**The Measurement and Empirical Study of Social Capital**

Falk, I. & Harrison, L. (1998). Indicators of social capital: Social capital as the product of
      local interactive learning processes. *Centre for Research and Learning in*
      *Regional Australia*, [On-line], Available: www.crlra.utas.edu.au

This research aims to develop social capital indicators using a community case study and
grounded theory. **The research question for this study is: what is the nature of
interactive productivity between local networks in a community? The study defines
social capital as "the outcome of the quality and quantity of the learning processes
(interactive productivity) between individuals and groups in the community."** For
this study, learning is assumed to build social capital, which is an important part of
economic growth. The researchers selected study participants who are perceived to be
"movers and shakers and quiet achievers" based on a network map and snowball sample
in their chosen community. The data included interview transcripts, tape recordings of
conversations and diary collection. Three sets of tentative indicators were derived from
the study: knowledge resources (where interactions draw on the resource of shared
common knowledge of community, personal, and collective information), identity
resources (where interactions draw on the resource of shared understandings of identity
and consolidated resources (where the interactions draw on knowledge of community
assets). An underlying assumption in this study is that interactions and the resulting
indicators create and reproduce norms, networks and reciprocity. Therefore, they are
indicators of social capital. This research paper is important because it differentiates
more clearly between the process and outcome of social capital. Interactive processes
(which can be tracked by these proposed indicators) build social capital.

Stone, W. (2001). Measuring social capital. *Australian Institute of Family Studies,*
      *Research Paper No. 24*. [On-line], Available: http://www.aifs.org.au/

The thrust of the paper is that social capital theory has developed more quickly that
empirical study and measurement. The paper focuses on measurement of social capital at
the family and community level where data collection has taken place from individuals.
There has been some qualitative research using tools other than surveys but this has been
a small part of research to date. The definition offered by this paper is that social capital
is a resource to collective action leading to a range of outcomes. As such there is a need
for measurement approaches of social capital and its outcomes. Research to date has
often measured social capital outcomes and called these social capital indicators.
Indicators of social capital include outcomes based on its core components of networks,
trust and reciprocity. The outcome of civic engagement has been measured by counting
memberships in voluntary associations. Other more indirect indicators of social capital in
the literature include: life expectancy, health status, suicide rates, employment rates,
growth in GDP, etc. These approaches have led to confusion about what social capital is
as separate from what it does. **If social capital is understood to be networks that are
characterized by norms of trust and reciprocity, then measurement must include
studying the structure and quality of the networks.** The paper offers a useful
conceptual model. The structure of social relations: networks can be identified by type

(informal or formal), size (limited to extensive), spatial (household to global), structural (open or closed, dense or sparse, homogeneous or heterogeneous), relational (vertical or horizontal). The quality of social relations can be identified by norms of trust (familiar/personal social trust, generalized social trust and civic/institutional trust) and norms of reciprocity (in kind vs. in lieu, direct vs. indirect and immediate vs. delayed). The balance of the paper investigates each of these items in detail and provides examples of approaches to their measurement from the social capital literature.

Schuller, T. (2001). The complementary roles of human and social capital. *ISUMA, 2(1),* [On-line], Available: www.isuma.net.

The article differentiates between human and social capital in similar ways as other authors have done. Schuller suggests that though social capital lacks an agreed upon definition and measurement approach, it is useful as a policy concept because it provides a wide focus and foundation for policy analysis, it allows for the issue of social cohesion to be addressed in economic decision making and it inserts a longer term perspective into our policy decisions. He also provides a model for studying the interaction of human and social capital suggesting in what ways each bolsters or depresses the other. Discussing measurement dilemmas, the author reviews difficulties with quantitative studies and statistical analyses based on questionable data using highly ambiguous questions and the problems of aggregation from the individual level upward. **He suggests that qualitative study is necessary because social capital cannot be conceptualized in linear terms that suggest that more social capital is wholly better and less is automatically worse.** He suggests five areas that require more study: work time patterns, technology and social development, the value of informal learning, intergenerational solidarity and improved policy co-ordination.

Putnam, R. (2001). Social capital measurement and consequences. *ISUMA, 2(1),* [On-line], Available: www.isuma.net.

**Putnam suggests that the social capital research agenda should be concerned with developing empirically valid dimensions along which social capital could be measured. He reviews his data that show a decline in membership in formal associations in America during the 20th century.** He also cites data like the Roper survey, which track more informal types of social connections that have also shown a decline. He agrees with Woolcock that social trust is not an element of social capital but rather a consequence; in this way he sees it as a proxy for social capital. He suggests that social trust has declined generationally in the US such that younger Americans are less trusting than older Americans. He also writes that social connectedness is a strong predictor of altruism. Altruism can be measured by looking at what fraction of income Americans give to charity. This has also been falling in a similar pattern to civic engagement. He maps social capital in the US and finds that states closer to the Canadian border are higher in social capital, low social capital is also associated with states that had extensive slavery in the last century, and stable migration patterns are associated with higher social capital. He then compares social capital with economic and social outcomes finding a strong relationship with higher educational performance and social

capital. Crime is predicted by lower social capital. Good health is also predicted by social connectedness. Income and civic inequality are also less in states with high social capital. In these cases the causal arrows run in both directions.

Woolcock, M. (2001). The place of social capital in understanding social and economic outcomes. *ISUMA, 2(1),* [On-line], Available: www.isuma.net.

Woolcock addresses the question of how social capital differs from human capital and social capability. He defines social capital this way: "one's family, friends and associates constitute an important asset, one that can be called upon in a crisis, enjoyed for its own sake, and/or leveraged for material gain". On the other hand, social capital has costs as well as benefits. Research on social capital has shown that people with rich social connections are more likely to have housing, jobs, good health and life satisfaction. Economists are interested in social capital as another part of the equation along with physical, human and financial capital. Their definition of social capital tends to include networks *and* values like trust and reciprocity. Social capital has also been measured across units of analysis ranging from the individual to the nation. This all encompassing nature has led to criticisms of the concept as being too flexible and therefore meaningless**. Woolcock advocates for a definition of social capital that focuses on what it is rather than what it does; therefore trust becomes a consequence of social capital not an element of it. Woolcock also reviews those ideas of bonding, bridging and scaling up and the need for government intervention to provide the institutional context for these relationships to flourish.** After dealing with the critics, Woolcock suggests some direction for the measurement of social capital. He suggests indicator development using large representative samples and local qualitative studies. Woolcock sees social capital as a key ingredient in sustainable economic development because of the importance of attending to and prioritizing social relationships.

Pope, J. *Social Capital and Social Capital Indicators: A Reading List.* [On-line], Available: http://www.publichealth.gov.au/soccap.htm

**Literature review of social capital that reviews its origins with Coleman and Bourdieu and the types of measures that emerge from their definitions.** Includes Putnam and Cox as derivatives of Coleman. Reviews criticism of Putnam as circular and tautological; social capital is simultaneously a 'cause and effect'. Makes distinct the difference between Coleman and Bourdieu: Coleman says that communities become rich because they are civic, while Bourdieu claims the reverse. Measuring using Bourdieu's definition must be qualitative because social relations are complex and social capital is not the property of the individual. Measurement using Coleman can be quantified: "social processes that reflect social capital are measured by combining measures of an individual's trust with measures of membership, and the measures are generated by asking questions in social surveys". There are four main critiques of Coleman's approach to measurement: social capital indicators lack clear definition (there are few known or validated ways to measure social glue or cohesion and a distinction must be made between the sources of social capital and its positive derivatives), collective social capital is not the same as individual social capital (cannot simply aggregate individual

measures), social capital may not always lead to positive outcomes (enforced homogeneity), and social capital outcomes may reinforce inequality (social capital cannot replace infrastructure).

Ritchey-Vance, M. *Social Capital, Sustainability, and Working Democracy: New Yardsticks for Grassroots Development*. [On-line], Available: http://www.nird.org/clic/rrdl111.htm

This article discusses the Inter-American Foundation's Grassroots Development Framework that was developed as a conceptual tool to evaluate the results of development projects. **The tool focuses on results that are less tangible and 'product' based like 'did grants strengthen civic organizations'. The conceptual tool may be a way of measuring the growth of social capital as a result of community development projects.**

Australian Bureau of Statistics. (2000). *Measuring Social Capital: Current Collections and Future Directions*. [On-line], Available: http://www.abs.gov.au/

Discusses a proposal to add the measurement of social capital in Australia to the 2002 General Social Survey. Deals with indicator selection and level of analysis. Raises important questions like: "Can the concept of social capital as a resource of a group be successfully measured by aggregating information collected from individuals?" **Includes a useful diagram to help identify indicators of social capital. The diagram envisions measurable social capital at four levels – individual, core (family and friends), informal community (e.g. associations/clubs, organizations, church) and formal community (e.g. government agencies, market, legal institutions, political process).**

Galper, Joshua. *An Exploration of Social Capital, Giving and Volunteering and the United States County Level.* [On-line], Available: http://www.urban.org/cnp/galper/galper.pdf

Contributes to the body of knowledge on measuring social capital. Assumes based on Putnam and others that social capital exists and can be measured empirically**. The study sought to test whether social capital is determinate in why giving to charity and volunteering occurs. It found a correlation between giving to charity and social capital (as operationalized by Putnam).** The volunteering variable was disregarded as unreliable in the study because it was extremely associated and possibly indistinct from the 'giving to charity' variable.

Wall, E., Ferrazzi, G. & Schryer, F. (1998). Getting the goods on social capital. *Rural Sociology*, *63(2), 300-322.*

Provides a review and critique of the concept of social capital. Traces the etiology of the term and its entrance into academic debate**. Credits Bourdieu, Coleman and Putnam for elaborating the concept in three different ways. Each theorist has a perspective on social capital as a resource, as goal oriented and as social control. Bourdieu**

**takes a conflict perspective that sees social capital as a way for one group to gain power and influence over others. Both Coleman and Putnam see it as a positive resource, underpinned by values and norms, that strengthens democracy (Putnam) and leads to socioeconomic prosperity (Coleman).** With respect to measurement, each of these theorists use quantitative methods to assess membership in organizations and voluntary associations, however, each focuses on a different level of analysis. Bourdieu suggests that individuals with titles or positions of status can mobilize social capital to benefit their own group or class. Coleman focuses on the level of the family and memberships in the family to measure social capital. Putnam assesses participation rates in voluntary organizations and associations. With a strong focus on quantitative methodologies, these approaches do not assess the quality of relationships that may also tell us a great deal about social capital. The authors argue for more qualitative research on social capital.

