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Thriving Places' family meal and homework club: parents' experiences of social capital

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Supervisors: Dr Richard Brunner and Dr Cindy Gray

A dissertation submitted in part requirement for the degree of in MSc Global Health

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Abstract

As the association between social capital and health has become better established over the last decade, it is a concept that is increasingly implemented as part of community programmes to tackle health inequalities. For example, the Thriving Places approach uses social capital as part of an assets-based approach to address community health inequalities in Glasgow. To this end, the aim of this study was to explore the concept of social capital in the context of Thriving Places' family meal and homework club. The study sought to expand the currently limited body of qualitative literature on social capital in the UK.

Qualitative data was gathered using six semi-structured parent interviews and two participant observations. Iterative analysis revealed a number of significant themes that closely coincided with elements of social capital from the literature. This included voluntary association; the development of horizontal networks through bridging social capital and vertical networks through linking social capital; mutual trust between parents; participation; and community engagement. This dissertation discusses the research process and provides a detailed analysis of the results. It suggests how the results are relevant in the field of social capital and how the results might influence similar community programmes.

1. Introduction

The Marmot Review (2010: 30) states that social capital 'provides a source of resilience, a buffer against risks of poor health, through social support which is critical to physical and mental wellbeing'. As this association between social capital and health has become better established over the last decade, social capital is increasingly adopted as part of contemporary strategies to tackle health inequalities (Forrest and Kearns, 2001). Health inequalities in Glasgow, namely one of the most deprived cities in Europe, have been particularly persistent and are, therefore, extremely relevant to UK health (SIMD, 2012). For example, the difference in male life expectancy between the most affluent and deprived areas of Glasgow is 12 years, a figure which has steadily increased since 1981 (Hanlon, Walsh and Whyte, 2006). This has become known as the 'Glasgow effect' which proposes that health inequalities exist 'regardless of deprivation or social class' (The Scottish Governemt, 2008: 60). This, therefore, suggests other influencing factors must be considered to fully explain the persistent health inequalities in Glasgow (Hanlon, Walsh and Whyte, 2006). Increasing association between health, deprivation and social capital suggests that this could be the answer and has caused renewed interest in the local community as a strategy for targeting persistent inequalities (Etzioni, 1993).

To this end, the Scottish Government have adopted a national assets-based approach that uses social capital at a fundamental component in community health improvement efforts (The Scottish Government, 2013). An assets-based approach involves harnessing existing skills and resilience, such as social capital, to be utilised protectively (Morgan and Ziglio, 2007). An example is the Thriving Places approach that provides a number of community programmes in deprived areas of Glasgow, such as the family meal and homework club (Glasgow Community Planning Partnership, 2013). The club engages with primary school children for homework support and parents who take part in a cooking class (Glasgow Community Planning Partnership, 2013). The aim of this research was to explore the concept of social capital in the context of Thriving Places' family meal and homework club.

The term ‘social capital’ was first coined by Pierre Bourdieu (1980) in the 1970’s. Since then Bourdieu, along with Robert Putnam (1993) and James Coleman (1988), the founding fathers of social capital, have developed distinct conceptualisations of the term which has gained increasing cross-discipline interest over the last 40 years. Putnam’s (1993) definition of social capital, and one that will be used for the purposes of this study, is ‘the features of social organisations such as networks, norms and trust that facilitate co-ordination and co-operation for mutual benefit’ (Putnam, 1993: 35). These elements are still used as contemporary measures of social capital. Other measures include voluntary association and social participation (Forrest and Kearns, 2001).

To begin, this dissertation will explore existing literature in the field of social capital, its association with health and its role in tackling health inequalities in Glasgow. Next, the methodology will be outlined including the research design and methods of data collection and analysis. The fourth chapter will contain a detailed analysis of parents’ experiences of social capital in relation to pre-established research objectives. The fifth chapter will discuss and summarise the findings in light of the research objectives and existing literature. This chapter will also outline the limitations of the study and suggest areas for future research. Finally, the last chapter will conclude by summarising how the research adds to the field of social capital and what implications it may have for similar programmes in Glasgow and UK.

2. Literature Review

This chapter provides a review of the existing body of literature on social capital using Putnam's (1993) conceptualisation to explore its positive relationship with health and its contemporary use as a focus of community strategies for reducing health inequalities in areas of deprivation (Kirkby-Geddes, King and Bravington, 2013; Tzanakis, 2013)**.** An example of such a project is Thriving Places' family meal and homework club in Glasgow (Glasgow Community Planning Partnership, 2013).

2.1 Social capital

The term 'social capital' is one that has been contested in academic literature since the concept was founded by Pierre Bourdieu in the 1970s (Bourdieu, 1980). Since its introduction, academics have defined and developed the concept of social capital in distinctive directions. For example, three scholars who have significantly contributed to current conceptualisations of social capital, Bourdieu (1989), Coleman (1988), and Putnam (1993), all have different theoretical constructions of the term. However, Coleman (1988: 98) concludes that there are two commonalities to all interpretations, 'they all consist of some aspect of social structures, and they facilitate certain actions of actors […] within the structure'.

Social capital can be viewed as acting on different levels of society. For example, Bourdieu's (1989) work focuses on social capital within individual networks in relation to social class and power relations, otherwise known as the network theory (Kawachi, Subramanian and Kim, 2008). This is different to Putnam's (1993) work which focuses on the collective element of social capital that explores the availability of resources to members of social groups. This is known as the social cohesion theory (Kawachi, Subramanian and Kim, 2008). Putnam used this theory to explain what makes an economically and politically successful government nationally (Putnam, 1995). His hard-hitting, large-scale claims are perhaps the reason why his collectivist approach has been the most popular in academic research and public health (Kawachi, Subramanian and Kim, 2008).

Social capital is referred to by Coleman (1988) as a public good within the community. This means it, not only benefits the individual investing in it, it benefits

all members who are part of the social structure. This is unlike other forms of capital, such as physical, financial and human capital, which can be described as a private good, where investing individuals solely enjoy the benefits. Different forms of capital work together with the promise of producing optimal outcomes for communities, however, without social capital other forms of capital are less likely to be effectively operationalised (Coleman, 1988). This suggests the 'social environment is of particular importance' (Poortinga, 2012: 287).

Concurrent with differing definitions of social capital, different explanations of its domains and how it operates within society exist. Putnam (1993) describes it as being comprised of three elements: positive social values; moral obligations and norms; and social networks. He states that the most important example of a positive social value is trust. This includes both trust between residents in a community and trust in the institutions or organisations that govern the community (Forrest and Kearns, 2001). Trust between residents is exchanged in a cyclical process of reciprocity that can be described as self-reinforcing and mutually beneficial (Siisianien, 2003). Evidence from the World Values Survey (1991) indicated that across 35 countries, high social trust was strongly positively correlated with community engagement, another important element of social capital (Putnam, 1995).

Active participation in organised groups within the community, known as voluntary associations, facilitate community engagement and mutual trust through the development of horizontal and vertical social networks between its members (Cattell, 2001). Within an organisation, horizontal networks refer to ties between fellow residents, whereas vertical networks refer to ties between different classes or power relations (Srzreter and Woolcock, 2004). These ties contribute to a sense of 'belonging' to the organisation, another component of social capital which connects individuals to both the place and its people and keeps individuals returning to the organisation (Burns et al., 2000). These stocks of social capital are reinforced and maintained by social norms and values between members which create expectations of behaviour within a closed group that are regulated by sanctions and individual reputations (Coleman, 1988). Another domain of social capital, identified in a Scottish study of housing (Burns et al., 2000), is the empowerment of individuals within this matrix of mutual trust and reciprocity to confidently voice opinions and to be involved in the community processes that affect them. All of these elements work together in a

cyclical and self- replenishing manner to produce social capital that can be used by individuals and communities to optimise investment in other types of capital (Putnam, 1993). For the purpose of this research, social capital is defined as the 'features of social organisations such as networks, norms and trust that facilitate co-ordination and co-operation for mutual benefit' (Putnam, 1993: 35). While alternative explanations offer a more individualized perspective (Bourdieu, 1989), this definition is relevant to this research that is concerned with social capital as a collective phenomenon that is exerted across an organisation (Tzanakis, 2013).

The different domains of social capital can work together toward three ends, bridging, bonding and linking social capital (Szreter and Woolcock, 2004). Differentiating between the types of social capital can provide a more nuanced understanding of the relationship between social capital and health (Kawachi, Subramanian and Kim, 2008). Bonding social capital involves increasing the cohesion of horizontal networks between members of the same or similar social identities, such as class, gender or ethnicity. Bridging social capital expands weak horizontal networks between members of different social identities and linking social capital develops weak vertical networks between differing power relations (Szreter and Woolcock, 2004).

Bonding social capital's strong ties are a common coping mechanism in disadvantaged communities and are important to a sense of community belonging. However, Mitchell and LaGory (2002) found this bonding actually increased mental distress in a disadvantaged community, potentially due to excessive demands and expectations of individuals. In addition to this, while bonding provides individuals with a means to cope with hardship, it does little to facilitate health improvements (Portes and Landolt, 1996). In contrast, bridging social capital has the potential to create more cohesive and respectful communities. For example, Erickson, (2003: 26) stated that a broader, diverse range of networks 'improves one's chances of getting a good job, developing a range of cultural interests, feeling in control of one's life and being healthy'. Vertical ties through linking social capital are part of this diverse network as connections with people in positions of perceived power has the potential to create more trusting communities who are better able to mobilise political resources and are more receptive to health promotional efforts (Poortinga, 2012).Therefore, it is suggested that bridging and linking social capital should be prioritised in order to

optimise access to resources outside the comfort of one's specific social milieu (Kawachi, Subramanian and Kim, 2008).

2.1.1 Social capital and health

Although the term social capital has been discussed since the 1970's, its association with health has become of increasing interest over the last decade (Kawachi, Subramanian and Kim, 2008). It is now widely accepted that social capital is strongly associated with multiple aspects of both physical and mental wellbeing through a number of potential mechanisms (Berkman et al., 2000). Research has shown that social capital can positively affect physical health in terms of over-all mortality, self-reported health, chronic conditions and infectious diseases (Kawachi, Subramanian and Kim, 2008). For example, a study by Lochner et al. (2003) in Chicago found that social capital, measured by reciprocity, trust and civic participation, was significantly associated with lower death rates and less deaths from heart disease. A study in Sweden also found that social capital, measured by the number of individuals voting in local elections, was associated with a significant positive difference in incidences of coronary heart disease (Sundquist et al., 2006).

