



# University of HUDDERSFIELD

## University of Huddersfield Repository

Kirkby-Geddes, Emma, King, Nigel and Bravington, Alison

Social Capital and Community Group Participation: Examining 'Bridging' and 'Bonding' in the Context of a Healthy Living Centre in the UK

### Original Citation

Kirkby-Geddes, Emma, King, Nigel and Bravington, Alison (2012) Social Capital and Community Group Participation: Examining 'Bridging' and 'Bonding' in the Context of a Healthy Living Centre in the UK. *Journal of Community & Applied Social Psychology*. ISSN 1052-9284 (In Press)

This version is available at <http://eprints.hud.ac.uk/14128/>

The University Repository is a digital collection of the research output of the University, available on Open Access. Copyright and Moral Rights for the items on this site are retained by the individual author and/or other copyright owners. Users may access full items free of charge; copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational or not-for-profit purposes without prior permission or charge, provided:

- The authors, title and full bibliographic details is credited in any copy;
- A hyperlink and/or URL is included for the original metadata page; and
- The content is not changed in any way.

For more information, including our policy and submission procedure, please contact the Repository Team at: [E.mailbox@hud.ac.uk](mailto:E.mailbox@hud.ac.uk).

<http://eprints.hud.ac.uk/>

**Title: Social Capital and Community Group Participation: Examining ‘Bridging’ and ‘Bonding’ in the context of a Healthy Living Centre in the UK.**

**ABSTRACT**

Social capital has been widely advocated as a way of understanding and building community participation in the interest of health improvement. However, the concept as proposed by Putnam, has been criticised for presenting an overly romanticised account of complex community relations. This paper presents analysis from a qualitative evaluation of a Healthy Living Centre in the North of England, to examine the utility of the concept of social capital in this context. We found the concepts of ‘bridging’ and ‘bonding’ social capital were useful - though not without limitations - in helping to make sense of the complexities and contradictions in participants’ experiences of community group participation. ‘Bridging’ helped provide an understanding of how the decline in shared social spaces such as local shops impacts on social relationships. ‘Bonding’ highlighted how community group membership can have positive and negative implications for individuals and the wider community. It was found that skilled group leadership was key to strengthening bridging capital.

Politically, in the UK, community participation is seen as having an essential role in social change, for example its centrality to the coalition government’s idea of the “Big Society”. A micro-examination of this Healthy Living Centre using the lens of social capital provides a valuable critical insight into community participation. It shows that this kind of initiative can be successful in building social capital, given conditions such as an appropriate setting and effective leadership. However, they cannot substitute for other kinds of investment in the physical infrastructure of a community.

*Key words:*

*Social Capital, Putnam; Bonding; Bridging; Healthy Living Centre; Community Participation; Template Analysis.*

*Research Article*

Word count: 6,975

## INTRODUCTION

Using qualitative data from an evaluation of a Healthy Living Centre in an industrial town in the north of England, this paper sets out to explore people's experiences of participation in community-based groups. The study aims to examine the usefulness of the concept of social capital in aiding an understanding of community participation at a micro-level in a UK context. Specifically the dimensions of 'bonding' and 'bridging' social capital are used. Szreter and Woolcock (2004) provide the following definitions: "Bonding social capital refers to trusting and co-operative relations between members of a network who see themselves as being similar in terms of their shared social identity. Bridging social capital, by contrast, comprises relations of respect and mutuality between people who know they are not alike in some socio-demographic (or social identity) sense (differing by age, ethnic group for example)" (pp. 654-55). Campbell and Gillies argued in 2001 that thinking about social capital has largely developed from large scale surveys, '...with little reference to the daily realities of life in communities' (p.331). While there has been an increase in the kind of research they call for in the ensuing decade, there remains a preponderance of quantitative survey-based studies which tell little of the lived 'real world' experiences of community participation (see Orford, 2008). We therefore take a qualitative approach to address this issue. In addition our study contributes to an important and growing body of research that aims to understand social capital in a UK context (Cattell, 2001; Boneham & Sixsmith, 2005; Campbell & Gillies, 2001). The concept of social capital, particularly Putnam's conceptualisation, was developed in the USA and Italy and so its relevance to British community life needs to be explored and developed.

