Accessing Social Capital
Implications for Persons with Disabilities

A White Paper

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The National Gateway to Self-Determination (SD) is a consortium of University Centers for Excellence in Developmental Disabilities (Missouri, Kansas, Oregon, New York, Illinois) in partnership with a National Self-Determination Alliance (including self-advocates, families, and numerous national partners). The overall goal of this project is “to establish a sustainable, evidence-based training system that enhances self-determination training programs that lead to quality of life outcomes for individuals with developmental disabilities throughout the lifespan.”

There are a number of important beliefs upon which this SD initiative is founded. They include:

- SD is best considered in the context of a social-ecological framework
- Development of SD is a lifelong process
- Scaling-up SD training activities must occur within an evidence-driven framework
- The development of SD is a means to obtaining an improved quality of life
- People with developmental disabilities must be equal partners

The purpose of this White Paper is to fill existing gaps in the SD literature related to these beliefs. For more resources on self-determination, please visit the National Gateway to Self-Determination website: [www.aucd.org/ngsd](http://www.aucd.org/ngsd).

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Recently, researchers across the social science disciplinary spectrum have embraced the concept of social capital (Moody & Paxton, 2009; Portes, 1998). As a generic concept, social capital refers to a set of relationships and social ties, with organizations and to individuals, that can expand one’s choice-making opportunities, increase one’s options, and lead to a more enriched quality of life. There is no undisputed definition of social capital that is broadly accepted. Definitions of social capital vary considerably since researchers often include within them expressions of their disciplinary goals, their views about where social capital originates or resides, or how its service capacity can be changed (Robison et al., 2002). However, there is an emerging consensus that social capital, at its core, comprises a set of relationships and social structures. These relationships and social structures are based in trust and norms of reciprocity, which in turn are governed by values and/or rules of law. Articles published in the past 25 years on the construct of social capital largely divide into two groups: a) those that view social capital as an attribute of the individual and b) those that view it as an attribute of groups and/or the larger community (Portes, 2000).

In our view, social capital exists at both individual and societal/community levels in the same way as other forms of capital (e.g., economic, political, cultural) that are accessible to multiple layers of society. The focus of this white paper is primarily upon the individual—specifically, on individuals with disabilities and their families and how social capital operates in their lives. For our purposes herein, social capital is defined as follows: …the personal and collective power of people with disabilities and organizations to further their full inclusion within the community, to access social support networks, and to increase their quality of life (Walker,
et al., in press). At the individual level, social capital is informal in nature, is characterized by trusting relationships and is heavily influenced by the norms and values existing within particular family and friendship networks.

A fundamental, core value at the heart of social capital is trust; that is, the trusting of others within one’s social network and trusting of those whom your friends trust. Other important values associated with social capital include having friends and allies who are on your side, developing connections to others who can help you, and being of assistance to others (Gardner, Ward, & Weintraub, 2010). Individuals with high levels of social capital are expected to work toward the common good of everyone in their community or network. Social capital is strongly connected to self-determination in that it gives the individual the power to make decisions, have choices and adds control and direction to one’s life.

Based on the social capital literature we have identified three key elements in the development of social capital as follows:

1. Family / parent participation and advocacy in the lives of people who are just developing their own social capital repertoires are vitally important. Research shows that like other forms of capital, social capital is often transmitted from parent to child (Bordieu, 1986).

2. Social capital involves developing and sustaining as many peripheral social ties as possible. Peripheral ties of this nature are often the most important when accessing opportunities outside one’s bonded or primary social network.
3. Connecting to and/or joining important social structures (i.e., volunteer organizations, churches, advocacy associations, work related groups, etc.) is of critical importance in accessing friendships and different social support networks. Individuals not only gain personal social capital in this process but also accrue the benefits of these groups’ larger pools of social capital.

A preeminent need for people with developmental disabilities in particular is to achieve a higher quality of life; a life that includes family, friends, associates and community engagement. In our view, a crucial mediating variable for achieving a higher quality of life involves the development of social capital. While the three steps highlighted above apply to all people, we argue that a special emphasis should be placed upon using them to develop social capital for people with disabilities. As Portes (1998) has observed, social networks are not a natural given; they require effort and must be constructed through multiple investment strategies.

