

Healthy Connections: the role of social capital in City & Hackney



Contents

- Foreword** 3
- Executive Summary** 4
 - Design and evaluate our approach with the community 4
 - Consider places as well as people 5
 - Work in partnership 5
- What is social capital?** 6
 - The different forms of social capital: bonding, bridging and linking 8
- How does social capital affect our health?** 11
 - Evidence points to social capital as a route to better physical and mental health outcomes 11
 - Social capital can affect health and wellbeing in different ways 11
 - The relationship between social capital and health is complex and not without risk 13
 - Social capital can play a role in tackling health inequalities 13
- Social capital in policy and practice** 14
- Measuring social capital** 17
 - Regional and national indexes 17
 - Locally collected data 18
- The evidence: building social capital for health** 21
 - Developing and implementing policies to build social capital 21
 - Developing programmes and interventions to build social capital 22
- Recommendations for building social capital in City & Hackney** 25
 - Design and evaluate our approach with the community 25
 - Consider places as well as people 26
 - Work in partnership 26
- Appendix** 28
- Acknowledgments** 36
- References** 37

Foreword

This year, my annual report focuses on the role of social capital in creating health and wellbeing.

Drawing on local and national evidence, it focuses on how people connect across City & Hackney and how these networks allow people to access and share resources.

We have seen the value and risks of social capital play out in recent years. The COVID-19 pandemic brought into focus the importance of connections as we were restricted from spending time with the people we cared about. It also highlighted great examples of communities coming together to support people to stay physically and mentally healthy. More recently, during the riots in the summer of 2024, we have seen the negative effects that civil unrest has on local communities and that some people will actively seek to divide, undermine and cause widespread harm.

This report therefore provides a timely picture of social capital in City & Hackney, alongside evidence and recommendations to inform our approach going forward. As with my 2023 report on sexual health, I will be using this year's report as a basis to make progress on a specific area of health. Since the publication of [‘Sexually Healthy’](#), a Sexual and Reproductive Health Strategy has been developed for City & Hackney at both Health and Wellbeing Boards focusing on: healthy and fulfilling sexual relationships; good reproductive health; STI prevention and treatment; living well with HIV and work towards zero HIV infections; and inclusion communities and those with complex needs. There is also an action plan to monitor and demonstrate progress that will be updated annually.



In this year's report on social capital, I draw out three key recommendations to build and strengthen social capital in our population. At the core of these recommendations is the importance of working closely with the rich network of communities and organisations that make up the City & Hackney. We start from a strong place - in a recent Hackney Residents' Survey 85% of residents agreed they belong in their local area and this report also points to strengths in the City such as high levels of formal volunteering. I look forward to working with our residents and partners to build on these assets and further strengthen social capital across City & Hackney.

A handwritten signature in black ink, appearing to read 'Sandra Husbands'.

Dr Sandra Husbands
Director of Public Health
for City and Hackney

Executive Summary

Relationships are often our most valuable assets. Whether it's our family, friends, work colleagues or neighbours, these relationships shape who we are, how we spend our time and our overall sense of health and wellbeing. These connections are important routes to the things we need in life. Whether that's material resources like housing or food, or harder to define areas like companionship or a safety net in times of need.

Social capital is a term which brings these ideas together, including:

- who we connect with in our day to day lives;
- how we connect with people, including the expectations and behaviours in our relationships;
- how these networks allow us to access and share resources.

There are different forms of social capital, which broadly refer to the connections we make with people:

- we share common characteristics with such as religion or age - bonding;
- we have less in common and/or spend less time with - bridging;
- who have more or less power than we do - linking.

This report summarises what we know about social capital and the opportunities and risks it can present for health, bringing concepts to life through case studies from across City & Hackney.

Like many assets in our lives - whether it's a new technology, money or social capital - there is the potential for them to benefit or harm our health and wellbeing. The key thread of this report is how we, as a public health team, can work with partners across City & Hackney to build social capital to benefit people's health. We draw out

three core foundations in particular:

1. Design and evaluate our approach with the community
2. Consider places as well as people
3. Work in partnership

Design and evaluate our approach with the community

The people who understand their connections and networks best are communities themselves. While this report draws on evidence from regional and national indexes and an annual survey of residents in Hackney, it would be valuable to have a fuller picture of the parts of social capital that matter to residents, where there might be risks, and where action is needed.

As the public health team in City & Hackney, we recommend developing neighbourhood-level community-led needs assessments. This approach would draw on existing work to build social capital in City & Hackney and involve processes that aim to strengthen relationships, e.g. participatory arts.

A community-led approach should not stop at assessing need. Good design also means building strong mechanisms for feedback and evaluation. We should build on existing resident surveys to, for example, use our needs assessment process to understand new information and why it is important to both local people and social capital. We may also want to advocate for a residents' survey for the City of London, aligning with similar themes to the Hackney annual residents' survey.

Finally, wherever possible we should seek to share our approach and build on others' work to make it easier for us to compare our progress with other places.

Consider places as well as people

While social capital is fundamentally about people, the environments that support connections need to be considered too. The indexes in this report identify physical spaces where our team, Hackney Council, the City of London Corporation, and our wider partners may want to focus attention to support connection. For example, access to open spaces in and around the City of London and creating environments that improve people's perceived feelings of safety in Hackney. This is supported by findings from the Hackney Residents' Survey which, for example, includes parks and playgrounds as places where Hackney residents are more likely to mix with people from different backgrounds. The survey also highlights issues around crime and community safety as a top priority.

The community-led needs assessment should include a focus on how the spaces in City & Hackney can support better social connections and in doing so improve health, wellbeing and reduce health inequalities.

This will involve working across sectors and not simply local authority owned spaces. For example, this report highlights the role of business in shaping places and supporting social capital. For example, connections formed with people in shops, high streets and community businesses.

Work in partnership

This report draws on policies and programmes relevant to building social capital, from specific projects that have been successful to broad themes and principles. Unsurprisingly, it highlights that developing connections in communities means working in collaboration.

As a public health team, we need to work with networks and assets that already exist. This includes across local authority teams and with the wealth of businesses as well as voluntary and community organisations in City & Hackney. There is a role for us to build capacity in these existing networks, including through disseminating training on areas like grant bid writing. We also need to work in partnership to resource our joint work on social capital, including identifying funding opportunities from research bodies and other funders and helping businesses make investment decisions that enhance social as well as financial capital and return on investment.

What is social capital?

At the heart of social capital is the importance and value of relationships.

The people we spend time with - from family to friends, work colleagues and people working in businesses - are central to our everyday lives and have a significant influence on our health and wellbeing.

For many years sociologists, economists and political theorists have tried to define social capital and its impact.

“ Social capital is a term used to describe the **extent and nature of our connections** with others and the **collective attitudes and behaviours between people** that support a well-functioning, close-knit society. ”

(1)

UK Office for National Statistics

In brief, social capital is a term which brings ideas together, including:

- who we connect with in our day to day lives;
- how we connect with people, including the expectations and behaviours in our relationships;
- how these networks allow us to access and share resources. (4)

“ Features of **social organisation** such as networks, **norms, and social trust** that facilitate coordination and cooperation for mutual benefit. ”

(2)

*Robert Putnam,
Political Scientist and Professor of Public Policy, Emeritus*

“ Social capital is defined by its function. It is not a single entity, but a variety of different entities having two characteristics in common: they all consist of some aspect of **social structure**, and they **facilitate certain actions of individuals** who are within the structure. ”

(3)

*James S Coleman,
Former president of the American Sociological Association*

Figure 1 provides further detail on the connections, norms and behaviours that underpin social capital.

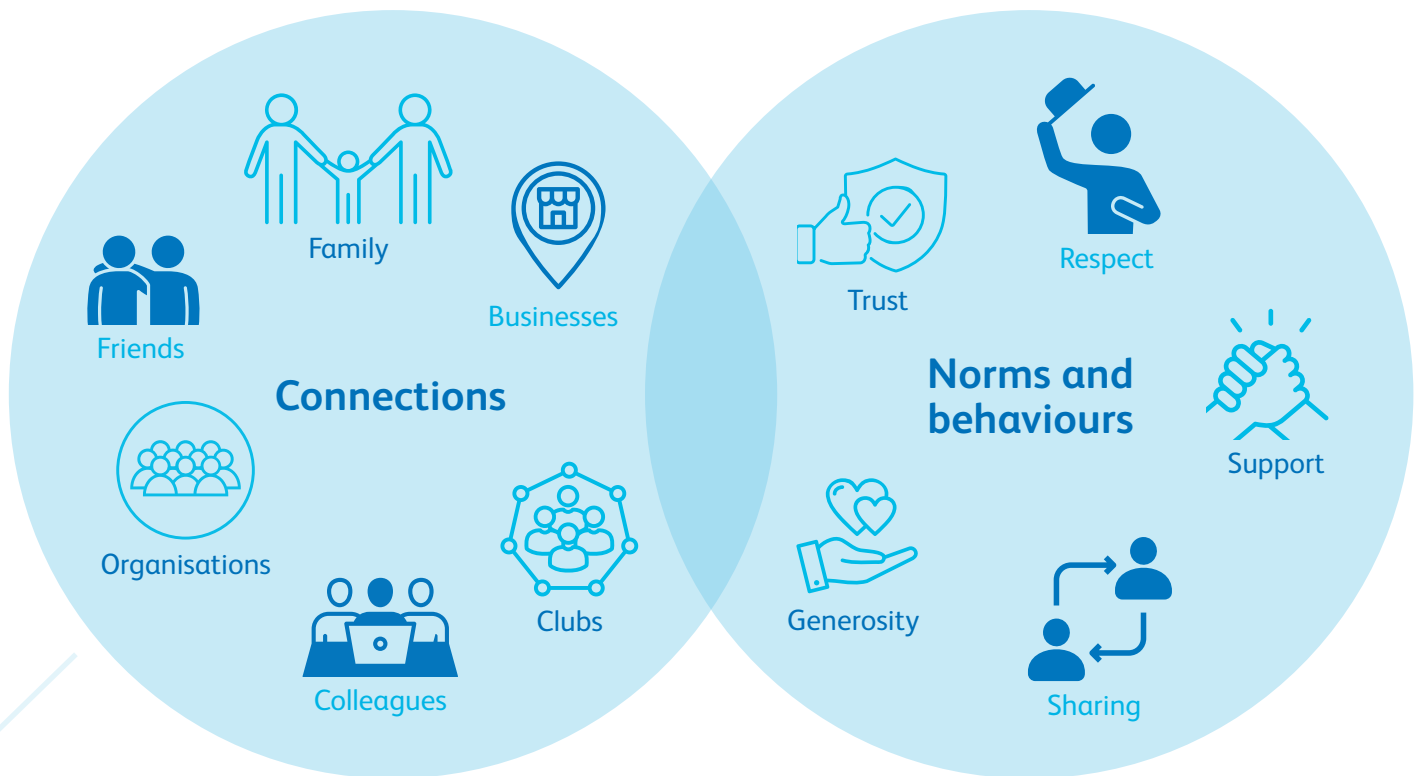


Fig 1: Illustration of the types of connections, norms and behaviours on which social capital depends. Developed by Duleni Herath.

