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## **What contributions might ideas of social capital make to policy implementation for reducing health inequalities?**

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### **Introduction.**

This review considers whether and, if so, how the concept and theories of social capital might contribute to translation of policy on health inequalities into local practice. The idea of social capital is briefly introduced together with critiques. The paper goes on to assess the emerging evidence base in three areas where it might be of practical value in implementing health inequalities policy – research into social capital and health inequalities; research into social capital and community/neighbourhood governance; and research into ‘organisational’ social capital. The paper concludes with some suggestions for policy, practice and further research.

### **Social Capital : Origins and Definitions.**

Due primarily to Bourdieu (1986), Coleman (1990) and Putnam (2000), the theory of ‘social capital’ concerns the production and use of resources that are embedded in social structures and networks rather than in individuals.

Although there are earlier references, Putnam et al. (1993) noted that ‘social capital’ was introduced in Jane Jacobs incisive commentary on the failure of urban planning (Jacobs, 1965). Jacobs ties the idea of social capital to a concept of local governance (she calls it ‘self government’) and, aware of the complex and subtle interactions between the social, economic and physical systems that make up cities, to a particular idea of the role ‘neighbourhoods’ play in city life.

“If self government in the place is to work, underlying any float of population must be a continuity of people who have forged neighbourhood networks. *These networks are a city’s irreplaceable social capital.* Whenever the capital is lost, from whatever cause, the income from it disappears, never to return until and *unless new capital is slowly and chancily accumulated.*” (Jacobs 1965: 148. *My emphases*).

Across the theorists, there is common ground that social capital resides in established social relationships, their continuing use, and in conditions or socialities that spark new connections, though the degree of stability or mobility of population has not been a notable emphasis in recent work on social capital: continuity of relations is assumed as a necessary requirement for the existence and strength of social capital.

Putnam et al (1993), in a much-cited definition, sees social capital as the “*features of social life – networks, norms and trust – that enable participants to act more effectively to pursue shared objectives*”. Putnam’s emphasis on collective action as an effect of, and catalyst to,

social capital formation has been important, especially for its place in the explanation of the differential performance of collective social units. Coleman's work on social capital also emphasises its functional value, but places the emphasis on the benefits that accrue to individuals. For example, how well or poorly individuals are connected and positioned socially affects whether they receive more or less useful and timely information about opportunities to acquire, use and strengthen skills. A third, influential strand of thinking is due to Bourdieu (1986), who defines social capital as "*the aggregate of the actual or potential resources which are linked to ... membership in a group – which provides each of its members with the backing of the collectively-owned capital, a 'credential' which entitles them to credit, in the various senses of the word*" (1986, 249).

### **'Social Capital': debates and the evidence base.**

The term 'social capital', itself, is, like the term 'social exclusion' (Levitas, 1998), a portmanteau, and highly equivocal, concept. It refers to and bundles together several established concepts – trust, reciprocity/social exchange, networks and sociality, and informal organisation. While Putnam and Halpern (1999) would see social capital as a set of variables intimately related in nested, reinforcing, virtuous circles, a developing set of literatures ask, increasingly critically, where, specifically amongst the set of ideas it bundles together, social capital is located, how it might be formed, what variety of consequences flow from its presence or absence, and along what pathways these flow (see eg Portes, 1998; Foley and Edwards, 1999). Portes (1998) comes closest to clarifying the sequence of mechanisms through which social capital is generated and provides benefit. The term is highly equivocal because its different elements may be given greater or lesser weighting in any usage, and because of the sheer variety of uses to which the concept is now put.

While social capital identifies a distinct set of assets, it may also be capable of conversion or appropriation into other forms of capital – economic and cultural capital (Bourdieu; Anheier, Gerhards and Romo, 1995), or human capital (Coleman). There are different emphases placed on the location of social capital – most importantly between those who argue that resource are accessed and the benefits are appropriated by individuals (Portes, 1998), and those who give a greater emphasis to the collective nature of social capital creation, use and maintenance by social units – families, communities, social groups. As Macinko and Starfield ask "Is social capital a societal resource or an individual one?" (391).

