

# Social capital

## **Choosing Health Briefings**

As part of 'Choosing Health?' – the national consultation on a new public health white paper – the government appointed task groups to lead on eight key themes: Better health for children and young people; Consumers and markets; Focusing on delivery; Leisure; Maximising the NHS contribution – the NHS as a whole; Maximising the NHS contribution – in primary care; Working for health/opportunities in employment; and Working with and for communities.

The HDA supported the task groups, which met during April–May 2004, with these briefing papers.

## **Background**

In 1998 the Acheson Report identified options for reducing the health gap between the better-off in society and the worst-off (Acheson, 1998), and pointed to the conclusion of Wilkinson and Marmot that 'people with good social networks live longer than those with poor networks'. The National Strategy for Neighbourhood Renewal explicitly identifies the failure to tackle the erosion of social capital as a key reason for the failure of previous regeneration initiatives.

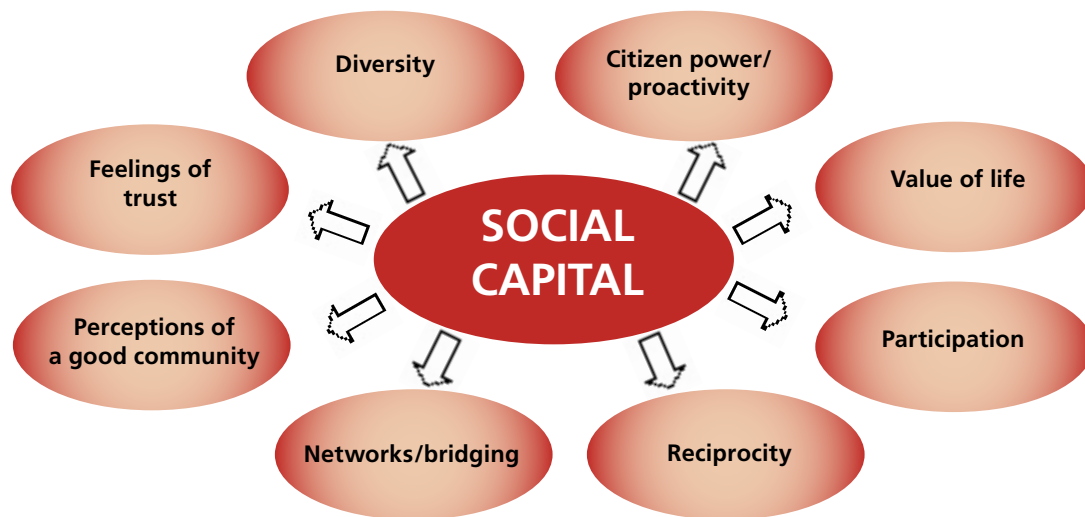
## **What is social capital?**

Social capital represents the degree of social cohesion in communities. It refers to the processes between people that establish networks, norms and social trust, and facilitate coordination and cooperation for mutual benefit (WHO, 1998). Key elements of social capital include:

- Social resources – eg informal arrangements between neighbours or within a faith community
- Collective resources – eg self-help groups, credit unions, community safety schemes
- Economic resources – eg levels of employment; access to green, open spaces
- Cultural resources – eg libraries, art centres, local schools.

Communities where social capital is abundant are often characterised by:

- High levels of trust between friends and neighbours
- Shared norms and values
- Local people engaging in civic and community life.



## Measures of social capital – General Household Survey 2000

- **Trust and reciprocity.** Over half of respondents (58%) felt they could trust most or many of the people in their neighbourhood. But people in more disadvantaged groups were generally more likely to know their neighbours and speak to them daily – but less likely to trust their neighbours, or have a reciprocal relationship with them.
- **Civic engagement.** Nearly 60% of respondents felt well informed about local affairs, but only a minority felt they could personally influence decisions in the area (26%), were involved in local organisation (21%), or had taken action to solve a local problem (27%). Seven per cent of those living in the least deprived wards were categorised as not being civically engaged, compared with 22% of those from the most deprived wards. According to the survey, 22% of people living in the East of England region felt civically engaged, compared with 14% of people in the North East region.
- **Social networks.** Two-thirds (66%) of respondents had a 'satisfactory friendship network'. But young people (aged 16–24) were three times more likely to have a satisfactory friendship network than those aged 50+.