Social capital is an important route to the things we need in life. By investing in relationships, we can access material resources like housing and food or things that can be harder to define like companionship, friendship or a safety net in times of need. This is where the concept of ‘capital’ comes in - our connections enable us to ‘buy’ or ‘give’ resources.

“ The aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalised relationships of mutual acquaintance or recognition. ”
 (5)
 Pierre Bourdieu,
 Sociologist and public intellectual

“ The ability of actors to secure benefits by virtue of membership in social networks or other social structures. ”
 (6)
 Alejandro Portes,
 Professor of Sociology,
 Emeritus

Figure 2 provides further detail on the tangible and intangible resources that social networks allow us to access or provide.

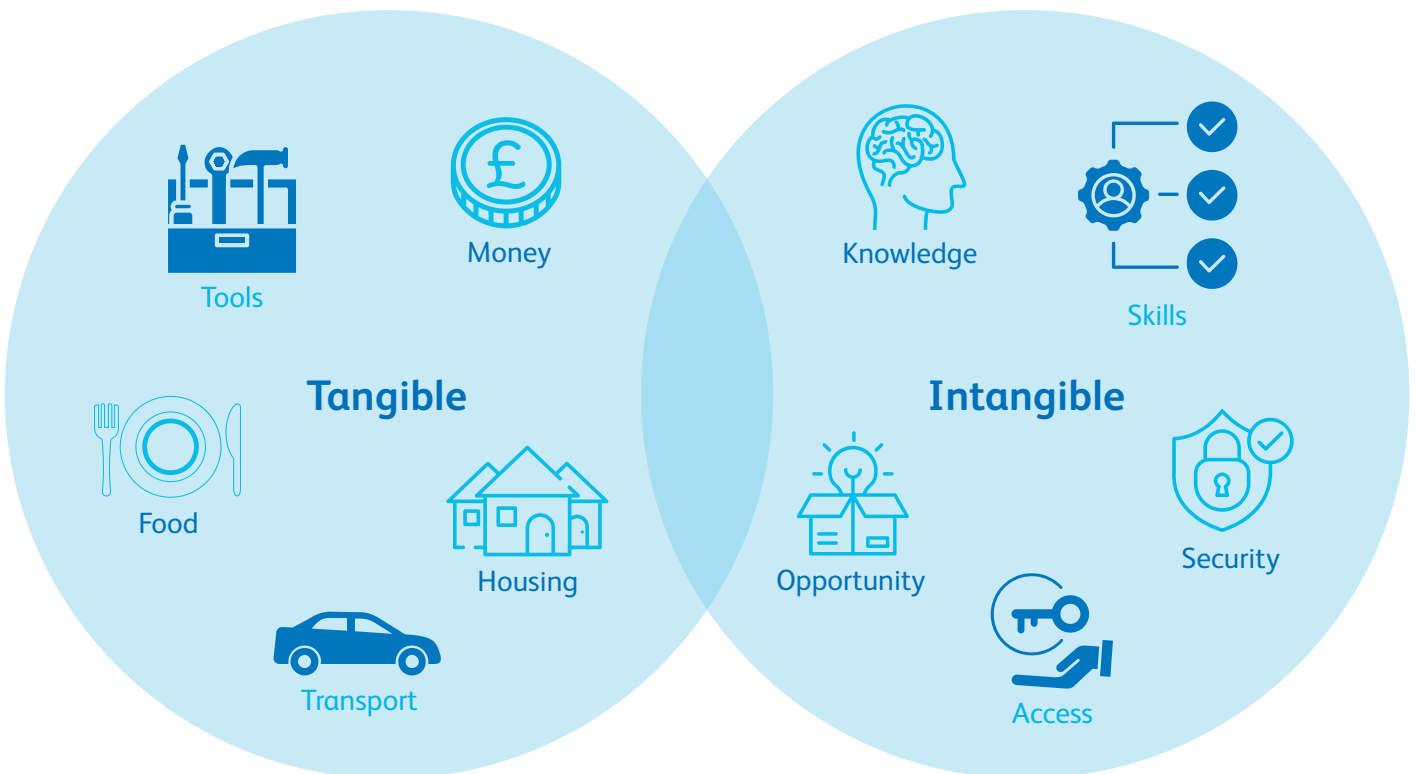


Fig 2: Illustration of the types of connections, norms and behaviours on which social capital depends. Developed by Duleni Herath.

The different forms of social capital: bonding, bridging and linking

A common framework that is used to think about the different forms of social capital is bonding, bridging and linking.

Bonding	Relationships between people who have similar characteristics, e.g. religion or age, and tend to spend time in similar social circles with strong social ties.
	<p>Bonding case study: Hackney Lunch Clubs Network Hackney CVS (HCVS)</p> <p>A network of 12 lunch clubs around Hackney for over 55s, providing healthy meals and an opportunity for older people to make connections and take part in activities.</p> <p>The majority of these lunch clubs serve culturally appropriate food to specific groups. For example the Hot Line Meals Lunch Club’s kosher meals; North London Muslim Community Centre men’s and women’s groups; and the Halkevi Kurdish/ Turkish lunch club. One of the key benefits of these clubs for many global majority residents is having a place to go where others</p>

<p>Bonding <i>continued</i></p>	<p>understand their culture and can speak in their first language, without feeling socially excluded.</p> <p>The Network’s 2023 impact survey showed that 94 % of respondents had made new friends at lunch clubs and these clubs appear to be meeting a key need in the community: 59 % of those who attend clubs do not attend other social activities. (10)</p>
<p>Bridging</p>	<p>Relationships between people across groups who are often less likely to spend time together</p> <p>Bridging case study: Hackney Faith Forum London Borough of Hackney</p> <p>Established in 2016, the Faith Forum celebrates the contribution of the faith community in Hackney and brings their collective efforts together. It aims to harness the unique positions faith leaders and organisations hold across their communities, in an effort to work together to tackle systemic challenges and issues, such as poverty and inequalities.</p> <p>By bringing together different communities across Hackney, the Faith Forum has a role to play in bridging social capital. The Faith Forum has also been important in building connections between faith organisations and the Council’s service for refugees, migrants and asylum seekers (Welcome Hackney).</p> <p>Through regularly meeting with the council to provide feedback on upcoming policy, the Faith Forum also demonstrates the third form of social capital: ‘linking’. (11)</p>
<p>Linking</p>	<p>Relationships across a gradient of power or authority - a ‘vertical connection’ on a hierarchy. For example, a teacher and a student.</p> <p>Linking case study: City & Hackney Community Health Champions, VCH, City & Hackney Public Health</p> <p>Community Health Champions are trusted members of diverse local communities (often from community organisations) who act as a link between communities and the local health system. They benefit local health partners in understanding barriers and issues to health within diverse communities and benefit communities by enabling tailored and accessible health messaging to be shared with local people. (12) The programme was initiated during the Covid-19 pandemic to raise awareness and share information about the public health response. Following the pandemic, the programme has expanded to cover a breadth of topics relating to health and wellbeing. The current 2024 priorities include physical activity, smoking and</p>

Linking
continued

vaping, cancer (prevention, screening and awareness), and healthy eating.

This builds connections between communities and those with the power to make changes in how healthcare is delivered and therefore supports linking social capital. It empowers residents to make decisions on their own health and wellbeing based on accurate information they receive from trusted members of their community.

Fig 3: An explanation of bonding, bridging and linking social capital. Note: Gittell and Vidal(7) are sometimes credited with coining the terms bonding and bridging and Woolcock(8) with describing linking social capital as above, however multiple researchers have contributed to the development of these concepts. Source: Institute of Social Capital. (9)



How does social capital affect our health?



Evidence points to social capital as a route to better physical and mental health outcomes

There was a rapid growth in the number of published articles exploring social capital from a public health perspective in the mid-90s. (13) Systematic reviews on the subject have found:

- Associations between trust and better physical health, where trust is an indicator of social cohesion (the strength of relationships and solidarity between people in the community). (13)
- Living in a neighbourhood with strong social connections can benefit your health. These benefits include: children having better oral health,

adults being more likely to have an active lifestyle and better mental health. (14)

- The evidence for a positive association between social capital and health outweighs negative associations or where associations are not conclusive. (15)

Social capital can affect health and wellbeing in different ways

Figure 4 shows how social capital can affect people's health and wellbeing at the individual level, through information and resources, and at the collective level, through social contagion, informal social control and collective efficacy. (16)

Information

People may share health knowledge with their networks, for example where to buy fruit and vegetables, how to register with a GP or how to access housing and benefits.

