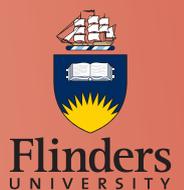


Practical Social Capital: A Policy Briefing

Companion to "Practical Social Capital:
A Guide to Creating Health and Well Being"



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About This Policy Briefing

This briefing is intended for policy makers who fund and make decisions about the availability of community based programs that intend to strengthen social capital and promote health and wellbeing. The briefing synthesises a more extensive guide (*Practical Social Capital: a Guide to Creating Health and Wellbeing*) and draws out key lessons for policy makers.

The Guide is based on three case studies of the practical application of social capital to health, arts and local government projects. It uses the lessons from these case studies to demonstrate how social capital can be a tool in interventions designed to promote health and health equity. The Guide also provides tools and resources for organisations that want to adopt a social capital approach

and reviews literature on health and wellbeing, social capital and community development and capacity building.

The case studies on which the Guide and this briefing paper are based were part of a research project funded by an Australian Research Council Linkage Grant and undertaken in collaboration with industry partners: SA Department of Health, Onkaparinga City Council and Arts SA.

Please note that quotes used throughout this publication are drawn from interviews and focus groups conducted as part of the research project.

What is a Social Capital Approach?

Based on our research we developed the following definition of social capital:

Social capital refers to the connections, trust and reciprocity between individuals and within communities, and the resources that can arise from these connections. These include employment or educational opportunities for individuals, and cohesion and a sense of safety in communities.

Robust social networks, strong community-based resources, and a strong society-wide commitment to respectful, reciprocal, trusting and equal relationships between citizens are the signs of strong social capital. Our understanding is that these are most common in communities where economic capacities and resources (economic capital) are also more equally shared. Therefore in the context of this Policy Briefing a 'social capital approach' means:

- Commitment to using social capital as a way of reducing health inequities, based on the assumption that improved social capital in a community can help improve access to economic resources and opportunities
- Community social capital building is not about reducing the amount of spending or responsibility by the state but rather requires investment and support from state agencies, with the expectation of longer term cost savings and improved population health outcomes
- Community social capital building will be most effective when the broader public policy environment reflects a commitment to social equity and the redistribution of economic resources.



Why Invest in Social Capital?

The attractiveness of social capital for policy making lies both in the generally positive connotation that is often attributed to social capital's presence in society, and in its causal role in the production of social and individual goods (Castiglione, Van Deth and Wolleb, 2008)

SOCIAL CAPITAL IS A KEY DETERMINANT OF HEALTH AND WELLBEING

Access to safe food and water, suitable housing, adequate transport and communication services, and appropriate education and employment opportunities is essential to good health and wellbeing. Health and wellbeing also benefits from participation in recreation and access to clean environments, on having sound social supports and good connection with others. It also results from living in communities which are inclusive and fair, which reject discrimination in all its forms and which strive for tolerance and the peaceful resolutions of difficulties and conflicts.

As a determinant of health and wellbeing, and also as a potential pathway to other determinants of health, social capital is relevant to a range of sectors including welfare, education, families and communities, employment, housing, urban development and planning, and justice.

SOCIAL CAPITAL APPROACH OFFERS EQUITY AND COST-EFFECTIVENESS

Our research suggests that investment in social capital can help achieve greater equity and effectiveness in governments' work with communities. Equity is advanced through provision of skills and networks required to gain access to economic capital. This requires government workers and others working with communities to have an understanding of the processes by which social capital can assist individuals and communities in improving their access to economic capital.

The cost effectiveness argument rests on the fact that prevention is generally more economical than cure. A number of participants in the case studies discussed how their mental health greatly improved due to their participation in community groups, for example. Even those suffering from psychosis and schizophrenia suggested that the supportive and non-judgmental environment in these programs had a stabilising effect on their health and wellbeing. Our case study based on the

“...The connections between people...has lots of flow-on affects for health, mental health and physical health
(mental health worker)

“ I think without social capital you don't have a community, . . . , so governments need to take it on board...I think it needs to be integral to every level of government policy
(community development officer)

“ When you find yourself on your own, you're looking for everything that you can possibly get yourself into and be involved with other people – I need that social contact - and I'm getting it and I'm happy and otherwise I don't know where I would be – probably taking tablets for depression but I'm very happy about the projects here.
(participant involved in a case study)

development of a community garden provided a clear illustration of the value of such programs as providing ongoing social support and friendships, and through this, contributing to wellbeing of everyone, even those with severe mental illness:

*Well, from the age of 15 I was so badly fenced in that I didn't care if I was in hospital or at home because even if I was at home I still couldn't go nowhere, I couldn't do nothing, I just didn't work, didn't go nowhere, couldn't do nothing...I wouldn't speak to the dog, you know, **but being well this is good, but coming here makes me more well**
(participant)*

*...they offer support to each other or you know, and it's interesting we don't label people as having a mental health issue but they will quite openly talk about their mental health, like what you know if someone's had a stay in hospital they'll talk about it and they're not stigmatised or judged or anything which is quite amazing... it alleviates by talking to people you know
(mental health worker)*

SOCIAL CAPITAL IS LINKED TO HEALTH AND WELLBEING AT ALL LEVELS OF SOCIETY

Research evidence suggests that there are important pathways linking social capital to health and wellbeing. Studies have found a relationship between social capital and general self-rated health and wellbeing as well as physical and mental health and wellbeing.

- **Individuals and their networks:** At the level of the individual, social capital (including strong social networks and social support, involvement in voluntary organisations, and levels of trust, reciprocity and belonging) has been associated with improved health and wellbeing.
- **Neighbourhoods:** There is evidence that neighbourhoods with higher levels of social capital have better health outcomes. For example, a South Australian study comparing four postcode areas in Adelaide found that the richest area had both the

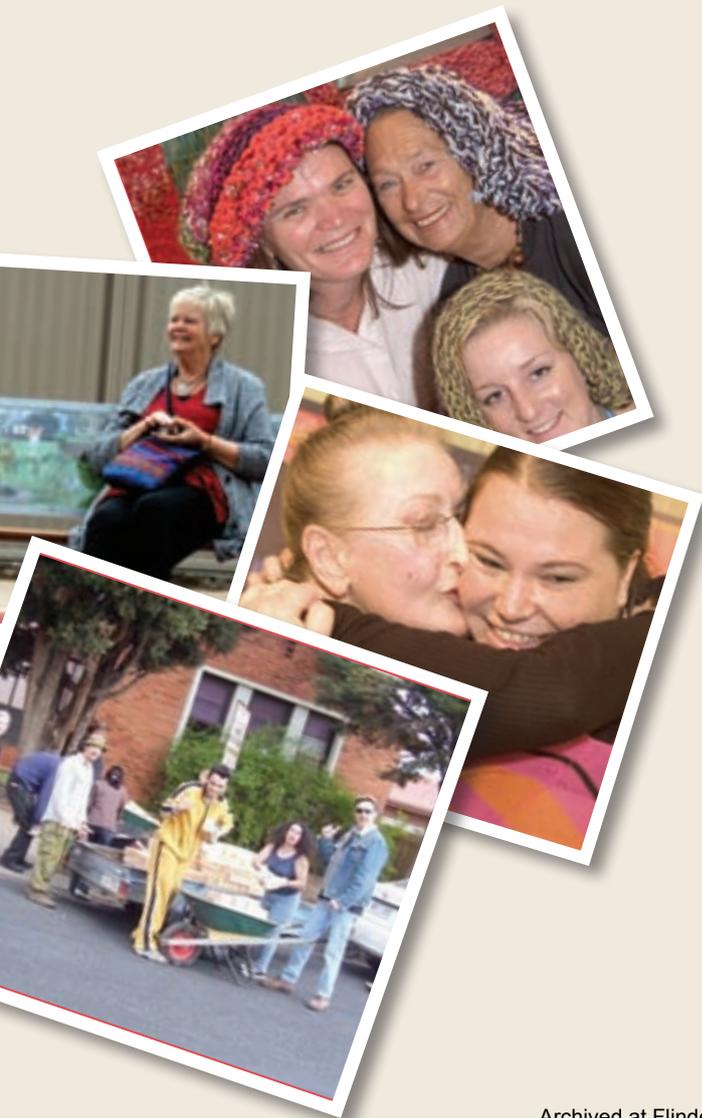
highest levels of social capital and also the best health, and the poorest area had the lowest levels of social capital and the poorest health. However, it was also found that one of the poorer areas in this study did unexpectedly well in terms of social capital and health. A possible contributor to this unexpected finding was the long term social planning process that had been integrated in the development of this area 20 years previously. Aspects of neighbourhoods that appear relevant to social capital and health at the neighbourhood level include the availability of places to meet and socialise, the socio-cultural history such as the degree of community integration and norms and values, and the reputation of an area.

- **States and nations:** Social capital at the state or national level has also been related to health and wellbeing of populations. Positive actions taken regionally or nationally are likely to facilitate community building at a more local level.

