

‘Opportunity structures’: urban landscape, social capital and health promotion in Australia

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SUMMARY

This paper presents data from 40 in-depth interviews that were conducted as part of a study of social capital and health in relation to people's perceptions of the influence of 'place' on their participation levels and health. These data were used to examine features of the western suburbs of Adelaide that were perceived as health damaging and health promoting. The paper demonstrates that our Australian suburban respondents expressed a considerable concern about these features and the impact they have on their perception of community and their ability to participate in it. Safety, connectedness to the area, the reputation of an area and the extent and nature of community facilities are all seen as important to a healthy community. The research found that in the more deprived socioeconomic areas

within the study area, there was a significant degree of dissatisfaction with features of the urban environment, such as availability of amenities, provision of public transport, and proximity of industry to private dwellings. The paper concludes by considering certain features of urban environments that might make them more supportive of health through encouraging contact between people. We conclude that these environments could be improved using the following measures: a subsidy scheme to support the viability of local shops and cafés (thereby providing meeting places and employment); parks with facilitators (who could play a role in increasing safety in the park but also encouraging community development); attractive places to walk; and general environmental improvement program.

Key words: health promotion; location; social capital; urban environments

INTRODUCTION

Health promotion, especially since the adoption of the Ottawa Charter for Health Promotion [World Health Organization, (WHO, 1986)] has stressed the importance of using public policy to create supportive environments for health. The role of 'place' (defined here as a suburb within a city that people relate to as their local area, and with which people associate very particular meanings and values that are both socially constructed and constructing) in the creation of health has recently been acknowledged and studied. Researchers are increasingly noting that in addition to the socioeconomic compositional

explanations for the relationship between place and health, other factors such as perception of neighbourhood, and the nature of social relationships that occur within different places and localities, affect health (Macintyre *et al.*, 1993; Robert, 1998; Yen and Kaplan, 1999). Part of this consideration has been about the role that characteristics of place play in determining the level of social capital in a community and, in turn, the influences this may have on health. The concept of locational disadvantage is receiving more attention in the public health literature, although it has been the concern of geographers

for some time. Locational disadvantage arises where:

People live in areas where there are deficiencies in physical and social infrastructures and inadequate jobs, training and educational opportunities and recreational facilities, thereby reducing the standards of living of those affected and exacerbating other disadvantages they may face. [(Fincher, 1991), pp. 12–13]

This paper explores the extent to which features of locations are perceived to affect the degree to which people participate and interact in their community. It presents data from a study of social capital and health in relation to the perceptions that people had of the influence of place on their participation levels and health. Through these data we examine the features of the study area that are perceived as either health damaging or health promoting. The paper demonstrates that our Australian suburban respondents express a considerable concern about the features of place and the impact it has on the ways they perceive their community and their ability to participate in it. The paper concludes with a consideration of the implications of the interpretation of these data for health promotion.

Social capital and health promotion

There is a vast amount of literature on social capital, which has increased particularly rapidly in recent years [see (Winter, 2000) for a summary of recent writings]. While the term ‘social capital’ provokes a range of different definitions and interpretations, common to most definitions is a focus on networks between people that lead to cooperation and beneficial outcomes. Trust is also seen as central to the successful operation of these networks. Beyond this, theoretical definitions of the concept range from those of Putnam, whose focus is quite narrow and does not consider issues of power (Putnam, 1993; Putnam, 2000), to Bourdieu, whose concept is based on the role social capital plays in the reproduction of class relations, especially by mediating economic capital (Bourdieu, 1986). The understanding of social capital taken in this paper is most strongly influenced by Bourdieu, and so social capital is seen as one of the mechanisms by which people gain access to other resources. It is also seen as a resource to which different people have varying degrees of access. This paper thus considers the views that people have of the places in which

they live, and also the ways in which they perceive that these places contribute to their health.