Resources

People may share both material resources (for example a hot meal when a friend is sick) and less tangible resources (such as support in times of stress).

Social contagion

Health behaviours can spread through networks, e.g. if someone in a group chooses to walk instead of drive to work, their colleagues may also be more likely to follow suit.

Informal social control

Communities have norms and standards of what is acceptable behaviour, this can lead to informal policing or sanctioning of unhealthy behaviours, e.g. preventing young teenagers smoking.

Collective efficacy

Communities that are well connected and work together may be more effective at advocating for healthy policies and services in their local areas, for example through patient participation groups.

Fig 4: Mechanisms by which social capital is thought to affect health.
Source: *Social epidemiology* (2 edn). (16)

The relationship between social capital and health is complex and not without risk

While figure 4 demonstrates the positive routes through which social capital can affect health, it can also create risks. For example:

- A network could spread disinformation about a health condition or intervention.
- Unhealthy behaviours can also spread through social contagion. (17) For example, you may be more likely to smoke if you spend time with others who smoke.
- Tight social networks might also lead to exclusion of those who are seen as external to the group and social norms might lead to a loss of freedom or rigid demands on individuals to fulfil their duties. (18) For example, an individual may be stigmatised due to cultural or religious norms, sometimes leading to exclusion from the group.



Social capital can play a role in tackling health inequalities

Bonding and bridging social capital can act as a buffer against the negative health effects of poverty. There is some evidence to suggest that people who are more deprived gain greater health benefits from social capital than those who are less deprived. Social capital could help to reduce the difference in health outcomes between these groups. However, researchers also warn that exclusion from these networks or a lack of money to participate can have a negative effect on health. (19)



Social capital in policy and practice

The World Health Organisation 2023 report: Transforming the health and social equity landscape looks at the interaction between social capital, the economy and health and the role this can play in recovering from crises like the pandemic. Key priorities for action include rebuilding trust and making societies more inclusive. (20)

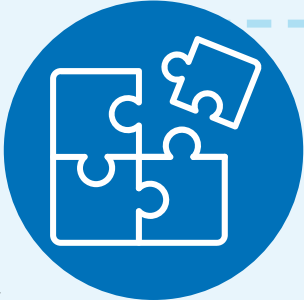
The UK Government released the Civil Society Strategy in 2018, which described how they could work with civil society to strengthen connections and make the most of existing assets in communities. (21) In the same year 'A Connected Society: A Strategy for Tackling Loneliness' was published, which included a focus on how community infrastructure, e.g. community spaces and housing, can support social connection. (22)

The 2020 Levelling Up Our Communities report noted that, during the pandemic, people were more likely to respond positively to measures such as social distancing if they felt part of the community. (23) Supporting people to rebuild social capital and address loneliness was also seen as central to recovery from the pandemic in 'Emerging Together: The Tackling Loneliness Network Action Plan'. (24)

Most recently the **2024 'Khan Review: Threats to Social Cohesion and Democratic Resilience**' highlighted that investing in strong and cohesive communities is a crucial part of making sustainable change. (25)

Figure 5 summarises regional and local policies to support social capital building in City & Hackney.

All Of Us: The Mayor's Strategy For Social Integration



Social integration is 'the extent to which people positively interact and connect with others who are different to themselves'

The approach is divided into four themes:

- promoting shared experiences
- supporting Londoners to be active citizens
- tackling barriers and inequalities
- improving London's evidence base on the topic of social integration. (26)

City of London Social Wellbeing Strategy



This strategy focuses on reducing loneliness and building communities.

Recommendations include:

- asset based development- acknowledging people are experts in their own lives
- shared spaces for the development of relationships
- early intervention to tackle loneliness before it affects health
- building skills such as communication skills. (27)

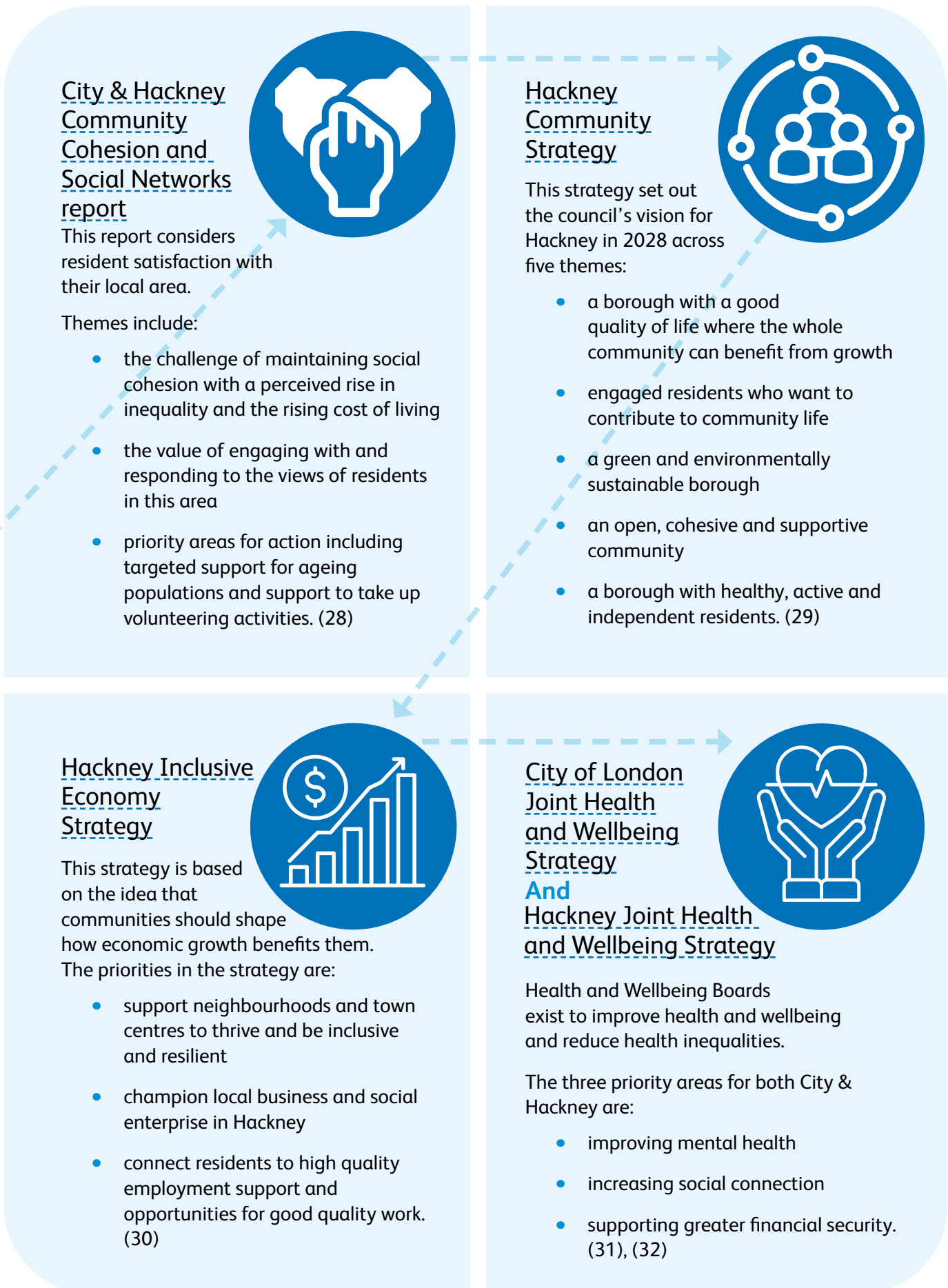


Fig 5: Regional and local policy which provides a foundation for social capital in City & Hackney.



Measuring social capital

Regional and national indexes

Social capital is difficult to measure because it is made up of lots of different things like trust, respect and community involvement.

Social capital is measured through its determinants and outcomes. (33) There are several indexes which combine some of these determinants and outcomes - including volunteering levels, election turnout and people's sense of belonging - into a summary value for different places. This report considers three indexes relevant to social capital:

Civic Strength Index

Developed by the Young Foundation, the project was funded by the Greater London Authority as part of the Building Strong Communities mission of the London Recovery Programme. (34)

Thriving Places Index

Developed by the Centre for Thriving Places to guide policy and action in support of 'the wellbeing of people, places and the planet'. (35)

Co-op Community Wellbeing Index

Developed by a partnership of the Co-op, the Young Foundation and Geolytix to measure community wellbeing at the neighbourhood level. (36)

The indexes were chosen because they include indicators relevant to social capital, provide scores for geographical areas across London (by borough, ward or constituency), and are available for public use. In this report, we have benchmarked scores for City & Hackney against both our geographical neighbours, Newham and Tower Hamlets, as well as our statistical neighbour, Southwark. (37)

These indexes can be used to identify areas of strength for social capital in City & Hackney as well as areas for improvement. For example, Hackney scores highly in areas including:

- opportunities for community life, e.g. events like parkrun in the area
- social support, drawing on indicators such as formal volunteers and registered charities
- community spaces, including access to open spaces and number of community centres
- community action including food parcel distribution.

However, Hackney scores less well on safety, including the percentage of adults who feel safe outside in the local area.



Case study: building on community assets in Hackney

Well London, Woodberry Down

Well London provides a framework for neighbourhoods to improve health and wellbeing, build resilience and address inequalities. The approach builds on existing community assets to build community capacity through activities and resources and action on specific local needs and issues. Well London has worked in thirty neighbourhoods in London since 2007, including Woodberry Down. Projects include lunch clubs, cooking classes, children's cycling classes and ceramics courses.

The programme supports bonding social capital through bringing groups of people together and may also facilitate bridging social capital across groups with different characteristics. (38)

Meanwhile, the City scores highly on levels of volunteering, financial resources including spending power and the number of jobs per capita, and voices and participation. However, the City scores less highly on equality, including house prices and education, and access to open space.