The Healthy Living Centre (HLC) featured in this study was one of the 350 HLCs rolled out across the UK in response to the White Paper on public health 'Our Healthier Nation' (Department of Health [DoH], 1999). Like the other HLCs across the UK, as a five year project, the HLC sought to encourage improved physical and psychological health, and social functioning, amongst the local community in a suburb of a large town in West Yorkshire, UK. The function of HLCs was to respond to the health needs of the local community. The HLC featured in this study, based in the village hall, offered services ranging from podiatry and physiotherapy, to exercise classes and healthy eating courses. In addition, its programme included a number of outreach events which aimed to promote the HLC as a community-wide resource. The emphasis of these events was to engage those sections of the community who

were traditionally hard to reach in terms of health promotion messages. This included the local Asian community and the elderly. The Centre for Applied Psychological Research (CAPR) at the University of Huddersfield was commissioned by the HLC to carry out a series of evaluations of the project. The final evaluation took the form of a quantitative longitudinal survey and a qualitative focus groups and interview study (King, Kirkby-Geddes and Bravington, (2009). A key finding was that social relationships mattered to participants and appeared to impact positively on their sense of well-being. Using the language of social capital, in all the groups there was evidence of ‘bonding social capital’ in that trust and reciprocity were evident in how participants described their involvement with the group. However the data showed subtle, complex, contradictory and often ambivalent attitudes to community participation and individual experiences of group participation. Further exploration of the data was warranted to gain a deeper understanding of these findings.

#### *Community participation through the lens of social capital*

The importance of social activities and social networks to improved health outcomes has long been the subject of research and there is compelling evidence that links the two (Smith & Nicholas, 2008). The role of social activities and networks in community cohesion is also complex but for the most part, intergroup contact can have positive effects on ensuring community cohesion (Pettigrew & Tropp, 2006). Both formal and informal social networks are key components of social capital, a concept that was prominent in social policy under the last UK Labour administration (Campbell, Wood & Kelly, 1999) and continues to feature in policy documents of the new Conservative/Liberal Democrat coalition government (DoH, 2011). Implicit in much of this policy literature is that health outcomes can be improved by increasing the quality and quantity of social capital (Wilkinson, 2000). However, despite increasing use of the concept of social capital, criticisms of it are numerous. Baum (1999) typifies this with her summary of social capital as “lacking both terminological precision and theoretical rigour” (p. 195). She argues that the concept needs further development, but others, like Foley and Edwards (1999), call for a disinvestment in it altogether on the grounds that not only is it difficult to measure, but also it overlaps with existing and more theoretically sound concepts, such as those found in Social Network Theory. The concept of social capital features in the two very different theoretical traditions of Bourdieu and Putnam and this may, in part, account for the apparent contention surrounding the concept. Bourdieu and Wacquant’s (1992) conceptualisation of social capital describes the purposive nature of social relationships, its key role in how power relations are maintained and transmitted and

the importance of resources within social networks. However, it is Putnam's (1995) communitarian focus on 'the features of social organisation such as networks, norms, and social trust that facilitate coordination and cooperation for mutual benefit' (p.5) which represents the dominant approach used in research.

There is a growing body of research critical of Putnam's approach which, it is argued, romanticises group participation. For example, Osborne, Baum & Ziersch (2009) in their study of women's involvement in community life, challenge Putnam's assumption of homogenous communities, by showing gendered differences in social capital building. Campbell and Gillies' (2001) micro-qualitative study of people's experiences of community life in a small south eastern town in the UK, also provides a critical reading of Putnam's concept of social capital. They conclude that Putnam's concept of social capital fails to capture the fluidity of local community life, which was characterised in their study by mobility, instability and plurality. The study also found that rather than social capital being bounded by geographical space, as Putnam assumes, key social networks often extended way beyond local boundaries. Additionally, trust in this particular community was strictly limited to community members that were well-known to participants whereas in Putnam's conceptualisation, trust is extended to those who are not personally known to the individual. Echoes of these findings are found in a study of a rural community in Greece, which unpicks Putnam's notion of civic engagement. Here social participation is unrelated to civic engagement, and trust and bonding relationships are characterised by an asymmetry between shared values and personal and private values; such that community values are viewed as an imposition ~~and-wherewhile~~ individuals place more emphasis on personal freedom and autonomy (Zissi, Tseloni, Skapinakis, Savvidou, & Chiou, 2010). The findings from these studies offer an important critique of Putnam's concept of social capital and in so doing provide interesting insights about the varied and complex nature of community life.

Increasingly health researchers working with qualitative methodologies have found the concept of social capital to be useful in a number of ways. For example, Patterson, Cromby, Brown, Gross & Locke (2011) use discursive and conversation analysis techniques to gain an understanding of the ways in which a sense of community is created and social capital is built. In this study the concept of social capital offers an opportunity to examine how relationships in communities give rise to inequitable access to resources. Cattell (2001) in her exploration of social networks, social capital and health, proposes a typology of social networks each with differing implications for health outcomes. Cattell's work has sought to refine our understanding of the conditions that can contribute to the flourishing of social

capital and also to further define the conditions that may contribute to its decline. Orford (2008) in his comprehensive summary of the debates around the concept of social capital offers a tentative conclusion that social capital has much to offer community psychology in that it focuses on the capacity of the social group to 'be empowered and to empower its members, both through its own cohesion and via its links with other groups' (p.181).

