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## **Social capital, social inclusion and services for people with learning disabilities**

Peter Bates<sup>1</sup> and Fabian A. Davis<sup>2</sup>

Both social capital and social inclusion have emerged as significant concepts for human services in the last decade and yet their inter-relationship remains largely unexplored. This article argues that, whilst they are similar in their vision for a healthy society, they adopt sufficiently different perspectives to stimulate and challenge each other. This can be well illustrated by reference to services for people with a learning disability. Commissioners and providers of learning disability services are encouraged through this article to harness both concepts in order to assist in the process of modernizing services and increasing life opportunities for the people they support. It is argued that it is not possible to understand the full consequences of adopting either theoretical position without an adequate understanding of the other. Examples are given of the implications of this for advocacy services, day opportunities, rural communities, transition and staff training.

### **Introduction**

The concept of social capital (Putnam, 2000) has become popular just as the English White Paper 'Valuing People' (Department of Health, 2001b) has required learning disability services to work towards social inclusion. This article points a spotlight on useful insights in both social capital and social inclusion approaches that may help in the development of learning disability services, and notes some of the hazards of an unthinking adoption of either of these frameworks in isolation from the other.

### **Social capital: investment in human society**

Mrs Rose has decided to re-open the old school in our village as a community centre. She sent round a questionnaire asking each household how they could contribute their time and skills. She had 94 responses—more than the number of households in the village. As she says, 'I don't know why I'm doing this. I'm nearly 80 and I won't live to see this place open. But there's such a lot of talent in this community and somebody's got to get people together.' I always had the capacity to get involved, but I'm only using my capacity because Mrs Rose asked. (Ritchie, 2001)

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<sup>1</sup> National Development Team, Ipswich.

<sup>2</sup> Bromley Mental Health Services, Oxleas NHS Trust, Chislehurst, Kent, UK

Robert Putnam (2000) calls buildings, plant and equipment physical capital; people, skills, knowledge and experience human capital; and social networks and norms of trust and reciprocity social capital. This distinction was taken up Prime Minister Tony Blair when he said that 'in the future, we need to invest in social capital as surely as we invest in skills and buildings' (Corrigan & Miller, 1999).

Putnam (2000) goes on to observe that the term 'social capital' has been coined at least six times during the twentieth century, while Schuller (2000) has suggested that its roots lie in a variety of intellectual traditions, including Alexis de Tocqueville (1835) on voluntary associations, Elizabeth Bott (1957) on social networks, John Dewey (1929) on shared concerns, Jurgen Habermas (1984) on trust, Amitai Etzioni (1996) on communitarianism and Albert Bandura (1977) on self-efficacy. Despite this rich intellectual heritage, the notion of social capital remains fluid and lacks a precise definition, so, for example, Grootaert (2001) offers a list of 50 indicators that have been used in empirical studies, while the Social Action Research Project (Health Development Agency, 1999) baseline study used the following six components as a working definition:

- Participation in the local community: do you think of yourself as part of the local area? Are you an active member of a local group? Have you participated in voluntary or religious activities?
- Reciprocity: have you done or received a favour from someone living nearby? Do local people look after each other? Who would you turn to for advice or to share some good news?
- Feelings of trust and safety: in your own home or going out at night. Have you been a victim of crime? Can people round here be trusted?
- Social connections: have you chatted with family, friends or neighbours recently? Do you have close friends round here? How many people did you talk to yesterday? Do you go outside this area to visit your friends?
- Citizen power: have you formally complained about a local service? Have you joined a committee to fight for a local cause?
- Community perception: do you pick up other people's rubbish? Do you enjoy living here? Are there enough community facilities and public transport?

## **Social inclusion**

Social inclusion is another fluid term with a variety of meanings (Bates, 2002a). For the purposes of this article, social inclusion means ensuring that people with learning disabilities have full and fair access to activities, social roles and relationships directly alongside non-disabled citizens. Over the past 30 years an informal network of writers (Wolfensberger, 1972; O'Brien, 1987; Falvey *et al.*, 1994; Rusch & Hughes, 1989) have shown how support can be provided so that people with disabilities can be employed rather than attend a sheltered workshop, live in their own home rather than in a hostel, and participate in friendships and community life with a diverse array of citizens, rather than conducting their whole lives within segregated disability services.