Case study: volunteering in the City of London

Age UK, City of London

A programme of activities open to older people in the City of London, including workers and residents. Activities include exercise classes, such as Tai Chi and Zumba, as well as health walks, coffee afternoons, craft and more. Older people can build connections between people of a similar age (bonding social capital) and build bridging connections, e.g. the aerobics

classes have engaged a mix of women from the local Bengali community and other groups in the area.

The organisation also offers online activities and a digital inclusion project to support people to get online. By making the digital world more accessible, these activities may develop bridging connections with people of different ages, backgrounds and experiences.

The organisation maintains an emphasis on peer support and there is no distinction between the volunteers and the 'other' members. (39)

A full analysis of each index for City & Hackney can be found in the appendix.

While the indexes are useful at highlighting potential areas of strength and improvement, they should be used with caution. The indicators used within these indexes are subjective and might not align with the priorities or experiences of communities in City & Hackney. The use of different indexes can also lead to a lack of consistency in identifying where we score highly and where we do not, which can make it more difficult to establish priority areas for action. For example, the Thriving Places Index scores Hackney lower than Southwark in the Equality areas, whereas the Community Wellbeing Index scores Hackney higher than Southwark.

Locally collected data

The people who understand their connections and networks best are communities themselves. It is this understanding that will help partners across City & Hackney to build social capital. This is considered further in the recommendations of this report (page 25), including plans to conduct a community-led needs assessment on social capital.

As a public health team, we can also draw on high-level views and experiences through existing resident engagement. Hackney commissions an annual residents' survey, which includes questions on community cohesion. (40) 1001 people took part in face to face surveys for the 2024 edition. Responses are benchmarked against previous years and an LGA benchmark. The City does not have an equivalent survey. Key findings relevant to social capital include:

Hackney residents report a high sense of belonging but this varies by group

There are high levels of belonging in Hackney with 85 % of residents agreeing with the statement that they belong to their local area but this varies by group. For example, people are more likely to feel they belong in their area if they are over 65, belong to a global majority ethnic group or have been living in the borough for 10 years or more. Sense of belonging is consistent across different neighbourhoods in Hackney but there was variation by neighbourhood across other measures of community cohesion. For example, connections between people from different socio-economic or class backgrounds and the proportion of people who felt able to ask neighbours for advice.

Hackney residents agree that bridging social capital is important but fewer report seeing it in action

86 % of respondents agreed with the statement 'it is important for people from different backgrounds to mix with one another'. But while people tend to agree it is important, the figures for those who report bridging social capital in action are slightly lower. For example, 75 % of people agree their neighbourhood is an area where people from different socio-economic or class backgrounds

get on well together. This is however an improvement from the 2022 survey (70 %).

Nearly a third of people couldn't go to someone in their neighbourhood for advice

67 % of people agree that they could go to someone in their neighbourhood for advice and 37 % agree that if a new neighbour moved in nextdoor, they would wait for them to introduce themselves first. These are the two lowest scores for the 'views on the neighbourhood' part of the community cohesion survey section.

Case study: tackling loneliness in Hackney

Connect Hackney, HCVS

The Connect Hackney programme aimed to address loneliness and social isolation for those aged 50 and over and ran from 2015-2022. It was funded by The National Lottery Community Fund's 'Fulfilling Lives, Ageing Better' and was co-designed with participants. It included activities based in community venues, emotional and practical support, and projects to target groups who were underserved by more general activities - for example, people with complex needs, ethnically diverse groups, and men. Many of these projects sought to support bonding social capital by bringing together people with experiences in common.

An evaluation report found that 'the offer to connect with others through meaningful activities was an important driver of initial engagement and ongoing retention' and benefits included 'new social connections and friendships, improved wellbeing and mental health'. (41)



Shops, parks and playgrounds are areas with potential for developing social capital

When residents were asked about places where they were more likely to mix socially with others from a different socio-economic background, shops, parks and playgrounds scored most highly. Similar scores were also recorded against: other people's homes; work and education environments; and pubs, clubs, cafes or restaurants. Places that scored less highly included charity and community groups and day centres. However, this is specifically about bridging social capital across socio-economic groups and these places may foster other forms of social capital including bonding.

Crime and community safety is a high priority for residents

Linked to environments that could support social capital, when residents were asked what

they valued most locally, 56 % reported 'a safe area, free from crime and bad behaviour', with a 24 % percentage point lead over the next highest answer of 'clean streets'. It also scored highest as the area where residents would like to see money spent.

These findings from the Hackney Residents' Survey provide a richer picture of social capital in City & Hackney than the indexes can alone. For example, while the indexes rank Hackney highly for 'social support', it relies on data such as the number of formal volunteers and registered charities. This survey includes more direct measures of social support including self-reported data on the extent to which people can ask neighbours for advice. However, there are limitations, e.g. all data is self-reported in response to prescribed questions. Qualitative data collection that allows community-led conversations and follow-up questions would be useful.

The evidence: building social capital for health

As part of the development of this report, we conducted a ‘review of reviews’ on building social capital and promoting health. We focused on reviews published since 2020 using the [MEDLINE database](#). Literature searches for this project were completed by Charlotte Bruce, Knowledge and Evidence Specialist, UK Health Security Agency Knowledge and Library Services. 23 relevant reviews were included.

Developing and implementing policies to build social capital

The review identified factors to consider when developing and implementing policy to build social capital.

To build social capital activities that will be sustainable consider:

- The welfare of volunteers. (42, 43)
- The relationships between organisations in the system. Voluntary and community organisations working with regional and national public health organisations can help to maintain and develop community assets. (42, 43)
- The availability of resources, including staff’s ability to make grant applications. (42, 43)

Case study: building relationships between organisations in the system in Hackney

Together Better, Volunteer Centre Hackney (VCH)

The Together Better programme supports patients and volunteers to run over 140 free social activities in GP surgeries, including coffee mornings, fitness groups and art sessions and

is now available to all residents registered with a City or Hackney GP. Support staff for the programme are funded through the NHS Additional Roles Reimbursement Scheme. Patients are often referred to activities through social prescribing and participating and volunteering has led to increased confidence, new contacts and increased engagement with their GP practice as well as other statutory services. (44)

A survey of patients, volunteers and staff across practices found that 91 % of respondents had created new friendships through the programme; 96 % had received the support they needed and 80 % noted an improvement in their health and wellbeing. (45)

‘My eagerness to participate is a testament to the benefits these gatherings offer, not just in terms of social interaction, but also in nurturing my mental and emotional resilience.’

Patient testimonial (46)

As well as building bonding and bridging social capital, these activities are also supporting linking social capital through increased patient voice within the health system.

To facilitate joint community action in response to issues:

- Provide participants with autonomy and choice, create opportunities to build new social connections and create a sense of belonging. These factors were identified in a review of community-based responses to loneliness. (47)
- Financially support community projects (48), focus on sustainable community development (49) and ensure a network of ‘cooperative corporations’ is present to support

self-help for communities. (50) These factors were identified in a study on social capital and community resilience following disasters. (51)

To engage the population in decision making processes consider:

- Building community capacity through training. (52)
- Identifying common interests between the community and policy makers to set joint priorities. (53)
- Monitoring outcomes (54), for example through adopting a health equity tool in local processes. (55)

Developing programmes and interventions to build social capital

The review looked at potential programmes and interventions which can improve social capital outcomes.

Digital interventions had some promising results on social capital outcomes. In a review of programmes promoting virtual connections for disabled young people, there were increases in the quality and quantity of virtual connections across all nine included studies. These programmes either trained participants to access virtual spaces or provided virtual activities to encourage interactions. (56)

A review which looked at digital health interventions for adults with chronic conditions identified several social support outcomes including informational and emotional support. (57) The evidence for effectiveness on social capital outcomes was weaker in reviews on digital interventions in older adults. (58, 59)

A review on peer-based **community physical activity** programmes for mental health service

users highlighted the benefits of sharing experiences and advice. 9 out of 13 studies reported a significant increase in social support perceived by participants. (60) Another study looked at social outcomes of sports participation, which ranged from pro-social behavioural traits to greater connectedness. (61)

Case study: community physical activity in Hackney

Kings Park Moving Together, *London Borough of Hackney (LBH)*

This local delivery pilot programme, funded by Sport England, builds on the strong sense of community in Kings Park to understand and overcome barriers to participation in physical activity through an asset based approach. The programme includes funding partner organisations such as the Hackney Playbus and Pedro Club Active Families:

Hackney Playbus provides mobile play and support services to families, including pop-up play provisions, in-hostel groups, and weekly ‘bonding with baby’ groups. The Playbus encourages children and families to be more active by providing a safe and accessible space for parents to play with their children. A qualitative analysis of impacts found that ‘by bringing together socially excluded and often isolated families, Hackney Playbus helps build local networks and connect families to essential services’.

Pedro Club Active Families offers exercise classes for older adults from the African-Caribbean community, including people with health conditions and mobility issues. The social connections formed in these sessions have continued into participants’ daily lives, with people often spending time after the classes sharing stories and supporting each other with issues. More broadly the Pedro Club

is an established community space, which supports the development of connections across the community and across generations. (62)

These examples showcase support for bonding and bridging capital and demonstrate some of the benefits these can bring: support, knowledge and a sense of belonging.

