Social Capital During the Postsecondary Transition for Young Adults with High Incidence Disabilities

By Audrey A. Trainor, Ph.D., Mary Morningstar, Ph.D., Angela Murray, Ph.D., and Hyejung Kim, M.A.

Social capital, relationships, and networks among people who share resources with one another, is essential to the successful transition into adulthood for all individuals—with or without disabilities. Social capital is particularly valuable for youth with disabilities because it has the potential to create access to other forms of capital as they face challenges specific to disability and interact in the adult worlds of employment, postsecondary education, and community. This article will discuss how young adults with high incidence disabilities are connected to social networks as part of their transition to adult outcomes, including employment, postsecondary education, and community life. It concludes with implications for promoting positive social networks to improve adulthood.

POSTSECONDARY OUTCOMES

A number of postsecondary outcome studies provide clues about the lives of young adults with disabilities and offer a glimpse of access to social capital for these young adults. Despite positive changes such as lower dropout rates and increased postsecondary enrollment rates for youth with disabilities over the last decade (Wagner, Newman, Cameto, & Levine, 2005), room for improvement still exists. In our secondary analysis of the National Longitudinal Transition Study-2 (NLTS2), a nationally representative, longitudinal database of postschool outcomes for youth with disabilities; we focused on youth identified as having high incidence disabilities: attention deficits (ADHD), learning disabilities (LD), and emotional/behavioral disabilities (EBD). The results of this study serve as the basis for our discussion and recommendations regarding the importance of social capital.

Completing high school, enrolling in college, and participating in the workforce all provide opportunities for enhancing social capital. Unfortunately, youth with high incidence disabilities struggle in these domains. For example, rates of high school completion for adolescents with LD and EBD are 75% and 56%, respectively. Rates of postsecondary engagement (i.e., participating in one or some combination of employment, postsecondary education, or job training) in the first few years out of high school, also indicate need for improvement. Nearly 87% of youth with LD were engaged in either one or a combination of these postsecondary domains, while the same was true for only 66% of youth with EBD (Wagner, Newman, Cameto, Garza, & Levine, 2005). Less is known about the outcomes specific to adolescents with ADHD because that disability group was not separately designated within NLTS2; however, we included this group in our analysis.

As Halpern (1985) noted, happiness and life satisfaction go beyond achievements such as going to college and having a job. Another important indicator of success is community participation; being connected and involved in one's community strengthens one's social capital. Across all disability categories within the NLTS2 reports, positive indications of involvement during the first couple of years post-high school were found, such as, 64% were registered to vote and 46% volunteered or engaged in community activities. Negative indicators included comparatively high levels of involvement with criminal justice systems: 35% of males with disabilities and 19% of females reported having been arrested; 20% of these men and 8% of these women had spent the night in police custody (Wagner, Newman, Cameto, Garza, & Levine, 2005). Within eight years after high school, over 75% of young adults with disabilities reported seeing friends on a weekly basis; however, 11% reported never seeing friends informally (Newman et al., 2011). Given that decisions to partner or have children make one's social networks more dense, it is important to note that only 13% of the NLTS2 respondents reported being married, a rate lower than that of their peers without disabilities (Newman et al., 2011), and 18% became parents.

THE IMPORTANCE OF NETWORKING AND SOCIAL CAPITAL

One way to improve transition outcomes for adolescents with high incidence disabilities is to strengthen their development of social capital (Trainor, 2008; Trainor et al., 2012). Whether through employment, postsecondary education, or community involvement, knowing people-and lots of them-from different segments of the larger community is critical to getting and maintaining these opportunities. Members of social networks share multiple types of cultural capital, including tangible and material goods (e.g., a book required for a course, a car, or a ride to work), intangible resources (e.g., the news of a job opening before it is published, the name of an important decision maker in the hiring process), and symbolic stores of information, customs, values, and dispositions (e.g., how to dress for a college interview, how to handle conflict with a supervisor). Social and cultural capital go hand in hand; social capital is comprised of people and their networks that provide both direct access to resources or indirect access through



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information or economic resources. Social capital, in particular, is a source for generating both additional cultural capital and networks that are essential to community engagement.