Since New Labour established the Social Exclusion Unit in 1997 (Social Exclusion Unit, 1998), the notion of social exclusion has also been used to embrace poverty, unemployment and threats to community safety, along with poor access to healthcare

and decent housing.

## **Recent policy convergence**

We would argue that social capital is an idea whose time has come. It has been enthusiastically adopted by the World Bank, American, European and UK governments, and has permeated the areas of health, education, community care, community regeneration and employment (Mitchell & Harrison, 2001).

Increasing social capital is expected to generate improvements in all the above areas because it is argued that increased civic participation will invigorate government, information flowing through informal networks can enhance job prospects, supportive friendships buffer against distress and illness, reciprocal relationships create a culture where learning and contribution flourishes, and heightened trust leads to a reduction in crime. As such, social capital theory should be of interest to Local Strategic Partnerships, Learning Disability Partnership Boards, Health Improvement Programmes, Community Safety Partnerships, and a host of other initiatives that directly or indirectly impact the lives of people with learning disabilities.

The 2001 White Paper 'Valuing People' (Department of Health, 2001b) introduces person-centred planning (O'Brien, 1987) as a driver to promote service change. The White Paper assumes that the majority of people with a learning disability will want to move towards an independent life in the community, leading to the demise of segregated services. A major part of this change is to be day service modernization by 2006 and the promotion of social inclusion will be an essential component of this change (Love *et al.*, 2002). As a result, many services are looking towards social inclusion advocates and social 'capitalists' for a comprehensive and detailed conceptual framework within which to plan and manage such major change.

Thus, developments in learning disability provision, social inclusion and social capital all meet in the growing policy emphasis upon citizenship, so that 'the world disabled people will occupy will extend way beyond their specialist services' (Simons, 1998).

## **Contrasting social inclusion and social capital**

The introduction above has hinted at some significant challenges to learning disability services that emerge from singular analyses of the implications of adopting either a social capital or social inclusion perspective. The Health Development Agency's framework for social capital is now used to look at some of these areas and to explore implications where the two theories need to be considered in tandem. Real examples from services for people with learning disabilities are used to illustrate the synergy or divergences between the two theoretical discourses.

### *Participation in the local community*

Those people who have been deliberately segregated in prisons, long-stay hospitals and other institutions are rarely mentioned in social capital thinking, while social inclusion advocates strongly assert that society should find ways of bringing this group back home (Mansell, 1993). A brief glance at policy documents such as Valuing People would suggest that services should promote inclusion, but despite this, current service arrangements often segregate learning disabled people,

particularly those with the least natural ability to articulate their interests.

However, bringing people back home demands more than relocating their beds—relationships have to change as well. In both social capital and inclusion thinking, service users are recognized as citizens, and the traditional focus on the relationship between worker and service user is replaced by an emphasis upon the reciprocal relationship between citizen and community:

Two women with learning disabilities wanted to take up yoga. No local groups existed, so the worker found a tutor and a community hall, and put adverts around the neighbourhood. A mixed group of citizens joined and everyone welcomed each other—including the people with learning disabilities. Nine years later the group is still running—long after the worker moved to another job. (Christine Burke, personal communication)

This paradigm shift is also enacted as people are supported to take up open employment and to participate in community Timebanks (Reed & Boyle, 2002) and local exchange trading schemes (Seyfang, 2001). Advocates of social inclusion have rightly highlighted the importance of waged employment as a route to income, status and relationships, while social capitalists point the spotlight on informal roles and relationships. In addition to the opportunity to earn a wage, people with learning disabilities may participate in the community via education, volunteering or leisure pursuits.

Mainstream learning providers have a renewed focus upon developing citizens' social and civic skills, and this may lead to a renaissance of non-vocational training to counter the recent emphasis upon developing only those skills that directly contribute to the economy. Such a shift in emphasis would have a disproportionately beneficial effect upon people with learning disabilities.

