



Aboriginal Australians' experience of social capital and its relevance to health and wellbeing in urban settings



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ABSTRACT

Social capital has been linked to physical and mental health. While definitions of social capital vary, all include networks of social relationships and refer to the subsequent benefits and disadvantages accrued to members. Research on social capital for Aboriginal Australians has mainly focused on discrete rural and remote Aboriginal contexts with less known about the features and health and other benefits of social capital in urban settings. This paper presents findings from in-depth interviews with 153 Aboriginal people living in urban areas on their experiences of social capital. Of particular interest was how engagement in bonding and bridging networks influenced health and wellbeing. Employing Bourdieu's relational theory of capital where resources are unequally distributed and reproduced in society we found that patterns of social capital are strongly associated with economic, social and cultural position which in turn reflects the historical experiences of dispossession and disadvantage experienced by Aboriginal Australians. Social capital was also found to both reinforce and influence Aboriginal cultural identity, and had both positive and negative impacts on health and wellbeing.

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Introduction

We explore social capital and the health of Aboriginal people in urban settings using Bourdieu's theory of social capital, as part of his broader theory of practice (Bourdieu, 1986). This theory addresses power and structural inequalities critically and examines how social inequalities are created and reproduced. Bourdieu's definition of social capital refers to 'the aggregate of the actual or potential resources'... which accrue to individuals and groups and ... 'are linked to possession of a durable network of more or less institutionalised relationships of mutual acquisition and recognition or in other words membership in a group' (Bourdieu, 1986, p. 51).

While our focus is on urban contexts we anticipate our findings have some relevance for all Aboriginal people regardless of where they currently live. The following questions guide this paper:

1. What aspects of social capital do Aboriginal people living in urban settings invest in and draw from?
2. What factors promote or limit social capital creation for Aboriginal people living in urban settings?
3. What is the relevance of social capital to the health of Aboriginal Australians living in urban settings?

The subsequent sections describe social capital and links with health; contextualise how social capital relates to Aboriginal culture and the urban experience, and provides the theoretical underpinning of the paper.

Social capital and health

While social capital has been shown to be important to health in a range of populations (Kawachi, Subramanian, & Kim, 2008), the research findings have been mixed (De Silva, McKenzie, Harpham, & Huttly, 2005; Murayama, Fujiwara, & Kawachi, 2012). Some studies have demonstrated a positive effect on physical (Kawachi, Kim, Coutts, & Subramanian, 2004) and mental (McKenzie, Whitley, & Weich, 2002) health, while others have shown little or negative impacts (Murayama et al., 2012) especially for mental health (Almedom, 2005; De Silva et al., 2005). Social capital is believed to influence health through the resources generated by group membership, (Portes & Landolt, 2000). Social networks can be both informal and formal, providing emotional and material support and access to health information (Kawachi & Berkman, 2001; Poortinga, 2006a; Woolcock & Narayan, 2000).

Exploring the nature and strength of social ties through the distinction between bonding, bridging (Putnam, 2000) and linking social capital (Szreter, 2002) enhances Bourdieu's theory in considering the different value that networks might have for

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producing resources. Bonding capital refers to informal networks of families and friends and is often regarded as a means to 'get by' (Poortinga, 2006b); for one such example, being able to get a loan from a friend in your network. Bridging networks refer to relations between heterogeneous groups, dissimilar in a socio-demographic or social identity way such as age, income or ethnic group, which can lead to the formation of weak ties that cut across different communities and individuals (Murayama et al., 2012). Bridging ties have the most potential to generate positive outcomes for health and wellbeing through links to resources that may improve socio-economic status or enable people to 'get ahead' (Kawachi et al., 2008); for example, getting information about potential employment. Linking social capital refers to relationships between people across formal or institutionalised power in society (Szreter, 2002), which can promote community development and reduce health inequalities (Baum, 2007); for example, between a community organisation and a government department. Social capital has been shown to buffer the impact of living in disadvantaged neighbourhoods (Sampson, Morenoff, & Gannon-Rowley, 2002). Social networks may generate negative influences including exclusion of outsiders, excessive claims on members and restrictions on individual freedoms (Portes & Landolt, 2000) and of relevance to this paper, may be experienced differently by ethnic background and by class and gender (Lin, 2000).

Until a decade ago, no studies of social capital and Aboriginal and Torres Strait Islander people had been published (for review see Mignone, 2009) and the literature is presently still sparse. We make a contribution to it by exploring the social capital experiences of Aboriginal people living in urban settings within a context of limited economic resources, in order to identify the aspects of social capital important for their health and wellbeing.

In this paper the term "Aboriginal" is used to include both Aboriginal and Torres Strait Islander people and was approved as appropriate for use in scientific publications by the Committee (containing representatives from both Aboriginal and Torres Strait Islander communities) established to advise on the cultural appropriateness of the research.

