

Practical Social Capital: a Guide to Creating Health and Wellbeing

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Flinders
UNIVERSITY

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Foreword



The Australian Government is committed to building an Australia where every Australian has the opportunity to be a full participant in the life of the nation. The evidence, however, is that too many Australians have remained locked out of the benefits of work, education, community engagement and access to basic services. Social exclusion is a significant barrier, not only to individual and community well being, but also to Australia's sustained prosperity and future economic growth. This is why the Government has placed the Social Inclusion Agenda at the heart of the Government's priorities and actions.

The Government's Social Inclusion Agenda is a policy framework that goes beyond reducing poverty or ensuring minimum income standards. It is about reinforcing the value of informal relationships and social networks alongside the basic material goods and services that everyone needs. Our goal is for all Australians to have a sense of community and belonging to a community, and that partnerships and capacity building of the local community is actively supported and leads to meaningful participation.

This new way of doing business involves a whole of government and community approach at the local level. The challenge is to generate effective, practical solutions that better connect and improve the capacity of local communities, service providers, employers, families and individuals and that enable people to take responsibility for their lives and their communities.

A 'one size fits all' response has not worked. Evidence based strategies reflecting a range of perspectives are crucial to tackling social exclusion. *Practical Social Capital: A Guide to Creating Health and Wellbeing* delivers on this requirement. This publication not only examines how improvements in social connectedness can lead to healthy communities, it provides an invaluable insight into issues relating to planning, implementation and evaluation of community capacity building projects that are aimed at making a real difference in people's lives.

The three case studies presented in this book have shown us how shared principles and values, meaningful consultation, building trust and reciprocity and collaboration can yield positive outcomes. They also contribute to our understanding of key practical problems associated with getting a successful program up and running, especially those relating to access to services and information, maintaining participants' interest and involving Indigenous Australians and other groups more effectively in the community.

In brief, this handbook is a valuable resource for individuals and organisations at the grass roots level who are planning, designing and delivering community initiatives that will make a real contribution to our people and our communities.

The Hon Julia Gillard MP, Deputy Prime Minister; Minister for Social Inclusion.

Acknowledgements

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We thank all staff and participants of the Yangara project, staff of the City of Onkaparinga Community Development Team and Mission Australia, especially Sue Phillips, Megan Guster, Jo Purves, Wendy Greenslate and Sara Capriotti. Also to the Friends of Sullies and children from O'Sullivan's Beach Primary School for their generous feedback and discussions.

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Terms used in this Guide

The development of this Guide was framed within the principles of health equity and social capital. To help you understand this Guide we provide you with concise definitions and brief explanations of these basic concepts and how we use them.

Health Equity

Health equity is concerned with achieving fairness in the distribution of health. It is different to health equality which refers to sameness. Fairness refers to those inequalities which can be prevented. The vast majority of inequalities in health, between and within countries, are avoidable and, hence, inequitable.

Health and Wellbeing

We understand health as reflecting physical, psychological, emotional and spiritual health for individuals and as incorporating social and environmental wellbeing for communities. We use the expression 'health and wellbeing' throughout the document to capture this holistic definition.

Social Capital

Social capital has come to be used widely in social and health policy discussions since the mid-1990s. This has been evident in international bodies such as the World Bank and in policies of national, regional and local governments. There are a range of understandings about the exact definition of social capital and this range reflects different theoretical interpretations of the concept. Most agree with the basic premise that social capital concerns the value of social connections for individuals and society. For the purpose of this Guide we use the following definition of social capital:

Social capital concerns the extent of trust, reciprocity, and mutual cooperation that are available to individuals and communities. The levels of social capital are important in determining the level of access to other resources, eg. employment or education and in creating levels of safety and cohesion in communities.

The above definition of social capital demonstrates the importance of the concept to building the health and wellbeing of communities and reducing inequalities and inequities so prevalent in today's world. As you read this Guide, you will come across explanations and examples that will deepen your understanding of how social capital is related to equality in health and wellbeing. You will find that some people see social capital as a means of rolling back state activity and making communities more self-reliant. Our use of the term differs from this interpretation. We build on the work of theorists (for details see Part III) who see social capital as one form of capital that either (1) can continue to be gathered and deployed by better off sections of the community or (2) in which governments and their agencies can seek to distribute services and resources more broadly as a means of reducing inequity.

We are aware that the resources usually seen as expressing higher levels of social capital, robust social networks, strong community-based resources, and a strong society-wide commitment to respectful,

reciprocal and equal relationships between citizens - are very important in making sure that economic capacities and resources (economic capital) are widely available and equally shared.

Hence, when we speak of the approach to social capital in this Guide, we mean the following:

- Commitment to using social capital is a means to reducing health inequities, based on the understanding that improved social capital in a community can help improve access to economic resources and opportunities
- Community social capital building is not about reducing the amount of spending or responsibility by the state but rather requires investment and support from state agencies
- Community social capital building will be most effective when the broader public policy environment is committed to social equity and the redistribution of economic resources.

Introduction

” *Social Justice is a matter of life and death. It affects the way people live, their consequent chance of illness and their risk of premature death.. The development of society, rich or poor, can be judged by the quality of its population’s health, how fairly health is distributed across the social spectrum, and the degree of protection provided from disadvantage as a result of ill-health.*
(Commission on the Social Determinants of Health, 2008)¹

BACKGROUND

This Guide resulted from a research project funded by the Australian Research Council and conducted at Flinders University (a detailed description of the project can be found in Appendix 1). The research process involved people who work in local and state governments and people who are the recipients of programs and initiatives from government. These inputs have been essential to ensuring this Guide is of practical use to people who want to apply ideas about how the social side of community life, in particular social interactions and networks, can work to increase community wellbeing and reduce inequities.

WHO IS THE GUIDE FOR?

This document has been written for all agencies interested in reducing economic and social inequalities and improving health and wellbeing by working at the community level. We know, and are sure you do too, that there are many, many factors which have an impact on health and the underlying social and economic inequities, ranging from the basic political set-up of a country, through distribution of resources, gender and class relations, where people live and people’s own opportunities and make-up. This Guide is primarily concerned with local communities, and with social impacts that shape the pattern of health inequities. Nonetheless we do pay attention to the broader forces shaping the local experiences. We have produced a companion volume - Practical Social Capital: A Policy Briefing - which is shorter and directed at people setting policy directions for governments at all levels. It can be found in Appendix 4.

WHAT IS THE AIM OF THIS GUIDE?

The primary aim of this Guide is to provide readers with a comprehensive explanation of how the social capital approach can help in planning for, designing and delivering the programs and initiatives that aim to reduce inequity and help develop healthier and happier communities. We also hope to provide agencies with means to communicate constructively with funding bodies, including gathering support for community development projects. We believe the concept of social capital has an enormous potential to support such projects and, in consequence, to benefit both workers and communities. The document is based on findings from a three-year study of several programs and initiatives in Adelaide (which we called 'case studies'). The factors that were identified as playing a role in the success of the case studies, as well as those that indicated the need for further support, informed this Guide. We attempted to learn from the strengths and weaknesses of these projects and thus to provide a solid support base for the agencies undertaking similar projects.

WHAT WILL YOU FIND IN THIS GUIDE?

Part I Case Studies: Community Projects using Social Capital Approach

Part I provides an overview of case studies that were part of the Social Capital and Public Policy research project undertaken by the Department of Health at Flinders University. These case studies are the result of several initiatives developed in three areas of Adelaide, South Australia. A broad aim, common to each of these initiatives, was creating collaborative networks between the residents and local service providers in order to improve their health and wellbeing. Despite the common aim, the initiatives and communities differ significantly. We have included details of the objectives, structure, activities, implications, strengths and problems of each of the initiatives. Issues that arose in relation to community participation and to problems and barriers to engagement as well as factors that play an important role in involving residents in community-based initiatives are discussed. Through this analysis we have been able to identify what does and doesn't work in these types of community projects.

Part II Developing Community Programs - a Social Capital Approach

Part II provides a set of tools and further information about topics that were of significance to the case studies. These may be topics that were seen as integral to the projects but may not be widely recognized as such (for example, systematic evaluation of outcomes). Some of the tools in Part II are developed by us, based on the findings (for example, the Audit Tool). Others have been developed previously but are recommended here for their continuing value. You will find here a strong focus on planning and evaluation as well as on the need for continuous consultation with communities. These factors were found to correlate strongly with successful program delivery. Planning and consultation can create stronger links with local residents and evaluation helps to generate evidence for further funding. We believe by adopting the tools, values and principles outlined in this Part of the Guide you will enrich your work and maximise the potential to improve health and wellbeing.

Part III Health Equity and Social Capital

Part III, provides an overview of the theory of social capital and health equity. Although for some of you a theoretical framework may not seem to be a necessary part of your work, we believe it is highly beneficial for practitioners to have a solid understanding of the ideas that underpin social capital and health equity concepts. Here we aim to deepen that understanding by discussing how particular theoretical assumptions can impact on 'hands on' practice. Even something as basic as a definition of social capital will affect the specific way you go about tasks such as planning and evaluation. The information in this Part will also help you in writing submissions for funding as it provides details of the logic that links social capital approaches to improved health and wellbeing.

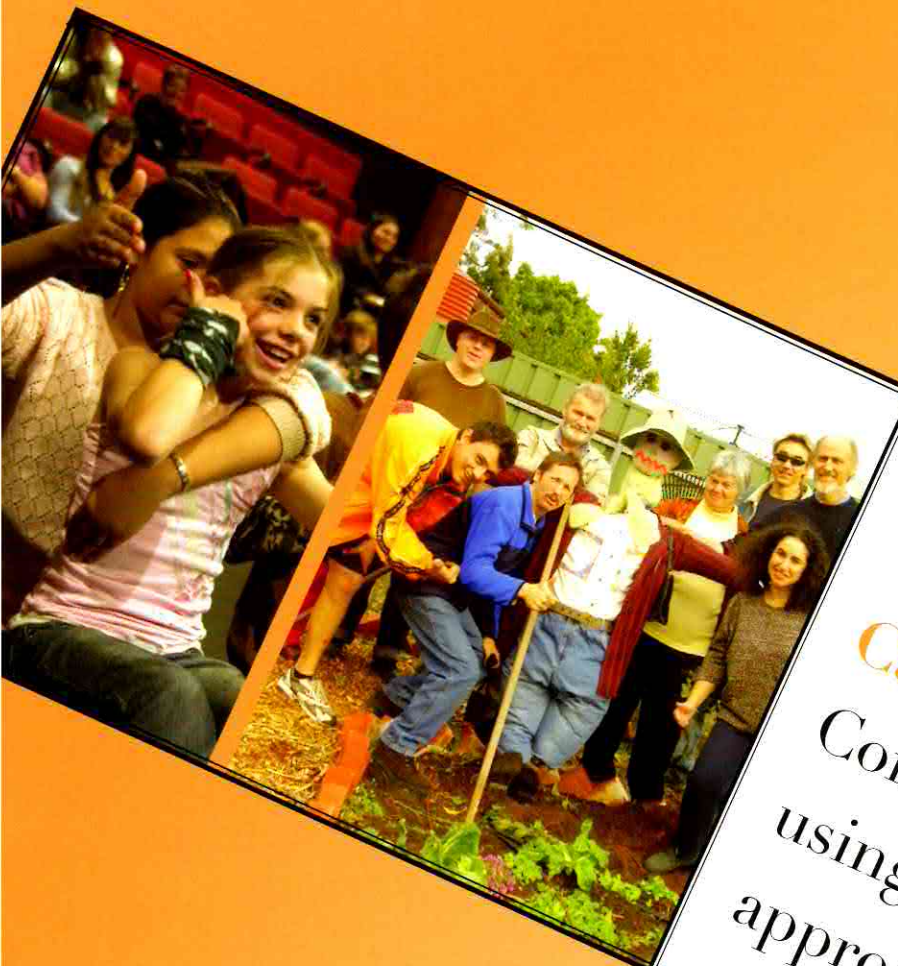
HOW MIGHT THIS GUIDE HELP YOU?

We hope that this Guide will provide you with significant inspiration and insight into the delivery of community programs. We hope you will enjoy reading this Guide and that you will find it useful and inspiring in terms of designing and delivering high quality interventions, programs and community initiatives. It will be a great tribute to our research if even a small part of your work benefits from its use.



Part I

Case Studies: Community projects using social capital approach



Part I: Case Studies

Overview This Part examines a range of initiatives undertaken within three diverse community development projects - the "Case Studies". All three projects were undertaken in disadvantaged areas in and around Adelaide. The agencies involved in the projects have extensive experience in developing and delivering interventions based on social capital approaches - that is, creating health and wellbeing through building social connections.

Synopsis

What the case studies had in common:

- Located in disadvantaged areas
- Agencies involved placed high value on social factors as important for the wellbeing of communities (workers and managers)
- Projects were well structured; planning, consultation and evaluation were critical components of the delivery
- The workers drew on communities' strengths and utilised values of community empowerment in their work
- Staff demonstrated high levels of enthusiasm and dedication
- Management supported the projects and had shared values and principles with the workers

Essential aspects of projects

There were a number of factors that played an important role in the success of the projects. They were:

- Shared principles and values among all stakeholders
- Extensive planning that provided structure and assisted in managing problems and successes
- Extensive consultation with communities created a sense of shared ownership and mutual control over projects
- Evaluating and demonstrating the value of the projects was an essential part of the projects' designs
- Collaboration between agencies and all stakeholders was of primary importance
- Coordinators played a crucial role in managing the projects and maintaining collaborations
- Building trust and strengths of the community and involving residents through some personal interest or stake (i.e. living around the reserve, being young parents etc)
- Projects were often split into small, manageable initiatives
- Initiatives targeted specific populations of residents building on personal interests and shared experiences of all involved
- Work of volunteers was structured and managed to avoid 'taking on too much'
- Flexibility and non judgemental attitudes of workers.

Potential problems identified

- Lack of transport
- Lack of childcare
- Maintaining participants' eagerness and interest in being involved over time
- Participants dropping out for a range of reasons
- Residents not interested in participating for a range of reasons
- Lack of information about what is available in the area
- Low involvement of indigenous, refugee and migrant residents.

1.1 Introduction to case studies

Overview The following sections report on the findings from the case studies: three community building projects across Adelaide, each one consisting of one or more project initiatives. The projects took place in three different areas, all of which were characterised by high levels of resident disadvantage and unemployment. Each project was funded for three to four years in the belief that projects of this length are more likely to create sustainable and lasting impact on these communities than shorter projects.

The objectives of the projects were in line with the social capital approach and the funding aimed to build strong and enduring links and networks between residents and local service providers. The focus of each project was on what is known as 'linking social capital' where agencies form strong collaborative bonds with communities, enhancing delivery of health and education related services. Another strong focus of these projects was collaboration among the agencies involved, aiming for a more cohesive, coordinated and comprehensive service provision. Finally, the projects also focused on building cohesion and networks within the communities, utilising existing networks and providing structures to support those who wished to volunteer their time for the betterment of their community.

The research data, collected over a period of several months in 2006, provides a snapshot of the projects as they were at that time, ranging from still in the planning phase (Yangara Reserve Project) to drawing to a close (Kilburn Blair Athol Project). Examining projects at different stages provided more insight into the range of strengths and difficulties the projects were experiencing. However, it also limits the conclusions that can be drawn from the data in terms of outcomes, impact and evaluation.

The following sections summarise findings from the interviews, focus groups and observations conducted by the research team. The team interviewed managers, workers, coordinators and other staff involved, as well as policy makers and planners from the state and local government agencies. We talked to well over 100 people participating in the projects, asking them to describe their experience (good and bad) and the impact on their lives. Finally, the team members conducted observations of numerous activities of the projects and analysed relevant documents including feedback reports, evaluations, art books containing record of artistic and designs activities.

Even though each project took place in a different area, the communities and the projects shared many similarities. All communities were characterised by residents experiencing high levels of unemployment, poverty, incidence of violence, drugs and alcohol addictions and crime. At the start of projects there was little connection between residents and local agencies, with many residents feeling distrustful and disheartened as a result of previous experiences with agencies which they found to be inflexible and overly formal. It was felt the formal structures had, in the past, created stigma and discouraged participation in programs and services. The projects offered in all three case studies focused on empowering the communities through creating a sense of belonging, ownership and pride

in the local areas. They aimed to provide the support necessary for these communities to regain trust in the service providers necessary for effective service delivery. They also aimed to support rebuilding a sense of community and cohesiveness among the residents, identifying community leaders and providing some structured support for their work.

The following sections offer detailed accounts of the case studies. They are organized in a consistent way to make a comparison between the case studies easier:

- Objectives of the projects
- Management structure
- Activities
- What 'vehicle' was used (that is, what were the means of involvement, i.e. reserve redevelopment, arts and crafts, common goal of establishing a Youth Centre, common interest)
- Strengths
- Implications - Outcomes
- Lessons from the program



1.2 Case Study One: Yangara (DJ Lane) Reserve Project

Overview O'Sullivan's Beach in the Southern region of Adelaide is an area with an Indigenous population comparatively higher than other parts of the metropolitan area. The reserves in this area have significance to Kaurna people for their connection to Tjilbruke Dreaming. The community was identified by the local council (The City of Onkaparinga) as 'high needs' due to its high level of unemployment and lack of access to public transport.

The main characteristic of the area is its relative isolation from other neighbouring areas. There are only two entrance points to O'Sullivan's Beach, there is no direct access to the beach and there is little public transport. The area is enclosed from the North by the unused oil refinery, from the East by a coastline and from the South by the Onkaparinga Valley. The 'ghost' refinery is a dominating feature of the local landscape.

The Yangara project, managed and partly funded by the City of Onkaparinga, used reserve redevelopment as a 'vehicle' to build networks within the O'Sullivan's Beach area. The redevelopment provided ways of building community networks and engaging residents in activities and decision-making processes regarding the area. The project managers used the playground redevelopment as a vehicle to enhance social capital in the area; that is, to strengthen the sense of community and links between community and local agencies. The program revealed that strong cohesion and a solid sense of community already existed in the O'Sullivan's Beach area. The value of the project was that it provided further structure to community-based activities by establishing of a group of local leaders. One of the most important outcomes was a newly developed collaboration between the Council and the community.

Despite being a complex project, "Yangara" has been managed as a single initiative comprising of a wide range of activities. The long planning phase has been filled with events and activities that served to provide ongoing consultation and ways of maintaining residents' interest in the project.

OBJECTIVES

- To establish a community-based working group
- To provide opportunities for community members to interact
- To engage local community groups in running local events
- To establish links between local community groups
- To redevelop Yangara Reserve
- To encourage a sense of community pride and ownership around the redevelopment of the reserve

- To incorporate community arts into the project
- To attract further external funding

MANAGEMENT

The project started in 2004 with a community consultation. This was followed by the setting up of a core community reference group called the Friends of Sullies, a group actively engaged in designing and decision-making related to the reserve and organizing a range of events for local residents. The project has been managed by staff from the City of Onkaparinga with some assistance from Mission Australia, which is a non-profit organisation with a local presence providing a range of services including employment training and social support. Regular meetings were held in the local Community Centre and at least one worker from the two groups was present at each meeting. The regular events were organized by the Council staff with an active involvement of the Friends of Sullies. These included regular meetings of staff and residents. A separate worker from the Council plus a worker from Mission Australia were also involved with youth and children from the local schools. Both the adult and youth groups were involved in designing and planning the redevelopment of the Yangara Reserve.



ACTIVITIES

Events

The community was involved in a series of very popular events, such as BBQs, Christmas Carols, Art Festivals, Youth Event, tree planting and many others. These events served as ongoing consultation mechanisms, where all the residents were informed about progress of the project and were given opportunities to provide feedback.

Arts, crafts and gardening

The residents were also given opportunities to tap into their area of interest (i.e. gardening, art, history) and participate in the design of the reserve and in some hands on activities (i.e. a mosaic table, a history trail, and plantings).

Regular meetings

The Friends of Sullies meet monthly and there is a regular newsletter published by the group with assistance from the Council.

Youth group

As the project involved refurbishing the local playground and providing a space for older children to 'hang out', the coordinators involved local school children in the decision making and design processes. The children were closely involved in researching and costing possible equipment and the final design.

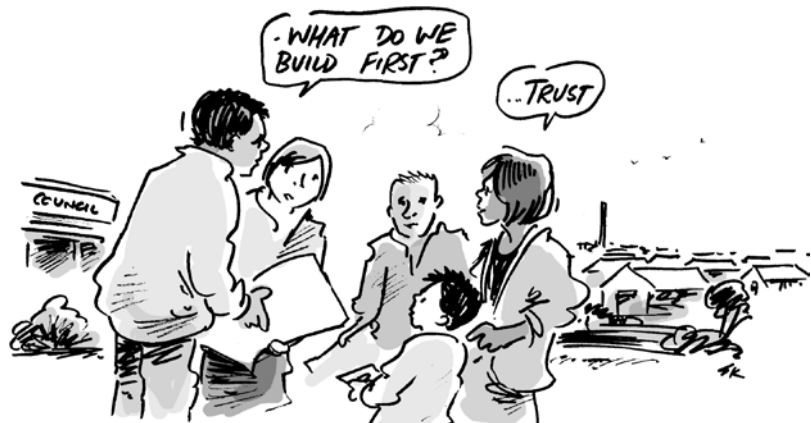
'VEHICLE' TO HEALTH AND WELLBEING

The refurbishment of Yangara reserve and its playground was planned as a part of regular maintenance of council owned property. The Community Development section of the Council saw it as a great opportunity to involve residents in the planning and design stages of the redevelopment. Over time, the council was joined by other agencies in building links with local residents. Such links, especially if based on trust and collaboration, have been known to be highly beneficial for local governments and residents. The involvement of residents in planning and design were also hoped to create stronger social capital within the O'Sullivan's Beach community. By building the links and a sense of belonging, the council aimed to improve health and create a stronger sense of wellbeing among residents of O'Sullivan's Beach.

STRENGTHS OF THE PROJECT

Building trust

One of the most significant achievements of this project and something that provided a strong base for collaboration with the community was overcoming the high levels of mistrust towards the Council. The resentment was a result of many years of perceived neglect and the staff saw it necessary to rebuild trust before the project could successfully move forward. This has been achieved by patiently attending to complaints and various issues and, later, by building understandings as to how councils operate. These initial trust building activities, although not linked directly to the project, established a strong foundation for fuller collaboration and ongoing positive working relationships with this and other local agencies.



An important part of this 'trust building' process was involving residents in the decision making process. The residents discussed the ideas freely, with little constraint placed on them by the staff involved (apart from unavoidable legal or financial restrictions), and had a leading role in shaping the final design of the playground. This approach gave the community a strong sense of ownership of the project.

” *I think this particular group of people from Council have been a model for what it should be. Even little things that I never thought I would do, and I love doing this going out to Council and making up the minutes on their computer and just things that, a sense of being involved the whole way along and another thing that I am grateful that they did not do is to say we know what you want (participant)*

The Friends of Sullies

Another outstanding outcome of the project was the formation of the core reference and action group called The Friends of Sullies. Since the beginning of the project, the group had been actively involved in the planning and designing of the Yangara redevelopment and events in the reserve. The group had networked with other residents and aspired to truly represent the voice of community.

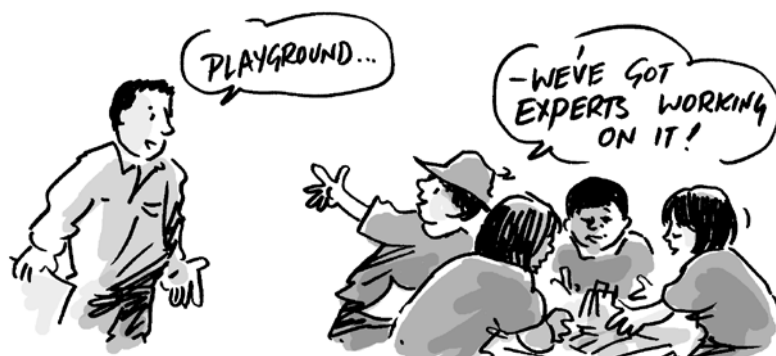
The Friends of Sullies members volunteered a vast amount of time to the project and it has been often commented by the Council staff that the work could not have been done without them. However, the Council provided these volunteers with a practical and consistent support which enabled the group to maintain its dedication. This structured support included helping with a regular newsletter and financing events.

Owing to the ongoing support of the local government staff, the involvement with the Council is unlikely to end with the culmination of the Yangara project. At this point, the bond built between the council and the residents seems to be strong.

Involving children

” *You get to make your own playground. Not many kids will get the chance to do that...*
(child participant)

The youngest residents were closely involved in redevelopment of the playground. This process, facilitated by the City of Onkaparinga, involved children from the local primary school in costing and researching the available equipment and in a final design of the playground. The children were thrilled to be given so much control over their playground and developed a great sense of ownership and pride in their creation.





” *Because we made it, because kids have better ideas and more imagination... kids know what they want to go on a playground (child participant)*

IMPLICATIONS

The project was informed by the social capital approach not least because of the awareness of the staff involved in the value offered by the concept.

” *Quite a few years ago there was a sort of a period where we weren't allowed to, in government and non-government ... use the terms like social justice and stuff like that and it was the time that Eva Cox was talking about social capital and that sort of stuff and so a few of us sort of got together because it was the time when we have been talking about people as customers and all that sort of ridiculousness and you know how it still happens but ... I didn't want to think about people as customers because it meant they're passive in their role rather than active... and a few of us formed a group and ... we called ourselves the Secret Eva Cox Society (community development officer)*

For the workers involved, the project provided a great opportunity to form strong links with the O'Sullivan's Beach community and a chance for residents to actively engage in their community.