Similarly, a social capital perspective highlights the benefits of volunteering. For many years, services have arranged a few opportunities for people with learning disabilities to become volunteers in the community. Each placement must find a path between employment (volunteering as work simulation in order to attain vocational experience and skills) and community participation (volunteering as a means to harness altruistic endeavour and build affiliation and membership). Social capitalists helpfully wrest volunteering back from a single-minded attempt to use volunteering solely as work preparation and remind us that volunteering builds community, trust and reciprocity. Care is needed to ensure that volunteering opportunities are safe, rewarding, and respectful and contribute to the formation of social capital (Bates, 2002b):

The VALUES project based at Leicester Volunteer Centre supports people with learning disabilities to contribute their time and skills to the local community. Individuals make a difference in the museum, charity shops, environmental projects, and lunch clubs—all sorts of places.

### *Reciprocity*

The way in which people with learning disabilities are perceived by others can be even more important to their capacity to contribute to the development of social capital and their own social inclusion than their disability. For example, if members of the public label people with learning disabilities as fraudulent, attention seeking, disinterested in civic affairs or unable to make a positive contribution to the community, this will limit their potential for reciprocal relationships with non-

disabled community members. While it can be hard to identify the unique contribution that a particular person enjoys making and for which they will be genuinely appreciated, without opportunity this may never be discovered at all.

The two theoretical positions bring complimentary insights to the topic of reciprocity. Putnam (2000) makes a distinction between bonding and bridging relationships in which bonding relationships form between people who share a common bond, while bridging relationships bring diverse people together.

Respectful bonding relationships between people with learning disabilities are important, of course, but social inclusion theorists envisage a society in which bridging relationships span all the structural divisions in society (Amado, 1993). An included life with an ordinary home, job and leisure pursuits (rather than segregated in residential units, day centres and 'group trips') is a prerequisite for building these socially inclusive bridging relationships. Social inclusion theorists argue that society should nurture relationships between people with a learning difficulty and those without (e.g. Amado, 1993) and assert that everyone can feel at home in mainstream society, while social capital theorists do not make this explicit. Any service would be limited by adopting a social capital analysis alone as this could lead to a diminished vision that confined bonding relationships to those between peers in a day centre and bridging relationships to those that formed between centres, such as at the Special Olympics.

Bridging social capital provides what Granovetter (1973) referred to as weak ties—a valuable source of information and contacts that can help people with everything from job-finding to problem solving. Similarly, while Putnam rather derides 'mail-order' membership, belonging to an association that collects subscriptions and provides publicity can contribute to a sense of identity and provide material for conversation with others. Social capital reminds us of the importance of nurturing these connections with 'insignificant others' alongside more intimate connections:

#### *Building sustainable relationships*

Seventeen people with learning disabilities have fenced 144 gardens on the Oakwood Estate in Bridgend. As well as forming a tight-knit team, they have gained work experience and qualifications in amenity horticulture by linking with the local college. One group member said 'my self esteem has improved, I feel physically fitter and I feel being part of the group is helpful for character building.' Using locally grown renewable timber, the fencing has created 'defensible spaces' as a means of reducing crime and nuisance. Stolen cars used to be driven on the lawns between the houses, but now that the gardens are in place there is no room. They say that it is all about creating sustainable projects and sustainable relationships. The people with learning disabilities feel safe and welcome on the estate. Local residents hold the project in very high esteem and they advocate for and defend its members if the need arises. Local children have joined in with painting the fences during school holidays, leading to a reduction in vandalism. One tenant said, 'We find that friends and neighbours are far more willing to pull together and to help each other, and are once more gaining pride and enjoyment in our community'.

#### *Feelings of trust and safety*

Putnam's position moves us from the privacy of a friendship into the public arena by including the concept of 'thin trust' in his description of social capital. Thin trust is present when strangers view each other as potential friends and absent when they regard each other as potential enemies. Campbell's team (1999) failed to find much thin trust in an English housing estate, and the MENCAP (1999) inquiry into

bullying showed just how reasonable it is for many people with learning disability to avoid public spaces and public transport, especially the school run.