For youth with disabilities, a barrier to social capital may be closely linked to the disability itself. First, adolescents who have high incidence disabilities may experience associated perceptual, sensory, and other process-oriented developmental differences that present challenges to the development of interpersonal relationships foundational to social capital. Second, adolescents with high incidence disabilities may receive services in separate settings, particularly when they exhibit behaviors that are deemed to warrant suspension or removal from the general population of students or academic needs that require highly individualized interventions. These settings may limit the number of peers and teachers with whom adolescents with disabilities meet and interact. Additionally, these settings may change the quality of social interactions. Third, the stigma associated with having a disability may also expose individuals with disabilities to prejudice and social rejection, diminishing social opportunities for young adults with high incidence disabilities. Links between social capital and postsecondary outcomes are neither direct nor easy to measure, and a person's access to social capital is often associated with their access to economic and cultural capital.

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A SECONDARY ANALYSIS OF NLTS2 DATA

For this article, we have focused on descriptive data from the NLTS2 specific to young adults with high incidence disabilities. Most participants were between 19 and 27 years old. Our first step was to extract a sample of adolescents who met the high incidence disability criteria of having a primary disability identification of ADHD, LD, or EBD. This resulted in a sample of slightly more than 1250 adolescents, from the more than 11,000 adolescents in the NLTS2. Table 2.1 provides a description of the sociodemographic characteristics of our sample.

The NLTS2 includes data gathered over time, from many sources (e.g., parents, adolescents, and teachers), using multiple instruments (e.g., interviews, surveys, direct assessments, and transcripts). We identified variables that illustrated social capital, such as relationships between people and certain adult outcomes. For example, employment and postsecondary enrollment indicate young adults' opportunities to meet coworkers and fellow students; to interact, to communicate; and to participate in the community. We examined several variables pertaining to employment, postsecondary education, living arrangements, and engagement in social activities.

RESULTS

To what extent have young adults with high incidence disabilities obtained postschool employment and enrollment in any type of postsecondary education? For the majority of young adults with high incidence disabilities, postschool employment was an attainable goal. In fact, nearly two-thirds of these young adults were employed approximately 1–5 years after high school. Fully 92% of young adults with high incidence disabilities had held some type of job since high school. Most common jobs held by these young adults included those involving physical labor (e.g., construction, food service, janitorial, car care, and distribution). Other employment categories included records clerk, retail sales, and personal care. About half of the sample had been or was currently enrolled in postsecondary educational programs, some of whom enrolled in more than one setting, including vocational and technical schools (29%), 2-year (39%) and 4-year (13%) postsecondary institutions.

Because dense connections boost social capital, one important indicator is the relationships young adults with disabilities have with other people at work and in postsecondary settings. Social capital can be developed through informal networks such as peers and families, as well as through professional connections that are common across employment and postsecondary settings. For example, electing to disclose one's disability status, or seeking eligibility for services such as career counseling, as well as accommodations (e.g., tutoring, modifications to the work environment) provide supportive knowledge and skills (i.e., cultural capital). Such connections expand social networks by increasing young adults' networks of experts and peers. For instance, young adults with disabilities may extend their peer network through a study group discovered through the disability services office,

Table 2.1 Sociodemographic Characteristics

Demographic Characteristics	Unweighted Percent (n=1250ª)	Weighted Percent
Gender		
Male	73	67
Female	27	33
Age		
19	10	9
20	23	25
21	23	20
22	27	27
23	17	19
Disabilities		
LD	37	81
EBD	35	15
ADHD	28	4
Ethnicity		
White	75	70
African American	14	16
Hispanic	10	13
LD		
White	68	69
African American	15	15
Hispanic	15	14
EBD		
White	70	68
African American	17	21
Hispanic	10	9
ADHD		
White	86	83
African American	9	12
Hispanic	<5	<5

Note. Data in this table are from Wave 4 of the NLTS2.

