

Social capital

Introduction

Social capital is the raw material of civil society created from the interactions between people. It is not located within the person but the space between people. It is not the property of the organisation, market, or state, but all these can engage in its production. It originates with people forming social connections and networks based on trust, mutual reciprocity, and norms of action. It is referred to as capital because that term invests it with the same status as other forms of capital: financial, physical, and human. The term capital is also appropriate because it can be measured and quantified in a way that distributes its benefits and avoids its losses.^[1,2]

In 2006, the New South Wales Population Health Survey asked respondents: In the last 6 months, how often have you attended a local community event such as a church or school fete, school concert, or street fair? In the last 3 months, how often have you helped out any local group or organisation such as a school, scouts and brownies, a sporting club, or hospital as a volunteer? Are you an active member of a local organisation, church or club such as a sport, craft or social club? Do you agree or disagree with the statement: Most people can be trusted? Do you agree or disagree with the statement: I feel safe walking down my street after dark? Do you agree or disagree with the statement: My area has a reputation for being a safe place? How often have you visited someone in your neighbourhood in the past week? When you go shopping in your local area how often are you likely to run into friends and acquaintances? and, Would you be sad if you had to leave this neighbourhood? Responses were grouped into positive and negative responses for each question.

Results

Participation in the local community

Overall, in 2006, 60.3 per cent of adults attended a community event in the last 6 months. A significantly higher proportion of females (63.6 per cent) than males (57.0 per cent) attended a community event. Among males, a significantly higher proportion of adults aged 35-44 years (67.5 per cent) and 45-54 years (62.7 per cent), and a significantly lower proportion of adults aged 75 years and over (41.1 per cent), attended a community event, compared with the overall adult male population. Among females, a significantly higher proportion of adults aged 35-44 years (74.1 per cent), and a significantly lower proportion of adults aged 16-24 years (57.0 per cent) and 75 years and over (51.6 per cent), attended a community event, compared with the overall adult female population. A significantly higher proportion of adults in rural (65.4 per cent) than urban areas (58.2 per cent), attended a community event. A higher proportion of adults in the North Coast (66.8 per cent) and Greater Southern (67.4 per cent) and Greater Western (66.2 per cent) Health Areas attended a community event. There was no variation by socioeconomic disadvantage. The overall proportion has increased significantly between 2002 (57.1 per cent) and 2006 (60.3 per cent).

Overall, in 2006, 35.9 per cent of adults helped out at a local group or organisation in the last 3 months. A significantly higher proportion of females (37.7 per cent) than males (34.1 per cent) helped out at a local group or organisation. Among males, a significantly higher proportion of adults aged 45-54 years (41.2 per cent), and a significantly lower proportion of adults aged 75 years and over (25.6 per cent), helped out at a local group or organisation, compared with the overall adult male population. Among females, a significantly higher proportion of adults aged 35-44 years (45.4 per cent), and a significantly lower proportion of adults aged 75 years and over (31.0 per cent), helped out at a local group or organisation, compared with the overall adult female population. A significantly higher proportion of adults in rural (44.4 per cent) than urban areas (32.3 per cent), helped out at a local group or organisation. A higher proportion of adults in the Hunter & New England (41.3 per cent), North Coast (43.7 per cent), Greater Southern (50.1 per cent) and Greater Western (45.0 per cent) Health Areas helped out at a local group or organisation. A lower proportion of adults in the Sydney South West (29.6 per cent) and South Eastern Sydney & Illawarra (30.2 per cent) Health Areas helped out at a local group or organisation. A higher proportion of adults in the second most disadvantaged quintile (39.9 per cent) helped out at a local group or organisation. The overall proportion has increased significantly between 2002 (33.4 per cent) and 2006 (35.9 per cent).