Bullen, P. and Onyx, J. (1998). *Measuring Social Capital in Five Communities in NSW.*
    [On-line], Available: http://www.mapl.com.au/A2.htm

An overview of study that measured social capital in five communities in New South Wales, Australia. Includes the best 36 questions from the survey which measure eight elements of social capital: participation in the local community, proactivity in a social context, feelings of trust and safety, neighbourhood connections, family and friends connection, tolerance of diversity, value of life and work connections.

Schweitzer, John. *Neighbourhood Social Capital Survey.* [On-line], Available:
    www.msu.edu/user/socomm/nscsurvey.htm

This is a simple, 11 question survey that is designed to measure social capital at the neighbourhood level.

Newton, K. (1997). Social capital and democracy. *American Behavioral Scientist, 40(5),*
    *575-586.*

The author argues for keeping theoretically distinct three elements of social capital: norms networks and consequences. Social capital encompasses values and attitudes that encourage citizens to trust and cooperate with each other. Social networks are a critical part of social capital because the ability to mobilize personal social contacts is important to a functioning society. It is not clear whether trust must exist for social networks to form or if the networks foster trust**. Newton suggests that social capital should not be defined by the social goods that it is assumed to produce, rather, we should pose the question: Does social capital help generate collective goods and services and, if so, under what conditions?** He also critiques the Tocquevillean (1968) model, which suggests that democracy is generated by face-to-face interaction in formal voluntary organizations. He suggests that researchers must grapple with the question of what sorts of organizations are best at generating what forms of social capital?

Fukuyama, F. (1999). *Social Capital and Civil Society.* IMF Conference in Second

Generation Reforms. [On-line], Available:
www.imf.org/external/pubs/ft/seminar/1999/reforms/fukuyama.htm

Defines social capital as: "an instantiated informal norm that promotes cooperation between two or more individuals". Argues that social capital has an economic benefit by reducing transaction costs between individuals. Politically, social capital guards against 'excessive individualism' where citizens eschew involvement with others beyond the family. Social capital is key component of civil society, which balances the state's power over the individual. Excess social capital may lead to disunity as groups compete for public resources. Fukuyama argues that a significant downside of the concept of social capital is the lack of consensus on how to measure it. He reports on two main approaches: counting groups and group memberships and using survey to collect data on trust and civic engagement. Both methods are inadequate and imprecise. States can foster the creation of social capital by being aware of its possible negative consequences because it is associated with groups that may have a narrow 'radius of trust', supporting educational institutions which are a primary location for social capital creation, by providing some public goods like property rights and public safety and by avoiding undermining the organizing efforts of community through excessive control.

Paxton, P. (1999). Is social capital declining in the United States? A multiple indicator assessment. *American Journal of Sociology, 105(1), 88-127*

Article investigates the decline of social capital in the US by addressing two issues that call other measures of social capital into question: closing the gap between the concept of social capital and its measurement and by introducing multiple indicators. It also draws attention to the limitation of tracking social capital by looking at its levels over time without allowing for changes in dispersion of social capital within these levels. Paxton represents the literature in her definition of the concept and attributes the concept's origination to Bourdieu and Coleman. Social capital has two components: the objective links that connect individuals and the quality of those links; the ties must be positive, reciprocal, trusting, and so on. Social capital may produce individual level and group level 'goods'. It may also produce goods for the community as Putnam and Fukuyama have suggested. Citing Granovetter, Paxton points out that within group social capital will not necessarily produce goods at the community level; for this to happen there must be 'weak ties' among groups. Using data from the General Social Surveys in the US for nine years between 1975 and 1994, Paxton's model measures an individual's "subjective trust toward others in the community" and the individual's "objective associations or ties to the community". Overall her study found no decline in associations and a decline in trust over time. Specifically, she found a decline in trust of individuals rather than trust in institutions. She suggests that future research should focus on assessing social capital in different segments of the population and measuring the ties between groups and associations.

The Social Capital Community Benchmark Survey. [On-line], Available:
www.cfsv.org/communitysurvey/

Website includes the actual survey that was conducted by telephone with approximately 30,000 Americans to track their levels of civic engagement. Fits well with the Putnam approach to social capital with a view to measuring overall social capital in the US. Questions address how connected Americans are to family, friends, neighbours, and local and national civic institutions.

## Inclusion/Exclusion and Social Capital as related to Poverty, Income Inequality, and Health

Warren, M.R., Thompson, J. P, & Saegert, S. (1999). 'Social capital and poor communities: A framework for analysis', *Ford Foundation Conference: "Social Capital in Poor Communities: Building and Utilizing Social Assets to Combat Poverty"*.

People who trust each other and cooperate within groups for a specific purpose may have a general resource available for some other cooperative endeavor. This resource is social capital. The authors discuss the three types of social capital. Bonding social capital refers to strong local institutions that are necessary to bind individuals together to pursue collective needs. Strong internal bonds and effective organizations provide foundations upon with poor communities can develop the capacity to address problems. Bridging social capital is building ties to other communities. We should not think of building bridging social capital as a way to dissolve conflicts of interest entirely, but more as a way to temper and redefine them as an ongoing process. Bridging (accepting controversy, diverse and complex social networks and mobilizing resources from diverse sources) contributes to economic development activity. Synergy is cooperative relationships among community-based organizations, financial institutions and public agencies. Synergy demands connections between organized residents of poor communities and the officials and staff of public and private institutions. Weak synergy is when governments supply the basic framework for private action and deliver goods that compliment the inputs of the private sector. Strong synergy suggests embeddedness; public officials share social ties and trust with the community residents across the public/private divide.

de Souza Briggs, X. (1998). Brown kids in white suburbs: Housing mobility and the many faces of social capital. *Housing Policy Debate, 9(1), pp. 177-221.*

This article focuses on the role of social capital in poor communities and how housing policy can affect social capital. For example, focusing on networks and employment, policy can influence social capital by creating workforce development programs to compensate for the lack of social leverage opportunities available to the urban poor. Access to housing is an important piece of this puzzle because housing strategies can enable the poor to live closer to jobs, access stronger job networks and send their children to better schools. For the poor social capital is not just about how many people you know and how close you feel to them, but where there are located socioeconomically. Close ties are the best sources of emotional support while 'weaker' ties among acquaintances may be the best source of social leverage opportunities.

Cohen, C.J. (1999). 'Social capital, intervening institutions and political power'. *Ford Foundation Conference: "Social Capital in Poor Communities: Building and Utilizing Social Assets to Combat Poverty".*

Cohen discusses social capital and poor communities. Poor communities may have an abundance of trust and reciprocity but the absence of formal institutions inhibits these communities from prospering from their social capital. Cohen wonders if social capital crosses race and ethnic lines in poor communities. Also, women disproportionately populate and sustain poor communities but this gender issues is not examined so political activity of women may be missed in estimations of social capital. Federal policies and resources can undermine social networks, by selecting the poorest; most distressed usually female-headed household as tenants in social housing projects. Isolating these marginalized families destroys social capital. He also argues that other institutions like labour unions, political parties, private foundations, etc, have a role to play in the conversion of social capital in poor communities.

Wilkinson, R.G. (1997). Income, inequality and social cohesion. *American Journal of Public Health, 87, pp.1504-6.*

There is a large body of evidence in the health literature about the relationship between increased mortality and persistent low income and income insecurity. The article deals with the question of whether the income issue is just about having enough money or is it more about higher incomes being associated with a higher social position, or even about individual characteristics that lead to both higher income and better health. In this article Wilkinson reviews the literature in order to suggest an answer. Some evidence suggests that the reason why egalitarian societies have better health is because income and social relations that are more equal lead to social cohesion. Kawachi et al. used quantitative evidence to show that small income differences relate to lower mortality rates. Comparing developed and developing countries shows that relative income is more important to positive health outcomes than absolute living standards. **Overall, what appears to matter most is the extent of income inequality in a society.**

Raphael, D. (1999). Health effects of economic inequality: Overview and purpose. *Canadian Review of Social Policy, 44.*

This article focuses on the effects of economic inequality on Canadians' health. He defines economic inequality as the unequal distribution of income and wealth in a specific geographic area. He defines health as the incidence of illness and premature death and, following the WHO definition, as a resource for daily life comprised of social, physical and personal resources. He describes the relationship between income inequality and health in Canada. First, people living in poverty have poorer health both due to material deprivation and associated psychosocial deprivation that result from poverty. Secondly, in societies with a large gap between the rich and the poor, often there is less provision for social services and a social safety net. Finally, income inequality weakens social cohesion because great distances in income create great social distances between people and there is a concurrent loss in commitment to civic

institutions. Loss of social cohesion relates to poorer health, increasing crime and accident rates and a decline in civic commitment. He discusses growing poverty in Canada, citing such work as Campaign 2002 and The Growing Gap report. He claims that the health effects of growing poverty have been kept in check by social programs and by the tax structure, but that these protections have been lessening since 1993. He suggests that 22 percent of premature death in Canada can be attributed to income differences. He also cites the Health of Canada's Children Report by the Canadian Institute on Child Health, 1994 as finding that poor children exhibit higher incidences of nearly every problem (illness, death, hospital stays, emergency room use, accidents, mental health problems, poor school achievement, family violence, child abuse).

He reviews the explanations on the relationship between poverty and health. The argument that poor health results in poverty has largely been refuted. Arguments that the poor engage in riskier lifestyles (smoking, poor eating, drinking) are not supported by evidence that health differences remain between the rich and poor even after these issues are considered. There are numerous studies that support the idea that ill health results from poverty because of material deprivation. Other studies also show that poverty contributes to stress and misery, which also affect health. Health affects of perceived deprivation or lowered social status can be seen at various socioeconomic strata, and do not just affect the poor. **The most compelling reason why Canadians should be concerned about increasing poverty is that it will affect the health of all Canadians since many studies have demonstrated that areas with high-income inequality also have higher mortality rates and higher incidences of health problems as well as weakened social cohesion and individual dissatisfaction.**

He then reviews some evidence of decreasing health status in Canada as income inequality has increased evidenced by lower scores on the federal government's Social Health Index. There are also signs of civil decay: decreasing voter turn out, increasing homelessness and increasing poverty. Interestingly, crime rates in Canada do not bear out this trend.