Health and Wellbeing

The project's objectives were centred on building close networks between the agencies and community and providing a structure for enhancing the existing networks in the community. The project particularly targeted isolated members of the community. It was believed that an increased sense of control over the reserve, increased local networks and better knowledge of local health services would provide a foundation for improved health and wellbeing of local residents. Indeed, the community reported an increased sense of control over the immediate environment and greater sense of belonging and ownership of the area. Furthermore, the numerous events organized as part of this project led to a changed perception of the area and increased feelings of pride and connection with O'Sullivan's Beach.

As a result, the participants reported increased sense of wellbeing and happiness for themselves and for their families.



” *Getting out and talking to people about how they manage their lives and what they do to enjoy themselves, all of that sort of stuff has an impact on how people view their lives (community worker)*

Social capital

At the start, the existing levels of coherence within the community were comparatively high as demonstrated by high levels of attendance at the events. By contrast, the levels of linking social capital, in particular links with the local government were very low. The residents were mistrustful and angry with the council and perceived it as uncaring. This led to a perception of O'Sullivan's Beach as 'the worst and most neglected' area. The focus on building trust and collaboration with the council changed this perception completely over time. The residents' knowledge of how council operates, their understandings and newly built trust served as a base for a more fulfilling and cooperative relationship. This, however, required a great amount of time and planning on the part of staff.

” *You end up dealing with a pile of stuff that really isn't your work but when you know if you're trying to create relationships with people within a community you don't say well ring this person. You do it yourself and make sure it happens so that they go oh ok maybe she is alright (community development officer)*

I like to start off with a blank canvas so that people really feel they've been listened to and not just informed and really just given a bit of lip service. People believe that they are involved in that blank canvas stage. The risk in that is that you set up community expectation very early and so you have this long drawn out project; so you need to be sure that you've got plenty of activity to buoy that up so that you cover all of that (community development officer)

The social capital approach was central to the Yangara Reserve Project. Without taking this approach the reserve redevelopment would have been more straightforward and less time consuming. Used as a vehicle for community building, redevelopment took longer and demanded more involvement, time and resources from the agencies involved. However, the results of the program greatly exceeded the extra cost. Extensive networks, trust and collaboration were built between the residents and the council. The increased sense of pride and belonging and control and ownership of the area by residents (all resulting from the program) benefited not only the O'Sullivan's Beach community but the agencies involved as well. In fact, considering the richness and long term effects of the program, the resources used seemed minimal.

Planning, consultation and evaluation

Most of the four year period given to the project was taken by planning and consultation. This involved regular meetings and designing playground and landscaping on the reserve. The long planning period was necessary for a positive collaboration to be established between the council and the community. To maintain the community's dedication to and enthusiasm for the project, events were organized over that time which served as opportunities to collect feedback from the community as part of an on-going consultation and evaluation process.

Participation

There were several factors that have made this project such a success to date. First, the community, secluded from other areas, had quite a high level of inner cohesiveness (as reflected in very high attendances in all events). This is not to say that there were no isolated individuals within this community. However, the Council was able to tap into the existing networks and utilise them for the advantage of the whole community.

Second, the successful identification of the community leaders and the strong relationship that developed between the group and the Council were used to maximise collaboration. The leaders were given enough support and structure to prevent them from feeling exploited and/or burning out and their work and networking with the community was invaluable for the project. The cooperation seems to be growing stronger with time and there is a real possibility of further projects being undertaken.



POTENTIAL CHALLENGES AND HOW THEY WERE RESOLVED

Initial lack of trust

Distrust towards local agencies (in particular the council) was one of the most difficult constraints to overcome. During the first several months of the planning period, many longstanding problems, faults and issues to do with the Council's service provision were brought up in the meetings. Dealing with these longstanding problems was the first step to building trust and collaboration. This was one of the most difficult yet rewarding phases of the project.

Participation

Most of the residents involved in the reserve redevelopment lived in close proximity to the reserve. Their initial involvement was prompted by wanting to protect their close neighbourhood. Clearly, having a personal stake in the reserve acted as a motivator to many involved.

Maintaining interest

The planning and consultations period stretched to almost three years from the initial consultation to when the actual work on the reserve started. The main challenge over that time was to maintain the interest and enthusiasm of residents and to constructively respond to inquiries. In effect, the ability to maintain momentum for such a long period of time was one of the successes of the project. This was achieved by a series of events, designs meetings and running small related projects (eg. mosaic table).

Funding

None of these projects would be able to happen without money assigned to them by a local, state or commonwealth government or other funding body. The funding, however, is not always clearly defined from the start. In the case of Yangara, workers continuously balanced between building residents' expectations and managing uncertain levels of funding. For example, because council's funds are usually approved on an annual basis, a project may miss out in any given year. This usually stretches projects further, creating more pressure on workers to maintain community's interest in the project. In the case of Yangara, the solutions were found through smaller grants that enabled a range of events and activities to happen in that time. Disseminating and discussing these in the newsletter (initiated and published by the Friends of Sully's) helped to soften the disappointment of those who couldn't participate in any of the events and were impatient to see the reserve rebuilt.

Agencies: their staff, management, objectives and goals

One of the biggest frustrations experienced by the workers and communities came from the changes in staff involved. The change in style and the time consuming need for induction was a burden to other workers. Residents may also experience difficulties when a relationship with a worker is severed. A good, experienced manager with a thorough understanding of the social capital approach can provide structures that lessen such impact. Importantly a change in management can also impact on the project, particularly if the values of the staff differ from that of a new manager.

Furthermore, the need for agencies and single divisions of organizations to work together can also create conflict, especially if the agencies differ in their objectives, direction and values. For example, while the community around Yangara planned for an original and colourful reserve, the maintenance

division wanted to see the design being simplified, the structures simple and uniform, and materials safe and easy to maintain. An open-minded approach and willingness to find compromises on both sides - a close collaboration - resulted in an original and safe design.

KEY LESSONS FROM THE YANGARA PROJECT

1. Planning and ongoing consultation

Extensive planning and consultation are crucial to effective community building programs. This phase was the longest lasting part of the project as building trust and collaboration between the council and the residents was one of the primary objectives of the project.

2. Understandings and upholding the philosophy of social capital

Whether or not the term social capital is being used by project managers and staff, the social capital approach is a useful platform of communication. Social capital theory forms a solid foundation for community building programs.

3. Enthusiastic and dedicated staff

Enthusiasm and dedication of staff are crucial to effective collaboration with a community, but they are inefficient unless they exist within an understanding environment and are supported by the management.

4. Involving participants in management and decision-making about the project and its activities

Involvement of residents in decision-making processes creates many benefits for a community; it also makes an agency's work easier as many of the tasks are performed by enthusiastic volunteers.

1.3 Case Study Two: The Parks Helix Project

Overview The Parks Helix Project (Helix) was initiated by ArtsSA through the Partnerships for Healthy Communities Program. This 3 year funding program brings together arts and non-arts organisations to address issues of social inclusion in selected communities. Helix is an intersectoral partnership among government and non-government agencies: local government, health (community health service and hospital outreach program), education (primary school), private developer (Westwood) and a university researcher. A key element of the project is cooperation between the agencies in order to promote the participation of marginalised residents in community activities. In this process the arts are regarded as an effective tool for achieving positive social change.

Urban renewal project in The Parks

Helix was a response to the observation by local agencies that, through the redevelopment process of suburbs known as The Parks, the previously strong sense of community was breaking down. To date The Parks Urban Regeneration Project is the largest project in Australia. It encompasses the five suburbs of Woodville Gardens, Mansfield Park, Ferryden Park, Athol Park, Angle Park and part of Woodville, in total covering an area of five square kilometres. The South Australian Housing Trust (SAHT) commenced construction of The Parks estate in the decade immediately following the Second World War. Since the 1970s residents of The Parks have been disproportionately affected by the decline of the manufacturing industry, on which they relied for employment. Prior to regeneration commencing, The Parks was widely regarded as an area of concentrated social disadvantage with high levels of unemployment, poverty and higher than average rates of mental and physical health issues, poor educational outcomes, and problems of crime and anti-social behaviour². The high level of socio-economic disadvantage contained within the area was a key characteristic taken into account by the SAHT in selecting The Parks estate for a present-day urban regeneration initiative³.

This local urban renewal project provides one example of an initiative that aims to tackle the socioeconomic determinants of health inequity through partnerships between Government Departments and other agencies which involve initiatives in employment, education, crime prevention and the arts. Improved quality of housing, a safer neighbourhood, better schools and a broadening of social networks, along with the associated social capital resources gained through these networks, are key factors that impact on tenant wellbeing, not only in terms of residential satisfaction but also in improved health outcomes.

The theme of 'safety'

Early consultations revealed that residents reported feeling unsafe and losing the sense of belonging and familiarity with the area. The previously poor but closely bonded community had lost their sense of cohesion. Individuals of all age groups reported the changes to be negatively affecting their wellbeing and health (particularly mental health). In response to an initial community consultation, the theme of 'safety' emerged:

Safety has been discussed in terms of the emotional, social, spiritual and physical needs of people as individuals

- looking after themselves
- interacting within a group setting
- interacting with the physical environment.

Each activity undertaken within Helix drew on this broad theme, some more literally than others. For example, the parenting group initially focused on safety among small children in relation to pets, while others fostered intergenerational connections in the community and the creation of safe walking trails in the Parks area.

” She said that she used to be able to walk from her place to her auntie's place and never feel as if you know she was unsafe when she was a kid and now days she wouldn't even walk across the road to the shops because it all changed (agency staff)



OBJECTIVES

- To build the capacity of the local communities within the Parks area to effect positive change through the use of collective action.
- To position the arts as an important tool for achieving positive social change.
- To foster formal and informal networks and understanding between individuals and organizations, and to create opportunities for community members to become involved in the process of change in their environment in a positive way.
- At the level of individuals and families, to increase a sense of wellbeing and ability to contribute to community life.
- At the level of service providers, to establish closer collaboration between the agencies involved in order to enhance their ability to provide integrated services and to improve the chances of sustainability.

MANAGEMENT

The focus of the project is the Parks Arts and Functions Centre which is managed by the local government. The agency partners came together in the first instance to establish a Memorandum of Agreement and appoint an Arts Coordinator. The project was funded and developed through local government, however, a three-tiered management structure was developed:

1. The Management Committee was comprised of representatives from the project partners. This has been the decision making group for the project, determining aims and objectives and overseeing the implementation of all aspects of the project.
2. The Organizing Group was comprised of the local government community development worker, coordinator of the Arts And Functions Centre and the Arts Coordinator. This group has focused on operational issues and supports the Coordinator in the day-to-day running of the Project.
3. The Working and Community Reference Group comprised community members, participants from the project initiatives, arts workers and the community development workers from the agencies involved. It has been a forum for discussions around participation and direction of the project.

ACTIVITIES

Note: at the time of gathering information for this case study Helix was in its second year. At that stage the arts activities included a range of visual arts (drawing, painting, design, mosaics and photography), drama, song writing, singing, story writing, digital film making, knitting, designing and landscaping.

” *The knowledge and the history of the community would possibly have been lost if in fact we didn't start to capture through some of the stories... (Community worker)*

In the first year of Helix each of the agencies laid the ground work by embarking on individual initiatives with the view that, by the second or third year, they would be working together towards a joint initiative. This was regarded as the ultimate challenge of the project. Each of the initiatives involved a different art form depending on the particular focus of the participants in terms of their interests, needs and capacities. Once the relevant art forms had been chosen, the appropriate arts workers were engaged to work with participants. The various arts activities were recognised as effective vehicles for bringing community members and agencies together, and were often cited in the study as a unique means of fostering 'togetherness' and cooperation. People's problems were thereby dealt with in a less confronting way.

The artistic outcomes of the project were exhibited and shared in an annual Pathways and Connections 'showcase'. These events also encompassed a community forum which offered an opportunity not only to celebrate and publicise the achievements and successes but also to evaluate what had been done and to plan for the future. Participants reported that they involved moments of pride, belonging and satisfactions for everyone who attended. Below are some examples of initiatives in Year 2 of Helix.

Initiative 1: 'Engaging Local Families' Entrance to the Children's House

The activities for this initiative were undertaken by the Parenting Network which is an outreach community support program of the Women's and Children's Hospital. The theme of safety was embraced by parents in relation to animals and children. Parents developed a series of posters and calendars based on their daily observations, trips to the Zoo and brainstorming and designing activities fostered by the art worker. In later stages, as the Parenting Network was being co-located with other agencies in the new 'Children's House', these parents took on more challenging art projects related to creating a welcoming and accessible environment in these new premises. They developed skills in working with wood and created silhouettes of adults and children and mosaics, both placed at the front area near the entrance.

Parents involved in this project found their involvement with the arts enhanced their lives on many levels. To continue their engagement with the arts in the future, they developed a network called "Children's House Creative Network". The network actively engages with the community and promotes participation in the Children's House activities.

The Network provides a supportive and safe environment for both parents and children. The group has formed strong friendships and social networks extending well beyond formal activities. These informal networks provided further support for the parents in all areas of their lives, enabling many to seek further education or employment.



Initiative 2: 'Crossing the T's - Tales, Tiles and Tunes'

This initiative, undertaken by the local Council, collected and preserved stories about the lives of the older residents of the Parks. While providing school children with a sense of the history of their area, it aimed to strengthen intergenerational links and to explore the past (and the future) of the Parks through these connections. Despite the poverty in the area, the stories revealed that the area had once possessed a strong 'community spirit'.

The initiative began by facilitating the exchange of letters, over several months, between local school children and elderly residents about their lives. The stories generated became the subject of monologues performed at the first Pathways and Connections launch, of song lyrics and of mosaic stepping stones that were laid in the surrounding footpaths as part of the safe walking trails.

Participants commented on the high level of professional support they were given by the arts workers and the new skills they learnt. They felt that some of the more isolated participants had benefited greatly from the project.

” *She had a song that she wrote for her dad... and she'd never finished it or sang it to anybody. She sang it to us, she finished it off... oh, I was so emotional, I thought oh that's fantastic! And it just brought her confidence up, she was just beaming and I thought oh my god! And she was enjoying it, she kept coming back week after week... and she came to the performance and performed in nearly every song... it was amazing her confidence (participant)*

The mosaics group involved in this initiative has continued to meet and work with other mosaics projects, even after the funding expired. They were supported by the staff working in the Arts and Function Centre. This group has later become actively engaged in trying to preserve the Centre and has lobbied against government's plans for community facilities in the Parks being closed.



Initiative 3: 'Grove Garden Water Feature' at Ridley Grove School

This focus of this initiative was to create public art around the school entrance and in the area between the Ridley Grove School and the Woodville Gardens Pre-school. The early stage included all children in the school who provided initial ideas for the art works. Later on, smaller groups worked closely with a community artist to develop these ideas further. The final products were displayed on local stobie (telegraph) poles, school fences, and in the redevelopment of the school yard to include a mosaic water feature and panels/paintings.

The involvement of the whole school created a sense of ownership among the students. This was highlighted by an incident of vandalism against the school art panels which generated a sense of outrage among students and parents and brought students together in an effort to re-establish the panels. The staff turned it into a lesson of resilience.

” *It was a very good lesson to say well you know this doesn't matter, we are going to do it better now, we are going to get the artist back in, we are going to do it exactly the same and we are going to do it stronger and better ok it didn't work this time but we are not going to give up (school principal).*

Joint initiative: 'Pathways and Connections'

At the culmination of each year all of the agencies, arts workers and participants came together for the Pathways and Connections launch of the year's work. This comprised an exhibition in the Arts and Functions Centre of the visual and digital artwork, performances of music, dance and theatre, and a community forum where the achievements of the year were presented and appraised. The event was launched by the CEO of Arts SA or representative and attracted considerable publicity in local and state media on each occasion. It provided a great opportunity to display what had been achieved and to build strong foundations for further collaboration between the agencies. It also served to promote the project and its activities within the wider community and provided an opportunity to gain feedback from participants and audience members about the value of the work, thus contributing to the evaluation process.

” *Both of the community forums for me are just like, they're just gold, totally gold, they're priceless events, because there are people who articulate what you've been trying to say, and often because its anecdotal, they say it much better than bureau speak, um, and I just think that they are fascinating (agency manager)*



Final year joint initiative: 'Walking trail'

Note: Although this initiative was completed after the main research data had been collected it is included here as a demonstration of the achievement of the central goal of collaboration.

From the start, the Helix worked to make collaboration between the agencies possible despite their very different priorities and ways of working. Over time the engagement in shared activities increased, as did cooperation amongst the partners. In the last year of the project, the agencies came together in a joint project called "The Walking Trail", creating and displaying public art throughout the community.

The art was displayed in such a way as to guide walkers from the Parks Centre through the local reserves and local Primary School. During the first two years, there had been many public art pieces created and displayed in the Parks Community Centre and the school as part of individual initiatives. For example, the school children were involved in designing and developing art panels, garden water feature, and paintings on fences and stobie poles. In the Parks Centre, there have been mosaics, silhouettes and other art displayed as part of the walking trail. The reserves themselves, designed and constructed by the developer as part of the urban renewal, are a response to the multicultural character of the Parks area.

'VEHICLE' TO HEALTH AND WELLBEING

The Parks Helix Project was funded by Arts SA and one of the aims of this funding initiative was to promote art as a 'vehicle' for community capacity building projects. The project, therefore, explicitly assumed that community's involvement in a range of artistic undertakings would have an impact on the health and wellbeing of that community.

” *...but how do you translate your arts data you know into health data you know, at times they just feel like different worlds... how you translate that, so people who are just coming at it from a health point of view will actually say that this is a worthwhile approach to use you know so that I guess that is the heart of the challenge you are talking about there (coordinator)*

STRENGTHS OF THE PROJECT

Art as a vehicle of engagement

Helix used art as a vehicle of engagement with the community and so all agencies adopted one or more modes of artistic expression as a way of connecting with local residents in lasting and meaningful ways. Most found that enjoyment of the activities injected greater dedication and enthusiasm for the project. Many participants reported finding that the activities were individually 'therapeutic' and also enabled them to share and address other issues, both personal and at a community level. Finally, the visibility of the outcomes created a sense of pride, achievement and confidence.

” *As creating social capital - well, art is a bit like eating. When you sit and you do stuff with people you create a bond and it's not as challenging to sit and chat (art worker)*



Coordinators

The knowledge and dedication of the Arts coordinator and the arts workers and community development workers involved were cited by participants as one of the great strengths of the project. These workers not only played a crucial role in developing and managing day to day activities but they also kept themselves and others highly motivated and firmly focused on the outcomes. In some cases their role was supported by an organisational environment that valued, encouraged and promoted the principles of community building.

” *I think that the fact that we have Elizabeth and Joan here is most important...they will go out of their way to make sure that you can still come even though the actual course has finished... they will encourage you to stay on if you wish (participant, mosaics group)*

Listening to and ‘honouring’ the community

Helix emphasised the values of giving a voice to the community and privileging what is being said. In many ways, the community directed and led the projects according to what they perceived as important. The coordinator endeavoured to respect these needs of the community and to build on the existing strengths and assets, drawing on current and past positive aspects of community life.

” *I use the word honour a lot, you know, honour what the community was really saying. I like to think we have done that, I like to think we’ve tried to honour, yeah. (agency manager)*

The Parks Community Centre

One of the key strengths of the project comes from availability of excellent facilities provided by the Parks Arts and Functions Complex, below. The Parks Arts and Functions complex offers a range of facilities including 2 fully equipped theatres, function rooms, meeting rooms, studios (woodwork, metalwork, art, textiles, pottery, printmaking, photography darkrooms), and kitchens.

” *And I think that's why I was really pleased where I feel Helix has worked, is that it has given us the opportunity to tell the positive side to the Parks (coordinator)*

Ironically, this is an example of where an external threat, coming from insecurity about the future of the Parks Community Centre, has had a positive side effect. When the government's intentions to withdraw financial support for the centre were made public, the participants in some of the Helix initiatives became actively involved in the local campaign to lobby for maintenance of the facilities for community use. Several participants said they felt that this was the first time they had found a voice in regard to local issues. The evaluation of Helix is finding that awareness and use of the facilities has increased as a result of the project.

IMPLICATIONS

Social capital

The concept of social capital features in the initial project application as an important objective of Helix. It was clear from the interviews that even though the words 'social capital' were rarely used in day-to-day activities, the principles underlying the social capital approach (i.e. civic and community engagement, networks and sense of trust and belonging) were strong on everyone's agendas. This was further demonstrated by the strong emphasis placed on building networks with community and agencies as well as improving community's sense of pride, belonging and safety.

The value placed on these principles played an important role in the success of the project; it helped the project to stay focused on what benefits and supports the community. The primary focus of activities was on building bridging and linking social capital, with bonding social capital being seen as a welcome by-product but not something the agencies can influence. The importance placed on building links between the agencies and communities reflected the value placed on improved services and access to these services.

” *I don't think that we as organizations can ever truly say that we provide the bonding. What we can do is try to do the bridging which leads to bonding (manager)*

Social capital at the Parks

Factors related to social capital were high on the project's agenda. The project aimed to build networks between residents and agencies and to strengthen the sense of community. This was a gruelling task in an area where large blocks of land were bulldozed and many residents moved to other areas. Yet, for the same reasons, there was a need for such a project in this disrupted community.

” *It was a very vibrant place, it's no longer that (community worker)*

Indeed, the community was brought together in these chaotic times because of the program being in place. Many historical and community related aspects that would have been destroyed otherwise have been preserved by the project. However, the renewal makes continuous participation difficult, as many residents moved away during the project.

” *Because we were trying to consult with that community while lots of them were either physically moving out, or they were undergoing huge change in their lives anyway, or that they it was going to happen to them at some stage in their lives (coordinator)*

Building social capital between the agencies and service providers in the area was also an important objective of Helix. Thanks to the dedication of coordinators and agencies, the tendency to focus on separate roles among the agencies has been greatly overcome. The agencies built closer links with each other and collaborated on the final activity of the project 'The Walking Trail'.

Health and Wellbeing

” *A sense of isolation has an enormous impact on your blood pressure, your cholesterol or something else. That, you know, that they don't actually happen in isolation. So I think that's some of the stuff that we bring and how some of those themes and concepts we have and, you know, one of the things that's very much on the government's agenda at the moment, and rightly so, is about chronic disease. But you, also within that, you don't just look at you know, someone's got high blood pressure and you deal with that, you actually look at what are the contributing population and health issues and social determinants. (participant)*

Interviews and focus groups with the staff and participants suggest a number of areas where Helix impacted on the wellbeing and health of the local residents. The reported effects are most obvious with those who directly participated in the activities.

Many participants reported profound improvements in their mental and physical wellbeing in a course of their involvement. The arts provided a creative outlet but they also brought people closer together. Furthermore, through public displays of artistic achievements, participants felt closer to their community and the area they live in. They also developed a sense of pride and ownership of public spaces.

” *Through that period of the first stage she didn't want to address her feelings of depression, feeling quite isolated, not getting out with the child, but she was a very skilful artist and that was, this project having that art focus, she was interested and decided to join it and went on to be quite creative and she was picked up from a youth project and went interstate for a week on a drama project, so we noticed the improvement in her depression and her wellbeing, so it was yep, it was another strategy in a way to that she saw which she could connect to without focusing on what her issues were in her mental health...(agency staff)*

A large group of participants comprised elderly and often isolated residents. They strongly believed that taking part in the project lifted or prevented feelings of loneliness and depression and improved their mental faculties through learning new skills. Other members talked about a greater sense of confidence, improved social skills and new-found sense of motivation to pursue educational or work opportunities.



We have also collected accounts of indirect effects on families and friends of some participants. For example, some of the parents reported that their increased confidence, positive outlook and broader social networks had an impact on their children's behaviour and wellbeing. Some participants talked about using the skills in their volunteering work in local schools, benefiting other community members.

” *It certainly has some impact within families too, like if something's happening with one family member the others get to know and other people will ask questions so there's that kind of ripple effect out that way, too (agency staff)*

Many also believed that the improved sense of safety and cohesiveness of the community and closer links with the service providers had an impact on the wider community in the Parks area. The close relationships that developed between the agencies are likely improve service provision and understanding of the community's needs.

” *I would say the majority of them had some issue around depression or wellbeing and particularly around confidence but very much around depression and there was noted that this activity was a way to, by the staff, was another way to address those wellbeing issues than a lot of the one to one home visiting providing the service in the home, this was an initiative that provided them with a different opportunity (agency staff)*

Planning, consultation and evaluation

Planning for the project consisted of the initial planning phase and ongoing consultation and mapping of the activities. The initial planning took place prior to the commencement of any artistic activities and involved an extensive consultation with community. This phase was important for engaging the residents in a meaningful and rewarding collaboration where they were given equal access to decision making. Initial consultation with the local community included leaflet mailing and contacting residents through existing networks followed by a community consultation event and continuous follow up questionnaires, interviews, newsletters and discussions.

The reference group of community representatives has continued to be involved in the management of the project as a liaison group between the community and the staff. The annual Pathways and Connections event brings together individuals from each of the initiatives with members of the wider public to reflect on the progress and to identify areas for development.