Unfortunately, inclusion advocates tend to ignore the shameful reality of bullying, oppression and discrimination that is a daily experience for many people with learning disabilities (MENCAP, 1999). It is curious to note that Valuing People is silent on the matter of bullying, while the Department of Health does require mental health services to address it (Department of Health, 2001a). It is here that social capitalists have the advantage, since their goal of increasing thin trust precisely attends to this agenda.

We all have to run the gauntlet of meeting strangers from time to time and negotiate our way through thin trust in order to locate the new friends and colleagues with whom we might enjoy thick trust, but there are extra challenges for visible minorities, and this includes some people with learning disabilities.

Social capitalists task us with addressing these problems by challenging media stereotypes, providing learning disabilities equality training, and actively promoting positive relationships between people with and without disabilities. While social capitalists are developing instruments to measure these things, they have no guidance to offer on which tools are needed to make these changes, so we must look for advice to inclusion advocates, as well as media studies, community development, health promotion and students of the social psychology of stigma. Inclusion advocates who wish to build links with community development workers may find that social capital is the linking concept that will bring them together.

Any examination of trust and safety quickly moves into a consideration of structural inequalities. Despite this, few inclusion advocates or social capitalists have given much attention to the way in which structural inequalities around race or gender impact upon the lives of people with learning disabilities. Social capital can systematically oppress women (Riddell et al., 2001), people from black and ethnic minority communities (Campbell & MacLean, 2002), people with disabilities, and, as Putnam notes, terrorist groups are strong on bonding relationships. Campbell (2000) sums all this up as 'antisocial capital', although it is likely that many groups have a mixture of benevolent and toxic effects, and few, if any, are unambiguously virtuous or destructive.

Staff will need to respond to these complexities at a number of levels. First, a focus on leisure and voluntary participation in the community will require services to offer support in the evenings and weekends in ordinary community locations away from learning disability premises, and so working arrangements will need to support these activities. Secondly, staff will need to respond imaginatively to bullying, thin trust and structural inequality.

### *Social connections*

Both social inclusion and social capital theorists invite us to think about people with learning disabilities as citizens who are able to make a contribution to the whole community. This clashes with the current reality, where perhaps only a third of the people utilizing learning disability services have even one non-disabled friend (Robertson et al., 2001). Friendships between people with learning disabilities and non-disabled people must overcome some difficulties, especially where there are inequities in communication skills, disposable income and freedom of choice (Zetlin & Murtaugh, 1988), but can be very rewarding for participants (Newton et al., 1995). Indeed, we think that people with learning disabilities may well have the potential to

make an above-average contribution to the community.

Inclusion advocates have been eager to support people with learning disabilities to take up positive social roles, such as householder, employee or student. While lip service has been paid to participation as well as presence in the community, social capitalists insist that attention is given to the quality of social relationships in these settings. Simply achieving the status of a student does not build social capital if there are few opportunities for networking and relationship building. Bridging relationships with non-disabled students are not enhanced if the student is attending a special class, at a special time and taking lunch in a special, segregated cafeteria. Just as important is the support that is made available, for co-location alone does not guarantee the development of friendships. So, for example, poorly skilled job-coaches may unwittingly detach learning disabled workers from their non-disabled work colleagues in order to provide intensive task training.

There are also particular challenges that arise from taking a focus on informal and unregulated relationships. A learning disabled customer is legally entitled to fair and equal service from the bar staff, but the Disability Discrimination Act 1995 does not govern the behaviour of other drinkers in the public house. This means that a host of awkward, unfriendly or downright hostile responses may be more in evidence in unregulated social relationships—exactly in those areas that are well covered by social capitalists.

A second reason why discrimination may be amplified in unregulated relationships revolves around the practical transaction with the bar staff. This is governed by clear rules for the encounter (placing an order, pulling the pint, paying for the drink), while the informal connections with other drinkers in the pub are less defined and, consequently, more difficult to negotiate. Similarly, in the workplace, practical tasks may enable people with learning disabilities to demonstrate their abilities at work and so allow social interaction to grow as their competence is recognized, whilst equal opportunities policies constrain potentially negative responses of colleagues. In contrast, unregulated places that are about talking and little else may provide few opportunities for this kind of broader relationship to emerge and so people who don't seem to fit in may be more comprehensively ostracized. One person said, 'I have a job, but no-one wants to go out with me in the evenings'. Social capitalists demand that these challenges are addressed.