Raphael asserts that economic inequality results, in part, from government policy decisions. Economic inequality leads to providing fewer services partly because of the shrinking tax revenue and current government social spending is at 1950 levels in Canada. It also leads to social disintegration as the rich retreat from the poor and stop supporting public services and the provision of public goods.

Raphael, D. (2001). *Inequality is bad for Our Hearts: Why Low Income and Social Exclusion are Major Causes of Heart Disease in Canada*. Toronto: North York Heart Health Network.

This report studies research linking low income and social exclusion to heart disease using the latest available Canadian data from 1996. Heart disease and stroke are the leading causes of death and illness requiring hospitalization for Canadians. Heart disease is most highly associated with low income Canadians. The report contrasts incidence of heart disease across income levels showing the tremendous healthcare costs (estimated at

$4 billion) of public policies that fail to address unacceptable levels of poverty and low income in Canada. More and more studies point to poverty and social exclusion as major causes of illness and death, but still the myth prevails that heart disease and related conditions result primarily from lifestyle behaviour.

Kawachi, I. (1997). Long live community: Social capital as public health. *The American Prospect, 35(8).*

This article reviews the case of Roseto, Pennsylvania in the 1950's, which despite similar rates of smoking, obesity and poor diets, had much lower rates of heart attacks. This has been attributed to the "close-knit relations" or high social capital of the residents. The particular factors noted by the researchers were egalitarianism and cohesiveness. Other findings have corroborated the Roseto case that having a large social network has strong health benefits even when controlling for weight, age, fitness, smoking, and so on. This article reports on a study of the relationship between health and social capital at the state level. Social capital is defined in the Putnam sense as civic trust and associational membership. **The findings suggest a significant relationship between lower trust between citizens (defined as the proportion of residents who believe 'most people cannot be trusted) and higher mortality rates**. A similar relationship was found between mortality rates and per capita membership in associations. The study also found a positive correlation between social capital and quality of life (defined as people defining their health as good or excellent).

Research is also beginning to show that higher income inequality also correlates with lower social trust and lower membership in associations. International research has also shown that a population's health depends on the level of economic inequality. Evidence for this includes the fact that while the US has a very high GDP per capita, its citizens have lower life expectancy than other countries that are less wealthy overall but have a smaller gap between rich and poor. Research shows that for every percent increase in income inequality the death rate is 2 or 3 percentage points higher. **The author suggests reducing income inequality is the key to raising social capital, social cohesion and improving public health.**

Kawachi, I., Kennedy, B.P., Lochner, K., Prothrow-Stith, D. (1997). Social capital, income inequality and mortality. *American Journal of Public Health, 87, pp. 1491-8.*

This research departs from traditional studies that link individual social integration with health outcomes in order to demonstrate a relationship between social capital, which is a public good, and health outcomes. **The major finding of this paper is that there is a relationship between high levels of income inequality and social capital disinvestments.** The article is careful to point out the difference between the social connections of an individual and the social capital of a neighbourhood or community. Evidence shows that socially isolated individuals in communities with high levels of social capital will derive benefits irrespective of their absent social networks.

This study found a correlation between income inequality and low group membership and low social trust at the state level. The authors also caution that research on social capital is in its infancy stage. Also there have been few attempts to theoretically unravel an array of concepts that are similar such as community competency, collective efficacy, sense of community and civil society. There are no strong theoretical ideas on how social capital may be built. Our collective knowledge about social capital is still lacking however empirical data do support the relationship between income inequality (the growing gap), weakening social fabric, and poorer health outcomes.

Leeder, S. (1998). *Social Capital and its Relevance to Health and Family Policy*. [On-line], Available: www.pha.org.au/social.htm

Written by past president of the Public Health Association of Australia. Traces etiology of term from Loury to Coleman to Putnam to Cox. The right and the left have embraced the term. Identifies Putnam's fear that the term could be used for negative social purposes: an excuse for sending women back into the home, World Bank may be using it to distort investment conditions in the third world, and justification for returning chronic care to families. **Concept needs more empirical testing – what is the relationship between choirs and good health and what will we do if such a relationship can be shown?** Social capital implies that to be productive is good – what will be the implication for the elderly, disabled, etc? This article draws attention to the dark sides of social capital as a social policy concept.

Veenstra, G. (2001). Social capital and health. *ISUMA, 2(1)*. [On-line], Available: www.isuma.net

The author reviews the literature on population health and income inequality, which demonstrates that higher income inequality correlates with poorer health outcomes. Investigates the role that social capital or social cohesion may play in this relationship. **For example, regions that tolerate larger gaps between the rich and the poor may be less likely to support community health and social investments infrastructure**. Within this context, social capital is seen as the networks and trust that promote social cohesion, which is the opposite of social inequality. With respect to health, greater inequality leads to decreased participation in the public space and greater mistrust both of which negatively affect health.

Draws attention to Woolcock's contention that definitions of social capital must differentiate what it is from what it does. The author explicates society's social structure by differentiating between deep structure (class relations, differential access to power based on gender, sexual orientation, race, ethnicity, ability and so on) and shallow or surface structure that has three elements – the economic system, civic society and the political system. He makes the concept of social capital manageable by limiting it to the civic sphere saying "the nature of social relations in the civil space, the extent to which they are embedded in social relations pertaining to other aspects of social structure and the ends they can facilitate for groups and individuals". Addressing the question of why social capital in civil society might affect health, he offers two explanations:

compositional effects and contextual factors.  Compositional effects refer to the benefits on health that derive from participating.  Contextual factors are, for example, the efforts made by the state to reduce inequality through investment in a social safety net.  He argues for the latter saying that it is "not that income inequality threatens the nature of social relations so much as the distribution of income reflects, in part, the nature of social relations in the civil and political spheres and the deeper parts of social structure".

Gillies, P. (1998). Effectiveness of alliances and partnerships for health promotion. *Health Promotion International,13 (2), pp. 99-120.*

The author reviews more than 40 health promotion initiatives around the world to assess the impact and effectiveness of partnerships and alliances. She concludes that alliances do work I tackling both the broad determinants of health and well-being in populations and promoting improved individual health behaviours. Gillies notes that in successful initiatives "show a clear commitment to lay representation in agenda-setting, policy-making and implementation at national, regional, district, village and local community or neighbourhood levels. Emphasis is on the sharing of power, responsibility and authority for change." Gillies sees social capital as a major resource for health promotion activity, since it works at the level of community capacity rather than just individual behaviour, is consistent with the broad determinants of health, and focuses on networks and connections among people and organizations. Finally, social capital "crosses disciplinary boundaries and may underpin the development of new theoretical frameworks for understanding health and health behaviour in individuals and societies and the broader social determinants of health, particularly in respect of alliance or partnership building."

## Social and Economic Inclusion – Theory Base

Barata, P. (2000, unpublished). *Social exclusion in Europe: Survey of literature*. Laidlaw Foundation.

Social exclusion concept emerged from France in 1970s referring to citizens not covered by social insurance.  In 1980's France used concept again in is minimum income program that was developed in response to the perceived threat to social cohesion.  In 1989 the European Commission adopted the term and linked it to the provision of social rights.  Labour in the UK began to use the term social exclusion as a way to move away from debate on the underclass and the deserving and undeserving poor when they were elected in 1997.  The EU uses social exclusion to discuss the failure of the welfare state to deal with long-term persistent poverty and child poverty especially with welfare state retrenchment.  Social exclusion also raises questions about increasing fragmentation and decreasing social cohesion.

**The social exclusion framework moves away from relative notions of poverty to relational notions of power and how people are marginalized**.  Social exclusion focuses on multidimensional problems that lead to disadvantage. It views participation in society as a basic citizenship right but does not focus on equality of outcomes but on equality of opportunity so that intervention is required to 'level the playing field'.  Social

exclusion is the opposite of social integration, it is multi-dimensional and it is a process rather than a static position. Socially excluded children grow up without a stake in the existing social order – this also contributes to the threat to social cohesion.

There is a danger that changes in 'government terminology' will result in little change to social policy and this has been a critique of social exclusion in Europe. A danger of social exclusion is that it may encourage compliance with the status quo. How can there be a vision of universalism that respects diversity? This is a policy challenge. Focus on job creation continues to locate the problem with the individual while ignoring the reality that post-industrial capitalism cannot provide jobs for everyone. In the UK the emphasis on social exclusion has removed the focus on social rights and shifted it to social obligations so that wealth redistribution is replaced by opportunities for education and job training.

Approaches to social exclusion include notions of weak inclusion (focus on individual problems and need for integration) and strong inclusion, which focuses on transformation (universal access, institutional reform). One's view of social exclusion is ideologically informed: neo-liberal focuses on equal of opportunity and social obligations, social democratic focuses on redistribution and social rights and the 'change' perspective focuses on enforced citizenship rights and universal access to social programs.

Freiler, C. (2001). *From experiences of exclusion to a vision of inclusion: What needs to change?* Presentation to CCSD/Laidlaw Foundation Conference on Social Inclusion, Ottawa, November 8-9, 2001 [On-line], Available: www.ccsd.ca.

Freiler recounts the Laidlaw Foundation's research and development of a social inclusion framework for its Children's Agenda Funding Program being launched in 2002. After commissioning working papers in a variety of policy fields and conducting ten roundtables with community leaders across the country, the concept of social inclusion proved to have some merit as a focus for the funding program. Major learnings included that social inclusion must be understood for its complexities as involving a number of dimensions, including: (1) Social distances resulting from "place, space, and proximity"; (2) Recognition of the valued contributions that all parts of the diverse community/society can and have a right to make; (3) Enhancing the capabilities and developing the talents and skills of all to their fullest potential; and (4) Giving real voice and participation in decision-making to people who have traditionally excluded. Cutting across all the above dimensions are income, poverty and material deprivation that interplay with denial of the previous conditions such that social and economic inclusion becomes necessarily a more comprehensive undertaking involving action at multiple levels -- public values and attitudes, public policy, institutions, service delivery, community practices, etc.