Australian Aboriginal context

European colonisation has had a damaging impact on the lives of Aboriginal people in Australia (Holmes, Stewart, Garrow, Anderson, & Thorpe, 2002). White assimilation policies have resulted in displacement, removal of children, institutionalisation and discrimination, all of which have adversely affected health and life opportunities of Aboriginal Australians (Paradies et al., 2008). The position of Aboriginal people in Australia has been described as second class and they are subject to significant racism (Hunter, 2000). Aboriginal people constitute 2.4% of the Australian population and are the most disadvantaged group on many social determinants of health, including employment, education, housing and levels of incarceration compared with non-Aboriginal Australians (Anderson et al., 2006; Australian Bureau of Statistics, 2010; Australian Government, 2011; Brough, 1999; Paradies & Cunningham, 2009). There is an 11.5-year gap in life expectancy between Aboriginal and non-Aboriginal Australians and the Australian government has put in place a national strategy to 'close the gap' by the year 2031 (Australian Government, 2011).

Aboriginal Australians' social capital

Despite that over 70% of Aboriginal Australian people residing in urban settings (Australian Bureau of Statistics, 2010; Brough et al., 2006), research on social capital and Aboriginal people has tended to focus on remote and rural community contexts (Berry, 2009;

Hunter, 2004), with only a small number of studies exploring the social capital experiences of urban dwelling Aboriginal people (Biddle, 2011; Bond, 2007; Brough, Bond, & Hunt, 2004; Brough et al., 2006). However, while there is evidence that social capital experiences may differ between rural and urban areas (Biddle, 2011); Aboriginal Australians are both culturally diverse and extremely mobile where people move between rural and urban settings for varied periods throughout the life course (Memmott, Birdsall-Jones, & Greenop, 2012).

Australian Aboriginal social capital research has tended to focus on education and economic development (Hunter, 2004; Mignone, 2009). These studies found that Aboriginal people often have to weigh up the cultural benefits and costs of engaging in tertiary education (Schwab, 1996) and the labour market (Hunter, 2000). Less participation in these spheres may reduce opportunities to engage in the dominant culture, but may enable greater involvement in culturally specific activities, which may increase Aboriginal community social capital. Consequently, greater participation in dominant structures may not be straight forward for Aboriginal Australians (Brough et al., 2006). Better health and a reduction in risky behaviour have been associated with strong links to culture for Aboriginal people (Dockery, 2010); thus, suggesting dominant and imposed cultural norms may sometimes be detrimental to Aboriginal health. However, many Aboriginal people may also successfully develop the skills to navigate between cultures (Paradies, 2006).

A small number of studies have explored the link between social capital and health for Aboriginal people. In a comparative study of Aboriginal and non-Aboriginal people residing in a rural coastal town in Australia, Berry (2009) examined the links between social capital and two aspects of mental health—distress and 'happy feelings'. Findings suggested that higher levels of social capital were related to happier feelings and less distress for all groups. A study exploring social capital and health conducted with Aboriginal urban communities in Brisbane, Australia, highlighted the importance of bonding networks for the maintenance of cultural identity, yet stressed the difficulties posed by stereotypes and racism in creating bridging social networks (Brough et al., 2004). Biddle (2011) used 2008 data from the National Aboriginal and Torres Strait Islander Social Survey (NATSISS), and compared social capital for urban and non-urban Aboriginal Australians. Biddle found that having diverse social networks (a mix of Aboriginal and non-Aboriginal people) was associated with the highest level of subjective wellbeing (Biddle, 2011).

The literature suggests an obvious tension for Aboriginal people between bonding and bridging social capital. Aboriginal Australians as a group are more likely to live in areas of high unemployment, have low household income and potentially reduced opportunities for bridging social capital generation (Berry, 2009; Biddle, 2011). Racial discrimination may also constrain social capital opportunities (Whitley, 2008). For example, Brondolo, Libretti, Rivera, and Walsemann (2012) found in a review of the effects of institutional and internalised racism that racial discrimination could produce a psychological stressor which limited and constrained social capital creation within peer and interracial groups, while minority groups who were exposed to racism were also more vulnerable to disease.