^aThe unweighted sample size was rounded to the nearest 10 to follow the federal guidelines for the use of restricted data required by the Institute of Education Sciences (IES).

Table 2.2 Connections to Adult Services

Adult Services	Weighted Percent	
Employment Services (N=1000)		
Help learning to look for a job	13%	
Help finding a job	12%	
Job skills training	11%	
Career counseling	11%	
Testing for work interests and abilities	10%	
Job shadowing	9%	
Training in basic skills	6%	
Apprenticeships/internships	6%	
Postsecondary Accommodations (N=70)		
More time taking tests	97%	
Note taker in class	34%	
Special use of calculator	28%	
Early registration	22%	
Tutor	19%	
Different setting to take tests	16%	
Different assignments	14%	
Support group for students with disabilities	12%	
Books on tape	10%	
Additional time to finish assignments	8%	
Note. The total percentages do not sum to 100 because participants could choose multiple answers or skip the question.		

or expand their connections through work, such as the career counselor who passes along knowledge of a disability-friendly employer. Table 2.2 notes the types of employment-related services and postsecondary accommodations that young adults with high incidence disabilities sought and received (e.g., 11% received career counseling). Other connections to service providers such as vocational rehabilitation counselors were evidenced in the percentage of young adults who received employment-related assessments (10%) and job skills training (11%). Only 9% and 6%, respectively, connected directly with employers through job shadowing and apprenticeship/internships.

According to the NLTS2 data, young adults with high incidence disabilities received services from multiple providers. When participants indicated they received supports, vocational rehabilitation (16%) or other agencies (24%) were most frequently identified as the providers of employment services. Employers were identified as providers among 14% of participants seeking support. As well, Job Corps instructors (7%) were reported to have provided employment-related supports. In addition, among those students who sought employment supports, 20% received help from a family member.

Within postsecondary settings, a large percentage of students who reported receiving supports did so outside of those offered by the postsecondary setting (33%). NLTS2 did not ask who delivered accommodations in postsecondary settings; however, the range of accommodations (presented in Table 2.2), indicates that young adults seeking assistance discussed arrangements directly with faculty and/or specialists from the office or center providing services to postsecondary students with disabilities. In addition, the use of note takers and tutors was high (34% and 19% respectively), thereby implying connections with adults and peers in academic supportive roles. It is interesting to note that for another item in the survey, students reported receiving help within coursework that was not necessarily a formal accommodation, and about two-thirds (67%) of them reported using a tutor. This would indicate a more informal and personal approach to seeking support.

What are the postschool living arrangements for young adults with high incidence disabilities? Maintaining a household independent of one's parents is a potential indicator of independence. While living arrangements cannot be a proxy for social capital, they provide an indicator of relationships that are foundational to social capital. Up to five years after high school, 58% of young adults with high incidence disabilities remained at home, living with their parents or other relatives and thus maintaining proximity to kinship-related social capital. Thirty-six percent lived on their own, either with peers, a spouse, or alone, with the remainder living in dorms, military barracks, or other congregate-type settings. While living alone can be an indicator of social isolation, more information is necessary to better understand whether this subgroup maintained social capital with the larger community. The majority of the sample in this study were single (75%), with 25% married or in committed relationships.

What are the postschool hobbies, activities, and opportunities for peer interactions of young adults with high incidence disabilities? These young adults engaged in a variety of activities in their free time, some solitary and others in the company of family, peers, and acquaintances. Figure 2.1 depicts how the respondents described their activities that were occurring outside of work and school. Spending time with family and friends, hanging out, and participating in sports were among the most popular ways for the youth to spend free time. Among the activities young adults with high incidence disabilities identified, many noted spending time watching TV, using the computer, and other hobbies that likely involve limited interaction with others. Further analysis is needed to ascertain whether young adults with high incidence disabilities spend more or less time than their peers without disabilities engaged in solitary activities, thereby limiting their opportunities to build social capital and, by extension, higher quality of life outcomes.