Alongside the concern to understand the social and spatial patterning of social capital, and differential access to the benefits it brings, are also questions a) about openness of access to these resources and the degree of exclusive rather than public privilege that follows and b) about the distinctive character of social capital resources available to particular groups in society or the individuals that comprise them (eg Morrow, 1999, 2001 on children; Muntaner, Oates and Lynch, 1999 on 'working class' communities). Finally, critics have suggested that the positive effects of social capital have been emphasised to the neglect of its 'downside' and limitations in the face of other forms of social and economic ordering (Portes and Landolt, 1996).

#### *Forms of Social Capital: search for integration*

Although social capital is generally referred to as a quality of social relations in 'communities', Woolcock (1997) has argued that the theory of social capital may have

implications for social action that extend well beyond the community, as seen in narrow terms. He identifies different forms of social capital, crudely translated here as: *bonding* social capital (strength of relations within communities); *bridging* social capital (weaker linkages between communities); linking social capital (relations between communities and public authorities) and *organisational* social capital (inter-agency and within-agency social connectedness). The figure below tries to depict the types graphically.

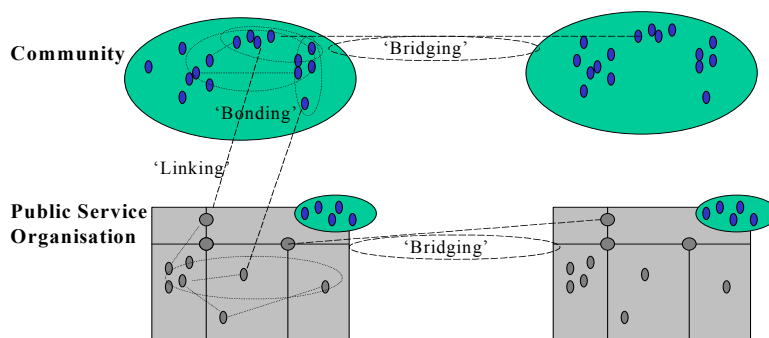
Evidence from various fields suggests strong relations *within* communities may produce a variety of benefits to those living there. Thus *bonding* social capital, in the form of support networks and informal control mechanisms, might reduce risks to wellbeing arising from social isolation or fear of crime.

A second possible form is now commonly called ‘*bridging*’ social capital, providing linkages between a given community and others. Such links may give access to information, support and resources which complement what is available within. It suggests that efforts to strengthen communities and make them more capable should not simply be focused within, but should also include attention to relationships between local communities and, indeed, more widely. For example, weak ties are more likely than strong ties to bring information about and access to jobs (Granovetter, 1974)

Thirdly, although social capital theory has tended to be discussed as a property of civil society (or community), the idea has also raised issues of the relationship between community and the (local) state. Lowndes and Wilson (2001), Taylor (2000) and Pickin et al (2001), amongst others have argued that links between communities and their local public organisations are a crucial component of this collective resource; and, further, that social capital formation is strongly shaped by the way local democratic and public service organisations have structured opportunities for public involvement.

Finally, as public service organisations seek to respond to the needs and concerns of communities, coordination is crucial. ‘Organisational social capital’ (Nahapiet and Ghosal, 1998; Adler and Kwon, 2002), is seen as a requirement or mechanism for coordination – within organisations or between them – locally in partnerships (Refs), across levels of government in implementation structures (Hjern and Porter) or through complex networks which draw across hierarchical lines as well as up and down them (Friend et al, 1974; Kickert et al, 1997).

