

## Social Capital – the Real Route to Inclusion

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*"Good questions help us become both curious and uncertain, which is always the road that opens us to the surprise of new insight"*

Margret Wheatley

Disability is a broad-based issue that affects some 50 million Americans. It relates to either physical, cognitive, sensory, or emotional challenges that get in the way of everyday life realities. These disabling issues can be either overt (obvious) or covert (hidden); they can be congenital (at birth) or acquired somewhere down the life cycle. In fact, if you live long enough you will certainly experience a disability. With all of this in mind, disability is a powerful phenomenon that affects all ages, nations, peoples, and experiences, and statistically, one out of every five people in the United States are so challenged.

Many of these people; men, women, and children, are recipients of services and programs - thousands of programs, that are run by private groups (both profit and nonprofit) as well as government entities. In fact, some estimates suggest there are over 100,000 agencies and programs around the United States that offer some focused programs directed towards people with disabilities. I understand this, because I am associated with such an organization. UCP/CLASS is a nonprofit entity in Pittsburgh, PA serving some 3,000 men, women, and children with all types of disabilities in our community.

For my organization and the thousands like it around North America (or around the world) are focused on trying to meet the needs of the people we are chartered to serve. For the past 36 years of my association with UCP/CLASS we have been attempting to listen to the men, women, and children we serve and help them get to their goals; and in all my years as a service provider, I have been working to create opportunities for these goals. Here is what people with disabilities (or their families) have told me they wanted:

1. Meaningful things to do in their lives. For most of these folks it has been to get a job. Indeed, vocational rehabilitation has been the primary goal for most individuals with disabilities for many years.
2. Safe and affordable places to live – housing. Many people with disabilities have experienced institutionalization and would like to live in the greater community.
3. Opportunities for transportation in and around their communities. The availability of means to be an active part of their community rather than to be stuck at home.
4. The development of friendships and relationships in the community. Everyone wants and needs friends.

As a service provider, responsible to the consumers of our program and their families, it is important to take a look at these goals and to measure how well we have done. In fact, any organization that wants to be successful should (must) make sure that their customers are satisfied – that they are achieving their goals.

In looking closely at these goals, especially with the data we now have, the overall results on these goals, on whole, are not very good. Certainly people we have served are better off than they were when we met them, but in the larger scheme of culture and community, have not really been assimilated. This is not only tragic, but in some way suggest a travesty in rehabilitation. Look at the data on each goal:

- 1 Jobs - national data suggests that people with disabilities remain among the most highly unemployed and financially destitute cohort in America. While the national unemployment rates hover around 10%, upwards of 70%, clearly 2/3's of the close to 40 million working age people with disabilities are unemployed.
- 2 Housing – for most people in the US, the ultimate goal for housing is home ownership. In fact, studies shows that upwards to 68% of adults over the age of 18 own their own home (or live with someone that does). For adults with disabilities, only 6.1% own their own home. The vast majority of people with significant disabilities live in some long term living arrangement sponsored by some human service agency, or in their family home relying of relatives for their primary attendant support.
- 3 Transportation – for most people in the US, transportation is addressed through privately owned vehicles. For people with disabilities, both owning, and operating a vehicle is often out of the question. This leaves public transportation, or rides from friends/family as the primary recourse. Most people reading these words know that public transportation is often not available or not accessible for most people with disabilities. Saddest of all, is that family and/or friends are also not often available.
- 4 Friends – perhaps the greatest failure in disability outcomes is the lack of friendships and significant relationships. In fact the social isolation and disconnection for people with disabilities is something that any professional in the field can tell you about, but has never been examined in any focused way. This is a powerful statement in and of itself.

As I have been thinking about this failure, in all 4 of these goals, what has become clear to me is that if you look for ways to enhance outcomes in any of these areas comes back to this 4th listed goal - friends and relationships - social capital. Consider this:

- Most people get jobs via their social capital. In fact, one recent study found that 71% of respondents to a survey reported that they got their first job though a friend or family member. In fact, we all know that the best way to get a new or better job is though your social networks – your social capital. Certainly, even if you find a job on your own, you still need to list references – friends that will vouch for you. Social capital is closely tied to vocational success, not only in getting, but in keeping a job as well. Most people lose jobs not because they can not do the work, but because they have difficulty fitting into the social fabric.

- Housing is another area where social capital is critical. Most people reading these words are probably living with someone they chose from their social network. In fact, social capital is an absolute for people – no one, unless they are in an institutional model, live with someone they have not chosen. Yet, most people with disabilities find themselves in housing “programs” where their roommates are selected for them by an agency, program, or case manager.
- Lastly, transportation is closely aligned with social capital. Unless you are poor, or institutionalized you ride in your own car, or if your car breaks down, with your friends.

Clearly the more social capital you have the better your chances for getting a job, finding someone to live with, and getting a ride. Social capital is directly related to the key goals that people with disabilities report they want from the systems. But there is more.

If you push the outcome discussion to a higher level, and think about the most important quality of life indicators known to people in general, we find that social capital is directly connected as well. When sociologists ask people to identify the most important thing they want for the people they love, the top three answers are – health, happiness, and longevity. These three things, health, happiness, and longevity are the highest measures of life success - for all people.

To this same point, studies over the past 40 years show clearly that the key to health, happiness, and longevity are all enhanced by our social capital – the relationships in our lives. Quite simply the more relationships in your life, the healthier you are, the happier you are – and listen to this – the longer you live.

So the facts are clear – the very things that people with disabilities want from the human service system can and are enhanced by social capital – yet the very notion of social capital has not at all been embraced, or understood by these very systems that relates to people with disabilities. As stated earlier, we don’t even know the extent of social isolation (except in anecdotal ways) that people with disabilities experience.

So what does all of this mean for us? Clearly, if we want to see people with disabilities more successful in community outcomes, we must start with a shift in perspective and consider the power and potency of relationships. To this extent, I recommend the following key actions/energies:

- We have to shift from a micro perspective where we look at the dysfunctions of disability and begin to understand and build competence in the macro notion of community. All people have things that make them engaging. Let's stop trying to "fix" people, and connect them via their affinities.
- We need to define community and understand the key elements related to community building. Most of us in human services give lip service to community, but have not really explored the elements, notions, and aspects associated with it. We must try to shed our "clinical bent" and think more anthropological.
- We must appreciate that all social capital starts with basic affinities and commonalities that people have. These affinities, or cultural commonalities, are the first step to community and

relationships. When people begin to embrace that which is common, they begin to dismiss the differences that can get in the way.

- We need to explore community and find the places of association where people share their affinities. All communities are rich in assets and opportunities. We all want to gather around the things we like, and these gatherings offer the start point for our social capital.
- We need to gain competence in how communities operate. This means understanding that all communities that meet on a regular basis and have rituals, patterns, jargon, and a shared sense of history. These elements are key things that can play an instrumental role in someone becoming a "part of the mix."
- Finally, and maybe most importantly, we must understand the cultural power of the gatekeepers who create the segue for newcomers to enter existing communities. All of us have experienced gatekeepers - people in our life who have welcomed us, and shown us the ropes when we entered a new community or group.

All of these actions demand a new framework for human services in and of themselves, and we should become students of this information. Suffice it to say, that the single most important action any program or service that purports to serve people with disabilities must do is to focus actions on having people build more social capital.

Over the years we have put much time, energy, and money into services for people with disabilities. Yet, the data suggests that we have not significantly moved the needle on community outcomes for the very people we serve. We must be bold enough to face these failures, and to have enough strength to move our actions from our current programs, to a focus on social capital and the actions that will build social capital. Until we do this, we will continue to fail the very people that we serve.

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