM emphasize the person-within-the-community as fully integrated with the same choices and control over decisions as anyone.

These concepts are embedded into the content of all our work. The focus of making connections to people and places and building trusting relationships promotes personal and community quality of life.

Economic, health and social science research has demonstrated how our lives are enhanced by social ties with other people — our families, friends, neighbors, social groups and co-workers. Increases in these social contacts have been associated with improved mental and physical health, lower rates of social problems and greater access to economic security. People who belong to organized social groups live longer than those who do not belong to such groups. Social ties produce reciprocity — we ask for favors or for help, knowing that we will gladly return the favor or assistance in the future. Social ties and reciprocity build trust. We believe that we can make commitments to others that will be honored and not require extensive bargaining or negotiating. The social ties and trust we develop with other people is known as social capital.

The vocabulary of social capital offers a clear and generic alternative to the specialized language of disability services and programs. Researchers have documented the psychological, economic, social, medical and educational benefits of social capital in all of our lives, including those of people with disabilities and people with mental illness, self-advocates and their families, volunteers, service and support providers, and administrators. Increasing our social capital benefits us all. With greater social capital we will live healthier and happier lives, increase our community affiliations and be able to exercise choice and self-determination. Social capital offers a common meeting point for people receiving services and supports, families, employers, employees and community organizations, both public and private.

SOCIAL CAPITAL AND CQL'S PERSONAL OUTCOME MEASURESSM

Since the introduction of the Personal Outcome MeasuresSM in 1993, CQL has asked the question: "What is the relationship between personal outcomes and the supports that make outcomes possible?" After analyzing the personal outcomes database of over 5,500 interviews with people, we are convinced that supports that emphasize social networks and trust are important factors in quality of life for people. Our Personal Outcome MeasuresSM database indicates a strong relationship between safety and freedom from abuse and neglect and continued connections to natural support systems and to close, intimate friendships based on trust and reciprocity. People who are connected to natural support networks and who have close intimate relationships are more likely to feel safe and less likely to experience abuse or neglect.

THE ROLE OF ORGANIZATIONS AND SYSTEMS

Social capital redefines the organization's role and purpose. Organizations and systems focus their services and supports on increasing people's social capital. Organizations and systems support people's social capital within the context of the community to facilitate their alliances with others and create access to generic resources. Developing trusting relationships and social ties is also important for families.

Assisting families to develop social capital within communities increases their connections to other, more generic resources.

Social capital provides an additional opportunity for leadership. Organizations, by building social capital for all employees, increase the richness of their ties to each other, their families and the community. Organizations evaluate their effectiveness by the impact they have on the social capital of their employees, as well as that of people they support.

Communities are where social capital is earned and spent. Enhancing organizational capabilities through business-to-business ties increases their credibility and reciprocity with key opinion makers and community leaders.

In short, the common unifying task for the organization is to build social capital for the community of interests it serves — people with disabilities, families, volunteers and employees. The concept of social capital simplifies the measurement of quality. After demonstrating that we can deliver the basics in terms of health, safety and security, organizations can measure the social capital of the individual, groups of people, or the whole organization. Social capital as an organizing construct goes beyond normalization, integration or inclusion because it applies to everyone. And we can use the same generic measure for all of us.

THE EVOLVING ROLE OF ORGANIZATIONS AND RELATIONSHIPS

Figure 1: Symbols



Symbol for organizations within the health and human service system that provide services and supports.

These organizations often define people as needing 24-hour care and supervision and sometimes perceive people as life-long residents and/or dependents of their organizations (such as hospitals, long-term care facilities, group homes, nursing homes, etc.).

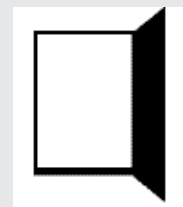


Symbol for People.



Symbol for Community.

Community will be self-defined and may include social, economic, political and/or environmental variables. Geographically, community may be small or large, such as a town, or the nation.



Symbol for bridging organizations that in addition to providing services/supports for people with disabilities, also help facilitate the inclusion of people into society beyond the boundaries of the organization itself.

The open door suggests an open system attuned to both internal quality enhancements and external environmental factors. Such organizations function as bridging structures and strive to connect the needs and desires of people with disabilities with the broader human service system and the local community.

Figure 2 describes the historical transformation of the relationship among people, organizations and community. The story begins in the not-too-distant past when human service systems focused primarily on the organizations that housed people with “disabilities” (**Step 1**). Safe, clean facilities were built and managed to care for people 24 hours a day, 7 days a week.