Boneham and Sixsmith (2005) argue that rather than disinvestment in the concept, more qualitative work is needed to allow the complexities of social capital to emerge and to 'reveal the ways in which trust, reciprocity, control and most importantly, community participation are related in everyday life' (p.271).

Despite the limitations of Putnam's approach to social capital and community life, it is his approach that has been most widely used as a way to understand community participation in the literature. In this paper we aim to critically engage with Putnam's conceptualisation, using it to reveal the complexities of community participation at micro-level. In so doing the usefulness of Putnam's approach in a UK context is also explored, with particular reference to the dimensions of bonding and bridging. Our study examined whether and how the dimensions of 'bonding' and 'bridging' social capital could re-cast the complexities of the ways in which community participation is experienced in everyday life, and produce a deeper understanding of the phenomenon.

## **METHODOLOGY**

### **Design**

The study utilized a two-stage qualitative design. The first stage consisted of focus groups with members of three community groups that were supported by the HLC, and chosen to reflect the diversity of activity amongst such groups: a Chair-based Exercise Group; the Craft Group; and the Shared Church Coffee Morning Group. One focus group was held for each activity group. Focus groups were an appropriate method as we wanted to capture the nature of interaction amongst members. Stage two consisted of individual interviews with two participants from each focus group. These aimed to explore in greater depth specific issues that had emerged in the first stage of the research. We sought to recruit a diverse sample of participants for the individual interviewees, but inevitably they were self-selecting and based on availability of group members within our time frame. In the Craft Group one of the interview participants, Lisa, was invited in part because she had had to leave the focus group

early. We felt her contribution as a disabled person would be valuable to obtain. Table 1 shows details of our participants.

- Insert Table 1 here – (Table 1 Participant profile – HLC Evaluation Study)

### **Procedure**

All focus groups were held in rooms at the Village Hall, where the activity groups were based, and for the convenience of participants were scheduled to follow straight on after a regular group meeting. Two researchers were present at each group. The focus group topic guide, which was used flexibly, covered:

- Views on the local community as a place to live.
- Reasons for joining and attending their group, and what they got out of it.
- Views on the location of the group.
- Understanding of, and involvement in, other activities associated with the HLC.
- Hopes and fears for the future of their group and the development of activities and facilities in the local area.

Individual interviews explored a similar set of issues in more depth. Participants were given a choice as to the location of their interview. Five were held at the Village Hall meeting room; the final one took place in the participant's home. All focus groups and individual interviews were audio-recorded with participants' consent.

### **Analysis**

All the data were transcribed in full and analyzed using a form of thematic analysis called "template analysis" (King, 2004). In this approach key themes identified in the data are organized into hierarchical clusters – that is to say, broad themes are sub-divided into several levels of more specific themes. A preliminary version of the coding structure (or "template") is then applied to each transcript, and modified where necessary to capture participants' meanings as fully as possible. Template analysis allows the use of some *a priori* themes, identified in advance as potentially useful ways of organizing the data given the theoretical and/or practical concerns of a particular project. These should always be seen as tentative, however, and open to modification.

The dimensions of ‘bonding’ and ‘bridging’ social capital were used as *a priori* themes in the current study. The three researchers each initially analysed a data sub-set consisting of one focus group and the two related individual interview transcripts. We examined these texts closely for any material that could be understood from the perspectives of *bonding* and *bridging* and organised this into new sub-themes. We then critically examined each other’s coding, seeking to ensure that the thematic structure could be justified in terms of the data itself, and through an iterative process of further modification and review were able to agree a set of sub-themes to *bridging* and *bonding* that could be applied across all the focus groups and individual interviews. These are defined below.

Insert Table 2 here - Description of the Social Capital Dimensions and Sub-Themes

## FINDINGS

### Bonding themes

*A negotiated process.* This theme draws attention to the notion that group membership requires work. In the Shared Church group, a tacit understanding of the norms of reciprocity and a willingness to sacrifice other pleasures appears to be key to on-going group membership. Roger recalls how he got involved in preparing and serving dinner for a church group; he acknowledges the benefits of membership as well as the obligations and costs:

Well they just asked me to join in because they were short of people... So I just joined in, the wife and I just joined in. But it was hard work.

Interviewer: Mmm. Could you have said no, could you?

Yes, but it just didn’t seem right. I couldn’t of, I couldn’t of looked them in the face if I’d of said no. And also, it’s, we helped out, I suppose in a way, we, what we had our dinner as well together and so sort of community spirit, we got together, we talked to each other, we talked, we met on a different plane.