” *All that set up work was really essential and they put a lot of work into this project partner agreement and the consultation...if you want to have some significant outcomes you have to do that foundation work and they did that (art worker)*

Evaluation was a core focus of the Helix project in the interests of contributing to evidence linking community arts to health and wellbeing. A staff member of the Department of Public Health at Flinders University has been involved throughout, assisting with formative evaluation over the three years. Evaluation activities have involved producing extensive documentation (art books, notes, photographs, drawings, designs etc) for each initiative as well as questionnaires and interviews with agencies, community members and participants.

POSTSCRIPT

One of the notable outcomes of the project has emerged almost in the face of adversity. The rapid change that is occurring in the area has taken a number of negative turns in the course of the project. For example, the future of the Ridley Grove Primary School has been placed in doubt with the announcement that the government intends to develop a series of Super schools across the metropolitan area. One possible outcome is the closure of this school. The energy generated through the Helix project, however, has drawn attention to the school environment and has meant that the impact of such proposals have been highlighted among local families. As a result the debates about the location of future educational facilities have been conducted against a backdrop of recognition that this facility is a valuable resource in the local area. Likewise residents similarly responded to the threat to close the Parks Community Centre.

PARTICIPATION

Recruiting participants was done largely by the agencies managing the initiatives and was often linked to their primary services. Thus the agencies targeted specific populations (i.e. school children, parents, nursing homes residents) or those that shared similar art-related interest (knitting, mosaics, filmmaking or singing).

Long-term participation in the project was difficult for some. Moving away from the area prevented many participants from continuing their involvement while for others the barriers were transport or family responsibilities. The staff, aware of these issues, worked with the participants in flexible and supportive ways to enable the engagement to continue. Moreover, the project was structured in such a way that residents could attend a series of activities over a shorter period of time and still experience a sense of completion and achievement, build new friendships and benefit from the program. The Pathways and Connections showcase, held annually, was then an opportunity for all involved to get together and celebrate joint achievements.

” *When you find yourself on your own, you're looking for everything that you can possibly get yourself into and be involved with other people - I need that social contact - and I'm getting it and I'm happy and otherwise I don't know where I would be - probably taking tablets for depression. (participant)*

POTENTIAL CHALLENGES AND HOW THEY WERE RESOLVED

When we talk about 'community', 'cooperation' and 'partnerships' it is easy to forget that, while these are things we aim for, the path that leads towards them can be rocky. Every community-based project has examples of conflict or tensions arising as a result of differing priorities and expectations. In Helix, for instance, despite the carefully managed layers of decision-making and opportunities for community members to have direct input into the outcomes, at various moments this hard work risked being derailed.

One of these moments occurred around the installation of public art work in a local park as part of the Helix Walking Trail. The mosaic stepping stones had been designed and created by a group of community members with a particular setting in mind. From their perspective the location was critical to the integrity of the art work as well as the community development process. Meanwhile the engineers and designers responsible for the bigger picture of the redevelopment had a different view, and this gave rise to protracted and sometimes heated debates. In the words of one worker:

” *It was fatiguing, lots of conversations, some very heated. Some people had to really put themselves out. Some people washed their hands of the whole thing. But in the end it actually got placed where the community wanted and that was a good thing.*

Another example involved the proposed installation of seating, which had been designed as part of Helix, in residential streets. In this case it was a matter of balancing the various wishes and needs of local residents as well as meeting Council regulations. In both instances, the tensions which arose were able to be dealt with through negotiation and compromise - but this takes time, consideration and patience on all sides. It is important to recognize that these kinds of issues are part and parcel of community development practice.

KEY LESSONS FROM THE HELIX PROJECT

1. Art and its role in community-based projects

Art can play an important role in community-based projects. Many agencies had never used art in their work with the community and found it a valuable and effective way of engaging residents and building networks with the community.

2. Evaluation

Evaluation was incorporated into the Helix program and was a continuous focus in the project. Being able to evaluate the process and impact of Helix will provide an opportunity to demonstrate the value of this and similar projects.

3. Community Involvement

The staff found that it was difficult to maintain consistent community involvement during the urban renewal as many residents were moving out of the area. The connection with participants who moved away was usually severed due to transport and other barriers. Those who stayed, however, remained not only involved with the activities in the Centre well after the project finished, but also became politically aware and active in lobbying for the Centre to remain in the community.

4. The level of collaboration between agencies

The collaboration impacts on the quality and effectiveness of service delivery. Community projects can build closer collaborations and networks between community services, but for the outcomes to be long term, a great deal of time investment is required.

5. Role of a coordinator

Helix demonstrated the importance of enthusiastic and knowledgeable coordinators as a driving force within the project and to maintain the momentum among staff and residents. It is important to recognise the supportive structures within which the coordinators operated and their role in the success of the programs.

1.4 Case Study Three: Kilburn Blair Athol Community Capacity Building Project

Overview The Kilburn Blair Athol (KBA) Community Capacity Building Project was funded by the Department of Health and the Housing Trust as part of the 'urban regeneration project' (approved July 2002) where 279 houses were to be demolished or renovated and tenants relocated. The Community Capacity Building Project was a response to anticipated dismantling of the community as a result of the urban regeneration. It was therefore funded to rebuild a sense of community in the area which was also identified as 'of high need' due to the lack of employment, violence, addiction and mental illness.

The project started with a consultation "Imagine Kilburn Blair" Athol that took place in 2002. During the consultation the main needs of the community were identified. These included:

- transforming common spaces to improve their function and aesthetics
- introducing regular social activities like community gardening, music bands, art groups or parenting groups
- introducing social outlets for young people, for families, for children and elderly as well as for those who face social isolation

During the consultation, the residents discussed issues around alcohol and drug addiction, mental illness and violence that may be dealt with by creating stronger community bonds and opportunities to access professional care. The impact of these issues on younger generations was of particular interest to the local community and led to many smaller, family and youth oriented projects.

To facilitate the process, a small number of community development workers were employed at that time (2002-3). They developed over 20 specific projects, out of which several were still active at the time of the research (2006).

OBJECTIVES

Increased wellbeing and health of residents through

- creating supportive networks for isolated members of the community (for example, mental health sufferers, young people, people with disabilities, older residents, young parents)
- maintaining and renewing existing community networks
- linking community workers and organizations so as to share resources, information and skills, to enhance their support for each other and to engage in joint projects or initiatives
- creating a range of programs to meet the needs of the community that were identified in consultations
- providing social outlets for different groups in the community (youth, elderly, parents and children) and bringing the community together to address a range of issues to do with drug, alcohol and violence in the community.

MANAGEMENT PROCESS OF THE PROJECT

Kilburn Blair Athol Community Capacity Building Project gathered several groups to manage the specific areas of the project, its directions and collaborative activities. These included:

1. **Reference group** of community members
2. **Project Support Group** consisting of decision makers within local organizations
3. **Community Development Workers** Forum involving various service providers who were explicitly engaged in community capacity building
4. **Facilitation of Cross Agency Program Development** bringing together 2. and 3. above was important in facilitating a cross agency program development..

Many initiatives also developed their own management structures (as described in the 'Activities' Section).

ACTIVITIES

There were many specific projects that started as part of KBA Community Capacity Building Project. The projects were set up in response to the consultation and, although many lasted only for a short time, some expanded significantly, attracting their own funding and developing their own sustainable ways of working. Some of these, for example CaFE Enfield, have become major service providers themselves.

We discuss four existing initiatives below that, on recommendations of the staff from local community health and mental health services, were a focus of our research; CaFE Enfield, Youth Link, Community Garden and INCCA. The first three have become highly successful projects in their own right, with well developed governance and structure and great capacity for sustainability. The last one, a program delivering a wide range of art and craft classes for several years, had experienced

difficulties to sustain itself after both funding and collaboration with the local services providers ended. The details of the issues involved will be discussed in the next sections.

The projects developed from a specific focus and thus become primarily autonomous and independent of each other. They developed their own objectives together with individual management structures and models of delivery. Because of this separation, the implications and lessons from these projects are discussed for each one individually.

Project I: Parenting Centre

The Café Enfield project developed as a collaboration between the Department of Health (Child and Youth Health) and Department of Education (DECS). Extra funding for the first 3 years was provided by Commonwealth Stronger Families Funding. The funds were assigned to establish a family friendly centre with a focus on early learning activities.

1.1 Activities

” You can turn up any time and there will be someone with a smile that will turn your eyes and someone puts their arms around you, you haven't even spoken. There is something here that isn't anywhere else. (parent participant)

An empty building adjacent to the local school was renovated for the purpose of developing a place that would create networks for parents and local health and early learning agencies and provide a supportive space where the services of these agencies could be accessed.

The project started with an extensive consultation with young families in the area. This process included the mapping of the community and making contacts with parents to create a shared vision of the centre. Initially, during the first 6 months, the centre coordinator made contacts with parents in the community. She also aimed to recruit parents to participate in designing the centre they wanted and needed. From those who started, 15 parents have been closely involved in running the centre and in decision making processes. New parents are constantly joining the centre (about 400 a year), many just for a short time, others for longer. The new parents are either recruited through families that are already involved or through referrals from health agencies. The first point of contact is a range of craft and art based activities for parents. These allow the most isolated families to become involved in non threatening ways. Once in the centre, they are likely to make contacts with other families and get involved in a range of other activities. The coordinators also engaged with the local service providers to ensure future collaboration. The service providers included health (i.e., nurses, domestic violence services, child health centres), education (i.e., schools, TAFE, childcare teachers) and welfare agencies (i.e. Centrelink, Anglican Care, and Lutheran Community Care).

The Café developed as a parent driven centre providing a range of health and education related services on premises. The service provision was framed within a 'strength model' of providing empowerment, encouragement, coping skills and independence to parents. Most importantly, involving parents in all decisions and choices was central to the success of Café. The basic needs are addressed immediately if the parents are in crisis. This includes food parcels and housing needs. Once the connections are made, parents and children slowly get involved in activities in the centre (usually starting with the most informal like playgroup or craft). This initial engagement is particularly difficult for isolated parents and parents in crisis. Once engaged, the parents are encouraged to participate in other activities (currently there are about 25 different activities, from playgroup and after school activities to TAFE and SACE courses) and building relationships with other parents and service providers available on premises. Once parents grow in trust and become more confident their parenting and social skills develop. For many, being part of the centre becomes part of life - they learn basic counselling skills and they discuss issues around mandatory counselling, domestic violence, child protection, mental health and child development. They become active in decision making and driving the centre and networking with other parents in the community.

The day to day running of the centre is closely facilitated within the social capital approach and provides a nurturing and empowering environment for children and adults increasing networks between parents, parents and services and collaboration among services.

1.2 Strengths of the CaFE Enfield Project

PARENT DRIVEN

Parents are seen as the most important resource and the driving force of the centre. They are involved in decision making and the daily running of the centre. Their needs drive current activities of the centre. It is mostly parents who make contact with others in the community and they provide substantial support for each other. The networks they develop and share give them an insight into current needs of the community. This knowledge shapes the activities in the centre. For example, a domestic violence worker can be brought in to explain and advise on issues specific to abuse. The continuous involvement of parents in the management of all activities and services makes CaFE a truly parent-driven centre.

” *They have to be able to own it and to be able to drive it (coordinator)*

INFORMAL SERVICE PROVISION

” *Parents who are in crisis will not necessarily take up referral to another service provider because they are in crisis, they have to get on the bus and get somewhere by a certain time with four kids, their life is in chaos anyway so they don't... they stay in crisis because they don't have the coping skills to break that cycle (coordinator)*

In the past, many young parents, especially those experiencing a crisis, found it difficult to deal with formally structured and inflexible services. The centre provides informal services, where appointments are not necessary and where parents can talk to a health or other practitioner in a supportive, caring and friendly environment. The centre also provides a range of educational services for young parents as well as crèche and childcare facilities. Having access to all the services in a supportive, informal way, in a centre that the parents are familiar with, is a reason for the great success of the project.

” *As a worker I think the first two weeks are really challenging to come into this environment, it's just so 150% different, but now I don't think I could work in any other place... (agency staff)*

A significant emphasis is placed on 'sharing the space' between the service providers and parents in an unprecedented way. As the centre is to serve parents and it is parent driven, the service providers must learn to work in flexible and adaptable ways. This may be challenging to some practitioners at first but most reported endless benefits coming from this type of operating. Most importantly it enables the service providers to interact with the parents in a more rewarding and enjoyable way and form closer relationships with parents over time. This way of working also enables service providers to engage with parents in crisis, who otherwise would be unlikely to seek such support.



FACILITATION

This model of working requires a strong and consistent structure that is continuously facilitated by the management. The focus on serving and empowering parents and providing balanced services to all families in the area makes the centre one of the most successful early learner centres in Australia. This has been increasingly recognized by the state and the federal governments who plan to develop a number of similar centres. However, the coordinator and staff of CaFE expressed their concerns that developing new centres without a thorough understanding of the facilitation process and structure of CaFE may result in failure to replicate its success.

GOVERNANCE MODEL

One of the strengths of the project was its governance model. The model consisted of three advisory groups. The first, a community advisory group was a group of parent volunteers. That way the parents involved in the centre made all the important decisions to do with everyday running of the centre. As a result, the real needs of these parents were a driving force behind all activities and the structure of the centre. The second, a service organizations advisory group, consisted of members of service providers involved in the centre. The third, a project advisory group, consisted of members of two other groups. Here, the parents would make decisions jointly with the senior managers of the local organizations. This has been not only beneficial for the centre but also for individual parents who found the experience intensely empowering!

I.3 Implications

SOCIAL CAPITAL

The social capital approach has been central to the running of CaFE. First, the networks and close collaboration with local agencies and service providers and having many of the services delivered in the centre helped to build strong networks between residents and agencies. Second, CaFE fostered networks and social interaction between the families and the mutual support and practical assistance parents gave to each other was invaluable for many isolated and lonely young parents. Finally, the centre itself provided an environment that generates a lot of social interaction and friendships. Many participants reported the centre to be a rare social structure for parents (that doesn't rely on sport activities and is not solely centred on childcare).



The children feel safe and secure... they actually care about children and children seem to form really strong friendships here... (participant)

Particularly after having a baby that I am not in a work structure, ok you'd have a baby and then you don't have that structure, particularly with children with difficulties, and now I am at home in the day and my friends, none of them are there because they all work (participant)

HEALTH

The centre provided a good model for the health and education services to become more accessible to isolated and disadvantaged families. This was done through a number of strategies:

- Creating a supportive and caring environment in the centre
- Inviting the service providers to work from the premises
- Introducing flexibility in the ways practitioners and parents cooperate

Many parents involved in the centre consider their involvement to be 'life changing' to say the least. Parents reported that the centre offered much more than just improved wellbeing, parenting skills and social interaction. To many of them it provided a new way of living, more balanced and fulfilled and much less lonely. Many parents who four years ago were themselves in a crisis situation are now supporting others. The centre has engaged over 400 parents to date, providing health services for them and their children. Most of these parents felt alienated and angry when they came to the centre. By bringing social networks and less formally structured health services to these parents, the centre provided a well balanced health support system for families in the community. Many parents reported improved parenting skills, coping skills, improved health and wellbeing of themselves and their children, better and more positive life outlook and improvement in children's behaviour.

” *It was magic for my little girl and for the first time I felt that she had dealt with it and felt comfortable and had her own sort of confidence to enjoy the place (participant)*

PLANNING AND EVALUATION

The coordinator, employed to oversee the project, began by reaching out to the young families within the community, discussing their needs and dreams. Similarly to other case studies, the residents had little trust in this 'new project'. Notwithstanding, the coordinator raised significant enthusiasm in a handful of young parents who then participated in planning and building a model of sustainable and supportive parenting centre. Half a year later, the centre activities took off, with parents-volunteers coordinating many activities, advising the coordinator and local services, recruiting other young families into the centre and overseeing all day to day activities. Their role is to plan and to advise as to what services and support are currently needed in the area.

The continuing planning process is very closely linked with evaluation. Feedback sheets and verbal comments and responses are collected regularly and used to drive the activities in the centre. The feedback has an effect on the way activities are structured and on many other aspects of the day-to-day management. Evaluation and feedback have been used in the past to feed action research activities (where changes are initiated, based on evaluation, and the effects are, once again, evaluated). Moreover, the volunteers' close participation in the daily running of the centre and in managing its activities ensure the centre's sensitivity to the real needs of the community.

PARTICIPATION

Given that those who were most isolated were also unlikely to actively seek support, the coordinators employed a number of ways of making contact with such families. For example, a close collaboration with local agencies made the centre well known locally and many parents have been referred here by other agencies. The coordinator and staff have been encouraging local parents (especially these in need) to come to CaFE. Parents already involved with the centre have played a significant role in bringing new parents into CaFE and engaging them in a meaningful way. A range of informal art and craft based activities has served to engage the new parents and to build relationships with those in crisis.

Project 2: Youth Link

The Youth Link project was initiated by the Central Community Health Services Enfield. Youth Link is a group of young people who have been campaigning for a youth centre to be established in the area. The problems affecting young people in the area, which include unemployment, drugs and alcohol, mental illness, family violence and many others, provide reasons why such a centre would be of benefit to them. It could provide a positive setting, promoting further education, employment and drug free choices.

The vision for the centre was to provide a range of services, including health and mental health services, employment advice and computers to assist learning. The centre would be run and driven by young people and its services would be determined by their existing needs.

” *I just want a place that I can go to with my friends and relax. A space that is for young people where we can get help if we need it where people can bring their homework, chill out, a real non-threatening place. (participant)*

So far, several years of lobbying and advocacy have not resulted in the youth centre being established. The group, however, does not accept it as a final decision. Many of those who started are now in their early or mid 20s. They, and these who joined later, continue with the project because they recognize the difference such facilities make to the quality of life of the young residents.

In response to reluctance on part of the community and local businesses to have such a centre located in proximity to their homes and facilities, the participants talked about the sense of worth owning such a centre would give them. They wanted to be trusted with a responsibility of running the youth centre; they considered themselves worthy of such trust.

Finally, the young people emphasised the importance of caring for future generations:

” *Know that youth is important without the youth there would be nothing...because there is a big fuss on at the moment about how we need to have more kids and that's why they give you four grand to have the kids and all this sort of stuff... they want more kids and more kids but they are not getting enough out of the kids they've got now... (participant)*

2.1 Activities

The group meets regularly to plan their actions in lobbying politicians and promoting their case to local and state governments. The regular meetings are also a forum to discuss issues and problems pertaining to the community and, in particular, young residents. These may include incidents of violence and racism and the need for employment services. The group also provides an opportunity for individuals to talk about their more personal problems and to be provided with support and kind advice from other members.

As a result of the lobbying, young residents of Kilburn Blair Athol now have access to the local community centre, which provides regular counselling and employment services, and they have regular 'youth only' afternoons in the centre.

2.2 Challenges

Over the years, the group has received a number of rejections from state and local agencies as well as independent politicians they lobbied. Despite the efforts of the coordinators to construct this as a 'lesson in resilience' rather than a failure, it may be seen as an affirmation (or as further evidence) that the area, because of its disadvantage, is not a political priority.

2.3 Implications

SOCIAL CAPITAL

The Youth Link lobbying led to improved access to local services including exclusive 'youth hours' in the local community centre. During this time, young people have exclusive use of community centre's facilities. This provides an environment for young people to network. In fact, all the activities of the group brought on increased networking and support among young people in the area.

However, it was felt that far more could be achieved with an exclusive youth centre, which would not only give young people a place to meet but would also provide them with an opportunity to own and manage such a centre.

HEALTH AND WELLBEING

Youth Link prompted the establishment of counselling services for young people in the local community centre. This was an important and welcome service which has had a direct effect on young people's sense of mental health and wellbeing. Furthermore, being part of the group was reported to have a great influence on how these young people feel about themselves and their community. They reported gaining new understandings and learning new coping strategies. Most importantly, the group has provided a great deal of support for these young people.

OTHER PRACTICAL IMPLICATIONS

In addition to the establishment of new services in the area, there have been other practical outcomes of collaboration between Youth Link and other local agencies. For example, the confidence of young people was boosted significantly as a result of engagement with politicians and a range of government agencies. This was partly a result of improved understandings of the structure and works of government bodies. Importantly, the youth link provides an ongoing forum for young people to discuss all issues they find relevant to their lives. This is done in a supportive and constructive context where understanding is offered and constructive solutions are discussed by the group.

PARTICIPATION

Initially, the project officer talked directly to the local residents who she knew already. These 'contacts' recommended some local kids who might be interested in forming a youth centre. The initial meeting brought five young people together. The group developed questions for a survey and each person was to give the questionnaire to six friends and invite them to the next meeting. The group grew from that and new participants were directly recruited by young people from their circles of friends and peers. The group is open to all young people in the area and at times there were 30 people coming to the meetings.

Project 3: Community garden

The Community Garden was set up as a response to a 'community orchard' being identified during the consultation as important for the local community. The leading agency for this initiative was the Central Community Health Services Enfield. Currently, the primary agency involved in the Garden is the Enfield Community Mental Health Services.

The initiative started in April 2003 in a house belonging to the South Australian Housing Trust. The block of land adjacent to the house was cultivated and maintained by the group as a community garden for a couple of years. After that time, the house and the land were sold and, after a brief search in the local community, the garden was relocated to a local church.

3.1 Objectives

- Create a communal space for people to learn, share and create gardening expertise
- Encourage local residents to learn about organic gardening
- Develop skills that can be used in private gardens
- Encourage participation by socially isolated people
- Generate a sense of purpose, identity and pride in participants

3.2 Activities



It's not always obvious straight away how a garden makes a difference in people's lives - how it touches on all sorts of different things, because it's not so much the plants that grow here but the people, the connections between the people (community mental health worker)

This low cost initiative aimed to provide a social outlet for isolated residents. Because of the involvement of Enfield Mental Health Services, many gardeners were referred to the garden in response to a range of mental problems. However, not all gardeners have a history of mental illness, thus creating wider networking opportunities for everyone.

The gardeners meet once a week for several hours of gardening and then an afternoon tea. The work is coordinated by the staff from the agencies involved; all tasks are written down as a list and gardeners pick what suits them for the day. The group is involved in other activities, like making and selling goods in the local fairs to collect money for plants and seeds. Apart from gardening and socialising, the group provides opportunities to learn about permaculture, organic gardening, cooking and healthy eating. The gardeners were given opportunities to visit similar projects and to network with other similar groups.

3.3 Implications

SOCIAL CAPITAL

The Garden provides an important opportunity of social interaction to the most isolated residents. The friendships of other gardeners constitute a significant social support for some participants. Furthermore, the group has built networks with local services, including a hardware shop and a nursery that make regular donations to the garden. Another important aspect of the garden is a stronger and less formal bond with local health services.

HEALTH AND WELLBEING

There are many factors that affect the health of the gardeners, from exercise and healthy eating to improved wellbeing due to the substantial social support the group offers. The most significant benefits reported by coordinators as well as the participants are in the mental health area. Because of the high levels of isolation among the gardeners (prior to being involved in the initiative), the weekly gatherings had a profound impact on their wellbeing. The group provides a supportive and non-judgemental environment for the participants to discuss their problems.

This low budget initiative made a profound difference to many participants. Those with a history of mental illness reported a significant decrease in their need for medical intervention since joining the group. Whether it was regular social interaction, support and friendship they offered to each other or a sense of being productive and pride in learning new skills - the need for expensive medical interventions clearly declined. Considering that such intervention for ongoing patients can cost up to \$12,000 (AIHW), the garden presented a much cheaper and more sustainable solution for these people.

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

The gardeners participating in the project were clear about the impact the garden had on their lives and they recommended the gardens be established in other areas as a way of managing isolation. In their view, gardens are the best way to help those with mental illness history; the friendship and support made available through the garden had deeply rehabilitative effects on the participants.

” The Government are putting more and more people out into the community from places and let’s face it, community attitudes towards some people aren’t very good and it makes them feel much more isolated whereas if they can come here, everybody understands that they all have a good day or a bad day and they can discuss their troubles with other people and sometimes that just makes the difference (participant)



Project 4: INCCA -Inner Northern Community Creative Arts

This initiative was set up in response to the theme consistently raised by the residents during the consultation; one of the things that they wanted to happen in the area was accessible and affordable art workshops. A group of residents previously involved in another project, centred on developing a local public park, was consulted and given an opportunity to continue their involvement with this upcoming art project. Since then, INCCA has provided a range of art related projects for the local residents, applying for numerous grants to allow for art tutors. One of the aspirations of the project was to achieve an independence from fundings and tutors through self-tutoring (where workshops participants would take on tutoring responsibilities).

4.1 Objectives

- To create a range of affordable art groups in the community
- To create opportunity for isolated people to come together
- To develop interest in art and craft among residents
- To build a sense of pride and greater community cohesion

4.2 Activities

Since its commencement, INCCA has run a number of workshops. Most of these activities are funded for about 10 weeks and very few continue beyond that time. If so, the participants pay \$3.00 towards each class and often buy their own materials. The activities included:

- Watercolours
- Painting
- Drawing
- Mosaics
- Beading
- Filmmaking
- Photography
- Drama



4.3 Challenges

The funding for this particular project was only short term. Wanting to continue with the activities beyond 10 weeks, the participants needed to apply for small grants on a regular basis. As none of this type of grant allows for administrative costs, this work has eventually become a sole responsibility of the volunteering residents. This over reliance on volunteers has been detrimental to the project; many volunteers found the commitments too great to continue. For others, starting full time employment or moving away from the area precluded further involvement.

” *It's getting to the stage now when we coming up with new workshops for the sake of getting funding more so that there's a real call for it... (volunteer)*

Despite the group applying to local council and other organizations, they failed to receive any consistent administrative support. Some individual groups within INCCA continue to exist and are funded by the participants themselves. However, their separation from INCCA will increase their expenses significantly (for example, they would lose rights to free room rental in a community centre).

