



Resurrecting a positive role for the much-maligned notion of ‘social capital’

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‘Social capital describes the networks together with shared norms, values and understandings that facilitate cooperation within or among groups’ ([OECD](#), 2001)

I want to put out a call for the rehabilitation of what we understand by ‘social capital’.

Recent criticism of the essential concept of social capital has caused people to cast it aside – considering it a redundant approach. Several influential academics on the left of the political spectrum have written books and articles criticising social capital. Their criticism became particularly virulent at a time when the [World Bank](#) formed a *social capital strategy* in their assistance to developing countries.

In short, the main thrust of the criticism was that the notion of social capital was being used as a substitute for not materially helping populations. Communities were being told that...we know you are poor, downtrodden and disadvantaged but you have ‘social capital’ and you should be using that more.

In a way, the academic left was right in criticising the World Bank’s application of a social capital approach – especially if it was used as a reason for not providing material help. But I think that the criticism threw the proverbial baby out with the bathwater. Although many of my sympathies align with a criticism of the World Bank, I have a different view.

I think we have to take a less theoretical position regarding social capital and believe that it is very important if viewed in practical and pragmatic terms. It is more usefully understood by people working in social enterprises and third sector organisations when it is pulled out of academia and translated into real situations.

So why am I calling for a rethink of social capital now? It is mainly because I have been part of the [CommonHealth Research Programme](#)* whose aim was to research the links between the activities of social enterprises and health and well-being within communities and amongst individuals. It is looking at addressing health inequalities and how social enterprises can positively influence the upstream determinants of health even when such entities say nothing about health in their mission statements. The main determinants of health being...family, friends and communities; housing; education and skills; good work; money and resources; physical surroundings (*Keeping us well: How non-health charities address the social determinants of health*; Boswell, K., Joy, I., Lamb, C., 2017, New Philanthropy Capital).

The results of the CommonHealth Research Programme are just beginning to emerge and I am struck that many of the findings would appear to be linked to what I have always

understood as being 'social capital'. (More information on this research can be found in the [Briefing Papers](#) and journal [articles](#).)

So, what are we talking about when we use the term?

I think that one of the best and most comprehensive definitions of social capital came from the [CONSCISE Project](#) (2000 -2003). This project defined it as...

...resources within communities which are created through the presence of high levels of trust; reciprocity and mutuality; shared norms of behaviour (values); shared commitment and belonging; and both formal and informal social networks all of which may be used productively by individuals and groups to facilitate actions to benefit individuals, groups and community more generally.

This definition is more useful, in my view, as it emphasises that social capital is made up of a number of interlinking elements – not just one thing. The CONSCISE Project then goes on to argue that understanding and applying social capital in one's approach is *heuristic* – that is, you learn from doing, not by talking about what you think you are doing.

Returning to CommonHealth - the project's main hypothesis is: are social and community enterprises, by their nature, approach and activities, good and effective at improving health and well-being for individuals and communities – either directly or indirectly?

On the community level here are some of the emerging findings...

- Community enterprises can bring the community together through running a safe, community space as a focal point of the community, and something that off sets loneliness. In rural and remote areas, a community based social enterprise provides a hub or meeting place where local people can meet and expand their social networks. The more often they do this, relationships and friendships can deepen, strengthening trust between people make a more cohesive and stronger community.
- The 'good work' of the social enterprise, mainly working to benefit other people, further develops one's sense of belonging to an area and sharing concern for a particular locality.
- Sharing experiences and belief in what a social enterprise is trying to do strengthens the sense of belonging to an area and make the surroundings a better place to live and work.
- Social enterprises provide opportunities to volunteer locally around the principle of mutuality and helping each other.

On top of this social enterprises - particularly those that are community owned – can provide a vehicle for local social change and development in the area. They can provide the role of a geographical 'anchor organisation'. They may also boost the local economy through providing employment, helping with training and aspiring to be as self-sufficient as possible.

I feel there is currently a need to resurrect the role of social capital in our understanding around concepts such as community and individual health and well-being.

If we accept that there are correlations between elements of social capital and some of the emerging findings around the upstream determinants of health, then we are again

confronted with the knotty problem of how do we account for, or 'measure', the changes in these elements.

I have argued in a previous [blog](#) that social enterprises should focus much more on the 'social' side of what they do. Their existence should be geared to benefit people at the same time as not adversely affecting the environment and using economic activity to achieve these ends.

If this is the case, I think that social enterprises should be looking seriously and overtly at the degree to which they contribute to social capital. This would mean putting in place how they build *trust* between people and organisations; how they encourage *reciprocal* working and *mutuality*; how they state and then live up to their *values*; how they support a *commitment* to a community and a *sense of belonging*; and how they actively create connectedness through *informal and formal social networks*.

I would also take this further and say that social enterprises could, and perhaps should, take a **social capital approach**. This might mean separating out the composite elements of social capital and examining how, what social enterprises do and how they do it, can contribute to strengthening social capital.

Lastly, rather than attack the notion of social capital and try and replace it with other less contested terms, such as *community cohesion*, *connectedness*, *social inclusion*, *anti-loneliness*, and so on, we should arguably be embracing social capital making it a central tenet of what *social* enterprises are all about.

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* *The [CommonHealth Research Programme](#) is now in its final year after five years research led by the [Yunus Centre for Social Business and Health](#) at Glasgow Caledonian University. It is funded jointly by the Medical Research Council (MRC) and the Economic and Social Research Council (ESRC) and consists of nine distinct but interrelated [projects](#) across Scotland. Although the Yunus Centre is leading on this research, it is carried out in partnership with Robert Gordons University (Aberdeen), Stirling University, University of the Highlands and Islands and the University of Glasgow.*