**Definitions and Types of Social Capital**

There have been numerous attempts to define social capital in the social science literature and to classify or subtype it into divergent forms during the past several decades. These efforts have been useful in developing a terminology that allows investigators to describe differing components and types of social capital. However, they have produced only minimal levels of unanimity and conceptual clarity.

For example, the sociologist Pierre Bourdieu (1980, 1985), who provided the first contemporary analysis of social capital, saw it as a resource to be used by the *individual*. 
However, as social capital was exported from sociology to other disciplines, a transformation occurred wherein social capital came to be regarded as an attribute of the community itself. Putnam (2000) refers to social capital as the “glue” that holds a community together. Broadly considered, Putnam’s definition of social capital emphasized connections within a community. That is, social networks and norms of reciprocity and trustworthiness that arise out of these networks can produce connective benefits whose impact accrues to individuals, in the form of greater productivity, better physical and mental health, and a more enriched lifestyle as well as to the collective welfare in the form of reduced crime rates, lower official corruption, and better governance. Because it has instrumental value, Coleman (1988, 1993a, 1993b) has argued that social capital is a source of social control that helps guarantee the observance and enforcement of values and norms through rule-governed forms of behavior. Coleman defined social capital as involving a variety of entities having the common feature of a social structure that facilitates individual or collection action.

As noted above, researchers across the social science disciplinary spectrum have embraced the concept of social capital (Moody & Paxton, 2009; Portes, 1998). While these various disciplines have utilized this construct for different purposes, “the consensus is growing in the literature that social capital stands for the ability of actors to secure benefits by virtue of membership in social networks or other social structures” (Portes, 1998, p. 6). At the community level, social capital exists in at least three forms: bonding, bridging, and linking. In the large majority of cases, the impact of these forms of social capital ultimately register as a positive influence in the lives of individuals with disabilities. Bonding forms of social capital are
“by choice or necessity, inward looking and tend to reinforce exclusive identities and homogeneous groups” (Putnam 2000, p.22). Bridging social capital refers to “networks of association, wherein the differentiating principle of shared social identity, similar origins, or status positions in society play no necessary role in determining membership” (Szreter, 2002, p. 576). Lastly, linking social capital refers to networks and institutionalized relationships among actors who know themselves to be unalike and unequal in their access to resources (Woolcock, 2000; 2003). These three forms of social capital are described in greater detail below.

**Bonding Social Capital**

Putnam (2000) was the first to introduce the notion of bonding vs. bridging social capital. For example, support groups, local neighborhood associations, and advocacy organizations provide bonding, social capital opportunities for their members. People may also access bonding social capital through their ethnic, cultural, or racial identities. Group identities are “influenced by the whole range of complex, politically-negotiated ideas about social identities and by individuals’ own interpretations of their paths within this forest of meanings” (Szreter, 2002, p. 576). The benefits of friendship and trust an individual with a developmental disability receives through participation in a advocacy organization is an example of bonding social capital.

Participation in a group bonds an individual with every other individual in that social community, reinforces specific reciprocal relationships, and mobilizes solidarity. Groups with established bonding social capital also have the potential to provide access to resources and opportunities that a single individual cannot attain—the social action of the group benefits the
individual members. However, while bonding social capital can be critical to survival in times of economic stress, it can lead to the “exclusion of outsiders, excess claims on group members, restrictions on individual freedoms, and downward leveling norms” (Portes 1998, p. 15). Further, it can exclude others from the benefits of group membership and in some cases it can exacerbate conflict (Grootaert and van Bastelaer, 2001, p. 19). A potential antidote to these negative outcomes is bridging social capital.