This article is particularly concerned with the fact that social capital has increasingly been hypothesized to be linked to health at a community level (Wilkinson, 1996). While there is some data to support this hypothesis, most of these data are based on large population studies that have considered only a few variables (usually trust and membership of voluntary associations). These studies are helpful but inevitably over-simplify the concept of social capital and the complex ways in which it is integrated into people’s life experiences. More detailed understandings of the pathways by which social capital improves health are crucial if health promotion initiatives are to be able to incorporate a social capital component. This knowledge is most likely to come from detailed, qualitative studies of specific communities that take into account gender, class and culture, amongst other concerns. For example, several studies conducted in the UK (Campbell *et al.*, 1999; Cattell, 2001) demonstrate the value of detailed data that allow the complexity of social capital to emerge.

Links between place and health

There is an emerging quantity of literature that relates the attributes of place to the patterns of interaction and trust within communities. Cattell’s work in East London (Cattell, 2001) demonstrates that two communities within easy reach of each other were found to have quite different levels and types of social networks. She suggests that this may, in part, have reflected the styles of housing and urban planning in the areas studied. Such findings are supported by the research of Macintyre and co-workers into the links between area level deprivation and health outcomes in Glasgow (Macintyre *et al.*, 1993; Macintyre and Ellaway, 1998; Macintyre and Ellaway, 1999; Macintyre and Ellaway, 2000). Their qualitative interview data indicated a very strong link between social interactions and ‘local opportunity structures’—‘socially constructed and socially patterned features of the physical and social environment which may promote health either directly or indirectly through the possibilities they provide for people to live healthy lives’ [(Macintyre and Ellaway, 2000), p. 343]. Macintyre and Ellaway argue that:

Social capital is often seen to be inherent in social interactions and social relations, but we would like to

suggest that these might be facilitated by local opportunity structures, often of a mundane kind. [(Macintyre and Ellaway, 1999), p. 169]

In other words, environmental design and layout can influence social interactions. The provision of decent housing, safe playing areas, transport, green spaces, street lighting, street cleaning, schools, shops, banks, etc. impacts upon participation in that their presence facilitates social interaction and a 'feel good' sense about a place. On the other hand, the deterioration of social relations—as evidenced by increasing rates of crime, vandalism and drug dealing—may lead to the removal of amenities and facilities, and a lack of willingness for people to become involved with others in their community (Macintyre and Ellaway, 1998). MacDougall and colleagues have shown that features of the physical environment (safety or urban design, for example) affect the rate at which people undertake exercise (MacDougall *et al.*, 2002).

There is a growing consensus that poorer people have poorer health, in part because they live in places that can be damaging to their health. The kind of environmental factors mentioned above often result in social exclusion (Graham, 2001; Joshi *et al.*, 2000). Robert notes that research on the complexity of environmental factors affecting health status is methodologically and conceptually difficult (Robert, 1998). Given this, she concludes that understanding the complexity will be incremental rather than the result of one landmark study. This paper seeks to contribute to this accumulation of literature by exploring the impact of contextual factors on health status.

METHODS

The data reported on in this paper are from the Health Development and Social Capital Project, which was conducted between 1997 and 2000 in the western suburbs of Adelaide, the capital of South Australia [see (Baum *et al.*, 2000) for study details]. These suburbs are relatively disadvantaged compared with Adelaide as a whole. In particular, there are pockets that have some of the worst poverty in Australia (Carson and Martin, 2001). The area is quite mixed ethnically and has a higher than average indigenous population.

This paper is based on data from the in-depth interviews conducted as part of the study. Interviews were conducted with 40 people who

responded to the survey on health participation [for details see (Baum *et al.*, 1999)] and indicated that they were willing to be interviewed to explore the reasons why people do or do not participate in social and civic activities. The 40 respondents comprised 20 'high' participants and 20 'low' participants, as determined by their responses to the questionnaire survey items on levels of social and civic participation. Each of these participation groups included people of low and high socioeconomic status, as judged by their educational level and household income. Interviewees were asked about the reasons for their patterns of participation and were invited to explore these reasons in detail. They were also asked what would make their community a healthier place. Two anthropologists conducted the interviews in the homes, and in some cases the workplaces, of the respondents.