## Social Capital: sites for development & purposeful use



## **Social Capital: evidence bases.**

In part because of its newness and this vibrant theoretical debate, but also because of its wide appeal, social capital has a scattered empirical literature. Adler and Kwon (2002: 18) note that the concept of social capital has informed the study of “*families, youth behaviour problems, schooling and education, public health, community life, democracy and governance, economic development, and general problems of collective action...*”. Putnam’s (2000) review of the decline of social capital in America draws together evidence on the putative effects. In many cases, however, this literature has simply explored, or asserted, how the idea might enrich the study of these social issues: critical or generative think pieces by far outnumber reports of designed empirical research (see Macinko and Starfield, 2001). There are substantial literatures on the component concepts of social capital eg social networks, trust, which are, themselves, rich in both theoretical debates and empirical studies (ESRC series; trust lit. And within application areas, e.g. community development, policy organisation and implementation, there are also relevant bodies of literature (e.g. Trevillion, 1999; Kickert et al, 1997; Ferlie and Pettigrew, 1996).

Adler and Kwon (2002) suggest that this is typical of the life cycle such concepts tend to follow: as the theoretical debate slows, empirical research will subject the concept and its theoretical elaborations to validity challenge. Reviewing another diffuse concept, organisational identity, Albert (1997) also suggests that there is likely to be a prolonged period in which problems of definition and status of the idea are debated. From his argument, we can ask whether social capital is a construct, a question or metaphor – each leads to different uses of the term.

Where empirical studies have been conducted, very different designs produce different forms of evidence, bearing on different questions: taking social capital as a construct to be operationalised, social epidemiologists are concerned to examine the power of social capital variables to explain differential health status in populations; taking social capital as a question, researchers across many disciplines and public policy analysts working on a variety of social and political issues has asked, how is the idea relevant and what social capital might mean in the particular context; and, taking social capital as a metaphor, researchers and activists ask what insight and rhetorical or mobilising value it provides.

### ***a) Social capital, health and wellbeing.***

Putnam (2000) claims that “*Of all the domains in which I have traced the consequences of social capital, in none is the importance of social connectedness so well established as in the case of health and well-being.*” (326) “*Social networks help you stay healthy.*” (331)

Although positive effects of social capital on health have been identified, and the converse – that absence of social capital has adverse effects on health – has also been found, the evidence is less clear about how social capital operates, what specifically contributes, the specificity of effects arising, the length or directness of pathways, and under what conditions social capital works, and whether, in the larger scheme of things, it matters. Macinko and Starfield (2001) suggest that ‘social capital’ has been used in four ways in relation to health and income inequalities:

- As an explanatory pathway in the relationship between income inequality and health status

- As a factor in the study of social networks and health
- As a mediator of the performance of health policies or reforms
- As synonymous with social deprivation or social cohesion in relation to violence and crime

On the first, there is a continuing debate about the effect on health of social advantage or disadvantage. How closely correlated is the relative absence of social capital with the patterning of material deprivation? Does social capital provide a buffer, mediating the effects of (relative) material deprivation, or income inequality on health? If so, how? The relative income effect (that a wider social disadvantage is more important than absolute material deprivation in determining health status) remains contested (eg Journal of Epidemiology and Community Health, 2000; Marmot and Wilkinson, 2001).

Hawe and Shiell (1998) conclude that “the science of social capital, by which we mean its empirical capacity to explain health patterning, is relatively weak at present. The concept is too broad relative to more precise, alternative constructs.” (881) And Macinko and Starfield, (2001) conclude that “...*there does not appear to be consensus of the nature of social capital, its appropriate level of analysis, or the appropriate means of measuring it. There seems to be even less clarity on precisely how it might be related to inequalities in health outcomes.*” (410)

Recent empirical studies are contributing to a more refined understanding of the patterning of social capital and of its effects (eg a series of reports by Veenstra). Although conceptual and measurement issues remain significant – many studies do not justify their choice of definition and measurement instrumentation - there is movement through Putnam’s generalised claims. Although social capital may be recognised for its contribution across social and public policy issues, it is unclear, then, whether, or how, it provides a foundation from which benefits flow specifically to health.