(Roger, Individual Interview)

Andrew, like Roger, refers many times to the obligations of membership and despite being in his 80s is still called upon to do maintenance tasks for the community groups he belongs to. He talks about the costs to membership in terms of its impact on other close



relationships; he explains his wife's lack of involvement: 'She doesn't do much at the Church, she says enough with you doing it, you know.'

For those in the Craft group, being part of the group meant that it was important that personal limitations, in terms of personal confidence, were challenged. Lucy the oldest member of the group, aged 86, describes this aspect of group membership:

...Well I was a bit overwhelmed, I was thrilled really, stuck in all, all, every day of the week,...when they showed me what they was doing, I said oh I don't think I could do that. Oh yes she said, you can do it, so I thought well get on with it, because that's how I was brought up...you just got on with it...[laughs]. You didn't make a fuss. So I did, she showed me what to do and I watched others.

(Lucy, Individual Interview)

Lucy voices the feelings of many in the group. She describes how on-going membership of the group requires that you try new things. This means having to dig deep into emotional and psychological resources. The work for the individual is to apply themselves to the task and in so doing overcome personal limitations. Negotiating access to the group, on a practical level was also key to our findings. For example, disabled members of the Craft Group such as Lisa were wholly dependent upon the practical support of others to be able to attend the group. This is expressed in all three groups in that for some members of the community, participation is subject to practical support such as being given a lift or being able to afford a taxi.

*Humour:* Humour was used in all three of the focus groups, demonstrating its importance in reinforcing relationships and a sense of identification with the group. Gentle teasing and banter were particularly apparent, for example in interchanges between Kevin and Roger in the Shared Church group:

Kevin: I wouldn't like to come down to *[name of area]* in the dark.

Interviewer: You wouldn't?

Roger: Well I do that.

Kevin: I do, well I do in the car, but I wouldn't on foot.

Roger: It's alright, I do it on foot

[.....]

Kevin: You know most of the villains around here!

Roger: I'm one of them aren't I! [laughter]

Kevin: Aye, one of them!

Roger: I'm the Fagin<sup>1</sup> round here!  
(Shared Church, Focus Group)

In the Craft Group data (from individual interviews and the focus group), the re-telling of humorous incidents from past group activities figured quite prominently. One example related to a group visit to a trade warehouse for craft materials. It centres on one of the disabled members, Charles, who is in a wheelchair.

Helen: Well, it's a trade warehouse, you know, somewhere that normally you're not allowed into. Err, we got permission and everybody's got their membership... Erm, and I think Jane left Charles up an aisle didn't she while she ran off to get some, she ran off to get some cards or something, came back and he had a crowd round him all having a singsong.

[Laughter]

Claire: Well he sits here don't he, singing, you know, he [unclear] to me singing away.

Helen: Yes, he had a whole crowd around him and it were like carol singing, up an aisle in [name of craft superstore].

Claire: He's so, yeah, he so cheeky isn't he, you know?  
(Craft Group, Focus Group)

These reminiscences serve to reinforce a sense of shared history. Helen, the group leader, often plays a strong role in encouraging the telling of such stories, as above, underlining how important she is in facilitating identification with the group.

*'Our norms are the best norms'*. A key aspect of bonding for groups is a shared view of social norms. Both the Shared Church and Exercise group appeared to share ideas about what are acceptable social norms. These were most clearly articulated when they run counter to the perceived norms from other sections of the community, in particular younger people and the Asian community. For example, a social norm considered important for feeling part of the community was the notion of 'closeness'. Ellen from the Exercise Group, in discussing neighbourliness in the wider community, says:

"Don't get me wrong, I've got Jamaican friends...I have Asian friends, I have worked with Asians but I won't say that I am close to them because I don't think they are a close, some like to be close to you and others they keep themselves to themselves."

(Ellen, Individual Interview)

---

<sup>1</sup> Fagin is the charismatic leader of a group of petty thieves from the Charles Dickens novel 'Oliver Twist'.

There is a strong sense that their own social norms are somehow ‘natural’ and this acts to draw distinctions between themselves and other groups.

It’s younger people...I was brought up to respect other people and their belongings and elderly people especially and I brought mine up to be like that and hopefully mine, well I know they are, bringing their daughters up to be like that but you know you can walk on streets now, round here down here and you know you can get spat on.

(Ellen, Individual Interview)

### **Bridging themes**

*Leading the group:* The group leader was key to directing the group’s focus outwards to the wider community. For the Craft Group and the Shared Church group, the group leader intervened in a number of ways to prevent the groups from becoming too exclusive. This was less so for the Exercise Group where most participants were there by a referral from their General Practitioner (‘GP’: Family Doctor) and the group leader, in charge of directing the activity, was an employee of the local council.