DISCUSSION

Despite improvements over time, our secondary analysis of the NLTS2 data continues to demonstrate that successful transitions to employment, postsecondary education, and engagement in community elude some youth with high incidence disabilities. Because this population comprises over half of all youth who receive special education services, addressing their transition needs comprehensively is important. As the field moves away from dichotomous indicators of success (i.e., employed/not employed; in school/not in school) and concentrates on multidimensional markers of quality of life, including the role of social capital, we will be able to decipher a more nuanced view of quality of life outcomes. From this perspective, the major domains of physical and material well-being, performance of adult roles, and personal fulfillment can take a more centralized role in the promotion of positive outcomes for youth with high incidence disabilities.

Social capital offers a necessary foundation for generating support that has the potential to increase community engagement and postschool success. Indeed, understanding how young adults with high incidence disabilities seek supports and services, as well as how they utilize their informal social networks, provides essential information about social capital and its role in promoting increased quality of life outcomes in employment, postsecondary education, and community engagement.

Results from this analysis have implications for both research and practice. Related to further research, our results suggest further



identification of the types of social networks and the methods by which these develop is necessary. Such research would support the theory that social capital is an essential ingredient of postschool success (Bates & Davis, 2004). For example, we must better understand the extent to which young adults' with disabilities connections to formal services and informal social networks predict higher rates of postsecondary completion or movement to high status employment outcomes with greater potential for professional development, income, and benefits. Such results could be used to develop or enhance transition interventions that foster the development of social capital.

The inclusion of the dimension of social capital can extend not only the definition of postschool outcomes, but describe and align student experiences within the demands and domains of adult life (Halpern, 1985). As defined by Bates and Davis (2004), social capital is constituted from social networks, as well as society's norms of trust and reciprocity. In this way, developing research and practice in this area may also facilitate culturally responsive approaches to transition education. Responding to the range of strengths and needs evidenced by the racially, economically, and linguistically diverse U.S. school population is a priority (Trainor et al., 2008). Trainor and colleagues (2012) have argued that new approaches are needed within transition interventions for engaging a broader segment of a student's network as well as the community at large in ways that draw on local assets, build new partnerships, exchange information, and generate novel and locally feasible solutions that will lead to successful adult outcomes. Our preliminary results would lend some credence to the importance of such expanded approaches, given that social networks and relationships were identified across critical adult outcome domains. In practice, this may require ratcheting up the focus on person-centered and strengths-based planning approaches, as well as facilitating natural supports and networks for increasing students' social capital prior to exiting high school.

A multidimensional, interactional, and longitudinal view offers the field a more complex and robust understanding of postschool outcomes over time. We would argue that increasing social capital should improve adult outcomes. For example, increasing social supports, networks, and relationships on the job will promote improved employment indicators (e.g., number of hours worked, salary increases, promotions, and inclusion of health benefits). This in turn will establish opportunities for job satisfaction that then may impact other aspects of one's life, such as moving to a nicer place to live, having surplus funds and time for social activities, establishing interpersonal relationships, and an overall increase in life satisfaction. Results of such analyses have the potential to augment the field's current understanding of predictors for success and significantly influence critical features of interventions more likely to produce positive outcomes. Ultimately, this would lead to the development of practices that are responsive to the needs of those youth who are among the most vulnerable to barriers impeding their quality of life. ->>>



Audrey Trainor Mary Morningstar Angela Murray Hyejung Kim

Audrey A. Trainor, Ph.D. (aatrainor@wisc.edu), is an associate professor in the Department of Rehabilitation Psychology and Special Education at the University of Wisconsin-Madison. Her research interests include adolescents with learning and emotional disabilities, the transition into adulthood, and issues of diversity and equity in special education. Mary Morningstar, Ph.D., is an associate professor in the Department of Special Education at The University of Kansas, and director of the Transition Coalition. Angela Murray, Ph.D., is a research associate and lecturer at The University of Kansas. Hyejung Kim, is a doctoral student in the Department of Rehabilitation Psychology and Special Education at the University of Wisconsin-Madison.

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