

## GLOSSARY

## Social capital

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This glossary aims to provide readers with some of the key terms that are relevant to a consideration of the relevance of social capital for health, and to introduce some of the debates on the concepts.

A comprehensive review of the extensive literature relating to social capital and health is beyond the scope of this glossary. We note general reviews of social capital are available,<sup>1-5</sup> and some specifically relate social capital to health.<sup>6,7</sup> Both epidemiological studies and in depth qualitative studies have linked elements of social capital to positive health status. However, the relationship is complex and some commentators such as Kunitz<sup>8</sup> have argued that in some circumstances the health effects may be neutral or even detrimental.

Concepts relevant to social capital have a long history dating back to the work of Durkheim, Simmel, Marx, and Weber.<sup>9</sup> However, in recent years social capital has been of particular research and policy interest in a broad range of fields including public health. In its current use, there are two main schools of thought regarding the definition of social capital. The first school is influenced by the seminal work of Robert Putnam who undertook empirical research in both Italy and the US on the relationships between social relations and civic engagement, and political and economic outcomes.<sup>10,11</sup> Putnam<sup>11</sup> conceived of social capital as a *community level* resource and defined it as “features of social organisation such as networks, norms and social trust that facilitate coordination and cooperation for mutual benefit” (page 67). This school of thought sees social capital as a distinctively social feature that is reflected in the structure of social relationships and so is both a public good and an ecological characteristic.<sup>12</sup>

The second main school draws on the work of Bourdieu<sup>13</sup> who defined social capital as “the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalised relationships of mutual acquaintance and recognition” (page 248). This definition focuses on the resources that accrue to *individuals* as a result of their membership of social networks. Bourdieu argues that conflict is a fundamental dynamic of all social life and that this conflict occurs over symbolic resources such as social capital, as well as material resources. He suggests that social capital is inextricably linked to economic capital but cannot be reduced simply to an economic form. It is the concealment of this relation that enables social capital to be effective.<sup>13</sup>

A third theorist Coleman,<sup>14,15</sup> working in the area of education has made a significant contribu-

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tion to the debate by linking social capital to educational processes that are likely to have an impact. His influence has been less explicitly influential in recent literature.

## TYPES AND LEVELS OF SOCIAL CAPITAL

A number of commentators argue that there is more than one type of social capital.<sup>2,16</sup> *Bonding* social capital refers to horizontal tight knit ties between individuals or groups sharing similar demographic characteristics. It may be exclusionary and may not act to produce society wide benefits of cooperation and trust. *Bridging* and *linking* social capital refer to ties that cut across different communities/individuals.<sup>16</sup> Linking social capital in particular refers to vertical connections that span differences of power. Szreter<sup>17</sup> argues that this form of social capital is particularly relevant in terms of reducing inequities because it encourages people to feel a sense of responsibility for people beyond their bonded group. However, despite the analytical utility of such distinctions, there have been debates about the ability to distinguish empirically between these different types of social capital.<sup>17</sup>

There has been a significant debate about a decline in social capital, with Robert Putnam in particular arguing that social capital, at least in the US, has been declining since the 1960s. However, a number of commentators argue that this reflects how social capital is measured and represents changes in forms of social capital, rather than overall decline. Szreter<sup>17</sup> argues that bonding social capital may have increased, in the form of tight knit exclusionary groups, but that linking and bridging social capital has declined. He attributes the decline to the recent rise of neo-liberal state policies that have created conditions in which people are less inclined to be altruistic and more inclined to pursue their own self interest. He extends his argument to note that the decline in linking social capital is likely to lead to an increase in health inequities.

It has also been suggested that the structural and cognitive elements of social capital can be distinguished.<sup>18</sup> Structural forms of social capital relate to social structures such as networks and associations. Cognitive forms of social capital relate to the more subjective or intangible elements such as trust and norms of reciprocity.

## CIVIL SOCIETY

*Civil society* refers to groups of people who contribute to change in the community through activities that are *not* part of the formal political system, commerce, or government. This concept is central to the debates about social capital. Putnam, in a communitarian vision sees social capital as resulting from a strong civil society in

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which the state plays little part. By contrast others (for example, Szreter<sup>17</sup>) following Bourdieu see the state as central to the way in which civil society mediates access to social capital. A number of commentators (for example, Portes and Landolt,<sup>19</sup> and Szreter<sup>17</sup>) have noted that strongly bonded civil society groups may have negative consequences for those who are not part of their group. Examples of such strongly bonded groups with adverse consequences for others are the Mafia and Neo-Nazi groups.