**Bridging Social Capital**

While bonding social capital constitutes a “sociological superglue” bridging social capital, in contrast, serves as a “sociological lubricant” (Putnam 2000, p. 23). Putnam describes bridging social capital as being “better for linkage to external assets and for information diffusion” (2000, p. 22). Szreter notes further that bridging social capital refers to “networks of association, wherein the differentiating principle of shared social identity, similar origins, or status positions in society play no necessary role in determining membership” (2002, p. 576). In short, bridging social capital represents an understanding by individual groups or communities that, through a collaborative relationship, they are better able to secure benefits for themselves and their individual members. Bridging social capital involves relationships between social networks comprised of heterogeneous groups or populations. As an example, when an organization that is made up of all people with disabilities connects with an organization that shares the same values but is comprised of advocates for the aging population, the social capital of both organizations is increased.
Linking Social Capital

Michael Woolcock (2000, 2003) furthers the discussion of social capital as an attribute of a community. Linking social capital refers to networks and institutionalized relationships among agents who know themselves to be unalike and unequal in their access to resources. Adding the category of linking social capital to bonding and bridging enables an analysis of networks and institutionalized relationships that form across the state-civil society divide and across other dichotomies such as “public: private, formal: informal, and rich: poor” (See Szreter 2002). Thus, it allows analysis of the power and influence of the patterns of social relationships in a polity (ibid.). Lastly, Szreter argues that the concept of linking social capital is “analytically fruitful” because it leads to practical questions “about politics, ideologies, moral values, the role of the state, and the conduct of power relations in the unequal world we face” (p. 581). In the world of disability, linking social capital occurs when an organization that does NOT have the same values or goals as one comprised of only people with disabilities links with a self advocacy group as a means of increasing the opportunities for both organizations.

Key Dimensions of Social Capital

Our understanding of the construct of social capital is built around two key dimensions: scope (societal and individual) and form (structural and cognitive). The relationships and social structures that constitute social capital are governed by institutions of the state, the rule of law, social and/or cultural norms, and values (Grootaert & van Bastelaer, 2001). Ideally, social capital in all its dimensions is characterized by communication between and empowerment of all actors (Narayan & Cassidy, 2001).
At the individual level, social capital is generally less formalized and is influenced by the norms and values within family and friendship networks which are characterized by trust. Theoretically, individuals with high levels of social capital will work toward the common good of everyone in their community. Social capital at the various societal levels (national, state, local, organizational) is accessed through institutionalized relationships governed by the rule of law or contracts. Given the emphasis on the rule-of-law in relationships between communities, trust becomes less important. However, social capital is difficult to access in macro-level relationships if philosophies of governance are too divergent. For example, among nation states, it is difficult to form bridging or linking forms of social capital if the parties involved do not agree on critical issues such as human rights, freedom of speech, or economic policy.

The various kinds of social capital (bonding, bridging, linking) intersect at different levels. Actors (individuals or communities) use their membership within specific social networks or structures to secure benefits within the limits set forth by rules of law, norms, and values (Portes, 1998). As Bordieu (1980, 1985) first recognized, actors can trade social capital for other forms of capital following a prescribed set of rules, both written and unwritten (Franke, 2005, p. 8). The case studies below provide illustrative, real life examples of how social capital can operate in producing valued outcomes in the lives of individuals, families and organizations.
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Case Study Illustrations of Social Capital In A Disability Context

Social capital is not often discussed in disability studies, yet it has the potential to play an important role in the lives of individuals with disabilities who are at high risk of being marginalized and experiencing diminished self-determination (Trainor, 2008; Field et al., 1998). The four case studies that follow highlight the various dimensions of social capital discussed above. We start with two case studies that demonstrate how social capital is earned and then used by individuals with disabilities. The last two case studies demonstrate the power of social capital at group and community levels.