The interviews were tape recorded, then transcribed and analysed with the assistance of NUD*IST software. The interviews yielded information on residents' detailed perceptions of their social and physical environments, and the understanding that people have of health, location and social capital resources.

RESULTS

The picture that emerged from our study suggested that social capital is a complex concept and is affected by the features of the places in which people live. We discuss the results in relation to people's perceptions of the importance of having places to go in a community, their perceptions of how the socio-cultural make-up of communities affects participation, and their perceptions of the ways in which their communities are changing.

Places to create contact and community

I mean a place is what you make it, so it's the people that would make a community, but they need to have something to get them to mix. You sort of need like the pot to put them in. (Anna, 45-year-old public servant, high income, high participant)

Some respondents recognized that participation and interaction do not just happen, but rather need places or common meeting grounds that facilitate these social relationships. People need places to build and maintain strong social ties and commitment. For many interview respondents,

including low income students, a health professional, rich retirees and women confined to home duties, their idea of ‘community’ was defined by the presence or provision of amenities, or ‘third places’ [this term was coined by Oldenburg to describe places in communities that are not domestic or commercial environments in which people meet (Oldenburg, 1997)], common meeting grounds, resources, facilities, etc. in their neighbourhood, as indicated in the above quotation. Respondents noted the importance of meeting places that were concerned with establishing or maintaining loose ties and networks. A common theme from our respondents was that they felt it was important to have places in their local area, outside their home, that enable people to mix. Some referred to a certain ambience that encouraged people to be out and about and having casual contact. Beachside suburbs were seen to best typify such an ambience. In contrast, the proximity of large roads, industrial areas or unbroken tracts of suburban housing were all seen to detract from this.

The articulation of the need for third places was typified by the following comments:

Question (Q): What don’t you like about your community?

Answer (A): The thing I don’t like is the lack of some facilities—like having really good shops close by. That is really probably the main thing and also the fact that I guess, my friends live more towards the other side of town. You have to put on very lavish dinner parties to get people to come out. Great food—lots of wine. (‘Beth’, a 26-year-old trade union official, high income, high participator)

or

Shops and cafés and stuff are close. And there used to be a shop and that made a big difference and that’s gone now ... they were like a hub, like the hub of the gossip network and the community ... You know things are at your fingertips. You can walk a few minutes and you can go and have a coffee in a café and there’s a friendly feel about it.

A further example of the recognition of the need for common community space is shown by this quote from ‘John’, a 51-year-old school teacher, high income, high participator:

Q: What do you think would make your community a healthier one, a healthy place to live in?

A: There is no per se community club. There is a wonderful community centre possibility. That hall at Lockleys ... For example, right, every Thursday night you can see every pensioner in walking distance walks here for a cheap meal and to say g’day and make contact and chew the fat.

Playing with children and walking dogs in parks were also recognized as being informal ways of bringing people together. Both helped to facilitate exchanges and interactions within the community in that people were provided with an ‘excuse’ to get out and mix with others, as both pets and children bridge public and private spaces.

Other opportunity structures that were identified by interviewees included pubs, the corner store, service clubs and sporting grounds. Others, particularly younger people, pointed to sporting facilities as being fundamental in the link between areas of residence, health and participation. Such viewpoints were illustrated by the following quote.

Q: What do you think would make your community a healthier place to live?