When asked about what they liked about living in their local area the Shared Church group discuss the changes in the diversity of worship opportunities.<sup>5</sup> Here Rita the group leader is quick to ensure that the use of the term ‘faith’ be understood in its widest sense:

Kevin: Yes... on the diversity theme, the diversity of worship opportunities. Err, the Quaker meeting, we’ve got the Community Church, you couldn’t have a bigger contrast than that.

Rita: And, and faith, ‘cos we’ve, we’ve Muslim faith as well.

Kevin: Yes, and different faith groups.

Rita: So it isn’t just Christian worship, its...

Kevin: Yes, we got the mosque eventually opening across the road, eventually.

(Shared Church, Focus Group)

In making the point that diversity includes Islam, Rita provides a reminder to the group of their place within the wider community and as such prevents the group from becoming myopic and self-focussed. However her attempts to re-focus the group in this way are contested, and some members give grudging acceptance of her views. Again, in discussion about what the group like and dislike about their community, the group discuss the rise of takeaway food outlets in the local parade of shops. Rita contests their view that takeaways have a wholly negative effect on the community but she is met with resistance.

Andrew: They want some takeaways taking away.

Roger: And we could do with less takeaways.

Sue: Less, less takeaways.

Roger: Because it's destroying the community actually.

Rita: You see, I would like to be controversial and suggest that we don't want fewer takeaways, that there's a need for all the ones we have,

Roger: There isn't.

Rita: But we need to sort out cleanliness aspects.

Roger: They want, yeah, we could actually do with some.....

Rita: And the training, lack of graffiti and not, not spoiling buildings and people and throw rubbish into gardens...I've had that not just from children, from adults, we have, lots of rubbish in our garden.

Roger: Yes, yes, but it's predominantly at lunch time.

(Shared Church Focus Group)

The group appear to have identified the takeaways and littering by young people as a cause for concern. In order to prevent the group from vilifying the young people of the community, Rita balances the interaction with her observation that adults too cause litter. Again, she is able to widen the discussion to different possibilities and in so doing encourages the group to see the bigger picture.

In the Craft Group the group leader is key to developing the visibility of the group to the wider community by providing practical activities like entering the group's work in local shows and displaying group work in community settings:

Erm, we did an exhibition this summer...and Sue won a first prize, Ruby won the second prize and Charles won the third.

...but other than that, we just put up little bits up on the wall, on the sides of the cupboards and things. But we want to be able to put something up and show it off, you know, when people come in for the bingo don't they Michelle, she'll say, oh we've done that.

(Helen, Craft Group, Focus Group)

The group leader draws attention to the wider community and their interest in the group and appears to be accepting of their interest in the group:

We've had people wandering in from over the garden walls to help out at craft classes, cos they've seen us... if they know what's going on, they want to join in. They want to help out and they're very supportive.

(Helen, Individual interview)

*Importance of shared spaces.* Changes to the physical infrastructure of the community, particularly the decline in local shops is a theme which is shared across the groups. Roger, who has been resident in the community for thirty years, talks about how it has changed:

It was a community, everybody knew everybody. They used to meet up so when you were going shopping you, you'd meet so and so and say oh I haven't been so well, you know. People knew everybody; it was a community, now it's just, basically a place to live.

(Roger, Individual interview)

Even those like Ellen who enjoy good relationships with their neighbours and remark on the friendliness of the community lament the decline in local shops and the opportunities it gave to have social contact:

There is a lot more fast food now and it's not the shops you go in and again, meeting people, talking whilst you went to get your groceries, because its supermarkets and things now whereas it used to be little grocery shops. I know I must be living in the past like but it was nice then (laughter). It doesn't mean to say I don't talk to folk at supermarket like because if I can't reach anything I have to ask (laughter)

(Ellen, Individual Interview)

The importance of local shops and opportunities to make weak ties especially with the Asian community is illustrated in this quote from Andrew as he talks about the increase in the number of Asian families moving into the community:

Yeah, I may be wrong but, somehow, they're hard to get to know, they don't really want to err, well some do, it's there's the man in the erm supermarket up here, he's more Yorkshire than any Yorkshire man, he really is, you know, calls everybody "love" and stuff like that, and he's very nice indeed. But you get some of the old ones, erm, look at you with suspicion I think.

(Andrew, Individual Interview)

Ellen argues that young people today lack opportunities and motivation to socialise with one another:

Yes because they are not going to church, they are not knowing how to be sociable with one and other. They are stuck inside with their computers and to me it's all anti-social. You need to communicate with people to make a place better, to play together.

(Ellen, Individual Interview)

Her highlighting of “church” as an arena for learning to be sociable is perhaps also suggestive of the bridging theme “Our norms are the best norms”.

It is worth noting that the Village Hall, as a setting for all these groups (and many others) was itself a crucial shared space, centrally located and accessible. It provided participants with the opportunity to widen their engagement with the HLC by learning about and joining other activities based there.

