

SOCIAL CONTEXTS AND HEALTH



Social contexts can be understood as the relationships and networks of support that people experience, the interconnections within communities, and the involvement of people and communities in decisions that affect their lives.

These relationships and connections (sometimes referred to as social capital) all have important influences on health in a range of ways. The Glasgow Centre for Population Health (GCPH) has reviewed its learning to date about how working with an understanding of social contexts can help improve health and tackle health inequalities.

This review of GCPH and GoWell evidence emphasises the health benefits of the following social features:

- **SOCIAL NETWORKS** (support from family and friends and links to wider networks).
- **COMMUNITY COHESION** (connections within a community and feelings of safety and belonging).
- **SOCIAL PARTICIPATION** (participating in projects, clubs and activities or undertaking volunteering roles).
- **COMMUNITY EMPOWERMENT** (how people are engaged and involved in decisions affecting their lives).

These social features need facilitating to support the health of people and communities, especially for those facing the greatest challenges.

This social contexts review follows on from the synthesis of ten years of GCPH evidence published in October 2014 which emphasised, in line with international evidence, the importance of economic, environmental and social factors for health.

In particular, the GCPH evidence base emphasised the role of four key areas (see the diagram inside): the economy, employment and poverty; early life experience; neighbourhood environments; and social contexts. Interacting with all of these, and having their own effect, are the services, interventions and approaches undertaken to improve outcomes for individuals and communities (indicated by the red line in the diagram). This review highlights the importance of integrated actions across all of these areas to maximise the positive impact social contexts can have on health. Some key areas for action are summarised inside and overall conclusions detailed on the back cover.



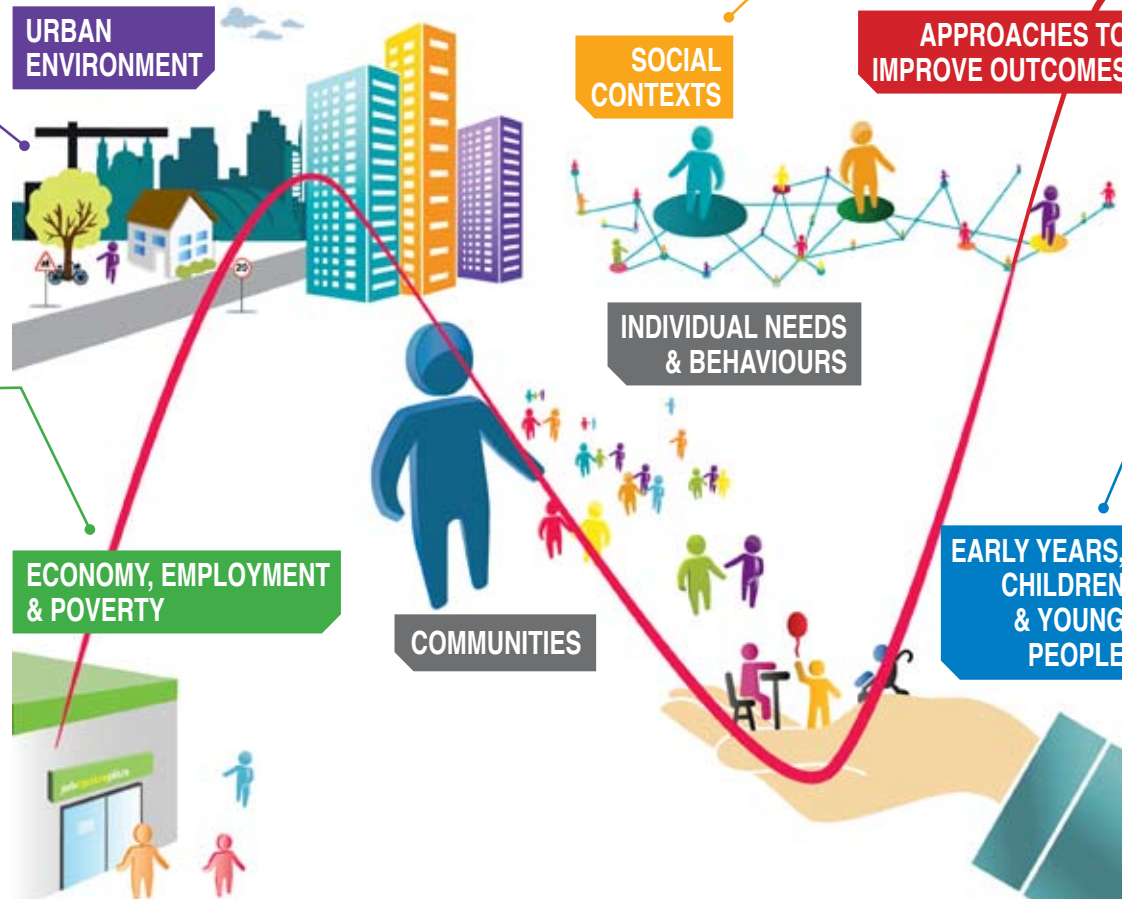
Evidence points to the need to take actions across the wide range of influences on health to maximise the role that SOCIAL CONTEXTS can play in improving health and reducing health inequalities.