Participatory arts like music, drama and creative arts classes demonstrated bonding social capital outcomes. For example, promoting connections and providing emotional support and a sense of belonging. These activities also contributed to bridging social capital through improved access to resources and information, building trust and addressing social divisions. They also supported political engagement and therefore the linking domain of social capital. However, some participatory arts projects were vulnerable to projecting stereotyped views of certain groups and it was noted that bringing groups together could lead to 'heightened awareness of unequal relationships'. (63)

Three reviews considered **integration programmes and interventions for refugees (64); migrants (65) and those with lived experience of homelessness. (66)** Some interventions looked to indirectly improve integration through providing access to resources and skills. For example, access to childcare for refugees (64, 67), language training programmes for migrants (65) and housing solutions for people experiencing homelessness. (66) It was noted that interventions which addressed housing issues alone were not sufficient in promoting community integration. Other strategies worked more directly on social capital, e.g. community groups for refugees (64) or linking migrants with long-term residents. (65)

Linking migrants with long-term residents reduced loneliness and increased participants' perception of support and integration. (65) 'Psychosocial interventions' (including psychotherapeutic interventions) for those with experience of homelessness was the most effective group of interventions for positive social and psychological integration outcomes in the relevant review. (66)

Community friendship groups, structured or unstructured groups to facilitate connections at a certain place and time, helped to develop social support in structured groups. (68)

A review looking at **intergenerational activity programmes** on the wellbeing of older people found mixed results on social capital outcomes. (69)

Community reminiscence programmes, which involve participants sharing memories of past experiences, were found to be beneficial for building connections both within and outside of the programme. (70)

Community exchange and time currencies programmes involve members of the community providing a service to others in the community, e.g support with a daily task. Members are rewarded with credits which can be exchanged for goods or services. Benefits included increases in social support and bonding and bridging capital, as well as 'political citizenship'. (71)

Further reviews did not specify a specific intervention type, but instead explored broad intervention types with respect to social capital outcomes. (72), (73), (74), (75) These are not explored in detail here, but relate to either specific populations, such as those in long term care homes (72) or those with mental health diagnoses (74) or compare characteristics of different interventions (73), (75).

It is likely that a variety of policies and

programmes are needed to support the needs of diverse communities in building social capital.

As explored earlier in this report, measuring outcomes such as social connection and social support is difficult. Across the reviews, a mixture of objective measures (e.g. number of connections) and subjective measures (e.g. perceived social support) are used. There are also a number of observational studies included where researchers look for links

between events and outcomes, without testing an intervention in a controlled way. While interventions may be linked with a positive effect, they may not be directly causing it. Other considerations include weaker reporting of negative results and outcomes, which may skew the effects seen, and publication bias, where articles showing interesting results are more likely to be published.



Recommendations for building social capital in City & Hackney

This report has explored the relationship between social capital and health, how it is measured, positive work underway in City & Hackney, and literature that can help build on this success further.

Like many assets in our lives - whether it's a new technology, money or social capital - there is the potential for benefit or harm to our health and wellbeing. To build social capital for better health we, as a public health team, need to work with wider partners in Hackney Council, the City of London Corporation and across sectors to ensure the right foundations are in place. Our recommendations highlight three foundations in particular:

1. Design and evaluate our approach with the community
2. Consider places as well as people
3. Work in partnership

Design and evaluate our approach with the community

This report draws on indexes that are a useful barometer of social capital in City & Hackney and help to identify areas of strength and areas for improvement. But the people who understand their connections and networks best are communities themselves, which the indicators in these indexes may not reflect.

This is in part addressed through the Hackney Residents' Survey. However, this does not include City residents and it would be useful to have a fuller picture across City & Hackney of the parts of social capital that matter to residents, where there might be risks and where action is needed. This is difficult to do through closed, prescribed survey questions alone. As the public health team in City & Hackney, we recommend starting this through **neighbourhood-level community-led needs assessments**. This approach should:

- Be asset-based, drawing on the strengths and existing work to build social capital in City & Hackney. We should use existing links and a 'snowball' methodology to engage people who are currently underserved.
- Be at the neighbourhood level. We may wish to start with one of the neighbourhoods that scored comparatively low on community cohesion in the 2024 Hackney Residents' Survey or in the City of London given the absence of a comparable residents' survey.
- Involve a process that aims to strengthen relationships across the bonding, bridging and linking domains of social capital, e.g. through participatory arts.

Throughout this process we should be aware of potential risks and seek to mitigate these.

A community-led approach should not stop at assessing need. Good design also means **building strong mechanisms for feedback and evaluation**. Hackney already commissions an annual residents' survey, which includes questions on community cohesion and we may wish to advocate for a residents' survey for the City of London. We could build on these surveys further, e.g. **use our needs assessment process to understand new data we might want to collect**. We may also want to include social capital in other measurement and reporting mechanisms, e.g. include social capital in the local assets section of the [Neighbourhood Insights reports](#) (next update Spring 2025).

How we **align this locally collected data** with national data is also important in order to benchmark our progress and compare nationally. For example, a [government harmonised standard](#) now exists for collecting

data on social capital. This standard could be incorporated into our residents survey at regular intervals in order to have a consistent record of progress which we can compare to national standards.

Consider places as well as people

We need to think about the environments that support relationships and connections to form. The indexes considered in this report identify where the local authority and wider partners in City & Hackney may want to focus to create physical spaces that support connection. For example, **access to open spaces in the City of London** and creating spaces that improve people's **perceived level of safety in Hackney**. This is supported by findings from the Hackney Residents' Survey where, for example, parks and playgrounds are identified by residents as places where they are more likely to mix socially with others from a different socio-economic background. This survey also highlights crime and community safety as a top priority for residents.

This will involve working across sectors and not simply council-owned spaces and places. For example, healthy high streets support social capital, demonstrating the role of businesses in creating connections across the community. (76) This is supported by the Hackney Residents' Survey which highlighted the role of shops in bringing people together from different socio-economic backgrounds. Community businesses also have a role in developing social capital, including through the services or products they supply, employment opportunities and building a sense of 'pride, possibility and positivity.' (77)

The community-led needs assessment should include a focus on how the spaces in City & Hackney can support better connections.

Work in partnership

As a public health team, we need to work with networks and assets that already exist. This includes across local authority teams and with the wealth of businesses and voluntary and community organisations in City & Hackney.

Building capacity with our networks

The literature review in this report found that building capacity was key to fostering social capital for communities and individuals. We recommend:

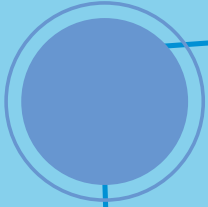
- Building on our strong links with VCS organisations to disseminate training, including Making Every Contact Count (MECC) and grant bid writing training.
- Building on the case studies in this report to create a learning resource for partners. Identifying examples across bonding, bridging and linking domains is a useful framework, which partners have described as a fresh perspective.

Resourcing joint work on social capital

As a public health team, we should continue to explore external funding for our work on social capital.

The Community Infrastructure Levy and section 106 are also important mechanisms to resource joint work on social capital. This income from developers can be used to fund community infrastructure to support social capital and mitigate potential harmful impacts of new developments.

As a public health team, system or advisory group we should have a function to monitor funding opportunities from research bodies and other funders relevant to this area. Where these opportunities are available, we should link eligible VCS partners to maximise benefits.



Appendix

Index 1: Civic Strength Index

Civic strength can be summarised as how the community can provide people with the support and resources they need to build relationships and get involved in the things they care about.

The framework for this index was co-produced with Londoners through an asset-based approach and is divided into three themes:

- relationships and social capital
- democratic engagement
- public and social infrastructure.

There are several domains under each theme, which are scored from 0-100 relative to other wards or boroughs. The indicator measures take into account the size of the population. Scores were not calculated for the City of London due to differences in data, however

data was collected where this was available. The report for the first iteration of the index was published in 2021. (34)

Hackney scored particularly well in: opportunities for community life; social support; community action; financial resources and community spaces. Perceived safety, under the infrastructure theme, scored lower.

The unique characteristics of the City of London make it difficult to compare to other areas using this methodology. However the available data shows a high number of volunteers, community interest organisations and mutual aid groups. One area of weakness was access to open space.

Limitations of the index include the use of older data, particularly for open spaces and transport, and not all data is available at the ward or borough level. (34)

The following data and information on the Civic Strength Index has been made publicly available by the Young Foundation and Greater London Authority, for full details of the index, and sources for indicators see [London Datastore](#)

Theme 1: Relationships and Social Capital

Opportunities for community life

Hackney	Southwark	Newham	Tower Hamlets
100.0	66.0	49.0	39.0

This domain considers the number of [play streets](#) and parkrun events, as well as the percentage of the population who had used the internet (as a proxy for searching community events). Hackney wards all scored in the top quintile for this domain across London wards.

While play streets and parkruns present opportunities for connection with readily available data, it is a limited selection of events from which to draw conclusions on community life. Different communities may prefer different types of events and the City of London had neither of these activities. While the authors intended to study

wider community groups and events, these types of activities didn't have the consistency or regularity of data to be included. Internet use is also a limited proxy for finding out about community events. People may find out about events through other routes, e.g. word of mouth or may not have access to technology or digital literacy.

Social support

Hackney	Southwark	Newham	Tower Hamlets
57.1	24.2	9.5	24.0

This domain looked at the sum of formal volunteers, the number of registered charities and the number of community interest groups. All Hackney wards scored in the top quintile for this domain and the City of London has extremely high figures for formal volunteers and community interest groups (larger than the total resident population). This is likely affected by volunteers who are not resident in the City and organisations with their headquarters in the City.

The indicator on the number of charities only includes charities working at the level of one local authority and may therefore exclude national charities which operate in the local area.

Relationships*

Hackney	Southwark	Newham	Tower Hamlets
78.5	53.7	53.6	53.9

This domain looked at net internal and international migration (as proxies for population change), the percentage of adults chatting to their neighbours at least once a month, and those who feel they belong in their neighbourhoods. The latter two indicators are at London level only - 65 % and 59 % respectively(78).

The City of London had the highest degree of population change across London, reflecting its highly mobile population.

*From the underlying data it appears that higher population change leads to a higher score, which is unusual given high population change would reduce the chance to develop meaningful connections. This is not explored in the report and it might be that a higher score for population change should have been inverted for a lower overall score in this domain.

Trust and social cohesion

This domain was not scored or included in the overall index score, as data is only available at regional or national level.