A: More of a night life, I think, within this community. You know it’s a family community, but there’s not a lot for kids to do at night or even in the afternoons, like on a Sunday. A lot of my friends like skateboarding say, so there’s not really a skateboard ramp in that area ... Tennis courts, ... basketball courts, yes. Yes, things like that. Semaphore’s quite good in the summer when it gets going with the side shows. That’s very community-orientated, and things like events such as the Glendi Festival that we have down there. They’re really good. Just ongoing events and special days and things like that, they tend to bring out the best in a community. (‘Alex’, an 18-year-old student, low income, high participator)

We also found that a community might have the facilities or opportunity structures that some residents felt encouraged interaction, but that others felt could not be used because they perceived these same opportunity structures as being dangerous places. Thus, ‘Rob’, a 56-year-old, low income, low participation, invalid pensioner held a very negative view of his community. His interview illustrates hostility towards people who were different to him.

It’s that bad, you know, this beautiful park that you drove past ... that’s why nobody goes there any more now. All the hoods congregate in there and they’ve found syringes and all down there. The parents won’t let their kids go there because of that, in case they pick

up a syringe and ... You don't know what you're likely to get out of them. If the hoods are all in there and everywhere, Christ knows what they'd try to do with the kids, so people don't let their kids go in there no more. Such a beautiful park, a full block, and nobody ... They mow it all the time, they've got all those nice trees and they've got benches in there and they've got slippery dips for kids, everything, but very rare do you see anybody in there, very rare, because of that. This is what the area's like. The hoods don't care who they hurt or damage like that, and that's the whole thing like that. You hear even house alarms. You hear them going all the time around here.

This respondent painted a bleak picture where vandalism, stand-over tactics, rubbish in the streets, disturbances by youths, criminal acts and discarded syringes made his neighbourhood a less than inviting environment in which to participate. Sadly, in areas where there is high unemployment, drug misuse and multiple social problems, the opportunity structures do appear to be perceived as unsafe and even to have become 'no-go' areas. Fear of crime seems to be more strongly associated with working class areas and so appears to have made people less likely to use any local facilities they do have. Here, the socio-cultural features of a geographical area, carried in attitudes and perceptions, severely limited people's access to—and the quality of—their local opportunity structures.

Social and cultural meanings attached to place

An important dimension of the relationship between people, place, social interaction and health that has emerged from our respondents' accounts were the social and cultural meanings that are invested into physical spaces or geographical territory by the people who use them. A feeling of belonging has been seen as central to definitions of a 'sense of community' (McMillan and Chavis, 1986). Here we would like to illustrate this with reference to two examples: the importance of a sense of belonging that is generated from a felt emotional attachment to a particular locality and a feeling of 'pride in place'.

Sense of belonging

Some of our respondents used their sense of belonging to a particular suburb or geographical area as a way of expressing both their own social identity and their sense of difference from others. They expressed strong emotional ties to the various geographical areas where they came from, with

respondents articulating sentiments such as 'I'm a Port kid', 'I'm a Semaphore bloke' or 'once a Western suburbs girl, always a Western suburbs girl'. This is a similar observation to that made by Cattell in her study of social capital in Keir Hardie, an east London working class community, where she reported residents having strong community loyalties, a strong sense of place and a shared sense of history (Cattell, 2001).

Strong community ties were often associated with a biographical history (particularly with the Port Adelaide area), growing up in the area, knowing everyone, having gone to school in an area, allegiances to sporting teams, particularly the traditionally working class Port Adelaide football team, having friends there and generally 'feeling at home' in an area.

Our findings suggest that people who felt such biographical ties to an area were more likely to participate in community activities than those who did not. These can either include formal, group activities such as 'patrolling the Semaphore Beach during summer', or more informal forms of participation such as that of 'Pamela', who would have the street over for 'cask parties' in her back yard.

Pride in place

Another way in which the relationship between areas of residence, health and participation manifested itself in a positive way was in the pride that several people held for their neighbourhood. For example, 'Beth' (high participator, high income, trade union official) reported that she tells people she lives at the Port rather than in Alberton because it evokes particular emotions, meanings and connotations.