In research terms, Macinko and Starfield’s (2001) agenda for action is significant: conceptual clarification; research into pathways from social capital to health; valid, reliable measures – an industry-standard; work to explore the ‘range of convenience’ of the concept eg its applicability to different population groups; analysis of confounding, mediating and modifying effects; naturalistic, historical and comparative studies of social capital; studies of (potential) interventions to enhance social capital formation. Indeed, specific ‘intervention studies’ may now be a powerful way forward: taking particular elements of social capital – for example, social networks – it has been possible to show that effects beneficial to health. For example, the spread of information and the presence of mutual support within networks provide levels of protection against infectious disease, HIV/AIDS (Social Networks, 1995) and may enable take-up and maintenance of health promoting behaviours (Hunter et al, 1991). Available evidence suggests that changes to community norms result from interventions to develop social connectedness within communities at risk, eg the introduction of peer educators. (Arblaster et al, 1996).

### ***b) Social capital, community wellbeing and community governance/community voice***

Although the debate about the relative importance of material and social disadvantage in explaining health and well-being is repeated at local level. However, an important strand of thinking sees social capital as providing a further ‘pathway’ to improved health and

wellbeing; that is, as a basis for community voice and governance and of democratic renewal. Jane Jacobs, in her classic study of city governance (Jacobs, 1965) observed that:

*“...an interweaving, but different set of relationships must grow up; these are working relationships among people, usually leaders, who enlarge their local public life beyond the neighbourhoods of streets and specific organisations or institutions and form relationships with people whose roots and backgrounds are in entirely different constituencies, so to speak. These hop-and-skip relationships are more fortuitous in cities...It takes surprisingly few hop-skip people, relative to a whole population, to weld a district into a real Thing. A hundred or so people do it in a population a thousand times their size. But these people must have time to find each other, time to try expedient cooperation – as well as time to have rooted themselves, too, in various smaller neighbourhoods of place or special interest.” (Jacobs, 1965 p144)*

Echoed by Popay (2001), this concern with the interface between neighbourhood life and public policy reflects a notion of social capital that is both concrete and contextually specific (see also Butler and Robson’s (2001) study of social capital differences between three south London neighbourhoods, and Bullen and Onyx, 1999). The importance of this informal, everyday contact lies in its foundational quality and Putnam’s work has given the emergence of social capital from everyday interaction almost complete privilege.

Others, eg Lowndes and Wilson (2000) and Raphael et al. (2001), have argued that the role of the State and institutional design in structuring opportunity for civic engagement and democratic performance has been neglected in discussions of social capital and that much can be done to open up the political opportunity structure in different ways. Recent policy developments have sought to catalyse and/or valorise organisations – voluntary organisations, development trusts, community enterprise, etc – which would represent and encourage citizen involvement in community life. There have also been attempts to promote stronger links between public authorities, community service agencies and community representative organisations. At the most formal level, ‘partnerships’ aim to provide an integrated form of community governance. UK neighbourhood policy has followed this last track.

Forrest and Kearns (2001) have mapped eight domains of social capital, illustrating how these could be promoted through different forms of neighbourhood policy. The domains are predominantly associated with bonding social capital – supporting local activities, networks and organisations, and creating cooperative behaviours and a sense of safety and belonging. One domain, ‘empowerment’ suggests that work to promote ‘linking’ or ‘collaborative’ social capital would be an important investment. Thus “providing support to community groups; giving local people ‘voice’; helping to provide solutions to problems; giving local people a role in policy processes” are suggestions for local policies which would promote social capital formation in neighbourhoods (Forrest and Kearns, 2001: 2140).

Voluntary (or community) organisations provide a meeting ground favoured by Putnam and many of the empirical studies as a measure of social capital. They bridge emergent and institutionally structured interaction offer more institutionalised spaces for social interaction and collective action, including representative voice.