Social Capital at the Individual Level

Greg. Greg is a young man with down syndrome who grew up in Emporia, Kansas. He was mainstreamed in school and was allowed to attend classes until he was 21 years of age. He passed his courses with a general equivalency certification. At the age of 21 Greg attended graduation and was ready to go to work. He did not really know what he wanted to do at work, but there was a young man next door named Alex who had also just graduated from high school. Alex had gotten a job as a stocker at Wal-Mart. Although Greg and Alex grew up next door to each other, and were friends, they did not associate much with each other anymore. Alex would sometimes take Greg down to the YMCA on Saturdays. One Saturday, when Alex picked Greg up, Greg asked Alex how he got his job. Greg said that he would like to have one also. Greg told Alex that he had talked to his guidance counselor at school and hadn’t had much success in getting assistance from her. She suggested he talk to someone at Vocational Rehabilitation, but didn’t do much more to support Greg.
Alex said that his dad knew the manager at Wal-Mart and that he (Alex) had gotten the job that way. Alex said that he would ask his boss if there were any openings and he would also mention it to his dad. Alex was considered a very good worker at Wal-Mart and even though it was a lower level job he was well respected by his boss. The next Saturday, Alex came over to pick up Greg; he said “We’re not going to the Y today. We’re going to Wal-Mart. My boss wants to meet you.” Greg met Alex’s boss, and his boss said “Alex thinks you could be a very responsible worker.” Greg replied that, yes, he thought he could be a responsible worker also, and would love to try the job. He was hired and he worked very hard for his boss and as a way of thanking his buddy Alex for getting him the job.

Mary Ann. Mary Ann is a 40 year old woman with mild CP living in a group home. She has no immediate family and limited friends outside of the people in the group home. She keeps to herself and is not active in the community or in a church. Mary Ann has just learned that she has breast cancer. She has shared this information with some of the staff in the group home, and some of the people she lives with. She is afraid, and feels pretty isolated. In her recent person-centered planning meeting, one of the staff members suggested that she find a cancer support group. This was also supported and suggested by her doctor. Because of the advice from both her doctor’s office and her staff at her group home, Mary Ann decided that maybe they were right, and she would try out a support group at the local breast cancer clinic. Through this support group, Mary Ann met Claire, who was a breast cancer survivor and the mentor assigned to Mary Ann through the support group. Claire began to visit Mary Ann regularly and accompanied her to the hospital to discuss her treatment and recovery program.
Claire soon became that personal support that Mary Ann didn’t have in a family member. Claire went with Mary Ann to be fitted for a wig, and also was able to connect her with a support group at Claire’s church and to help find caring people to help her through this process.

**Social Capital at the Community Level**

The collective social capital of groups, communities, or organizations, makes it possible “to speak of the ‘stock’ of social capital possessed by communities and the consequent structural effects on their development” (Szreter, 2002). Disability advocacy groups provide an example of organizations that have a “stock” of social capital. Within these groups bonding social capital between members rests upon a shared identity or history. These groups also have access to bridging social capital with other organizations, as well as linking social capital with governmental agencies or corporations. The following case studies illustrate the different types or forms of social capital that exist for disability advocacy groups.

**Self Advocates Becoming Empowered.** Self Advocates Becoming Empowered (SABE) formed a national organization in 1990 at Nashville, Tennessee which was designed to represent self advocacy groups from across the nation who had the shared belief that people with disabilities have the same rights as others to make informed choices and decisions about their lives. This coalescing strengthened the voice of self-advocates from being a fragmented, ineffective network of local and fledgling state organizations into a more powerful, united organization with national impact.

The SABE organization is now an established 501-C3 Not-for-profit Corporation. Its board of directors is comprised of people with developmental disabilities who are quite diverse.
in their experience and professional backgrounds. Board members are usually well known self-advocate leaders in their respective communities, serve on the boards and committees of other disability organizations, and are closely affiliated with local government, state, and federal agency efforts to implement and shape policy, programs and oversight of developmental disabilities initiatives across the nation.

Since the SABE organization formed in 1990, it has provided technical assistance to state and local self-advocacy efforts and has sponsored 10 national conferences which have served to increase its social capital and fueled a successful, national advocacy movement. SABE held a national conference for 1000 people with disabilities in 2010 with the primary theme of increasing the social capital of people with developmental disabilities throughout the United States.