The indicators included:

- the percentage of adults who agree their local area is a place where people from different backgrounds get on (84 % across London. (78)
- the percentage of adults who feel people in their neighbourhood can be trusted (England level - data not provided).

Community action

Hackney	Southwark	Newham	Tower Hamlets
36.6	24.4	37.9	-

Note: the borough scores above represent the median of ward scores within each borough. This data was not normally distributed as only a few wards differed in score based on the grants indicator.

This domain looked at ‘below the radar grants’ (grants to small organisation not registered with a regulator); the number of food parcel distribution centres; the number of food parcels distributed; the percentage of adults who agree that people in their neighbourhoods pull together to improve their area; and the percentage who participate at least once a month in informal volunteering. The final two indicators were at regional or national level with 28 % of Londoners participating in informal volunteering. (78)

There were no City of London indicators on grants and food parcel distribution. All Hackney wards score in the top 2 quintiles for this domain. The Tower Hamlets score is omitted because missing data meant the score was calculated using an average of nearby boroughs, which included Hackney.

The grants indicator is intended as a proxy for grassroots activity but is limited because it would not include organisations working without external funding. In addition, food bank activity may be affected by available funding and factors such as demand due to food insecurity.

Theme 2: Democratic Engagement

Institutional trust

Hackney	Southwark	Newham	Tower Hamlets
41.0	35.4	40.2	49.1

Note: the borough scores above represent the mean of ward scores within each borough.

This domain looked at the proportion of people on the electoral roll, the number of ballots cast in Mayor of London and London Assembly elections, the percentage of adults who trust their local council, and the percentage who are satisfied with different types of services provided by their council. The last two indicators were at London level.

There was no City of London data for this domain. It is interesting to note the range in values between Hackney wards: the proportion of the population on the electoral roll ranged from 36 % in Stamford Hill to 66 % in Lea Bridge. (79)

Accessible engagement

This domain was not scored or included in the overall index score, as data granularity is at regional level.

The domain looked at the percentage of adults who participated in civic consultation in the last 12 months (23 % across London) and the percentage of adults agreeing that they can personally influence decisions in their local area (33 % across London). (78)

Civic responsibility

Hackney	Southwark	Newham	Tower Hamlets
12.1	25.1	6.0	9.8

Note: the borough scores above represent the mean of ward scores within each borough.

This domain looked at the number of mutual aid groups which emerged through the pandemic; the percentage of adults who had participated in civic activism in the past year; and the percentage of adults who took part in civic participation in the past year. The last two indicators were at London level (9 % and 44 % respectively at London level). (78)

The number of mutual aid groups is sourced from a crowd sourced database, which maps groups geographically. (80) It is voluntary to add this data and may not therefore be a robust way of capturing all mutual aid groups in an area.

Theme 3: Public and Social Infrastructure

Public services

Hackney	Southwark	Newham	Tower Hamlets
35.2	44.0	19.9	10.0

This domain looked at the total number of libraries in an area; the number of hours libraries are open; funding allocations; and number of registered patients per Clinical Commissioning Group (which have now been replaced with Integrated Care Boards). It also looked at GCSE attainment and proportion of young people who are not in employment, education or training (NEET) at the London level. While the City of London has nearly 10 times the number of libraries per capita compared to the next highest borough, this value is likely due to the unusually small population size.

Financial resources

Hackney	Southwark	Newham	Tower Hamlets
15.6	77.9	6.6	12.3

Note: the borough scores above represent the mean of ward scores within each borough.

This domain looked at the number and value of grants from central government, lottery distributors and grant making organisations. It also included information on the gross expenditure of charities working at local authority level; core spending power of local authorities; the number of jobs per resident; and the percentage of new businesses which survive 1 year. There was City of London data for the last 4 indicators.

All Hackney wards score in the top 2 quintiles for this domain.

The City was in a unique position due to its small population size and its position as a financial and business centre. For example, compared to the next highest borough it had:

- Core spending power per capita which was over 7 times higher. (81)
- 20 times as many jobs per resident. (82)
- Gross charitable expenditure which was over 18 times higher than the next highest borough. (83)

Community spaces

Hackney	Southwark	Newham	Tower Hamlets
58.5	39.6	23.6	47.9

Note: the borough scores above represent the mean of ward scores within each borough.

This domain looked at transport accessibility levels; the percentage of households with access to open space; the number of community centres; the number of cultural spaces (excluding libraries and cultural centres) and Healthy Streets scores. The [Healthy Streets Scorecard](#) includes factors such as speed limits, bus priority and active travel rates. (84)

The City of London had data for all items within this domain and fared well on most with the exception of access to open space where it scored lowest compared to all London boroughs. (85) All Hackney wards score in the top quintile for this domain.

Safety

Hackney	Southwark	Newham	Tower Hamlets
72.2	75.9	79.5	76.3

Note: the borough scores above represent the mean of ward scores within each borough.

This domain looked at the ward level crime count, the percentage of adults who feel safe outside in the local area during the day and the percentage who feel safe outside during the night. The last two indicators were at London level. There is no City of London data for this domain. 10 Hackney wards score in the lowest quintile for this domain.

Fig 6: An exploration of the Civic Strength Index scoring in depth with benchmarking of Hackney against neighbouring boroughs. Source: London Civic Strength Index(86)

Index 2: Thriving Places Index

The Thriving Places Index is designed to provide a framework to support wellbeing and components of the index are relevant to social capital. It is divided into three headline areas: Local Conditions, Equality, and Sustainability. Each of these is divided into different domains with scores ranging from 0-10. The City of London was not scored by this Index. (87)

For full details of the headline areas and domains, [visit the index](#).

This report includes the aspects of this index which are most relevant to social capital:

- The Equality headline area in its entirety, which is made up of measures of inequality in life expectancy and income, as well as measures of social mobility and black and ethnic minority (BAME) representation amongst local councillors.

- Two domains of the Local Conditions headline area - participation and community cohesion. The Participation subdomain explores measures related to volunteering in sports, the presence of clubs and societies, and membership of organisations. The Community Cohesion subdomain relates to neighbourhood belonging and social fragmentation. (88)

Hackney scores favourably compared to local authorities nationally in the Equality element, however it fares less well in the Participation and Community Cohesion domains.

	Hackney	Southwark	Newham	Tower Hamlets
Equality (headline element)	5.50	5.96	6.67	5.74
Participation (subdomain)	4.49	5.22	2.98	3.51
Community cohesion (sub domain)	4.28	3.59	3.60	2.80

Fig 7: Scores for Hackney and neighbouring boroughs for selected components of the Thriving Places Index. **Note: the City of London is not scored by this index.** The colours reflect classification of scores within the index when comparing all included local authorities nationally, from low (red) to high (green)
Source: Explore your Thriving Places Index score (88), (89)

Index 3: Co-op Community Wellbeing Index

As with the Thriving Places Index, the Co-op Community Wellbeing Index looks at areas beyond social capital but there are components which are of interest. It is a national index and scores are given at constituency level with a range from 0-100. (90) [Visit the index](#) for full details.

The index covers three themes: people, place and relationships. We explored the relationships theme in further detail, which covers:

- Relationships and trust, including measures on the availability of social spaces, community and household composition, the burden on long term illness (which may limit connections), and crime.

- Equality, including measures of inequality in house prices and education.
- Voices and participation, including voter turnout, petition signing and Co-op member engagement. (91)

This is the only index of the three with scores for the City of London. City scores highly against our comparator boroughs on the voices and participation area, but scores poorly on equality.

	City of London	Hackney	Southwark	Newham	Tower Hamlets
Relationships and trust	46.2	45.5	49.3	56.8	48.5
Equality	6.4	13.4	10.1	39.5	21.7
Voices and participation	58.7	52.2	53.9	43.3	47.3

Fig 8: Mean scores across constituencies in the City of London, Hackney and neighbouring boroughs.
Source: Community Wellbeing Index Mapping Tool (92)

Acknowledgments

This report would not have been possible without our cross-sector advisory groups, including partners from the voluntary and community sector, health, policy and academia. We would like to thank everyone who was involved.

This report has been supported by an Advisory Group of cross-sector partners.

Alison Crawshaw, Outreach & Engagement Lead, LBH

Amy Wilkinson, Director of Partnerships, Impact and Delivery, North East London ICB

Caroline Westhart, Interim Area Regeneration Manager, LBH

Chris Lovitt, Deputy Director of Public Health, City & Hackney Public Health Team

Christopher Kennedy, Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture, LBH

Daniel Farag, Director of Innovation and Practice, Young Foundation

Diana Divajeva, Public Health Intelligence Lead, City & Hackney Public Health Team

Duleni Herath, Public Health Registrar, City & Hackney Public Health Team

Ellie Ward, Head of Strategy and Performance, City of London Corporation

Frankie Webster, Citizens UK

Helen Fentiman, Councillor, City of London Corporation

Jacqui Roberts Webster, Chief Executive of Shoreditch Trust

James Baggaley, Head of Comms & Engagement UCL Policy Lab

Jane Taylor, Volunteer Centre Hackney

Jenny Zienau, Strategic Lead, LBH

Joia De Sa, Consultant in Public Health, City & Hackney Public Health Team

Laura Austin Croft, Director of Population Health, East London NHS Foundation Trust

Lauren Tobias, CEO, Hackney Volunteer Centre

Lynn Strother, Trustee, City of London Healthwatch

Nicola Joyce, ESAL employment pathways Programme Manager, LBH

Richard Allen, Supported Internship Manager, Employment and Skills, LBH

Rhiannon Barker, Assistant Professor, London School of Hygiene and Tropical Medicine

Sadie King, Neighbourhoods Programme Lead, Homerton University Hospitals NHS Foundation Trust

Samira Ben Omar, Independent Consultant

Sally Beaven, Hackney Healthwatch

Sarah Weiss, Interlink Orthodox Jewish Voluntary Action

Stephanie Coughlin, Clinical Director, NHS North East London, City & Hackney, ICP lead