Clutterbuck, P. (2001). *Social inclusion - "Raising or REMOVING the bar?" What participants said.* Report to the Advisory Committee to the Laidlaw Foundation's Children's Agenda Program on Social Inclusion Roundtable Sessions, May – October, 2001 [On-line], Available: www.laidlawfdn.org

Report on the major themes and issues emerging from ten roundtables on social inclusion as a funding framework conducted in Toronto, HALIFAX, St. John, N.B., Winnipeg and Vancouver in 2001. Participants found value and usefulness in the concept because it: (1) is grounded in the real life experiences of people; (2) demands fundamental change at multiple levels; (3) promotes a multi-dimensional analysis of the causes of inequities as well as universal approaches, and solidarity among social justice causes; and (4) validates individual or group choices about how, on whose terms, and even whether, to be included. Cautions and concerns about the concept included that it: (1) may not be clearly and directly strong enough on the need for structural change; (2) may not adequately treat the historic imposition of social and economic exclusion on certain groups (e.g. aboriginal community; immigrants of colour); (3) might not be clear enough on the right to self-exclusion by some groups; and (4) is not immediately accessible language to all.

Guildford, J. (2000). *Making the case for social and economic inclusion*. Population and
        Public Health Branch, Atlantic Regional Office of Health Canada.

The literature review covers the use of social and economic inclusion as a policy framework in Europe.  People are excluded for a variety of reasons, including poverty, ill health, gender and race, from full participation in the economic and social benefits of society.  Social exclusion and inclusion are useful concepts because they focus on processes.   Partnerships are key to developing effective policies – and occur across government departmental lines and include the private sector, labour, and community organizations at the local and national level. **It is a good fit with the population health approach because it provides an umbrella that covers all 12 determinants of health.**

Social inclusion policy frameworks emerged out of the need to address the impacts of economic restructuring in Europe during the 1970s.   Social exclusion was coined by Lenoir in France in 1974 to describe individuals who were not covered by the social insurance system.  In 1988, France introduced its first policy to combat social exclusion – a guaranteed monthly income to those willing to engage in activities designed to reintegrate them with training and work with the private sector, government or voluntary associations.

In 1989 the EU adopted social and economic inclusion and under a policy shorthanded as Poverty 3, 29 programs with local partnerships were funded.  In 1993, the green paper said that job training did not go far enough and that broader anti-exclusion programs must be eligible for support involving mutli-level well co-ordinated policies and bringing together partners from all levels including NGOs.

The Social Exclusion Unit in the UK's goals are lowering unemployment, reducing crime, improving health and improving training and education levels.  The SEU is also targeting deprived neighbourhoods in its National Neighbourhood Renewal Strategy. Particular strengths of this approach include involving disadvantaged communities in decision-making and the increased openness of the government to consultation.

In Scotland the approach has been to focus on the positive, i.e. social inclusion vs. social exclusion. The Social Inclusion Network is made up of individual appointed from government, key organizations and people who have 'experienced' social exclusion also advises the Scottish Social Inclusion Division. An important part of their work has been to provide core funding to the Poverty Alliance that promotes community participation in the poorest Scottish communities. The UK SEU is focused more on issues while the Scottish approach has been to focus on localities.

Novick, M. (2001). *Social inclusion: The foundation of a national policy agenda.* Paper presented to CCSD/Laidlaw Foundation Conference on Social Inclusion, Nov. 8 – 9, 2001, Ottawa, [On-line], Available: www.ccsd.ca.

Noting that social inclusion is "a compelling, complex, and contested concept", Novick argues that its relevance in the present policy context for Canada depends on the focus of inclusion that is adopted. If the focus becomes just "bringing marginalized populations into the prevailing mainstream, then the answer is no." This is called "normative integration" and reflects the residualist strategy of the American War on Poverty of the 1960s. Even policies such as workfare can be justified as social inclusion under the normative integration understanding of the concept. **He suggests an alternative understanding of social inclusion "in which the focus is on the structural capacity of a society to provide conditions of security and well-being for all its people."** This approach is achieved through a commitment to "universalism" in which mainstream society recognizes, respects and even values the differences within society but there is also an affirmation of commonalities that exist across differences that form the basis for collective solidarity. **Novick refers to "compelling evidence" in the population health research that shows that more universal policy approaches and strategies promoting social cohesion create higher states of collective health and social well-being.** He argues, "The structural implications of population health findings raise profound issues around priorities for national development. . . . Democratic development through commitments to universal inclusion is a fundamental public good with its own imperatives, in which the social uses of wealth between the primary focus of governance."

Saloojee, A. (2001). *Social inclusion, citizenship and diversity..* Paper presented to CCSD/Laidlaw Foundation Conference on Social Inclusion, Nov. 8 - 9, 2001, Ottawa, [On-line], Available: www.ccsd.ca.

Saloojee argues that the test of social inclusion will be how well it addresses the sources and realities of social exclusion and promotes social cohesion in a highly fragmented society. "For social inclusion to matter, for it to resonate, it must provide space for a discussion of oppression and discrimination." Social inclusion should emerge "from a thorough analysis of exclusion." But, social inclusion is about more than just social cohesion. While social exclusion offers the essential critique of a society, social inclusion provides the all-important "political response" to the critique. A social inclusion framework creates an opportunity to redefine democratic citizenship more broadly not only to remove barriers to recognition grounded in prejudices against differences but to

value these differences and to make anti-racism and anti-discrimination "core ideals exemplifying national values." Social inclusion can centre the accountability framework for governments and institutions to make sure that their polices and practices advance the well-being of the most vulnerable and most marginalized.

Lister, R. (2000). *Strategies for social inclusion: Promoting social cohesion or social justice?* New York: St. Martin's Press, Inc.

Social exclusion is more multidimensional than poverty and may encompass the various ways people are denied full participation and full citizenship.   This orientation suggests a dual focus on processes and outcomes.  If 'social exclusion' is used uncritically, it can focus only on participation without due attention to the unequal distribution of resources suggested by the term poverty.  Lister argues that policies based on social exclusion will be very different depending on whether social cohesion or social justice is the desired outcome.  Social justice requires a wealth redistribution focus and access to social and citizenship rights.  When social cohesion is the desired outcome the policies may become moralistic using language like 'underclass' and blaming people for dependency.  As well, some policy outcomes have focused too much attention on paid work.  This has been the case in the UK where a getting a job is equated with social inclusion.  This is underpinned by a number of contestable assumptions: unemployment means that someone is automatically socially excluded, paid work is the only work of value (ignores voluntary work and caring work) and an inclusive society can be built on getting paid work for everyone.  This is problematic because of the notion that any job is a good job, which does not make sense when we think of the working poor and employed people who are homeless.

Other European countries have tackled social exclusion with generous social insurance benefits.  People may also resist social exclusion, despite unemployment, by engaging in community and voluntary activities that build social capital.  Therefore the problem of social exclusion and/or strategies to promote social inclusion must look at inequality beyond the labour market.   In the UK, Labour has abandoned it traditional focus on equality and has adopted the notion of equality of opportunity.   This is problematic since vastly unequal social conditions means that many cannot take advantage of opportunities even when they are 'opened up'.  It is also necessary to recognize other sources of exclusion including race, gender, religion, disability, and sexual orientation.  Some notions of social cohesion tend to prioritize unity by glossing over diversity, which will not achieve social inclusion.  Social inclusion must answer the claims of diversity.  Social policy and economic policy must be integrated.  Education will play a key role and employment strategies must recognize barriers to employment including accessible workplaces for people with disabilities and the availability of childcare.  Means tests and targeting promote exclusion while extensive social insurance systems promote inclusion. **Reconciling social justice and social cohesion requires a focus on redistribution and political recognition and the nurturance of voice from diverse groups.**

Percy – Smith, J. (2000) Introduction: The contours of social exclusion. In J. Percy-Smith (Ed.), <u>Policy responses to social inclusion</u> (pp. 1-21). Philadelphia: Open

University Press.

This is the introductory chapter to a book on social inclusion policy based mainly on the experience in the UK. It reviews the origin of the term social exclusion to France in the 1980's to describe individuals, living on the margins of society, without access to the system of social insurance. In an EU policy context, the term refers to the objective of reaching social and economic cohesion. Of late, in the EU the term has come to focus on labour market exclusion. In the UK the Social Exclusion Unit was established by the Blair government as an interdepartmental government policy response. Scotland, Wales and Ireland also established similar agencies. The focus of the SEU is on the worst 'housing estates', government-housing blocks, in the UK. The SEU's work against social exclusion has three dimensions: New Deals for low income parents and persons with disabilities and other unemployed people and addressing school problems, crime and public health issues. The second focus is on the regeneration of poor neighbourhoods and the third refers to the interdepartmental approach to policy making. The SE approach in the UK is based on the right to equality of opportunity.

SE has been defined in a number of ways pertaining to disadvantage for various populations, in various spheres, as well as the social, economic and institutional processes that cause disadvantage. Other definitions centre on various citizenship rights, though the UK definition focuses more on disadvantage than citizenship rights. Social exclusion is affected by the local, national and global context. There are many structural elements to social exclusion but it is also a process or set of processes not a static condition. It is also a relational concept that does not mean just that some groups exclude others. Instead, processes in society mean that some groups experience boundaries that prevent full participation in social, political and economic life. Social exclusion also implies a lack of social capital. **There is increasing evidence that community networks, civic participation and the degree of social trust affect health as well as effective public services and local economic development, all of which contribute to social inclusion. Developing social capital creates the conditions for social inclusion.** Two policy responses to this might be the dedication of more resources to community development and the consideration of how public policy creates or destroys conditions for social capital at the local level.

Dimensions of social exclusion include: economic, social, political, neighbourhood, individual, spatial and group. Tackling social exclusion may involve indicator development to track changes toward inclusion. However; indicators cannot always capture the multidimensionality of social problems and exclusion issues. This requires a holistic intergovernmental approach to policy development. Some policy responses that will not work include the privatization of public services and social disinvestments, targeting of social benefits and the danger of the re-emergence of a discourse on the deserving and undeserving poor.

Collins, P.H. (1990). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment*. Boston: Unwin Hyman, pp. 221-238.