4.4 Implications

HEALTH AND SOCIAL CAPITAL

This is the only program in the community offering art and craft activities that are affordable and accessible. However, relying on volunteers, lacking administrative support and explicit long term goals to increase community involvement and maintain local networks, and finally, short term funding created an environment where it's difficult to build any type of long term networks. The longest surviving and very successful workshop within INCCA provides a very supportive environment for the members to grow and develop their creative talents. Members of this group formed many friendships and find the activities beneficial for their mental and physical wellbeing. It's possible that some of the groups that only started recently will be able to develop into such a supportive network. However, with lack of any agency support and well defined objectives, this will be a result owing more to dedication of the participants than to structured planning.

PARTICIPATION

The residents involved in INCCA found it difficult to engage the immediate community in the workshops and they found that most of the participants are from outside of Kilburn. This was the case despite wide advertising in the local paper, Library, community centre and other publicly accessed places.

One of the reasons for this lack of engagement is the history of social isolation and lack of community facilities/workshops in the area.

” *We actually found it very difficult to get immediate locals to participate.... For a long time people here were really isolated in their own homes, nothing happened outside of it so people just didn't go anywhere other than maybe a pub (community worker)*

Another reason was brevity of the workshops and funding. From a social capital perspective, short term workshops and programs are not beneficial for disadvantaged communities; it is unlikely that any networks will form under these circumstances.

” You can't think that you are going to build any form of community in ten weeks and what are these groups about if not about forming a community... most people are just starting in ten weeks to feel comfortable and then the money stops (participant)

However, despite the difficulties, some of the workshops were continuing and enjoyed a high level regular participation. Talking to these groups revealed a strong sense of ownership of the group and positive supportive dynamics of the workshops

” ...I think it can have something to do with ... cause we own the group here... we are successful because we don't rely on the outside income (participant)

The whole dynamics... we understand we are not here for a big session and we are not here to complain (participant)



LESSONS FROM KILBURN BLAIR ATHOL PROJECT

1. Small, manageable projects

The project's aim was to meet a range of needs the community identified during the consultation. Because of the wide range of these needs, the program separated into smaller projects that had later become independent of each other. The projects developed their own governing systems and ways of operating.

2. Stake and Interest - Participation

The activities of each individual project were tailored for a specific group. This ensured that the activities were relevant to the participants' lives, interests and day-to-day experiences. This also ensured greater participation.

3. Planning and consultation

Planning and consultation were conducted on two levels, the KBA Project and the individual projects. The initial consultation provided information on what the community needed or wanted for their area. All subsequent consultations were linked to specific projects and were an ongoing part of these projects.

4. Social Capital Approach

The social capital approach formed a basis from which the program (and the individual projects) operated. Building community networks and engaging isolated members of the community as well as building links with the service providers were the primary objectives of the projects.

5. Staff versus volunteers

One of the projects experienced difficulties in sustainability because of its over-reliance on volunteers. As other projects demonstrated, experienced staff must mediate the workload, making sure the volunteers are not overworked and burnt out. The experienced staff also provide basic structure and administrative help to the volunteers.

1.5 Factors important for success of the programs

Overview All of the programs in the case studies were developed in low socioeconomic areas, two of which were undertaking intensive urban renewal. The examination of these programs highlighted several factors that played a role in the success of the programs. These factors and their importance for future programs are listed and discussed below.

DEDICATED AND ENTHUSIASTIC STAFF

Many of the participants believed dedication of the staff members played a crucial role in success of the programs. They saw the staff as an integral part of these programs and believed their warmth and enthusiasm responsible for a more welcoming and empowering atmosphere during the activities. It was also the dedication of some staff members that sustained many activities well beyond the length of the project.

It was clear from the interview data that the dedication of the staff was matched by the enthusiasm of the managers of the collaborating agencies and that it was a supportive environment which enabled the workers to 'shine'. They themselves emphasised the importance of the understanding and support of management and funding agencies to the underlying philosophy of community building practices.

IMPORTANCE OF PLANNING

The planning phase of the programs was recognised as an important foundation contributing to the overall success of the project. Because planning and consultation were used to build collaborative relationships with communities, and thus required a close involvement of residents, the planning phase often required lengthy periods of time.

IMPORTANCE OF CONSULTATION

In most of the programs, the planning phase was intertwined with consultation and some initial activities. The full involvement and participation of communities in decision making processes was an essential principle of the programs. Even programs involved with primary school children relied on the children's input in all aspects of the project design and planning.

VEHICLE FOR COMMUNITY PARTICIPATION AND INVOLVEMENT

As has been emphasised by the staff involved in the case studies, the best way to assure participation was to provide a 'vehicle' that would interest and engage residents and that could provide fun activities. It was particularly important for the initial contact to involve activities that were non threatening and allowed for non verbal participation. Interestingly, in almost all cases, this vehicle was a set of art, craft or design related activities. The participants found this to be most enjoyable and a less threatening way to get involved. They also found talking about problems and issues much easier when joining others in these kinds of activities. Often, the activities led to creation of community art which was later displayed in the area. This generated feelings of true achievement as well as a sense of ownership, pride and belonging.



MANAGEMENT COORDINATION AND COLLABORATION

Management processes were well thought through and planned in all case studies. Importantly, all the stake holders were represented in the management committees, including residents' reference groups, service agencies and funding bodies. In each case study, these groups were brought closely together building sustainable collaborations with residents and with other agencies.

CLARITY OF SOCIAL CAPITAL APPROACH

The staff and managers working with the communities used the social capital approach as a platform to collaborate, plan and develop the programs. The success was made possible by the common understandings among the workers and managers. Even though the term was not necessarily used, the principles underlying the social capital approach were upheld as central to the programs.

BUILDING ON COMMUNITY STRENGTHS

Each case study had a prolonged period of planning and extensive consultation built into it. Among other things, these involved finding the needs and wants of the community as well as its strengths. For example, as the workers involved in Yangara Reserve Project discovered, the O'Sullivan's Beach community was characterised by very high levels of social cohesion. The cohesion was utilised to advance the program and to engage with the most isolated members of the community. In other areas, workers relied on strong groups of volunteers, existing knowledge and expertise of community members or even community facilities available to residents.



FLEXIBILITY

Many initiatives worked with young parents, elderly, and people affected by mental illness. Consequently, flexibility was reported to be an important quality of the programs and staff working in them. This was especially pronounced with young parents who gave undivided priority to their parenting duties.

BUILDING TRUST

It took time to build trusting and positive relationships with the communities involved. In some cases, the residents felt neglected in the past or their prior experience with similar programs was one of disappointment. Often, in the past, they felt stigmatised and misunderstood by the agencies operating in the area and they felt powerless in the face of bureaucratic structures. Others experienced similar programs to be short lived and providing little support to or benefits for these involved. The agencies involved in the case studies made building trusting collaborations with the communities the base for a sustainable relationship.

LONG TERM IMPLICATIONS

There are many possible long term implications of the programs. These can be hypothesised based on existing research and established correlations between health and wellbeing and social capital. The programs in the case studies worked to develop strong bonds between residents and local service providers, ensuring long term, sustainable collaborations between the stake holders involved. The substantial achievements of these programs in terms of building these collaborations are likely to be translated, in the long run, into positive health and wellbeing implications for these communities.

1.6 Participation in community development programs

Overview The issue of involvement is one of the most important concerns for workers involved in community-based interventions. We know that individual participation can be a strongly beneficial influence in people's lives. We also know that greater participation creates stronger social capital within a community. This means that encouraging potential participants to take part in a program is likely to be beneficial for them and their families as well as for the whole community. And since the increased social capital is likely to have significant effects on health and wellbeing, the more participants there are in the program the more spread out the benefits. For these reasons, it is important for coordinators to have a good understanding of the factors that play a role in community participation.

This section discusses the factors that influence participation. The data for this section comes partly from the case studies research and partly from additional interviews collected for a similar project conducted by members of the research team. In total there were over 60 interviews analysed for this section; all of them were conducted in and around Adelaide. The participants were asked to comment on their own reasons for participation or non-participation and/ or reasons that others in their neighbourhood may have for not participating in community-based programs. Much insight came from the workers involved with the residents as they were able to reflect on verbal feedback they received while working in the community.

FACTORS AFFECTING PARTICIPATION

Existing bond among residents

The level of existing social capital is an important factor affecting participation. Recognising these bonds and utilising them for the project can be highly beneficial for staff and residents. Often the existing bonds can be quite close, despite a community being categorised as 'isolated'. For example, there was strong existing bonding social capital in Yangara project and the agencies drew on this to strengthen weak links between service providers and the community.

An existence of common interests

A common interest is a crucial ingredient for a successful project. Often, living in the same area is not enough for people to develop strong connections. In these cases, utilising more specific shared concerns or interests helps to strengthen the bonds. In the case studies, shared interests were used successfully. Shared interests may have to do with age of the participants, the experience of parenthood or the love of gardening. In some cases, like the Yangara group, residents living in proximity to the reserve shared a strong stake in its development.



'Personal' invitations

To every prospective participant. It has been consistently stressed by the coordinators and workers that personal invitation and door knocking in initial stages of a project were the most effective way of engaging with a community. Because of the significant time and resource demand for such activities, some projects from the case studies reported significant difficulties in engaging local communities. As reported in the interviews, the resources were not there to engage in 'door knocking'.

” *The biggest barrier is to get people out their door and come along. If you call it a meeting people aren't all that interested (community worker, case studies)*

Well, perhaps some people haven't been asked to get involved... (participants, Helix)

One of the way in which coordinators worked to overcome this difficulty was to advertise in local papers and throughout the local agencies. Some programs relied on referrals from local doctors and other service providers.

Broader context

The areas undergoing urban renewal experienced difficulties not only in engaging the residents but also in maintaining their participation. For example, the Helix Project found the local community feeling uprooted and many residents unsure of their housing situation. These factors prevented many residents from engaging in any locally based activities. At the same time, as individuals moved away from the area, they usually withdrew from the project and lost contact with the community.

” *Accessing the community... it's really hard in this area to access people unless they're going through an organization already... (agency manager, case studies)*

Making contact with people in community that is in change is actually really hard. For some people being committed for a period of time when you are not sure about what's happening with your living circumstances is actually really quite challenging. (agency staff, case studies)

One of the ways of overcoming these difficulties was to create short term activities within a longer project that allowed residents to be part of it and still have a sense of accomplishment.

Mistrust towards the agency

At times, a significant barrier to engaging with residents was mistrust towards the agency initiating the project. This might be due to some earlier negative experiences or simply because the agency was perceived as 'unfriendly' or 'distant' and the residents felt neglected, stigmatised as 'poor and irrelevant' and misunderstood. The lack of trust was a telling symptom of very weak linking social capital. Therefore, it was important for the agencies to allow time to build a trusting and lasting relationship with residents, to educate them on the 'workings' of the agencies and to provide space for the community voice to be heard and taken seriously.

” *They were angry, they were feeling let down, because service providers had never properly supported them, I think it's really about taking the time to listen and acknowledge and act (community development officer, CaFE Enfield)*

“There is no way I could do it on my own”

An important factor preventing people from joining the programs was reluctance in doing this 'on their own'. Many participants went along with a friend or after making some personal contacts with an agency worker or other participants. This was more often a barrier for women, but men also felt reluctant to be involved on their own.

” *It would be nice to go and meet new people, that would be good, but I am not going to do it by myself, there is no way I would enter any place on my own (60yo female)*

Transportation

For many residents the most important constraints to involvement in community activities was lack of transport. This was a significant barrier for young parents as well as elderly residents.

” *There are some people who can't get around here because they are restricted and it would be nice if there were other gardens open in the area.... (community garden participant)*

In response, some of the programs developed ways to assist participants with transportation, providing buses or car pooling.

” *Transport and access... some of the families were a bit further afield and that's something we had to organize (agency staff)*

Childcare

The access to childcare as well as the parental willingness to leave their children in hands of strangers were brought up as important obstacles to participation. Not only availability of a childcare facility but also finding one that would be suitable and trustworthy was a big issue.

” *Because of all our other issues and problems, we didn't quite fit right with child care, and she was a bit neurotic, a bit sleep deprived and, I just didn't feel accepted and understood. They were even policies that they were to understand everyone's needs and differences but that didn't really happen (CaFe Enfield participant)*

Many of the projects, particularly where young parents were involved, provided high quality crèche facilities. Having children in the same building and supervised by professional carers who could relate to a range of health and behavioural issues made a difference to those who had been reluctant to use childcare previously.

Money

Many community workers reported that free programs are more likely to attract participants and that even a 'gold coin donation' could act as a deterrent as many felt obliged to pay and felt they couldn't afford it. Some potential participants admitted that money was a major constraint to networking and socialising.

” *Money is a big factor...instead of thinking to myself I would like to go here and I would like to go there I don't even think about it... (female, 60)*

All the programs in case studies were free to join and the funding was used to cover all necessary materials and fees. In addition, many projects provided free lunches and snacks for the participants, to indirectly help with the costs of living and to encourage participation. It was indeed a strong incentive for those who struggled to afford quality food. Additionally, eating together created opportunities to strengthen social connections between participants and staff involved.

All the initiatives in the case studies were free to join and the funding was used to cover all necessary materials and fees.

Health

An important factor preventing many, especially elderly residents, from joining any type of group was their ill or failing health. Elderly people reported spending most of their time caring for their sick spouse or attending their own appointments with health practitioners. Those with mental problems, including depression, were most difficult to recruit. They did, however, hugely benefit from the activities and their improvement was often a focus of heart warming anecdotes and stories.

Gender and culture

Gender and cultural/ethnic background play an important role in participation. It has been noted that the majority of the participants were women with only a few men attending the activities. Older and retired men were more likely to be involved, some coming along with their wives, others seeking company after a death of a spouse. Younger men in the communities felt there was a stigma attached to participating in community activities.

” *And one of the reasons for this is that men don't access groups, unless it's a club... because they think if they go anywhere else it's like welfare or support or shows inadequacy...oh my god there must be something wrong with you... it's a sign of weakness.... (community centre manager)*

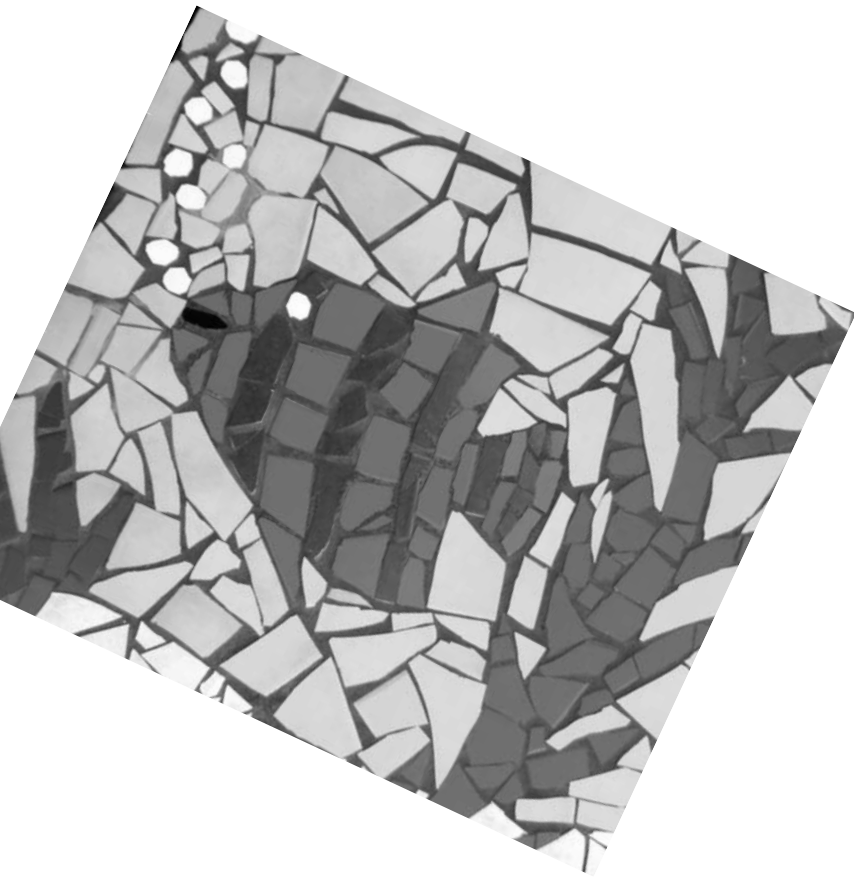
Another problematic aspect of the projects was a minimal engagement of indigenous, migrant and refugee residents. This was despite an explicit intention of involving Indigenous population of O'Sullivan Beach and a population of recent Sudanese refugees living in the Kilburn Blair Athol area. The reasons are not clear. There are obvious cultural and language differences and possibly the resources available for the programs could not be stretched to involve these participants.

IT IS NOT FOR EVERYONE

It is important to remember that not all residents want to or need to participate in community activities. Many people are too busy while others may prefer to socialise with their own families, friends and interest groups. Some people may prefer to remain more solitary and limit themselves to only a handful of friends, without this necessarily having any negative affects on their health. Moreover, even in disadvantaged communities, many residents work full time or are otherwise involved in some regular activities.

Similarly, some residents may not be interested in activities offered by the projects. For example, 'new' residents from the Parks preferred to use facilities such as the library, swimming pool or gym rather than a community centre. The activities offered may simply be not suitable for their current needs.

Clearly, the complexity of the factors cannot be fully engaged with in this brief section. We do hope, however, that we provided some important insights into why people do or don't get involved and who and when is most likely to stay engaged with the project.





Part II

Your Program: Developing community programs - a social capital approach

Part II: Your Program

Overview In Part II you can expect to find practical information to help you to put the principles of social capital into action through developing community programs. This part of the Guide focuses on three main aspects of program development: assessing organizational capacity to undertake such programs, planning and evaluation and measuring any change resulting from a program.

Synopsis

The case studies outlined in Part I highlighted some of the specific factors in the community-based projects that determined their success. Broadly speaking, these can be summarised as:

- the capacity of the organisation/s involved to engage with social capital approaches
- thorough planning, including well-informed strategies for monitoring progress and gaining feedback about effectiveness of the program activities
- knowledge of what changes to expect and how to measure them.

Drawing on these lessons learned in the case studies, in Part II we focus on enhancing the effectiveness of your program by focusing on three main aspects of its development, as follows:

1. Getting ready - an audit of organisational capacity

This section examines 4 capacity areas for consideration by organisations preparing to embark on program development based on social capital principles. It explains the background of each area and how it emerged in the case studies and discussions with policy makers (see Part I). Questions are suggested to assist the organisation to identify its strengths and weaknesses and guidance offered about where to go for more help.

2. Program planning and evaluation

Planning and evaluation are inextricably linked to each other and to effective practice. Sound planning for implementation and evaluation enables organisations, practitioners and community members to learn from their experiences and to improve practice. This section outlines some of the most useful approaches for programs that are based on social capital. It provides an overview of these along with key resources that will be invaluable in developing an achievable plan, one which can be readily evaluated.

3. Measuring Change

Identifying and measuring changes that relate to social capital is notoriously complex. Developing indicators of change in community-based programs is always challenging, but the inclusion of social capital concepts of trust and connectedness can raise the level of difficulty considerably.

Nevertheless they are important ingredients since they help to increase understanding about the kinds of initiatives that have an impact on health inequities. This section describes some available measures and presents a tool in the form of a set of questions distilled from existing and tested resources.



2.1 Getting ready - an audit of organisational capacity

Overview The case studies in Part I highlighted the importance of ensuring that the organisations involved are well-prepared to undertake the complex tasks demanded of community-based practice. Despite the many differences between the case study communities, and the wide range of perspectives expressed by the various policy and decision makers, this message was consistent. This part provides a framework to assist organisations to carry out an audit of their capacity in relevant areas, and to act to develop capacity where needed.

This part identifies 4 main areas where capacity has been shown to be influential in the effective application of social capital theory to practice. These are discussed in terms of 'indicators of organisational capacity' under the headings:

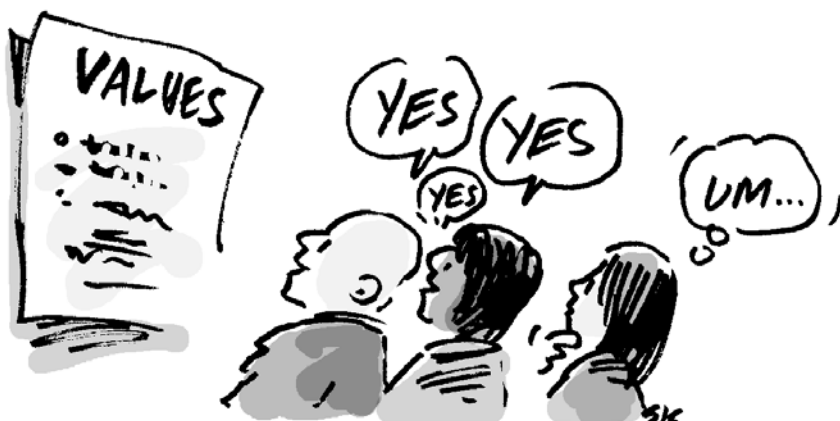
- CAPACITY INDICATOR 1 Commitment to underpinning values
- CAPACITY INDICATOR 2 Knowledge of terms and concepts
- CAPACITY INDICATOR 3 Experience in community development
- CAPACITY INDICATOR 4 Quality of collaborative relationships

Although the capacity of individuals is also important, in this section the focus is on capacity at the organisational level. The term organisational in this context refers to both *individual entities* (eg communities or agencies) as well as to *groups of entities* working together towards a common purpose,⁴ whichever applies to your situation. Although there may be some differences between these two, the issues discussed are understood to be generic to all organisational settings.

You will need to decide who in the organisation(s) is best placed to undertake this audit. It should be remembered, however, that it is designed as a collective process. Ideally it would involve participation across the organisation, with a group of people who represent different parts of the organisation being responsible for its implementation.

We suggest you work through each of the four indicators of organisational capacity one by one, addressing each in the following way:

- A. Read the **'Background'** information provided
- B. Discuss the **'Questions for Reflection'** at an *organisational level*
- C. Explore the suggestions provided in **'Want to know more?'**



CAPACITY INDICATOR 1: COMMITMENT TO UNDERPINNING VALUES

A. Background

” I think it [social capital] is a little more deeply embedded into our community and society's psyche now...it's not so much a catch-phrase, as something we take consideration of in the same way we look at economic impacts or environmental impacts. (Administrator State Govt)

There are certain things that are good and that we value... (Senior Administrator State Govt.)

Social capital as outlined in this Guide encapsulates certain values concerned with the question of what makes for a 'good' society, and the role of government and civil society in helping to achieve social ends. These values inform the ways in which organisations provide services and the relationships they forge with other agencies and community members. They are reflected in principles such as social justice, processes such as participatory decision-making, and desirable outcomes such as equitable distribution of resources and services. You will find a more detailed discussion of these underpinning values in Part III of this Guide.

Social capital approaches rely on a commitment to such values within organisations. Sometimes the commitment is implicit rather than stated, and expressed through policies and routine practices. Budget allocation, for example, can indicate the level of commitment to equitable resource distribution. Similarly, examining how decisions are made can reveal a great deal about an organisation's commitment to transparency and community participation.

Lessons from the case studies...

Community development projects typically receive short term funding, in some cases only for a few months, with limited access to resources. For some initiatives, such as the Kilburn Blair Athol INCCA, this meant a heavy reliance on volunteers and a precarious existence once the initial funding period had ceased. Practitioners and policy makers alike stressed the need for a longer term commitment of funding in order to reap the benefits of this kind of work at a community level and achieve a degree of sustainability.

Explicit support from managers in organisations as a sign of commitment was important for the life of the project beyond the immediate funding cycle. In Helix, it meant laying plans for future developments well before the initial funding expired, and considering ways to link initiatives into the core activities of local government and other agencies.

B. Questions for reflection

We suggest that you consider the following questions and use them as a starting point for discussion within your organisation. Rating your responses as follows will enable you to keep a record of your reflection:

To a great extent

Somewhat

Hardly at all

You could rate/record your responses individually then discuss together, or complete the whole process as a group. Each organisation and program will have different needs and there are no hard and fast rules about the kind or level of commitment necessary. However, if you find that many of these qualities are present to a great extent in your organisation then you are likely to be well-prepared for the task ahead. On the other hand, if your reflection indicates that they are hardly evident at all, you may decide to engage in some capacity building activities before embarking on social capital programs.

Q: To what extent do the following statements describe your organisation?

- The values that guide the organisation are transparent
- There is general agreement about the value of the proposed program within the organisation
- Social justice issues are central considerations in decisions about services and resource allocation
- Social impacts are assessed consistently alongside economic impacts
- The goal of equity is mentioned in policy and strategic planning documents
- Community groups and/or individuals are routinely involved in the work of the organisation
- The organisation has explicit policies that support participatory decision-making

Q: During your reflection and discussion you may have identified other issues that represent barriers to effective practice or are potential facilitating factors. What additional questions have arisen that may be important to address in your audit? You could make a list of these and discuss/rate them in the same way.



C. Want to know more?

If your reflection on the questions raises unresolved issues, or if your organisation is keen to build greater capacity in the area of values, we have several suggestions.

Firstly, reading about social capital and health equity is the first step towards embedding these values in the structures and systems of the organisation. The detailed discussion of social capital and health equity in Part III of this Guide provides a basis for understanding why a commitment to certain values is so important and we recommend that you refer to it.

