

A Baseline Assessment

Social Capital, Health and Neighbourhood Renewal in the City of Hull



“It is encouraging to see a city taking steps to look at social capital and quality of social relations locally”
Richard Wilkinson in his foreword to the main report

Introduction

In March 2002, the Hull Local Strategic Partnership approved its Neighbourhood Renewal Strategy which aimed to reduce crime and teenage pregnancy, and improve educational attainment, housing, economic prospects and life expectancy. At that time, the idea of social capital was first considered as an important element of neighbourhood renewal - strong relations within communities were seen as essential to sustaining regeneration.

There is a great deal of evidence to suggest an association between social capital and people's health. As good health is essential to passing exams, working, and taking part in community and social life, it was, therefore, seen as important to better understand the links between the two. Providing a more qualitative baseline assessment to judge how the quality of life in the city changes over time would also complement other measures of improvement identified in the Neighbourhood Renewal Strategy.

In this report we summarise the findings of the major piece of research. We can also make available the main report and a CD of the full technical findings



Hull is an historic city with a population of approximately 253,000 people. Situated on the north bank of the Humber estuary, 38 miles from York and 55 miles from Leeds, it is one of Yorkshire's major centres and is the focal point for much of the eastern part of the Yorkshire and Humber region.

High levels of unemployment in the 1980s and lack of investment have left their mark. The evidence of exclusion is particularly apparent in a number of the city's communities where economic disadvantage links to a number of other issues including differences in health and life expectancy.

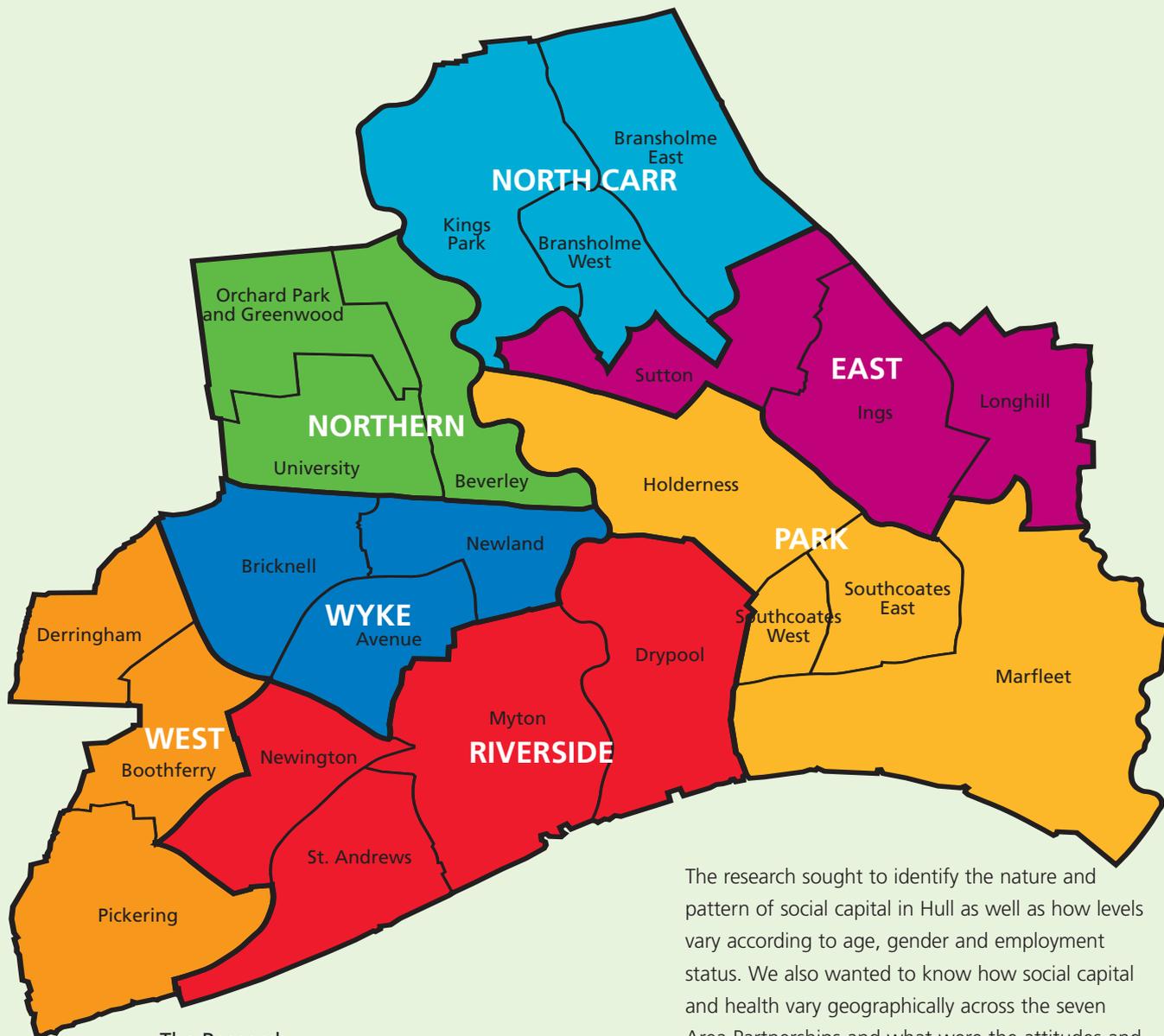
What is Social Capital?