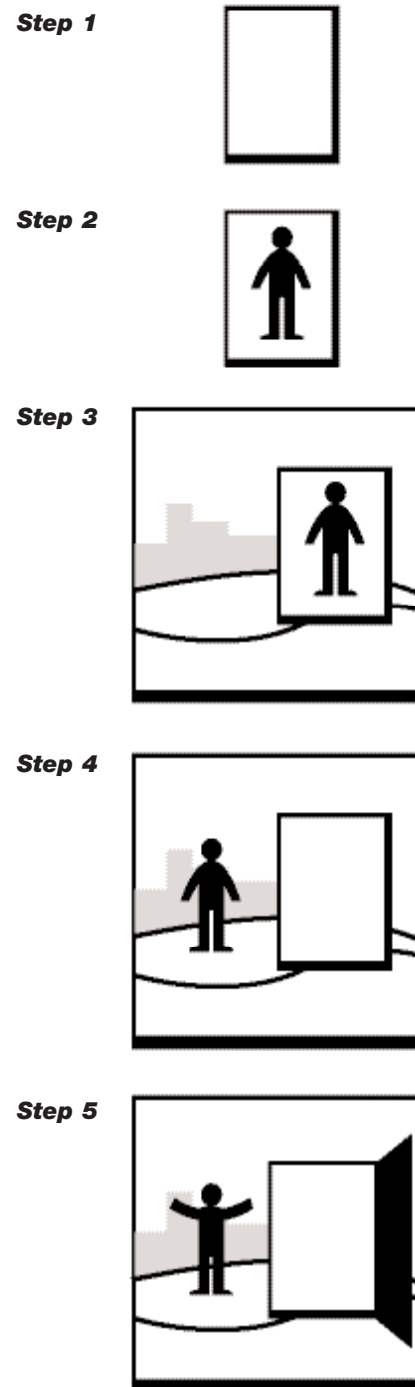
Over time, the focus shifted to the individuals who were cared for by these organizations (**Step 2**). Practitioners and policy makers wanted to know what kinds of internal processes were necessary to ensure that the needs and desires of the “clients, patients, cases or residents” were met. What kind of quality improvements and enhancements would ensure the highest quality services? How could social service and health service personnel best help “their individuals”?

With the consideration of the “person-in-the-organization” framework came the beginning realization that health and human service providers exist within the context of the broader community (**Step 3**). Each community is uniquely impacted by legislation, economic well-being and social conditions. Hence, the focus moves to people who receive services from organizations that operate within a broader community. Many service organizations now operate in this manner.

In other cases, however, as support personnel begin to see community context as integral to enhancing a person’s quality of life, some individuals step out partially or fully from the confines and purview of organizations and live more inclusive and interdependent lives (**Step 4**). A person, for example, may live in a group home setting and work at a job in the neighborhood that leads to new friendships, socialization/recreational activities, and some degree of economic freedom.

Step 5 depicts organizations that facilitate and maximize social capital and community supports. These organizations both enable individuals to realize their personal outcomes and respond to community factors that impact people with disabilities.

Figure 2



MEASURING SOCIAL CAPITAL

Social capital is important to people, organizations and communities. The relationship between social capital and quality of life has been well documented. Researchers have measured the impact of social ties on several aspects of personal quality of life. It is precisely because of this relationship that it is important to measure social capital. CQL's Personal Outcome MeasuresSM data indicate a significant relationship between health and safety and strong social ties. Our personal quality of life is enhanced when we are connected with others.

Clear and simple methods to measure other forms of capital exist. We know how much money we have in the bank. Organizations can measure actual versus budgeted expenses. And communities know whether they have a surplus or deficit of economic capital.

We also measure human capital. Human capital is the sum of our education, and personal and professional experience. Evidence of our accomplishments in these areas is included on resumes, diplomas, trophies, certificates and awards.

We can employ a simple, clear way of measuring social capital using a subset of CQL's 21 Personal Outcome MeasuresSM. Our Personal Outcome MeasuresSM are a valid, reliable measurement tool. (Gardner and Carran, 2005). Decisions made using this tool are based on interviews conducted by staff reliable in its use and measurement.

CQL's Personal Outcomes interview process forms the basis for our data set. People's narrative and stories lead to decisions about the presence of personal outcomes. From the decisions about certain personal outcomes, we can make inferences about social capital.

Eight of the Personal Outcome MeasuresSM are related to social capital:

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

These eight outcomes are about connections we have with others. Measures of intimacy, friendship, natural supports and our community connections are indicators of social capital. Being respected is a sign that you are being treated by others with dignity and your worth is valued. These Personal Outcome MeasuresSM, similar to the research data about social capital, are closely tied with health and safety.

