



## Aboriginal Australians' experience of social capital and its relevance to health and wellbeing in urban settings



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### ABSTRACT

Social capital has been linked to physical and mental health. While definitions of social capital vary, all include networks of social relationships and refer to the subsequent benefits and disadvantages accrued to members. Research on social capital for Aboriginal Australians has mainly focused on discrete rural and remote Aboriginal contexts with less known about the features and health and other benefits of social capital in urban settings. This paper presents findings from in-depth interviews with 153 Aboriginal people living in urban areas on their experiences of social capital. Of particular interest was how engagement in bonding and bridging networks influenced health and wellbeing. Employing Bourdieu's relational theory of capital where resources are unequally distributed and reproduced in society we found that patterns of social capital are strongly associated with economic, social and cultural position which in turn reflects the historical experiences of dispossession and disadvantage experienced by Aboriginal Australians. Social capital was also found to both reinforce and influence Aboriginal cultural identity, and had both positive and negative impacts on health and wellbeing.

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### Introduction

We explore social capital and the health of Aboriginal people in urban settings using Bourdieu's theory of social capital, as part of his broader theory of practice (Bourdieu, 1986). This theory addresses power and structural inequalities critically and examines how social inequalities are created and reproduced. Bourdieu's definition of social capital refers to 'the aggregate of the actual or potential resources'... which accrue to individuals and groups and ... 'are linked to possession of a durable network of more or less institutionalised relationships of mutual acquisition and recognition or in other words membership in a group' (Bourdieu, 1986, p. 51).

While our focus is on urban contexts we anticipate our findings have some relevance for all Aboriginal people regardless of where they currently live. The following questions guide this paper:

1. What aspects of social capital do Aboriginal people living in urban settings invest in and draw from?
2. What factors promote or limit social capital creation for Aboriginal people living in urban settings?
3. What is the relevance of social capital to the health of Aboriginal Australians living in urban settings?

The subsequent sections describe social capital and links with health; contextualise how social capital relates to Aboriginal culture and the urban experience, and provides the theoretical underpinning of the paper.

#### Social capital and health

While social capital has been shown to be important to health in a range of populations (Kawachi, Subramanian, & Kim, 2008), the research findings have been mixed (De Silva, McKenzie, Harpham, & Huttly, 2005; Murayama, Fujiwara, & Kawachi, 2012). Some studies have demonstrated a positive effect on physical (Kawachi, Kim, Coutts, & Subramanian, 2004) and mental (McKenzie, Whitley, & Weich, 2002) health, while others have shown little or negative impacts (Murayama et al., 2012) especially for mental health (Almedom, 2005; De Silva et al., 2005). Social capital is believed to influence health through the resources generated by group membership, (Portes & Landolt, 2000). Social networks can be both informal and formal, providing emotional and material support and access to health information (Kawachi & Berkman, 2001; Poortinga, 2006a; Woolcock & Narayan, 2000).

Exploring the nature and strength of social ties through the distinction between bonding, bridging (Putnam, 2000) and linking social capital (Szreter, 2002) enhances Bourdieu's theory in considering the different value that networks might have for

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producing resources. Bonding capital refers to informal networks of families and friends and is often regarded as a means to 'get by' (Poortinga, 2006b); for one such example, being able to get a loan from a friend in your network. Bridging networks refer to relations between heterogeneous groups, dissimilar in a socio-demographic or social identity way such as age, income or ethnic group, which can lead to the formation of weak ties that cut across different communities and individuals (Murayama et al., 2012). Bridging ties have the most potential to generate positive outcomes for health and wellbeing through links to resources that may improve socio-economic status or enable people to 'get ahead' (Kawachi et al., 2008); for example, getting information about potential employment. Linking social capital refers to relationships between people across formal or institutionalised power in society (Szreter, 2002), which can promote community development and reduce health inequalities (Baum, 2007); for example, between a community organisation and a government department. Social capital has been shown to buffer the impact of living in disadvantaged neighbourhoods (Sampson, Morenoff, & Gannon-Rowley, 2002). Social networks may generate negative influences including exclusion of outsiders, excessive claims on members and restrictions on individual freedoms (Portes & Landolt, 2000) and of relevance to this paper, may be experienced differently by ethnic background and by class and gender (Lin, 2000).

Until a decade ago, no studies of social capital and Aboriginal and Torres Strait Islander people had been published (for review see Mignone, 2009) and the literature is presently still sparse. We make a contribution to it by exploring the social capital experiences of Aboriginal people living in urban settings within a context of limited economic resources, in order to identify the aspects of social capital important for their health and wellbeing.