Social capital can also affect mental health. For example, Rose (2000) used multiple regression analysis of the 1998 New Russia Barometer survey to show that social capital was significantly associated to emotional wellbeing. The 18 varied indicators of social capital explained 15.7 percent of the variance in emotional health, a statistically significant result that led to the conclusion that 'social capital is of substantial importance for […] emotional health' (Rose, 2000: 1428). As mental and physical health are closely linked and influence each other (Kawachi, Subramanian and Kim, 2008), the role of social capital in all areas of health is important. The empirical evidence linking social capital to various elements of health makes it a popular concept in policy to explain and tackle persistent health inequalities (Portes, 2000). For example, in the UK's coalition government, community participation, as a key component of social capital, featured in policy documents as fundamental in a push for social change (DoH, 2011). While the association is widely accepted, the exact mechanisms by which social capital is operationalised in the context of health is not clear. Potential pathways in which social capital can influence health include: heath behaviour pathways that regulate life-choices such as smoking, alcohol

consumption and exercise; psychological pathways that affect self-efficacy, self-esteem, coping mechanisms and distress; and physiologic pathways such as immune system function and cardiovascular reactivity (Berkman et al., 2000).

While the majority of attention tends to be focused on how social capital positively influences health, as previously mentioned in relation to bonding social capital, it is important to recognise the potential adverse effects of social capital (Portes and Landolt, 1996). For example, shared norms can create excessive demands, expectations of conformity, and exclusion which can all have negative mental health impacts (Portes and Landolt, 1996). In addition, increased social networking can perpetuate the spread of infectious disease (Berkman, 2000). The contested character of social capital's association with health makes it an important area for continued research to establish the mechanisms by which it operates in the context of community health.

2.1.2 The degradation of social capital

In Putnam's publication 'Bowling Alone' (1995) he convincingly argues that, in the context of American society, there is a steady and rapid declining stock of social capital which affects the country's governance and democracy. For example, from 1973 to 1993 the number of people who reportedly attended a public meeting in the last year had fallen from 22 percent to 13 percent. He suggests that this is not an issue confined to America but a universal concern of contemporary societies that are experiencing the 'information age'. Steady increase in the use of technology, such as televisions and computers, have privatised and individualised leisure which has reduced community networking. In addition to this, increasing numbers of women in the workforce and increased mobility and uprooting are both potential factors influencing diminishing levels of social capital in modern society (Putnam, 1995).

Rather than a complete loss of social capital, it is viewed by some as a transformation of connectedness (Castells, 1997). As society evolves, so does the role of family, friends and community ties. Leisure, work and domestic activities are no longer confined to the boundaries of the neighbourhood and networks map beyond the geography of residential location. This referred to as a 'contemporary neighbourhood' (Forrest and Kearns, 2001: 2130) where the protective nature of traditional community

ties, such as shared space and local friendships, may be replaced with tertiary associations, such as charities, where values are shared but members are not directly connected (Putnam, 1995). This contributes to the urban age of privacy, anonymity and competition (Forrest and Kearns, 2001).

While the neighbourhood, in its contemporary form, remains a part of everyday life, its potentially less influential role in health protection poses a concern for public health professionals (Forrest and Kearns, 2001). Improving the most effective forms of social capital in these contemporary neighbourhoods serves as a building block for positive outcomes, such as education and employment, through a more connected and engaged community (Putnam, 1995). Specifically through weaker ties with people of varying social identities and vertical ties with professionals or staff through bridging and linking social capital to promote self-help and mutuality (Poortinga, 2012).

2.1.3 The importance of social capital in disadvantaged communities

The loss of traditional community ties is especially a concern in disadvantaged areas that are commonly thought to lack the resources required to maintain effective levels of social capital. Fukuyama (1999) describes the 'great disruption' of western societies which involves the rise of crime rates, long-term unemployment, divorce and lone parenthood in disadvantaged areas. All of these elements contribute to disorganised communities that are likely to become dislocated from mainstream society (Forrest and Kearns, 2001).This dislocation, however, is often a macro process that fails to recognise the importance of the lived experiences of the community in the attempted repair of social capital in these settings.

Despite Putnam's (1995) previously mentioned theory that American society is becoming more mobile and networks are spreading into spheres of employment, in disadvantaged communities, low levels of employment and ownership of cars and high levels of single parenthood means individuals often spend more time in the community in which they live (Friedrichs, 1997). This makes the community context, and the social capital within it, a key area to study and target in relation to health inequalities in disadvantaged areas (Friedrichs, 1997). While these qualities increase stocks of bonding social capital, a critical review from Glasgow (Forrest and Kearns, 2001) highlighted that weak ties from bridging and linking social capital are often in

short supply which can limit opportunities and perpetuate disruptive social norms. The importance of social capital in disadvantaged areas has caused increasing focus on the local community to tackle persistent health inequalities (Etzioni, 1993).

2.2 Health inequalities in Glasgow

While the majority of research on social capital has been conducted in America and founding research in Italy (Putnam, 1995), as a major influence of health, and one that is popular in current UK policy (The Scottish Government, 2013), it is a concept that needs further exploration in the context of UK society (Kirkby-Gedds, King and Bravington, 2013). Social capital is an established strategy for tackling deprivation and social exclusion (Etzioni, 1993), therefore the exploration of social capital in Scotland, where 'health inequalities remain a significant problem', is essential (The Scottish Government, 2008: 8). As two, out of the top three, most deprived areas in Scotland are situated in Glasgow research into social capital in this city is extremely relevant to UK health (SIMD, 2012).

2.2.1 Persistent health inequalities

As medical technology and research develops, life expectancy and quality of life in the western world improves. While this general trend is true for Scotland, the rate of improvement is considerably slower than other countries in Europe. Furthermore, these improvements in health are experienced at a faster rate in affluent areas so the relative health inequalities in Scotland have worsened over time. This is reflected across Glasgow (Hanlon, Walsh and Whyte, 2006). For example, in the most affluent areas of Glasgow male life expectancy has increased since 1981 to over 76 years, three years above the Scottish average. In contrast, in the most deprived areas of Glasgow male life expectancy has decreased from 65.3 to 64 years over this period. This pattern is not just true of life expectancy, but in almost every measure of health (Hanlon, Walsh and Whyte, 2006). These persistent health inequalities have become known as the 'Glasgow effect' which describes excess mortality that exists beyond the explanation of current measures of deprivation. This suggests that deprivation is 'only one part of a complex picture' (Walsh et al., 2010: 488). Increasing association between deprivation, health and social capital suggest that this could be the answer

(Hanlon, Walsh and Whyte, 2006). Data from the Greater Glasgow Health and Wellbeing Survey (NHS Greater Glasgow and Clyde, 2002) shows that a respondent was three percent more likely to have been a member of a committee in the last three years if they lived in one of the three least deprived areas of Glasgow (11 percent) compared to the three most deprived areas (seven percent). This represents civic engagement and, as a common measure of social capital, suggests that the more deprived communities in Glasgow lack social capital. This pattern was similar in all other measures of social capital including reciprocity, trust, membership, isolation and volunteering (NHS Greater Glasgow and Clyde, 2002). This increasing association between multiple elements of social capital and deprivation warrants qualitative exploration to uncover how social capital is operationalised in this setting and to explore the mechanisms by which it has the potential to affect community health (Kirkby-Gedds, King and Bravington, 2013).

2.2.2 An assets-based approach

Previous governmental attempts to reduce health inequalities in Glasgow have focused on addressing deficiencies in physical and human capital through large-scale, high cost projects that aim to regenerate and rebrand the city. This is known as the deficit approach (Morgan and Ziglio, 2007). The most recent example is the large financial investments made on the 2014 Glasgow Commonwealth Games in Glasgow's East End, which promised to deliver long lasting, positive health impacts in its wake (Glasgow City Council, 2009). While it is too early to assess its impacts on Glasgow's health inequalities, it has been argued that benefits are restricted to those 'who had the social, cultural and economic capital necessary to grasp them' (Kidd, 2016: 2-3).

Statistical evidence of persistent health inequalities in Glasgow confirms that 'we need better ways of working' (The Scottish Government, 2010: 25). For example, in Parkhead and Dalmarnock 37.9 percent of people still live in income deprivation and 31.9 percent of people are limited by disability (SIMD, 2012). The need for a new direction of health interventions has seen national endorsement of an assets-based approach that has been adopted across all sectors by the Scottish Government (The Scottish Government, 2010). An assets-based approach involves developing existing strengths, skills, capacity and resilience in communities to be utilised protectively

(Morgan and Ziglio, 2007). Increasing literature suggests that the most important and influential assets are those that build social capital and encourage it to be operationalised to access health protective resources that may be in the form of other types of capital (The Scottish Government, 2013). Social capital can be developed through identifying existing assets, such as community spirit and shared community space, and encouragement of voluntary associations that create social norms and values within trusting and diverse networks (Putnam, 1993). Social capital can be used to empower individuals to actively collaborate with stakeholders to become co-producers of their own health rather than dependant service consumers (The Scottish Government, 2013). While the link between social capital and community health is evident, further research is needed to explore the specific mechanisms by which this assets-based, social capital approach is operationalised at the community level (Berkman et al., 2000).

2.3 Thriving Places

In line with the Scottish governments' adoption of an assets-based approach is Glasgow's Single Outcomes Agreement (SOA) which works to improve health through targeting alcohol, youth employment, and vulnerable people. An assets-based approach has been adopted to tackle these priorities. Part of this strategy is the Thriving Places approach: 'an intensive neighbourhood approach', which delivers community programmes in the most deprived areas of Glasgow (Glasgow Community Planning Partnership, 2013: 29), identified by robust evidence (SIMD, 2012). Programmes are developed to work alongside residents in a flexible, long-term partnership. One of the core principles, and general ethos, of the Thriving Places approach is to 'build social capital and empower communities, making the most of the assets in a neighbourhood to do this, be they the buildings, the organisations or the people' (Glasgow Community Planning Partnership, 2013: 32). The use of social capital as a health asset in its own right, as well as a strategy to unlock other embedded assets, is supported by the increasing body of literature evidencing the relationship between social capital and health (Berkman et al., 2000; Hyyppa and Maki, 2003; Kawachi, Subramanian and Kim, 2008).

