SOCIAL CAPITAL AND ASSET-BASED APPROACH

What's the issue?

Social capital examines feelings of safety when walking in the community, civic engagement, neighbourliness, social networks and social support. It is argued that improved social capital can have a positive influence on the mental health and well-being of the people living in the community. However, it should also be noted that there can sometimes be a negative effect with improved social capital such as social networks which, for example, lead to easier access to smuggled tobacco or drugs, peer-pressure to continue smoking or eating a poor diet. There are different types of social capital. Bonding social capital is narrow and more internal, and relates to immediate families, close friends and neighbours. Bridging social capital is wider and more external, and relates to looser ties, associated with more diverse relationships such as those with colleagues, acquaintances and other communities.

Traditional public health improvement has focused on providing services to help solve a problem and dealing with ill-health and its consequences, and success has not been as good as it was hoped. A new approach increasingly used is based around an Asset Approach improving health of residents by making health and wellbeing everybody’s responsibility, and working together with communities to listen to their concerns and develop interventions. This approach is based on strengths, abilities and capacities of the community rather than weaknesses and disability, and ‘active participant in solution’ approach rather than a ‘passive victim of problems’ approach which involves collaboration rather than silo provision. It is hoped that improving and maintaining high levels of positive social capital can help this approach.

What's our situation?

From the local adult Health and Lifestyle Survey 2011-12 [63], the majority of people were ‘very satisfied’ (27%) or ‘fairly satisfied’ (49%) with their neighbourhood as a place to live, although satisfaction was much higher in 2009 (44% and 43% respectively). Fewer than half of survey responders (43%) said they were well informed about things affecting their area, but only 17% of men and 15% of women felt they could influence things that affect their area. Only one in twelve respondents had been involved in any local organisations over the past three years. Around one third of survey responders trusted most people in the neighbourhoods and an additional fifth trusted many people, and 61% of women and 56% of men felt that neighbours looked out for each other. The percentages who were informed about local decisions, ability to influence local decisions, who trusted and who felt neighbours looking out for each other increased with age and in areas with lower levels of deprivation.

It has been found in the local adult Health and Lifestyle Surveys that particular groups, such as Gypsy and Travellers and asylum seekers, can have high levels of bonding social capital, but have low bridging social capital [64]. This can make whole communities or groups feel isolated.

Local qualitative research work in Hull during 2014 [65] found successful community groups had a key central focus (based on either a geographical area or interest in particular topic), they were more likely to engage with ‘hard to reach’ groups, seen increasingly as filling ‘gaps’ as other (statutory) services became stretched, better able to understand community needs, and more offer affordable services at lower cost. The real value of groups is sometimes overlooked as savings are ‘hidden’ and it can take time for benefits to become apparent. There are many benefits from taking part in community groups. Volunteers are an absolutely central asset. Successful groups do not underestimate the associated demands of volunteering and have realistic expectations. Collaboration was often made with statutory services but not with other community groups (although there were exceptions). Professionals can play an important role in a supporting role especially in the initial set-up and could help with official procedures and regulations. There was a recognition that there needs to be the provision for comprehensive local information with regards to priorities.
and plans, but also with regard to events, funding opportunities, other community organisations and initiatives, and training opportunities. Community groups also need more assistance with identifying appropriate sources of funding. Funding for community initiatives is often time-limited and insecure, and that successful groups and projects need time to both embed and develop to produce positive and substantive change.

For more detailed information, see the JSNA Toolkit: Mental Health and Learning Disabilities report.

What are the strategic needs?

The local Humber, Coast and Vale “Start Well, Live Well and Age Well” Sustainability and Transformation Plans (STP) [3] aims to move towards place-based provision of services which are good quality and safe as well as operationally and financially sustainable. The vision is to support everyone to manage their own care better, reduce dependence on hospitals and use resources more efficiently. The six priorities are to help people stay well, place-based care, creating the best hospital care, supporting people with mental health problems, helping people through cancer and strategic commissioning. To achieve the aims of the STP, it is necessary that communities and public and voluntary sector organisations work together (for more information see the JSNA Glossary, www.hullpublichealth.org/jsna2017.html#c82).

An asset-based approach can help this process by focusing on the positive assets available to people within themselves as well as assets within their families and their communities. Supporting people to manage their own care, reduces dependence on hospitals and reduces resources in line with the STP’s vision. Following financial restrictions and reductions in budgets, this approach represents a relatively recent shift from the provision of services to more integrated care using this asset-based approach to strengthen communities. This supports people to help themselves by providing more relevant solutions that are accessible to them, supporting them in this process with expert, relevant and timely help and advice. These types of approaches and initiatives aim to strengthen existing good work being undertaken in the community, and improve the social capital of the communities in a positive manner. Effective use of developing and maximising existing assets in our people, places and communities can build and improve self-esteem and resilience, reduce the prevalence of behavioural and lifestyle risk factors for poor health, improve health and reduce inequalities. Work is ongoing in Hull around the asset-based approach.

It is necessary to work together to ensure people understand the benefit of positive life choices and know how to access information and seek early support to change, and the asset-based approach can be used to inform and provide this support. Health care providers need to work together with different communities to use existing assets effectively to realise the benefit of positive life changes.

The aim is also to harness the wider public health workforce to deliver very brief advice to those people with whom they have contact in their day-to-day work (“make every contact count”). It should be recognised that different approaches and support are required for different people, and any specific problems or changes that are required should not be dealt with in isolation, but by considering the needs of each individual separately. The asset-based approach also aims to address this by providing more individualised support focused around the individual rather than the provision of separate services for each of their specific needs.

However, in order to improve overall social capital in individual communities throughout Hull, it is necessary to provide the support and infrastructure throughout the city, such as supporting ‘Fuel, Food and Finance’ anti-poverty initiatives. These help people to minimise the health impact of welfare reform and cost of living rises, encouraging a culture across organisations that celebrates diversity, encourages respect and has a zero tolerance on hate crime. A key focus is to support families promoting positive parenting skills and to support initiatives that create and provide access to quality sustainable jobs as well as improving the housing stock across the city. There is a drive to build connections between generations to tackle loneliness and support the continued development
of an ‘age-friendly’ city, etc. Work needs to continue with vulnerable groups such as Priority Families (see crime and domestic violence section, www.hullpublichealth.org/jsna2017.html#c13), and young people at risk of becoming teenage parents (see section on under 18 conceptions, www.hullpublichealth.org/jsna2017.html#c42) or not in education, employment or training (see section on transition into adulthood, www.hullpublichealth.org/jsna2017.html#c43).

References