Identity and social capital for Aboriginal people

Research has shown that social capital is heavily embedded in cultural understandings and issues of identity for Aboriginal Australian people (Brough et al., 2006; Hunter, 2004). Identity is associated with complex social meanings, which may be transformed over time (Brough et al., 2006). For Aboriginal Australian people, cultural identity may include spoken languages,

acknowledgment of clan, tribal group or language group, and recognition of Homelands (Dockery, 2010). Many cultural norms are different for Aboriginal Australians compared with the dominant culture and large variations exist in cultural practices and social contexts between Australian Aboriginal communities (Hunter, 2004). Aboriginal people living in urban settings are sometimes perceived by the mainstream population as not being Aboriginal because they don't live in remote communities (Fredericks & Leitch, 2008). This is based on a racist mythology that Aboriginal people in urban areas have no culture or legitimate Aboriginal identity. However, many Aboriginal Australian people may have Aboriginal-mixed ancestry and may have non-Aboriginal partners and mixed race social networks, which results in complex, and multifaceted expressions of cultural identity (Paradies, 2006). Additionally, identity is also influenced by 'whiteness' discourse referring to the power and privilege associated with being white and white dominance in post-colonial Australia (Brough et al., 2004; Riggs, 2004). This history of white dominance has implications for Aboriginal people and for those who are fair skinned, who may experience racism from Aboriginal and non-Aboriginal people alike, leading to self-doubt and anxiety about their identity as Aboriginal Australians (Gallaher, 2008; Paradies, 2006). Within the diverse range of Aboriginal identities there are also some people who are not associated with a particular clan, tribe or language group or live in extended family groups (Paradies, 2006).

For Aboriginal Australians living in urban settings, identity may be associated with connection to place and family, and influenced by multiple layers of contested identities linked to perceptions of colour, culture and prejudice which may influence opportunities for social capital creation (Fredericks & Leitch, 2008). Realising a balance between preservation and transmission of culture and achievement in mainstream society is difficult for Aboriginal Australians living in a predominately white society. Cultural maintenance is facilitated by the two broad dimensions of identity and participation, which are linked to social capital (Dockery, 2010) through social network arrangements (Schwab, 1988). Brough et al. (2006) have argued that a focus on social capital reveals how identity and network participation are enabled in urban settings and may contributed to an improvement in Aboriginal Australian's health.

Theoretical approach

Bourdieu argued that to use social capital successfully resources of economic, cultural and symbolic capital are required (Bourdieu, 1986). Economic capital refers to material wealth. Cultural capital refers to education and knowledge. Cultural capital is embodied through modes of presentation; institutionalised through educational qualifications and objectified through material goods such as objects d'art (Bourdieu, 1986). Symbolic capital is the capacity to define and legitimise dominant culture, aesthetic values, standards and style (Bourdieu, 1986).

The distribution of cultural and social capital exposes the non-economic hierarchies and power inequalities in society (Bourdieu, 1984). Bourdieu's early work in Algeria illustrates how traditional cultures are forced to define themselves in terms of their relative distance from the dominant culture (Bourdieu, 1977, 1990).

Bourdieu used the concepts of *habitus*, *fields* and *symbolic violence* to help explain the social process through which the unequal distribution of social and other capital resources are produced and maintained (Bourdieu, 1986).

Habitus

Bourdieu's *habitus* concept illustrates how members of a social group (via socialisation) acquire a set of embodied dispositions or

ways of viewing and living in the world. The *habitus* is composed of individuals' enduring values, beliefs, tastes and behaviours, learnt in childhood and shaped throughout life (Bourdieu, 1977). When experiences or ideas are challenged by individuals the dispositions of the *habitus* can be transformed. While no biographies are exactly the same, individuals' histories are also strands in a collective history where individual *habitus* tend to manifest many group specific characteristics (Crossley, 2001). For example, Aboriginal Australians are generally bonded by a strong cultural identity and shared history of the effects of colonisation.

Social fields

Bourdieu viewed society as a social space made up of a network of conceptual fields (Bourdieu, 1977). The forms of capital are the active properties within the different fields, and these fields reveal the power hierarchies within any given social process. Aboriginal peoples' position has been one of second-class citizen in power hierarchies (Baum, 2007), resulting in fewer capital resources to enable entry into dominant social fields.

Symbolic violence

Bourdieu's notion of symbolic violence explains how the distributions of capital resources maintain and reproduce societal inequalities. He argues that symbolic violence is perpetrated in a symbolic rather than a violent way where individuals gradually contribute to their own subordination by accepting and internalising the ideas and structures that subordinate them (Bourdieu, 1977). Symbolic violence is believed to occur in the context of race relations between Aboriginal and non-Aboriginal Australians whereby white Australian dominance is legitimated as part of the normal social order of dominant cultural capital (Bourdieu, 1977), resulting in the inferior treatment of Aboriginal Australians (Brough et al., 2006).

Method

Data reported here are part of a broader project, the Adelaide Aboriginal and Torres Strait Islander Health Project (see Gallaher et al., 2009) that examined the relationship between social capital, neighbourhood life, racism and health. This research is based on face-to-face semi-structured interviews with closed and open-ended questions conducted with 153 Aboriginal people living in Adelaide. All of the participants were Aboriginal people and one was both Aboriginal and a Torres Strait Islander.

