DEMOS

SOCIAL CAPITAL 2025

REINFORCING THE BEDROCK OF THE NATION'S HEALTH

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Adam Coutts, Shuting Xia and Senhu Wang

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ABOUT THIS REPORT

This report, written by the academics Adam Coutts (University of Cambridge), Shuting Xia (Norwich Business School, University of East Anglia) and Senhu Wang (National University of Singapore), examines the evidence that social capital has profound consequences for the nation's health. It makes the case that the state should increase activities that strengthen social capital and networks to support people to live healthier lives. It is the third in a series published by Demos in partnership with Local Trust and 3ni, called **Social Capital 2025**. The series examines social capital and the contribution that strengthening it makes to improving economic and social outcomes, including for children, well-being and reducing crime and anti-social behaviour.

This series sits at the intersection of two pillars of Demos's work. The first, the ***Citizen Economy***, looks at how to align the interests of citizens and the economy. We argue we need to embed a 'citizen' mindset in all the institutions in our economy, putting our shared interests at the heart of decision-making. The second focuses on ***Public Service Reform***, which we argue should empower citizens and workers and put them at the heart of public services to increase productivity and improve outcomes. In this series, we make the case that strengthening social capital through concerted government action will ultimately fuel economic growth and community well-being and create a virtuous cycle. This builds on ideas we first presented in the paper The Preventative State.

FOREWORD
BY POLLY CURTIS

Improving the nation's health can be positioned as a series of scientific breakthroughs, cures for illnesses and innovations in detecting them. But increasingly there is a recognition that the real goal must be preventing more ill-health arising. At Demos, we have been making the case for policy makers to focus more and more upstream, to the socio-economic factors that are the determinants of poor health.

Social capital lies at the heart of this. As this report lays bare, there is strong evidence to suggest that strengthening social ties can have all sorts of medical benefits down the line - from building resilience and emotional health, to preventing the decline into physical health problems. The evidence is nuanced: there are also suggestions that close and closed social ties can intensify some communities' problems; while more benefits are derived from the "bridging" social capital that brings different communities together.

In our 2023 paper *The Preventative State*, we argued that we needed a new 'foundational policy' to rebuild the social, civic and cultural infrastructure at a local level. These institutions are the spaces where people connect and build relationships with each other: they are the engine for social capital creation and the bedrock of a nation's health.

Strengthening social capital is one of the few policy areas where there can be a genuine cross-party consensus. If we want to have a truly long-term impact, we need to work together to build the nation's health together.

Polly Curtis, Chief Executive, Demos

INTRODUCTION

The United Kingdom is not in good health. Over 4 million working-age people are currently out of work due to ill health: an increase of 1.5 million since 2013. The Nuffield Trust estimates that around a quarter of the population – 15 million people – currently live with a chronic health condition. Moreover, the mental health charity Mind reports that in any given week, 1 in 6 people in England experiences a mental health problem.

It is no wonder then that in July 2024, 47% of voters told Ipsos that health was the most important issue facing the country ahead of the election: far more than named the economy, immigration or inflation. On the steps of Downing Street, the new Prime Minister promised to get "our NHS back on its feet." One of the three ways his government plans to do this, they say, is to switch their focus "from sickness to prevention."

This will entail a radical rethink of the UK's approach to health policy. And a rethink of our approach is long overdue. In 2013, the World Health Organisation published *Health 2020*: a policy framework to guide European health and welfare policy over the following seven years. Health 2020 calls for "whole-of-society approaches to equitable health improvement" in Europe. These approaches would take "the social determinants of health" into account and identify "the skills, strengths, capacities and knowledge of individuals and the social capital of communities" (World Health Organisation 2013).

Health 2020 wrote into global health policy something that had long been established in academic research: the strong correlation between social capital and health. Studies with diverse methodologies, conducted across different geographies and spatial scales, consistently produce the same result. Higher levels of social capital predict better mental and physical health. The strength of this trend varies from study to study and the way it manifests depends on context but no study to date has refuted its existence (Ehsan et al. 2019; Kawachi et al. 2004; McPherson et al. 2013; Rodgers et al. 2019).