Secondly, it is often helpful to read about how other organisations have set about building their capacity - in regard to equity and participation, for instance. The case studies in Part I of this Guide offer some such examples. In addition, the publication listed below provides case studies of capacity building, couched within a sound argument for incorporating the principles of social justice and equity in policies, programs and services to address health inequities. Although these examples are based in North America, the general principles are applicable to a range of settings.

Hofrichter, R. ed. (2006) *Tackling Health Inequities Through Public Health Practice: a Guidebook for Action.* Accessed 14 January 2008 from:

http://www.naccho.org/topics/justice/documents/NACCHO_Guidebook_hyperlinks_000.pdf

Another resource that offers practical advice for identifying relevant values within the organisation as well as tips for developing effective strategies is:

Laris, P., Baum, F., Schaay, N., Sanders, D., Kahssay, (2003) *Tapping into Civil Society: guidelines for linking Health Systems with civil society.* Department of Public Health, Flinders University, Adelaide. Accessed 4 February 2008 from:

http://whqlibdoc.who.int/publications/2001/0730892883_eng.pdf

CAPACITY INDICATOR 2: KNOWLEDGE OF TERMS AND CONCEPTS

A. Background

” It [social capital] is one of these terms that has achieved a certain prominence but not necessarily a level of understanding of what it is and how it's measured (Administrator State Govt)

I think people have moved away from the original definition and it's kind of woolly now...I don't think people really know what it is they're talking about apart from something warm and fuzzy. (Senior Policy Officer, Local Govt)

You break it down, and say okay, what does this all mean, and you bring it down to concepts that people understand... (Administrator State Govt)

Most public health and human services practitioners are familiar with the broad ideas behind social capital theory. In order to apply social capital to practice it is not necessary to have a comprehensive knowledge of its theoretical foundations or a detailed understanding of the competing definitions. It is important, however, to have a working vocabulary of key terms and an appreciation of the range of approaches that are employed for different purposes. This is necessary in order to be able to:

- ensure that staff, policy makers and community members share a common understanding of the concepts and strategies
- mount a persuasive argument for the role of social capital
- distinguish between approaches and respond appropriately to circumstances
- participate confidently in discussion and debate about social capital approaches
- develop well-informed program plans and precise evaluation indicators.

The need to be well-informed about key terms and concepts does not simply apply to front line community development workers. To avoid the confusion of staff working at cross-purposes, this capacity needs to be present throughout the organisation. While there is likely to be considerable variation in the capacity of individuals, at an organisational level there should be an overall familiarity with the terminology and comfort in its use.



Lessons from the case studies...

Although all projects were informed by social capital theory, only one of the projects (Yangara Reserve) explicitly mentioned social capital in its aims. In the other projects there was a preference for the more familiar language of community development: community engagement, social supports and networks. While the terminology varied, however, the critical factor was clarity of purpose and intention among all involved.

The important role of the community worker as 'interpreter' was highlighted in the projects: someone who is able to translate some of the more abstract ideas into practical language and activities at the local level.

B. Questions for Reflection

There are a number of key questions to be considered in order to ascertain knowledge of social capital, starting with the use of terminology throughout the organisation. Once again it may help to rate your responses:

To a great extent

Somewhat

Hardly at all

Q: Are terms associated with social capital used customarily within the organisation's policy or promotional literature?

Tip: A quick scan of documents will provide information about how commonly they are used and therefore the degree to which staff and community members have been exposed to the ideas and the language in connection with the organisation.

Q: Is there a general understanding within the organisation about key concepts such as trust, social inclusion/exclusion, equity, civil society and citizenship? Do staff members feel confident in the use and application of such terms?

Tip: There may be a general impression of the extent of understanding in the organisation. For a clearer view, however, one suggestion is to use Part III of this Guide to formulate a list of the key terms and concepts that are associated with social capital and to develop a short on-line survey 'quiz' for staff to complete anonymously.

Q: Are there workers or community members with more specialised knowledge, for example, a detailed understanding of bonding, bridging and linking social capital?

Tip: The quiz is likely to bring this to light if it is not already known. Where such people exist they may be able to act as mentors or trainers to raise the level of understanding more widely.

C. Want to know more?

Fortunately there is a growing number of on-line and hard copy resources that explain the concepts and terminology of social capital. In addition to Part III in this Guide, you may find the following helpful.

Social Inclusion as a determinant of mental health and wellbeing. Research Summary 2. VicHealth 2005. Accessed 4 February 2008 from:

http://www.vichealth.vic.gov.au/assets/contentFiles/Social_Inclusion_Final_Fact_sheet.pdf

This document provides a concise definition of social capital and its links to social inclusion approaches with a particular emphasis on mental health.

Camden Social Capital Survey 2005. Accessed 4 February 2008 from:

<http://www.camden.gov.uk/ccm/content/community-and-living/neighbourhood-renewal/social-capital-survey>

A survey report (conducted in 2002 and 2005) that measured the strength of communities in Camden based on a range of indicators, from whether people feel valued members of society to how much volunteering they do. It provides practical definitions of terms and concepts.

Canadian Report on Social Capital as Public Policy Tool (2005). Accessed 4 February 2008 from;

http://policyresearch.gc.ca/doclib/SC_Synthesis_E.pdf

A Report from a federal government project in Canada offering a well defined theory of social capital (based on Bourdieu). This will be most relevant to senior level government policy and planning.

Social Capital gateway. Accessed 4 February 2008 from:

<http://www.socialcapitalgateway.org>

This site is an accessible and easy to navigate clearing house for articles related to social capital. It is organized according to topic (i.e. health, community, policy etc) and level of interest (basic, more advanced etc).



CAPACITY INDICATOR 3: EXPERIENCE IN COMMUNITY DEVELOPMENT

A. Background

” ...I go back to good old fashioned community development... (Senior Administrator Local Govt)

What are the types of things to have in place for the community to have the capacity to problem-solve, to address issues, to work together... (Senior Policy Officer State Govt)

In some form community capacity building...has occurred for thirty or forty years... (Community Development Officer Local Govt)

The application of social capital theory to practice, particularly at the local level, involves strategies that draw on well-established community development models. These are built around recognition of the power of collective action in bringing about social change and the importance of knowledge and education in enabling people to take an active role in decisions that affect their lives. The models of practice stress mechanisms for community participation and the formation of partnerships among workers and community members. These are clearly aligned with social capital approaches which rely on mechanisms for engaging members of communities in activities and networks. Competence in community development practice requires considerable experience and skill. It is critical to know how to draw people in to activities as well as how to keep them engaged and support them to bring about changes. Recognition of the value of these skills is one indication of an organisation's readiness to embark on social capital approaches.



Lessons from the case studies...

A focus on the strengths of the community - people's collective and individual capacities and abilities - rather than on health 'problems' and the need to fix them, was shown to be an effective way of attracting local people. Involvement is the first principle of community development.

Workers in the projects employed particular kinds of activities as vehicles for community engagement. One prominent method was community arts which came in many different forms including: painting, beading and drama (KBA), landscape design (Yangara), digital film, song writing and mosaic 'stepping stones' (Helix).

The case study projects all attracted groups of people in response to a specific issue or activity. Yangara Reserve, for example, mainly engaged with those residents who lived close by the Reserve.

Keeping people engaged through the life of the project is a significant challenge. Urban regeneration projects such as Kilburn Blair Athol and Helix involved working with communities in the midst of social and environmental change. With the population in a state of flux, and older residents being relocated as new ones arrive, it is inevitable that there will be a turnover of participants. This requires a different understanding of sustainability in the projects.

Two of the projects (Helix and Kilburn Blair Athol) entailed relatively complex programs spanning three years. The complexity was made manageable by being broken down into small and discrete initiatives with more focused aims and strategies. While in each Helix initiative, for instance, a small group was engaged at any one time, over the life of the project many hundreds of people participated.

B. Questions for Reflection

Community development skills are best learned through time and experience spent in the field rather than through reading text books. For this reason it is a good idea to take stock of the level of skills that are present within the organisation and identify the staff and community members with this kind of expertise. This gives rise to three simple questions to be addressed by the organisation:

Q: Are there staff members in the organisation who would be regarded as having a high degree of community development experience and skills?

Q: Is their work well-supported and valued within the organisation?

Q: How are consumers and community members participating in the organisation? Is their experience being used appropriately?

If the current level of skill and experience within the organisation is judged to be inadequate on the basis of this reflection, an option is to seek assistance from outside of the organisation, by collaborating with other agencies or community groups (see *Capacity Indicator 4*).

C. Want to know more?

In addition to seeking support from outside sources, many practical on-line resources are available to assist you to begin to build the organisation's capacity.

The Self-Assessment Tool. Accessed 4 February 2008 from:

<http://www.participateinhealth.org.au/clearinghouse/Docs/pcpsselfassessmenttoolVI.0web.pdf>

This tool, provided in the 'Primary Health Care Assessment Tool for Community and Consumer Participation' (NRCCPH), is a valuable means of undertaking a more detailed analysis of your organisation's commitment to community participation.

'Tapping into Civil Society: guidelines for linking Health Systems with civil society' (2003). Accessed 4 February 2008 from

http://whqlibdoc.who.int/publications/2001/0730892883_eng.pdf

This guide offers practical definitions of key terms (Section 1), a checklist for determining whether your organisation is ready to engage with local community groups and ways to build capacity within the organisation.

'The Citizen's Guidebook: a guide to building community'. Accessed 4 February 2008 from:

<http://www.vcn.bc.ca/citizens-guidebook/>

This guide has links to a myriad of on-line tools and guides to assist with community engagement, such as the 'Public Participation Toolbox' which details a range of techniques together with hints as to 'what can go right' and 'what can go wrong'.

The 'URP Toolbox'. Accessed 4 February 2008 from:

<https://www3.secure.griffith.edu.au/03/toolbox/>

This is a free resource with principles and strategies to enhance meaningful involvement in decision-making by communities and decision-makers. While it has an urban renewal focus, the 60 techniques for community engagement have the potential for much wider application.

'Community Toolbox' (Kansas University). Accessed 4 February 2008 from:

<http://ctb.ku.edu/>

This website is a comprehensive bank of practical information about community work, providing access to publications and how-to guides.

CAPACITY INDICATOR 4: QUALITY OF COLLABORATIVE RELATIONSHIPS

A. Background

” *Ideally you would have local government and planning and housing and so on all working together...*
(Senior Policy Officer State Govt)

Every agency ...has different philosophies that often can become a barrier to working together.
(Administrator State Govt)

*That was the intention of the funding...to learn from each other... (Community Development Officer
Local Govt)*

An emphasis on trust, networks and social supports in social capital approaches draws attention to the quality of relationships. This is critical given that addressing the social determinants of health with a view to reducing inequities presumes collaborative approaches and partnerships among community members, groups and organisations. Such an approach enables complex issues to be addressed by drawing on a wider range of perspectives and knowledge. It also creates opportunities for sharing information and scarce resources so that the achievements extend beyond the scope and capabilities of a single organisation. Not all partnerships are equally effective and efficient, however. Good intentions alone will not necessarily guarantee success.

Effective partnerships need time to develop. Working with partners and developing sustainable relationships demands advanced communication and negotiation skills. Across sectors and groups there may be very different assumptions, skills and expectations which can create defensiveness and tensions. As well as a genuine spirit of cooperation, understanding the different kinds of partnerships which work in different situations and knowing how to ensure that they will function effectively requires careful planning.

Lessons from the case studies...

All the projects involved inter-sectoral collaboration between several agencies at various levels: policy and management, agency staff, and local community workers:

” *We have connections and partnerships with the local community service providers that can address those needs, and so we work well with them (KBA)*

Helix, for example, incorporated a focus on the quality of the partnerships among several agencies as one of its core goals. From an early stage it analysed and evaluated these relationships:

” *The fact that we could sit six managers down and make some collective decisions that involved the arts, which may not normally have been at the forefront of their ways of thinking (Helix)*

Collaboration involved community members as well as agency staff. The community development workers played a crucial role in communication and liaison between community members and other practitioners. In Yangara this enabled workers to counter any negative assumptions about the process by building trust through the playground design stages.

B. Questions for Reflection

A good starting point is to reflect on the qualities in your existing collaborative relationships and the factors that have affected their outcomes.

Q: Does your organisation have partnerships with other agencies and community members?

Q: What kinds of partnerships are involved? What is their purpose (for example, networking or sharing resources)?

Q: What makes them work well? What kinds of skills are involved?

Q: What problems have they encountered? Are the reasons for these clear? How would you do it differently next time?

Q: What is the role of your organisation in the relationships? For example, is it leading or joining? Does this make a difference?

Q: What do you want to achieve from future partnerships?

If you are embarking on a collaborative partnership based on social capital we recommend that you consider using the Partnership Analysis Tool developed by VicHealth to support partners in health promotion:

VicHealth (2003). *The Partnerships Analysis Tool*. Accessed 4 February 2008 from:

http://www.vichealth.vic.gov.au/assets/contentFiles/VHP%20part.%20tool_low%20res.pdf

The Tool consists of three activities focusing on 1) refining the purpose of the partnership, 2) mapping the roles and relationships visually, and 3) a checklist designed to provide feedback on the current status of the partnership and suggestions for further work.

C. Want to know more?

The following offers a concise step-by-step guide to the stages of building a partnership with community organisations.

Tapping into Civil Society: guidelines for linking Health Systems with civil society. (2003) Section 5, pp. 31-41. Department of Public Health, Flinders University, Adelaide. Laris, P, Baum, F., Schaay, N., Sanders, D., Kahssay, Accessed 4 February 2008 from:

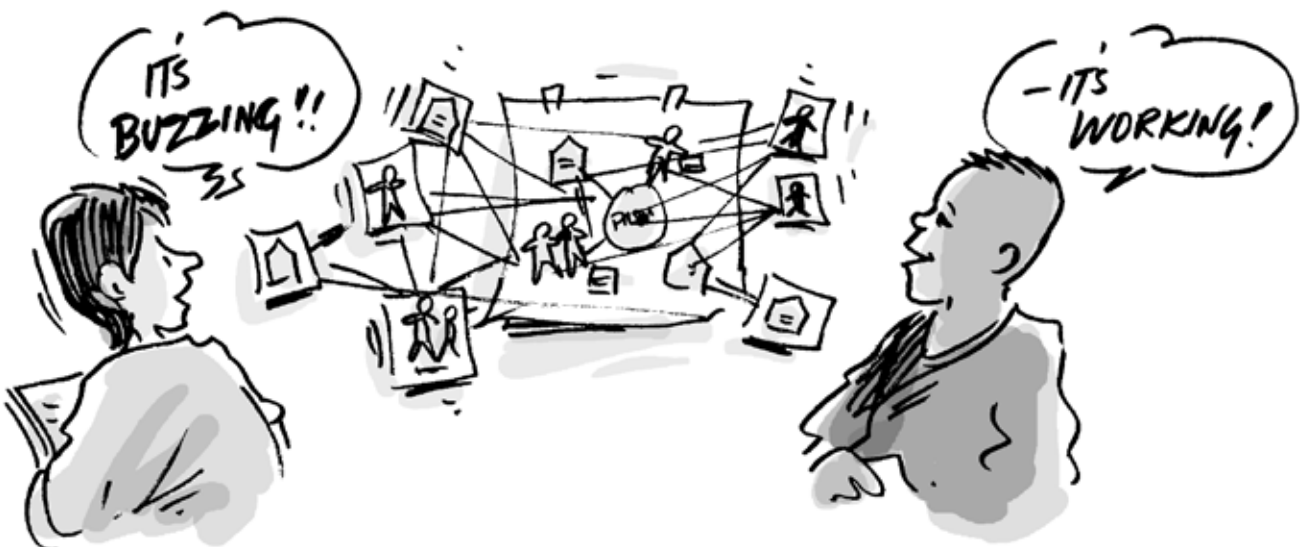
http://whqlibdoc.who.int/publications/2001/0730892883_eng.pdf

The publication offers practical definitions of key terms (Section 1), a checklist for determining whether your organisation is ready to engage with local community groups, and ways to build capacity within the organisation.

The VicHealth website also contains useful background reading about collaborative processes, including:

Collaboration and Alliances: a Review for VicHealth (2000). Walker, R.

<http://www.vichealth.vic.gov.au/>





2.2 Program Planning and Evaluation

Overview This part emphasises the importance of an integrated approach to planning and evaluation for programs based on social capital. A program logic or theory model is described and its advantages for community-based programs outlined. The challenge of incorporating participatory processes and their relevance for evaluation questions is discussed, and a summary of Tips for Effective Evaluation provided.

It goes without saying that planning and evaluation are intrinsic to working in human services fields in the 21st century. On the one hand these activities are familiar and assumed to be a natural part of sound reflective practice. On the other hand, workers will often indicate that they represent the greatest challenges in their roles. It is not possible in this Guide to provide comprehensive instructions for undertaking planning and evaluation and we advise that you follow the suggestions for further reading if you require such assistance.

In this part we provide an overview of particular features that apply to programs based on social capital and recommend suitable approaches to their planning and evaluation. It is taken for granted that evaluation, like community consultation and need analysis, is an integral part of program planning. Effective program planning means considering all of these aspects from the earliest stages and putting in place mechanisms for their implementation. For this reason we begin by introducing a model of integrated planning that will facilitate this process.



Project Planning and Evaluation Wizard (PEW)

PEW is a software tool designed to assist project officers working on primary health care and health promotion projects to develop a case for their projects, project and evaluation plans, and project reports. It is a FREE no-nonsense nuts and bolts resource for busy workers!

<http://som.flinders.edu.au/FUSA/SACHRU/default.htm>

A PROGRAM LOGIC APPROACH

One approach that has been found to be particularly appropriate for community-based projects concerned with social capital and health equity is known as the 'logic' (or 'theory of action') model. The thrust of this model is a focus on the underlying theories of change in the project or program. Many program logic models are available (including on line), offering a systematic and often visual way to describe the sequence of project activities and the theoretical basis for how these are expected to lead to the desired outcomes.

The basic model is designed to map the connections between the activities and the effects, showing how the best available evidence on what promotes health, for instance, is used to plan for the outcomes and strategies of the planned program. In effect, the model 'predicts' the outcomes of activities based on available research evidence. This is especially useful when the outcomes might occur years in the future; the presence of 'intermediate' changes, which serve as predictors of final outcomes based on the existing evidence of their mutual links, can be estimated. For example, there is significant evidence that links social networks to good mental health and recovery from serious disease. Thus, the program logic stemming from this evidence could predict that an initiative designed to increase supportive networks would, over the long term, have an impact on health. Those running the program could be asked to demonstrate the increase in supportive networks over a relatively short term.

” *With community development programs...you're looking at anything from 2 to 3 years to begin to see outcomes.. (Senior Administrator Local Govt)*

There are many benefits of using program logic. For example, it enables project planners to assess how it will function, assisting in planning for necessary resources. Furthermore, it provides a strong platform for communication with funders and stakeholders, making reporting on improvements easier. By providing clear ways to plan and document a project, the model also facilitates the chance to invest in a project. Most importantly, however, the logic model has been found to be an effective way to ensure the project's success by helping to organize and systematize planning, delivery and evaluation, based on good evidence that links the project conception to health outcomes.

You will find internet addresses to sites which provide step-by-step guides to the use of logic models in Appendix B of this Guide. The following websites are a good starting point to these approaches:

www.publichealth.arizona.edu/chwtoolkit/PDFs/Logicmod/executiv.pdf (Accessed 19 February 2008). This document is the executive summary prepared by the W.Kellogg Foundation. Their complete evaluation hand book can be found at: www.wkcf.org/Pubs/Tools/Evaluation/Pub3669.pdf (Accessed 19 February 2008).

www.garberconsulting.com/Program_Logic_Model.htm (Accessed 19 February 2008). Nathan Garber and Associates provide support to the not for profit sector in the United States of America and this is a link to a list of the available guides to program logic available on the internet.

Our critical interest in this Guide is in the concept of social capital as an effective explanatory tool within logic models. Considering what we know about the relationship between social capital and long term health outcomes, intermediate measures of social capital can be used as indicators of progress towards these long term outcomes. This will require adding some measures or ways of detecting the medium term changes that are related to the activities of the project.

For example, in a project focused on healthy eating, both eating practices and support for these practices would be relevant. Social support may be evaluated at all three levels of social capital described in Part III: 'bonding', 'bridging' and 'linking'. For example, to evaluate bonding social capital we would look at the development of relationships among family, friends and peers. For information about bridging social capital, we would examine the development of project committees and networks involving culturally or geographically diverse groups. Regarding linking social capital, the impact of activities on partnerships formed, changes in access to power and development of vertical networks would be assessed.

The diagram below summarises the stages of evaluation using a program logic approach.

EVALUATION FRAMEWORK

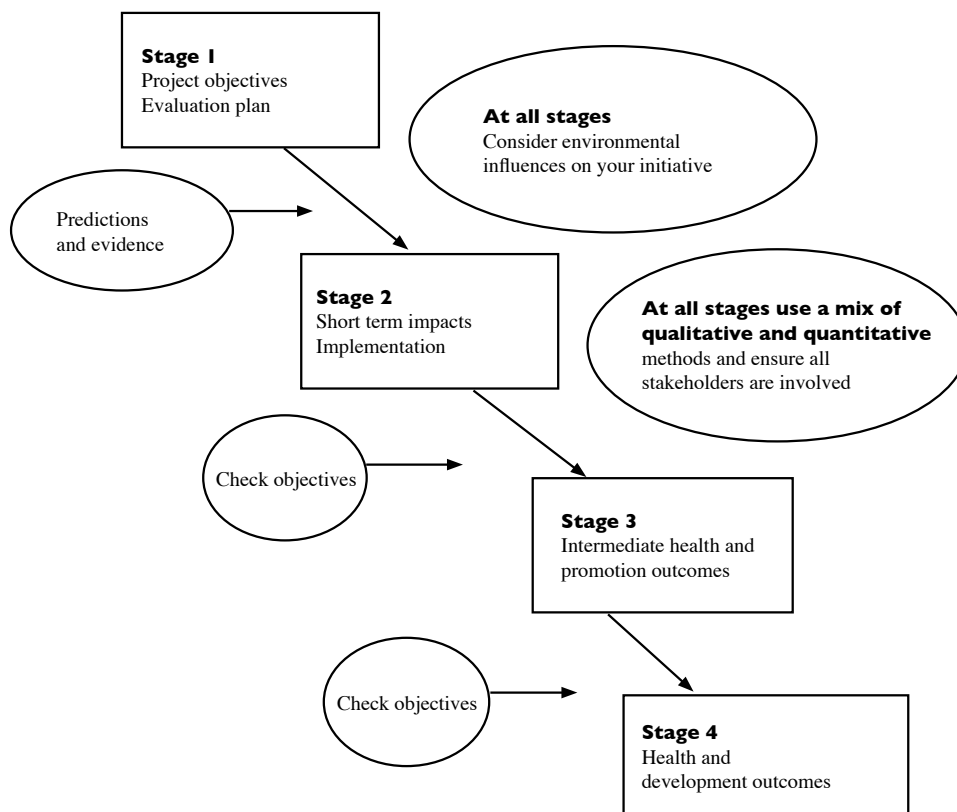


Figure 1: Evaluation Framework. Adapted from: Fran Baum (2008). *The New Public Health*.

In the logic approach it is easy to see how evaluation is intrinsically bound up with the planning and implementation phases. The logic model not only helps everyone involved - from community members to workers - to be clear about what they are doing and why, but also enables them to assess how effective they are being.

Lessons from the case studies...

In each project the need for integrated program planning and evaluation was recognised. Just as the workers would not have considered embarking on the activities without a clear plan of action (program plan), similarly they could not proceed without having established what they were trying to achieve, and what changes they hoped to effect through the project (goals and objectives). A process for appraising the effectiveness of the project (evaluation) was embedded in each from the very start.

For example, 'CaFE Enfield' engaged in a form of 'action research', where feedback is collected, analysed and then fed back into the further development of the project. This cycle is repeated and becomes a process of continuous improvement in service provision. The Parks Helix, meanwhile, integrated evaluation as the responsibility of the management committee from its inception. One of its mechanisms was the annual exhibition and community forum where the achievements and learning from each of the initiatives were shared across the whole project and the wider community to obtain feedback. This served to make the project (and its process) more visible to local residents.

THE EVALUATION CHALLENGE

The growing interest in 'evidence-based policy' in the health sciences as elsewhere means that public investment to reduce health inequities must be based on evidence about 'what works'. This places increasing pressure on projects and programs to contribute to the evidence base by undertaking rigorous evaluation.

” *How do you know that you're making a difference...? (Senior Policy Officer Local Govt)*

Lessons from the case studies...

Practitioners found many good reasons for sound planning and evaluation, including:

- provide feedback to ourselves and colleagues about how well the project is progressing
- identify strengths and weaknesses and enable improvements
- demonstrate to others the value of the project
- learn about what works for future projects
- show why funds should be invested in similar projects
- enhance the sense of pride and achievement in those involved in the project (both staff and community participants)
- assist decision making and future planning
- contribute to wider understanding by sharing findings
- learn from unexpected or unanticipated results or mistakes
- ensure that the program doesn't make the situation worse

Uppermost in the minds of many evaluators, as well as policy makers and practitioners, is the question of how to measure social capital. This issue is addressed in some detail in Part 2.3 below. In evaluating community-based practice, one of the central issues is who will participate and how, and what expectations the various stakeholders will bring to the process.