Tony Blissett, Public Health Registrar, City & Hackney Public Health Team

Tony McKenzie, Co-Production Consultant

Tony Wong, Former CEO, Hackney CVS

Fig 9: Social Capital Advisory Group members

References

1. Sadłowska I, Rees E. Social capital in the UK - Office for National Statistics [Internet]. Office for National Statistics; 2022 [cited 2024 Sep 11]. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/socialcapitalintheuk/april2020tomarch2021>
2. Robert D. Putnam, Robert Leonardi, and Raffaella Y. Nanetti. Making Democracy Work: Civic Traditions in Modern Italy. Princeton, NJ: Princeton University Press; 1994.
3. Coleman J. Foundations of Social Theory. Cambridge, MA: Harvard University Press; 1990.
4. Claridge T. Institute for Social Capital. 2024 [cited 2024 Sep 9]. What is social capital? Available from: <https://www.socialcapitalresearch.com/explore-social-capital/>
5. Bourdieu P. The Forms of Capital. In: Richardson JG, editor. Greenwood Press; 1986.
6. Portes A. SOCIAL CAPITAL: Its Origins and Applications in Modern Sociology. Annual Review of Sociology [Internet]. 1998; Available from: <https://faculty.washington.edu/matsueda/courses/590/Readings/Portes%20Social%20Capital%201998.pdf>
7. Gittel RJ, Vidal A. Community organizing: Building social capital as a development strategy. Thousand Oaks, CA, US: Sage Publications, Inc Community organizing: Building social capital as a development strategy [Internet]. 1998;196. Available from: <https://sk.sagepub.com/book/mono/community-organizing/toc>
8. Szreter S. Health by association? Social capital, social theory, and the political economy of public health. Int J Epidemiol. 2004 Jul 28;33(4):650–67.
9. Claridge T. Functions of social capital – bonding, bridging, linking [Internet]. Institute of Social Capital; 2018 Jan. Available from: <https://www.socialcapitalresearch.com/wp-content/uploads/2018/11/Functions-of-Social-Capital.pdf>
10. Drinkwater M. Lunch clubs - Hackney CVS [Internet]. 2022 [cited 2024 Sep 9]. Available from: <https://hcvs.org.uk/lunch-clubs/>
11. Hackney Faith Forum [Internet]. [cited 2024 Sep 9]. Hackney Faith Forum. Available from: <https://hackney.gov.uk/faith-forum>
12. Volunteer Centre Hackney [Internet]. [cited 2024 Sep 9]. Community health Champions. Available from: <https://vchackney.org/services/communitychampions/>
13. Ichiro Kawachi, S.V. Subramanian, Daniel Kim, editor. Social Capital and Health. Springer New York; 2007.
14. Magro-Montañés B, Pabón-Carrasco M, Romero-Castillo R, Ponce-Blandón JA, Jiménez-Picón N. The relationship between neighborhood social capital and health from a biopsychosocial perspective: A systematic review. Public Health Nurs [Internet]. 2024 Jul [cited 2024 Sep 4];41(4). Available from: <https://pubmed.ncbi.nlm.nih.gov/38639208/>
15. Ehsan A, Klaas HS, Bastianen A, Spini D. Social capital and health: A systematic review of systematic reviews. SSM Popul Health. 2019 Aug;8:100425.
16. Kawachi I, Berkman LF. Social Capital, Social Cohesion, and Health. In: Social Epidemiology (2 edn). Oxford University Press; 2014.
17. Villalonga-Olives E, Kawachi I. The dark side of social capital: A systematic review of the negative health effects of social capital. Soc Sci Med. 2017 Dec;194:105–27.
18. Portes A. Social Capital: Its Origins and Applications in Modern Sociology. Annu Rev Sociol. 1998 Aug 1;24(Volume 24, 1998):1–24.
19. Uphoff EP, Pickett KE, Cabieses B, Small N, Wright J. A systematic review of the relationships between social capital and socioeconomic inequalities in health: a contribution to understanding the psychosocial pathway of health inequalities. Int J Equity Health. 2013 Jul 19;12:54.

20. Transforming the health and social equity landscape: promoting socially just and inclusive growth to improve resilience, solidarity and peace: executive summary [Internet]. World Health Organization; 2023 [cited 2024 Sep 5]. Available from: <https://www.who.int/europe/publications/i/item/WHO-EURO-2023-7137-46903-68412>
21. Crouch T. GOV.UK. 2018 [cited 2024 Sep 5]. Civil Society Strategy: building a future that works for everyone. Available from: <https://www.gov.uk/government/publications/civil-society-strategy-building-a-future-that-works-for-everyone>
22. Crouch T. GOV.UK. 2018 [cited 2024 Sep 5]. A connected society: a strategy for tackling loneliness. Available from: <https://www.gov.uk/government/publications/a-connected-society-a-strategy-for-tackling-loneliness>
23. Kruger D. Levelling Up Our Communities: Proposals For A New Social Covenant [Internet]. 2020 Sep p. 52. Available from: <https://www.dannykruger.org.uk/files/2020-09/Kruger%202.0%20Levelling%20Up%20Our%20Communities.pdf>
24. GOV.UK [Internet]. 2021 [cited 2024 Sep 5]. Emerging together: The Tackling Loneliness Network action plan. Available from: <https://www.gov.uk/government/publications/emerging-together-the-tackling-loneliness-network-action-plan>
25. GOV.UK [Internet]. [cited 2024 Sep 5]. The Khan Review: executive summary, key findings and recommendations. Available from: <https://www.gov.uk/government/publications/the-khan-review-threats-to-social-cohesion-and-democratic-resilience/the-khan-review-executive-summary-key-findings-and-recommendations>
26. London City Hall [Internet]. [cited 2024 Aug 19]. Social integration. Available from: <https://www.london.gov.uk/programmes-strategies/communities-and-social-justice/social-integration>
27. City of London [Internet]. [cited 2024 Aug 27]. Social wellbeing. Available from: <https://www.cityoflondon.gov.uk/services/health-and-wellbeing/social-wellbeing>
28. Community Cohesion and Social Networks. London Borough of Hackney; 2016 Dec.
29. Community strategy [Internet]. [cited 2024 Aug 27]. Available from: <https://hackney.gov.uk/community-strategy>
30. Hackney's Inclusive Economy Strategy 2019-2025. London Borough of Hackney; 2019 Oct.
31. Joint Local Health and Wellbeing Strategy 2024-28. City of London Corporation; 2024.
32. Hackney Joint Health & Wellbeing Strategy 2022-26. London Borough of Hackney ; 2022.
33. Claridge T. How to measure social capital. Institute for Social Capital [Internet]. 2017 Aug 19 [cited 2024 Sep 2]; Available from: <https://www.socialcapitalresearch.com/measure-social-capital/>
34. Harries JTZW. A Civic Strength Index for London. The Young Foundation ; 2021 Oct.
35. Thriving Places Index [Internet]. [cited 2024 Sep 2]. Available from: <https://www.thrivingplacesindex.org/>
36. Amanda Hill-Dixon, Dr Suzanne Solley, Radhika Bynon. Better Together: The creation of the Co-op Community Wellbeing Index. The Young Foundation, Co-op, Geolytix;
37. Baker G. About the area classifications [Internet]. [cited 2024 Jul 19]. Available from: <https://www.ons.gov.uk/methodology/geography/geographicalproducts/areaclassifications/2011areaclassifications/abouttheareaclassifications>
38. Well London [internet]. [cited 2024 Oct 16] Hackney, Woodberry Down. Available from: <http://www.welllondon.org.uk/1013/hackney-woodberry-down.html>
39. City of London [Internet]. [cited 2024 Sep 13]. Age UK City of London. Available from: <https://www.ageuk.org.uk/cityoflondon/>
40. Hackney Council [internet]. [cited 2024 Nov 26]. Hackney Residents' Survey 2024. Available from: https://drive.google.com/file/d/1Sc3Y4Bm0xwDJY_bGqrf2AEPQa96hLeX/view