Civil society has the capacity to influence the climate of values and opinions that underpin policy and impact on public and private decision making. The role of civil society in health and development has been increasingly recognised from the 1990s.<sup>20</sup> The World Bank has advocated investment in civil society to promote economic development and, in turn health (see World Bank<sup>21</sup>).

## COMMUNITY

Community is central to social capital because social capital may vary between and within communities and the physical, social, and economic characteristics of community may affect the levels of social capital within it. Community can refer to a defined geographical locality or to a group of people who share a sense of identity or have common concerns. In terms of social capital the concept of “sense of community” is also useful. This is hard to tie down because there is inevitably a subjective element. McMillan and Chavis<sup>22</sup> offer the following definition: “Sense of community is a feeling that members have of belonging, a feeling that members matter to one another and to the group and a shared faith that members needs will be met through their commitments to be together” (page 9).

## SOCIAL NETWORKS

Social networks refer to the ties between individuals or groups and could be considered the “structural” element of social capital. There is a long and sophisticated literature that examines the nature of social networks. In terms of social capital, networks have been distinguished on a number of dimensions. Firstly, the extent to which networks are formal or informal. Formal networks include those developed through formal organisations such as voluntary organisations and associations, and these types of networks have been particularly central to Putnam’s conception of social capital. Informal networks such as friendship, family, neighbour and work related ties have also been included, particularly in relation to their role in providing resources such as social support.

Social networks have also been distinguished as bonding, bridging or linking, reflecting the different types of social capital that they promote. Networks have also been differentiated on the basis of their size, density, and the extent to which they are open and closed.<sup>23</sup> All these network characteristics are likely to effect the flow of resources and the nature of social capital available through a network.

## PARTICIPATION

Participation has been seen as central to health since the WHO Health for All Strategy. Its importance to health promotion strategies was reinforced in the WHO Ottawa Charter for Health Promotion.<sup>24</sup> Its relevance lies in the recognition that professional domination can be disempowering for individuals and communities. Participation can range from consultation to structural participation in which lay people are the driving force of initiatives.<sup>25</sup> Such structural participation in civil society is seen as a crucial element of social capital by most theorists. One important component of measures of social capital is the extent to which people participate in social

and civil activities. Debates concern the extent to which institutional support, including from the state, is essential to support and maintain a strong civil society. There are also considerable debates about how institutions of the state (especially health, welfare, and other human services) can best encourage citizen participation. Some argue that neo-liberal reforms of government have meant less opportunities for citizen participation, with consequent impacts on levels of social capital.<sup>26</sup>

## VOLUNTEERING

Volunteering refers to activities in which people donate their time and effort. The activities can include assisting welfare groups (for instance delivering or preparing “meals on wheels”), supporting amateur sporting events, working for a religious organisation, or assisting in formal government services such as hospitals. There is some evidence (see for example Villalba and Roca<sup>27</sup>) that volunteering may be an Anglo-Saxon concept and may have greater meaning in countries such as USA, UK, Australia, and Canada, than in other cultures. Cox<sup>28</sup> has argued that volunteering is an important component of social capital at the community level. Titmus<sup>29</sup> suggests, on the basis of a detailed comparative analysis of blood donations compared with blood for cash, that the “gift relationship” of the donation signifies a more compassionate and cohesive society.

## TRUST

Trust is essential to understanding social capital and relates to the “cognitive” side of social capital. Rahn and Transue<sup>30</sup> define trust as “a standing decision to give most people—even those whom one does not know from direct experience—the benefit of the doubt” (page 545). In the literature, three broad types of trust are differentiated.<sup>31</sup> The first is trust of familiars that exists within established relationships and social networks. The second is generalised trust or “social trust”, which relates to the trust extended to strangers. The third form is institutional trust, which relates to the basic forms of trust in the formal institutions of governances.

