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Building social networks: adapting Social Capital approach in Service Design to improve Health Equity

Social Capital, Health Equity, Social networks, Service Design, Social determinants of health, Participatory design

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The relation between Health Equity and Social Capital

Health equity or "a fair and just opportunity to be healthy for everyone" (Braveman et al., 2017, p.2) is intertwined in complex socio-economic processes. Wherein, inequity springs from the unequal distribution of social conditions. The WHO commission on social determinants of health (CSDH, 2008) elaborates that an individual's health is affected by the conditions in which they grow, live, learn, work and age. These include factors like socioeconomic status, neighbourhood and physical environment, education, employment, and social support networks, as well as access to health care (Artiga and Hinton, 2018). Differences in these conditions lead to stratification of the society, where people in the bottom of the socio-economic pyramid are affected the most; those with low income, who are vulnerable and marginalised. The material effects include lack of access to good jobs, education, housing and healthcare. Whereas the psychological effects culminate to powerlessness and a specific mindset about need and deserving of care (Rochaix and Tubeuf, 2009). Therefore, mitigating the effect of social determinants can improve health equity.

Social capital (hereafter referred to as SC) has shown to be an effective moderator in addressing health inequity as it reduces the impact of social determinants (Hunter et al., 2011; Di Monaco et al., 2020). The notion of social capital refers to "the connections, trust and reciprocity between individuals and within communities, and the resources that can arise from these connections" (Nabil et al., 2015). This implies that social relationships are valuable for individuals as well as for entire communities. These values can be realized through employment or educational opportunities for individuals, cohesion and a sense of safety in communities. Eriksson (2011) mentions that an individual can be involved in networks and relationships on three levels; bonding, bridging and linking. Bonding is connections within a social group, bridging is ties that link people from different networks together and linking consists of vertical ties between people in different formal or institutionalized power hierarchies. The binding ingredient of these bonds is trust, upon which the values gained can be weighed.

Increasing the individual social capital on all three levels would build a cohesive community. Linking social capital will enable political voice, and participation in decision-making, consequently leads to better governance. Whereas, bridging and bonding would build collective social action for better distribution of power and resources. Building these social connections would also increase inclusion, access to resources and thus provide grounds for the empowerment of individuals (Pomagalska et al., 2009). This will mediate the impact of social determinants of health and hence bring forth health equity. (Putland et al., 2013) further develops that community based approaches in SC, involving citizen action and policy makers both, have more potential to be effective and sustained to contribute to equitable health and wellbeing.

Extending Service Design practices with Social Capital approach

Service Design is transitioning from its designed outcomes being the 'end' in itself, to now being considered as an engine for wider societal transformations (Sangiorgi, 2011). To encourage this, the social capital lens promotes a shift in the outcome's agenda; moving Service Design (hereafter referred to as SD) away from implementing a distinct solution to a problem, to a series of long-term localised interventions. Furthermore, as seen in *Fig.1*, SC lens can be used to expand the scope of Service Design, within which the ultimate objective of the designer revolves around using interventions for engagement

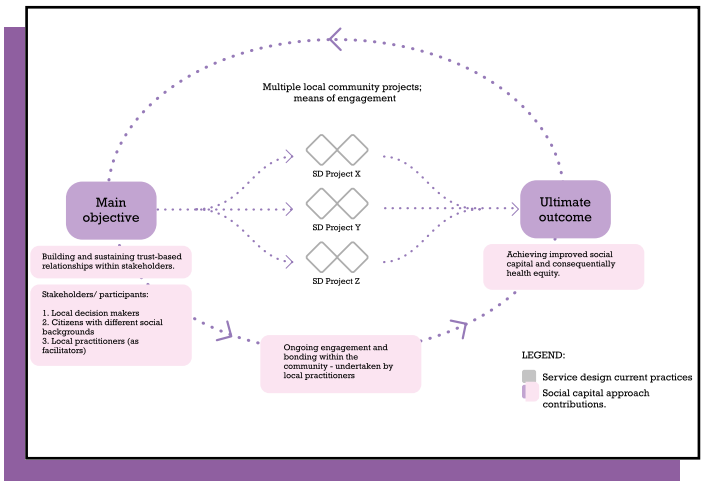


Fig. 1 - Social Capital lens to expand the scope of Service Design

as levers for building and sustaining trust-based relationships within a community.