“Some networks link people who are similar in crucial respects and tend to be inward-looking — bonding social capital. Others encompass different types of people and tend to be outward-looking — bridging social capital. Both bonding and bridging social networks have their uses. Bonding social capital is a kind of sociological Super Glue, whereas bridging social capital provides a sociological WD-40.”

Putnam et al., Better Together (2003), pg.2.

THE SOCIAL CAPITAL INDEXSM

A factor analysis of the eight Personal Outcome MeasuresSM resulted in the identification of two factors. (Cade, Carran and Gardner, 2006) We named the two social capital factors, Bonding and Bridging.

Bonding social capital is what we have with people who are similar to us and who are already part of our social circle. Bridging social capital is the type we have from our relationships with others who are less like us and who exist outside our typical social circle.

Bonding

- People have intimate relationships.
- People participate in the life of the community.
- People have friends.
- People are respected.
- People are connected to natural support networks.

Five personal outcomes make up the Bonding factor. These outcomes are entry points for developing social capital. They are related to our current world and the people and places we already know. They represent the initiation of bonds that make social capital more likely. They are the glue that holds us together.

Bridging

- People live in integrated environments.
- People interact with other members of the community.
- People perform different social roles.

Three personal outcomes make up the bridging factor. They represent the connections we have to the world around us beyond the confines of who we already know, where we already go and what we already do. They represent potential for increased social ties and connections. They are the WD-40 of social interactions.

Put together, these eight personal outcomes represent a broad range of possible entry points to earning social capital. Measuring their collective value enables us to make inferences about the level of social capital for organizations, people and communities. These inferences from the social capital index can facilitate change at the organizational and community level.

USING THE SOCIAL CAPITAL INDEX**Gathering the Information**

Using the information gathering methods as written in our *Personal Outcome MeasuresSM 2005 Edition (CQL, 2005)*, we discover information about each of the eight items that make up our Social Capital IndexSM. We talk with people and those who know them best. We spend time with them where they live, work and enjoy their leisure time. We get to know how they define each outcome, as well as their current situations. Then we can make decisions about the presence of each of these outcomes in their lives. (See *Personal Outcome MeasuresSM 2005 Edition* for tips on interviewing.) We compile the information from all the people interviewed to get data for the Social Capital IndexSM.

Using the Information

Organizations and systems use the Social Capital IndexSM in many different ways. As a subset of the Personal Outcome MeasuresSM, it is a means for organizations and systems to concretely emphasize and communicate their commitment to social capital. Organizations or systems may also analyze the score alone and determine what needs to change to increase social capital. In this way, the Social Capital IndexSM serves as its own baseline and as an ongoing evaluation of an organization's or system's social capital.

The Social Capital IndexSM is also used to compare the organization's or system's score to other data sets within the organization/system. These data sets include the cost of services, location of supports, intensity of people's needs and other data incorporated into an integrated quality management system. The relationship between social capital and these other data sets provide a new and different way of viewing the organization's or system's function, purpose and mission.

Organizations and systems also use Social Capital IndexSM data to focus attention on community factors such as education, transportation, employment, health-care and housing that are impacted by the presence or absence of social capital. These factors are not just issues that affect people with disabilities, but all community members.

The Social Capital IndexSM, in conjunction with and correlated to these factors, are powerful tools for supporting community change.

When organizations as a whole have a wealth of social capital, others see them as valued resources. As their value increases, so does their influence. Their leadership and involvement become integral to the success of the entire community. No longer isolated, organizations become a bridge to their communities: the cost of the “toll” paid in the currency of social capital.

Organizations may find it useful to reference national averages as benchmarks when sorting out the various uses of the Social Capital IndexSM. Using our Personal Outcome MeasuresSM data we know the following:

- **the national average of the eight Personal Outcome MeasuresSM in the Social Capital IndexSM is 60%**
- **the national average of outcomes present for the Bonding factor is 64%**
- **the national average of outcomes present for the Bridging factor is 53%**

Be cautious, however, in using any “average” and applying it to organizations. The average is just that — the mix of all the data that results in the score many people would achieve. It does not mean organizations that are average are “good”. Use the national averages to get an idea of where your organization, system or group fall in general, and what changes take place over time.

CONCLUSION

We know social capital is an important currency. Before determining what actions are needed to build social capital networks, organizations need a way to measure where they are now and use that data to facilitate change. CQL's Social Capital IndexSM provides the vehicle for organizations and systems to measure their social capital. Once measured, organizations work to increase it. This ultimately fulfills the mission of organizations to become a bridge to the community.

All people, including people with disabilities and people with mental illness, live better lives with increased social ties. Social capital, as an organizing principle, takes our thinking beyond organizations and programs. It requires organizations, formal and informal, large and small, to be responsible for building networks and connections for all their constituents. And we can best build social capital in communities — not within organizations and programs. Walls and barriers between people with disabilities and people with mental illness, families, volunteers, employees and the community disappear as less formal structures replace the traditional hierarchies, job descriptions and program structures.