There are numerous definitions of social capital but an early and influential one is by Robert Putnam who said 'Social capital....refers to the features of social organisation, such as trust, norms and reciprocity, that can improve the efficiency of society by facilitating co-ordinated action' .

Citizenship, neighbourliness, trust and shared values, community involvement, volunteering and social networks are important features of social life - the glue that holds societies together.

This concept is important for public health because, if it can be shown that different levels of social capital impact on health then public health action should develop at community or neighbourhood level rather than its more traditional focus on individual behaviour and choice.





The Research

A representative sample of over 4000 people took part in detailed face to face interviews across the seven Area Partnerships in the city.

The research sought to identify the nature and pattern of social capital in Hull as well as how levels vary according to age, gender and employment status. We also wanted to know how social capital and health vary geographically across the seven Area Partnerships and what were the attitudes and views of residents to their local area and facilities. But the main aim was to see if groups or areas with different levels of social capital tended to have better health outcomes.

Life and Health in Hull

From the findings of the survey, the people of Hull have a high regard for their city, appreciate its facilities and like living there. Most residents enjoyed living in their area. The main concerns related to car crime, and alcohol or drugs use. Road traffic, parking, litter, dog mess, graffiti, vandalism, and noise were also identified but of less importance.

Wyke was seen as the safest area and East the least safe during the day and after dark (together with Riverside).

We know that health in Hull could be better. Life-expectancy for people living in Hull is lower than the national average even when taking account of age which has a big impact on health. For example the percentage reporting they suffered from a long standing illness or disability increased from 3% of those aged 16 to 24 years to 58% for those aged 75 years or more.

Riverside residents tend to report much higher levels of physical ill-health, with approximately 60% of residents aged 55 years and over reporting they suffer from a long standing illness, health problem or disability.

The percentage reporting a moderate or large amount of stress or pressure differed substantially among the areas. North Carr and East reported lower stress levels, and Riverside, West and Wyke tended have the highest.

Between 20% and 30% of those working report they suffer from a moderate or large amount of stress or pressure. Those who look after the home, or who are not working due to long-term illness or disability and who are undertaking voluntary work reported the lowest levels of stress.