This is why in 2023 Demos made the case for The Preventative State, which argued that focusing on a new model for public services is necessary but insufficient; we need a state which is more expansive in how it sees the challenge of reforming public services. That's because to truly reduce demand for public services in the long run, we need to not only prevent problems from arising but create the conditions for flourishing and resilience within communities. Achieving this means investing in those foundational goods which create the social capital that enables us to lead better lives, without state intervention. Only then can a truly preventative state emerge that reinforces the bedrock of the nation's health.

Yet the UK's health policies have failed to keep pace with this growing body of research and case for change. Data from the UK Household Longitudinal Study (UKHLS) indicates that higher levels of trust in neighbours, of reciprocity between neighbours, of organisational membership, and of strong social support are all associated with better general health. Our analysis reveals no significant regional variance in this relationship across the UK: where social capital is high, population health is good; where social capital is low, health outcomes are poorer across the board.

Any government focused on the prevention of sickness must take this correlation into account. There is sufficient evidence, as this paper sets out, that policies to increase a community's social capital can have a knock-on effect of improving people's health.

But social capital is no panacea. Its effect on health is subtle, and sometimes paradoxical. While the overwhelming majority of large-scale studies and meta-analyses agree that high social capital and good health outcomes tend to go hand in hand, different elements of social capital have very different effects on health outcomes. Likewise, different aspects of health respond very differently to social capital.

This paper summarises relevant research from the social sciences, social epidemiology, public health and psychology between 2000 and 2024. It examines the effects of social capital on mental health, mortality risk and health behaviours. The conclusion maps out possible directions for research and policies to guide the UK towards a "whole-of-society" approach to health and how to build the preventative state.

AN OVERVIEW OF THE LITERATURE

In this section, we set out the evidence of the links between social capital and mental health, mortality risk and health behaviours.

MENTAL HEALTH

A growing body of research demonstrates that social capital is associated with better mental health outcomes but the precise nature of this association varies from study to study.

Kenisha Russell Jonsson and colleagues have examined the relationship between neighbourhood social capital and mental health among young adolescents in England and Wales (Jonsson et al. 2020). By merging data from the UK Household Longitudinal Study with aggregated local census measures, they analysed a sample of 5,201 people aged 10-15 across 2,393 neighbourhoods. They found two aspects of social capital to be particularly beneficial for adolescent mental health: low anxiety about crime and strong friendship networks. These seemed to mediate the negative effects of deprivation on adolescents' mental health. This suggests that social capital may have a buffering effect on mental health, particularly in disadvantaged areas. However, for four out of six measures of social capital the study did not find the same effect (Jonsson et al. 2020).

A 2019 study of an economically disadvantaged neighbourhood on the North West coast of England by Eoin McElroy and colleagues produced similarly nuanced results. Based on a sample of 3,670 adults, the study measures social capital by looking at two key aspects of neighbourhood life: social disorder and social cohesion. Its findings reveal complex connections between neighbourhood characteristics and residents' mental health.

Signs of "social disorder", such as public drunkenness and teenage loitering, were directly linked to feelings of anxiety and paranoia. But the authors found no direct connection between these signs, such as vandalism and litter, and mental health symptoms. Instead, these physical manifestations of disorder seemed to affect mental health indirectly by damaging

"social cohesion": a component of social capital relating to people's sense of belonging and connection to their neighbourhood (McElroy et al. 2019). The impact of neighbourhood factors on mental health also varied depending on the overall level of deprivation in an area, with stronger connections observed in more deprived areas.

Building on these findings, a 2024 review by James Kirkbride and colleagues offers additional insight into the influence of social capital on mental health across different community contexts. Trust in neighbours and in community institutions, for instance, has been shown to foster a sense of safety and reduce feelings of social anxiety. Social participation, whether through volunteering, community activities, or informal social interactions, enhances feelings of belonging and reduces the risk of loneliness, which is a known contributor to poor mental health. Well-developed social networks, furthermore, provide emotional, informational and practical support, which help individuals to cope with life's challenges.

But Kirkbride and colleagues did not find the influence of social capital to be uniformly positive across all the contexts they examined. In economically disadvantaged or socially fragmented neighbourhoods, lower levels of social capital can exacerbate feelings of isolation and vulnerability, contributing to higher rates of mental health disorders. However,high social capital in these areas will not always lead to positive outcomes. Strong networks might exclude outsiders, increase pressure to conform, or perpetuate harmful behaviours like substance abuse. These dynamics underscore the complex and sometimes contradictory role of social capital in shaping mental health outcomes.