DATA PRESENTATION

Column one lists the eight personal outcomes that make up the Social Capital IndexSM broken into the two factors of Bridging and Bonding. The second column includes a space for you to list the number of people for whom each personal outcome is present with sub-totals and percents for each factor. The third column includes a space for you to list the number of people in the sample. The last two rows are the grand total of Personal Outcomes present and the resulting Social Capital IndexSM score reflected as a percentage.

Sample Social Capital IndexSM chart and calculations

N = numerator D = denominator

Personal Outcome	People with Outcome Present (N)	People in Sample (D)
a. People have intimate relationships.	10	13
b. People participate in the life of the community.	9	13
c. People have friends.	8	13
d. People are respected.	7	13
e. People are connected to natural support networks.	6	13
f. People live in integrated environments.	6	13
g. People interact with other members of the community.	5	13
h. People perform different social roles.	4	13
Total	55	104
Social Capital IndexSM	N	D
Sum of items a–h	55	104
$N/D = 55/104 = 52\%$		
Bonding Social Capital	N	D
Sum of items a–e	40	65
$N/D = 40/65 = 61.5\%$		
Bridging Social Capital	N	D
Sum of items f–h	15	39
$N/D = 15/39 = 38.4\%$		

N = numerator *D* = denominator

Personal Outcome	People with Outcome Present (N)	People in Sample (D)
a. People have intimate relationships.	} <input type="checkbox"/>	} <input type="checkbox"/>
b. People participate in the life of the community.		
c. People have friends.		
d. People are respected.		
e. People are connected to natural support networks.		
f. People live in integrated environments.	} <input type="checkbox"/>	} <input type="checkbox"/>
g. People interact with other members of the community.		
h. People perform different social roles.		
Total		
Social Capital IndexSM Sum of items a–h N/D = / =	N	D
Bonding Social Capital Sum of items a–e N/D = / =	N	D
Bridging Social Capital Sum of items f–h N/D = / =	N	D

Below is a table that displays the national averages from CQL's database, It provides space for your aggregate data (benchmarks). There is also a space for other organization's or system's benchmarks as another form of comparison. Comparing a variety of data sets is helpful in obtaining a larger view of how your organization's or system's benchmarks relate to other's.

SOCIAL CAPITAL INDEXSM BENCHMARK COMPARISONS

Social Capital	National Data	Organization/ System Data	Other Data
Social Capital Index SM	60%		
Bonding	64%		
Bridging	53%		

REFERENCES:

Cade, A., Carran, D. and Gardner, J. F. (2006) "Social Capital Index Factor Analysis." Towson, MD: CQL.

CQL. (2005) "Personal Outcome Measures, 2005." Towson, MD: CQL

Gardner, J. F. and Carran, D. (2005) "Attainment of Personal Outcomes by People with Developmental Disabilities." Mental Retardation, 43(3), 157-174.

Putman, R. D. and Feldstein, L. M. (2003). Better Together. New York: Simon and Schuster.

Quality Measures 2005SM

Quality Measures	Factors
SHARED VALUES	<p><i>Shared Values around People</i></p> <ol style="list-style-type: none"> 1. Dignity and Worth 2. Legal and Human Rights 3. Self-Determination and Choice <p><i>Shared Values in the Community</i></p> <ol style="list-style-type: none"> 4. Community Settings 5. Social Capital <p><i>Shared Values of the Organization</i></p> <ol style="list-style-type: none"> 6. Community Partnerships 7. Shared Leadership 8. Continuous Learning 9. Open Communication 10. Continuous Improvement
BASIC ASSURANCESSM	<ol style="list-style-type: none"> 1. Rights Protection and Promotion 2. Dignity and Respect 3. Natural Support Networks 4. Protection from Abuse, Neglect, Mistreatment and Exploitation 5. Best Possible Health 6. Safe Environments 7. Staff Resources and Supports 8. Positive Services and Supports 9. Continuity and Personal Security 10. Basic AssurancesSM System
RESPONSIVE SERVICESSM	<ol style="list-style-type: none"> 1. Person Focus 2. Community Focus 3. Strategic Focus 4. Accountability Focus
PERSONAL OUTCOME MEASURESSM	<ol style="list-style-type: none"> 1. My Self 2. My World 3. My Dreams
COMMUNITY LIFESM	<ol style="list-style-type: none"> 1. Quality of Community LifeSM Data, Information and Analysis 2. Organizational Role 3. Community LifeSM Initiatives



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