However, it should be noted that the influence and efficacy of SABE as a national advocacy organization has fluctuated over the years. Often, SABE increases its social capital through linking relationships with individuals having power in professional organizations and the public sector. In this exchange, SABE’s involvement also strengthens the work and/or credibility of professional organizations. Through this linking social capital, SABE has been involved in several projects with federal funding agencies (e.g. the Administration on Developmental Disabilities including Project Vote, a National Training Initiative on Self-Determination and Family Support projects, the Corporation on National Service, and Social Security Administration’s Ticket to Work program). SABE has partnered with the disability organizations and universities involved in their work on these projects. Recent examples
include: Easter Seals, AAPD, Portland State University, University of Missouri-Kansas City, Syracuse University, University of Georgia, Community Options, Arc Link, and Robert Wood Johnson Foundation.

**SABE Joins the Consortium for Citizens with Disabilities.** As an organization, SABE has historically faced challenges in staying involved and active in shaping policy and legislation for people with disabilities. SABE leaders have had to rely on their connections in Washington, DC to speak and advocate on their behalf. One important step recently taken by SABE to increase its involvement as well as social capital in Washington, DC was participating in the Alliance for Full Participation. Building on this involvement, in 2006, SABE joined the Consortium for Citizens with Disabilities (CCD), a DD advocacy coalition based out of Washington, DC which is comprised of over 300 organizations that lobby and advocate for people with disabilities within congress and the federal government. This is an example of successful bridging social capital but SABE needed support to become a CCD member (senior staff at the Association for University Centers on Disabilities negotiated their membership) as well as additional support to remain active members. Because the SABE leaders were able to work with other CCD disability organizations, SABE had a stronger voice in shaping the agenda for Disability Policy Seminars (e.g. authoring DD Act reauthorization recommendations for Self Advocacy Information and Training Centers that all Seminar attendees took to Capitol Hill) as well as increased involvement with legislative efforts in congress, such as the ADA Reauthorization Act of 2007 and the CLASS Act. Through these bridging opportunities and connections, SABE was also able
to co-sponsor two Presidential Forums, one in New Hampshire and the other in Ohio, which were among the first disability specific forums held for presidential candidates.

**Discussion and Recommendations for Research and Practice**

Each of the above case studies represents a different example of how social capital operates in the lives of people with disabilities and the organizations representing their interests. Collectively, they demonstrate that expanding the social relationships of individuals with disabilities and connecting them to important social structures enhances their opportunities to make choices and decisions that influence their quality of life. Social capital puts them in contact with the supports that enable them to live more self-determined lives. It follows that their ability to live self-determined lives is compromised if they do not have adequate social capital. For example, Trainor (2008) notes that among students with a disability, who are in the midst of postsecondary transition, a lack of social capital can negatively affect their transition outcomes. She even questions whether students with disabilities have the necessary social capital to access the services of school guidance counselors.

In the lives of individuals with disabilities, there are two situations where social capital clearly operates. These are within formal and informal support networks. What we see at play in Greg’s example is the use of informal support networks to acquire a job. Although it was not known by Greg, Alex’s father also spoke to the manager at Wal-Mart. He mentioned that he watched the young man grow up and described how Greg was always working around the yard, was very easy to get along with, and was responsible. The social capital that Greg had acquired
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from living in a neighborhood and having a friend next door are important elements for informal support networks. Greg’s story provides an example of an instrumental action (Lin, 1990) whereby an individual trades his social capital for another type of capital, in this case, economic capital.

While Greg’s case demonstrates the power of informal networks, Mary Ann’s demonstrates the importance of formal networks in helping people with disabilities to develop social capital. Her relationships with formal organizations such as her group home and doctor’s office put her in touch with a breast cancer support group. This group in turn helped her to develop a personal relationship which was instrumental in the success of her therapy and her coping strategies for dealing with the effects of that therapy. Through Mary Ann’s case we once again have an example of an instrumental action where someone with only limited social capital is able to use it (trade it) to improve her quality of life.

The description of SABE provides examples of both bonding and linking social capital. In the beginning, SABE was a homogenous group that by necessity was largely inward looking and thus unable to truly have a voice in what other national disability advocacy organizations were able to do through partnering with other, more established organizations to increase their leverage via bridging social capital.