Overall, in 2006, 43.8 per cent of adults were an active member of a local organisation or church or club. A significantly lower proportion of females (31.9 per cent) than males (45.7 per cent) were an active member of a local organisation or church or club. Among males, a significantly higher proportion of adults aged 65-74 years (52.5 per cent), and a significantly lower proportion of adults aged 25-34 years (36.1 per cent), were an active member of a local organisation or church or club, compared with the overall adult male population. Among females, a significantly higher proportion of adults aged 65-74 years (56.7 per cent) and 75 years and over (54.5 per cent), and a significantly lower proportion of adults aged 25-34 years (32.5 per cent), were an active member of a local organisation or church or club, compared with the overall adult female population. A significantly higher proportion of adults in rural (48.7 per cent) than urban areas (41.7 per cent) were an active member of a local organisation or church or club. A higher proportion of adults in the Hunter & New England (48.3 per cent) and Greater Southern (50.5 per cent) and Greater Western (50.0 per cent) Health Areas, were an active member of a local organisation or church or club. There was no variation by socioeconomic disadvantage. The overall proportion has not increased significantly between 2002 and 2006.

Trust and safety

Overall, in 2006, 73.5 per cent of adults strongly agreed or agreed that most people can be trusted. There was no significant variation in the proportion of males and females. A significantly higher proportion of adults aged 75 years and over (79.1 per cent), and a significantly lower proportion of adults aged 25-34 years (67.5 per cent), strongly agreed or agreed that most people can be trusted, compared with the overall adult population. A significantly higher proportion of adults in rural areas (76.1 per cent) than urban areas (72.4 per cent) strongly agreed or agreed that most people can be trusted. A higher proportion of adults in the Northern Sydney & Central Coast (81.4 per cent) and North Coast (77.4 per cent) and Greater Southern (77.9 per cent) Health Areas, and a lower proportion of adults in the Sydney South West (65.4 per cent) and Northern Sydney & Central Coast (81.4 per cent) Health Areas, strongly agreed or agreed that most people can be trusted. Trust decreased with disadvantage. A higher proportion of adults in the 2 least disadvantaged quintiles (84.5 per cent and 78.6 per cent), and a lower proportion of adults in the most disadvantaged quintile (59.9 per cent), strongly agreed or agreed that most people can be trusted. The overall proportion has increased significantly between 2002 (65.7 per cent) and 2006 (73.5 per cent).

Overall, in 2006, 70.2 per cent of adults felt safe walking down their street after dark. A significantly higher proportion of males (82.4 per cent) than females (58.0 per cent) felt safe walking down their street after dark. Among males, a significantly higher proportion of adults aged 35-44 years (89.8 per cent), and a significantly lower proportion of adults aged 65-74 years (75.3 per cent) and 75 years and over (62.0 per cent), felt safe walking down their street after dark, compared with the overall adult male population. Among females, a significantly higher proportion of adults aged 35-44 years (63.0 per cent) and 45-54 years (67.2 per cent), and a significantly lower proportion of adults aged 65-74 years (46.6 per cent) and 75 years and over (29.8 per cent), felt safe walking down their street after dark, compared with the overall adult female population. There was no significant variation between adults in rural areas and urban areas. A higher proportion of adults in the South Eastern Sydney & Illawarra (73.8 per cent) and Northern Sydney & Central Coast (78.6 per cent) and Greater Southern (73.9 per cent) Health Areas, and a lower proportion of adults in the Sydney South West Health Area (61.4 per cent), felt safe walking down their street after dark. Feelings of safety decreased with disadvantage. A higher proportion of adults in the 2 least disadvantaged quintiles (81.5 per cent and 75.1 per cent), and a lower proportion of adults in the most disadvantaged quintile (54.3 per cent), felt safe walking down their street after dark. The overall proportion has increased significantly between 2002 (67.4 per cent) and 2006 (70.2 per cent).

Overall, in 2006, 75.3 per cent of adults said their area had a reputation for being safe. There was no significant variation in the proportion of males and females. A significantly higher proportion of adults aged 55-64 years (79.3 per cent) and 65-74 years (79.4 per cent) and 75 years and over (81.7 per cent) said their area had a reputation for being safe, compared with the overall adult population. A significantly lower proportion of adults aged 16-24 years (68.9 per cent) and 25-34 years (70.4 per cent) said their area had a reputation for being safe. A significantly higher proportion of adults in rural areas (80.8 per cent) than urban areas (73.0 per cent) said their area had a reputation for being safe. A higher proportion of adults in the Northern Sydney & Central Coast (86.9 per cent), North Coast (83.1 per cent), Greater Southern (87.7 per cent), and Greater Western (80.2 per cent) Health Areas said their area had a reputation for being safe. A lower proportion of adults in the Sydney South West

(60.4 per cent) and Sydney West (68.4 per cent) Health Areas said their area had a reputation for being safe. A reputation for safety decreased with disadvantage. A higher proportion of adults in the 2 least disadvantaged quintiles (90.4 per cent and 81.0 per cent), and a lower proportion of adults in the most disadvantaged quintile (54.3 per cent), said their area had a reputation for being safe. The overall proportion has increased significantly between 2002 (73.3 per cent) and 2006 (75.3 per cent).