## RECIPROCITY

Reciprocity, also a “cognitive” element of social capital, refers to the provision of resources by an individual or group to another individual or group, and the repayment of resources of equivalent value by these recipients to the original provider. *Generalised* reciprocity in contrast, argues Newton,<sup>31</sup> “does not entail tit-for-tat calculations in which individuals can be sure that a good turn will be repaid quickly and automatically. Generalised reciprocity is based on the assumption that good turns will be repaid at some unspecified time in the future, perhaps even by an unknown stranger” (pages 575–6). High levels of social capital are argued to give rise to a higher level of reciprocal relationships and so lead to more cooperative and well functioning societies.

## SOCIAL EXCLUSION/INCLUSION AND EQUITY

The term “social exclusion” has been hotly debated and defined in a variety of ways (see Centre for the Analysis of Social Exclusion<sup>32</sup> for a range of useful discussion papers). Acknowledging these debates, Narayan<sup>16</sup> suggests that “broadly defined, social exclusion refers to the societal and institutional processes that exclude certain groups from full participation in the social, economic, cultural and political life of societies” (page 4). Social exclusion is relevant to social capital in so far as it links the social elements of exclusion to material deprivation and poverty and focuses on the *processes* of marginalisation. Social exclusion has the strongest resonances with Bourdieu’s formulation of social capital. Tackling social exclusion has formed the logic for much of the “Third Way” policy agenda of the British Blair Labour governments.<sup>33</sup>

Reducing exclusion from social capital has been one of the aims of this policy thrust. However, such an approach has been strongly criticised as downplaying the material roots of inequity.<sup>34</sup>

There is evidence that the access of individuals and communities to elements of social capital may vary according to a range of individual and community characteristics, including socioeconomic status,<sup>35–37</sup> race,<sup>38</sup> and gender.<sup>39–40</sup> This may also be particularly relevant in terms of the way that differential access to the varying types of social capital may link to the broader processes of social exclusion. For example, Briggs<sup>41</sup> argues that the poor often have less bridging and linking social capital (which may offer better access to resources), than those economically better off. If social capital is indeed related to health outcomes, these differences in access to aspects of it have the potential to reinforce existing health inequities.

### LOCAL OPPORTUNITY STRUCTURES

The term “local opportunity structure” was coined by Macintyre and colleagues<sup>42</sup> and defined as “socially constructed and socially patterned features of the physical and social environment which may promote health either directly or indirectly through the possibilities they provide for people to live healthy lives” (page 343). Local opportunity structures include aspects of local environments such as air and water pollution, the availability of services, reputation of an area, and sociocultural features of a neighbourhood. One of the means by which health may be promoted is through social capital that can be either encouraged or discouraged by these features of the local geographical environments (see for example work of Baum and Palmer<sup>43</sup>).

### MEASURING SOCIAL CAPITAL

Considerations of the measurement of social capital inevitably reflect the conceptual debates about social capital itself. In particular, whether social capital can be measured at an individual or community level.

Most studies measuring social capital have done so quantitatively. There has been a particular focus on secondary analysis of individual level survey datasets not collected specifically to measure social capital, aggregated to community, state, or even national level. Most common measures used in these epidemiological analyses have been per capita membership in voluntary groups and levels of inter-personal trust (for example, Kawachi *et al*<sup>44</sup>).

However, it is argued that a more sophisticated measurement of social capital is necessary.<sup>8</sup> For example, it is important to keep the “sources” and “outcomes” distinct—that is, the networks and values, from the types of resources available through these. Others point to the importance of considering the “structural” (relating to networks) and “cognitive” (for example, trust, reciprocity) elements separately.<sup>23</sup>

In depth qualitative considerations of social capital have been less common (see Campbell and Gillies<sup>45</sup> and Cattell<sup>46</sup> for examples). However, qualitative approaches to measuring elements of social capital are particularly fruitful in the way that they can examine the contexts in which social capital operates, and the multidimensional nature of the concept.

The World Bank has recently developed the Social Capital Assessment Tool that incorporates community, individual/household, and organisational surveys and includes both qualitative and quantitative methodologies.<sup>47</sup> It has been used primarily in developing countries, though it may be usefully adapted for industrialised nations and offers the opportunity for comparative studies between countries. In countries such as Australia,<sup>48</sup> there have also been attempts to incorporate questions *specifically* related to social capital, within general national surveys.

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