Who can participate?

Generally all those who have a legitimate interest in the program, initiative or service have a role to play, from planning, design and implementation to analysis and utilisation of evaluation findings. Stakeholders in community-based programs are likely to be diverse, including policy-makers and decision-makers, sponsors responsible for funding programs, managers of programs, staff or practitioners, clients or community members and other interested parties. In reality, however, the principle of maximum participation must be balanced against practicalities such as resources, time and opportunity.

It is worth remembering that evaluation is always a political activity and that decisions about participation may be controversial in terms of:

- organisational politics
- expectations of stakeholders
- questions of funding or de-funding
- relationships between evaluators and participants
- how findings will be used.



How do they participate?

This also raises the question of how to involve stakeholders and what should be their role? A guiding principle is that evaluation represents an opportunity to build the capacity of those involved (including communities, staff, organisations and individuals) to address existing and future health concerns. Encouraging and supporting participation in evaluation with this in mind can lead to the acquisition of skills, knowledge and improved confidence. This means that those who are affected by the program are not treated as unthinking objects of research but as partners in knowledge development. In other words, they bring a particular kind of expertise based on their experience of the program.

For a very straightforward introduction to evaluation with an emphasis on participation we recommend the following readings:

Feuerstein, M. (1986) *Evaluating development and community programmes with participants*. London: MacMillan.

Wadsworth, Y. (1997) *Everyday Evaluation on the Run*. 2nd edition. St Leonards, NSW. Allen and Unwin.

Evaluation questions

Stakeholders will obviously bring a range of interests to the program and may therefore hold differing views about the kinds of evaluation questions to which they expect answers.

Program staff, for example, might be mainly concerned with how well the program strategies are working:

- Is it reaching target group/meeting needs of target group/managed and delivered effectively?

Funding bodies are likely to be very concerned with:

- Is it value for money? Are broad goals being reached?

Meanwhile, service users and community members may have more immediate questions about the effects:

- Has it made any difference to our lives? Have we learnt anything new? Was the experience satisfactory? Are we better off as a result?

Lessons from the case studies...

The Parks Helix Project had a complex management structure comprising a Management Group overseeing policy decisions, an Organising Group supporting the Coordinator in day-to-day issues, and a Community Reference group to encourage participation (*see page 27 for details*). Early in the life of the Parks Helix project the issue of how to go about evaluating these different layers was discussed by the agency representatives in the partnership. It was decided that there were basically three levels at which information could be sought, leading to different emphases in the evaluation questions.



PROJECT LEVEL	FOCUS	STAKEHOLDERS	EVALUATION QUESTIONS
Initiatives (x 5)	Arts practice based in each agency	Participants	Has Helix changed how we feel about our community? How do we feel about our artwork?
		Arts workers	Have we engaged participants and kept them involved? Have participants taken risks with their artwork?
		Agency liaison staff	Have we learnt new ways to work with participants?
Interagency Partnership	Collaboration & management	Agency managers	Has it enhanced our capacity to meet local needs?
		Management committee (agency reps)	Have we managed the resources effectively? Are there benefits for the wider community?
Partnerships for Healthy Communities program (Arts SA)	Funding and program improvement	Organising Group (arts coordinator, community etc.)	Has our capacity for collaborative partnerships been developed?
		Arts SA staff	Has there been good communication between all of the stakeholders? Have the artists been integrated into the agencies effectively?
			What are the factors that determine success? Is the role of the arts in community capacity building better recognised as a result?

Tips for Effective Evaluation

The great variety of circumstances in which evaluation is conducted mean that it is not possible to give across the board advice about how to evaluate effectively however, the following tips will help to point you in the right direction:

- Evaluation is not an added extra but needs to be part of the project planning from the start - the question of 'how will we know if it is working well?' should inform the development of objectives and strategies.
- Participation by all legitimate stakeholders will help to ensure that the right questions are asked and appropriate methods employed - this requires negotiation and collaboration.
- Consider using a combination of expertise - the detailed knowledge of the organisation and its political environment provided by internal players, with the independent and technical experience of professional researchers.
- The underlying assumptions and theories of the project or program should be conscientiously discussed and the purpose of the evaluation needs to be clear and transparent to all involved.
- Ensure there are adequate resources for planning and evaluation - staff with sufficient dedicated time, a commitment to the task and support from their organisation.
- Flexibility is essential - with community development projects it is not always possible to predict outcomes at the outset and objectives may need to adapt to changing circumstances.
- Findings that are not acted on can undermine trust and reduce the potential benefits of an otherwise effective evaluation process, as well as jeopardising future projects.
- Evaluation involves the exercise of judgement - a thorough understanding of the nature of the project or program and knowledge about the context will ensure that decisions are well-informed.

2.3 Measuring Change

Overview The case studies show that policies and programs based on social capital theory are concerned with changes in health inequities at the community level. Such changes, for which the rationale is the promotion of health, usually occur over time as a result of long term policies and a range of interventions. In practice, evaluation is commonly confined to appraising the immediate effects of short term programs and projects, including changes in the conditions that are believed to lead to improved health and reduction of inequities. There are two important considerations regarding the assessment of such changes: the application of appropriate research designs and the development of meaningful measures.

Appropriate Evaluation Design

Chosen methods need to be able to capture the dynamic relationships between people, the subtleties of interactions between individuals and organisations, and the complex interplay between influential factors⁵. While Randomised Controlled Trials (RCTs) are often regarded as the 'gold-standard' for measuring changes in health, they rely on the ability to compare the program being evaluated with a 'control' site sufficiently similar to enable patterns of causality to be established. For this reason the naturalistic setting and evolutionary nature of community development approaches mean that the use of such experimental designs is not practical.

” You can measure [some things] but in terms of how it shapes a community and how a community changes... that's much less clear. (Policy Officer State Govt)

For this reason, multiple methods are often recommended, drawing on the range of disciplines that inform the broad and varied bases of public health approaches. They also allow for the respective strengths of quantitative and qualitative measures in capturing the complexity of the changes that result. Quantitative research approaches commonly use questionnaires to answer questions of 'how much', 'how often', 'how long', 'how many', 'how old/young', for example, and the relationship between these characteristics. Qualitative methods, by comparison, employ individual interviews, focus groups and observation to assess meaning, experience, interpretation, contexts of decisions and actions and address questions like 'how did it feel', 'why did you do that', 'what is the connection between these things?' and so on.

Lessons from the case studies...

The case study projects employed a range of different methods to evaluate different aspects, including:

- feedback forms
- feedback books and journals
- visual diaries (especially when art is the vehicle)
- digital photography
- informal discussions and conversations with members of the community
- formal interviews and discussions with groups
- regular meeting with residents' reference groups
- action research techniques

Indicators of Change

Given the difficulty of capturing long-term community level changes it is necessary to establish indicators of change that are able to be assessed more directly in the short term. Such measures have been developed recently, as researchers focus increasingly on ways to evaluate changes that are believed to be associated with improved health and increased levels of social capital.

Tool for measuring empowerment

Laverack has developed a framework for measuring changes in community levels of empowerment, as a critical step towards improved health and wellbeing. It is based on nine domains: participation, leadership, problem assessment, asking why, organisational structures, resources mobilisation, links to others, outside agents and programme management.

Laverack, G. (2005) Public Health. Palgrave MacMillan. London.

Tools for intermediate measures

The South Australian Community Health Research Unit (SACHRU) has developed a toolkit for evaluating aspects of primary health care and health promotion projects:

- Community participation
- Collaborative Partnerships
- Equity

This toolkit suggests questions for assessing process, impact and outcomes. It remains a work in progress as it evolves with feedback from practitioners and community members.

SACHRU, Flinders University, South Australia, August 2007.

<http://www.som.flinders.edu.au/FUSA/SACHRU/toolkit.htm>

Measures of Social capital

Measuring social capital is complex, not least because it is hard to isolate changes that may have occurred as a result of interventions from other factors in the surrounding environment. Despite this there is a great demand for such measures and so we present some options here. Bearing in mind that it is difficult to develop precise indicators, please use them with care!

There are a number of existing tools that have been designed for measuring social capital from which you may wish to choose elements. We have provided some examples of these in Appendix 3 where we included questions from various national and international sources, for example:

- questions used nationally by The Australian Bureau of Statistics
- questions used in Victoria to measure 'community strength'
- questions from a research project that looked at local neighbourhoods. We also provide a list of links to a range of other items





Part III

Explaining Concepts:

Health equity and social concepts

Part III: Explaining Concepts

Overview Part III discusses important theoretical underpinnings of health equity and social capital. In this part of the Guide you will find explained basic principles underlying these concepts and evidence about the relationship between social capital and health. The following sections will provide you with a good understanding of theory and evidence that support community building programs.

Synopsis

This part explores four main themes to do with health equity and social capital as follows:

1. The complex range of social and economic processes that result in health inequities. The ways in which health inequity can be explained and reduced are discussed.
2. The two main approaches to the theory of social capital:
 - a. The Communitarian tradition influenced by Robert Putnam focussing on social capital as a community-level resource and reinforcing the importance of social cohesion.
 - b. The Structuralist tradition influenced by Pierre Bourdieu which sees social capital as a product of individuals and focuses on the way that social capital can act to reinforce social and economic inequity.
3. Evidence about the relationship between health and social capital and how this relationship is measured. There is clear evidence that aspects of social capital are associated with health outcomes.
4. Some well-known theoretical and practical models closely related to social capital, including social inclusion/exclusion, community development and community capacity building.



3.1 Health Equity and its determinants

Overview This part provides an overview of the concept of health equity and the importance of social factors in strategies to achieve it. It is closely linked to the further sections on social capital and health. We argue that community-based strategies are an essential part of a portfolio of approaches to promoting health equity. We are very clear that they are but one of a range of strategies and without broader policy action on equity cannot be successful in bringing about fundamental change and fair distribution of health resources. This part will help you to specify how your community projects fit into a broader picture and what the logic and evidence are for expecting community projects to help advance health equity.

WHAT ARE HEALTH INEQUITIES?

Social inequities in health concern systematic differences in health status between different socio-economic groups that are socially produced (and therefore modifiable) and unfair⁶. Some variations in health status are less modifiable such as those reflecting genetic and constitutional factors. The prevalence of sickness also differs between age groups as the process of ageing brings with it more physical illness. The systematic nature of health inequities is important. It means that differences in health are not random but occur in consistent patterns across the population. In Australia the most striking examples are differences between Aboriginal and non-Aboriginal Australians and between people in different socio-economic groups.

Social inequities reflect unfair social arrangements and processes. Changing these arrangements and processes should result in a fairer society.

UNDERSTANDING HEALTH INEQUITIES

There is a significant and growing body of research that explores health inequities. This includes:

- Research that describes the existence of health inequities based on epidemiology
- Research that explores theoretical explanations for why health inequities exist
- Literature which proposes or analyses policies that attempt to redress health inequities.

Here we provide a brief guide to the key findings from this body of research literature and put stress on understanding the role that community-based action can take and what its limitations might be.

EXISTENCE OF HEALTH INEQUITIES

In every setting for which there are data, health inequities are found according to socio-economic status, gender and race. In regard to socio-economic status the inequities operate as a gradient so that the difference is not just between the very poor and the rest of society but is reflected right across the social scale. In Australia, the greatest health inequity is between Aboriginal people and the rest of the Australian population where there is a difference of 17 years in life expectancy (Australian Health Ministers Advisory Council, 2006). In terms of socio-economic difference there is a 3.6 year gap in the life expectancy of men in the highest group compared to those in the lowest (Australian Institute of Health and Welfare, 2006). Male life expectancy is 4.8 years less than for women (Australian Bureau of Statistics, 2006). Thus there are significant differences between groups.

EXPLAINING HEALTH INEQUITIES

The discipline which explores the reasons for the existence of health inequities is called social epidemiology. It offers three main theoretical frameworks for explaining them⁷.

Psycho social approaches

According to these approaches the experience of living in situations of inequality forces people constantly to compare their status, possessions and other life circumstances with those of others, engendering feelings of shame and worthlessness in the disadvantaged, along with chronic stress that undermines health⁸. Across society steep hierarchies in income and social status weaken social cohesion and have a negative impact on health.

Political economy of health

This approach stresses the ways in which disease is produced through social and economic structures. It sees that income inequality results in some groups having fewer resources for health than others and also in systematic under-investment in a wide range of community infrastructures. In this view the material basis of inequities is more important than the perceived differences stressed in the psychosocial model.

Ecosocial and system approaches

These approaches are concerned to integrate social and biological reasoning with a dynamic consideration of historical and ecological perspectives. These frameworks are the most recent to be promoted in social epidemiology and are the most difficult to test empirically.

The World Health Organisation has long been concerned about health inequities as reflected in its famous 1978 dictum of "Health for All by the Year 2000". Its most recent initiative to tackle the problem of health inequities is the Commission on the Social Determinants of Health established in 2005. This Commission will report in 2008 and is already developing many tools and resources to tackle health inequities.

The conceptual framework underpinning the Commission's work takes social and economic factors as primary influences shaping the production of health inequities. This happens through a range of public policies including housing, labour market, education, existence and type of welfare state. This shapes the life chances of groups within society and determines the distribution of socio-economic position, creating stratification within society according to a mix of education, income, occupation, social class, gender and race/ethnicity. The political and economic context will also shape such things as, for example, how much people trust the government, the stability of the economy, the rate of unemployment and the degree of free access to education.

Since, as suggested by Commission's work, it is primarily social and economic factors that influence health outcomes, actions to address health and socio-economic inequities at a community level are limited in what they can do. They are unlikely to be able to address the upstream contextual and structural determinants of health inequities. They have the potential, however, to address issues of social cohesion, provide people with greater opportunities in their lives and protect them from the consequences of disease and injury. They may also operate to challenge the existence of inequities and advocate for solutions that do tackle the structural and contextual causes of health inequities.

ACTION TO REDUCE HEALTH INEQUITIES

Internationally, the lead for actions to reduce health inequities has come from WHO. Figure 2 below contains the key strategies recommended by the WHO⁹ in the Ottawa Charter for Health Promotion to guide these actions: in summary they are developing healthy public policies; creating supportive environments, encouraging community action, developing personal skills and reorienting services. Community action to build social capital can help create more socially supportive environments and develop a wide range of personal skills that can contribute to personal and community health.

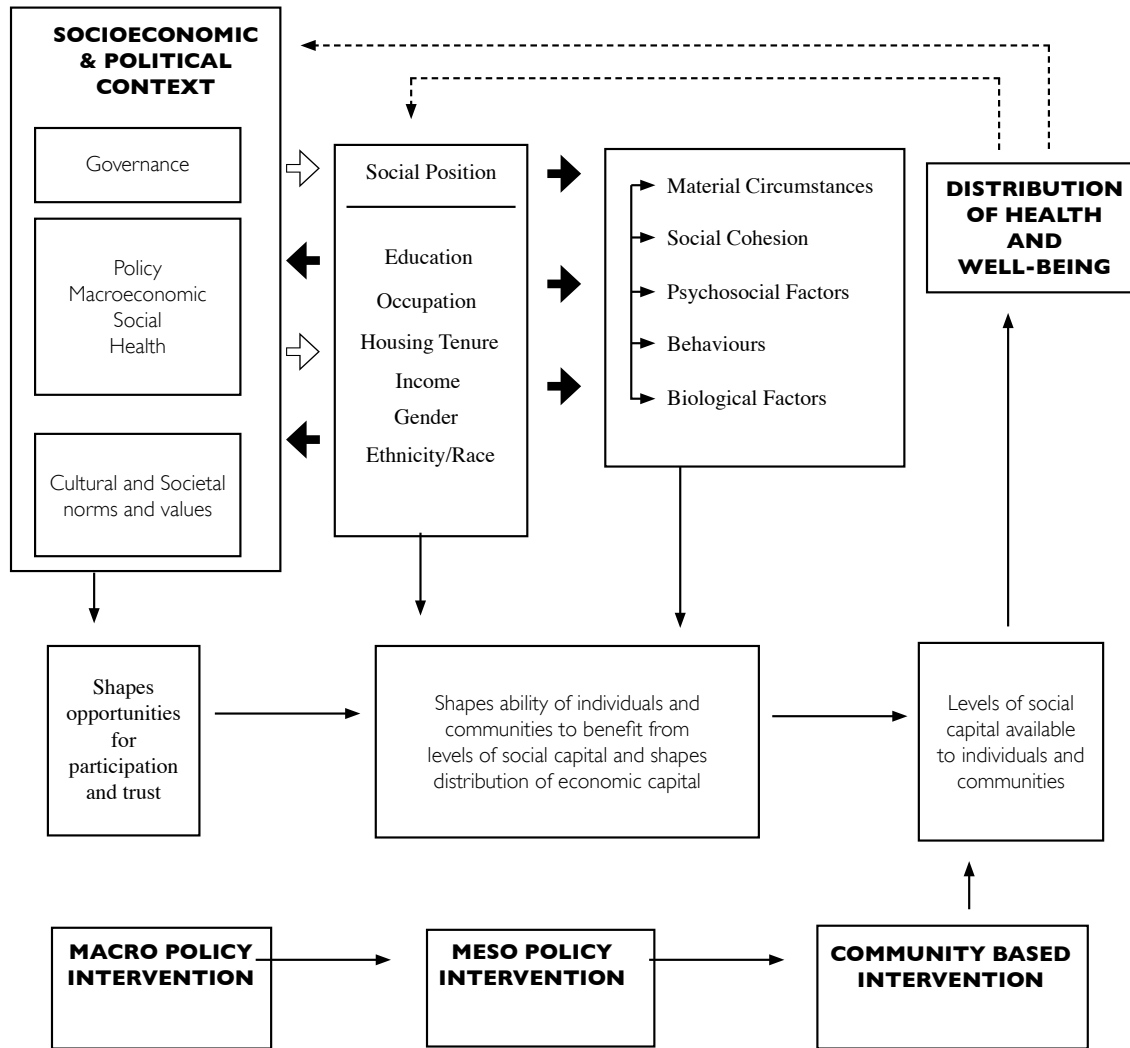


The Ottawa Charter for Health Promotion, (WHO, 1986)

- The development of healthy public policy, which recognises that most of the private and public sector policies that affect health lie outside the conventional concerns of health agencies. Rather they are in policies such as free and universal education, environmental protection legislation, progressive taxation, welfare, occupational health and safety legislation and enforcement, land rights legislation and control of the sale and distribution of substances such as alcohol and tobacco. Health becomes, therefore, a concern and responsibility of each sector of government.
- The creation of supportive environments in which people can realise their full potential as healthy individuals. The Charter recognises the importance of social, economic and physical environmental factors in shaping people's experiences of health.
- Strengthening community action refers to those activities that increase the ability of communities to achieve change in their physical and social environments through collective organisation and action.
- The development of personal skills acknowledges the role that behaviour and lifestyles play in promoting health. The skills called for are those that enable people to make healthy choices. It also extends the skills base for health to those associated with community organisation, lobbying and advocacy, and the ability to analyse individual problems within a structural framework.
- Reorientation of health services is a call for health systems to shift their emphasis from (in most industrialised countries) an almost total concentration on hospital-based care and extensive technological diagnostic and intervention to a system that is community-based, more user-friendly and controlled, and focuses on health.

The main focus in this Guide is on community building activities that are helpful in (1) protecting people from exposure to unhealthy factors such as social isolation, lack of trust and lack of neighbourhood support, (2) making them less vulnerable to these factors by building individual and community resilience, and (3) increasing the ability to protect and develop their own community from whatever health threats are experienced. Our reading of the literature and our work on the case studies (reported earlier in Part I of this Guide) indicate that community building designed to do these things is most likely to be successful when the broader policy environment reinforces local action and positively encourages policies to address inequities.

Figure 2: Social Capital as a Social Determinant of Health



Source: Adapted CSDH (2008) Amended from Solar and Irvin, 2007

Solar O & Irvin A (2007) *A conceptual framework for action on the social determinants of health*. Discussion paper for the Commission on Social Determinants of Health. Geneva, World Health Organization.

CSDH (2008) *Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health*. Geneva, World Health Organization.

Figure 2: How policies on different levels reinforce each other

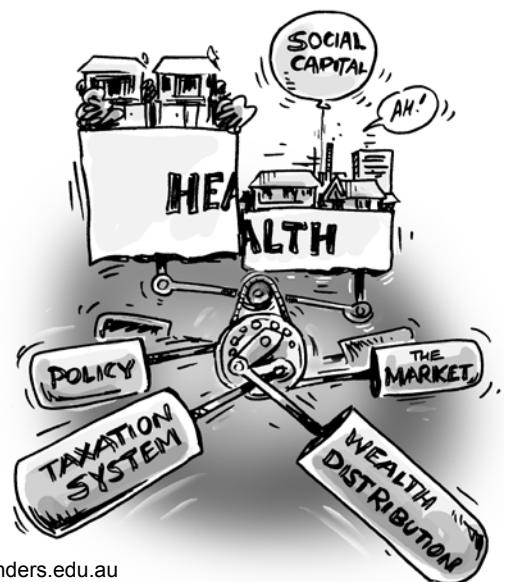
Figure 2 above shows how all actions on the social determinants of health are shaped by the broader environment of economic policy and globalisation and policy action designed to reduce health inequities. These effects are usually invisible to people in local communities but have considerable impact on the lives of all of us. Actions can then happen at the MACRO level which is usually through national and regional policies, then the MESA level concerns changes in communities and the MICRO level is about individuals and the interactions between them. The case studies we have researched and reported, took place (in the language of Figure 2), at the mesa community level and the micro individual interaction level. They are all concerned with encouraging social participation which aims to increase empowerment. The initiatives worked to reduce the vulnerabilities of disadvantaged people and to reduce the unequal consequences of illness or disability in social and economic terms. They also all involved more than one sector:

It is particularly important that both political and bureaucratic policy makers pay attention to the context within which community building initiatives are taking place. Figure 2 shows that health inequities are created through complex processes and that measures to tackle them need to happen at all levels. In Australia this means through actions at the Federal, State and local government level. Consequently we stress that the success of community initiatives is dependent on the broader social and economic climate. The context within which community building initiatives take place is particularly important. In Australia this means that actions to address these problems and issues at the Federal, State and local government level are essential.

This broad orientation is best illustrated by examples:

- If a community initiative was hoping to increase work place relevant skills for young people it would be much more likely to be successful in an environment where there was broader action to reduce unemployment among young people.
- A community-based program to support people with mental illness in community settings would be more effective if the mental health services and housing services co-ordinated well through established and recognized mechanisms.
- A project to increase environmental sustainability through engaging community members in local action to reduce water and energy use would be more effective if the Federal and State Governments had grant schemes to encourage the purchase and use of energy and water saving devices.
- An initiative designed to increase the confidence of young single mothers to return to study and gain a tertiary qualification would stand a greater chance of success if higher education was fee-free.
- Initiatives to encourage Aboriginal young people to gain apprenticeships would be more effective if a parallel program ran to challenge racism in business enterprises.

Thus, while we believe local community initiatives are important and an excellent way of creating more supportive environments and building skills, they alone cannot be an answer to health inequities. Policy makers need to consider what policy measures can support and enhance local projects and seek to create supportive environments for the initiatives themselves.



3.2 Social Capital and Health

Overview This part explores the main theories about social capital and the key differences between them. The available evidence about how social capital is associated with health and the suggested pathways between social capital and health are then discussed. Consideration of the key theories of social capital and the relationships for health is important for developing and implementing on-the-ground interventions drawing on social capital. Many community-based health programmes, activities and interventions, either explicitly or implicitly, reflect ideas or theories of social capital and how it might promote better health. It is therefore important to understand their foundations.

WHAT ARE THE MAIN THEORIES ABOUT SOCIAL CAPITAL?

The basis of the theory of social capital is that social connections have value, both to the individual and society¹⁰.

The concept of social capital recognises that the social networks and relationships between people are important and real resources.

However, there are significant differences in the way that social capital is understood and these differences have important implications for interventions that aim to address health inequity. The two key influential writers about social capital are Pierre Bourdieu and Robert Putnam.

Robert Putnam

One of the best known names in the field of social capital, Robert Putnam popularised the concept of social capital in the mid 1990s with his work around the decline of social capital in the USA¹¹. Putnam defines social capital as:

” *The features of social organisation such as networks, norms and social trust that facilitate coordination and cooperation for mutual benefit (Putnam 1995: 67).*

In his book “Bowling Alone”, and other related articles, Putnam argued that developments in North America over the past half a century, such as decreasing numbers of people voting, increased crime and the appearance of walled or gated communities, reflect a drop in social capital in American society.

The key features of Putnam's conception of social capital is that he sees it as a resource that evolves at the community-level and is a distinctly social feature reflected in the structure of social relationships and participatory democracy. Putnam's approach focuses on the value of strong social cohesion and trust, and does not explicitly consider issues of differences in power or unequal access. His more recent, and controversial, work has argued that greater diversity, in particular ethnic diversity, can lead to lower social cohesion¹².

Pierre Bourdieu

An alternative, and less influential, approach to social capital draws upon the theory of Pierre Bourdieu. He defined social capital as:

” *The aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalised relationships of mutual acquaintance and recognition (Bourdieu, 1986).*

Bourdieu argues that social capital is a resource held by individuals which can facilitate access to a range of other capitals, including economic capital and cultural capital (eg. education). In his view, social capital is about knowing the right people and having those people willing to help you. In turn, this provides direct access to economic capital or the pathways to it, which determine an individual's position within the social structure¹³.