## Social capital and health and wellbeing

- Wilkinson (1996) argues that socioeconomic inequality affects health because it erodes social capital.
- Campbell *et al.* (1999) suggest that social capital can act as a buffer against socioeconomic disadvantage by reducing the effects of a lack of economic resources.

- Cooper *et al.* (1999) have demonstrated a modest independent effect of some indicators of social capital on health, after controlling for a range of socioeconomic variables. For example:
  - lower levels of smoking were found in men and women who were most actively engaged in community life
  - women living in neighbourhoods which they perceived to be high in social capital were less likely to smoke, even after controlling for material deprivation and socioeconomic factors.

Studies from the Health Development Agency's Social Capital for Health Research Programme (Morgan and Swann, 2004) have found evidence that social capital does effect health independently of other socioeconomic indicators. However, the positive relationships that have been found are true for only some indicators of social capital, and vary according to the health outcome of interest. While some independent effects have been found, social capital has less power to predict health than other, more familiar, indicators of socioeconomic status.

## Building social capital at neighbourhood level

A large review of social interventions carried out in 1997 (Gillies, 1998) found that community-based approaches have had a significant impact on:

- Individual behaviours
- Access to services and information
- Service use
- Education
- Physical environment
- Health status.

The study concluded that successful approaches generally had the following characteristics:

- Local people involved in needs assessment, planning, management and implementation of research and action agendas
- Training and support for volunteers, peer educators and local networks
- Mechanisms for organisations to work together across professional and lay boundaries – partnerships for health
- Increased flexibility of organisations to support increased delegation or sharing of control, and a more responsive approach
- Reorientation of resource allocation to enable sustainable investment in integrated community programmes
- Local policy development and implementation
- Political visibility of commitment, locally and nationally.

The HDA's Social Action Research Project (SARP), a partnership-based study in two English cities, Nottingham and Salford, used the concept of social capital to help identify the most effective ways of involving local people to support the development of healthy communities and neighbourhoods.

SARP was set up to develop and evaluate social models of community participation for health improvement and the reduction of health inequalities, and to provide clues as to how best to build social capital at the local level. The Nottingham and Salford projects have done this by testing a range of methods for stimulating social action for health improvement at the neighbourhood level using the construct of social capital.

More particularly, the projects:

- Helped identify ways of connecting people who are less able to access services and engage in local action
- Provided a better understanding of how to improve the quality of inter-sectoral working and multi-disciplinary approaches for health improvement
- Explored the opportunities and barriers to effective involvement of local people in all aspects of planning implementation and evaluation of initiatives aiming to improve neighbourhood health.

Further details of the findings of SARP can be found at [www.social-action.org.uk/hdaresearch/research.asp](http://www.social-action.org.uk/hdaresearch/research.asp)

## Summing up the research – top ten facts about social capital from the current literature

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- It is a multi-component, dynamic concept (see figure opposite)
- There are many definitions of social capital, but most recognise the importance of positive social networks
- Social capital can be measured at individual, community or organisational level
- There are different types of social capital (bridging, bonding and linking)
- Different types of social capital may be more important to different age groups, genders and cultures
- There is some evidence that social capital has links to a range of health and related outcomes
- Social capital has less predictive value than other socioeconomic indicators, but can act as a buffer against social disadvantage
- Certain dimensions of social capital are more health-enhancing than others
- Initiatives aimed at building social capital should not be seen as an alternative to changing the structural policy drivers which can reduce health inequalities
- Social capital can have a downside – eg strong community ties can result in the exclusion of outsiders and restrictions on individual freedoms.

## Sources

For all HDA publications on social capital, see [www.social-action.org.uk/hdaresearch/research.asp](http://www.social-action.org.uk/hdaresearch/research.asp)

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## About the Health Development Agency

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The Health Development Agency ([www.hda.nhs.uk](http://www.hda.nhs.uk)) is the national authority and information resource on what works to improve people's health and reduce health inequalities in England. It gathers evidence and produces advice for policy makers, professionals and practitioners, working alongside them to get evidence into practice.

## About the Public Health electronic Library

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The Public Health electronic Library (PHeL, [www.phel.gov.uk](http://www.phel.gov.uk)) is a gateway which aims to provide knowledge and know how to promote health, prevent disease and reduce health inequalities.

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