In this paper the term "Aboriginal" is used to include both Aboriginal and Torres Strait Islander people and was approved as appropriate for use in scientific publications by the Committee (containing representatives from both Aboriginal and Torres Strait Islander communities) established to advise on the cultural appropriateness of the research.

#### *Australian Aboriginal context*

European colonisation has had a damaging impact on the lives of Aboriginal people in Australia (Holmes, Stewart, Garrow, Anderson, & Thorpe, 2002). White assimilation policies have resulted in displacement, removal of children, institutionalisation and discrimination, all of which have adversely affected health and life opportunities of Aboriginal Australians (Paradies et al., 2008). The position of Aboriginal people in Australia has been described as second class and they are subject to significant racism (Hunter, 2000). Aboriginal people constitute 2.4% of the Australian population and are the most disadvantaged group on many social determinants of health, including employment, education, housing and levels of incarceration compared with non-Aboriginal Australians (Anderson et al., 2006; Australian Bureau of Statistics, 2010; Australian Government, 2011; Brough, 1999; Paradies & Cunningham, 2009). There is an 11.5-year gap in life expectancy between Aboriginal and non-Aboriginal Australians and the Australian government has put in place a national strategy to 'close the gap' by the year 2031 (Australian Government, 2011).

#### *Aboriginal Australians' social capital*

Despite that over 70% of Aboriginal Australian people residing in urban settings (Australian Bureau of Statistics, 2010; Brough et al., 2006), research on social capital and Aboriginal people has tended to focus on remote and rural community contexts (Berry, 2009;

Hunter, 2004), with only a small number of studies exploring the social capital experiences of urban dwelling Aboriginal people (Biddle, 2011; Bond, 2007; Brough, Bond, & Hunt, 2004; Brough et al., 2006). However, while there is evidence that social capital experiences may differ between rural and urban areas (Biddle, 2011); Aboriginal Australians are both culturally diverse and extremely mobile where people move between rural and urban settings for varied periods throughout the life course (Memmott, Birdsall-Jones, & Greenop, 2012).

Australian Aboriginal social capital research has tended to focus on education and economic development (Hunter, 2004; Mignone, 2009). These studies found that Aboriginal people often have to weigh up the cultural benefits and costs of engaging in tertiary education (Schwab, 1996) and the labour market (Hunter, 2000). Less participation in these spheres may reduce opportunities to engage in the dominant culture, but may enable greater involvement in culturally specific activities, which may increase Aboriginal community social capital. Consequently, greater participation in dominant structures may not be straight forward for Aboriginal Australians (Brough et al., 2006). Better health and a reduction in risky behaviour have been associated with strong links to culture for Aboriginal people (Dockery, 2010); thus, suggesting dominant and imposed cultural norms may sometimes be detrimental to Aboriginal health. However, many Aboriginal people may also successfully develop the skills to navigate between cultures (Paradies, 2006).

A small number of studies have explored the link between social capital and health for Aboriginal people. In a comparative study of Aboriginal and non-Aboriginal people residing in a rural coastal town in Australia, Berry (2009) examined the links between social capital and two aspects of mental health-distress and 'happy feelings'. Findings suggested that higher levels of social capital were related to happier feelings and less distress for all groups. A study exploring social capital and health conducted with Aboriginal urban communities in Brisbane, Australia, highlighted the importance of bonding networks for the maintenance of cultural identity, yet stressed the difficulties posed by stereotypes and racism in creating bridging social networks (Brough et al., 2004). Biddle (2011) used 2008 data from the National Aboriginal and Torres Strait Islander Social Survey (NATSISS), and compared social capital for urban and non-urban Aboriginal Australians. Biddle found that having diverse social networks (a mix of Aboriginal and non-Aboriginal people) was associated with the highest level of subjective wellbeing (Biddle, 2011).

The literature suggests an obvious tension for Aboriginal people between bonding and bridging social capital. Aboriginal Australians as a group are more likely to live in areas of high unemployment, have low household income and potentially reduced opportunities for bridging social capital generation (Berry, 2009; Biddle, 2011). Racial discrimination may also constrain social capital opportunities (Whitley, 2008). For example, Brondolo, Libretti, Rivera, and Walsemann (2012) found in a review of the effects of institutional and internalised racism that racial discrimination could produce a psychological stressor which limited and constrained social capital creation within peer and interracial groups, while minority groups who were exposed to racism were also more vulnerable to disease.

#### *Identity and social capital for Aboriginal people*

Research has shown that social capital is heavily embedded in cultural understandings and issues of identity for Aboriginal Australian people (Brough et al., 2006; Hunter, 2004). Identity is associated with complex social meanings, which may be transformed over time (Brough et al., 2006). For Aboriginal Australian people, cultural identity may include spoken languages,

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