How safe residents feel when walking alone in the area during daytime

Safety within area during daytime	Percentages of responders for each area							
	East	North Carr	Northern	Park	Riverside	West	Wyke	Hull
Very safe	33	37	50	43	32	55	62	44
Fairly safe	48	54	38	45	56	40	31	45
A bit unsafe	14	8	9	9	9	4	6	8
Very unsafe	3	1	2	1	2	1	1	1
Never goes out	2	1	1	2	2	2	1	2

Social Capital in Hull

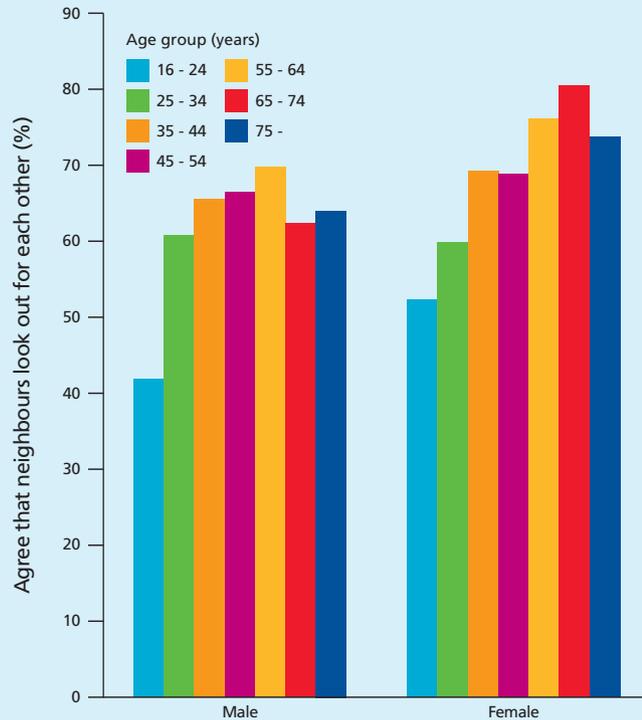
In terms of civic engagement (participation in community life)

- Almost half of the people surveyed felt well informed about things that affect their area, and one in four felt they could influence decisions affecting their area.
- East and North Carr residents felt the least informed about local issues and Northern and Wyke residents the most. This was also true for feeling able to influence decisions that affected the local area.
- People unemployed or on training schemes or in education felt the least informed about local issues and those who looked after the home or undertook voluntary work the most informed. A similar pattern occurred for feeling able to influence local decisions.

In terms of neighbourliness

- Overall, 13% did not trust people in their neighbourhood. Women trusted more than men. Trust was closely related to age.
- Residents of North Carr, Northern and Wyke were more likely to report they did not trust their neighbours. Higher levels of trust were seen in West, Riverside and East.
- Those who were on training schemes or in education, or who were unemployed were the least likely to trust their neighbours, to agree that neighbours looked out for one another and to speak to neighbours at least weekly.

Percentage agreeing that neighbours look out for each other



In terms of social networks

- The majority of people speak to non-household family members frequently, but for one in twenty this is less than once every couple of months. A similar pattern occurs for frequency of speaking to friends.
- More North Carr residents spoke with family at least weekly and the East had the lowest rate (also lowest in terms of speaking with friends). More of North Carr residents spoke to neighbours at least weekly and Wyke residents spoke to neighbours the least.
- Those who were unemployed and those who were on training schemes or in education spoke to family the least frequently.

In terms of social support

- Nine out of ten had someone they could ask for help if ill in bed however this was more of a problem for those over 65.
- North Carr residents were more likely to have someone to ask if they were ill in bed compared to Northern and Wyke. A similar pattern occurred for the number of close friends and relatives living nearby and number of people who could be relied upon in a serious crisis.
- Those who were unemployed, long-term sick or retired were more likely to have no close relatives or friends nearby. Those undertaking voluntary or other work had the lowest number of people to turn to in a serious crisis.