- **Design and maintain neighbourhoods** to maximise social contact, feelings of safety and a sense of community.
- **Involve residents** in neighbourhood planning and improvements and support use of new or improved aspects of neighbourhoods.
- Integrate awareness of social networks into **housing development and rehusing decisions** and support community networks in the face of housing or tenure changes.

- Minimise factors leading to **social isolation and loneliness** (e.g. poverty, poor housing, antisocial behaviour, discrimination) and provide opportunities for social participation to develop and expand networks and friendships.
- Tailored support is needed to enable some people (e.g. young people involved in gangs, people experiencing unemployment) to **change or expand their networks** and to link to organisations and agencies that provide help and opportunities.
- **Asset-based approaches** that value the skills, knowledge and connections that exist within individuals and communities need to be embedded, alongside long-term financial investment in communities.

- **Adopt multi-agency working** to support the social functioning of communities (e.g. reducing antisocial behaviour) and to link people (e.g. those who are socially isolated) to social networks, relevant services and other supports.
- Involve service users and community residents in the **design and delivery of services**.
- Maximise the influence of social networks to **promote healthy behaviours** and avoid reinforcing negative behaviours within networks (e.g. normalising excessive drinking as 'youth' behaviour).

- Place **tackling poverty** at the core of all policies and practices – poverty impacts on people's ability to develop and maintain social networks and influence decision-making.
- Support people to gain and sustain **'good' jobs**, with sufficient pay to be lifted out of poverty and to access the social benefits of work.
- Make a focus on **social outcomes and community functioning** central to economic development and regeneration policies and plans.
- Enable people and communities experiencing disadvantage to **build on existing assets, to develop connections for mutual support and to participate in decision-making** affecting their lives – as part of actions to address structural causes of inequalities.



- Children and young people need:
- **positive relationships** and joint activities with parents and other family members.
 - access to their own **social networks** and those their family are embedded in (community groups and schools can help expand networks).
 - **schools** that are safe, provide a sense of community, and take account of income differences (e.g. in terms of social activities).
 - community **amenities** and **leisure activities**, alongside **personal support** for those experiencing difficulties.
 - opportunities to be included in **decision-making** that affects their lives or local areas.

The evidence and actions highlighted in this leaflet are discussed in detail in the 2016 GCPH publication “**Social contexts and health: a GCPH synthesis**”. This report, and other GCPH publications are available on the GCPH website. Information about the GoWell research and learning programme, including publications, are available on the GoWell website.

Social contexts and health

- Public sector, third sector, private sector and community groups should ensure that they **adopt approaches that develop, rather than undermine or damage social features that support health** (i.e. individuals’ networks of support, connections within communities, opportunities for social participation, and empowering people to participate in decisions affecting their lives).
- Approaches to support these social features should not be seen as ‘extra’ interventions, rather they should be **integrated into existing and future approaches** cutting across the range of areas detailed in the diagram inside. This applies to all aspects of work that aim to improve people’s lives, even those that may appear to be only about individual outcomes or may seem unrelated to ‘social’ aspects of life (e.g. physical infrastructure).
- **Actions related to social contexts should be undertaken alongside and integrated with actions to tackle broader inequalities.** It is difficult to make a distinction between ‘material’ and ‘non-material’ influences on health, since individuals’ networks, social aspects of communities and levels of empowerment are related to structural issues of income inequalities within society.
- Reflecting on the importance of social contexts for health prompts wider questions about how **greater cohesion can be fostered across cities or regions**, and more broadly, how to **counter individualism in society** and increase a shared sense of responsibility among citizens.



Further information

GCPH: www.gcph.co.uk

GCPH Twitter: <https://twitter.com/theGCPH>

GoWell: www.gowellonline.com