Unlike Putnam, power and **inequity** are central to Bourdieu's theory of social capital. From Bourdieu's perspective differences in power can act to reinforce existing inequities whereby those who are more economically disadvantaged have lower stocks of social capital which in turn makes it more difficult for them to accumulate economic capital.

In summary

The key differences between the two main theories of social capital are:

- In the level at which social capital is seen to operate - at the community/state/national level for Putnam and at the individual for Bourdieu; and
- The role of power and inequity is central to Bourdieu but largely ignored by Putnam.

Bonding/bridging and linking social capital

A key development within social capital theory that is relevant for the theories of both Putnam and Bourdieu is the distinction between bonding, bridging and linking social capital:

Types of social capital

- Bonding Social Capital occurs within a family, work environment or other tightly knit group where the individuals within the group share a common sense of social identity. Within tightly bonded groups the individuals often act for the benefit of the group, which may have positive or negative effects.
- Bridging Social Capital occurs between individuals who are not within the same socio-economic or social identity group. Bridging social capital encompasses mutual respect and reciprocity from individuals within these groups.
- Linking Social Capital is similar to bridging social capital except that links are vertical (such as those between individuals and institutions), and are separated by a formal clearly defined power differential. Examples of linking social capital would be knowing a politician, the relationship between a teacher and student and having a good relationship with a banker¹⁴.

The distinctions between these three types of social capital are important because it is thought that the **resources associated with them are likely to be different**. For example, bonding social capital is thought to be likely to provide people with important emotional and social support, though that may sometimes be detrimental - for example supporting behaviours such as heavy drinking. In contrast linking and bridging social capital are likely to provide resources that are not likely to be found from within one's own close social circle. It has been argued that disadvantaged individuals often have the bonding social capital to help them 'get by', but lack the bridging or linking social capital to help them 'get ahead', such as access to networks that provide information about employment or educational resources.

In summary

Bonding social capital helps people to 'get by', **bridging** and **linking** help people to 'get ahead'.

What evidence is there that social capital is relevant to health?

Almost all studies of social capital and health take a 'snapshot' of both social capital and health at one time and consider the relationship between them (what are called 'cross-sectional' studies). This means that it is not always possible to say whether social capital has an impact on health, or vice versa or whether both types of effects occur simultaneously. However the range of available evidence suggests that there is an important pathway linking social capital to health.

Studies have considered general health and physical health (eg. coronary heart disease, mortality outcomes) and found a relationship with social capital¹⁵. Social capital has also been linked to mental health outcomes. A recent review of the literature on social capital and mental health concluded that social capital could be both an asset and a liability with respect to mental health¹⁶. Another review of the literature relating to social capital and mental illness found, at least at an individual level, a consistent relationship between aspects of social capital and reduced experience of common mental disorders¹⁷. The literature suggests that at least some aspects of social capital are associated with health outcomes.

Issues in measuring the relationship between social capital and health

The vast majority of studies have used solely quantitative measures of social capital (ie. quantifying the amount of social capital by surveys and statistical studies) with many studies retrospectively using data that was not specifically designed to measure social capital. This has often led to the use of very blunt indicators of complex social processes - for example, in some cases social capital has been measured by a single either/or option of 'Generally speaking, would you say that most people can be trusted or that you can't be too careful in dealing with people'. Within the quantitative tradition there have also been considerable differences in the actual measures of social capital used, with a wide variety of measures spanning voting behaviour; voluntary group membership, trust and informal socialising, through to more complex considerations of social networks and the resources available through them.

In contrast, qualitative studies have been less common but have enabled an exploration of the meaning of social relationships for individuals and the intricate ways that social capital shapes the lives of people¹⁹ and have therefore assisted in the development of theories about how social capital may affect health. However, such studies are limited in their ability to generalise their findings beyond the particular context. A small number of studies have combined both qualitative and quantitative measures of social capital²⁰.

Evidence at the individual, neighbourhood and state level

Empirical studies of social capital and health have been undertaken at three main levels broadly corresponding to the Micro, Mesa and Macro levels referred to above in Part 3.1:

- individuals and their networks
- cities, neighbourhoods, schools and workplaces
- national or state level

Individuals and their networks

At the level of the individual person, there is strong evidence that has associated a range of aspects of social capital with health outcomes. This evidence builds on the long tradition of research that links the presence of strong social networks and social support to improved health outcomes and reduced mortality. For example, in one seminal study people with few social ties were found to be two to three times more likely to die of all causes than those who were more socially connected²¹. There is also emerging evidence that other elements of individual social capital such as involvement in voluntary organisations, informal networks, and levels of trust, reciprocity and belonging, have a positive influence on health²². However, there is also evidence that some aspects of social capital can have negative effects on health. For example, Ziersch and Baum²³ found that participation in voluntary groups was associated with negative health outcomes for some individuals.

Neighbourhoods and other settings

A number of studies have assessed the role of social capital at the community level in comparing the health status across, for example, neighbourhoods, by average social capital of the area. These studies have found some evidence that areas with higher social capital have better health outcomes (see above mentioned reviews). This work on social capital has been drawn into an exploration of the reasons for area-level differences in health whereby social capital is seen as potential aspect of a neighbourhood that can affect the health of its residents. For example, a South Australian study comparing four postcode areas in Adelaide found that the richest area had both the highest levels of social capital and also the best health, and the poorest area had the lowest levels of social capital and the poorest health²⁴. Suggested aspects of neighbourhoods that may be relevant to social capital and health at the neighbourhood level include the availability of places to meet and socialise, the socio-cultural history such as the degree of community integration and norms and values, and the reputation of an area²⁵.

States and nations

There is also some evidence that social capital at the state or national level is related to population health outcomes²⁶. Evidence at these levels may not be directly relevant to the more local forms of community building discussed in this Guide, but actions taken at higher macro and mesa levels may facilitate community building at a more local level or, alternatively, make it more difficult.

” *There is evidence that social capital may be relevant to health at the individual, neighbourhood or community, and state and national level.*

What are the pathways between social capital and health?

Arguments about the pathways between social capital and health again vary depending on the way analysts use social capital concepts and theories. For example, Putnam's communitarian argument suggests that communities have particular stocks of norms, trust and the ability to exercise controls over behaviour which may be detrimental to health. In turn a range of social processes turn these assets (or deficits) into health outcomes. These processes have included concepts such as **collective socialisation**, **informal social control** and **collective efficacy**.²⁷ **Collective socialising** involves 'community adults' providing important role models for acceptable behaviours. For example, the presence of employed adults in high unemployment areas can model behaviours conducive to successful employment. The related concept of **informal social control** refers to the ability of a community to regulate the behaviour of its members according to collectively negotiated goals. For example, adults in communities may informally regulate smoking among school-aged children. **Collective efficacy** is the ability of community members to undertake collective action for shared benefit. For example, residents may be able to collectively lobby to force the removal of polluting industry from residential areas.

The main pathway suggested by the network tradition of Bourdieu is that social capital provides access to resources which are themselves health promoting. For example, one's social network could provide practical assistance in the form of a lift to the doctor, an important financial loan in difficult times or entry into employment opportunities through information and referral. Others argue that social capital can foster health-promoting behaviours, buffer individuals from stressful life events and provide individuals with a sense of personal control.

Health Outcomes and Bonding, Bridging and Linking Social Capital

There has been relatively little research that has specifically considered the relationship between bonding, bridging and linking social capital, and health. However, the research that has been undertaken has reinforced the importance of these distinctions. For example, Kim, Subramanian & Kawachi²⁸ found that communities with greater numbers of individuals reporting both bonding and bridging social capital had less individuals within them reporting poor or fair health, though bonding social capital was more important. Interestingly they also found that there were differences in the relationship by race/ethnicity, reinforcing the need to consider the underlying make-up of communities when looking at average relationships across populations. There has been very limited research on bonding and bridging social capital and health but this seems a very fruitful area of consideration

Why is it important to consider the theory of social capital and how it may relate to health?

Theories of social capital and how it might promote health inform on-the-ground interventions like the case studies considered in this manual- even if this is not explicitly stated. In Part 2.2, we discussed the importance of a model of program logic in developing a plan for a project and also its evaluation. The program logic in fact indicates the theoretical basis of a project in terms of why it would be expected that an intervention could have a particular impact. That is, where an intervention aims to reduce health inequities through increasing social capital the activities that form part of the intervention reflect a 'theory' of social capital. The two types of social capital theory outlined above would lead to quite different programme logic models, and therefore potentially quite different outcomes.

For example, a program logic based on Putnam that aimed to reduce health inequities through increasing social capital might include activities to promote general social cohesion within a neighbourhood through activities such as street parties and promoting membership in local civic organisations. The argument would be that improving social cohesion and trust between neighbours would help facilitate informal control of anti-social activities and enable the promotion of positive role models and also promote a sense of efficacy amongst community members to improve their community. These in turn would be seen to improve the mental wellbeing of all residents in the area and promote behaviours likely to enhance physical health.

In contrast, a similar programme logic based on Bourdieu would start with a central premise that the social capital of residents in an area was likely to be inequitably distributed and that it would be important to especially target the most disadvantaged members of the community. The activities that would be central to the programme might then be quite different. For example, it might then also focus on aspects such as employment opportunities for residents through linking disadvantaged residents into networks likely to improve their employment outcomes. Even if it were to undertake activities such as street parties and promoting group involvement, it would explicitly aim to involve the most disadvantaged members of the community.

Summary

The everyday activities of on-the-ground interventions reflect underlying theories of social capital and how it might affect health. Understanding the different approaches to social capital and health will assist in the development of these interventions to promote the best health outcomes.

Table 1: The two main approaches of relevance to social capital and health

	BOURDIEU/STRUCTURALIST NETWORK TRADITION	PUTNAM/COMMUNITARIAN TRADITION
Original context of theory	<p>Bourdieu's theory originated in attempting to understand the reproduction of class relationships in France.</p> <p>Subsequent work has considered the relevance of this in reinforcing contemporary social and economic inequity</p>	<p>Putnam's initial work focused on participatory democracy in Italy.</p> <p>Most famous work relates to community participation in the US, and the reasons for what he saw as a declining trend.</p>
Level of analysis	<p>Locates social capital at the individual level</p> <p>Individual-level interactions and their outcomes are related to the broader social structure in terms of the way that those with greater access to economic resources have better access to social capital, and this that in turn facilitates access to economic resources.</p>	<p>Social capital as a community-level resource</p> <p>The size of this community can range from small communities such as suburbs, through to social capital as a product of nations or states.</p>
Strengths	<p>Links individual-level interactions and the resources available to socio-economic position (or class) and subsequent access to economic capital.</p> <p>Recognises the relevance of power and illustrates how inequitable access to social capital can perpetuate inequity.</p>	<p>Promotes the relevance of the social sphere, over purely economic considerations, in particular the importance of strong social cohesion.</p>
Weaknesses	<p>Location of social capital as an object of competition de-emphasises the role of social cohesion.</p>	<p>Does not explicitly recognise the role of power differentials in the way that individuals (or communities) are able to access social capital.</p>
Suggested pathways to health	<p>Social capital is seen as relevant to health in so far as it enables individuals to access resources that are important to health.</p>	<p>Social capital is seen to have an impact on health through concepts such as informal social control, collective efficacy and collective socialisation.</p>
Evidence of links with health	<p>Consistent evidence of links between aspects of social capital and health</p> <p>But the relationships can be negative - e.g. involvement in groups can be detrimental to health.</p>	<p>Some evidence at community level and state/national level linking average social capital to health</p> <p>Less consistent evidence than at the individual level.</p>

3.3 Understanding Related Social and Community Concepts

Note: the following sections contain a number of quotes from interviews with policy makers from local and state government agencies in South Australia. These interviews were conducted by a PhD scholar as part of the research project. They informed our analysis and subsequent work on this Guide.

Overview Social capital overlaps with other terms and concepts that are sometimes used interchangeably, especially in public policy debates. Indeed, in many public policy discussions the term social capital is not used explicitly, instead relying on the language of related ideas and concepts that share many common assumptions. In this part we review the concepts of social inclusion/exclusion, community development and community capacity building and consider how the overlapping nature of and distinctions between these notions are important for developing on-the-ground interventions. It will also consider the overlaps between each of these concepts and social capital.

SOCIAL INCLUSION/EXCLUSION

Social exclusion is a concept that has informed policies about health and wellbeing in a variety of settings around the world. In Australia social inclusion is an important part of the policies of the South Australian Rann Government and of the Federal Rudd Labor Government which took office in late 2007.

Social inclusion/exclusion theories assume that every person requires access to certain resources and societal structures in order to succeed in life and fully participate as a member of society²⁹. For instance, when an individual's access to resources, such as education and housing, is limited through economic or social causes, the individual becomes socially excluded as s/he cannot fully participate in society and is denied the benefits that full participation in society and the economy can provide³⁰. This view tends to be static, whereas Popay et al.³¹ argue that it is more useful to see it as a dynamic process which is heavily dependent on relationships:

” *Exclusion consists of dynamic, multi-dimensional processes driven by unequal power relationships. These operate along and interact across four dimensions - cultural, economic, political and social (Popay et al , 2008, p. 22)*

” Certainly they're [social capital and social inclusion?] related because if you're not included or you're excluded for reasons of poverty, unemployment, you might be seen as being not part of the norm... (project interview - public servant)

Social inclusion...it's a program of government design to ensure that more people in the community are included in the full range of benefits - of community benefits and resources that the community that has access to, and it says that - it identifies, it acknowledges that there are individuals and groups in the community who are less likely to be participants in community life. And it says we are interested in trying to ensure that programs, government undertakings, all kind of things - community life in general - is more accessible to a full range of people (project interview - public servant)

The key difference between social capital and social inclusion/exclusion approaches is that social capital focuses largely on everyday social interactions between people, the resources these interactions provide to the individual and the impacts these interactions, or lack of, have on broader society. Social inclusion/exclusion by contrast focuses on the multitude of processes that cause exclusion from mainstream society and the interactions between them. For example, the interaction between cultural, social and economic factors, including the impact of societal structures and the extent of material resources to which people have access can determine how well they are able to integrate into society.

In public policy, both social capital and social exclusion terminology is used. The terms are relevant to each other. For instance, a lack of social capital can be a factor in social exclusion. Increasing an individual's social capital may lead to greater levels of social inclusion³² In turn, Government policies and programs frequently use the terms social inclusion/exclusion but refer to the social capital literature to support the adoption of particular policy initiatives. The South Australian Government's Social Inclusion Unit, for instance, links social inclusion and social capital in its research conducted in partnership with Department of Human Services and the University of Adelaide: Measuring Social Inclusion and Social Exclusion (2004). The research uses quantitative and qualitative measures of social capital to advise policy makers in facilitating social inclusion.

” *In South Australia within government we talk more of social inclusion because of our social inclusion initiative and that was the direction that the Labor Government in 2002 took the debate then on social capital itself. But people still use the term across government (project interview-public servant)*

COMMUNITY CAPACITY BUILDING

Community capacity building approaches have become popular over the past decade and have been described as 'a collection of characteristics and resources which, when combined, improve the ability of a community to recognise, evaluate and address key problems'³³. Capacity building can be a powerful tool to address issues of health inequity and social exclusion (NSW 2007). VicHealth defines capacity building as operating at three basic levels:

- Individual - focused on people as individual, social or organisational actors;
- Entity (community/organisation) - focused on developing capacities at the level of an organisation or community. Individuals belonging to these entities act as social or organisational players; and
- The broader system - focused on the set of inter-related entities that operate toward a common purpose and according to a set of formal and informal rules and processes.



I suppose in community capacity I think of what are the types of things that are in place for the community to have the capacity to problem-solve, to address issues, to work together, to support communities and perhaps one of those things that you would want in place would be ... in a community capacity might be good social capital, so good links between people, but perhaps community capacity might also include leaders who might make change and I don't think that's necessarily something that I would see as part ... necessarily part of social capital. (project interviews - public servant)

Assumptions are often made that if you want to make people healthier then the way to do this is to directly change their behaviour. The techniques to do this have been associated with health education and have involved giving people direct messages through social marketing techniques which exhort them to "Eat less fat" or "Take more exercise". While that might be the desired end result these techniques are generally agreed to be ineffective at promoting population health if applied in isolation from other strategies which tackle the contextual and stratification issues that are powerful determinants of people's behaviour³⁴.

A structural perspective on health has been increasingly accepted since the publication of the Ottawa Charter for Health Promotion by WHO in 1986 (see **Box on page 88**). This Charter clearly recognises that health results from the processes of everyday life and that if people are to adopt healthy behaviours then they require a supportive environment in which to do this. It states that 'health promotion is the process of enabling people to increase control over, and to improve, their health'. Communities and neighbourhoods are a vital aspect of everyday life, and community building strategies are concerned with making them as supportive of health as possible.

Empowerment in community capacity building

” Empowerment in the broadest sense is seen as a process by which people work together at a 'local' or 'community' level to increase the power (control) they have over events that influence their lives (Labonte and Laverack, 2008, p. 12)³⁵

Community capacity building is a process that can promote health by:³⁶

- empowering people to gain control over their own lives and the lives of their communities
- increasing community capacity to identify, mobilise and address health problems
- initiating processes that make the community and its members feel more engaged with the broader society and less excluded
- increasing the following aspects of community life:
 - networks between community members
 - trust and understanding between community members
 - reciprocal behaviour - such as keeping an eye on a house while its resident is on holiday, helping with lifts, child or other care
 - exchanging goods such as vegetables from garden
- involvement in local community groups

Thus empowerment is a central aim of community capacity building exercises. This requires some consideration of the nature of power and why people may need more of it. The conceptual model in Figure 2 (see p 99) rests on the premise that the unfair social arrangements and processes which create them reflect the way economic and political power is distributed in society. Understanding power is complex and requires a good grasp of political theory. Here we note the unfair distribution of power but also note that we understand power as being relational and contestable and not a static and unchanging force. (If you would like to read more about power then Lukes³⁷ provides a good overview). There are many ways in which power relations are evident in society. Our focus here is on the ways in which local communities and their residents in relatively disadvantaged areas can be encouraged to gain more power to control their destiny. These processes are far from easy. Labonte captured the slipperiness of empowerment when he noted,

” Empowerment....is a fascinating dynamic of power given and taken all at once, a dialectical dance between consensus and conflict, professional expertise and lay wisdom, hierarchic institutions and community circles. (Bernstein et al 1994, p. 285)

Further to this description Ife and Tesoriero³⁸ define empowerment as “providing people with the resources, opportunities, vocabulary, knowledge and skills to increase their capacity to determine their own future and to participate in and affect the life of their community”. The following part shows why social capital is part of the mechanism by which people may gain power:

The extent to which people and their communities are empowered depends on how many resources they have in terms of access to education, income, employment opportunities and freedom from discrimination. Social capital can assist this access significantly. Community building aimed at empowerment must involve increasing access to these opportunities by challenging or working around the structures that create them. In doing this it has to perform the dance Labonte³⁹ (see quote above) describes to negotiate the complex issues of power and opportunity that shape its day-to-day practice. But the practice is not unproblematic and the sorts of questions that arise (and did arise through our case studies and policy interviews) are:

- How can you really make a difference in communities that have so little power - isn't the community building just band aiding?
- If we consider the way in which class, gender, race, ethnicity conspire to oppress people in contemporary Australian society, what difference could a small community building project make?

The community activities described in our case studies provide examples of community capacity building activities.

Social capital and community capacity building approaches are linked in the following ways:

- through their common concerns with accessing opportunities and resources,
- by the links they make between material benefits and social structures,
- through the dynamics and inter-relationships among various issues and actors at different levels.

” *There are so many of those buzz words at the moment who are out there and it's so easy to trip them off your tongue. ...community development... social inclusion... community engagement (project interview - public servant)*

COMMUNITY DEVELOPMENT

Many of the ideas and approaches to working with communities implied in the social capital literature are also common to the thinking about community development, which has a history going back to at least the 1950s.

Community development is a way of working with communities that distinguishes it from direct social service provision or services provided in a 'top down' way to individuals in communities. There are various definitions of community development and interpretations have varied over time and in different contexts. For instance, the work of Brazilian educationalist Paulo Freire⁴⁰, was very influential from the 1960s and focused on the idea of 'popular' education as a political process enabling communities to bring about positive change by gaining power over their lives. More recent community development approaches in the 1980s and 1990s in Australia adopted strategies to promote economic development in communities, assuming that social benefits would follow.

” *I believe good solid community development builds social capital, so projects or approaches with community development principles which are looking usually for a solid, often a tangible outcome but which leave with that community given to develop ideas, to respond to ideas whatever it might be. (project interviews - public servant)*

Community development approaches concerned with improving health are generally consistent with principles of a primary health care approach to addressing the social determinants of health and health inequalities. Principles include emphasis on community level collective activity, democratic participation, networking, respect for lay knowledge, self-determination and social justice⁴¹. The aim of community development practice is to encourage people to take control over decisions that affect their lives by providing support to create the necessary conditions. Community development is thus coupled to empowerment approaches and relies on an understanding of theories of power.

Community development strategies have been used by local governments, community health services, welfare departments and education initiatives. It is increasingly common for the justification for these programs to draw on social capital literature.

Bullen⁴² argues that social capital is distinct from community development insofar as the former is a pre-requisite for the latter - that is, without networks, trust, supportive relationships and so on, community development strategies would not work. At the same time, community development is regarded as an effective way of producing stronger social capital.

Thus social inclusion/exclusion, community capacity building and community development all overlap with our central concept of social capital. Each has been used as a concept of strategy for initiatives to reduce health inequities.

Conclusion

Whether you have dipped into this Guide or have read it through from cover to cover we hope that you now feel more equipped to use social capital and its associated ideas to plan and design programs and policies which will support community building projects designed to promote health and reduce health inequities.

Our description of the theories underpinning the application of social capital to promoting health and health equity demonstrated that local responses are one part of a jigsaw of policies and initiatives which create healthy and equitable communities. While the literature linking social capital and health is complex it does overall indicate that the component parts of social capital - trust, supportive networks, well-designed participation, reciprocity - are generally good for health. It also showed that an uneven distribution of these assets means that social capital can serve to maintain health inequities and specific interventions are needed to, in effect, re-distribute social capital.

Our case studies provided snapshots of typical community activities that aim at building social capital in local communities in order to promote health and equity. These case studies suggest that this work is tough, usually under resourced but can be greatly rewarding and offer significant benefits for people in return for very low investment of government resources. Our interviews with policy makers suggest that they are aware of these benefits and do strive to create a policy environment broadly supportive of community projects. This is often not easily done because community work is not easy to count or evaluate with conventional methods.

We also provided some tools to assist organisations which are keen to develop a greater focus on community initiatives. These suggest ways of assessing organisational capacity and planning and evaluating the work.

We trust that this Guide will provide a useful resource for people working in communities and for organisations wishing to adopt approaches to promoting health that are based on developing capacities and encouraging people to have more power in their lives.

Good luck with application of the ideas in this Guide. The work will be challenging and sometimes frustrating but the potential for making a difference to the health and wellbeing of people with a range of disadvantage in their lives is considerable.



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Appendix 1

Research project and methodology

OUR STUDY

How it all started

This Guide has been based on the findings from the Social Capital and Public Policy study conducted by the Department of Public Health, Flinders University, in years 2004-2007. This study was undertaken in response to growing evidence that factors related to social capital are closely linked to health and wellbeing of individuals and communities. Despite this strong evidence, the understandings around the concept have remained ambiguous. Moreover, the use of social capital in research and policy highlighted many difficulties in measuring and utilising the concept.

Who was involved?

Department of Public Health, Flinders University with funding support from an Australian Research Council Linkage Grant.

Chief Investigators

Dr Kathy Arthurson

Professor Fran Baum

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PhD Scholar

Tim House

Industry partners

SA Department of Health

Arts SA

City of Onkaparinga Council

What did we do?

This study, and indeed the Guide itself, are based on evidence that social capital offers part of the solution to reducing economic and health inequities. Social capital offers a means of focusing on the importance of communities and the extent to which communities build trust, cohesiveness, reciprocity, strong social networks and the capacity for people to feel safe. Thus the idea of social capital offers a valuable theoretical framework for community capacity building and other community-based interventions. Its value comes from substantial evidence suggesting that increasing social capital produces significant outcomes in terms of health, education, employment and housing. Finally, social capital offers a range of ideas that can potentially bridge the perceptions and understandings of community agencies and public policy planners. In other words, the concept can potentially offer a common framework for the agencies and all levels of governments.

Having that in mind, the study set out to create a clearer and more comprehensible understanding of social capital. It involved,

- Developing a comprehensive overview and clarification of social capital theory
- An examination of social capital in relation to other “sibling” concepts
- Developing ideas and ways in which social capital can be used in practice
- Examination of three case studies
- Regular workshops and networking with government staff and community workers
- Translating the findings into this Guide

The process began with a thorough examination of available ideas of social capital proposed by different authors. The number of definitions of social capital adds to general confusion and dilutes the notion itself. Subsequently, in the initial phases, and indeed throughout the whole of the study, the research team focused on simplifying the wide range of understandings of the concept. A big part of this involved searching through a range of ‘sibling’ terms, like social inclusion/exclusion, community development and many others in hope of defining the common ground as well as distinct differences between them. The findings of this phase of the study are detailed in the later sections

Apart from clarifications regarding general theory and definition of social capital, our study examined existing policies and programs that employ the concept of social capital or the social capital approach. The research team worked closely with policy makers and practitioners in regard to how social capital was used within their organizations. Some of the issues raised regularly during these collaborations focused on measuring and evaluation of social capital within community development programs. Given the unequal distribution of social capital across Australian communities, a comprehensive understanding of the way in which it can be built and augmented is essential to both policy and community work. Ideas to help in that have been outlined in the Guide.