Again, however, there are dangers of unrefined thinking about the conditions in which social capital forms. For example, Stolle and Rochon (1998) found that membership of

voluntary organisations is positively associated with the presence of other elements of social capital, but that different associations emphasise different elements. Members of cultural organisations have high levels of all components of social capital, but Eastis' (1998) ethnographic study of two voluntary organisations in the same community, which each provided opportunities to participate in music, provides a cautionary tale (the two associations offered very different forms of social capital). And Cattell's (2001) work on the mediating effects of social networks and social capital on poverty suggests that

A second focus in neighbourhood social capital has been on community leadership (Skelcher et al, 1996; Purdue, 2001; Purdue et al, 2000). The emphasis is on sheer presence, networking, risk taking and trust, and the maintenance of a mandate from informal constituencies. Benington (1997) has explored how a changed practice among for elected representatives might also mediate improved levels of trust between communities and institutions.

Stone (2002) has also suggested that we need to develop a more refined vocabulary. He distinguishes 'social capital' ("informal kinds of helping among people engaged in everyday activities... [which build as people] become comfortable with one another, develop understanding, and cooperate with minimal negotiations." p613) from 'community capacity' which is ("...about mobilising various segments of the community to become engaged in considering and acting on a problem in a way that is out of the ordinary" p614). Both Lowndes and Skelcher and Stone agree that the relationship between local state and civil society requires spaces and procedures, more or less institutionalised to maintain involvement. Critics like Blaug (2002) point to the dangers of domesticating grassroots participation and recommend caution about intervention.

The Social Action Research Project has used the idea of social capital to create processes of engagement across the cities of Salford and Nottingham, which have opened up new spaces, enabled new combinations of participant to work together across community-professional-political divides reflecting Jane Jacobs (1965) argument that : "... *one of the assets a city district needs is people with access to the political, administrative, and the special-interest communities of the city as a whole.*" (28-9). Other studies of community leadership (Purdue, 2001) term access to elite groups by community leaders and 'trust between partners' as collaborative social capital, which he distinguishes from community social capital.

### ***c). Social capital and organisational effectiveness.***

Exworthy and Powell (2000, 2002) have recorded the lack of agreement about and shared commitment to how to tackle health inequalities at local level in the UK. A lack of clarity and commitment may be justified in the face of equivocal evidence and weak force of instruction about what to do. However, there is evidence that other, organisational factors also militate against the development of progress through joint work. Exworthy and Powell's survey indicates that the conditions for effective partnerships are lacking, but that investment in organisational social capital has helped to overcome inertia – joint appointments and joint strategy groups. In particular, organisational social capital may foster the development of (shared) intellectual capital and organisational effectiveness (Nahapiet and Ghoshal, 1998; Leana and Van Buren III, 1999). A substantial literature on partnership and inter-agency working also emphasises that personal connections and a framework mandate are crucial counterpoints in a system within which risks can be taken,

learning and trust developed (Lowndes and Skelcher, 1996; Bardach, 1998; Huxham, 1996). SARP suggests that a critical mass of individuals, closely connected with opportunities to 'bond' (develop trust and engage in reciprocal or pooled exchange) but also with access to wider networks can create intellectual capital and make a significant impact on local policy and practice. With the proliferation of delivery mechanisms at neighbourhood level, informal as well as formal linkages are required (Neighbourhood Renewal Unit, 2002).

Barrett and Fudge (1981) examined the gap between policy and action and their analysis of relations between 'centre and local' has been influential. One important line of inquiry since has explored the possibility that policy develops through networks, which include both policy makers and implementers (Kickert et al, 1997). These networks are brokered, mediated and animated, not (just) through force of authority and institutional incentives, but through organisational social capital (Ferlie and Pettigrew, 1996; Friend et al, 1974; Williams, 2001). In the absence of strong mandates and incentives for action on health inequalities, Exworthy and Powell (2002) concluded that HI policy became the province of policy entrepreneurs or reticulists and vulnerable to their departure or diversion.