Reciprocity and neighbourhood connection

Overall, in 2006, 66.7 per cent of adults visited neighbours. There was no significant variation between males and females or among age groups. A significantly higher proportion of adults in rural areas (72.5 per cent) than urban areas (64.3 per cent) visited neighbours. A higher proportion of adults in the Hunter & New England (73.6 per cent), North Coast (71.1 per cent), Greater Southern (70.8 per cent) and Greater Western (74.1 per cent) Health Areas visited neighbours. A lower proportion of adults in the Sydney South West Health Area (61.6 per cent) visited neighbours. A higher proportion of adults in the second most disadvantaged quintile (70.7 per cent) visited neighbours. Overall the proportion has not increased significantly between 2002 and 2006, however there was a significant increase in females (63.6 per cent to 66.9 per cent).

Overall, in 2006, 80.8 per cent of adults ran into friends and acquaintances when shopping in their local area. A significantly higher proportion of females (83.2 per cent) than males (78.2 per cent) ran into friends and acquaintances when shopping in their local area. Among females, a significantly higher proportion of adults aged 35-44 years (87.2 per cent) ran into friends and acquaintances when shopping in their local area, compared with the overall adult female population. A significantly higher proportion of adults in rural areas (89.2 per cent) than urban areas (77.1 per cent) ran into friends and acquaintances when shopping in their local area. A higher proportion of adults in the Hunter & New England (87.8 per cent), North Coast (89.1 per cent), Greater Southern (89.7 per cent) and Greater Western (92.9 per cent) Health Areas ran into friends and acquaintances when shopping in their local area. A lower proportion of adults in the Sydney South West (75.0 per cent) and Sydney West (74.7 per cent) Health Areas ran into friends and acquaintances when shopping in their local area. A higher proportion of adults in the second most disadvantaged quintile (85.3 per cent), and a lower proportion of adults in the second least disadvantaged quintile (77.6 per cent), ran into friends and acquaintances when shopping in their local area. The overall proportion has decreased significantly between 2002 (82.4 per cent) and 2006 (80.8 per cent).

Overall, in 2006, 73.0 per cent of adults would feel sad if they had to leave their neighbourhood. A significantly higher proportion of females (76.3 per cent) than males (69.5 per cent) would feel sad if they had to leave their neighbourhood. Among males, a significantly higher proportion of adults aged 65-74 years (76.5 per cent) and 75 years and over (85.0 per cent), and a significantly lower proportion of adults aged 25-34 years (58.6 per cent), would feel sad if they had to leave their neighbourhood, compared with the overall adult male population. Among females, a significantly higher proportion of adults aged 65-74 years (83.9 per cent) and 75 years and over (87.8 per cent), and a significantly lower proportion of adults aged 25-34 years (69.9 per cent), would feel sad if they had to leave their neighbourhood, compared with the overall adult female population. There was no significant variation between adults in rural areas and urban areas. A higher proportion of adults in the Greater Southern Health Area (77.1 per cent), and a lower proportion of adults in the Sydney West Health Area (68.5 per cent), would feel sad if they had to leave their neighbourhood. Feelings of sadness about leaving a neighbourhood decreased with disadvantage. A higher proportion of adults in the least disadvantaged quintile (77.5 per cent), and a lower proportion of adults in the most disadvantaged quintile (67.3 per cent), would feel sad if they had to leave their neighbourhood. The overall proportion has not increased significantly between 2002 and 2006.

References

1. Management Alternatives Pty Ltd. What is social capital? Available online at www.mapl.com.au/A2.htm (accessed 11 May 2007).
2. World Bank Social Capital Website. Social capital. Available online at www1.worldbank.org/prem/poverty/scapital/home.htm (accessed 11 May 2007).