An analysis of social capital through the life-course reveals how there are particular rites of passage when capital accrues or is lost. A move into residential care, perhaps on the death of a parent, can wipe out stocks of social capital—especially if it involves relocation into a different neighbourhood (Riddell *et al.*, 2001). Indeed, entry into any care system may burn-off social connections, trust and reciprocity. Staff need to be aware that addressing these issues can be just as important as the selection of appropriate accommodation, medication or counselling.

### *Citizen power*

Both social inclusion and social capital theories offer a familiar challenge in this domain—that of increasing service user participation and advocacy.

Traditional services have been characterized by 'vertical' relationships in which staff hold power over service users, while social capitalists and service user advocates seek 'horizontal' relationships (Riddell *et al.*, 1999).

There are a number of potential pit falls to watch out for here. As a social capital

perspective gains ground, there are the ever-present dangers to be avoided, including:

- preferring 'white' social capital over culturally diverse manifestations of relationships, trust and civic participation;
- adding informal community connections to the list of things that it is acceptable to 'prescribe' for people using services;
- reproducing traditional power relationships of control and containment within new community locations;
- that individuals who do not engage may be blamed for their situation.

From our experience these problems can come about because both social capital and inclusion theorists risk unduly focusing on 'slotting in', rather than transforming society. From this standpoint, society is perceived as fundamentally just and stable, so that learning disability services simply need to locate a menu of vacant slots and help the person to decide what they would like to do, learn the correct behaviour and then engage in the social opportunity of their choice. Bourdieu (1983) challenges this perception by reminding us how the 'old boy' networks use social capital to maintain their power and control, and advises us that this kind of social capital should be dismantled and replaced by more equitable relationships.

Paradoxically and despite the above we suggest that it is also vital to take an optimistic overview of communities. Reviews of supported employment (Riddell *et al.*, 1997) and volunteering (Bates, 2001b) note that expansion of the service is restricted, not by a shortage of 'hosts' willing to offer opportunities to people with learning disabilities, but by a shortage of state funding and therefore support staff. By extension we may assume that there will be plenty of informal social settings that would welcome people with learning disabilities, so long as we could arrange adequate support.

A further example of the synergy possible by taking a dual perspective involves advocacy services. These have devoted much time to supporting people with learning disabilities to engage in formal decision-making processes. Service users have learnt how committees work, how records are kept and distributed, as well as the subtler tasks of lobbying and negotiating with senior managers. Meanwhile, social capitalists have observed that, while the general membership of civic and community associations have been falling, there has been an even faster decline in the number of people willing to take office in these associations. In addition, recent urban regeneration and service improvement strategies have emphasized the value of public consultation and involvement, and sought new methods of reaching traditionally excluded groups. This means that market expansion and labour shortages in these community and civic associations neatly coincides with a new generation of skilled and experienced people who happen to also have a learning difficulty.

Advocacy groups that have traditionally focused on long-term bonding in order to reform the learning disability service could build bridging relationships with local community organizations and campaigns. Some people with learning disabilities might eventually leave the advocacy group in order to join other advocates for the local community improvements that most interest them as citizens.

While there is general approval for specific social roles, such as that of employee or student, taking an active part in civic, political or informal associations does not earn



universal praise. Staff operate within a contemporary society that appears to place great store on garden redesign, for example, but which ridicules train spotting. This might result in staff feeling comfortable about arranging a taxi for the learning disabled person who wants to attend the agricultural college, but the same worker may be less willing to arrange transport to a meeting of the local branch of railway enthusiasts!