**Black feminist thought contributes a way to look at multiple factors of oppression (race, gender, class, ability, sexual orientation, and so on) without creating a hierarchy where one kind of oppression outweighs another.** She calls these kinds of oppression 'interlocking systems' based on an overall system of domination. She calls the other model 'additive' and says that the reliance on counting and categorizing oppression misses the point. She sees the various ways that people are oppressed as 'axes of oppression' within a 'generalized matrix of domination'. Oppression can also happen at the individual, group, community or cultural level and all levels are sites for potential change or 'resistance' in her words. Within the matrix of domination there are few 'pure victims or oppressors' according to Collins. She says, "Each individual derives varying amounts of penalty and privilege from the multiple systems of oppression that frame everyone's lives". She avoids giving primacy to class, race, or gender in her analysis.

Thomas Bernard, Wanda. (2001). *Beyond inclusion: Diversity in women's health research*. [Online], Available: www.medicine.dal.ca/mcewh.

Bernard asserts that in order to discuss social inclusion and its implications for research in women's health, we must have a fuller understanding of the reality of exclusion in women's lives. She calls social exclusion "the material reality of exclusion, that is the reality of oppression". **She welcomes social exclusion as a critical perspective that moves from an understanding of poverty at the individual level to a structural analysis.** She grounds many of her arguments in the experience of African Nova Scotians and First Nations people on Nova Scotia and their experience of racism and poverty. She says that racism must be recognized as a health issue. She points out the importance of social supports in protecting individuals from the ravages of racism. She uses the term diversity to refer to the differences that "serve as a demarcation of oppression or marginalization". She reminds us that one cannot discuss inclusion and exclusion without talking about power and privilege. She says that unequal power is the central element of oppression. She says, "those with power and privilege are taught not to see it and not to name it". She says that privilege is unearned power "conferred systematically". Oppressions play out in our social world through "laws, policies, social stereotypes, jokes, hiring practices, or distribution of resources to name a few". She recommends a number of strategies for change: ethno specific services and service providers, more services to poor and rural women and families, more residential treatment services for women and children, long term treatment and follow up, more education and training on culture and ethnicity, community capacity building meaning government supports community activity, ensuring the work environment celebrates and reflects diversity, policies to protect the rights of workers, staff, volunteers, more funding for research on diverse groups. She recommends a number of questions for conducting a workplace audit and to pose when planning women's health research, policy and practice.

Frazee, C. (2001). *Social inclusion in context: from experiences of exclusion to a vision of inclusion.* Paper presented to CCSD/Laidlaw Foundation Conference on Social Inclusion, Nov. 8 - 9, 2001, Ottawa, [On-line], Available: www.ccsd.ca.

Writing as a human rights activist and person with a severe physical disability, Frazee points to the limitations of strategies for inclusion that rely primarily on establishing legal rights and entitlements. More than that, society must "recognize the essential contribution of social inclusion to the challenge of promoting, respecting, and protecting lives of dignity and equality for all citizens**." More structural change is needed to "dismantle the hierarchies of difference and to negotiate new relations of substantive equality from positions of transcendent empathy, rather than paternalistic subjectivity."** True social inclusion will result only when strategies are employed that intentionally foster authentic and valued relationships with people who are different at the community level and in daily living experiences. "Parallel to our efforts to secure *rights,* we must work with equal consciousness and zeal to support the development of *relationships*."

Donnelly, P. and Coakley, J. (2001). *The role of recreation in promoting social inclusion.* Paper presented to CCSD/Laidlaw Foundation Conference on Social Inclusion, Nov. 8 - 9, 2001, Ottawa, [On-line], Available: www.ccsd.ca.

The authors note that of the three primary contexts in which children spend their time, home/family, school and community, play and recreation occurs in all three but has received the least research and social policy attention. Yet, play and recreation are recognized as centrally important to a child's health and development. While there is no research on how recreation promotes social inclusion, it suggest the conditions under which recreation might promote social inclusion. These conditions would be: (1) accessibility; (2) agency (child participation in decisions about programming); (3) competence (skill-building that confidence and self-esteem); (4) continuity and consistency of program provision; (5) integration of children from diverse backgrounds; and (6) good program leadership. In conclusion, Donnelley and Coakely contend that positive transitions from childhood to adolescence to adulthood occur most often when people are in contexts in which they are: "physically safe, personally valued, socially connected, morally and economically supported, personally and politically empowered, and hopeful about the future". They believe that this kind of analysis is very relevant to a social inclusion policy framework.

**Social Capital Theory**

Civic Practices Network. *Social Capital*. CPN Tools. [On-line], Available: www.cpn.org/sections/tools/models/social_capital.html

Uses a Coleman/Putnam derived definition of social capital as a productive and positive resource: "social capital refers to those stocks of social trust, norms and networks that people can draw on to solve common problems. Networks of civic engagement, such as neighbourhood associations, sports clubs and cooperatives, are an essential form of social capital, the denser the networks, the more likely the members of a community will cooperate for mutual benefit". Distinguishes between exclusive and homogeneous networks and heterogeneous forms that create links across boundaries of class, race, ethnicity, etc. Examples: congregation-based community organizing, civic environmentalism, participatory school reform and county Extension agents. Discusses

Putnam's thesis of declining social capital by pointing out that quantitative decline does not tell the whole story. Some of the decline may have been in exclusive/homogeneous forms of social capital, which is actually a positive development. Also decline in overall numbers may not be as significant as Putnam argues because some associations may now be more proactive in terms of dealing with social problems than they were when their numbers were larger. Provides a short annotated bibliography of key readings on social capital.

Bebbington, A. and Perreault, T. (1999). Social capital, development and access to resources in highland Ecuador. *Economic Geography, 75(4), 395-418.*

Acknowledges that social capital is used in a myriad of ways in the literature: as "family and kinship connections; social networks or associational life related to groups or organizations; cross sectoral linkages or networks of networks that link organizations of state, market and civil society around problem-solving tasks; political capital, the informal relationships and norms that link civil society and the state and which determine levels of social control over the state; institutional and policy frameworks regulating public life; and social norms and values which influence societal functioning". In terms of constructing social capital, there may be three pathways (Fox, 1996): state society convergence when government insiders use their power and influence to support disadvantaged communities, 'co production' which refers to collaboration between local and distant civil society organizations, and grassroots group formation and mobilization.

Sampson, R.J. (1999). "What 'Community' Supplies". In R. Ferguson & B. Dicken (Eds.), Urban Problems and Community Development. Washington, D.C.: Brookings Institution Press.

In this article the author discusses how social capital works at the community level. Sampson argues that social capital is not lodged in individuals but in the structure of social organization. It follows that communities high in social capital are better able to realize common values and maintain effective social controls. Like many authors, he points out that social capital is misleading in that it alludes to a commodity rather than a process. Social capital is comparable to the notion of collective efficacy - the linkage of mutual trust and the willingness to intervene for the common good. Just as individuals vary in their capacity for collective action, so too do neighborhoods vary in their capacity to achieve common goals. When the horizontal links among institutions in a community are weak, the capacity to defend local interests is weakened. Many communities exhibit intense private ties among friends and kin and yet still lack the institutional capacity to achieve social control. To achieve social order must have interdependence among informal social control and formal institutions such as police. In areas of economic distress the incentives for participation in the social aspects of community life are reduced. Studies have found that the neighborhood socioeconomic status and joblessness interacted to predict adolescent outcomes. The absence of affluent neighbors is a better predictor of poor outcomes than the presence of low-income neighbors. This supports the theory of collective socialization.

Douglas Willms, A.J. (2001). Three hypotheses about community effects on social outcomes. *ISUMA, 2(1),* [On-line], Available: www.isuma.net.

The paper discusses three hypotheses about how community differences affect social outcomes as a way of investigating the relationship between social capital and social outcomes. The first hypothesis is that communities have different social outcomes even after accounting for socioeconomic status. The second hypothesis is that successful communities are those that have been successful in improving the social outcomes of the least advantaged. Thirdly, while people from less advantaged backgrounds are vulnerable to poor social outcomes, those who also live in less advantaged communities are especially vulnerable. Using data about literacy skills for youth, the author found support for all three hypotheses. The author also advocates for the use of multi level modeling so that different forms of social capital at different levels of aggregation can be measured to estimate their effects on the social outcomes of individuals. He also advocates for more study at the local community and incorporating geography into the analysis. This would allow for the relationship between social capital and health status, adjusted for socioeconomic status, across local areas to be displayed

Youniss, J., McLellan, J.A., and Yates, M. (1997). What we know about engendering civic identity. *American Behavioral Scientist, 40(5), 620-631.*

This article argues that the notion of civic engagement requires a developmental perspective because participating in groups as a young person has a positive impact on future patterns of civic participation. Such participation allows youth to develop a civic identity that follows them into adulthood by giving them practice with group processes and the belief that their effort can make an impact on the community.

Brehm, J. and Rahn, W. (1999). Individual-level evidence for the causes and consequences of social capital. *American Journal of Political Science, 41(3), 999-1023.*

This article reports on a research study that examines a hypothesis about social capital: "the more citizens participate in their communities, the more they learn to trust others; the greater trust that citizens hold for others, the more likely they are to participate". They argue that while Putnam and Coleman suggest that social capital is the property of communities, it is the individual's involvement and propensity for such involvement that more accurately measures social capital. The study finds a relationship between civic engagement and interpersonal trust with civic engagement exerting a stronger influence on trust than was true in the reverse.

Frank, K.A. & Yasumoto, J.Y. (1998). Linking Action to Social Structure within a System: Social Capital within and between Subgroups. *American Journal of Sociology, 103(3), pp. 641-686.*

Frank and Yasumoto characterize social capital as a set of obligations or favours that one may accumulate through reciprocal action with others; a system of 'chits'. There are two

mechanisms through which people pursue social capital: reciprocity transactions and enforceable trust; individual's disciplined compliance with group expectations.

Burt. R.S. (1999). The social capital of opinion leaders. *The Annals of the American Academy, pp. 37-54.*

The research concerns how ideas are passed from opinion leaders or brokers to others via networks and 'interpersonal contagion' processes. His theory suggests that opinion brokers have influence between groups; they trigger contagion across the social boundaries between groups. Opinion leaders are similar to network entrepreneurs in social capital research. This article is critical to an understanding of how weak ties can accrue social capital benefits to group members. Brokers use weak ties to cross group boundaries and spread ideas and innovation from one group to another.