2.3.1 The family meal and homework club

Glasgow's East End is home to some of the most income, employment and health deprived data zones in Glasgow (SIMD, 2012). Thriving Places has developed a range of community programmes across east Glasgow. This research explores social capital in the context of one of these programmes, the 'family meal and homework club'. The club is delivered through a local community centre and engages with parents and children of a primary school age (four to eleven years) from two schools in the area. This area is located on the outskirts of one of the most deprived data zone in Glasgow (Hanlon, Walsh and Whyte, 2006).

The club runs once a week and addresses education, nutrition and social capital. In the first hour of the club the children receive support with their homework while their parents have the opportunity to be involved in a cookery class that teaches basic skills to produce an affordable, nutritionally balanced meal. At the end of the club the children, parents and staff sit down and eat together. While the practical elements of the club address some of the evident human and economic capital inequalities, the club also aims to develop horizontal and vertical networks as a means of unlocking other assets (Poortinga, 2012). As previously discussed, the benefits of social capital are not only directly enjoyed by the individual investing in it but by the club as a whole. Therefore, not only does the cooking and homework-support benefit individuals in its own right, but the personal reward encourages individual investment which promotes the development of collectively beneficial social capital (Coleman, 1988). The aim is for these stocks of social capital to be used by individuals to make use of all available assets that will impact the multiple factors influencing health, a quality that has been established as important for successful interventions (Forrest and Kearns, 2001).

The club involves the collaboration of multiple, local stakeholders including primary school teachers for homework support and AXIS, a community health provider funded by health improvement, for the cooking sessions. The club aims to become sustainable in that it intends to become parent led. The initial success of the family meal and homework club has led to the development of a second club in an additional area in Glasgow's East End (Glasgow Community Planning Partnership, 2013).

2.4 Conclusion

In summary, the concept of social capital has been academically debated since its introduction 40 years ago but has only been associated with health in the last decade (Kawachi, Subramanian and Kim, 2008). As Glasgow's health inequalities persist, despite attempts to target physical and human capital deficiencies, there has been a change in focus from a deficit to assets-based approach. This has seen the development of projects such as Thriving Places who hold social capital as a core principle in achieving health inequality reduction (Glasgow Community Planning Partnership, 2013).

The majority of previous research related to social capital has been conducted using large statistical surveys (Putnam 1995; Poortinga, 2012). While this has been invaluable in establishing the credibility of the association between social capital and health, is has neglected the lived-experience of social capital in disadvantaged communities that is fundamental to understanding how social capital is operationalised. More qualitative research is needed to explore people's individual experiences of social capital in their day to day community lives (Kirkby-Gedds, King and Bravington, 2013). In addition, the majority of research has focused on the lack of social capital in deprived areas or communities. As social capital is increasingly used at the community level, as part of an assets-based resolution to health inequalities, more research is required to assess the mechanisms by which pockets of social capital within disadvantaged communities are operationalised by individuals (Forrest and Kearns, 2001). To this end, this research uses a qualitative approach to explore parent's lived experiences of social capital in an organisation that is expected to have large stocks of it through four research objectives. Firstly to explore parent's experiences of how the club has helped develop social networks through bridging and linking social capital. Secondly, how trust is developed through these networks. Thirdly, experiences of participation in the club through responsibilities that contribute to the running of the club. And lastly, to explore how the club promotes engagement with other services and community activities outside of the club. The research's specific focus on the 'family meal and homework club' is a unique one that has not previously received any academic focus making the research novel, current and relevant to the status of Glasgow's health.

3. Methodology

This chapter provides an overview and the reasoning behind the qualitative methods adopted in this study. It describes how an iterative, interpretivist approach has been adopted to explore the concept of social capital. Six individual parent interviews and two participant observations were conducted, with questions centred around a number of research objectives, outlined above. These objectives include aspects of social capital that are prominent in both the literature and the data. In this study, the term 'parent' has been used to refer to the adult accompanying the child to the club, this may be a parent, grandparent or guardian.

3.1 Research design

A qualitative research design, including semi-structured interviews and observations, was used to understand parent's experiences of social capital, in the context of the Thriving Places homework club. Qualitative research is used in the field of social science to investigate the detail and depth of the different layers that construct society by building a story of thoughts, feelings, and experiences within their social context (Bryman, 2012). This story is key to understanding *why* and *how* a social phenomenon occurs, rather than a quantitative approach which seeks to prove its existence through objective hypothesis testing (Seidman, 2013). The word 'story' comes from the Greek word '*histor'* meaning 'wise' and 'learned', highlighting the importance of qualitative research to explore people's personal experiences (Seidman, 2013).

An inductive approach to the formation of theory has the potential to create a more egalitarian relationship between the researcher and the participant, in comparison to a deductive approach where the researcher more strongly guides the direction of the outcome (Punch, 2014). Semi-structured interviews with parents were used to create an informal, conservation-like interview, in which participants had the freedom to expand on relevant areas of interest. By the researcher volunteering small amounts of personal information during the interview, an exchange of knowledge created data that was co-produced by the researcher and participant. This built trust and familiarity throughout the interview that sought to optimise communication and subsequent detail that was essential in exploring the research objectives. Similarly, the researcher

contributed to the observed sessions, interacting with staff and parents whilst recording field notes. Prolonged engagement with the club's culture facilitated this level of communication through numerous informal visits to the club following a Thriving Places seminar at the University of Glasgow in October 2015. This provided an opportunity to meet Thriving Places staff and be introduced to potential participants. Familiarity of the researcher sought to limit disruption of behaviour during observations and hoped to create detailed and honest interview transcripts (Lincoln and Guba, 1994).

The incorporation of the researcher as a co-producer of data means that it is essential to consider the researcher's identity and how it may influence the subjective interpretation of the data (Ambert et al., 1995). Although the participant's familiarity with the researcher may have created a conversation-like dialog, as a younger student from England who is not herself a parent, a difference in social identity prevented the formation of a close bond which limited the chance of unanticipated self-exposure of sensitive issues (Ambert et al., 1995). While this is a more ethical relationship, it meant that a truly equal association was not achieved which may have inhibited some level of detail and honesty in the data.

An interpretivist epistemology is concerned with the 'subjective meaning of social action' and is the stance that formed the basis of this study (Bryman, 2012: 30). The research aimed to explore parent's subjective experiences of social capital and therefore the research strategy was designed to contribute to an understanding of human behaviour that is influenced by the social environment surrounding it (Bryman, 2012). Semi-structured interviews were used to elicit individual's interpretation of social capital which was further interpreted by the researcher during analysis based on pre-existing assumptions that contribute to a social identity. Therefore, the social identity of both the participant and the researcher affected the results and should be considered when applying the findings to existing concepts of social capital (Bryman, 2012).

In summary, a qualitative research design was adopted to allow the voices of participants to lead the direction of the results. While prolonged engagement facilitated comfortable communication between the researcher and participant, differing social identities allowed this relationship to remain ethical. An interpretivist stance recognised the multiple layers of interpretation that was involved in shaping the

results according to participant and researcher characteristics, values and relationships. The results should, therefore, be interpreted by the reader with this in mind.

3.2 Methods of data collection

3.2.1 Interviews

The main method of data collection was individual semi-structured interviews of parents from the homework club. The questions were designed to explore experiences of social capital. The interviews started with straightforward questions to build rapport and allow participants to feel comfortable with the interview process. The questions were designed to become more specific and focused. Extensive research allowed initial anticipated themes to be identified and questions on the topic guide (see Appendix A) were organised in accordance to these themes.

The interview questions had the potential to cover personal topics that probe unanticipated experiences outside the boundaries of the homework club itself. To this end, the informal and open-ended nature of the semi-structured interviews lent itself to the use of a topic guide to ensure the interview remained relevant to the research focus, while allowing participants to expand on areas relevant to their own personal experiences. Unanticipated themes were encouraged through the use of probes (Seidman, 2013). For example, when asking participants if they had taken on any responsibilities during the club, the following probes were used, ‘if yes, what are these responsibilities and how do you feel about being involved in the running of the club?’

One or two interviews were conducted at the club each week, six interviews in total. The topic guide was amended each week in an iterative process to allow for unanticipated themes. For example, after the first two interviews, the topic guide was amended to explore cross-cultural communication within the club, which emerged from preliminary data as relevant. The interviews were conducted at the community centre where the club is held during the normal hours of the club and lasted between 15 and 30 minutes. This varied depending on the practical components of the club such as the cooking class or childcare. A limitation of conducting interviews within the hours of the club was that some interviews may have been cut short or rushed because of participant’s practical commitments. However, these settings minimised

burden as participants did not have to sacrifice free time or make additional travel arrangements. The interviews were conducted in a small room adjacent to where the club takes places in order to offer privacy, while ensuring that participant felt comfortable in a familiar setting. The secure setting also minimised risk of harm to the researcher as field work involved traveling to and from an unfamiliar area without the presence of Glasgow University staff.

3.2.2 Participant observation

Participant observations were used as a supplementary method of data collection to triangulate, or cross check, the interview data (Bryman, 2012). Two observations of the club's cooking sessions were conducted. The researcher's stance in this study was the 'observer as the participant' which Gold (1958) describes as the most ethical position as the researcher's main role is to observe, however, participants are fully aware of the researcher's presence through some level of participation. For example, the researcher would ask participants what they were cooking and comment on appetising smells, however, would remain quiet and take notes for the majority of the session. This allowed detailed field notes to be made.