## **DISCUSSION**

Our analysis demonstrates that trust and reciprocity were indeed a core part of the experience of community group participation for those we interviewed; that bonding was in evidence. In this sense the findings reflect those found in the micro qualitative study by Campbell and Gillies (2000) that trust flourished within small face-to-face groups of people who are well known to each other.

Given the importance of close relationships to health, we need to understand the conditions which may be necessary for the flourishing of bonding social capital (Halpern, 2005). Our data revealed the importance of humour as an aspect of bonding. Humour reinforced relationships and helped build a sense of identification with the group and its history. This is in line with research in other settings: for instance, Romero and Pescosolido (2008) argue for the importance of humour to work group effectiveness, through its influence on such things as group culture, communication and psychological safety.

In the sub-theme ‘*A negotiated process*’ it is clear that social relationships require work and effort. This aspect of social capital does not easily fit with Putman’s conceptualisation, yet it has been found in other studies (Wakefield and Poland, 2005). In our study, the ethos of the Craft Group required that individuals push personal boundaries and try new ideas and activities. Whilst this inevitably brought personal satisfaction, a degree of discomfort at the prospect of trying something new and untested was also evident. In the Shared Church group members talked about the obligations of membership and the need for careful negotiation of personal relationships within the group. This also reveals something of the intricacies involved in the reciprocity in relationships that is key to the development of bonding social capital (Putman, 1995). In addition it suggests that group membership is indeed a negotiated process, potentially fraught with difficulties and as such, argues against the view of an unproblematic and romanticised view of community participation.

The notion of the 'dark side' of social capital (Field, 2004) is further evidenced in the sub-theme '*Our norms are the best norms*'. Shared social norms in highly bonded groups both serve to provide a sense of cohesion within the group but may also work to exclude those who are perceived as having different norms. In our study, this is particularly found in relation to the Asian community and younger people. Almedom's (2005) review of social capital and mental health found that the closed internally cohesive conditions necessary for bonding to flourish also seemed to be very ones that caused exclusionary practices towards groups outside. This has the potential to exacerbate existing tensions within the community. However, these ideas are not new or exclusive to social capital research; social scientists have long understood the complexity and issues involved in community cohesion – for example, see Jenkins (1994) on ethnicity and community cohesion.

The potentially negative effects of internal cohesion may be ameliorated if the group leader is outward-looking and actively interested in community cohesion. In the Shared Church group, Rita provides a balance to the views of the group, challenging them to question their inward focus. In contesting group norms, she acts to widen their outlook and to encourage them to act more inclusively. At times, this is met with resistance by individuals in the group and provides another reminder that participation in social networks is far from straightforward and unproblematic. Groups differed too in the extent to which the group leader was important in this respect and this may be related to the main purpose of the group. For example, the Exercise Group is run by the local council and as such employs a fitness instructor to run the session and membership is mostly by referral from a General Practitioner. For this group the social experience, whilst important experientially to group members, is secondary to the main purpose of the group - to increase physical activity.

The sub-theme '*Importance of shared spaces*' suggests that threats to social capital lie in the wider structural changes in communities, such as the decline of local shops and in physical access to facilities. Cattell (2001) in her study of two working-class housing estates found that networks and social capital were influenced in a direct sense by the neighbourhood context. Dwindling facilities like social clubs and local shops, mean fewer opportunities for the fostering of bridging social capital. For many of the participants in our study, the daily experience of using local shops had in the past provided opportunities to develop weak ties with those outside their own networks; with 'unlike' members in their community. Cattell (2001) argues that community work opportunities, local resources, opportunities for participation, housing policies, and the availability of local shops, are often neglected in discussions of social capital but are vital to its growth. The findings from the current study

suggest that in order for bridging capital to grow, there have to be places to meet where weak ties can flourish. The study also showed the fragility of group membership and the vulnerability of the disabled and elderly in accessing social networks. This too is linked to how the physical environment plays a key role in the development of social capital. Szreter and Woolcock (1998) argue that the flourishing of social capital is subject to the constraints of the physical environment and is not purely a psychosocial phenomenon. Our study appears to support this view.

## CONCLUSION

The social capital dimensions of bonding and bridging offered a useful focus for this study, and a more nuanced understanding of community participation is achieved. For example, it has been helpful in understanding how the very activities and processes that may contribute to group cohesion (and attendant subjective well-being associated with group participation and membership) were also potentially detrimental to wider community cohesion. Equally, far from being a straightforward and unproblematic activity, group participation for those in this study is potentially fraught with emotional and psychological pitfalls and problems, as evidenced in the intricate negotiations and compromises of reciprocity and the pushing of personal boundaries. In this study the successful building of social capital, particularly 'bridging social capital' is also contingent upon and vulnerable to the wider changes (such as those to the physical infrastructure) that befall communities.