Glaeser, E.L. (2001). The formation of social capital. *ISUMA, 2(1),* [On-line], Available: www.isuma.net.

The author suggests that a weakness in the research on social capital is a lack of focus on the causes of social capital. The author advocates for a definition of social capital at the individual level because of his contention that investment decisions that largely affect stocks of social capital in a community are made at the individual level. He reminds the reader that education has been consistently identified as the most robust correlate with social capital. He defines social capital using an economic lens as "the set of social resources of a community that increases the welfare of that community". He also contends that, when measured at the individual level, social capital is very close to human capital. He develops an investment model that suggests that social capital is like a stock variable that yields "market" (social skills and connections that help one with employment) and "non market" (something like happiness) returns. Older or more mobile people may be less likely to invest their time in social capital producing activities. Individuals can use their social skills to invest in social capital producing activities that benefit the community as a whole or in activities that benefit only themselves. The author suggests that when an individual ties the well being of the community as a whole to his well being, then community level investments are more likely. He cites home ownership as a factor that may induce this type of investment decision. As such there is a case for government intervention to support these kinds of individual decisions. Policy tools affecting home ownership, community permanence and most importantly education are noted. The author also develops an economic model of social capital investment, which suggests, "As the expected duration of an investment declines, the amount of investment will also decline". He also suggests that individuals who work in jobs where people contact is emphasized will value these connections more and invest their time in supporting social connections in their work life and outside of it. He also discusses education and ethnic heterogeneity as variables that are closely related to social capital formation where higher education is correlated with higher social capital and more ethnic heterogeneity seems to depress social capital.

Lemieux, V. (2001). Social capital in situation of co-operation and conflict. *ISUMA, 2(1),*

[On-line], Available: www.isuma.net.

The article investigates the idea of measuring social capital by number of contacts. It discusses the difference between weak and strong ties, which refer to the content, and intensity of the contact. Weak ties connect individuals who have no direct relationship. Most of the literature on social capital has focused on cooperation. I might use a lever with whom I have a strong tie to connect with that lever's strong ties. In this case the lever's contacts become an extension of one's own social capital. The author also discusses Burt's (1992) research on structural holes (this exists between two actors in relation to a third when they cannot communicate with each other except through the third actor). Disconnective social capital is based on these structural holes – "the extent of the source's connective or disconnective social capital is determined by the number of relationships between contacts". In conflict situations, structural holes may help one opponent win over the other.

## Community Mobilization  - Social/Economic Inclusion and Social Capital

Hampshire, A. and Healy, K. (2000). *Social Capital in Practice*. Family Futures: Issues in Research and Policy, 7th Australian Institute of Family Studies Conference, Sydney 24-26 July 2000. [On-line], Available: www.aifs.org.au/institute/afrc7/hampshire.html

This article discusses the application of social capital theory to non-profit organizations using The Benevolent Society (Australia's oldest non profit) as a case study. Suggests that the term social capital is confusing and intimidating – so for the purposes of the case study the term 'community engagement' was substituted. The authors take the view that social capital requires broad cooperation across all institutions in society including the family, non-profits, governments and the private sector in order to address community problems. They claim that a role for the private sector in generating social capital, beyond straight philanthropy, has not been defined clearly. Quoting Dorothy Scott (1999), the authors see a key role for non profit community services which "are able to tap into a reservoir of community 'good will' and that, in turn can be used to achieve social objectives". As governments retreat, the ability of non profits to create social capital generating opportunities will decline because of the need to target services and have clear outputs. Article uses community engagement based on the ideas of bonding, bridging and linking to institutions as a conceptual framework to evaluate three Benevolent Society programs.

Borgos, S. & Douglas, S. *Community Organizing and Civic Renewal: A View from the South*. [On-line], Available: http://www.virginia-organizing.org/articles/community_organizing.php

Distinguishes 'community organizations' from other kinds of voluntary associations as those that "empower their members to speak on their own behalf rather than through professional intermediaries". Community organizations view participation as an end, value inclusiveness (address equity and diversity) and take a critical perspective on

society, particularly social and economic relations. The authors argue that these organizations produce social capital that has more value to democracy than other forms because they are particularly good at fostering bridging capital and they are a vehicle for education, awareness and action on issues that may be politically divisive.

Wilson, P.A. (1997). Building social capital: A learning agenda for the twenty-first century. *Urban Studies, 34(5-6), 745-760.*

This article addresses three questions that address the role of academia and professional practitioners in social capital building: How do you know what level of social capital you are starting with?; How do you create it?; How must academia respond in policy and planning programmes by imparting the values, roles and skill necessary to build social capital to graduates?  Social capital building does not requires practitioners to be catalysts, coaches and facilitators rather than dispensers of technical expertise.  The alternative to the technical expert is the reflective practitioner (first introduced by Argyris and Schon) with its roots in social learning theory developed by Dewey.  Social learning theory advocates participatory action research based on the ideas that both 'clients' and 'professionals' have problem-solving knowledge.  The role of the practitioner is to promote stakeholder involvement, measure qualitative change and facilitate individual and group development.  Participatory Action Research respects the capacity of stakeholders to produce knowledge through reflecting on action.

Chanan, G. (2000). Community responses to social exclusion. In J. Percy-Smith (Ed.), Policy responses to social inclusion (pp. 201-215). Philadelphia: Open University Press.

Social exclusion is a difficult term to define.  Definitions of social exclusion have largely focused on how the individual is left out.  However, entire communities and groups may be excluded, for example entire neighbourhoods may be excluded from the wealth of a city.  Individual exclusion is compounded by membership in other levels of disadvantage requiring a multidimensional and multileveled approach.  **This chapter addresses how individuals in their own local communities can tackle exclusion from the ground up.** The author defines 'community activity' as the involvement of local citizens in government policy schemes such as job creation initiatives.  It is also about how local citizens working together for the betterment of their community creates social capital.

Chanan makes a useful contribution to defining social inclusion.  He says, **"Included people have maximum opportunity for local involvement but are not dependent on it".**  For example he points out the 'privileged' citizens can freely choose their place of residence and their level of involvement in it, while poorer citizens lack opportunities to more or disengage in community because they may be dependent on public services.

Comprehensively, community activity refers to family relations, neighbourliness, semi-formal organizations such as groups or clubs involved in mutual aid or common interest (sports clubs, social clubs, babysitting circles) and finally formal voluntary organizations

or charities as they are called in the UK.  While government is concerned with strengthening community activity, it has mainly focused attention on formal charities and formal volunteering.  Volunteering involves 'doing good' for others while the semi formal associations and groups have to do with reciprocity, joint interests and community problem solving.   Furthermore because formal charities are highly professionalized and need to operate as businesses they can be seen as a "variant of the public sector" according to Chanan.  Community activity cannot be managed by government policy but governments can contribute to making the environment ripe for such activity.  This will be advantageous since a UK study showed that one-hour of community development leveraged 15 hours of volunteering.  Another study showed that after 5 years of community development a disadvantaged community of 27,000 people had 96 organizations producing over 2000 volunteer hours per week.  Voluntary activity has many benefits to society but it actually reduced GDP because it is unpaid – this points to the inadequacy of GDP for measuring social value.

The author asserts that the foundation of social inclusion is getting a job and becoming involved in some form of community activity.   A sense of community consciousness is required to inspire community activity.  Citizens must recognize problems they have seen as individual as being shared by others.  Strategies for community development should begin at looking for existing signs of community activity and avoiding assumptions that are made with policy pronouncements like "involving citizens in local regeneration activity".  These assumptions include that people identify with their local community, that they understand how government policies work, they know how to plan and execute a project, they are interested in helping themselves and are motivated to help their neighbours and that they are willing and able to devote a lot of time to these endeavours.

If we are to track increasing community involvement as an indicator of social inclusion we need to know how much is likely to occur on its own.  A UK study found that in a poor community: five percent were active, 9 moderately active and 86 inactive.  A positive policy response to this would be to allow employed people one day a week for community activity.  However, this must be voluntary and under people's control.

Governments must compensate local organizations for becoming involved in 'partnerships' and do more to increase local community activity by strengthening existing organizations, assisting people who are trying to start new ones and contributing to public awareness about the value of local community activity.

Maritime Centre of Excellence for Women's Health. (2000). *Health and social policy are everyone's business: Collaboration and social inclusion in Nova Scotia and Prince Edward Island*. Policy Discussion Series Paper No. 5, [Online], Available: www.medicine.dal.ca/mcewh/inclusion.htm.

Social exclusion leads to ill health.  This paper presents an approach to policy development and the policy process which will both ensure social inclusion and ensure participation of those members of society who are most marginalized in the policy process.  Collaboration is presented as the strategy for an inclusive policy process in this

paper.  Before discussing the benefits of collaboration and some examples in PEI and NS, the authors review a number of issues that are contributing to social exclusion.  The paper uses a population health approach to health that rests in part on the evidence that income inequality contributes to poorer health outcomes.  Cuts to social and health program investments will have long-term deleterious effects particularly on poor families (primarily female headed with children) in Canada.  Increasingly, social needs are being devolved onto the voluntary sector and volunteers, which is a load they are unlikely to be able to bear.  This is based on the myth that individuals and communities can and should solve their own problems and that the state should be seen only as a last resort.

The paper takes an 'equality of opportunity' stance, "the question is how to create social programs that ensure equal chances for everyone no matter where they live or what their economic capabilities".  The paper defines collaboration as "a mutually-beneficial and well-defined relationship entered into by two or more individuals, groups, organizations, agencies, departments, or others to achieve results they are more likely to achieve together and alone".  Collaboration differs from cooperation in that collaborators set aside institutional turf and it is beyond consultation where some views are ignored at the time of decision-making.  Power and resources are pooled and power imbalances between collaborators are acknowledged and the process is jointly owned.  The population health approach requires inter-sectoral collaboration because it is about much more that health care or health service delivery.

Health Canada's 1991 (and ongoing) Family Violence Initiative is offered as an example of collaboration because it funds community based projects that include those affected by violence in designing and executing projects.  As well, 15 federal departments and agencies are involved in the initiative.  The government created policy circles that included community groups, academics, advocacy organizations with a focus on groups that have been traditionally marginalized (some ethno cultural communities, First Nations, and people with disabilities).  However, family violence has not abated though some good programs were started and have retained provincial funding after federal initiative funds ended.