I say that I live down at the Port and other people have a sense of what that means. I don't actually have to say I live in Alberton, so I guess what makes a community—identifying with the particular geographic location—and having a sense of place and belonging as well—in a place, and finding ... identifying with other people because of that sense of place. I think people here have a sense of place. This is kind of the lower part of the Port region and I get a sense that a lot of people lived here for quite some time. It is considered living in the Port a particular place that has a meaning, I guess. As opposed to a more general sort of suburb. I think people from here generally consider themselves as Port people.

Q: Can you think of particular things that people say to give you that sense, or is it more just a vibe?

A: It is more a vibe, I guess. I have only lived here for about a year—a bit over a year. So I haven't had much of it ... but things ... certainly things like the Port Adelaide football club is just down the road, Port Power ... and I think that provides people with a sense of identity. People are pretty football mad around here.

Or, from an interview with 'Alex', an 18-year-old student (low income, high participator) from Semaphore Park:

Q: Do you feel that you belong to a community?

A: I feel that I'm a Port girl if that's kind of what you mean—born and bred and raised in the Port—so yes, I will never be any different and I'll probably have that attitude that my dad was raised with. You know, you're a Port kid. Never give up, because you're a Port kid. You know, you've had things tougher or whatever, and you've got through a lot. I don't know, through that I probably do belong to a community. And a lot of the people down the lifesaving club are very ... They're all born and bred in the Port as well and they've raised their kids in the same sort of attitude.

Other respondents expressed the view that this type of close-knit working class community was friendlier than more middle class areas they knew. It is clear that to identify with and being connected to a locality is an important part of social capital for these respondents.

Perceived changes to the urban environments negatively affecting community

While this sense of biographical connectedness was a key finding to emerge from the qualitative data, it was not spread evenly throughout the study area. Rather, certain pockets had a greater sense of history, of childhood memories. Overwhelmingly, people who felt a connection to place had lived in their current address, or at least in the general neighbourhood, for many, many years. This longevity of housing tenure produces two, almost antithetical, perceptions of community and participation; one that values the ongoing engagement with fellow residents, and the other that notes a demise of 'community spirit' due to economic and social changes in the area.

Indeed, the down side of this idea of biographical connectedness was that many people could track changes in their area that they saw as having brought about negative transformations. The demise of the corner store, the closure of primary schools, the lack of front

fences and other features of urban planning, along with the death of familiar and eccentric characters were seen as weakening the sense of community for some people. Consequently, they felt that their level of participation had waned over time, reflected in statements such as 'it's not how it used to be ...' and 'it used to be a community'.

Other widespread social changes were seen as altering the extent to which suburbs were regarded as being community minded. Changes such as women joining the work force, the convenience of driving cars rather than walking to the shops and stopping to say hello along the way were seen as bringing a marked decrease in opportunities to participate in that people no longer had as much time or opportunity to involve themselves with the people around them. The comment of 'Helen' (a 48-year-old private sector administrative worker, high income, low participator) typified this attitude:

Yes, going by the way I grew up to what it is now, and I think also because so many women are working, that sort of stops a lot of it—and with the cars. I mean you get in your car, you don't walk. And you don't have your local shopping unless you're alongside of a shopping centre, or very close to it. If I had all day and nothing to do, yes I could walk to the shops and walk back, but it's too far otherwise.

Similarly, several women noted that women no longer have the opportunity to chat over the fence any more because they are rushing from work to pick up kids, to prepare food and generally juggle two roles.

A number of people in our sample also commented on the demise of local shops (butchers, news agents and corner shops) and how this had fundamentally changed the ways that community members got to know (or didn't get to know) each other. From the same interview with 'Helen':

Q. You had local shops? What, like a deli?

A: Yes, well there was the butcher's shop, there's the deli, there was the chemist shop, a doctor's, a fruit and veg, drapery. It was a nice little centre but then they built the bigger centre just over there and of course that all vanished. The only thing left is the doctor's and the hairdresser ... You didn't get in the car and drive out of the area and therefore you'd see people.

Q: And chat with them?

A: That's right.