Separating out one's rights as a citizen from one's rights as an employee or for that matter as a service user, can lead to contradictory allegiances for staff. A person's interests or eagerness to write to the newspapers about litter may embarrass the day service staff member or spill over into unwelcome publicity for an employer. Despite this, social capitalists demand that we support people with learning disabilities who wish to vote, contribute to public discussions or agitate for social change.

In addition, those who provide formal or informal civic education should be equally interested in the parallel questions, 'How do I contribute to my community?' and 'How can I transform my community?' Paulo Freire (1972) and other educators of the liberation school have shown how the task of transforming society can be attempted through alliances between disabled and non-disabled people; that is, through the development of bridging social capital.

### *Community perception*

In a recent training seminar, one day-centre worker described his own leisure time as occupied entirely with solitary visits to the off-licence and watching TV game shows, and therefore he did not see why isolation was a problem for disabled people. We do not know if staff in learning disability services engage in community life to a greater or lesser extent than the average, but it is likely that the personal attitudes of staff will have a real impact on the lives of service users. This is illustrated by a Department of Health study where inappropriate staff attitudes and behaviour was the most frequently cited barrier to access by disabled people (Disability Matters Limited & NHS Executive, 1999).

This suggests that there is some danger of staff defining service users' lives by their own personal choice of lifestyle, either by assuming that people with learning disabilities will not be interested in community engagement or by evangelically promoting their own personal interests.

Staff in learning disability services may also favour urban settings, as they appear to offer more venues to people who use services, despite the high transport costs of bringing everyone into a single point. Small, rural communities have fewer events and buildings, but arguably more networks and informal opportunities to connect. When there are more bridging relationships between groups in small communities, positive or negative reputations can also spread quickly, and create or deny a new resident a chance of a fresh start in a new social setting. This means that workers engaged in community relocation should recognize informal networks as sources of social capital and develop strategies in supporting service users to navigate them successfully.

Staff and other allies therefore have a two-fold task: to recognize the unique individuality of the learning disabled person and to similarly recognize the unique attributes of the many available communities to which that person might contribute. Such creative and individualized responses defy simple categorizations and press us to create systems that promote artistry, rather than the regimented production of standardized care packages. Since people with learning disabilities are likely to want and need unique arrangements, there is a danger that the introduction of standard

monitoring systems will close down their leisure options to those listed on monitoring forms, whilst treating the richness of local human communities as no more than an arrangement of blank, featureless buildings and facilities.

## **Discussion**

Attention to social capital is welcome as long as this emphasis does not eclipse other important goals in the minds of service developers. For example, Wilkinson (1996) asserts that income inequality is a fundamental cause of health inequality and that social capital plays no more than a mediating role in this relationship, while Putnam (2000) sees social capital as the primary factor. We would argue therefore that working on social capital must not become a cheap alternative to reducing income inequality and must not divert us from the task of developing services that provide for basic human dignity (Morgan, 2001).

As long as many learning disabled people lack a decent home, satisfactory income, good health, meaningful employment, and freedom from discrimination and abuse they are unlikely to view or be viewed as an asset to their neighbourhoods. The complimentary relationship between social inclusion and social capital reminds us that promoting social capital as a human service aim is a legitimate and long-term solution to the isolation and segregation of many devalued groups. However, it is not a panacea and needs bolstering with other approaches.

Social capitalists collect a diverse array of data from whole populations, as illustrated by the range of issues under discussion. As there are a host of comparative indicators already in use with the general population, some of these might also be suitable for collecting aggregate data about people with learning disabilities and comparing findings with the general population in order to discover the size of the 'inclusion gap' (Love *et al.*, 2002). However, population-level data is a poor source of guidance for what to offer to named individuals, and so care is needed in interpreting these findings:

Sue lives in a suburb and works long hours in the city. She leaves early each morning and gets home late at night. Almost every weekend she travels to visit friends in other parts of the country. As a result, she does not know her neighbours. Despite her house being often empty, she is safe from burglary as many of her neighbours are unemployed and they maintain a vigorous neighbourhood watch group.

Social inclusion theorists would look at Sue's connections with her neighbours, while social capitalists look at the whole street and recognize that she benefits from the social capital built up by her neighbours.