Research process

The project manager, two research assistants and the administrative officer were all Aboriginal Australians. Five research investigators (one of whom was Aboriginal) oversaw the project, and an Advisory committee predominantly consisting of Aboriginal peoples. Participants were recruited through snowballing technique from five Adelaide metropolitan Aboriginal Locality Boundaries that were identified through the Australian Bureau of Statistics because no lists of Aboriginal people living in urban areas existed (Holmes et al., 2002). Participants were recruited through agencies trusted by Aboriginal people, using posters and flyers, and residential letter box drops. Interviews were conducted between October and December of 2006. Ethics approval was received from the Aboriginal Health Council of South Australia and the Flinders University Social and Behavioural Research Ethics Committee.

Interviews

Three Aboriginal researchers conducted the interviews and most took place in participants' homes, or venues most convenient for the participant. Interviews ranged from 45 to 120 min. Participants were asked about social activities, formal and informal networks and membership of groups both within and outside the Aboriginal community. Participants were asked to discuss their networks in terms of the benefits and demands they generated and the importance of their networks to their health and wellbeing.

Analysis

Interviews were digitally recorded and transcribed verbatim. Transcripts were read by at least three researchers (one Aboriginal), and one-quarter of the transcripts were double coded with differences in coding resolved by consensus. Data relating to social capital, formal and informal networks were thematically coded drawing upon critical realist approaches, which acknowledge the ways individuals make meaning of their experiences and how a broader social context impinges on those meanings (Braun & Clarke, 2006). In practice, the words and how they were spoken were analysed with consideration of the social context. A Bourdieuan perspective guided the analytical process on how inequality is experienced and reproduced. Thematic analysis drew on Framework Analysis (Ritchie & Spencer, 1994), which involved a number of steps. Familiarisation with the data required frequent rereading of all the transcripts until familiar with the depth and breadth of the content and the general patterns of meaning and issues relating to social networks were identified. A qualitative software package (NVivo 9) was used to manage data and organise this preliminary coding. Coding frameworks were developed recursively to identify and collect all the data relevant to each initial code. The codes were then sorted into potential themes by creating charts and mapping responses. This helped identify the main overarching social capital themes and subthemes underpinning the experiences of this group, described below.

Findings

Participant characteristics

There were more female than male participants. Almost half were in the 31- to 49-year-old age group. While over half had completed up to secondary school education, 15% had a tertiary education compared to 20% in the general Australian population. Only one-quarter of those interviewed were working full or part time. The majority of participants reported they were getting by or finding it difficult to manage financially. 40% rated their health as fair or poor rather than excellent, very good or good; which is in stark contrast to only 16% in the general South Australian population (Glover, Hetzel, Glover, Tennant, & Page, 2006). This demonstrates the low levels of Bourdieu's economic and cultural capital (measured by education attainment) and self-rated health for this group (see Table 1).

Qualitative findings

Networks of social support were important for health and wellbeing, but there was also evidence of the negative impact of dense social ties. Aboriginal identity was constantly referred to in the narratives of social capital and formed a significant part of the *habitus*. Identity was important to both individual health and wellbeing and the maintenance of cultural heritage. Exclusion through racism from resourceful bridging networks was also in evidence, which was compounded by existing economic disadvantage.

Table 1
Research participants demographics.

Variable	Category	N (% ^a)
Gender	Female	93 (61)
	Male	60 (39)
Age	18–30 yrs	34 (23)
	31–49 yrs	74 (48)
	>50 yrs	42 (28)
	Missing	3 (2)
Highest education	Secondary	91 (60)
	Technical or trade	38 (26)
	University diploma/degree	22 (14)
	Missing	2 (1)
How managing financially	Difficult/very difficult	41 (27)
	Comfortable/very comfortable	35 (23)
	Getting by	76 (50)
	Missing	1 (1)
Self-rated health	Excellent, good, very good	86 (60)
	Fair or poor	57 (40)

^a Some percentages do not add up to 100 due to rounding.

Bonding, bridging and linking ties with other Aboriginal people

Connectedness to family and friends was important and most participants invested in dense bonding networks through regular contact with family and friends. The following excerpts are typical of bonding ties, which highlight the intergenerational practical support provided (and also potentially available) through these kinship ties.