The main pathway between social capital and health and wellbeing at the community level is the way in which it leads to local pro-social norms and high levels of trust which have a positive effect on behaviour within a neighbourhood. This happens through a range of social processes such as collective socialisation, informal social control and collective efficacy (see below) which turn these assets (or deficits) into improved health and wellbeing:

- *Collective socialisation* involves 'community adults' providing important role models for acceptable behaviours. For example, the presence of employed adults in high unemployment areas can model behaviours conducive to successful employment.
- *Informal social control* refers to the ability of a community to regulate the behaviour of its members according to collectively negotiated goals. For example, adults in communities may informally regulate smoking or truancy among school-aged children.
- *Collective efficacy* is the ability of community members to undertake collective action for shared benefit. For example, residents may be able to lobby collectively to force the removal of polluting industry from residential areas.

The main pathway suggested at the individual level is through access to resources that are themselves health promoting. For example, one's social network could provide practical assistance in the form of a lift to the



doctor, a financial loan in difficult times or entry to employment opportunities through information and referral.

SOCIAL CAPITAL IS EVERYONE'S CONCERN

The case studies and the broader literature indicate that the development of social capital should be of concern to everyone in society and especially so for staff involved in the management of projects which are designed to increase social capital

One of the things I've got to say about it, is it may well be impossible without the help and support of management that understands that importance of all of that capacity building. And fortunately here I have some great managers who are very supportive. In fact influenced me greatly to carry on you know, doing those, that very role (community development officer)

The idea that health and well-being are created by the activities of the whole of society and not just the health sector has gained much greater prominence in recent years and especially since the publications of the final report from the World Health Organization's Commission on the Social Determinants of Health – *Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health*. This report recognises that while good population health is important to economic activity, providing the pre-conditions for health and wellbeing, it is also a fundamental human right. Hence there is an obligation on the part of governments to create the conditions in which all citizens can flourish. Part of this flourishing is tied up with social capital and its expression in local communities. Low social capital (especially in terms of trust, social networks and feelings of social connectiveness) also contributes to social exclusion. Therefore the efforts of government agencies to increase individual and community social capital will also increase social inclusion and, in turn, contribute to better health and wellbeing.

LESSONS FROM PRACTICE ABOUT BUILDING SOCIAL CAPITAL

Table 1 at the end of this briefing summarises valuable lessons from the case studies. These case studies provide insight into how community projects can contribute to the development of social capital. They showed that decisions and strategies introduced at different levels in

“ I think it's been really important to have the community development workers employed by the health service (community project manager)

“ It's been a fragile change but comparing them from the first day they turned up in the [program] to now, they're a different person so for me that's quite dramatic. We've changed their life. (Community Development officer, involved in a case study)

“ The relationship building was critical, you know. Like I've been to many, many seminars and stuff where you know, they, they say you don't have to be people's best friend and all of that sort of stuff, but I tell you what, it really, that connectiveness is what gives you the information that you need. The trust, the willingness for people to keep coming back (local government officer)

society have a direct impact on the ability to bring about changes in communities. Table 1 illustrates this effect by detailing the key lessons for policy and for decision makers that were identified in this research project and showing how they are crucial in enabling practitioners to work more effectively at the local level to produce better outcomes for communities and individuals.

The full Guide provides more detail of the many ways in which such projects can build a stronger sense of community, promote health and wellbeing and increase individual and collective capacity. Most importantly, it identifies factors that influence how effective these projects can be in building social capital, and demonstrates that community projects are most successful when they are part of a broader structural agenda to increase equity and population health and wellbeing

**TABLE I: SOCIAL CAPITAL
APPROACH IN PRACTICE**



For Communities & Individuals

Individuals and groups in communities develop strong networks of mutual support and social action and gain economic and other resources as a result

- Experience long term changes with positive impacts on health and wellbeing
- People in communities are part of the solution instead of being seen as part of the problem
- See lasting positive changes occur through public funding
- Community people come to recognize that meaningful change can happen

- Services and initiatives are better able to respond to people's daily lives with consistency and coherence
- Economic objectives support the achievement of equity and population health
- Provision of support services such as transport and childcare improves access to services

- Local people have good reason to become involved and stay engaged
- Relationships are built on trust and respect for each others' roles and contributions
- People have access to a variety of helpful support networks and social relationships (bonding, bridging & linking social capital)

- Best use of available time and resources
- Evaluation is directed towards learning and improving and based on an understanding of complex models of change
- People feel valued and able to work as partners in developing ideas and strategies for improving health and reducing inequities

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