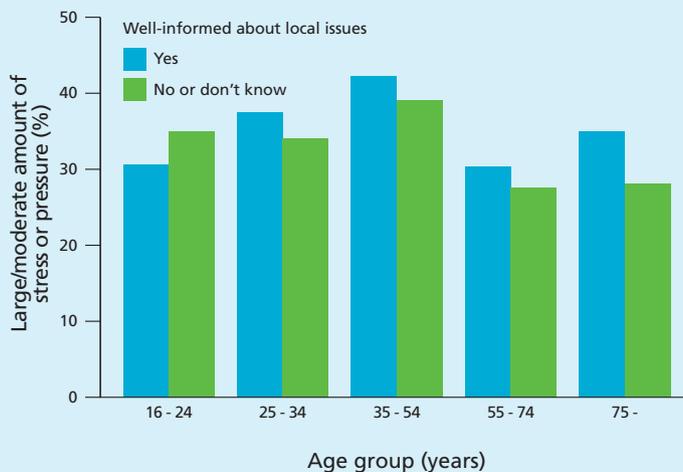
Social Capital and Health

Examining social capital and health is complex because there are many inter-relationships that may mean that an association is observed but only through another factor. For example, involvement with a local organisation might be associated with worse health, but this may only be because older people are more likely to be involved with a local organisation and also more likely to have worse health.

Civic Engagement and Health Key Findings

- Those who felt better informed about local issues and felt they could influence local decisions tended to report better health (but more stress)
- Whereas those who had taken action to resolve a local problem tended to report worse health.

Stress linked with feeling well informed



Neighbourliness and Health Key Findings

- The relationship between trust and physical health is not clear – for some groups trust is related to good health – for other the opposite is seen. People who did not trust their neighbours or did not believe that their neighbours looked out for one another tended to report worse mental health.
- People who spoke to their neighbours more regularly tended to report better physical and mental health and less stress than those who spoke infrequently.

Stress and frequency of speaking to neighbours

Frequency of speaking to neighbours	Reporting stress or pressure by age in years (%)							
	16-24	25-34	35-44	45-54	55-64	65-74	75+	Total
Daily or weekly	26	32	38	39	29	24	30	32
Less frequently	53	58	61	62	52	54	60	56

Social Networks and Health Key Findings

- People who spoke to non- household family members more regularly tended to report better physical and mental health and less stress than those who spoke infrequently.
- The pattern differed for frequency of speaking to friends with no relationship observed for stress or mental health. There was a higher percentage reporting long-term illness and disability who spoke infrequently with friends compared to those who spoke frequently (likely to be associated with age).

Long term illness and speaking to friends

Frequency of speaking to friends	Reporting long-term illness or disability by age in years (%)							
	16-24	25-34	35-44	45-54	55-64	65-74	75+	Total
Daily or weekly	3	6	8	13	28	31	49	14
Less frequently	22	24	14	22	54	67	73	43

Social Support and Health Key Findings

- The relationship between health and having someone to rely on when ill in bed was strong. Those who did not have anyone to rely on had more stress, were more likely to report long-term illness or disability, and worse physical and mental health.
- People who had more than two close relatives or friends nearby and who had more than two people they could rely on in a crisis were less likely to suffer from stress, and had better physical and mental health.

Long term illness and help when ill in bed

Someone to help if ill in bed	Reporting long-term illness or disability by age in years (%)							Total
	16-24	25-34	35-44	45-54	55-64	65-74	75+	
Yes	3	7	8	14	37	40	58	18
No or don't know/depends	6	14	15	39	29	41	61	27

Conclusion

In the main report and supporting technical documents we now have a wealth of information about the health status, lifestyle behaviour and health perceptions of people within the city and can consider this in the context of other dimensions of the life of the residents of Hull, and of their communities and neighbourhoods.

A summary of the social capital related dimensions from the analysis confirms those elements such as age, deprivation and smoking that consistently have a negative impact on health.

The three consistent positive health outcomes however, are

- having help when ill,
- having friends or relatives nearby, and
- feeling safe when walking after dark.

These are important findings and this is an important resource for community planning, empowerment and development. It is at this very local informal level that investment in the stock of social capital should be led. An inclusive approach to neighbourhood renewal that prioritises social support for those more isolated people (including means of increasing access to family and friends), and improves perceptions of safety after dark, will have a real impact on the health and contribute to narrowing the gap in health inequalities experienced by the people of Hull.

For further information about this project contact:

Simon Hunter
Public Health Development Team
Health House
Grange Park Lane
Willerby
East Yorkshire
HU10 6DT

Telephone: (01482) 672070

Simon.hunter@whpct.nhs.uk

For full report refer to
www.westhullpct.nhs.uk or
www.hullcityvision.com



Hull Community Network