### **Conclusions and Implications.**

The idea of social capital can be related to two questions: 'what to do?' and 'how to do it?'. First, it provides a theory of community that suggests how inequalities develop and are sustained, which also suggests what then might be done to catalyse changes in social organisation. As such it might be identified and selected as a policy option. Second, it need not be restricted to the object of policy, but can be applied, equally, to policy organisation. There is a history of debate and evidence which suggests that the policy and implementation machinery might also benefit from being seen as a social organisation and that health inequalities action might be supported by work to develop connectedness within the policy communities, networks and partnerships of concern.

A primary interest is in what the literature tells us about how to build social capital through investments in social action and local policy and practice. At this stage in the development of the theory, however, there has been relatively little work to translate social capital as a factor helping to explain relative well-being into a theory of practice. Arguments about the generative qualities of the concept and its elaboration and assimilation into theory have at least two bases (Hawe and Shiell, 2000).

- One set of arguments suggest that, regardless of scientific validity and evidence of its existence, its character, and its known effects, the concept (re)sensitises policymakers and practitioners to the social. It draws together a set of 'common sense' ideas and understandings into a coherent view of the world, which helps to make or renew sense of practices. As a question or metaphor, then, social capital may become a part of everyday social practice as a way of making sense, a prompt for debate or a source of shared meaning, and as a rallying point for shared action (Wallis et al, 1998). It has practical value, then, as a way of ordering practice, and by providing a basis for a coherent account of practice, it may also have political significance, challenging views which have not seen the social as a legitimate element of policy and practice.

- The second set of arguments rests on the place of social capital as an explanatory variable; that is, on propositions and evidence that the relative presence or absence of social capital explains societal outcomes. If means-ends relationships mirror the explanations of effects (Rein, 1976), then social capital suggests important options for ‘intervention’. The social might act as a complement to direct, technical interventions, so that social action might strengthen or make more effective technical practices. More radically, it might be a necessary prior condition or form an alternative pathway to those outcomes. Putnam’s (2000) final chapter considers what can be done, and the Performance and Innovation Unit in the Cabinet Office has started to translate the idea and evidence about social capital into potential policy thrusts (PIU, 2002).

The theory leaves open questions about the very ‘constructability’ of social capital and the sort of knowledge and practice required to make the theory ‘work’ instrumentally. Specific investments are proposed in the various literatures identified, but the evidence for their relative effectiveness is so far weak against standards of medical science, based on the application and extension of theory, on collation of lessons from practice, experience and process evaluation, on case and comparative case studies, on small-scale experiments, and on surveys of opinion. Nevertheless, it warrants further investigation and analysis against the purpose of addressing health inequalities (see, for example, the HDA review of community development).

### **Developing the Evidence Base.**

Putnam’s work on social capital has given impetus to a vibrant debate at the level of theory and this shows signs now of being pursued into empirical tests: social epidemiologists, political scientists and sociologists are unlikely now to let this field rest, despite Muntaner, Lynch and Smith’s (2001) concern about the effect a loss of 3<sup>rd</sup> way policies in Europe might have on the attractiveness of such inquiry. Convergence on a smaller set of definitions and instruments, operationalising the concept, is likely, but more specific instruments eg network mapping, measuring trust, are also likely to develop and provide a useful refinement of the portfolio of resources available for inequalities research.

At this stage in policy implementation, it is debatable what is required to spark further movement at local level. *Rationalism*. The intellectual case may be important to achieve a stronger policy status (although the ‘broadband impact’ attributed to social capital may mean that health can ride on other bandwagons (PIU, 2002)). *Pragmatism*. But gathering examples of local practice for local consumption, rewarding social capital experimentation and selective evaluation of ‘natural experiments’ may be a more powerful way of influencing local policy makers and practitioners. *Socialism!* Working to create networks of enthusiasts and social energy as a resource for policy refinement, amplification and implementation: while there is a literature on policy and implementation networks and partnerships, health inequalities as a policy arena may offer a chance to research in a more thoroughgoing way how to create an effective (social) policy community even where the institutional framework is highly competitive.

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