



UPENN COLLABORATIVE ON
COMMUNITY INTEGRATION

**COMMUNITY INTEGRATION AND
MEASURING PARTICIPATION**

**Mark Salzer, Ph.D.
Richard C. Baron, M.A.**

UPENN Collaborative on Community Integration

**University of Pennsylvania School of Medicine
Philadelphia, Pennsylvania**

November 2006

Suggested citation: Salzer, M.S., & Baron, R.C. (2006). Community integration and measuring participation. Philadelphia, PA: University of Pennsylvania Collaborative on Community Integration. Available online at www.upennrrtc.org.

Salzer and Baron define community integration (CI) as the opportunity to live in the community, and be valued for one's uniqueness and abilities, like everyone else. They further specify that opportunity needs to occur in the following "community integration domains": Housing, Employment, Education, Health, Leisure/Recreation, Spirituality, Citizenship, Social Roles, Peer Support, and Self Determination. Salzer and Baron propose a conceptual framework, referred to as the "Roadmap to Recovery," in which increased opportunity in these domains will result in a greater likelihood of participation (activity) in each domain, increased sense of presence in the community, and ultimately increased well-being and recovery.

From a measurement standpoint success in promoting community integration should be seen in the following areas, referred to as "Community Integration Outcomes":

- 1) Objective measures of opportunity (observable changes in barriers or availability of increased supports in the various domains)
- 2) Subjective measures of opportunity (person perceives they have increased opportunity in the domains)
- 3) Participation (activity in the various domains)
- 4) Presence (perceived connection and engagement in the community however they define community)
- 5) Well-being (quality of life)
- 6) Recovery (living a satisfying, fulfilling, and hopeful life)

The next few pages specifically focus on strategies for measuring Participation in each domain based on the following principles and dimensions.

- 1) Location of activity: Participation that takes place outside of institutions or agencies decreases segregation, increases the extent to which people have an opportunity to interact with others who do not experience disabilities, and increases the extent to which people are participating in ways similar to persons who do not experience disabilities. The dimension is Institution/Agency-Based participation versus Community-Based participation.
- 2) Self-determination: CI promotes opportunities to make decisions about what one does with their day to the same extent as other people in the community. Participation that reflects individual choice in selecting the activity and initiative in engaging in the activity. The dimension is Staff-directed participation versus Person-directed participation.
- 3) Mainstreamed interactions: CI promotes increased interactions with persons who do not experience disabilities. The dimension is the extent to which the participation primarily promotes interactions with other persons who experience psychiatric disabilities

(separation) versus participation that primarily promotes interactions with other persons who do not experience disabilities (association).

- 4) Benchmark activity based on sociodemographic characteristics: Salzer and colleagues (Draine et al., 2002) have argued that sociodemographic characteristics, especially poverty, likely play a much larger role in how people with mental illnesses live in the community than the mental illness they experience. Benchmarks regarding activity, such as employment, income, graduation rates, housing condition, etc., should take these factors into consideration when determining success in promoting community integration. For example, the benchmark for % of people who are competitively employed should be set at the rate for people with similar sociodemographic characteristics (e.g., low education level, limited job skills) which, for the sake of argument might be 50%, rather than 75% employment that might be found for the general population. Similarly, we would expect the quality of independent housing that people live in to be of the same quality as other people from a similar group.

The bottom-line would be three dimensions in which activity that falls more to the right side of the dimension would be considered to be more in-line with promoting CI. Increased participation of any kind is seen as positive regardless of where it falls on the various dimensions.

Participation Less Like Everyone Else

Participation More Like Everyone Else

Institution/Agency-Based participation----- Community-Based Participation
Staff-Directed Participation----- Person-Directed Participation
Separation----- Association

Assessing participation in each domain involves measuring participation that reflects these principles and dimensions.

Measuring Participation in the CI Domains

Below are examples of how one might go about measuring participation in each domain based on the aforementioned principles.

Housing

1. % of people who are currently homeless or live in temporary housing
2. % of people who are living in institutional settings (e.g., state institutions, community hospitals, or locked residences in the community)
3. % of people living in group settings or clustered housing under the supervision of a mental health agency (e.g., group homes)
4. % of people living independently in housing owned by an agency

5. % of people in mainstream housing that is available to anyone in the community

Employment

1. % of people who are *not working*
2. % of people working in institutionalized settings (e.g., state hospitals, sheltered workshops - with little or no contact with the non-disabled)
3. % of people working in settings under the supervision of mental health agencies (e.g., transitional employment, agency businesses)
4. % of people working in mainstream competitive work settings

Education

1. % of people who are *not participating in an educational program*
2. % of people receiving educational services within institutional/agency settings
3. % of people participating in mainstream educational programs

Health

1. % of people who are *not obtaining any health services or routine (i.e., yearly) primary care*
2. % of people receiving health care services within institutional/agency settings
3. % of people receiving health care services within the structure of mainstream health care resources

Leisure/Recreation

1. % of people who participate in fewer than 4 leisure/recreational activities of any kind per month
2. % of people who participate in 4 or more leisure/recreational activities that occur primarily within institutional/agency settings (including drop-in centers or other segregated settings)
3. % of people who participate in 4 or more leisure/recreational activities that occur outside the institution/agency setting and...
 - a. are primarily staff-directed _____%
 - i. and involve fewer than 3 other persons who experience disabilities _____%
 - b. are primarily person-directed _____%
 - i. and involve fewer than 3 other persons who experience disabilities _____%

Spirituality

1. % of people who *do not participate* in religious and/or spiritual activities
2. % of people who participate in religious and/or spiritual activities that occur within institutional/agency settings
3. % of people who participate in religious and/or spiritual activities that occur in mainstream settings

Citizenship

1. % of people who are not engaged in civic activities (e.g., registered to vote, voting, attend to public issues) or volunteering
2. % of people engaged in civic activities that occur entirely within institutional/agency settings (e.g., on-site registration drives, candidates come to setting to speak)
3. % of people engaged in civic activities that occur in the community (e.g., register to vote, voting, go see candidates, attend public meetings)
4. % of people who volunteer in the community

Social Roles

1. % of people who report that they speak with or see friends who do not experience disabilities as much as they would like to
2. % of people who report that they speak with or see friends who experience disabilities as much as they would like to
3. % of people who report that they speak with or see their parents or siblings (if applicable) as much as they would like to
4. % of people who report that they have a significant intimate relationship if they desire one
5. % of people who have children and interact with them as much as they would like to

Peer Support

1. % of people who are not involved in peer support
2. % of people who give and receive support from others with mental illnesses within an institutional/agency setting
3. % of people who give and receive support from others with mental illnesses within a consumer-operated agency or formal program (e.g., self-help/mutual-aid group)
4. % of people who give and receive support from others with mental illnesses informally in the community

Self Determination

1. % of people who report that they are involved in making treatment/services-related decisions
2. % of people who report that they make most decisions about what they do on a daily basis