The researcher's attention was focused in accordance to anticipated themes laid out in an observation proforma (see Appendix B). Observations that are supported by interviews are described by Werner and Schoepfle (1987) as 'focused observations' and were used to inform the interview topic guide. For example, it was observed that parents divided into pairs for the cooking session, this concept was explored in subsequent interviews in order to elicit data on how horizontal networks may develop through the club. Not only did the observations influence the interview direction, but they provided contextual detail to the interview transcripts in order to produce a holistic understanding of social capital. The use of participant observations in addition to interviews increased the validity of the research as it allowed first-hand experience of participant's behaviour rather than self-reported accounts which may have been biased (Dewalt and Dewalt, 2002). The observed sessions were audio-recorded with consent so direct quotes could enrich this account. However, due to background noise the recordings were inaudible.

3.3 Sampling

Six parents from the club were interviewed and up to 16 participants were involved in the observed sessions, a mixture of parents and staff. Approximately 22 parents attend the club each week (Glasgow City Council, 2016). Participants were recruited to be interviewed through purposive, opportunistic sampling as the busy environment of the homework club meant that parents had limited time to devote to the interview as well as a restricted period of field work (Bryman, 2012). The original timetable for data collection was adapted to fit in with the practicalities of the club, for example which parents turned up to the club each week and who was involved in the cooking sessions. Both the Thriving Places staff and the observations provided an introduction to parents which facilitated interview opportunities.

Table 1: Demographic characteristics of study participants

Participant	Sex (M/F)	Age range (years)	Origin	Associated primary school (A/B)	Introduction to the club
1	F	50-59	Glaswegian	A	School
2	F	30-39	Glaswegian	A	School
3	F	30-39	Glaswegian	A	School
4	F	20-29	Pakistani	B	Community centre
5	F	20-29	Glaswegian	A	Community centre
6	F	30-39	Glaswegian	A	School

Table 1 shows the demographic characteristics of the six interviewees. All participants interviewed were female and aged between 28 and 50. All participants except one were born in Glasgow and, while it was interesting to gain a unique perspective of social capital from another nationality, the sample was not representative of the range of cultures that the club engages with. This was due to ethical concerns regarding the levels of English required to gain informed consent and to conduct an interview without an interpreter. However, each parent at the club has multiple aspects of their social identity such as age, gender, class and ethnicity, therefore the true diversity of the club could never be represented. This study offers a qualitative investigation of the

flow of social capital amongst parent's attending the club, whatever their formal identity. As all but one parent attending the club is female, it is not surprising that no males were interviewed. This constraint means that the research objectives can be addressed according to only female experiences of social capital. There was an element of homogeneity between interviewed participants as they were all female parents from the same socioeconomically disadvantaged community. This was due to the small sample size used due to time constraints. This contributed to a lack of breath in the results, typical of qualitative research.

3.4 Ethical considerations

Written informed consent was gained prior to all interviews and observations using consent forms (see Appendix C and D). As well as providing a participant information sheet (see Appendix E), the research was verbally explained to cater for anticipated low literacy levels among participants. Participants were reminded of the research intentions prior to the second observed session to ensure consent remained informed. In order to protect participant's identities and fully anonymise data: participant numbers were used; original names were securely stored on a password protected computer; associated primary schools were labelled A and B; identifying locations were blanked out; and names of parents and staff were blanked out of observation field notes. Names were removed from any printed documents. Full ethical approval was granted by the University of Glasgow ethics committee before recruitment or data collection began (see Appendix F).

3.5 Data analysis

All interviews and observed sessions were audio recorded with consent. Interviews were manually transcribed and observation field notes were expanded into a thick description. Notes and transcripts were then uploaded to NVivo (v11) for manual coding and analysis.

This study adopted a grounded theory approach (Glaser and Strauss, 1967), described by Hussein et al. (2014: 1) as 'a practical and flexible approach to interpret complex social phenomena'. Grounded theory places the research process and the formation of theory as 'two parts of the same process' (Glaser, 1978: 2). This is an iterative process

which means constant interplay between data collection and analysis (Strauss and Corbin, 1990), seen in multiple amendments of the interview topic guide after initial analysis of the transcripts. Initial stages of data analysis involved a process of ‘open coding’ in which transcripts and field notes were broken down into narrow, meaningful fragments (Bryman, 2012). From here, these concepts, or codes, were connected to produce broader themes as discussed in section 4. This process was conducted, using NVivo (v11), throughout the period of data collection in order that emerging themes affected subsequent data collection. The codes and themes produced were guided by the data as it was produced which allowed the process of ‘constant comparison’ to be used to explore relationships in the data within and between methods of data collection (Bryman, 2012). A major criticism of coding is that it is easy for information to lose context and take on a new and unintended meaning. To minimise this, the transcripts and field notes were re-read and the audio recordings were listened to multiples times to ensure participants attitudes and feelings were accurately reflected in the themes (Seale et al., 2007).

4. Results

The aim of the study was to explore parent's experiences of social capital. A fundamental component of social capital and one that is used as a contemporary measure is voluntary association with organisations, this was analysed as the first theme (section 4.1). Literature suggests that weaker social networks, both horizontally through bridging social capital and vertically through linking social capital, are specifically important to community health in a disadvantaged setting (Poortinga, 2012). Therefore, bridging (section 4.2) and linking (section 4.3) social capital were analysed as the second and third themes. Other well established concepts of social capital from the literature include mutual trust (section 4.3), active participation (section 4.5) and community engagement (section 4.6) which were analysed as the fourth, fifth and sixth themes. The following section provides an in-depth analysis of these themes based on the findings from parent interviews which have been triangulated by observation field notes.

4.1 Voluntary association: what keeps people coming to the club?

In Putnam's (1933) original conceptualisation of social capital, voluntary association is described as the most important form of social networking and was therefore the first theme analysed in this research. In order to entice people to voluntarily associate with the club it must be a rewarding investment. In the instance of the family meal and homework club, individuals gain human capital through cooking lessons and homework support. However, at the most basic level, findings suggest the club creates a positive environment in which parents and their children feel happy and safe. The World Happiness Report (Helliwell, Layard and Sachs, 2012: 5) states that as human beings we 'gain our happiness through meeting social norms and having a sense of belonging to the community'. All six participants reported attending the club on a regular basis and abundant expressions of positive views clearly illustrated what keeps parents coming back. This included through a sense of belonging and through a break from the mundane duties of day to day life.

Two of the participants heard about the club through the community centre, however, most were introduced to the club through the primary schools with which Thriving

Places engage. Recruitment through two primary school brings together children and parents from two community catchments that may otherwise not have associated (section 4.2.2). As seen in the literature review, in a neighbourhood study in Scotland, Burns et al. (2000) identified 'belonging' as one of the eight domains of social capital. Most of the participants alluded to a sense of belonging due to the club's inclusive nature. For example, when summarising what she liked about the club, Participant 1 concluded, 'that's what it's like, one big happy family'. Similarly, Participant 5 said 'you get welcomed with open arms, as if they're part of the family'. Both participants used the word 'family', suggesting they feel comfortable with other parents and staff. Throughout the interviews this sense of belonging and enjoyment was attributed to the welcoming attitudes of staff. The apparent gratitude to staff has the potential to form trusting foundations for the development of vertical networks with higher power relations (section 4.3). Observation field notes corroborated the theme of gratitude, for example, 'as [parent] leaves she says to [staff] 'thank you for everything''. The end of the club is a hectic and busy environment therefore taking the time to thank staff displays sincere gratitude, not only for the food but for 'everything' that the club provides. Results suggest that part of 'everything' for most participants included practical relief from day to day duties such as cooking and homework support:

> Participant 5: *Takes a lot of weight of your shoulders because it's like on a Tuesday it's a busy day because my partners at football and things like that. So it's just a matter of getting them here, getting them fed. And then a quick snack and a cup of tea before bed. So it takes a lot of pressure off.*

Participant 5 refers to the relief of pressure from her busy day and indicates that the club contributes to coping with the mundane pressures of day to day life as a mum. The club provides practical support by feeding families and helping children with their homework, as well as nutritional support through a free hot meal which may relieve financial pressure. However, enjoyment stretches beyond the domains of practicality and nutrition; all participants expressed pleasure in attending the club itself. Most parents described enjoying time away from their children and communicating with the other parents (section 4.2). For example, Participant 2 said, 'that way it means I can then interact and not just sit and do homework with ma weans [children]. I can interact with other adults and other people.' Participant 2's response suggests that when she is not at the club her evenings are taken up with her children's homework. The club adds

an additional dimension of adult contact to her life that may otherwise not be enjoyed. The homework club is located in an area of high unemployment (SIMD, 2012). Without the workplace as a source of social stimulation, many parents may feel deprived of regular adult communication (Friedrichs, 1997). The club facilitates adult networking away from the children, it is therefore not surprising that all six participants reported enjoying this element of the club.

Not only does a sense of belonging and support add to the organisation's stocks of social capital, but it creates an atmosphere of positivity and happiness that makes parents want to voluntarily associate with the club regularly (Forrest and Kearns, 2001). As seen in the literature review, Coleman (1988) refers to social capital as a public good which means this regular investment of individuals is essential in the creation of social capital to be collectively enjoyed by all members of the club.

4.2 Bridging social capital

Social networks play a fundamental role in Putnam's (1993) original conceptualisation of social capital. To this end, the first research objective was to explore the networks developed in the club. As previously established, literature suggests that expanding weaker ties with people of different social identities are the most rewarding focus in relation to community health (Szreter and Woolcock, 2004). It was, therefore, important that experiences of diverse and weaker networks through bridging and linking (section 4.3) social capital was explored. There are multiple aspects of the social identity that can be bridged but the areas which emerged from the interview data were networks across cultures and geographical catchment. These themes will be explored in the following section.