In the same vein, 'Tom' (aged 49 years, psycho-therapist, high income, high participator) commented:

And there used to be a shop and that made a big difference and that's gone now ... they were like the hub, like the hub of the gossip network and the community.

Associated with the regret at the decline of local shops was the sense that the large shopping malls that replaced them are not so effective as builders of the elusive sense of community. As one respondent put it 'modern shopping centres have gone against community'. Perceived as impersonal, too large and possessing a commercial rather than community ethos, shopping centres were seen to sound the death knell for the building of social capital.

Parallels can once more be drawn between our research and the work undertaken by Macintyre and Ellaway (Macintyre and Ellaway, 1999). Drawing on other research undertaken in Great Britain, these authors further signal the close association between physical amenities and resources and social relationships and symbolic meanings.

When small shops closed, the area lost not only access to these retail outlets, but also to the shop keepers, who were often activists and key stakeholders in the local communities. When local public services such as banks or post offices were taken away, local residents suffered not only from poorer quality services and a greater hassle in reaching services, but felt that the removal of these services had symbolic meanings and indicated lack of interest in or support for the community from local authorities or service providers. [(Macintyre and Ellaway, 1999), p. 11]

Changes to the urban landscape were also linked to issues of safety. Helen, quoted earlier, clearly links the changing urban landscape with more widely held fears for the safety of young children:

I think one of the worst things of the modern areas, compared to what I grew up with, is no fences, so therefore your children and everybody's confined to the back yard. Now where I grew up you had a front fence so you were allowed to go out the front and play. So you'd sort of ride your bike and you'd bike around and so you did go out in the street.

The widespread fear that children were at risk suggests that parents regard others not as potential allies in the care and education of their children but as indifferent passers-by or, worse,

as risky strangers. Feelings of lack of safety were also linked to the absence of informal links within a neighbourhood. Where neighbours don't know each other, people appear to feel less safe.

Suburbs were also perceived negatively in terms of environmental pollution, and low socio-economic areas were seen to be more likely to be polluted. Areas with more industry were seen as less attractive places, offering few opportunities for people to meet or talk in their community. Here is a typical comment:

Community is about people. But community is also about the environment ... We are in an industrial area. There is nowhere to develop the community. No meeting group. Pubs are not local. It is quiet. Barrenness—no trees, no landscaping. All cement and shop fronts. It would be nice just to wander out and sit down somewhere. Have a few trees and coffee shops. ('Anna', high income, high participation, public servant aged 49 years)

Negative images of community are linked to socioeconomic status and/or social problems. The prevalence of crime and vandalism was related to physical features of the environment such as empty properties, street lighting and organized facilities for children, as well as to social factors such as levels of policing. Certainly a strong theme emerging from our data was a fear of crime and an expressed hatred for particular groups, usually ethnic or indigenous groups. Such views were particularly prevalent among older Anglo-Celtic males. Some of the racist comments we have considered too strongly expressed to quote; however, this extract from an interview with 'John', a 76-year-old pensioner (low income, low participator) indicates the type of feeling. He was asked what kind of community he couldn't live in and replied:

Well I couldn't live with the Vietnamese up in that area [he clarified that this was an area near a camp where migrants were placed when they first came to Australia] ... You can count me out of that ... Well we hated them when we come home from the war. Anyone with slant eyes, well they just weren't one of us. I mean it's different now because you're brought up with them, but not us ... No matter what people tell you, you don't deep down you don't care. You don't want to mix with them.

The older Anglo-Celtic males, of whom John was typical, tended to have limited networks, and few or none that could be considered 'bridging networks', whereby people could access social

capital building resources from a diverse range of sources and have their views challenged. Judging from the interview interaction, this group did not appear to have very well-developed social interaction skills.