At the individual level, those staff who work on developing social capital therefore also need to be skilled in recognizing other factors and have access to the expertise of social inclusion advocates in how to choose, get and keep a home, a job and a social life. Managers should be aware of the tension and difference in priorities that each theoretical position taken on its own could have on resource allocation, and strike an appropriate balance that supports people who use services and simultaneously invests in the whole community. Service designers need to strike a balance between attempting to develop new 'social capital or inclusion projects', and the subtler task of threading the approach through existing services.

## **Conclusion**

If interpreted with care, the concept of social capital provides a helpful additional perspective to learning disability services that are striving to promote social inclusion. The relationship is reciprocal, however, as inclusion advocates working with learning disabled people have insights and experience that will support the promotion of social capital for the whole community, as well as service users. Finally, many of the issues that have been highlighted in this article apply equally to many other groups who are at risk of exclusion. There is room for further dialogue.

## References

- Amado, A.N. (Ed.) (1993) *Friendships and community connections between people with and without developmental disabilities* (Baltimore, Paul H Brookes).
- Bandura, A. (1977) *A social learning theory* (New Jersey, Prentice Hall).
- Bates, P. (Ed.) (2002a) *Working for inclusion* (London, Sainsbury Centre for Mental Health). Bates, P. (2002b) *A real asset: a manual for supported volunteering* (Manchester: National Development Team).
- Bott, E. (1957) *Family and social network* (London, Tavistock).
- Bourdieu, P. (1983) The forms of capital, in: A. H. Halsey, H. Lauder, P. Brown & A. Stuart Wells (Eds) *Education: culture, economy, society* (Oxford, Oxford University Press).
- Campbell, C. (2000) Social capital and health: contextualizing health promotion within local community networks, in: S. Baron, J. Field & T. Schuller (Eds) *Social capital: critical perspectives* (Oxford, Oxford University Press).
- Campbell, C. & MacLean, C. (2002) Ethnic identities, social capital and health inequalities: factors shaping African-Caribbean participation in local community networks, *Social Science and Medicine*, 55(4), 643–657.
- Campbell, C., Wood, R. & Kelly, M. (1999) *Social capital and health* (London, Health Education Authority).
- Corrigan, P. & Miller, C. (1999) *Social capital: the basic building block of social cohesion— management briefing*, August 1999 (London, Office for Public Management).
- Department of Health (2001a) *Making it happen: a guide to delivering mental health promotion*, implementation plan for Standard One of the National Service Framework for Mental Health (London, Department of Health).
- Department of Health (2001b) *Valuing people: a new strategy for learning disability for the 21st century*, Department of Health Cmd 5806 (London, DoH).
- De Tocqueville, A. (1835) *Democracy in America*, Volume 1. Available online at: [http:// xroads.virginia.edu/ - HYPER/DETOC/toc indx.html](http://xroads.virginia.edu/~HYPER/DETOC/toc_indx.html) (accessed 16 July 2003).
- Dewey, J. (1929/1958) *Experience and nature* (New York, Dover).