We see these ideas as helping to assess, monitor and evaluate community-based programs. The Guide offers an introductory guide to program evaluation and a comprehensive list of sources and techniques available to community developers. It also offers a set of measures of social capital that can be used within policy and planning.

Our study examined three community-based programs (case studies) across Adelaide. These programs were grounded in social capital theory, with significant resources made available to build networks between the agencies involved in the programs and local communities. Adopting the social capital approach enabled the agencies to focus on building lasting relationships with communities based on trust and mutual support. By opening these new channels of communication, the agencies improved their service provision (based on deeper understandings of communities' needs), aided sustainable patterns of interaction, created new networks among residents and, in many cases, provided structure to the existing networks.

An important part of the study was for the research team to maintain ongoing relationships with many government and community-based agencies. All ideas, findings and investigations were discussed with representatives of these agencies during workshops and think tanks held for this particular purpose. All feedback was closely attended to and incorporated into the study. The Guide is a result of all these stages and components of the study.



Stage One - making sense of what's out there

1. Literature overview

The team involved in the project recognized the importance of social capital as a set of ideas to help develop networks and alliances in order to alleviate economic and health inequalities. Aware of the imprecise understandings and inconsistencies in the use of social capital, the team developed a comprehensive overview of the social capital literature. This overview was then simplified to find a conceptualisation most suitable for use in community-based practices.

2. Policy Preview

At an early stage of research it was important to collate a comprehensive overview of Australian, and particularly South Australian, policies and interventions centring on social capital. First, a thorough search of web-based and conventional materials was conducted with support from Industry Partners. Once the available policy and programs were collated, we invited representatives from government agencies to 'fill in the gaps' and further our understandings of the current policy trends and views about social capital.

3. Terminology

The important part of this first stage was a series of discussions with government representatives regarding terminology related to social capital. We learnt from these discussions about the current perceptions of the concept among public servants in local, state and federal government agencies and how social capital relates to other terms. It became clear that the term had lost its appeal partly because of the level of confusion around its use and definitions.

4. One to one interviews with policy makers

Part of the research project involved collecting data for a PhD thesis. This involved interviews with public servants in managerial positions from state and local government. The interviews provided valuable insights into the understandings of social capital among these public servants and the reasons why they use (or, by contrast, don't use) social capital.

Stage Two - case studies

5. Interviews with workers involved in the case studies

We conducted over 20 interviews with people working in the case studies; program coordinators, service managers, artists and community development workers. In these interviews we discussed the strengths and achievements of the programs. We also asked these workers about whether or not they found the social capital approach useful in their work.

6. Focus groups with participants

In total we spoke to well over 100 people involved in the case studies. We discussed their experience of being part of the programs, either as a member of staff or community participants. We also encouraged community participants to critically appraise strengths and weaknesses of the programs.

7. Think Tanks

Policy workshops were important as part of the research process as they assisted the researchers to interpret the findings in ways useful for government policy and practice. In the initial think tank, policy makers and practitioners were asked to consider the range of perspectives on social capital discussed in literature and how these are (or can potentially be) utilised in public policy. In later workshops, the participants were presented with findings and asked to provide comments for use in a Guide for policy makers and practitioners.

Stage Three - writing the Guide

8. The Guide

The whole team was involved in the writing of the Guide, lending not only the research findings but expertise in social capital, policy and planning and health equity. The writing also relied on generous feedback from many practitioners and policy makers who collaborated with the team throughout the project.

As a result of this collaboration, the Guide was divided into two documents. The longer document you are reading now was designed to support and inform community based agencies and workers on the ground. The shorter document aims to inform policy makers as to the value of the social capital approach. However, the team sincerely hopes that many policy makers and government bureaucrats will find both documents useful and informative.

Appendix 2

List of resources

SOCIAL CAPITAL

Social Capital gateway

<http://www.socialcapitalgateway.org>

This site is an accessible and easy to navigate clearing house for articles related to social capital. It is organized according to topic (i.e. health, community, policy etc) and level of interest (basic, more advanced etc). Accessed 4 February 2008

Canadian Report on Social Capital as Public Policy Tool (2005)

http://policyresearch.gc.ca/doclib/SC_Synthesis_E.pdf

A Report from a federal government project in Canada offering a well defined theory of social capital (based on Bourdieu). This will be most relevant to senior level government policy and planning. Accessed 4 February 2008

Camden Social Capital Survey (2005)

<http://www.camden.gov.uk/ccm/content/community-and-living/neighbourhood-renewal/social-capital-survey>

A survey report (conducted in 2002 and 2005) that measured the strength of communities in Camden based on a range of indicators, from whether people feel valued members of society to how much volunteering they do. It provides practical definitions of terms and concepts. Accessed 4 February 2008

Social Inclusion as a determinant of mental health and wellbeing.

Research Summary 2.

VicHealth 2005.

http://www.vichealth.vic.gov.au/assets/contentFiles/Social_Inclusion_Final_Fact_sheet.pdf

the above website contains information and articles on how social inclusion relates to health. Provides definitions of social inclusion and social capital and summarises research findings demonstrating links between social determinants of health and social inclusion.

MEASURING SOCIAL CAPITAL

World Bank

The World Bank has a social capital theme page which includes a range of information about measuring social capital

<http://go.worldbank.org/A77F30UIX0>

Australian Bureau of Statistics

ABS has a social capital theme page with a range of information about measuring social capital.

<http://www.abs.gov.au/Websitedbs/c311215.nsf/20564c23f3183fdaca25672100813ef1/6256a9b6352b3b2fca256c22007ef573!OpenDocument>

Victorian Department of Planning and Community Development

On the Victorian Department of Planning and Community Development website is information about a survey of 'community strength' which includes a number of questions relevant to social capital:

<http://www.dvc.vic.gov.au/web14/dvc/dvcmain.nsf/allDocs/RWP0C64850047640DE5CA257045007FA734?OpenDocument>

Social Capital Surveys

The website below provides information on a number of social capital surveys used in Australia

<http://www.mapl.com.au/A13.htm>.

COMMUNITY BUILDING AND COMMUNITY INVOLVEMENT

'The Citizen's Guidebook: a guide to building community'

<http://www.vcn.bc.ca/citizens-guidebook/>

This guide has links to a myriad of on-line tools and guides to assist with community engagement, such as the 'Public Participation Toolbox' which details a range of techniques together with hints as to 'what can go right' and 'what can go wrong'. Accessed 4 February 2008

The 'URP Toolbox'

<https://www3.secure.griffith.edu.au/03/toolbox/>

This is a free resource with principles and strategies to enhance meaningful involvement in decision-making by communities and decision-makers. While it has an urban renewal focus, the 60 techniques for community engagement have the potential for much wider application. Accessed 4 February 2008

'Community Toolbox (Kansas University)

<http://ctb.ku.edu/>

This website is a comprehensive bank of practical information about community work, providing access to publications and how-to guides. It provides skill-building information on a range of topics to do with community building. Very resourceful site with examples, instructions, check lists and more. Accessed 4 February 2008

Primary Care Self Assessment Tool for Community and Consumer Participation, *National Resource Centre for Consumer Participation in Health.* (2002)

<http://www.participateinhealth.org.au/ClearingHouse/Docs/nrcselfassessmenttool.pdf>

The purpose of the tools here is to assist organisations in incorporating the perspective of consumers and the community in the planning, delivery and evaluation of health care. It provides a framework to guide primary care organisations through a process of assessing their community and consumer participation activities as part of their commitment to improving the quality of health services. Last accessed 24 February 2008

The Self-Assessment Tool

<http://www.participateinhealth.org.au/clearinghouse/Docs/pcpsselfassessmenttoolVI.0web.pdf>

This tool, provided in the 'Primary Health Care Assessment Tool for Community and Consumer Participation' (NRCCPH), is a valuable means of undertaking a more detailed analysis of your organisation's commitment to community participation. Accessed 4 February 2008

Community builders website

<http://www.communitybuilders.nsw.gov.au/>

An interactive website for community workers, planners, programs managers, policy makers. The site focuses on community building activities in Australia. The site contains contributions from many practitioners, policy makers and community workers. Following NSW example, the site demonstrates how the state government can forge partnerships with communities around.

Guide to Developing Public Health Programmes

<http://www.moh.govt.nz/moh.nsf/pagesmh/3384?Open>

This free resource is designed to help people design and implement comprehensive, effective and measurable public health programmes that will deliver improved public health outcomes.

A framework for Building Capacity to Improve Health (2001). NSW Health Department

http://www.health.nsw.gov.au/pubs/f/pdf/frwk_improve.pdf

This document provides an overview of capacity building, including the principles that underpin the practice and introduces practitioners to some of the language of capacity building. The 35 page document discusses how capacity building programs can be developed and used to improve health.

PLANNING AND EVALUATION

Project Planning and Evaluation Wizard (PEW)

<http://som.flinders.edu.au/FUSA/SACHRU/default.htm>

The Project Planning and Evaluation Wizard (PEW) is a software tool designed to assist project officers working on primary health care and health promotion projects to develop a case for their projects, project and evaluation plans, and project reports. The authors hoped that the PEW would help demystify the jargon associated with project planning, evaluation, and report writing, as well as provide practical assistance and examples.

Primary Care Self Assessment Tool for Community and Consumer Participation, *National Resource Centre for Consumer Participation in Health*. (2002)

<http://www.participateinhealth.org.au/ClearingHouse/Docs/nrcselfassessmenttool.pdf>

The purpose of this tool is to assist organisations in incorporating the perspective of consumers and the community in the planning, delivery and evaluation of health care. It provides a framework to guide primary care organisations through a process of assessing their community and consumer participation activities as part of their commitment to improving the quality of health services. Last accessed 24 February 2008.

PROGRAM LOGIC

Enhancing Program Performance with Logic Models

<http://www.uwex.edu/ces>

This course is designed as an introduction to a holistic approach to planning and evaluating education and outreach programs.

W.K. Kellogg Foundation logic Model Development Guide

<http://www.wkkf.org>

This is a comprehensive guide to using logic models bringing together planning, evaluation and action. It contains sample models, exercises, checklists, examples and resources to support practitioners in community-based initiatives.

Enhancing Program Performance with Logic Models

<http://www.uwex.edu/ces/lmcourse/>

This free on line course introduces a holistic approach to planning and evaluating education and outreach programs. Module 1 helps program practitioners use and apply logic models. Module 2 provides an example of the model's application.

PARTNERSHIP AND COLLABORATION

The Partnerships Analysis Tool for partners in health promotion VicHealth, (2003)

http://www.vichealth.vic.gov.au/Content.aspx?topicID=98#cs_598

Based on the evaluation of a range of initiatives, this resource provides a framework to assist organisations to develop a clearer understanding of the range of purposes of collaborations, reflect on the partnerships they have established and develop ways to strengthen new and existing partnerships.

Collaboration and Alliances: a Review for VicHealth (2000). Walker, R.

<http://www.vichealth.vic.gov.au/assets/contentFiles/Collaboration%20&%20alliances%20report.rtf>

This document reviews recent literature on collaboration and partnership, discussing goals that are typically pursued through community collaboration, factors in effective collaboration, and a series of stages through which an effective collaboration typically develops. The document concludes with brief discussion of incentives and supports for collaboration, critical success factors and potential key indicators of success. Last accessed on 25 February 2008.

HEALTH PROMOTION

Guide to Developing Public Health Programmes

<http://www.moh.govt.nz>

This guide is intended to help people design and implement comprehensive, effective and measurable public health programmes that will deliver improved public health outcomes.

It is consistent with the Ottawa Charter's principles and developed primarily for

- the use by practitioners in the New Zealand health system. The guide describes a generic programme logic model and checklist that are designed to guide people through the steps of developing a thorough public health programme.

Tackling Health Inequities Through Public Health Practice: a Guidebook for Action. Hofrichter, R. ed. (2006)

This publication provides a starting point for health and health related practitioners in considering the potential for public health practices to address the social roots of health inequalities

The National Association of County and City Health Officials, Washington DC

The Ingham County Health Department, Lansing Michigan

<http://www.naccho.org/pubs/product1.cfm?ProductID=11>

The site offers many tools and publications with strong member involvement to ensure a practice-relevant approach to health promotion

Tapping into Civil Society: guidelines for linking Health Systems with civil society

Laris, P., Baum, F., Schaay, N., Sanders, D., Kahssay, H. (2003)

http://whqlibdoc.who.int/publications/2001/0730892883_eng.pdf

The publication offers inter alia practical definitions of key terms (Section 1), a checklist for determining whether your organisation is ready to engage with local community groups and ways to build capacity within the organisation (Section 5)

Appendix 3

Measuring social capital

In here we present a range of questions which are designed to measure what we have defined in this Guide as the key aspects of social capital:

- Trust
- Reciprocity
- Social life
- Help and assistance
- Community and Civic Group involvement
- Community and Neighbourhood life

These questions are drawn from a range of surveys. They are a mix of those that people can answer with a tick in the box ('closed' questions) and those that require them to express themselves in writing or conversation ('open-ended' questions). You will need to decide which mix of tick box and open-ended questions best suits your purposes.

Although the open-ended questions represent a more time-intensive and expensive way of collecting data, they will give you a richer picture of the dynamics of social capital in your community. The ideal way to capture responses to the open-ended questions is by using audio recording.

The tick box questions work well if you want to survey a lot of people and you want to know how widespread the aspects of social capital are in your community. You will need to use a computer to analyse these data and software such as Excel or specific statistical packages such as SPSS or Epi Info.

In some instances you may wish to use the tick box options but instead ask people to answer in their own words. In other cases it can be useful to ask the question differently and also to prompt further; for example, asking 'why?' or 'can you give me some examples?' We have provided some examples of each of these below.

When asking questions about neighbourhood life it is important to be clear about what you mean by 'neighbourhood'. People understand this to mean many different things and therefore it can be difficult to compare people's answers. In our research and in other international studies participants have been advised to think about their neighbourhood as being defined by a 5 minute drive or a 15-20 minute walk from their home. While this makes sense in many contexts, for some settings such as rural and remote Australia you would need a different definition of 'community'.

Suggested Social Capital Questions

I. TRUST¹

Ia. To what extent do you agree that 'Generally speaking people in Australia can be trusted'? (please tick one box)

- Strongly disagree ₁
- Moderately disagree ₂
- Neutral ₃
- Moderately agree ₄
- Strongly agree ₅

A question on trust of neighbours is included in the neighbourhood life section.

2. RECIPROCITY

2a. To what extent do you agree that 'By helping others you help yourself in the long run?' (please tick one box)

- Strongly disagree ₁
- Moderately disagree ₂
- Neutral ₃
- Moderately agree ₄
- Strongly agree ₅

¹The subscript numbers in the response boxes for the questions are included to help with data entry.

3. SOCIAL LIFE

3a. On average, excluding the people you live with, how often do you socialise with other people (such as friends, neighbours, family or work colleagues)? This includes things like going out together, visiting each other in your homes and socialising on the telephone. How often do you do these things? (please tick one box)

- Never ₁
- Rarely ₂
- A few times a year ₃
- Monthly ₄
- A few times a month ₅
- Once a week or more ₅

3b. To what extent are you satisfied with your *social life*? (please tick one box)

- Very dissatisfied ₁
- Dissatisfied ₂
- Neither dissatisfied or satisfied ₃
- Satisfied ₄
- Very satisfied ₅

4. HELP AND ASSISTANCE

4a. If you needed *practical help*, for example help around the house or wanting a lift somewhere, how many people (friends, family or acquaintances) COULD you ask for help? (please tick one box)

- None ₁
- 1 to 2 ₂
- 3 to 4 ₃
- More than 5 ₄

4b. If you needed to borrow some money to pay a large bill and couldn't borrow it from a financial institution, how many people (friends, family or acquaintances) COULD you ask for help? (please tick one box)

- None ₁
- 1 to 2 ₂
- 3 to 4 ₃
- More than 5 ₄

4c. [OPEN-ENDED QUESTION] Do you help out other people in your neighbourhood? What sorts of things do you do for them? What do they do for you?

Prompt for:

practical support (feeding the cat, clearing the mail)

emotional support (listening to problems, shoulder to cry on)

financial support (lending money)

information support (where to seek advice re jobs, financial assistance)?

4d. [OPEN-ENDED QUESTION] Do you do anything for people who live outside of your neighbourhood? What do other people do for you?

Prompt for: practical, emotional, financial and information support.

5. CIVIC AND COMMUNITY GROUP INVOLVEMENT:

5a. Have you participated in the activities of an organised group such as a sports or church group or another community organisation or professional organisation on more than one occasion? (please tick one box)

- In the past 12 months ₁
- Longer ago ₂
- Never ₃

5b. Are any of these groups local to your neighbourhood?

Yes ₁

No ₂

5c. Have you volunteered regularly in the past year? (If you volunteered for one of the groups or organisations you included above, please include this here)

Yes ₁

If yes, how many hours in an average month have you spent volunteering in this way? _____ hours

No ₂

5d. Have you been to a community social event in the neighbourhood that you currently live in (eg. school fete, music festival, football club barbecue)?

In the past 12 months ₁

Longer ago ₂

Never ₃

5e. Have you taken action aimed at improving your community (eg. attended a public meeting, contacted a politician or made a formal complaint)?

In the past 12 months ₁

Longer ago ₂

Never ₃

5f. [OPEN-ENDED QUESTION] Have you ever been involved in anything to take local action in your neighbourhood?

Prompt for: What did you do? How did this make you feel?

5g. [OPEN-ENDED QUESTION] Have you ever taken action somewhere else, so not just in your neighbourhood?

6. COMMUNITY/NEIGHBOURHOOD LIFE:

6a. How often do you wave, say hello or stop and talk with someone from your local neighbourhood?
(please tick one box)

- Never 1
- Rarely 2
- A few times a year 3
- Monthly 4
- A few times a month 5
- Once a week or more 5

6b. How often do you visit someone from your local neighbourhood or go somewhere to socialise
(eg. restaurant, shopping, football)? (please tick one box)

- Never 1
- Rarely 2
- A few times a year 3
- Monthly 4
- A few times a month 5
- Once a week or more 5

6c. To what extent do you agree that 'In this neighbourhood there is a strong sense of community'?
(please tick one box)

- Strongly disagree 1
- Moderately disagree 2
- Neutral 3
- Moderately agree 4
- Strongly agree 5

6d. To what extent do you agree that 'People in this neighbourhood are tolerant of others who are not like them?' (please tick one box)

- Strongly disagree 1
- Moderately disagree 2
- Neutral 3
- Moderately agree 4
- Strongly agree 5

6e. To what extent do you agree that 'I feel safe walking alone down your street after dark?' (please tick one box)

- Strongly disagree 1
- Moderately disagree 2
- Neutral 3
- Moderately agree 4
- Strongly agree 5

6f. To what extent do you agree that 'Generally speaking people in my neighbourhood can be trusted?' (please tick one box)

- Strongly disagree 1
- Moderately disagree 2
- Neutral 3
- Moderately agree 4
- Strongly agree 5

(NB This question can also go in the trust section.)

6g. [OPEN-ENDED QUESTION] Do you socialise with your neighbours (eg chat on the street, have a coffee or a drink etc)? What sorts of things do you do? how often?

6h. [OPEN-ENDED QUESTION] Do you think that your neighbourhood is a safe place to live?

Prompt for: safety in home and safety on street, safe for all? Does this affect you at all?

6i [OPEN-ENDED QUESTION] Do you trust most of the people who live in your neighbourhood?

Prompt: do you lock your doors and windows? Would you leave your children with other people in the neighbourhood? Would you lend them money?

6k [OPEN-ENDED QUESTION] Would you trust people in your neighbourhood more than people in general?

Appendix 4

Practical social capital: A policy briefing

Companion to “Practical Social Capital: A Guide to Creating Health and Wellbeing”

ABOUT THIS POLICY BRIEFING

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

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

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

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

WHAT IS A SOCIAL CAPITAL APPROACH?

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

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

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

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

WHY INVEST IN SOCIAL CAPITAL?

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

Social capital is a key determinant of health and wellbeing

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

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

Social capital approach offers equity and cost-effectiveness

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

The cost effectiveness argument rests on the fact that prevention is generally more economical than cure. A number of participants in the case studies discussed how their mental health greatly improved due to their participation in community groups, for example. Even those suffering from psychosis and schizophrenia suggested that the supportive and non-judgmental environment in these programs had a stabilising effect on their health and wellbeing. Our case study based on the development of a community garden provided a clear illustration of the value of such programs as providing ongoing social support and friendships, and through this, contributing to wellbeing of everyone, even those with severe mental illness

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

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

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

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

- Individuals and their networks: At the level of the individual, social capital (including strong social networks and social support, involvement in voluntary organisations, and levels of trust, reciprocity and belonging) has been associated with improved health and wellbeing.
- Neighbourhoods: There is evidence that neighbourhoods with higher levels of social capital have better health outcomes. For example, a South Australian study comparing four postcode areas in Adelaide found that the richest area had both the highest levels of social capital and also the best health, and the poorest area had the lowest levels of social capital and the poorest health. However, it was also found that one of the poorer areas in this study did unexpectedly well in terms of social capital and health. A possible contributor to this unexpected finding was the long term social planning process that had been integrated in the development of this area 20 years previously. Aspects of neighbourhoods that appear relevant to social capital and health at the neighbourhood level include the availability of places to meet and socialise, the socio-cultural history such as the degree of community integration and norms and values, and the reputation of an area.
- States and nations: Social capital at the state or national level has also been related to health and wellbeing of populations. Positive actions taken regionally or nationally are likely to facilitate community building at a more local level.

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

- Collective socialisation involves 'community adults' providing important role models for acceptable behaviours. For example, the presence of employed adults in high unemployment areas can model behaviours conducive to successful employment.

- Informal social control refers to the ability of a community to regulate the behaviour of its members according to collectively negotiated goals. For example, adults in communities may informally regulate smoking or truancy among school-aged children.
- Collective efficacy is the ability of community members to undertake collective action for shared benefit. For example, residents may be able to lobby collectively to force the removal of polluting industry from residential areas.

The main pathway suggested at the individual level is through access to resources that are themselves health promoting. For example, one's social network could provide practical assistance in the form of a lift to the doctor, a financial loan in difficult times or entry to employment opportunities through information and referral.

Social capital is everyone's concern

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

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

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

LESSONS FROM PRACTICE ABOUT BUILDING SOCIAL CAPITAL

Table 1 at the end of this briefing summarises valuable lessons from the case studies. These case studies provide insight into how community projects can contribute to the development of social capital. They showed that decisions and strategies introduced at different levels in society have a direct impact on the ability to bring about changes in communities. Table 1 illustrates this effect by detailing the key lessons for policy and for decision makers that were identified in this research project and showing how they are crucial in enabling practitioners to work more effectively at the local level to produce better outcomes for communities and individuals.

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

Table 1: Social Capital approach in practice

For Policy & Decision Makers

Policies and frameworks guide and enable effective practice at the community level

For Local Practitioners

Skilled and well-supported community workers facilitate community development and local initiatives

For Communities & Individuals

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

Long term vision & commitment:

- Focus on social and economic sustainability despite demands of short term political agendas
- Endorse community capacity building and development as valued strategy across government
- Invest in the future through planned on-going programs rather than short term 'projectism'
- Explicit policy statements on health equity
- Base initiatives on analysis of changing needs and developmental approaches
- Develop strategies for meaningful change rather than 'quick fix' with superficial impact
- Link small and manageable local initiatives into coherent programs through coordinated planning
- Experience long term changes with positive impacts on health and wellbeing
- People in communities are part of the solution instead of being seen as part of the problem
- See lasting positive changes occur through public funding
- Community people come to recognize that meaningful change can happen

Sectors working together:

- High level endorsement of importance of collaboration
- Integrate programs across sectors to avoid the 'silo' effect
- All sectors committed to social & health equity
- Make collaborative and cooperative ventures standard practice
- Pool resources to achieve better outcomes through effective and efficient collaboration
- Underpin projects and programs with long-term social & economic goals as well as short term milestones
- Reward workers for working together to generate more effective ideas and share resources
- Services and initiatives are better able to respond to people's daily lives with consistency and coherence
- Economic objectives support the achievement of equity and population health
- Provision of support services such as transport and childcare improves access to services

Building effective relationships:

- Provide incentives for programs and funding frameworks for community building and participatory approaches
- Support resources and training to develop healthy and long term relationships
- Engage local people in developing positive strategies as a priority
- Take time and care to ensure that involvement is democratic and relationships are respectful
- Make workers feel supported and rewarded for taking on the complex and demanding work of community development
- Attract and retain experienced and skilled staff to community development projects
- Local people have good reason to become involved and stay engaged
- Relationships are built on trust and respect for each others' roles and contributions
- People have access to a variety of helpful support networks and social relationships (bonding, bridging & linking social capital)

Generating knowledge about what works:

- Learn about complex models of change from national and international experience
- Provide support and resources for monitoring and evaluating change as it occurs
- Respect different kinds of knowledge and expertise
- Design projects using what is known about models of effective practice
- Ensure skills and resources are available to assist in gathering information about what works and why in the local context
- Collect valuable knowledge at the local level from workers and community members and use it to improve practice
- Best use of available time and resources
- Evaluation is directed towards learning and improving and based on an understanding of complex models of change
- People feel valued and able to work as partners in developing ideas and strategies for improving health and reducing inequities