The stigma of place

I think that's a kind of sub-culture that's woven into the fabric of every suburb. ('Tom', 49-year-old psychotherapist, high income, high participation)

A strong theme emerging from the data was the notion that, for a variety of reasons, some suburbs were seen as having particularly undesirable characteristics. This was to the extent that certain areas were characterized as 'bad' suburbs. This attribute was measured in terms of graffiti, crime and the lack of opportunity structures. The areas that tended to be singled out as being less than desirable were those with a range of lower than average socioeconomic indicators and that had high migrant and indigenous populations. In contrast to the earlier comments, where people embraced a culturally mixed community, diversity here was undesirable.

This notion of 'bad' suburbs was typically articulated as a place having a stigma associated with it:

It's bad news. It's got a bad name Mansfield Park—it's got a real bad name. Anybody will tell you that. You tell people you're living at Mansfield Park and they say 'Oh, that area!'

Q: Oh really?

A: Yes, that's how bad a name it's got. The only good thing about it is the Parks Community around the corner here ...

Q: You mentioned that Mansfield Park's got a bad reputation.

A: It's always been a bad suburb, it's always had a criminal element in it, but it's just ... It's just that way inclined I think. Cheap housing. All the crims have moved in because it's cheap housing and things like that. Arndale Shopping Centre. Usually on a Thursday's there's about thirty handbag snatches there every Thursday—all elderly people, never young people. ('Rob', a 56-year-old, low income, low participation, invalid pensioner)

The stigma of place was very commonly associated with areas with high density of 'Trust housing'

(public housing provided by the South Australian Housing Trust). 'Beth', a 26-year-old trade union official (high income, high participator), spoke of an area known as the Parks:

... there is a lot of housing trust through there—I don't know whether it is less safe to live there. I suspect that there is the perception that that is the case because there is high unemployment or whatever. Neighbouring communities don't look as nice ... to the extent that they are the pretty basic trust houses ... there is not a lot of trees lining the streets. People actually have quite well kept gardens, but it is not ... its fairly uniform bland suburbia. And there is even less interesting shops and places to walk through.

Another comment expressing similar sentiments was:

... I think there's not so many Housing Trust in this area. I think that's got a lot to do with areas. Because a friend of mine, she lives in an area in Croydon where there's a lot of Housing Trust and she just has a lot of trouble. I mean she's in a Housing Trust as well, but she has a lot of trouble with neighbours. At least here I don't really know them but I don't have any trouble with them. I'd rather it that way than know them and have a lot of trouble with them, that's for sure. ('Sophie', a 20-year-old nursing student, low income, high participator)

Other comments associated Housing Trust areas with a high concentration of single mothers (which was perceived as undesirable), with 'trashed' houses, and with high levels of drug use and associated crime, especially house break-ins.

A further view expressed was that a 'good' suburb was one that was quiet and people didn't interfere with each other. Such views appeared to be held by people who were low participators. A typical expression of this view was:

... I couldn't handle rubbish in the street—a great deal of rubbish lying in the street, where nobody cares. Where nobody respects their neighbours in the sense that they will make noise to all hours—just being impolite in general. ('Debbie', 22-year-old bank clerk, low income, low participator)

or

... in those days, in the early days it was fine, then things deteriorated a little bit. You know, just before I got married more loud people, loud cars, young people and so forth ... I'm very comfortable here I like it, it's nice, it's conservative and it suits me. And as soon

as it sort of turns itself around and becomes rowdy and noisy, I'll probably go and live somewhere else. ('Bruce', 53-years-old, computer software developer, high income, low participator)

Interestingly, one respondent ('Tom', a 49-year-old psychotherapist, high income, high participator) pointed to a kind of reverse stigma of place, where he singled out a 'high class' suburb for its associations with what he saw to be a sense of 'keeping up with the Jones':

Well I've always said that perhaps my favorite suburb in Adelaide would be Springfield. I just love the green and the trees and the space and the gracious homes and everything. But I've always held that view but I don't know how I'd feel about the social environment. I mean I wouldn't want to live in an environment where keeping up with the Jones's was important or where you were judged by superficial things such as your amount of money or what you wear.