Kirkbride and colleagues' review also finds that different dimensions of social capital seem to have distinct effects on mental health. Bonding social capital, defined as the binding of people within a group or community, has been shown to provide substantial mental health support, but may also foster insularity. Bridging social capital, which brings people from different groups together, meanwhile seems to yield more inclusive benefits and promote mental resilience by widening peoples' access to social and economic resources. Kirkbride and colleagues' findings suggest, therefore, that fostering both bonding and bridging social capital in communities could improve residents' mental health outcomes, particularly in communities facing socioeconomic challenges.

In order to produce this positive effect, it appears that networks should be physical rather than virtual. Emma Bassett and Spencer Moore (2013) examined the association between social capital and depressive symptoms in Montreal, using data from 2,707 adults across 300 census tracts. They found that "core-tie diversity" (having a wide range of close relationships in which it is possible to seek support and discuss personal matters) was a significant factor in producing positive mental health outcomes, with individuals who have exclusively neighbourhood-based core ties less likely to report depressive symptoms than those with both neighbourhood and non-neighbourhood (i.e. long distance or online) ties.

Based on this growing body of evidence, Annahita Ehsan and Mary De Silva (2015) have suggested that developing interventions and programmes aimed at improving social capital could be a cost-effective way of preventing common mental disorders. They indicate that initiatives focused on increasing trust, reciprocity and emotional support can act as a protective factor against the development of mental disorders in the long term.

Focusing on maternal mental health, Caroline Mulvaney and Denise Kendrick (2005) studied 846 mothers of young children living in economically deprived areas of Nottingham. Based on the raw data, they found that mothers who perceived their neighbourhoods as having low social capital – as measured by factors including trust, support and cohesion – were 58% more likely to report depressive symptoms. But after they adjusted for self-reported stress levels, this association was no longer statistically significant. This suggests while social capital may play a role in maternal mental health, its effects are indirect, mediated through other factors including stress.

MORTALITY RISK

In Fredrica Nyqvist and colleagues' comprehensive meta-analysis on the relationship between social capital and mortality (2014), the authors examined data from 20 cohort studies with a total of 85,376 participants from 11 countries, including the US, Canada and Australia, focusing on four components of social capital: social participation, social networks, social support and trust. Their analysis found that social participation and social networks were significantly associated with reduced mortality risk. Higher levels of social participation were associated with a 13% lower risk of mortality and more extensive social networks were linked to a 9% lower risk of mortality. These associations remained significant after the authors adjusted for age and gender. However, levels of social support showed no significant association with mortality.

Brenda Gannon and Jennifer Roberts found a clear connection between social capital and mortality in 2020. Using data from the Survey of Health, Ageing and Retirement in Europe, they investigated the relationship between multiple dimensions of social capital and various health outcomes, including mortality risk. They considered proxy variables for social capital, identifying four distinct components: (1) a broad measure encompassing both bonding and bridging elements, including volunteering, social participation, and financial gifts; (2) religious participation and affiliation; (3) trust and conflict, reflecting the quality of relationships; and (4) close bonding ties, primarily related to household help and personal care. The first three of these components had positive relationships with health outcomes. The fourth component – close household ties – had a negative association with all health measures. Gannon and Roberts suggest that while the family unit is a key source of psychosocial support, negative health behaviours, such as smoking and heavy drinking, can be passed from parents to children.

Different aspects of social capital have been repeatedly shown to affect mortality risk. Social participation and social networks appear to have protective effects against becoming ill and dying. Certain other forms of social capital, Gannon and Roberts' research strongly suggests, increase mortality - for instance, close relationships with people who smoke or drink heavily.

HEALTH BEHAVIOURS

The close connection between social capital and learned health behaviours goes a long way towards explaining the complexity of the data across various measures of social capital and various health outcomes. This is the "dark side" of social capital and health. While certain dimensions of social capital, particularly at the family level, have positive effects on health behaviours, other dimensions have neutral or even potentially harmful effects: smoking, drinking, eating to excess and substance abuse are all potentially social-bonding activities.