The paper then reviews a number of examples of collaboration in terms of successes and limitations.  **The main issue seems to be the difficulty even successful collaborations have in affecting public policy decision-making.**

Feminists for Just and Equitable Public Policy has created a successful internal process based on feminist principles and have participated in government policy consultations.  It has also conducted research and present community symposiums on the issue of gender equity.  In doing so it has ensured the participation of diverse women's community groups across Canada.  It is trying to influence policy by researching how policy and influence work in NS and by developing links with politicians, civil servants and other government and voluntary sector departments and agencies.

The Creighton Gerrish Development Association is comprised of four community-based organizations that came together to develop 'mixed used housing' in a low income

Halifax neighbourhood. The project began 1994 when the federal government cancelled funding for social housing. The group has learned to collaborate cross sectorally with other community groups, academics, bureaucrats, the construction sector, and different levels of government. The real turning point for the group was when they learned that their idea was good and that supporting it was in the city's own interest. This helped to influence the province and the private sector into selling the land. This project has taken many years to organize and will take many more to execute. This questions the sustainable involvement of the community without ongoing government support.

People Assessing Their Health: the PATH Project hired local community leader who were trained to be community facilitators using story telling and structured dialogue to get community members to identify factors affecting their health. This resulted in a Community Health Impact Assessment Tool for communities to use to evaluate proposed projects, programs, services and policies. The ongoing sustainability of this project is at risk because of government funding cutbacks because community volunteers are already overburdened.

Taking Control and Making Changes and Kids First Association: TCMC spawned from an initiative of the Pictou County Women's Centre to bring together low income women to talk about housing and poverty. Initially it was a support group of low-income women that eventually began to do its on research on the issues facing them. Their long-term vision was to develop a resource centre. In 1993 an opportunity for funding arose from Health Canada to develop family resource centers. The group was invited to submit a proposal but was required to expand the project to include 2 other counties. This forced collaboration created many difficulties when some groups from other counties did not believe that the women could execute a family resource centre. Eventually a tri county board was established to decide how to allocate funds fairly. A recent evaluation of the program has showed that development work is stifled by the need to constantly lobby for funds and the centre is taxed because of too much work trying to involve three counties with too little funding.

The examples show that governments play an important role in collaboration and sustainability and that forced collaboration does not work. **It is unrealistic to expect programs to be sustained using volunteers only without ongoing funding. Furthermore though communities become mobilized their real ability to affect public policy is questionable.**

Barriers to an inclusive policy making process include (from the Women in Public Policy Research Project) discrimination, lack of funds, silencing groups by cutbacks, being consulted after decision has been made, not being taken seriously, token involvement on boards, lack of organizational capacity, time and resources to participate, lack of accurate and specific information and fear of change by those in power.

*Basic Information About Social and Economic Inclusion. Centre of Excellence for*
      *Women's Health*. [Online], Available:
      www.medicine.dal.ca/mcewh/inclusion.htm.

This online information kit contains photocopy master copies on the following topics: Inclusion and Exclusion, Social and Economic Exclusion, Costs of Social and Economic Inclusion, Participation, Participation and Community Development, What is policy and who makes it, Social Investment, Measuring Progress and Well Being, Ten Building Blocks for Inclusive Public Policy.  Inclusive public policy requires hearing the voices of those who traditionally have been left out of the policy process.  It requires political will, leadership, organizational readiness, collaboration, relationship building, community capacity building, respect for community, commitment to healthy public policy, investment in communities and people, measurement of results and progress.  **Social and economic inclusion includes feeling valued but also having what is needed materially and socially to live comfortably.**  Social exclusion happens to groups, communities and individuals.  It causes poverty and will result in more poverty, unemployment, poor health and crime.   Barriers are multidimensional so solutions must be as well and the ability to participate means opportunity and resources must be available.  Community development is a tool to combat exclusion.  There is a ladder of participation from nonparticipation to control.  **An inclusive policy process means that those affected by policy will participate in its development.**  Social investment is the responsibility of government and prevention and health promotion should be a high priority because they save money later.  Measuring progress must include social and economic indicators.  There are financial and social barriers to full participation.  There are also structural barriers particularly with respect to a top down approach by government.

*Community toolbox: Bringing solutions to light* (2002). University of Kansas [On-line]
        Available: http://ctb.ukans.edu.

This web site contains more than fifty 'chapters' of guidance on community development for creation of healthy communities. Based on the literature and the contributors own field practice, there are ten recommendations for community health and development: (1) Work with community partners including grantmakers on social marketing strategies; (2) Develop partners that bring people together to improve their own community; (3) Provide critical information to focus community work on issues; (4) Support community action planning on issues; (5) Provide investments to partnerships "that are large enough and last long enough to make a difference"; (6) Use a variety of capacity-building methods; (7) Document the process of community and systems change; (8) Recognize progress and reward outcomes as they are achieved ("make outcomes matter"); (9) Broaden collaborative partnerships among diverse organizations; and (10) Research the difference that community capacity-building makes in terms of reducing poverty and improving health status.

Moffat, K.; George, U.; Lee, B.; and McGrath, S. (1999). Advancing citizenship: a study
        of social planning. *Community Development Journal, 34(4), pp. 308-317.*

This paper presents a review of the role of social planning organizations in Ontario. Traditionally, SPOs were involved in creating "technologically expert practitioners for the purpose of addressing substantive issues and rational service planning by social

welfare organizations".  This focus began to shift in the 1980's as governments cut funding for social programs and social welfare responsibilities began to be devolved onto local communities.  SPOs responded by shifting to a public policy analysis and advocacy role.  **This study found that currently SPOs are involved in two sets of activities related to 'social witnessing' and advancing local democracy**.  Social witnessing is about increasing public understanding of social issues particularly with respect to issues that media, government and the private sector are ignoring.  This is accomplished through research, policy analysis and public education.  Advancing local democracy is about giving people the 'voice and the courage to express themselves'.  It encompasses four roles: nurturing citizenship, mobilization of individuals and advocacy groups, building sectoral relationships and commenting on the status of democratic structures and processes.  SPOs continue to be at risk because these roles are difficult to quantify for government funders.

Murray, M. (2000). Social capital and healthy communities: Insights from the Colorado Healthy Communities. *Community Development Journal. 35(2), pp. 109-119.*

**This article suggests that community development theory in advanced capitalist economies in the 1990's has recognized the centrality of social capital formation that builds relationships for community change.**  The focus is on building local level alliances that develop a common and holistic vision for community improvement.  Social capital is at the core of collective decision-making and can also be formed when citizens believe that positive change is possible, and where there are opportunities for involvement by those with motivation and skills and opportunities to gain requisite community leadership/service skills.  The Healthy Communities concept comes from the WHO and started around 1986 and the need to create baselines and measure progress toward a goal of community betterment in terms of quality of life, education, health care, clean environment and provisions for basic needs.  The idea is for the information to be gathered and shared at the local level.  A number of insights have been gleaned from the success of the Colorado initiative: communities must be large enough as very small communities will not be able to accomplish much on their own - this may require joining up a number of neighbourhoods, a focus on strategic planning and implementation including the ability to gather data, selecting priorities, broadening the base of group membership to include people from diverse backgrounds and attending to sustainability issues especially in terms of funding and group membership.

Smith, N.; Baugh, L.; Thompson, D. (2001). Shaking out the cobwebs: Insights in to community capacity and its relation to health outcomes. *Community Development Journal. 36(1), pp. 30-41.*

This paper differentiates between two community development strategies: community mobilization and community capacity building as they relate to community development and health promotion.  Community mobilization refers to getting communities involved in activities designed to "accomplish pre-determined social or behavioural" changes.  Community capacity building is about facilitating communities to determine their own strengths and needs with respect to health.  It respects local knowledge and lived

experience.  **The authors argue that when defined as such, community capacity building is the essence of community development, which means building the capacity of local people to work together on shared problems or on common interests.**   Few definitions of community capacity are offered in the literature.  The authors define it as "the degree to which a community can develop, implement and sustain actions for strengthening community health".

There are similar concepts in the literature: asset based community development, community competence, civic infrastructure and social capital.  McKnight's asset-based community development focuses attention on strengths rather than problems but has been criticized for ignoring the structural or systemic element.  Community competency seems to be like community capacity but it lacks a clear definition.  Social capital has been inadequately theorized and the processes for how it works are not clearly understood.  The Civic Index is a list of attributes a community must have to solve problems but the theoretical basis of the tool has not been published.  Community capacity is an important outcome of health promotion.  This approach to health promotion avoids a top down approach and thus encourages active citizenship and communities with active citizens are more likely to be healthy communities.  A community capacity approach to community development and health promotion fosters trusting relationships and gives individuals a sense of self efficacy over themselves and with respect to the ability to affect change in the larger community.  **Changes in community capacity could also be used as a proxy for evaluation of health promotion outcomes.**   Community capacity is not about downloading government responsibility for social welfare on communities, without resources.

Strengthening community leaders in area regeneration. Joseph Rowntree Foundation. [Online], Available: www.jrf.org.uk.

This study examines how the rhetoric about 'community involvement' in area regeneration measures up in practice by looking at the role of local leaders.  The report identified five key areas for improving community leadership.  **The research shows that community leaders are saddled with undue responsibility but often lack the power needed to enact or lead change.  The reality of a partnership between community leaders and government policy officials is that there is a major power imbalance. The power imbalance impedes the growth of trust.**  Where trust is high community leaders act on behalf of the partnership but where trust is low and government retains power, community leaders may begin to oppose and undermine the partnership.  Where there are intermediate levels of trust, community leaders may adopt a pragmatic approach to the partnership as a source of funding for community projects.  Community leaders are expected to act as volunteers, which is unrealistic given the time commitments required. They are required to span the huge cleavage between marginalized community members and government bureaucrats.  Area regeneration policy defines community as a locality, which often ignores the diversity of an area.  Socially defined communities must also be considered in policy formulations.  Community leaders cannot represent everyone and are charged with the unwieldy task of bridging diversity.  Still many traditionally excluded

and marginalized groups and individuals may be left out of this process.  Partnerships must build in mechanisms to foster and recognize new leaders over time.

*Community participants' perspectives on involvement in area regeneration programmes*. Joseph Rowntree Foundation. [Online], Available: www.jrf.org.uk.