Round the corner in that circle is a cousin, she lives in that area. I get to socialise with her and other cousins that come there almost every day... we have a meal or catch up with what's going around and what's going on and, a cup of tea

—(Helen, 58 yrs. CDEP),¹ Onkaparinga

Things for family, I might help people, around the house, with their yard, doing some landscaping, putting pergolas or anything up. Or if someone's asked me to take them to get their car fixed or something I'd do that. Lending money, babysitting

—(Joshua, 24, employed)

Aaron (below) down-played the level of support he provided, seeing it as part of his responsibility linked to group (family) membership, but highlights the potential negative aspects of ongoing demands associated with bonding networks:

The old man's always bludging [taking] money off us. Gotta go down and take him to the doctor or go and pick up my brother from lock up. Go and get his Missus and make sure that she's got a feed and that the nephew's alright. It's just family stuff. Outside the family, may be a distant cousin or two, you know, helping with a couple of bucks or something small.

—(Aaron, 30 yrs F/T employment).

Barbara shows the distress she experienced from lack of reciprocal balance, which limits social mobility and expectations for all involved.

Sometimes you're helping other people doing all the helping, they're doing all the taking and it takes from you, you know, emotionally because you think I'm just helping them but they're

¹ Community development employment Projects set up to assist unemployed Indigenous people find and stay in employment.

just going along with what you're giving them and they're not doing anything for themselves

—(Barbara, 50 yrs, home duties)

These excerpts demonstrate how an underlying lack of economic capital place additional burdens on social networks and result in health harming stress attributed to the excessive obligations placed on individuals (Mitchell & LaGory, 2002).

Many of those interviewed reported investing in social networks – mostly with fellow Aboriginal Australians. In addition, several of these networks contained bridging ties with members holding different levels of education, household income and age differences. Almost three-quarters were involved in Aboriginal organisations, which acted as social hubs through which Aboriginal people also volunteered. Volunteering was a strong behaviour of the group *habitus* and was seen as a way of participating in and maintaining cultural heritage as well as an important aspect of social capital networks. Volunteering was mainly confined to helping disadvantaged Aboriginal people, as the following excerpt demonstrate:

Well they all [volunteering] have an Aboriginal community development focus and I'm very committed to that. One had an education focus and the other one has arts, that is supporting Aboriginal people to learn arts and to maintain traditional arts. So yeah they had to have a vision about supporting people's growth and development to gain greater control over their life

—(Patricia, 50 yrs)

All of them are Aboriginal committees so that's like a prerequisite. Don't see any value in working for whitefellas too much.

—(Stuart, 45yrs, F/T employment)

Volunteering provided opportunities to create bridging capital in Helen's experience through skill development to enhance employment prospects.

I do Aboriginal lunches [in two community centres]. I care about a lot of people in general. Yeah well hopefully I'm going out in the field and going to do a ten-week course to get my catering certificate. We rang up today about it and it's for Indigenous people

—(Helen, 58 yrs. CDEP)

These groups had the 'getting on' focus of bridging social capital with an emphasis on improving social determinants of health such as education. However the 'getting on' potential of these networks was constrained by available economic capital and confined within specific cultural capital fields. These networks constituted bonding ties in one context when family members and friends are involved, and bridging in another.

Some network activities targeted specific health issues such as drug and alcohol dependency as men's issues. The advice and support of elders volunteering in the community enhanced these social networks, as the following excerpts demonstrate:

It's a young Nungas [local Aboriginal] sewing group that I thought would be a good idea for the young mums to come and make their clothes with us and talk. Get them off the drink and the drugs. I don't know what I can offer them but they see me around here

—(Annette, 50 yrs)

You got other blokes in there and [if] you got a problem it's good there 'cause youse can go and sit down and have a talk to them and that. It's got to be an older person and then they got to put you on the right track

—(James, 34 yrs, unemployed)

Aboriginal organisations were also important for providing social environments for bridging network creation between Aboriginal groups from around Australia. Heterogeneous kinship groups were connected in social fields where Aboriginal status was the dominant capital thus enriching, preserving and sharing Aboriginal culture in urban settings. Cultural attachment of this kind has been shown to benefit health and reduce health disabling behaviour (Dockery, 2010). Hunter (2004) found that Aboriginal Australians' cultural capital could be distinct from mainstream dominant cultural capital with a strong emphasis on kinship and community, which in turn reinforces social capital (Hunter, 2004). Teresa's excerpt below demonstrates the positive nature and cultural relevance of these bridging ties between culturally diverse Aboriginal groups:

I do voluntary work here with Neporendi [local Aboriginal organisation]. I just like doing voluntary work down here because there's a few Elders down here and we have our women's groups and I just like to help me own mob too, so yes like the ladies are all Nungas [local Aboriginal] and we're all from somewhere different.