CONCLUSION

One of the recurrent themes to emerge from the social capital project undertaken in the western suburbs of Adelaide is the relationship between areas of residence, health and participation. Our data have shown that there is clearly a dynamic between social interactions and physical structures; in particular, aspects of the urban landscape are seen to both facilitate and hinder opportunities for participation in activities that would benefit the health of residents in that area. Our findings support the view of social capital offered by Bourdieu, which stresses the ways in which social capital accumulation is affected by the other resources that people have available to them—in the case of this study, resources from their community's social and physical infrastructure.

Our data has shown that there are links between urban infrastructure and levels of participation. Higher levels of social and civic participation took place in areas where people held a positive image of their environment, where environments were green, and had open spaces and considerable opportunity structures. By contrast, in areas where there were comparatively few 'opportunity structures', there were less opportunities to participate. Accordingly, positive assessments of the neighbourhood that embraced civic engagement, social cohesion and social trust, were much lower in these pockets of the western suburbs. In other words, when looking at low levels of

participation, we can do well to look at the barriers imposed by insufficient or ill-planned urban infrastructure. Previous research on the link between physical environments (defensible space, territoriality, and litter and graffiti) and participation on formal community organizations (Perkins *et al.*, 1996) yielded unclear results. Our findings consider a far broader definition of participation, to include social and civic participation, which may account for the fact that our study suggests that physical environment may be a significant factor in determining people's willingness to participate in their community. Much earlier research on 'sense of community' (a construct sharing some commonalities with social capital) has concentrated on the social psychological perspective [see, for example (McMilan and Chavis, 1986)]. Our research leads us to agree with Puddifoot [(Puddifoot, 1996), p. 333], in that issues of community identity are not just concerned with individual perspectives but also with historical, economic and sociocultural factors which shape communities and the response of individuals to them.

The British architect Richard Rogers has suggested that suburbs should be designed to encourage 'easy contact'. It was clear from our study that some areas do this more effectively than others. An implication for health promotion is that in areas that are designated as deprived, one policy response would be to create places in which people could achieve this easy contact. Examples would be well maintained parks, community cafés, neighbourhood houses and local shops. These 'opportunity structures' should be designed to encourage people to go out and about in their local area. The picture emerging from our study suggests that healthy suburbs are ones that people feel free to move about in and care about. People appear to appreciate the fact that their opportunities for the type of bridging social contact which appears to be so crucial to increasing social capital does not just come about because of the agency of people, but also because of the characteristics of the places in which they live.

Our respondents painted a gloomy picture of the suburbs in the west of Adelaide, which are deprived according to standard socioeconomic indicators. They were seen as areas that did not offer their residents a supportive environment for social interaction. In contrast, the better-off suburbs (those by the beach, for example) were perceived to have better opportunity structures

and so were seen as more convivial. In the lower socioeconomic areas, the facilities that did exist were often felt to have been vandalized and others were seen to have been taken away by government. Quite clearly, a significant effort would be required to improve the opportunity structures in these suburbs.

A community development strategy to provide local social facilitators may be a desirable way to encourage people to have confidence in and use newly established structures. An ideal pilot health promotion program would be one in which an investment would be made in a range of opportunity structures in an area that is stigmatized. Our respondents suggest that the things that encourage people to interact in their community include neutral, 'third' places, where they can go with comfort and ease, a perception of safety when in a suburb, and a pleasant environment. We suggest an initial list of schemes that might encourage environments that have these characteristics:

- a subsidy scheme to encourage local shops and cafés (so providing meeting places and employment);
- parks with community facilitators (who could play a role in increasing safety in the park but also encourage community development);
- attractive places to walk; and
- a general environmental improvement program.

A comprehensive plan of this type may go some way to overcoming the disadvantage associated with low income within an individual household and other disadvantages.

Health promoters have long discussed the need to focus their efforts upstream, and to avoid simply rescuing people once they have health problems. Designing suburbs as places in which contact between citizens is encouraged may be one of the more effective forms of upstream health promotion.

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