Building and strengthening social capital in communities can be seen as a panacea by governments for addressing health inequalities. We would argue that while the communitarian approach, typified by Putnam, is potentially valuable it does run the risk that it may encourage policy-makers to reduce the task of strengthening social capital to a purely psychosocial issue. The wider structural issues that affect health and well-being may then be conveniently ignored (Mutaner, Lynch & Davey Smith, 2000; Campbell & Gillies, 2000). Wakefield and Poland (2005) argue that economic and political structures are an integral part of social capital building; ~~f~~Further, that access to material and cultural resources ~~are~~is key to health and to the ability to develop social networks and social capital. Our findings from this present study suggest that in order for social capital to grow, there has to be the right kind of physical structural environment in place, where individuals can meet and where the weak ties essential for bridging capital can flourish. Equally we found that social capital building also requires skilled and committed group leadership. It appears from our analysis of this data



that initiatives such as Healthy Living Centres can provide some of the conditions for social capital to grow; they provide a shared space and can facilitate special events where ‘unlike’ groups can meet. However the evidence from this study also suggests that such initiatives do not replicate the opportunities for the growth of bridging social capital afforded by such resources as a thriving local high street. Our analysis suggests that Health Living Centres do provide opportunities for social capital to develop, however there are a number of caveats to this. Whilst the study showed that bonding social capital was flourishing, skilled leadership was found to be key in preventing groups from becoming too inward focused. A skilled group leader could facilitate a more inclusive attitude toward the wider community and was the conduit through which groups could grow bridging social capital. Resources in future could be usefully focused on developing leadership skills at a grassroots level to aid this process and thereby improve community cohesion. The study also supports the view in the literature that strengthening social capital should not be seen solely as a psychosocial issue. Findings from the study suggest that the physical infrastructure of this community plays a key role in community cohesion. Participants reported on few opportunities outside the HLC for contact with the wider community. The study suggests that many opportunities for social cohesion are lost through lack of more sustained investment in accessible local amenities.

Using the lens of social capital has provided an opportunity to examine at a micro-level the complex interplay between the individual and their community, and also to some extent how this is impacted upon by wider socio-economic influences. Nevertheless, this study suggests that despite the conceptual and philosophical confusion around social capital, the concept has the potential to contribute towards an understanding of community participation and its relationship to health and well-being at both interpersonal and structural levels, from a psychological perspective. In particular, as an in-depth qualitative investigation, it has responded to Boneham and Sixsmith’s (2005) call for research which is able to reveal the ways in which trust, reciprocity and community participation are related in everyday life. In this way it adds to a growing body of research which shows the complexity and contradictions inherent in community life. It also contributes to the literature concerned with Putnam's concept of social capital and its relevance to UK-based communities.

## REFERENCES

- Almedom, A. M. (2005). Social capital and mental health: An interdisciplinary review of primary evidence. *Social Science & Medicine*, *61*, 943-964.
- Baum, F. (1999). Social capital: Is it good for your health? Issues for a public health agenda. *Journal of Epidemiology & Community Health*, *53*, 195–196.
- Boneham, M.A., & Sixsmith, J, A. (2005). The voices of older women in a disadvantaged community: Issues of health and social capital. *Social Science & Medicine*, *62*, 269-279.
- Bourdieu, P., & Wacquant, L. (1992). *An Invitation to Reflexive Sociology*. Chicago: University of Chicago press.
- Cattell, V. (2001). Poor people, poor places, and poor health: the mediating role of social networks and social capital. *Social Science & Medicine*, *52*, 1501-1516.
- Campbell, C., & Gillies, P. (2001). Conceptualising 'Social Capital' for Health Promotion in Small Local Communities: A Micro-qualitative Study. *Journal of Community and Applied Social Psychology*, *11*, 329-346.
- Campbell, C., Wood, R., & Kelly, M. (1999). *Social capital and health*. Retrieved 13<sup>th</sup> January 2009. [http://www.nice.org.uk/nicemedia/documents/socialcapital\\_health.pdf](http://www.nice.org.uk/nicemedia/documents/socialcapital_health.pdf)
- DoH - Department of Health (1999). “*Saving Lives: Our Healthier Nation*”, London: HMSO.
- DoH – Department of Health (2011). *Healthy Lives, Healthy People: Our Strategy for Public Health in England*. London: HMSO.
- Field, J. (2004). *Social Capital*. London: Routledge.
- Foley, M. W., & Edwards, B. (1999). Is it time to disinvest in social capital? *Journal of Public Policy*, *19*, 142-173.
- Halpern, D. (2005). *Social Capital*. Cambridge: Polity Press.

Jenkins, R. (1994). Rethinking ethnicity: identity, categorization and power. *Ethnic and Racial Studies*, 17, 197–221.