—(Teresa, 37 yrs home duties)

Three participants spoke about their membership as part of the stolen generation, a term referring to the forcible removal of Aboriginal children from their families, which has ongoing health and emotional consequences for victims and their families (Vicary & Westerman, 2004). These participants described difficulties locating their natural families and lack of familial socialisation resulting in a *habitus* missing strong cultural identity. They recognised that engagement with fellow Aboriginal people through Aboriginal organisations helped ameliorate this lost identity (see also, Yamanouchi, 2010).

The linking social capital available was mostly connecting Aboriginal people in positions of authority:

And then there's older black fellas that work in the senior departments, or they're senior in their positions and some of them you know, ring up to help here and there. A lot of them are related somehow or you know, there's that whole network of this is this guy's cousin and that cousin and you know so you can ring up and sort of say I need some help, whatever and they're usually pretty happy to help out

—(Aaron, 30 yrs F/T employment)

Aaron's transcript also highlights the potential burdens placed on those in more powerful positions in meeting their reciprocal obligations.

Jamila further reveals how social events combined with linking social capital opportunities for health consultation in non-formal environments can promote health and wellbeing.

They normally have luncheons a, certain day of the week where the community gets together at [centre]. And everybody gets together every Wednesday and then you have a local doctor, Nunkuwarrin Yunti, [local Aboriginal organisation] they come and we can go and get help too at the same time

—(Jamila, 29 yrs, unemployed)

William shows how organisations can create their own linking capital by sourcing equipment and cultural capital (business legal advice) to benefit the Aboriginal community:

I'm in this men's group, they've got lawn mowers, whipper-snippers, trailers to sort of build up a little business in the Aboriginal community and then we're going to get some business courses going so we get someone in to do all that to make sure all

the finances are right to cover any legal business to go with it, and that's with the all Indigenous people you know

—(William 49 yrs, F/T student)

Engagement with non-Aboriginal community

Those who had successful networks with non-Aboriginal people believed that non-Aboriginals would not understand the central role of kinship and community in Aboriginal life, due to their differing cultural capital:

Oh see a lot of my close friends are non-Aboriginal. They're from school so we're still trying to maintain our friendships from primary school days as well. So I don't even think they would understand the whole connection with Aboriginal families and kinship and that type of thing and community

—(Amy 31 yrs, F/T employment)

A number of interviewees lived in multicultural neighbourhoods and believed that non-Anglo-Saxon migrants had a better understanding of the experiences of Aboriginal Australians. Ethan, was typical of how engagement with non-Aboriginal Australians tended to be with migrant groups “There'll be a lot of Greeks, Italians, yeah as I was saying before there people from India, Sri Lanka, and I tend to think they can relate a lot better to what Indigenous people go through in Australia”.

However, there were positive experiences where Aboriginal and non-Aboriginal neighbours moved beyond preconceived ideas of each other; informed by a lack of cultural awareness, to develop enduring friendships:

There is one white lady when we first moved into the area well I didn't like her and she didn't like me you know I think it was just the looks of course you know. And it took I reckon 4 years later us and we are very good friends... she was saying that she's got grandchildren that are Aboriginal too...she said 'I was a bit wary about other Aboriginals around here in this area...because they were doing things that they shouldn't be doing...I know that you just moved in' but she said 'I wasn't quite sure about you'

—(Kate, 34 yrs F/T student)

Sporting clubs were important sites for social capital creation between Aboriginal and non-Aboriginal players who shared a common interest in sport:

See all of my friends come, I made from football and ... from sports...they live around the area you know. Like walking down the street and someone blowing the horn and my missus say, 'who's that' and I say 'oh that's so and so from football'... And you know it's mainly white fellas... I know through football

—(Darren, 40 yrs, F/T student)

Work was another context for Aboriginal and non-Aboriginal people to form networks. Although we did not probe the racial identity of partners a few participants mentioned that having a non-Aboriginal partner acted to extend their networks:

Probably about half, the non-Aboriginal people I associate with are normally my husband's family or non-Aboriginal friends I've met through my employment and then there's the other side of things the people I socialise with Aboriginal people either involved in community organisations or long term friends that I've met through work previously who I maintain social contacts with

—(Patricia, 50 yrs Self-employed Prospect)

Patricia's networks were sensitive to time and space, demonstrating the skills required to maintain multiple identities for different social networks.

Barriers to social engagement

Barriers to creating networks with non-Aboriginal people included active discrimination; issues of identity and the influence of skin colour on how Aboriginal people were perceived by the non-Aboriginal community (Gallaher, 2008). This paper explores discrimination associated with social capital creation, for a fuller analysis of racism effects on health among this sample (see Ziersch, Gallaher, Baum, & Bentley, 2011).

Many fair skinned Aboriginal people were aware of the prejudice against darker skinned Aboriginal people in the community. Donna's excerpt highlights how her Aboriginal identity was compromised by the discrimination against fellow Aboriginal people who were darker skinned, revealing how whiteness is privileged in society, where society judges and accepts some Aboriginal people on the basis of their fair skin colour, while others whose bodies are marked as black are subject to exclusion and racial discrimination.