4.2.1 Cultural diversity

The club engages with a variety of nationalities including Chinese, African and Pakistani. It is likely that this demographic is a part-reflection of the cultural diversity of the community that surrounds the homework club which suggests bridging across cultural groups has the potential to be a rewarding area of social capital in the club. Five out of the six participants interviewed were Glaswegian and one participant was originally from Pakistan. Literature suggests that, although globalisation has formed

multicultural communities, society is becoming increasingly polarised and residents within a community may live very different social lives (Forrest and Kearns, 2001). Participant 4, from Pakistan, corroborated this claim:

> Interviewer: *How would you say that coming to the club has affected your confidence with communicating with other people?*
>
> Participant 4: *Because our opinions are Muslim, some of the people, they see us and don't know our opinions and, you know what's going on for the world for Muslims, and I'm hesitating to chat to everyone. But here I can chat to everyone and they know us here. I think the best way is here to describe our feelings and our religion.*

Participant 4 indicates that her religious believes impede her from developing networks in the community. However, she says that she feels the club is an environment where these differences are put aside and networks can be made. The theme of religion emerged from the interview unprompted by the interviewer. This suggests that the participant feels her cultural identity is a significant factor affecting how social capital is operationalised within her community. Similarly, when asked about parent relationships in the club, Participant 6, a Glaswegian mother, also bought up the cultural diversity of the club unprompted by the researcher. It appears, therefore, that mothers from cultural minority and majority groups within the community seem to regard bridging across ethnicities as a significant element of the club. Literature suggests that this may be rewarding because it is an element of networking that is often lacking in disadvantaged communities (Poortinga, 2012). Participant 5's views on the diversity of cultures in the community supports this claim:

> Participant 5: *I find it really rewarding because before I came to the club I didn't really get the chance to chat to people from other religions or countries so it's nice to speak to more people, different people.*
>
> Interviewer: *So you wouldn't chat to people of other religions before coming to the club?*
>
> Participant 5: *No, because I'd be scared cause it's like you understand this area, but they kind of mix with you in here which is good.*

This, again, suggests the segregation of ethnicities is an issue in the community. Use of the word 'scared' suggests that the club helps build the confidence of individuals to broaden networks outside the comfort of their usual social milieu. Interviews uncovered a repeated pattern of cross-cultural ties between parents, along with the suggestion that is an element of everyday networking that is novel to the community. The inclusive nature of the club, facilitated through the attitudes of staff and the open-plan lay out of the club, allows parents of different ethnicities to connect over commonalities such as their children and the community in which they live.

> Interviewer: *Do you ever see them [other parents] outside of the club?*
>
> Participant 4: *Er yeah, in the school, we can pick our kids up from the school and we can chat.*
>
> Interviewer: *What kind of things would you chat about?*
>
> Participant 4: *Just normal things that are going on or about the weather, these stuff [sin]*.

This dialog suggests that these networks are not strong but are weak, friendly associations, typical of bridging social capital (Poortinga, 2012). This formation of weak networks across ethnicities was corroborated by observation field notes. For example, the following observation was made:

> *[Parent A] asks [Parent B] if she would like some pepper, [Parent B] doesn't seem to understand so [Parent A] holds up the pot of pepper for [Parent B] to see. [Parent B] nods, indicating she would like some, and [Parent A] responds by adding some to her dish for her. They smile at each other.*

Parent A is Glaswegian and Parent B is Chinese. Communication between the two cultures is impeded by a language barrier, nevertheless non-verbal interaction is used by the pair to work together to produce a meal. This is an example of the weak ties that bridging social capital develops that contributes to a respectful and cohesive community (Poortinga, 2012).

4.2.2 Geographical segregation

As well as divisions between cultures, closely bonded, and potentially adverse, associations are often based on physical locality (Forrest and Kearns, 2001). Four of

the six participants alluded to segregation between areas within the community, which potentially prevents the broad spread of social networks that are typically ideal to a cohesive community. For example, when asked about attending other courses in the community centre, Participant 3 said ‘nah, I stay in the flats just down there, when there’s anything on in here you don’t hear about it. It’s only more this end that hears about it’. Participant 3 not only feels that there is a segregation in the community but that others get preferential treatment. This is likely to create jealousy and hostility between groups and reinforce potentially damaging bonding social capital (Portes and Landolt, 1996). Participant 2 also commented on segregation in the community and suggests a possible explanation:

> Participant 2: *My area’s quite cliquey. And it’s like kind of halved in two. You either come from that end or you come from that end. There’s a lot of—it goes back to the gang fighting days up that way.*

As a Glaswegian, who has always lived in the area, her reflection on the history of gang fighting in Glasgow provides a potential explanation of such segregation. A division that is apparent in today’s contemporary community as Participant 4, who recently moved to the area, used the term ‘the other side’. Participant 2 goes on to compare the segregated atmosphere of a previous cooking class to the welcoming nature of the family meal and homework club. She, along with most of the other participants, attributes the inclusive nature of the club to the physical layout, the welcoming staff and the club’s engagement with families from two local primary schools. Most parents describe how the combination of two primary schools has facilitated relationships with parents they had never met before. Again, these are likely to be weak ties as most parent communication outside the club was reported to be confined to conversations at the school gates, bumping into each other in the street or contact through social media.

While the exact boundaries of community segregation are unclear, and likely blurred, the club provides the physical space and support to facilitate the broadening of networks across geographical divisions in the community. In addition, it provides the opportunity and confidence to make connections across cultural boundaries. The formation of ties across both types of community divide creates the potential for a more unified community where residents are more aware and respectful (Poortinga, 2012).

4.3 Linking social capital

Similarly to bridging, linking social capital involves the development of weak ties across social identities, however it is specifically concerned with vertical relationships between differing power relations (Woolcock, 1998). Residents of disadvantaged communities often lack the confidence and opportunity to develop these vertical ties which can result in high levels or mistrust in professionals and services that govern the community (Woolcock, 1998). Thriving Places seeks to 'empower communities, making the most of the assets in a neighbourhood' in an effort to challenge these hierarchies (Glasgow Community Planning Partnership, 2013: 32). The homework club involves multiple local stakeholders such as Thriving Places; AXIS, community health providers; and local primary school teachers. This provides parents with opportunities to engage with these community figures to build trust and become a more active member of the community (section 4.6).

4.3.1 Relationships between parents and staff

A reoccurring theme throughout the interviews was the supportive and encouraging nature of the staff who provided support beyond the obvious practical support, by encouraging parents in other areas such as facilitating communication with professionals outside of the club. For example:

> Participant 2: *[staff], through Thriving Places, he's now helping me as a parent through my area. […] We've been asking the housing and the council for years for a fence and they've never bothered and listened to us. Well now [staff] is going to help us out with that.*

This is an example of a vertical relationship between a parent and a member of staff that has led to the development of a connection with another organisation in the community that can be used to better the quality of the participant's day to day life. Similarly, Participant 1 used her vertical ties with Thriving Places staff to form networks within the community to tackle dog fouling:

> Participant 1: *So he's going to get a Poover [vacuum device used to clear up dog mess], he's going to get two men to work it and what we're going do it, when they get it, I'm going be talking to the two men and [blank]—the local schools are going be designing a poster to put at bins.*

Use of the word ‘I’m’ suggests that the participant plans to be directly involved in resolving the problem. Therefore, not only has her relationship with staff facilitated a connection to other community organisations but it has empowered her to be practically involved in the solution. This closely coincides with Thriving Place’s aim to encourage individuals to make ‘the most of the assets in a neighbourhood […], be they the buildings, the organisations or the people’ (Glasgow Community Planning Partnership, 2013: 32). All six of the participants discussed how the club has improved their confidence in communicating with other people:

> Participant 2: *I wouldn’t say I was shy as such but I was quite—I was like—certain people you didne want to approach. They’re going look down at you. […] I’m not on your level to speak to them. It seems stupid but its wee things like that. I’d never spoke to anyone like you, I don’t mean that cheeky. Cause it’s like ‘argh that’s a bit intimidating’*.

The participant directly references a perceived hierarchy of power in the community through use of the term ‘level’ and reference to the researcher as ‘someone like you’. She admits that before coming to the club she found communicating with people in a position of power ‘intimidating’. This provides a qualitative illustration of conclusions made from empirical evidence that suggests there is a lack of ‘respectful and trusting ties with representatives of formal institutions’ in disadvantaged communities which ultimately has a negative effect on resident welfare (Srzreter and Woolcock, 2004: 655). The empowerment of individuals to interact with staff through linking social capital in the club is extremely useful in creating a more trusting community where individuals are better able to mobilise resources and power (Poortinga, 2001). The encouragement of parents to communicate vertically in the club is supported throughout the field notes by observations of relaxed and friendly communication with various members of staff.

4.3.2 Relationships between parents and teachers

Another element of the vertical ties developed in the club is between parents and teachers. Limited vertical networks in disadvantaged communities may mean parent communication with teachers is limited (McGonigal et al., 2007). For example, when discussing formal school appointments, Participant 4 said ‘in the meetings sometimes

you can't say anything because the time is limited, but here we can chat a lot without feeling any pressure or worry'. This suggests that she may lack the confidence to communicate effectively with teachers within a formal, time-pressured environment. In contrast to this, results suggest that the club offers a more relaxed space where parents feel they can more openly and honestly communicate. Most participants reported that they would prefer to raise educational concerns at the club rather than in school. Participant 5 explains why this is the case, 'you feel more comfortable here because it's like you're having fun and you're not sort of 'arghhhh' and getting annoyed'. This suggests the club provides an atmosphere which is less likely to make parents feel stressed about concerns and may facilitate more calm and constructive conversations between parents and teachers.

Improved communication may be facilitated through the development of confidence through supportive relationships with other members of staff or through the use of the community centre as mutual territory where the power differences are less apparent. For example, when asked about the teachers Participant 2 said 'it's nice to get to know them on a wee bit of a personal level'. This suggests that through coming to the club she can identify with teachers on a more equal level. This is supported by observation field notes, for example, '[teacher] re-enters the room and says 'bit of peace in here'. She stands between [parent] and [parent] and the three of them discuss the amendment of fish to chicken in today's recipe'. This friendly conversation about a topic unrelated to education suggests the teacher is putting herself on a more equal level with the parents and facilitates the development of vertical relationships between them.

Vertical relationships with both staff and teachers through linking social capital were evident from the data collected. They appeared to have improved parents' confidence in communicating with higher powered professionals and have led to opportunities to be more actively involved in the community (section 4.6). Literature suggests that these vertical networks positively contribute to community health by creating respectful and trusting relationships that can be used to operationalise the forms of capital needed for optimum health (Poortinga, 2012).