To reach SC's objective, it is recommended that service design identifies the most appropriate stakeholders (who would be the engaged participants) needed to enable all three levels of bonding, bridging and linking ties. Pertaining to the lens, participants selected should belong to different groups within the vertical and horizontal SC axis. These include representation from different social groups, local decision makers and 'local practitioners'. 'Local practitioners' are identified sets of people who would act as facilitators for the engagement amidst stakeholders following the initial intervention by designers (Pomagalska et al., 2009). They could be involved in the process and could be trained and equipped with toolkits by service designers to establish the ongoing long-term engagement. This kind of "citizen engagement offers a way to re-build and enhance trust, according to several scholars of social capital theory." (Kumagi and Lorio, 2020, p. 14)

This is a valuable perspective to combine with SD's approach of participatory design, defined as "the capacity and methods to engage people in the design and transformation processes" (Sangiorgi, 2011) that "re-casts 'users' as co-creators" (Binder et al., 2008).
As seen in *Fig. 2*, SC can provide direction to each community based project used as a vehicle of engagement. These projects would be rooted on shared goals and motivations of all the stakeholders and would integrate a participatory approach. Within these initiatives the SC lens recommends development of dynamic sub-interventions and activities to engage all groups. These provide opportunities for repeated interactions and should be constantly updated based on participants' prioritisation of need at each point. Here the SC lens enables SD to create an intersection that makes space for the cross pollination of both citizens and policy makers. This grounds of engagement ultimately results in empowerment of the citizens and their increased access to appropriate resources.

In conclusion, Adapting SC approach in SD can help build and strengthen the foundations of community based projects towards the ultimate objective of building sustaining connections. SC shifts SD's intervention motivation towards facilitating higher levels of engagement and trust between all the different stakeholders, rather than prioritising the intervention outcome itself. Furthermore, SC led guidance for each different local project ensures trust-building through sub-interventions that continuously involve participants, not only in the activities, but also in the decision-making and feedback-gathering process. This truly enables bonding, bridging and linking ties, increasing individual and community social capital. The resultant cohesion and shift in power, as mentioned earlier, will enable inclusion, access to resources and empowerment; mitigating the effects of social determinants of health and improving health equity.

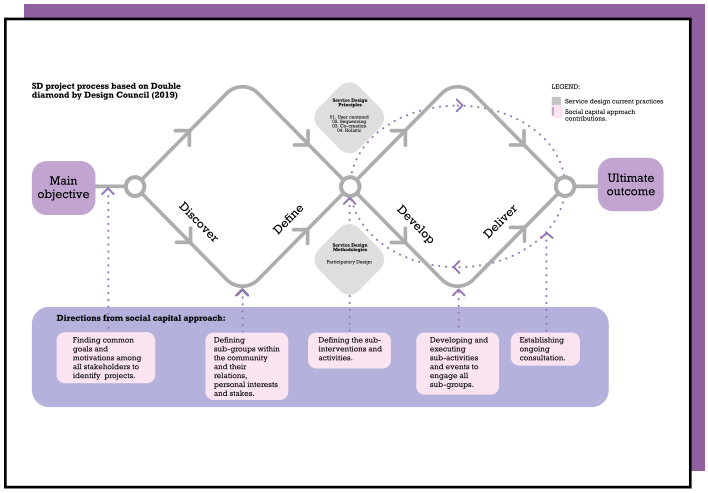
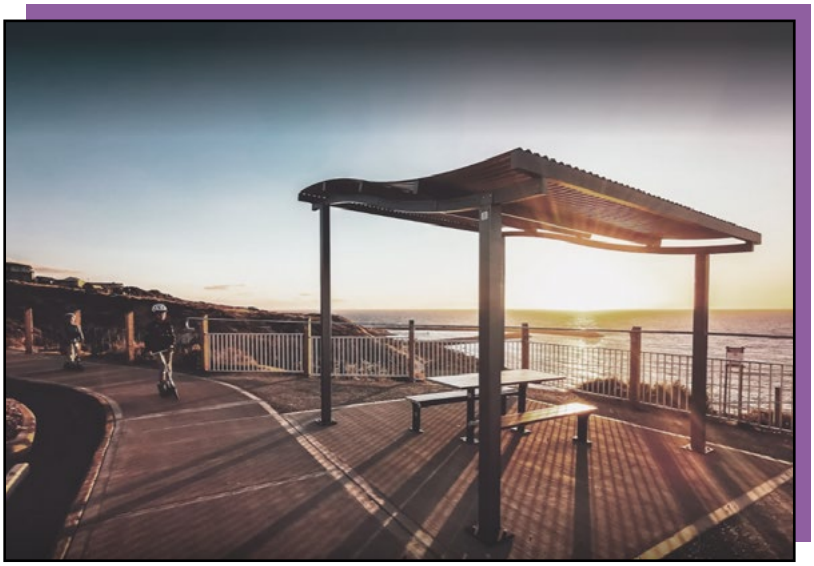