I live here cos I'm fair skinned black. But when that house come up for rent across the road everyone in the street was shitting themselves in case they get a dark skinned family. Now, see they think that didn't affect me but when I heard that I thought look I don't want to fuckin' know youse. You know. Basically you want me because I look like you. If I was darker, I tell you I wouldn't be here. They'd have me out I think

—(Donna, 50 yrs, Disability pension)

The following quotes demonstrate the complex challenges facing Aboriginal people creating social connections from both within and outside the Aboriginal community based on skin colour, which arguably results from the disruption that 'white-skinned' Aboriginal people represent for the black-white racial dichotomy (Paradies, 2006). Teresa's quote highlights this dichotomy suggesting a taken for granted skill in moving between the two identities.

Because I got a couple of kids that's got fair skin... it must have been throwback [laughter] ...and that's what I say to them You little bastards is white, and when you want to be black you can be black, when you want to be white, you be white, I say to em you know...curse em I do, my babies (laughing)

—(Teresa 37 yrs home duties)

While John's quote highlights the discord when skin colour is associated with privilege and structural inequalities:

Fair skinned Aboriginals are more advantaged, alright. They do not get looked at, they get looked at differently, they get treated differently. They are not singled out by the police. The simple face of their appearance and white people are advantaged because they are white and that's a simple fact

—(John 52 yrs part time work)

The following shows how the effects of racism can reduce participation and subsequently truncate networks (Brondolo et al., 2012), minimising the potential resources generated to all network members:

I've felt I can't be as public about my identity as I'd like to be because I'm not sure how people will receive that and I've noticed some racist attitudes coming from my daughter's school council

which I'm a member of and they all make comments not necessarily knowing that I'm an Aboriginal person so I tend to back off. Originally I was very enthusiastic about promoting my Aboriginality and what I can give to the school but when I came across those attitudes I sort of withdrew and just remained you know just as an individual rather than from a particular race

—(Patricia, 50 yrs Self-employed)

Patricia's example illustrates how the dominant cultural capital of white privilege can subtly exclude Aboriginal expression, creating an undercurrent of tension between Aboriginal cultural identities and how Aboriginal people are perceived by non-Aboriginal Australians. This symbolic violence may result in concealment of identity, which can further exclude Aboriginal people from potentially health enhancing social networks and adversely affect health. Thus, while it may be easier for fair skinned Aboriginal people to participate in the dominant culture they cannot always freely express their cultural identity due to racial discrimination and prejudice, which can have adverse health and wellbeing implications (Paradies & Cunningham, 2009). This demonstrates the nuanced ways in which social capital creation may influence the construction and reproduction of different forms of identity and may have both positive and negative effects on Aboriginal people's wellbeing depending on the particular context.

Discussion

This study explored the experiences and impact of social capital on the health and wellbeing of Aboriginal Australians living in an urban setting. Consistent with the national picture (Biddle, 2011) our study participants reported poorer than average health and were disadvantaged on a number of social determinant measures that affect health including income, educational attainment and employment. Strong networks of social support and the central role of cultural identity were evident in the narratives of participants and these were seen as beneficial for health and wellbeing. However, there was also evidence of the negative impact on health due to dense social ties, and racism, which excluded Aboriginal people from resourceful bridging networks, and was further compounded by existing economic disadvantage. These findings are discussed in more detail below in relation to the research questions.

Aspects of social capital invested in, and drawn from by Aboriginal people living in urban areas

Features of the participants' *habitus* were shaped by Aboriginal cultural identity and manifested a shared history of oppression and racism that subsequently influenced social networks. Dense bonding ties with family and friends and investment in social capital networks promoting Aboriginal culture and identity, beneficial to Aboriginal people, resonated with participants in ways previously reported (Brough et al., 2006; Dockery, 2010). Aboriginal community groups were important facilitators of social capital blurring the boundaries between bonding and bridging networks and bringing people together. While bridging network opportunities occurred within Aboriginal community groups, linking kinship groups, in some cases from across Australia occurred through education, work, and sporting participation. The popularity of sport for Aboriginal people already recognised (Hallinan & Judd, 2009; Tatz & Adair, 2009) was an important catalyst for social networks both as participants and spectators.

The majority of participants were involved in Aboriginal community organisations where volunteering was common. It was largely taken for granted that shared cultural values such as,

helping others, generates norms and beliefs of social and practical benefit to the community (Portes, 1998). The nature of volunteering also resonated with Bourdieu's notion of the *good-faith economy* which is devoid of explicit rules and regulations, but important for generating social capital (Bourdieu, 1963).