4.4 Mutual trust between parents

One of the main components of Putnam's (1993) conceptualisation of social capital is trust. Disadvantaged communities are more likely to lack trusting networks, therefore the second research objective, to explore how trust can be developed through social networks within the club, is extremely relevant (Forrest and Kearns, 2001). As well as vertical ties creating more trusting associations with positions of authority, an important source of social capital in benefiting community health is expanding trust beyond the limits of kinship to form mutual trust between bridged, horizontal ties (Siisianinen, 2000). Mutual trust between parents in the club often appears to be operationalised through childcare. All participants reported feeling comfortable leaving their children in the care of other parents. For example, Participant 1 said, 'if ma wean [child] needs a drink, and maybe I'm in there [the other room], they get their drink. I know everybody helps, we all pull together'. Use of the word 'everybody' suggests that practical tasks do not solely lie with the staff, but with other parents as well. The parents do not necessarily have strong ties with the child they are helping, or their parent, therefore an element of trust between parents is needed. Participant 4, who is no longer involved in the cooking due to her daughter's ill health, said:

> Participant 4: *We are confident to each other to help and they trust us now with the other kids, parents they trust us because they know us very well. And we can give them everything and help them with their kids if they are not here.*

This comment suggests that trust has built up as horizontal networks have developed. She mentions confidence in association with trust. This supports Coleman's (1988) theory that trust is a self-reinforcing and cumulative phenomena. As trust between parents develops, so do the levels of confidence needed to provide this support. This creates greater stocks of social capital which, in turn, creates a more trusting community. Confidence may be developed through the pressure of responsibility or through the communication between parents that is required to create a trusting tie. For example:

> Participant 6: *I help other kids with their homework and some will say 'oh I don't have it'. So I'll go and ask their mum, I'll be like 'does he or she have their homework?', 'It's in their bag' one time or it'll be like 'nope, they've not got it today' [laughs]*.

Participant 6 used to be involved in the cooking but now prefers to oversee her child's homework. As well as helping her own child, she ensures other children complete their homework. She goes on to say that specific parents trust her to ensure their child's homework is completed. She has the confidence to address parents about their child's homework which likely reinforces trust between them. The creation of trust through parent-parent communication is supported by observation field notes. For example:

> *[Parent A], not involved in the cooking, enters the room to ask [Parent B] if she has two or three children at the club today. [Parent B] confirms that there are only two and [Parent A] make a noise that suggests she is relieved. They both laugh and [Parent A] leaves the room.*

The relieved noise from Parent A suggests that she was concerned about the welfare of Parent B's third, missing child. This exchange suggests that Parent A is being trusted by other parents to take an active role in minding other children at the club. Conformation for Parent B, and other surrounding parents who may have overheard the conversation, that this responsibility is being carried out diligently is likely to have reinforced trust within the group. One of the main reasons all six participants attend the club is for the benefit of their children and evidently their child's welfare is of the upmost importance. Therefore, entrusting their child's care to parents, with whom they may only have weak social ties, is a significant indicator of social capital. The process of building trust, confidence, and communication is cyclical and contributes to overall stocks of social capital within the club (Coleman, 1988).

4.5 Active participation

As seen in the literature review, participation in voluntary associations, for example the homework club, was originally identified by Putnam (1993) as one of the fundamental components of social capital. To this end, the third research objective was to explore parent's experiences of participation in the club. Participation involves contributing to the running of the club which works towards Thriving Places' aim, for the club to be sustainable by becoming parent led (Glasgow Community Planning Partnership, 2013). When asked how they contributed, all six participants listed responsibilities including stacking chairs and wiping tables which was verified

throughout the observation field notes. Participant 2 and 6 were especially involved and both described themselves as volunteers. Participant 2 also completed a food and hygiene course so she can assist in the cooking sessions. When asked how she got into volunteering she said, 'I think it's just my nature, I'm quite helpful anyway and I think they picked up on that and they asked me if I wanted to start helping'. This is an example of how the club encourages the use of existing skills by empowering individuals to take a more participatory, responsible role in the organisation. This works in line with Thriving Places' overarching assets-based approach (Glasgow Community Planning Partnership, 2013). As participation is a common measure of social capital (Cattell 2001; Putnam, 1993), the results provide a good indication that social capital is being operationalised as an asset in the club.

The results suggest that the club has created expectations and feelings of an obligation to participate, for example, Participant 5 said, 'they're providing us with free food and we're cooking it so it's a bit selfish to just eat it and go away, […] so we'll clean up'. This comment suggests that, not only is Participant 5 willing to participate, she expects other parents to do the same. Similarly, Participant 6 commented 'some of them don't tidy up after themselves but that's fine, we can deal with that [laughs]'. Questions were focused on participant's own role in the club, therefore, although she says it is 'fine' that other parents don't contribute, discussion of other parent's role suggests that there is an expectation for all parents to help clear up.

Obligations, expectations and social norms are described by Coleman (1988) as fundamental aspects of social capital that act to regulate positive behavioural traits to create a cohesive organisation through reputations and collective sanctions. However, the same elements that can facilitate community cooperation can be exclusive and restrictive through excessive demands on individual members of the group and fear of judgement (Portes and Landolt, 1996). It is, therefore, important to ensure that a closed group, such as the family meal and homework club, is promoting cohesion without creating pressure or distress for less involved members.

4.6 Community engagement

Putnam (1933) argues that civic engagement, as another element of social capital, has decreased overtime and Forrest and Kearns (2001) express concerns that community

engagement is often in short supply in disadvantaged settings. Therefore, the final research objective was to explore how membership to the family meal and homework club facilitated engagement with other areas of the community. This was a prominent theme as all six participants reported at least one other voluntary association experienced in the community as a result of coming to the club. This included use of the community centre, qualifications and school-related activities. Cattell (2001) highlights the importance of shared space in community life, a phenomena that is thought to be becoming less common as urbanisation promotes privatisation and individualism. The community centre itself provides a shared space within the community that facilitates the development and maintenance of social capital. Participants reported the development of networks with community centre staff and use of the centre for other clubs, courses and social events.

Three of the participants are on their child's school council through coming to the homework club as a result of improved relationships with the teachers or through networks with other parents at the club who are on the council:

> Participant 2: *See if it wasne for coming here and meeting some of the parents and getting to know the teachers better, I probably wouldn't have joined the parent council if I'm honest.*

Participant 2 directly attributes her seat on the parent council to her membership at the family meal and homework club. Not only is she involved in the parent council, but she initiated its formation through discussions with other parents and teachers and now fulfils a senior position within the council. She said, 'I never thought for one minute I'd be part of the parent—I just thought 'ooo it would be good to have one''. This comment suggests the participant lacked self-belief in her ability to be a council member. Her current position of responsibility suggests that the club empowered her to fulfil an influential position in the school and therefore a more active member of the community. Both other participants on the parent council reported enjoying the experience.

Three of the interview participants have completed a food and hygiene course which was introduced to them through the AXIS staff at the club. Not only does this provide an accredited qualification that can, for example, be utilised to volunteer with the cooking sessions, but it provides an opportunity to continue creating networks through

bridging and linking social capital beyond the boundaries of the club. For example Participant 2 said, 'you got to meet different people from different places. We actually had a laugh to be honest with you, we really did.' As well as the food and hygiene course, Participant 1 has also taken part in two 'Health, Issues and the Community' (HIC) qualifications, also introduced through AXIS staff. Not only did this teach valuable skills, such as essay writing and public speaking, but it engaged the participant with a community issue that she felt passionate about. The participant described an encounter with a member of staff from the community's safety office when she raised her dog fouling concerns:

> Participant 1: *I went down to the safety office and I spoke to the supervisor and she wasn't interested. […] I suggested to her that to carry a scanner [sic] so that if she speaks to somebody they can scan the dog. And she went 'and why would I want to do that?'*

This unhelpful and unfriendly encounter illustrates why individuals in disadvantaged communities may be less likely to develop vertical networks and therefore be less engaged members of the community. In contrast to this account, the participant describes how staff and teachers at the homework club have supported her HIC qualification through reading her essays, attending presentations and investing time and resources in helping her facilitate a solution to dog fouling. This support and encouragement has empowered her to engage with multiple aspects of the community and develop the confidence to present and pitch her idea. She said, 'power in the community I've done. So I'm very proud!' This rewarding pride and self-worth, as a result of community engagement, is facilitated by supporting and trusting vertical relationships with staff at the homework club and in Thriving Places more widely. This closely corresponds with Thriving Places' ethos of community empowerment in order to make the most of existing neighbourhood assets, as described in the literature review (section 2.3) (Glasgow Community Planning Partnership, 2013).

The process of community engagement is a cyclical one where the supportive networks formed at the club provide both the opportunity to be involved in the community and the empowerment and confidence to do so. Community involvement subsequently creates pride and self-worth which facilitates further participation and networks in the community. This process generates stocks of social capital within both the club and the community where individuals are more engaged, motivated and

receptive. Sought after qualities when tackling health inequalities (Forrest and Kearns, 2001).

The findings suggest that the family meal and homework club demonstrates social capital among parents according to several major themes which reflect common indicators of social capital. This included voluntary association, social networks through bridging and linking social capital, mutual trust, active participation and community engagement (Coleman, 1988; Putnam, 1993). Horizontal ties through bridging social capital and vertical ties through linking social capital create trusting and supportive connections across broad, weak networks which are the ideal type of social capital when focusing on community health (Szreter and Woolcock, 2004). These broadened networks were operationalised and sustained by empowering individuals to become more participatory members of the club and more engaged members of the community. While literature agrees that increasing stocks of social capital has the potential to improve community health, caution must be given to demanding expectations, in accordance to club values and norms, which may act restrictively on specific individuals (Portes, 1998). Parents' experiences of social capital in the context of the family meal and homework club are useful in identifying how an assets-based approach can be applied at the community level to use social capital as a strategy to tackle community health inequalities (Forrest and Kearns, 2001).

5. Discussion

The aim of this study was to explore the concept of social capital in the context of the Thriving Places family meal and homework club. Overall, the research suggest that this assets-based community programme uses social capital as one of its mechanisms toward achieving its overarching aim: 'to develop and support thriving communities all across Glasgow' (Glasgow Community Planning Partnership, 2013: 30). The way the club uses social capital was explored in relation to a number of research objectives that closely coincide with concepts of social capital from the literature (Coleman, 1988; Putnam, 1993). In summary, the results suggest that bridging and linking social capital is utilised during the club as indicated by weak horizontal and vertical networks. Within these networks, mutual trust was found to be operationalised between parents through caring for each other's children. The results suggest that the club facilitated increased engagement for all participants both within the club, through participation with tasks, and within the wider community.