41. Angela Harden, Cathryn Salisbury, Lauren Herlitz and Chiara Lombardo. Addressing social isolation and loneliness amongst older people before and during the COVID-19 pandemic: in-depth report on projects for men, people with learning disabilities, ethnically diverse groups, and complex needs HOW TO TARGET YOUR SERVICES - FINAL REPORT. City, University of London and Institute for Connected Communities, University of East London (UEL); 2021 Mar.
42. Moore A, Bertotti M, Hanafiah A, Hayes D. Factors affecting the sustainability of community mental health assets: A systematic review. *Health Soc Care Community*. 2022 Nov;30(6):e3369–83.
43. Mao G, Fernandes-Jesus M, Ntontis E, Drury J. What have we learned about COVID-19 volunteering in the UK? A rapid review of the literature. *BMC Public Health*. 2021 Jul 28;21(1):1470.
44. Volunteer Centre Hackney [Internet]. [cited 2024 Sep 9]. Volunteer centre Hackney - together better. Available from: <https://vchackney.org/services/together-better/>
45. Together Better Patient & Staff Survey Feedback. Volunteer Centre Hackney; 2024.
46. Tobias L. Together Better Case Studies. 2024.
47. Noone C, Yang K. Community-based responses to loneliness in older people: A systematic review of qualitative studies. *Health Soc Care Community*. 2022 Jul;30(4):e859–73.
48. Caldwell K, Boyd CP. Coping and resilience in farming families affected by drought. *Rural Remote Health*. 2009 Apr 28;9(2):1088.
49. Sun Y, Yan T. The Use of Public Health Indicators to Assess Individual Happiness in Post-Disaster Recovery. *Int J Environ Res Public Health* [Internet]. 2019 Oct 24;16(21). Available from: <http://dx.doi.org/10.3390/ijerph16214101>
50. Rafiey H, Alipour F, LeBeau R, Salimi Y, Ahmadi S. Exploring the buffering role of social capital in the development of posttraumatic stress symptoms among Iranian earthquake survivors. *Psychol Trauma*. 2022 Sep;14(6):1040–6.
51. Hall CE, Wehling H, Stansfield J, South J, Brooks SK, Greenberg N, et al. Examining the role of community resilience and social capital on mental health in public health emergency and disaster response: a scoping review. *BMC Public Health*. 2023 Dec 12;23(1):2482
52. Mesa-Vieira C, Gonzalez-Jaramillo N, Díaz-Ríos C, Pano O, Meyer S, Menassa M, et al. Urban Governance, Multisectoral Action, and Civic Engagement for Population Health, Wellbeing, and Equity in Urban Settings: A Systematic Review. *Int J Public Health*. 2023 Aug 30;68:1605772.
53. Oliveira K, Rodrigues V, Slingerland S, Vanherle K, Soares J, Rafael S, et al. Assessing the impacts of citizen-led policies on emissions, air quality and health. *J Environ Manage*. 2022 Jan 15;302(Pt A):114047.
54. Riley C, Roy B, Lam V, Lawson K, Nakano L, Sun J, et al. Can a collective-impact initiative improve well-being in three US communities? Findings from a prospective repeated cross-sectional study. *BMJ Open*. 2021 Dec 22;11(12):e048378.
55. Mehdipanah R, Israel BA, Richman A, Allen A, Rowe Z, Gamboa C, et al. Urban HEART Detroit: the Application of a Health Equity Assessment Tool. *J Urban Health*. 2021 Feb;98(1):146–57.
56. Smart E, Li J, Becerra M, King G. Programs Promoting Virtual Social Connections and Friendships for Youth with Disabilities: A Scoping Review. *Phys Occup Ther Pediatr*. 2023 Apr 30;43(6):780–805.
57. Wright PJ, Raynor PA, Bowers D, Combs EM, Corbett CF, Hardy H, et al. Leveraging digital technology for social connectedness among adults with chronic conditions: A systematic review. *Digit Health*. 2023 Oct 3;9:20552076231204746.
58. Beogo I, Sia D, Collin S, Phaelle Gedeon A, Louismé MC, Ramdé J, et al. Strengthening Social Capital to Address Isolation and Loneliness in Long-Term Care Facilities During the COVID-19 Pandemic: Systematic Review of Research on Information and Communication Technologies. *JMIR Aging*. 2023 Aug 14;6:e46753.
59. Lei X, Matovic D, Leung WY, Viju A, Wuthrich VM. The relationship between social media use and psychosocial outcomes in older adults: A systematic review. *Int Psychogeriatr*. 2024 Jan 30;1–33.
60. Tweed LM, Rogers EN, Kinnafick FE. Literature on peer-based community physical activity programmes for mental health service users: a scoping review. *Health Psychol Rev*. 2021 Jun;15(2):287–313.

61. Eather N, Wade L, Pankowiak A, Eime R. The impact of sports participation on mental health and social outcomes in adults: a systematic review and the “Mental Health through Sport” conceptual model. *Syst Rev*. 2023 Jun 21;12(1):102.
62. What really makes the difference? The impact of community-based delivery in King’s Park (draft report). London Borough of Hackney;
63. Daykin N, Mansfield L, Meads C, Gray K, Golding A, Tomlinson A, et al. The role of social capital in participatory arts for wellbeing: findings from a qualitative systematic review. *Arts Health*. 2021 Jun;13(2):134–57.
64. Villalonga-Olives E, Wind TR, Armand AO, Yirefu M, Smith R, Aldrich DP. Social-capital-based mental health interventions for refugees: A systematic review. *Soc Sci Med*. 2022 May;301:114787.
65. Del Pino-Brunet N, Hombrados-Mendieta I, Gómez-Jacinto L, García-Cid A, Millán-Franco M. Systematic Review of Integration and Radicalization Prevention Programs for Migrants in the US, Canada, and Europe. *Front Psychiatry*. 2021 Jul 29;12:606147.
66. Marshall CA, Boland L, Westover LA, Marcellus B, Weil S, Wickett S. Effectiveness of interventions targeting community integration among individuals with lived experiences of homelessness: A systematic review. *Health Soc Care Community*. 2020 Nov;28(6):1843–62.
67. Dolan N, Sherlock C. Family Support through Childcare Services: Meeting the Needs of Asylum-seeking and Refugee Families. *Child Care in Practice*. 2010 Apr 1;16(2):147–65.
68. Grishina M, Rooney RM, Millar L, Mann R, Mancini VO. The effectiveness of community friendship groups on participant social and mental health: a meta-analysis. *Front Psychol*. 2023 Dec 7;14:1078268.
69. Whear R, Campbell F, Rogers M, Sutton A, Robinson-Carter E, Sharpe R, et al. What is the effect of intergenerational activities on the wellbeing and mental health of older people?: A systematic review. *Campbell Syst Rev*. 2023 Dec;19(4):e1355.
70. Laidlaw RJ, McGrath R, Adams C, Kumar S, Murray CM. Improved Mental Health, Social Connections and Sense of Self: A Mixed Methods Systematic Review Exploring the Impact and Experience of Community Reminiscence Programs. *J Multidiscip Healthc*. 2023 Dec 15;16:4111–32.
71. Lee C, Burgess G, Kuhn I, Cowan A, Lafortune L. Community exchange and time currencies: a systematic and in-depth thematic review of impact on public health outcomes. *Public Health*. 2020 Mar;180:117–28.
72. Bethell J, Aelick K, Babineau J, Bretzlaff M, Edwards C, Gibson JL, et al. Social Connection in Long-Term Care Homes: A Scoping Review of Published Research on the Mental Health Impacts and Potential Strategies During COVID-19. *J Am Med Dir Assoc*. 2021 Feb;22(2):228–37.e25.
73. HaGani N, Surkalim DL, Clare PJ, Merom D, Smith BJ, Ding D. Health Care Utilization Following Interventions to Improve Social Well-Being: A Systematic Review and Meta-analysis. *JAMA Netw Open*. 2023 Jun 1;6(6):e2321019.
74. Brooks H, Devereux-Fitzgerald A, Richmond L, Bee P, Lovell K, Caton N, et al. Assessing the effectiveness of social network interventions for adults with a diagnosis of mental health problems: a systematic review and narrative synthesis of impact. *Soc Psychiatry Psychiatr Epidemiol*. 2022 May;57(5):907–25.
75. Zagic D, Wuthrich VM, Rapee RM, Wolters N. Interventions to improve social connections: a systematic review and meta-analysis. *Soc Psychiatry Psychiatr Epidemiol*. 2022 May;57(5):885–906.
76. Royal Society for Public Health. Health on the High Street 2015. [Internet]. 2015 [cited 2024 Oct 24]. Available from: <https://www.rsph.org.uk/our-work/campaigns/health-on-the-high-street/2015.html>
77. CLES. Building an inclusive economy through community business. [Internet]. [cited 2024 Oct 24]. Available from: <https://cles.org.uk/publications/building-an-inclusive-economy-through-community-business/>
78. Department for Digital. Community Life Survey 2019/20 [Internet]. GOV.UK; 2020 [cited 2024 Sep 2]. Available from: <https://www.gov.uk/government/statistics/community-life-survey-201920>
79. Electoral registration [Internet]. [cited 2024 Sep 2]. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/elections/electoralregistration>
80. mutual-aid-wiki: A crowd sourced dataset of mutual aid groups throughout the world [Internet]. Github; [cited 2024 Sep 2]. Available from: <https://github.com/Covid-Mutual-Aid/mutual-aid-wiki>

81. 81. Brien P. Local authority data: finances. 2024 Mar 18 [cited 2024 Sep 2]; Available from: <https://commonslibrary.parliament.uk/local-authority-data-finances/>
82. 82. jobs density - Nomis - Official Census and Labour Market Statistics [Internet]. [cited 2024 Sep 2]. Available from: <https://www.nomisweb.co.uk/datasets/jd>
83. 83. GOV.UK [Internet]. [cited 2024 Sep 2]. The Charity Commission. Available from: <https://www.gov.uk/government/organisations/charity-commission>
84. 84. Healthy Streets Scorecard [Internet]. Healthy Streets; 2020 [cited 2024 Sep 2]. Indicators explained. Available from: https://www.healthystreetscorecard.london/indicators_explained/
85. 85. Access to public open space and nature by ward [Internet]. [cited 2024 Sep 2]. Available from: <https://data.london.gov.uk/dataset/access-public-open-space-and-nature-ward>
86. 86. The Young Foundation. London civic strength index [Internet]. [cited 2024 May 20]. Available from: https://data.london.gov.uk/dataset/london-civic-strength-index?_gl=1%2a7ln4jw%2a_ga%2aMjExNDQ4OTg3LjE2NTc1NDgwMzI.%2a_ga_PY4SWZN1R1%2aMTY1NzU0ODAwNy4xLjEuMTY1NzU0ODAzMi4w
87. Thriving Places Index: Understanding your results [Internet]. [cited 2024 Sep 2]. Available from: <https://www.thrivingplacesindex.org/page/results/understanding-your-results>
88. 2022 TPI Indicator List Draft. Centre For Thriving Places; 2022.
89. Thriving Places Index [Internet]. [cited 2024 Aug 2]. Explore your Thriving Places Index scores. Available from: <https://www.thrivingplacesindex.org/results/england>
90. The Community Wellbeing Index [Internet]. [cited 2024 Sep 2]. Available from: <https://communitywellbeing.coop.co.uk/>
91. The Community Wellbeing Index November 2023 Update. Co-op; 2023 Nov.
92. Community wellbeing index: Mapping Tool [Internet]. [cited 2024 Sep 2]. Available from: <https://geolytix.xyz/coopwellbeing/desktop>

Accessibility statement

If you need any information on this brochure in a different format please email phit@hackney.gov.uk

We'll consider your request and get back to you in 5 working days.