Factors identified which limit or promote social capital creation by Aboriginal people living in urban areas

Experiences of discrimination and, the perception that non-Aboriginal people view Aboriginal people negatively were the main barriers to social engagement and reflect the reports of high rates of discrimination experienced by Aboriginal Australians (Paradies & Cunningham, 2009; Ziersch et al., 2011). An absence of mainstream, inclusive social spaces to express cultural and Aboriginal identity as equals limited social capital creation. Skin colour was seen as a mark of distinction where darker skinned Aboriginal people felt they were perceived by non-Aboriginal Australians as having lower levels of symbolic capital, and limiting opportunities to create social capital resources in a white dominated society. Discrimination was also experienced by lighter skinned Aboriginal people both within and outside the Aboriginal community, and resulted in symbolic violence reinforcing the notion of white privilege and compounding disadvantage.

There were also factors that facilitated social capital creation. Shared identity and culture strengthened Aboriginal networks (Dockery, 2010). While tension between cultural identity and creating bridging networks within the non-Aboriginal community existed, sporting activities, especially football and netball were exceptions. In these social fields symbolic appreciation and understanding of sport and sporting ability were the dominant cultural capital required for successful network creation between Aboriginal and non-Aboriginal individuals. It was not evident from the data if sporting networks extended beyond the sporting clubs, raising questions about the ability of sport to build long term social capital between Aboriginal and non-Aboriginal groups (Tonts, 2005). Some participants developed the skills to express aspects of their identity according to the demands of the social context, which illustrated the complex and multifaceted nature of Aboriginal identity (Paradies, 2006). Furthermore, neighbourhood bonds were created between Aboriginal and non-Aboriginal neighbours who were mainly from non-Anglo-Celtic backgrounds.

Relevance of these social networks to the health of Aboriginal Australians living in urban areas

Dense bonding kinship networks and volunteering helped mediate the health impact of disadvantage (Kawachi & Berkman, 2001; Poortinga, 2006b). However, the obligations associated with dense ties and volunteering were detrimental to health in some cases, due to excessive demands put on people, exacerbated by pre-existing disadvantage (Kawachi et al., 2008; Ziersch et al., 2004).

Health was perceived to be directly influenced by participation in Aboriginal health organisations, which increased access to medical and dental care and through initiatives directly targeting health issues such as drug and alcohol dependency. Aboriginal group membership also helped mediate, through shared inter-generational experience, the negative impact of colonisation, benefits as previously shown (Fredericks & Leitch, 2008). Aboriginal organisations afforded indirect health benefits by providing a space to preserve and reproduce cultural capital, which has previously been associated with better health and less risky health behaviour (Dockery, 2010). Engagement in sporting networks was also positive for health and an important part of social community life.

Direct impacts of discrimination and racism on this group's health have been described elsewhere (Ziersch et al., 2011), but discrimination and racism also influenced health through disabling potential social capital creation linked to resources and information. Some participants self-excluded themselves or curtailed their involvement in potentially resourceful networks (Brondolo et al., 2012) and hid their Aboriginal identity in the face of perceived racism, further highlighting the crucial task of addressing racism in Australian society (Paradies, 2005).

Strengths and limitations

This paper contributes to our understanding of Aboriginal people's experience of social capital in urban environments and its influence on health and wellbeing. Participants largely lived in communities with very few other Aboriginal people, giving particular insight into the way that social capital operates in more culturally isolated settings. This study was based on experiences of urban life in one city and we recognize that Aboriginal people live in many other urban and rural locations in which diverse experiences of social capital may occur. A comparative study of geographically diverse locations may provide a more nuanced understanding of how social capital mediates health.

Conclusion

While social capital experiences may differ depending on the context, Aboriginal people typically inhabit multiple locations over their life and are influenced by these different settings. Our study is important in showing that for Australian Aboriginal people living in urban areas patterns of social capital are, as reflected by Bourdieu's theory of practice, strongly linked to their economic, social and cultural position, which in turn reflects historical dispossession and white privilege. While we have shown that while bonding social capital within urban Aboriginal networks can have some distinct health benefits, cultural demands and expectations can also make these networks stressful. While many individuals demonstrated the social and cultural skills to operate in different social contexts, we identified barriers to bridging and linking social capital with mainstream Australian society many of which are rooted in racism and the unequal access to economic and cultural capital. Overcoming these barriers will require policies that address the historical and contemporary disadvantage and racism faced by Aboriginal people. This is primarily a task for mainstream Australian society and we note that a crucial part of the Australian Government's goal of 'closing the gap' in life expectancy is a national anti-racism strategy launched in 2012 which is tackling systematic racism in Australia (Australian Human Rights Commission, 2012).

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