Fig. 2 - Social Capital lens to provide direction to each local community project

Case Study: The Yangara Reserve Project

Yangara reserve project (which began in 2004) was a redevelopment project set in O'Sillivan's Beach, a southern region of Adelaide, Australia. It was identified by the city's local council (Onkaparinga) as 'high needs' due to its level of unemployment, distance from neighbouring towns and social isolation prominent amongst residents.
It aimed to use the redevelopment of the reserve as a means of building networks within the local area facilitating the mitigation of social isolation experienced by the community. The project particularly focused on reaching out to isolated members of the local area, believing that if they had a greater sense of control over the reserve and a broadening of their local networks would contribute to better health and wellbeing for local residents.



A view of the Yangara Reserve redevelopment in a southern region of Adelaide, Australia - retrieved from https://www.google.it/maps/place/Purple+Dragon+Playground/@-35.1205462,138.4774119,3a,75y,90t/data=!3m8!1e2!3m6!1sAF1QipP5FVQxqKLY1_CzUJl-2gczR_kBOLqeLxUd6rGHi!2e10!3e12!6shttps:%2F%2Flh5.googleusercontent.com%2Fp%2FAF1QipP5FVQxqKLY1_CzUJl2gczR_kBOLqeLxUd6rGHi%3Dw360-h270-k-no!7i4618!8i3464!4m5!3m4!1s0x6ab120d51f6a6def:0x64022569883e4ec7!8m2!3d-35.1205462!4d138.4774119?hl=it

The initial project framing set clear and long-term objectives by using different activities as tools to achieve them. The objectives are as followed:
- To create a community-based working group
- To provide opportunities for community\ members to interact
- To engage community groups in running local events
- To establish links between local community groups
- To redevelop Yangara Reserve
- To encourage a sense of community pride and ownership around the redevelopment of the reserve.

The activities proposed to the community were very diverse, and fragmented according to subgroups of the population. The prime activities consisted of: events of various kinds as BBQs, the redesign of the Beach area, tree planting ecc; the redesign of the children's park; arts, crafts and gardening workshops; regular discussion meetings and youth groups to involve the younger sections of the population. These organised events were used as an arena for discussion between the different stakeholders where space and time was allocated to update all the participants on the progress of the other projects. They also offered a platform where all involved could provide feedback and engage in the debates. The completion of this project also saw improvement in resident's health and well being as a result of the connections made during the process and their new-found agency within the community.

The success of these engagements validate the importance of organising repeated interaction opportunities for stakeholders. These events gave strength to the participants' new and existing bonding, bridging and linking ties within the community, while in parallel, also facilitated the completion of smaller projects. This case study demonstrates how using the lens of the SC (i.e. setting trust-building in relations as the ultimate goal), and using a series of place-specific and fragmented projects across different population groups, is a functional and sustainable way to achieve positive health outcomes.

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