In 2013 Kerri McPherson and colleagues systematically synthesised findings from diverse studies to examine the association between family and community social capital and health risk behaviours among young people. The review analysed 34 studies, predominantly from North America and the UK, with sample sizes ranging from 61 to 98,340 children and/or adolescents aged 5-19 years. The authors categorised social capital into family and community dimensions. Family social capital indicators include family structure and parent-child relations, while community social capital is the networks, trust, and support available within the wider community. This was assessed through measures such as social support networks (relationships with peers and neighbours), civic engagement (participation in community activities and organisations) and school quality (the social environment and support systems within schools). This approach enabled the authors to isolate the precise influence of various aspects of social capital on young people's health risk behaviours.

Family social capital, and especially positive parent-child relationships, consistently emerge from McPherson and colleagues' analysis as protective against various risky behaviours. This suggests

that strong family bonds and supportive family environments play a crucial role in mitigating health risks for adolescents.

The authors found community social capital to have more varied effects. Schools generally demonstrated protective effects, indicating that positive and nurturing school environments and connections can help reduce risky behaviours. However, the review also found that certain peer networks can increase health risk, indicating a potential negative effect of some social connections among young people. In such cases, it may not matter what the school does to promote healthy behaviours and standards of behaviour if young people's social networks and friends promote social norms and behaviours that are detrimental to health.

Tampubolon, Subrmanian and Kawachi's 2013 study of neighbourhood social capital and health behaviours in Wales produced similarly mixed results. Analysing data from 13,557 individuals across 1,152 Welsh neighbourhoods, the authors found a marginal negative association between social capital and smoking, whereby fewer people smoked in neighbourhoods with higher social capital. However, they found no association between social capital and alcohol consumption. This result further confirms McPherson and colleagues' findings: while certain aspects of social capital, particularly at the family level, have positive effects on health behaviours, other dimensions have neutral or even potentially harmful effects. This complexity underscores the need for targeted interventions that consider the multifaceted nature of social capital and its varying impacts on different health risk behaviours.

CONCLUSION

Analysis from the UK Household Longitudinal Study between 2000 and 2024 shows a positive correlation between social capital and health outcomes in the UK. Higher levels of trust in neighbours, reciprocity between neighbours, organisational membership and strong social support are all associated with better general health. This is true across all nations and regions of the UK.

Our review of relevant academic literature from the same period adds nuance to these findings. Different aspects of social capital seem to have different effects and not only positive ones. By the same token, different aspects of physical and mental health respond very differently to social capital. The wide range of metrics and methodologies that various researchers use, in addition to the relative infancy of this field of study, remind us just how much we have yet to learn about the complex relationship between social capital in all its guises and human health in all its dimensions.

The research nonetheless suggests that:

- Social capital generally shows a positive association with better health outcomes, including mental health, and reduced mortality risk.
- Different dimensions of social capital (e.g. trust, participation, network resources) have varying effects on health. While the overall impact of social capital is generally positive, the relationship is nuanced and context-dependent.
- The impact of social capital on health varies across different socioeconomic contexts, with some studies finding stronger associations in more deprived areas.
- While social capital is generally beneficial for health, some research has identified potential "dark sides" or negative effects, for example behaviours which are negative to health being prevalent in peer groups which re-enforce them.

From a policy perspective, these findings suggest that interventions aimed at building social capital could have positive impacts on population health in the UK but responses need to be nuanced.

Future studies should aim to use consistent and comprehensive measures of social capital to make comparisons between studies more reliable. To provide actionable insights we also need studies that track a very simple set of measures – perhaps two to four key indicators of social capital – using time-series data at a hyper-local level. Research must continue to explore how different aspects of social capital operate in different contexts and for different population groups, to ensure that policy interventions are effective for all.

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Designed from the outset to be radically different from other funding programmes, at the heart of Big Local is a vision of empowered, resilient, dynamic, asset-rich communities making their own decisions on what is best for their area. Local Trust's mission has been to try and transform left behind places, building capacity in areas which have little supporting civic activity to enable more people and communities to build local assets and social infrastructure.

At the heart of Local Trust's work is the belief that long-term funding and support to build capacity gives residents in hyper-local areas agency to take decisions and to act to create positive and lasting change. Find out more at www.localtrust.org.uk

3ni The national network for neighbourhood improvement is a new learning network for local government hosted by Local Trust that supports local authority policy and practice towards community-led regeneration. Find out more at neighbourhoodimprovement.net

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