Through the group’s bridging efforts vis a vis social capital, SABE was able to achieve access to resources and opportunities that a single individual or local and state groups would not have been able to attain. The case study of SABE joining CCD is an example of bridging social capital. Bridging social capital represents an understanding by individual groups or communities that
through a collaborative relationship they are better able to secure benefits for their organization and their individual members (Szreter, 2000). SABE, with the support of advisors and other leaders in national disability organizations, recognized that there is power in such collaborative partnerships and that they couldn’t participate as effectively in shaping the policy and legislative process in Washington, DC on their own. The important distinction between this type of relationship (bridging social capital) and the type SABE has with the federal government and decision-makers (e.g. the Shriver/Kennedy families) is that there is not a power disparity between these organizations. They serve similar constituencies and they are not trading their social capital with one another. Rather, they are combining their social capital to collectively advocate for people with disabilities. As is often the case when organizations and/or communities use their social capital, the benefits accrue to all of society. In this case, people who were not members of SABE were able to benefit from their work in strengthening local and state self-advocacy efforts to increase the quality of life for all people with developmental disabilities in their communities.

SABE’s case also provides an excellent example of linking social capital. As SABE leaders developed chapters in cities across the United States and SABE became a recognized national organization, their social, political, and cultural capital grew. As a result, SABE became an important national force in promoting issues of full inclusion for people with developmental disabilities. This enabled the organization to “link” to and work closely with professional organizations, federal agencies and other decision makers having well-developed social capital in the disability field (such as the Shriver/Kennedy family). This is an example of a relationship
in which agents who know themselves to be unalike and unequal in their access to resources partner with other organizations to produce needed social change. This example of linking social capital allows us to better understand the power and influence of the connections and relationship that SABE has developed over time.

These case studies demonstrate that there are good reasons for people with disabilities, and those who care about and advocate for them, to be concerned with social capital. Putnam (2000) has further identified additional reasons based on his research. For example, he conducted a series of studies throughout the United States in order to measure the social capital of each state and the resulting benefits that accrue to citizens of those states. He found that there is a positive correlation between social capital and civic tolerance. In the United States, citizens from “high-social-capital states are far more tolerant of civil liberties and far more committed to racial and gender equality than citizens of low-social-capital states” (Putnam, 2000, pp. 355-356). It is not a stretch to believe that this same tolerance may be extended to people with disabilities. In fact, Trainor (2008) indicates that students with disabilities often have low social capital due as much to their racial/ethnic status and socioeconomic background as to their disability status.

Putnam (2000) found that social capital and economic equality often go together. Again, the states with the highest levels of social capital were more likely to be characterized by economic equality (ibid., pp. 359-360). Further, personal income was distributed more equally in high-social-capital states whereas the low-social-capital states had the largest gaps between rich and poor (ibid.). Potts reports that people with disabilities typically face extraordinary
obstacles in finding employment, one of which is the lack of social capital development in vocational programs (Potts, 2005).

Finally, Putnam (2000) also found that states with the highest social capital had higher levels of civic equality, meaning people from different social classes are equally likely to attend public meetings or lead local organizations. This sort of bridging social capital is rare between and among organizations representing people with disabilities. Gotto (2009) found that within indigenous villages in Southern Mexico, where men with intellectual disabilities participated in civic activities, they experienced a much higher quality of life than their counterparts who did not participate. The key to civic participation for these men was a set of natural supports provided by family and friends.

**Social Capital and Self-Determination**

Self-determination is also related to social capital at an individual level which, in turn, can increase collective capital and improve the perception of people with disabilities as a population in the United States. Individuals who possess a significant amount of social capital, as a rule, have the resources, leveraging capacity, and natural community supports necessary to achieve greater inclusion and a better quality of life as well as the ability to advocate for others with disabilities who may not have the ability to do so themselves. Social capital can lead to a more emotionally satisfying lifestyle, create more diverse choices, and allows for greater autonomy in decision-making—elements that are critical to realizing greater self-determination in one’s life. This relationship between social capital and self-determination is a major focus of the ADD-funded National Training Initiative on scaling-up self-determination as well as the 2010
National Self-Advocacy Conference held in Kansas City, Missouri during September, 2010.

Recommendations for further research and analysis on this important relationship will emerge from these efforts.