The first research objective was concerned with the networks created through the club, a main component in Putnam's (1993) conceptualisation of social capital. The results suggest that the formation of networks primarily involves weak horizontal and vertical ties, developed through bridging and linking social capital. This is consistent with literature that specifies these subsets of social capital are specifically important to community health, in comparison to strong ties through bonding social capital (Srzreter and Woolcock, 2004).

As discussed in the literature review, another of Putnam's (1993) fundamental components of social capital is mutual trust. The second research objective focused on exploring trust amongst these networks. It emerged from the data that trust was operationalised, for example, through the practicalities of childcare as some parents cared for the children while other parents cooked. The evident trust between parents is unsurprising as literature suggests that voluntary associations, such as the homework club, are key sources of trust in the community (Siisiainen, 2003). Trust is described by Siisiainen (2003: 5) as 'self-reinforcing and cumulative' so the homework club is an ideal way to initiate trusting ties in the community that have been found to contribute to a cooperative, reciprocal community (Putnam, 1993).

Trust has been found to be positively associated with civic engagement (Putnam, 1993) which was explored through the third and fourth research objectives. The third research objective was concerned with participation within the club through responsibilities and volunteering roles. All interviewed participants actively participated within the club and expectations for all parents to help clear away became evident from the interview data. While such club norms can act to regulate positive behavioural traits, they can also create excessive demands on individuals which has been found to have adverse mental health effects (Mitchell and LaGory, 2002).

The fourth research objective was concerned with engagement in the wider community which was found to be operationalised through association with other clubs, courses and school-related activities. Increasing literature suggests that a more engaged community can contribute to improved community health through various pathways including health-behaviour, psychological and physiological pathways (Berkman et al., 2000).

5.1 Limitations of the study

While it is tempting to make a general evaluation of the use of social capital as a strategy for tackling community health inequities, the narrow scope of this qualitative research offers a descriptive, in depth example that does not necessarily reflect the complexity of health, deprivation and social capital that is unique to every organisation and community (Kawachi, Subramanian and Kim, 2008). Participants were recruited through opportunistic sampling. While this was a practical approach, it is likely the most motivated and confident parents were recruited. For example, three out of the six participants completed an accredited qualification and all six participants reported being engaged in at least one other area of the community. The sample selected is likely to be atypical and unrepresentative of all parents who attend the club. The results, therefore, cannot be generalised to the rest of the club.

All participants were female due to a large proportion of females attending the club, therefore, conclusions about social capital cannot be generalised to males. Furthermore, a small sample size, while typical of qualitative research, was especially restricted due to limited time and resources. Limited resources also meant there was no interpreter available so, for ethical reasons of informed consent, the majority of

participants were Glaswegian. As the adopted research design involved an iterative approach, themes were explored as they emerged. For example, the cultural diversity of the club did not appear as a theme on the original topic guide (see Appendix A) but became of significant interest by the third interview. Therefore, findings on this topic were specifically narrow in scope.

All interviews were conducted in a private room during the club for practicality and safety. However, due to the busy nature of the club, some interviews were cut short or rushed due to practical commitments. Conducting the interviews at participants' homes may have created a more comfortable environment and subsequently facilitated more detailed transcripts.

Due to the small-scale, qualitative approach, results from this study cannot be generalised to other clubs or communities where opinions, demographics and compounding factors of deprivation vastly differ (Forrest and Kearns, 2001). However, the research can be used as a descriptive example that adds to the growing body of qualitative research in the UK context that provides contextual detail to conceptualisations of social capital in order to understand how it is operationalised in day to day community life (Kirkby-Geddes, King and Bravington, 2013). Results illustrate how social capital can be used at the community level as part of a solution to the ongoing battle with persistent health inequalities in Glasgow.

5.2 Future research

The overall aim of the Thriving Places approach is to create 'sustainable communities which are stable, thriving and growing' (Glasgow Community Planning Partnership, 2013: 32). The family meal and homework club is part of this strategy and results from this research indicate that consideration has been given to sustainability, such as through the encouragement of parent volunteers. However, consideration must be given, not only to the sustainability of the club itself, but also to the nature of the networks within the club. Ties, identified in this study as weak products of bridging and linking social capital, have the potential to become stronger, bonded associations as relationships develop (Szreter and Woolcock, 2004). This is important to consider because, while elements of parent's social identities differ, there is an element of homogeneity as all parents have children of a primary school age and live within the

same community. This, combined with the use of trust between parents creates an environment where bonding social capital could begin to play a larger role within the club over time (Kirkby-Geddes, King and Bravington, 2013), the sub-set of social capital that is associated with adverse health effects (Mitchell and LaGory, 2002). Therefore, longitudinal research into the long-term effects of the club on community networks is an important area of future research. It would be interesting to investigate how the club seeks to engage with new families and how the sustainability of networks develops.

An additional area for future research is the interaction between different Thriving Places clubs. Forrest and Kearns (2001) express concerns that, while increasing social capital and cohesion within communities is likely to have positive effects, cohesive communities have the potential to conflict with one another which may create a 'divided and fragmented city' (Forrest and Kearns, 2001: 2128). Community programmes may create cohesive pockets that are high in social capital but that conflict with the macro-cohesion of the city and lack a common sense of purpose (Forrest and Kearns, 2001). As Thriving Places offers a number of community programmes, that target a range of ages and identities across deprived areas in Glasgow, it is important to investigate, not only the social capital within these areas, but between them to ensure the overarching aim is being achieved. As Glasgow has a large uneven distribution of wealth and deprivation (The Scottish Government, 2008), it is also important to explore how community programmes in the most deprived areas, such as the homework club, affects their interaction with less deprived areas. Developing networks with power relations through linking social capital has the potential to contribute to bridging the gap between areas of good and poor health, hence reducing health inequalities in Glasgow.

The themes that emerged from this study closely coincide with existing conceptualisations of social capital including voluntary associations, horizontal and vertical networks, trust, participation and engagement (Coleman, 1988; Putnam, 1993). The results suggest the need for continued research on the use of social capital in community programmes to establish the longitudinal effect on networks and how stocks of social capital interact between clubs and communities. This being said, the results reinforce current literature's suggestion that social capital is a potentially

influential asset for community programmes to target when tackling health inequalities (Forrest and Kearns, 2001; The Scottish Government, 2013).

6. Conclusion

As social capital is increasing associated with health, it is increasingly recognised as a strategy for interventions that tackle community health inequities that are often prevalent in disadvantaged areas (Forrest and Kearns, 2001). To this end, this study used semi-structured interviews with parents of a disadvantaged community to explore experiences of social capital in the context of Thriving Places' family meal and homework club. Results from both interview and observation data suggest that several well established measures of social capital are being successfully operationalised in the homework club. This included voluntary association with the club; social networks from bridging and linking social capital; mutual trust; active participation; and community engagement (Burns et al., 2000; Putnam, 1993). All of which were analysed as themes. The qualitative data, not only confirmed the existence of these elements but contributed to a contextual understanding of how they interact in the day to day lives of individuals which can be used to inform the development of the current club and other similar programmes.

Firstly, the results suggest that voluntary association with the club is often operationalised through a sense of belonging and through the relief of daily mundane duties. It appears these elements encourage parents to return to the club each week. Furthermore, results suggest that bridging between different cultures, geographical locations and primary schools can successfully broaden weak networks within the community. As this has been found to have positive, protective effects on community health, these may be elements that similar interventions can develop or adopt. The research indicates that encouraging vertical communication with professionals in a mutual, comfortable environment has the potential to improve relationships with organisational structures outside of the club such as schools and the council. It was found that mutual trust can successfully be operationalised through childcare, even when networks between parents are weak. Results indicated that active participation includes, not only attending the club and the cooking sessions, but also contributing to the running of the club. However, caution must be given to excessive expectations or demands on less involved parents which can have a negative impact. Lastly results suggest that both increased confidence and opportunity through attending the club led

to involvement and engagement with aspects of the community outside the organisation.

These conclusions, drawn from the research, illustrate how the different components of social capital can operate in the reality of the lives of individuals within a community. This is valuable information as it contributes to an increased understanding of how the elements can be effectively encouraged or manipulated within an organisation to have positive effects on community health. The results, therefore, have the potential to inform the future development of the family meal and homework club and other Thriving Places community programmes that use social capital as an asset in their approach. Beyond Thriving Places, the results indicate how social capital may be operationalised at the community level and therefore has the potential to guide the application of similar community initiatives in Glasgow and the UK that aim to use social capital as part of a strategy to address community health inequalities.

While conclusions from this study must be applied to other settings with great caution due to the narrow scope of the research, results reinforce existing literatures suggestion that stocks of social capital can be successfully elicited through community programmes such as Thriving Places' family meal and homework club (Forrest and Kearns, 2001). Results suggest that Glasgow's refocused efforts to reduce health inequalities using social capital as part of an assets-based approach are warranted and is a strategy that has the potential to contribute to improved health in Glasgow and the UK (The Scottish Government, 2013).

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Appendix A - Interview Topic Guide

General introduction – Name

Age

Gender

Children – number/ages/gender

General questions about attendance to the club

How did you hear about the homework club?

How long have you been coming?

How often do you come?

What do you do at the club e.g. are you involved in the cooking? If yes, how often?

Have you been involved in the cookery book? If yes, how did you find the experience?

Questions regarding social networking

How well did you know other parents/children when you first came to the club?

How has the club helped you develop friendships with parents who you did not previously know?

Do you socialise with any of the other parents outside the club? If yes – how has the club helped with this?

(STAFF) How do you feel about your relationship with the Thriving Places/AXIS staff?

(TECHERS) How has the club affected your communication with teachers from your child's/children's school? (e.g. if there are issues at school, does it feel easier to address them now you know the teachers better?)

How has coming to the club affected your confidence in communicating with other people?

Questions regarding participation/empowerment

Have you taken on any responsibilities in terms of helping set up or clear up at the end of the club? If yes:

- What are these responsibilities?
- How do you feel about being involved in the running of the club?
- How have these responsibilities helped you develop skills?