- Disability Matters Limited and NHS Executive (1999) *Working in partnership to implement Section 21 of the Disability Discrimination Act 1995 across the NHS*. Available online at: [www.doh.gov.uk/pub/docs/doh/section21dda.pdf](http://www.doh.gov.uk/pub/docs/doh/section21dda.pdf) (accessed 16 July 2003).
- Etzioni, A. (1996) *The new golden rule: community and morality in a democratic society* (New York, Basic Books).
- Falvey, M., Forest, M., Pearpoint, J. & Rosenberg, R. (1994) *All my life's a circle: using the tools: circles, MAPS and PATH* (Toronto, Inclusion Press).
- Freire, P. (1972) *Pedagogy of the oppressed* (Harmondsworth, Penguin).
- Granovetter, M.S. (1973) The strength of weak ties, *American Journal of Sociology*, 78, 1360– 1380.
- Grootaert, C. (2001) Social capital the missing link? in: P. Dekker & E. M. Uslaner (Eds) *Social capital and participation in everyday life* (London, Routledge).
- Habermas, J. (1984) *The theory of communicative action: reason and the rationalization of society* (Boston, Beacon Press).
- Health Development Agency (1999) *Social Action Research Project*. Available online at: [www.hadonline.org.uk/html/resources/websites.html](http://www.hadonline.org.uk/html/resources/websites.html) (accessed 16 July 2003).
- Love, W., Bates, P. & Whitehead, S. (2002) *Day Service Modernization Toolkit Part 1* (Bristol, Valuing People Support Team). Available online at: <http://www.valuingpeople.gov.uk/documents/DayService1.pdf> (accessed 18 March 2004).
- Mansell, J. (Chair) (1993) *Services for people with learning disabilities and challenging behaviour or mental health needs* (London, Department of Health. HMSO).
- MENCAP (1999) *Living in fear* (London, MENCAP).
- Mitchell, D. & Harrison, M. (2001) Studying employment initiatives for people with mental health problems in developing countries: a research agenda, *Research and Development in Primary Care*, 2, 107.
- Morgan, A. (2001) *Overview and progress report on the Health Development Agency's programme of research on social capital and health* (London, Health Development Agency).
- Newton, J., Olson, D. & Horner, R. (1995) Factors contributing to the stability of social relationships between individuals with mental retardation and other community members, *Mental Retardation*, 33, 383–393.
- O'Brien, J. (1987) A guide to lifestyle planning: using the activities catalog to integrate services and natural support systems, in: B. Wilcox & G. T. Bellamy (Eds) *A comprehensive guide to the activities catalog: an alternative curriculum for youth and adults with severe disabilities* (Baltimore, Paul H Brookes).
- Putnam, R.D. (2000) *Bowling alone: the collapse and revival of American community* (New York, Simon Schuster).

- Reed, Z. & Boyle, D. (2002) Growing strong communities, in: P. Bates (Ed.) *Working for inclusion* (London, Sainsbury Centre for Mental Health).
- Riddell, S., Baron, S., Stalker, K. & Wilkinson, H. (1997) The concept of the learning society for adults with learning disabilities: human and social capital perspectives, *Journal of Education Policy*, 12(6), 473–483.
- Riddell, S., Baron, S. & Wilson, A. (1999) Social capital and people with learning difficulties, *Studies in the Education of Adults*, 31(1), 49–65.
- Riddell, S., Wilson, A. & Baron, S. (2001) Gender, social capital and lifelong learning for people with learning difficulties, *International Studies in Sociology of Education*, 11(1), 3–23.
- Ritchie, P. (2001) *The future's purple*, paper given at the SHS conference, Edinburgh 24–25 May.
- Robertson, J., Emerson, E., Gregory, N., Hatton, C., Kessissoglou, S., Hallam, A. & Linehan, C. (2001) Social networks of people with intellectual disabilities in residential settings, *Mental Retardation*, 39, 201–214.
- Rusch, F.R. & Hughes, C. (1989) Overview of supported employment, *Journal of Applied Behavior Analysis*, 22(4), 351–363.
- Schuller, T. (2000) *Exploiting social capital: learning about learning*, inaugural lecture at Birkbeck College, 9 February 2000.
- Seyfang, G. (2001) Spending time, building communities: evaluating time banks and mutual volunteering as a tool for tackling social exclusion, *Voluntary Action: The Journal of the Institute of Volunteering Research*, 4(1), 29–48.
- Simons, K. (1998) *Home, work and inclusion: the social policy implications of supported living and employment for people with learning disabilities* (York, Joseph Rowntree Foundation).
- Social Exclusion Unit (1998) *Bringing Britain together: a national strategy for neighbourhood renewal*, Cmd 4045 (London, Stationery Office).
- Wilkinson, R.G. (1996) *Unhealthy societies: the afflictions of inequality* (London, Routledge). Wolfensberger, W. (1972) *Normalization: the principle of normalisation in human services* (Toronto, National Institute on Mental Retardation).
- Zetlin, A.G. & Murtaugh, M. (1988) Friendship patterns of mildly learning handicapped and nonhandicapped high school students, *American Journal on Mental Retardation*, 92, 447–454.