The notion of causal agency is central to the construct of self-determination. Broadly defined, causal agency means that it is the individual who makes or causes things to happen in his or her life. A frequent misinterpretation of self-determination is that it simply means “doing it yourself.” When self-determination is interpreted in this way there is an obvious problem for people with more significant disabilities, many of whom may have limits as to the number and types of activities they can perform independently. However, the capacity to perform specific behaviors is secondary in importance to whether one is the causal agent (e.g., caused in some way to happen) over the outcomes they are intended to achieve. Thus, a person with a significant cognitive disability may not be able to “independently” (e.g., alone and with no support) make a complex decision or solve a difficult life problem. To the extent that appropriate supports are provided, that person is enabled to act as the causal agent in the decision-making or problem-solving process and to become more self-determined.

The above description further highlights the connection between social capital and self-determination. The more supports (e.g. friendships, community connections) that are available to individuals with DD, the more likely it is that they will have the necessary resources, support, and leverage needed to cause things to happen in their lives.
Conclusions

An overarching goal for people with developmental disabilities is to achieve a higher quality of life. One key mediating variable for achieving a higher quality of life is the development of social capital which undergirds and supports self-determination. As noted at the beginning of this paper, we have identified three key elements from the social capital knowledge base that we believe are essential to the development of strong social capital among populations of individuals having disabilities. We briefly revisit these steps below.

Family and/or Parent Participation

Family and/or parent participation and advocacy in the lives of people who are just developing their own social capital are vitally important. Parent and/or family participation is inextricably linked to the development of social capital, particularly for youth who are transitioning into adulthood. Bourdieu (1986) pointed out that capital of all kinds is transferred from parent to child. Trainor (2008) notes that family participation affects a student’s ability to gain social capital through their school. If parents do not participate in school activities it severely limits a student’s ability to access the social capital available through this setting. This means that the student with a disability may be losing access to valuable post-secondary opportunities that set the life course of the individual. Horvat and colleagues (2003) found that parents typically intervened on behalf of their school-aged children to access effective teachers and receive required services. At the same time, teachers act as gatekeepers who mediate social capital resources for children (Lareau & Horvat, 1999). This highlights the importance of
family members helping their child with a disability identify those important “gatekeepers” and assisting them in developing relationships that will increase their access to social capital.

**Develop and Sustain Peripheral Ties**

As we noted earlier, peripheral ties in a social network are often the most important when accessing opportunities outside a person’s bonded social network. Thus, it is extremely important for individuals with disabilities to develop relationships with individuals in the larger community, outside the family. For youth with disabilities, relationships with resource-bearing adults helps socialize them into shared norms, encourages the development of meaningful social roles, and prepares them for leadership roles within their local communities and larger society (Jarrett, et al., 2005, p. 42). One way to develop these relationships is to involve people with disabilities in service learning programs to help develop community inclusion and by extension social capital.

**Connect With Important Social Structures**

In this process, individuals not only gain personal social capital but also accrue the benefits of the groups’ larger pool of social capital. For example, the people with disabilities who were members of ADAPT, SABE, and NCIL developed important individual relationships through their association with this group. They also benefited from the actions of these groups in the form of improved laws, regulations, education opportunities, and employment to name just a few. Additionally, individuals with disabilities need to make connections with those social structures that provide access to support services (e.g., food stamps, employment incentive programs, and medical coverage). This is particularly important for adults with disabilities.
because many of the agencies and organizations that serve them maintain eligibility criteria, unlike the entitlement criteria established in the IDEA Act for school-aged children and youth in which school personnel are legally required to provide them with services (Trainor, 2008). Thus, individuals with disabilities and their family members need to be taught how to actively seek services from agencies.

While the three steps highlighted above apply to all people, we argue that special emphasis should be placed on using these steps to develop social capital for people with disabilities. We re-emphasize here the importance of the observation by Portes (1998), i.e. that social networks are not a natural given but must be constructed through systematic effort and the development of appropriate investment strategies. To fully realize the potential benefits of social capital for persons with developmental disabilities, it is essential that systematic steps be taken to operationalize this construct in a way that creates a path for developing strategies to access and increase it.
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References