Would you like to be more involved or have more responsibilities in running the club and why?

Questions regarding engagement in the community

How do you use the Bridgeton community centre for anything other than the ‘family meal and homework club?’

Have you learned about any other services or activates through the club? If yes:

- What are they?
- How have they helped develop your communication skills or any other skills?

Appendix B - Observation Proforma

The start of the club

How many parents help set up?

What are their tasks?

How do they carry these out (independently or guided by staff)?

During the club (while cooking then eating with children)

What do the parents do?

What is the role of staff members/teachers?

Interactions (frequency, nature) between parents

Interactions between parents and their/other children

Interactions between parents and TP/AXIS staff

Interactions between parents and teachers

At the end of the club

How many parents help clear up?

What are their tasks?

How do they carry these out (independently or guided by staff)?

Appendix C - Interview Participant Consent Form

Title of Project: Social inclusion in the context of the Thriving Places 'family meal and homework club'

Name of Researcher: Isabelle McLaren

Name of Supervisor: Dr Richard Brunner

I confirm that I have read and understood the Participant Information Sheet for the above study and have had the chance to ask any questions.

I understand that I do not have to take part in the interviews and that I can stop the interview at any time, without giving any reason.

I consent / do not consent (circle the suitable answer) to interviews being audio-recorded (a sound recording so the researcher can listen to the interview again).

I understand my name will be replaced with a pseudonym (a false name to protect you from being identified).

I agree to take part in this research study ☐

I do not agree to take part in this research study ☐

Name of Participant
……Signature……..

Date ……

Appendix D - Observation Participant Consent Form

Title of Project: Social inclusion in the context of the Thriving Places 'family meal and homework club'

Name of Researcher: Isabelle McLaren

Name of Supervisor: Dr Richard Brunner

I confirm that I have read and understood the Participant Information Sheet for the above study and have had the chance to ask any questions.

I understand that I do not have to take part in the sessions that are being observed and that I can leave the session at any time, without giving any reason.

I understand my name will be replaced with a pseudonym (a false name to protect you from being identified).

I agree to take part in this research study ☐

I do not agree to take part in this research study ☐

Name of Participant ……Signature ……..

Date ……

Appendix E - Participant Information Sheet

Tile of Project: Social inclusion in the context of the Thriving Places 'family meal and homework club'

Name of Researcher: Isabelle McLaren

You are being invited to take part in a research study. Before you decide whether or not to take part, it is important for you to understand why the research is being done and what it will involve.

Please take time to read the following information carefully and discuss it with others if you wish. If there is anything that is not clear, or if you would like more information, please ask me.

Please take your time in deciding whether or not you wish to take part.

Thank you.

What is the purpose of the study?

This study is looking at how the 'family meal and homework club' influences parents' relationships, friendships and involvement in the community. Results from the research will tell us about how the club affects the people that use it.

Do I have to take part?

No. It is up to you to decide whether or not to take part.

What will taking part in the research mean for me?

I will be attending two of the sessions to observe what happens in the club. I will audio-record each session and also take notes, so I can write up a full description of what happens in the sessions. If you agree to take part in the study, I will include you in my observations.

I will also ask some parents if they would like to take part in an interview. If you agree, you will be interviewed by me during the 'family meal and homework club', but in a separate room at the Bridgeton Community Centre where we will not be disturbed. The interview will last for around 30-45 minutes, and will be carried out at a time that suits you. During the interview, I will ask you about the club and what impact it has had on you. With your permission, the interview will be audio-recorded and everything you say will be written out so that I can make sure that I remember what you had to say.

Will my taking part in this study be kept confidential?

Yes. Apart from me, no one will know you have taken part in the study. Your information will be held securely in a locked office at the University of Glasgow or on password-protected computer, and will be destroyed after the study has ended. Your information will be made anonymous by removing your name and the names of anyone else you may mention in your interview or in the observed sessions, including your children, partner or other family

members. All details that could identify you will be removed; you will only be identifiable by a pseudonym (a false name to protect you from being identified).

Please note that your confidentiality will be maintained unless I hear anything which makes me worried that someone might be in danger of harm. In that case I may have to inform relevant people or agencies.

Can I change my mind about taking part in the research?

Yes. You are free to withdraw from the observation or interview at any time, and you do not have to give a reason.

What will happen to the results of the research study?

The results will be written up in a dissertation that will be submitted as part of the coursework for the MSc in Global Health programme at the University of Glasgow. They may also be used in conference presentations and to write an article for an academic journal.

A summary of the main findings will be given to Thriving Places staff. If you would like me to send you a copy of this summary, please let me know.

You will never be able to be identified from the findings we share with others.

Who has reviewed the study?

The study has been reviewed by the College of Social Science Ethics Committee at the University of Glasgow.

For further Information

If you have any questions about the research please don't hesitate to contact me (2214714M@student.gla.ac.uk).

If you have any concerns regarding the conduct of this research project, you can contact the Social Science Ethics Officer, Dr Muir Houston (Muir.Houston@glasgow.ac.uk) or the study supervisor, Dr Richard Brunner (Richard.Brunner@glasgow.ac.uk).

Appendix F – Ethical application approval

Ethics Committee for Non Clinical Research Involving Human Subjects

NOTIFICATION OF ETHICS APPLICATION OUTCOME – UG and PGT Applications

Application Type: New **Date Application Reviewed:** 2/4/2016

Application NumberSPS/2016/605

Applicant's Name: Isabelle McLaren

Project Title: Social inclusion in the context of the thriving places 'family meal and homework club'

APPLICATION OUTCOME

(A) Fully Approved ☒ ***Start Date of Approval:* 02/04/2016** ***End Date of Approval:* 02/09/2016**

(*B*) Approved subject to amendments

If the applicant has been given approval subject to amendments this means they can proceed with their data collection with effect from the date of approval, however they should note the following applies to their application:

Approved Subject to Amendments without the need to submit amendments to the Supervisor

Approved Subject to Amendments made to the satisfaction of the applicant's Supervisor ☐

The College Ethics Committee expects the applicant to act responsibly in addressing the recommended amendments.

(C) Application is Not Approved at this Time

Subject to Amendments made to the satisfaction of the School Ethics Forum (SEF) ☐

Complete resubmission required. Discuss the application with supervisor before resubmitting. ☐

Please note the comments in the section below and provide further information where requested.

If you have been asked to resubmit your application in full, send it to your supervisor who will forward it to your local School Ethics Forum admin support staff.

Where resubmissions only need to be submitted to an applicant's supervisor.

This will apply to essential items that an applicant must address prior to ethics approval being granted. As the associated research ethics risks are considered to be low, the applicant's response need only be reviewed and cleared by the applicant's supervisor before the research can properly begin. For any application processed under this outcome, it is the Supervisor's responsibility to email socpol-pgt-ethics@glagow.ac.uk with confirmation of their approval of the re-submitted application.

APPLICATION COMMENTS

Major Recommendations:

Minor Recommendations:

any queries please do
t staff.

Thriving Places' family meal and homework club: parents' experiences of social capital

Isabelle McLaren (University of Glasgow)

in collaboration with Glasgow Community Planning Partnership.

Introduction

This is a short report about a research project done in 2016 as part of a Masters degree in Global Health at the University of Glasgow. The project worked with Glasgow Community Planning Partnership who deliver Thriving Places. Thriving Places uses social capital as part of its plan to tackle health inequalities in Glasgow. The term 'social capital' means the links and shared values in society that mean people can trust each other and work together. I wanted to find out about social capital in Thriving Places' family meal and homework club by looking at parent's experiences of social capital using four research objectives:

1. Parent's experiences of how the club has helped develop **social networks** through **bridging** and **linking** social capital
2. The development of **mutual trust** through these networks
3. **Active participation** in the club through responsibilities that contribute to the running of the club
4. How the club promotes **community engagement** with other services and activities outside of the homework club

Methodology

I interviewed six parents and observed two cooking sessions at the club which involved up to 16 parents and staff. Through visiting the club for six months before data collection, I became a familiar member of the club which limited disruption of behaviour during observations and hoped to create a detailed and honest interviews. I used a topic guide and observation proforma to guide the interviews and observations according to the research objectives. The interviews and observations were audio-recorded and notes were manually written up and analysed for expected and unexpected themes of interest. Analysis was done after each session of data collection so unexpected data could be used to shape future data collection.

The study was approved by the University of Glasgow ethics committee before any data was collected or any participants were recruited.

Key findings

Analysis of the interview and observation data uncovered six themes which matched closely with elements of social capital from the literature. All of these elements contribute to increased levels of social capital in the club which can have positive effects on community health.

1. **Voluntary association**
   Voluntary association, or what keeps parent's coming back to the club, was enabled through a sense of belonging and through a break from the routine tasks of day to day life.
2. **Bridging social capital**
   Horizontal relationships between parents appeared to be created between different cultures; different locations; and different primary schools.
3. **Linking social capital**
   Vertical relationships with staff and teachers appeared to have improved parents' confidence in communicating with higher powered professionals and led to opportunities to be more actively involved in the community.
4. **Mutual trust**
   Trust between parents appeared to be put into action through childcare as some parents helped look after the children while others cook.
5. **Active participation**
   Active participation involved helping clear up at the end of the club. There were expectations to help clear up from both staff and other parents. Although this can have positive effects on helpful behaviour, it can act negatively on specific, less involved individuals.
6. **Community engagement**
   All participants reported at least one other area of the community they were involved in as a result of coming to the club. This included use of the community centre, qualifications and school-related activities. This was a result of improved confidence, communication and social networks.

Conclusion

The results suggested that several well established elements of social capital are being successfully put into action in the family meal and homework club. This suggests that Glasgow's efforts to reduce health inequalities using social capital as part of the approach are successful and it is a strategy that may contribute to better health in Glasgow and the UK. Details about how these elements are used in the day to day lives of individuals who use the club can inform the future development of this club and direct other similar programmes that use social capital in their approach.

Future research

- The **long term effects** of the club on social capital. For example, how the desirable weak networks are sustained and how new families are engaged
- The **interaction** between different Thriving Places clubs within and between communities in Glasgow in order to explore the bigger picture of social capital in Glasgow