King, N. (2004). Using templates in the thematic analysis of texts. Cassell, C., & Symon., G.(Eds) *Essential Guide to Qualitative Methods in Organizational Research*. London: Sage Publications.

King N., Kirkby-Geddes, E., and, Bravington, A. (2009). Evaluation of the impact of Paddock Pathways to Health membership on beneficiaries' health, well-being and social functioning. Centre for Applied Psychological Research, University of Huddersfield. <http://eprints.hud.ac.uk/id/eprint/8183>

Muntaner, C., Lynch, J., & Davey Smith., G. (2000). Social capital and the third way in public health, *Critical Public Health*, 10, 107-124.

Orford, J. (2008). Two concepts for understanding inequalities by position and place. Orford, J. (Ed) *Community Psychology: Challenges, Controversies & Emerging consensus*. Chichester, England: Wiley & Sons.

Osborne, K., Baum, F., & Ziersch, A. (2009). Negative consequence of community group participation for women's mental health and well-being: Implications for gender aware social capital building. *Journal of Community & Applied Social Psychology*, 19, 212-224.

Patterson, A., Cromby, J., Brown, S.D. Gross, H., & Locke, A. (2011). 'It all Boils down to Respect Doesn't It?': Enacting a Sense of Community in a Deprived Inner-city Area. *Journal of Community & Applied Social Psychology*. 21, 342-357.

Pettigrew, T. F., & Tropp, L. R. (2006). A meta-analytic test of intergroup contact theory. *Journal of Personality and Social Psychology*, 90, 751-783.

Putnam, R (1995) Bowling Alone: America's declining social capital. *Journal of Democracy*, 6, 65-79.

Romero, E., & Pescosolido, A. (2008). Humour and group effectiveness. *Human Relations*, 61, 395-418.

Smith, K.P., & Christakis, N., A. (2008). Social Networks and Health. *Annual Review of Sociology*, 34, 405 - 429.

Szreter, S., & Woolcock, M. (2004). Health by association? Social capital, social theory, and the political economy of health. *International Journal of Epidemiology*, 33, 650-667.

Wakefield S., E., L., & Poland, B. (2004). Family, friend or foe? Critical reflections on the relevance and role of social capital in health promotion and community development. *Social Science & Medicine*, 60, 2819-2832.

Wilkinson, R.G. (2000). Social Capital, Economic Capital and Power: Further Issues for a Public Health Agenda. *Journal of Epidemiology & Community Health*, 54, 409 – 413.

Zissi, A., Tseloni, A., Skapinakis, P., Savvidou, M., & Chiou, M (2010). Exploring Social Capital in Rural Settlements of an Islander Region of Greece. *Journal of Community and Applied Social Psychology*, 20, 125-138.

**Table 1 Participant profile – Healthy Living Centre. Evaluation Study**

<b>Group</b>	<b>Group purpose</b>	<b>Number of participants</b>	<b>Characteristics of participants</b>	<b>Individual interview</b>
<b>Church Coffee Morning</b> Meets weekly	To provide a social activity which consists of coffee/tea and a chat with friends.	4 (+ leader)	1 female, 3 male Approx. age-range: 58-82 All white	2 males
<b>Craft Group</b> Meets Weekly	To provide an opportunity for people with different needs and abilities to explore different art and craft techniques in a relaxed and informal atmosphere	10 (+ leader) Volunteer helpers: 1 Carers: 1	8 female, 2 male Approx. age-range 42-86 8 white, 2 SE Asian 4 disabled	2 females
<b>Chair-based Exercise Group</b> Meets weekly	A service run by the local council, seeking to encourage increased physical activity for people with long-term health problems. Membership of the group is usually by referral from the family doctor.	6 (+ leader)	5 female, 1 male: Approx. age-range: 68-88 All white	2 females

**Table 2: Description of the Social Capital Dimensions and Sub-Themes**

Social Capital Dimension	Sub-Theme	Description
Bonding	Sub-theme 1: <i>A negotiated process.</i>	The work and effort required to maintain group membership; this can be both personal (pushing personal boundaries) and in terms of the negotiated nature of relationships with others.
	Sub-theme 2: <i>Humour.</i>	The processes that help strengthen ties within the group, such as teasing, good-natured banter and the sharing of stories.
	Sub-theme 3: <i>'Our norms are the best norms.'</i>	How social norms at once can bind individuals in a group and at the same time serve to exclude those who do not share those norms.
Bridging	Sub-theme 4: <i>Leading the group.</i>	How the group leader plays a key role in how the group relate to the wider community.
	Sub-theme 5: <i>Importance of shared spaces.</i>	How changes to the physical infrastructure of the community affect participants' ability to develop 'bridging' social capital.