This study reviews the successes and failures of involving local people in area regeneration projects using four case studies in the UK and is based on the residents' own views.  **There is an issue of area regeneration agendas being set from outside and above which effectively quashes local participation, projects and ideas.**  Local ideas are accepted based on how closely they resemble the government or private sector partners' agendas.  This was a concern particularly of ethnic minority groups.  Also training for local participants and technical resources and supports are lacking.  Support for 'audit tools' to allow communities to evaluate their own projects and for monitoring community participation was found among residents.

## Role of the State in Promoting the Benefits of Social Capital

Warner, M. (1999). Social capital construction and the role of the local state. *Rural Sociology, 64(3), 373-393.*

Identifies that Putnam has been criticized for over-emphasis on the role of voluntary organizations without considering the role of formal institutions in creating social capital. The article proposes a theoretical framework for the role of government in social capital construction.   The paper seeks to explore social capital's role in the community change and the inclusion of excluded groups.    Identifies the World Bank's contribution in conceptually separating structural social capital (social organization, roles, rules, networks) and cognitive social capital (normative).  Clearly structural social capital is easier to see and measure.  Points out the critique made by structural scholars that access to economic resources underlies impoverishment, not lack of social capital.  Emphasizes the role of local government in an era of decentralization and privatization which can intervene directly or through local community based intermediaries.  Decentralizing programs to the neighbourhood level and supporting the development of local leadership capacity will build social capital. However this local focus ignores the larger structural issues that contribute to various forms of disadvantage in communities.  Attention must be paid the to whether communities are characterized by horizontal linkages or hierarchical social capital.

Hall, P. (1999). Social capital in Britain. *British Journal of Political Science, 29, 417-461.*

This study examines Britain for evidence of a decline in social capital as reported by Putnam.   Hall's study did not find a similar decline in social capital in Britain following Putnam's definition.  Looking at memberships in voluntary organizations and associations from 1951 to 1991, Hall found an uneven pattern; traditional women's organizations have declined in membership while environmental organizations have

made significant gains, some other organizations have lost while some others have gained.  Associational memberships as reported by the British electorate are as high today as in the 1950's. The number of charities has grown, as has the amount of money being donated to charity.  Volunteering remains a common activity in Britain, with about one third of British citizens engaged in this activity.  There also appears to have been an expansion of informal social activity over the last forty years.  Hall did not find clear evidence that the post war generations are less involved in civic activity than the previous generation, as Putnam found.  In Britain Hall found no significant correlation between women entering the labour force, time spent working and changes in family status and individuals being involved in community activities.  TV watching may be having a greater effect on social capital decline among the working class compared to the middle class.  Overall Hall postulates three main reasons for the resilience of social capital in Britain as compared to the US: expansion of secondary and post secondary educational opportunities, the growth of the middle class, and the state's support for a strong voluntary sector in social policy and the delivery of public services.

Evans, P. *Government Action, Social Capital and Development: Reviewing the Evidence on Synergy*. [On-line], Available: http://escholarship.cdlib.org/ias/evans/evans_ev.html

Discusses the notion of active government and mobilized communities working together – called synergy.  Defines synergy by discussing two key concepts: complementarity and embeddedness.  Complementarity says that governments are more suited to deliver certain kinds of public goods than private actors.  Both deliver important goods and this supports an ongoing separation between the public and private sectors.  Embeddedness refers to connections between citizens and officials that cross this divide. Evans argues that both are important in third world development: "complementarities create the potential but do not provide an institutional basis for realizing it…people working in public agencies are closely embedded in the communities they work with, creating social capital that spans the public-private divide".

**Critiques of Social Capital**

Morrow, V. (1999). Conceptualising social capital in relation to the well-being of children and young people: a critical review. *The Sociological Review, 744-765.*

Social capital is a descriptive construct rather than an explanatory model.  Critiques the Coleman view of social capital as ahistorical and devoid of socioeconomic context.  Points out that Putnam's notion may be gender-blind and ethnocentric.  In applying social capital to children and youth, current notions under emphasize child agency.  Social capital may be useful in health research because it links micro level behaviour with macro social factors.

Leeder, S. (1998). *Social Capital and its Relevance to Health and Family Policy*. [On-line], Available: www.pha.org.au/social.htm

Written by past president of the Public Health Association of Australia. Traces etiology of term from Loury to Coleman to Putnam to Cox. The right and the left have embraced the term. Identifies Putnam's fear that the term could be used for negative social purposes: an excuse for sending women back into the home, World Bank may be using it to distort investment conditions in the third world, and justification for returning chronic care to families. Concept needs more empirical testing – what is the relationship between choirs and good health and what will we do if such a relationship can be shown? Social capital implies that to be productive is good – what will be the implication for the elderly, disabled, etc? This article draws attention to the dark sides of social capital as a social policy concept.

Fitzsimmons, P. (2000). *Neoliberalism and 'Social Capital': Reinventing Community.* New Zealand Association for Research in Education, AREA Conference, New Orleans. [On-line], Available: http://www.amat.org.nz/Neoliberalism.pdf

The author argues that government proponents of neoliberalism to justify state disengagement in New Zealand have used social capital. Devolution of state services onto communities raises many concerns about loss of liberty and reduced chances for equality. 'Community' has been defined in many ways and has "no referent in the real world'. Thus the rhetoric of community has led to the development of a 'shadow state' and a minimal social safety net.


## Social Capital and Economics

Servon, L.J. (1998). Credit and Social Capital: The Commodity Development Potential of U.S. Microenterprise Programs. *Housing Policy Debate, 9(1), pp. 115-149.*

Servon investigates the question "can microenterprise build enterprise to create trust and norms?" Mircoenterprise projects create relationships between borrowers and borrowers and program staff. They also create networks with other community-based organizations and public and private institutions. These CED activities have critical community development spin-offs. If the inter and intra program networks create social capital, than the accumulation of social capital is an important part of community development. The process of foster intraprogram relationships is that borrowers reduce isolation and bond with one another. Women only organizations may allow trust among participants to be built more quickly. Inter-program relationships alter norms and allow social capital to be built. For example, many banks that contribute to the microenterprise loans fund begin to lend to a wider population due to the reliability of the microenterprise borrowers.

Cote, S. (2001). The contribution of human and social capital. *ISUMA, 2(1),* [On-line], Available: www.isuma.net.

Cote reviews definitions of human and social capital. Human capital "has come to refer to the knowledge, skills, competencies and attributes embodied in individuals". Social capital "has been defined in terms of networks, norms and values, and the way these

allow agents and institutions to be more effective in achieving common objectives".  The author notes that much attention has been given to the role of voluntary associations while the roles of families, schools and firms have been less researched.  He also notes the breakdown of social capital into three types: bonds, bridges and linkages.  He mentions measurement difficulties because social capital is embodied in relationships and it a multidimensional concept with different possible levels of analysis.  Human and social capital are embedded in political, institutional and legal conditions which allow for economic development. The conditions are: protect private property, enforce contracts, regulations for market activity, provide macro economic stability, provide social insurance and manage social conflict by upholding democratic rights.  As well there are five elements of social cohesion that reconcile market activity and human need: belonging, inclusion, participation, recognition and legitimacy.  He also suggests that social capital is not a panacea because some forms of social capital do not promote social cohesion.  He creates a list of government actions that will support human and social capital, education is a large focus here but he also attends to inclusion of diverse groups, health care delivery, flexible work schedules, use of public space and better urban infrastructure to avoid sprawl and excessive commuting.

Omori, T. (2001). Balancing economic growth with well being: Implications of the Japanese experience. *ISUMA , 2(1)*, [On-line], Available: www.isuma.net.

The author describes social capital as having three components: "it substitutes for markets and institutions in developing countries, it complements markets and institutions and it can be a direct foundation for well being".  The article describes how Japan's human and social capital assets contributed to its economic successes.  Defining social capital as an economic determinant, the author says it comprises a number of factors: the way people co-ordinate themselves, the degree of trust between people, worker cooperation within companies, worker cooperation across companies, the effectiveness of the labour market, the extent to which companies encourage workers to develop their skills, the trustworthiness of people in business according to customers, the reliability of the infrastructure, and the extent to which people trust and co-ordinate with government. The article discusses these and related points in detail.

Lichtenstein, G.A. (1999). *Building Social Capital:  A New Strategy for Retaining and Revitalizing Inner-City Manufacturers*. A Briefing Paper on the Urban Industry Initiative A Special Project of the Philadelphia Development Corporation. [On-line], Available: www.pewtrusts.com/pubs/hhs/socialcapital2.cfm

This paper provides an economic perspective on social capital.  It focuses on social capital as a tool for 'industrial organizing – using social capital strategies to bring companies together in declining inner cities to rebuild floundering economies; a strategy of the Philadelphia Industrial Development Corporation.

Landry, R., Amara, N. and Lamari, M. (2001). Social capital, innovation and public policy. *ISUMA, 2(1),* [On-line], Available: www.isuma.net.

This article examines how social capital affects the manufacturing sector. The authors attribute the growing interest in social capital to smaller returns on investments in physical capital and increasing focus on knowledge as a key source of innovation. In order to investigate these ideas, the researchers surveyed manufacturing firms to measure structural forms of social capital: network capital, relationship capital and participation capital and cognitive social capital: norms, values, attitudes and beliefs. The authors found a significant relationship between the likelihood of innovation in products or services and participation in networks and increased relationship capital.

## Web Links

Paul Bullen Management Alternatives - http://www.mapl.com.au/Default.htm

Social Capital for Development - http://www.worldbank.org/poverty/index.htm

New Hampshire Charitable Foundation - http://www.bettertogethernh.org/contact_us.htm

## Important Monographs

Bourdieu, P. (1993). *Sociology in question*. London: Sage.

Coleman, J. (1990). *Foundations of social theory*. Cambridge, MA: The Belknap Press of Harvard University Press.

Putnam, R.D. (2000). *Bowling alone: The collapse and revival of American community*. Toronto: Simon and Schuster.

Putnam, R. D. with Leonardi, R. and Nanetti, R.Y. (1993). *Making democracy work: Civic traditions in modern Italy*. New Jersey: Princeton University Press.

Robinson, D. (1997). *Social capital and policy development*. Wellington, New Zealand: Institute of Policy Studies, Victoria University of Wellington.