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Topic: Social Capital and Volunteering

Social Capital Measures for Volunteer Programmes: the Caring Index and C.A.R.

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Abstract

In recent years, the notion of social capital has been rapidly becoming a new buzzword which network, norms and trust are important in building up social capital. Scholars like Putnam, Zappala had paid effort in finding out the ways to put these elements into practice. They found that volunteerism is a practical way to generate social capital in the community by conducting voluntary programmes. But it is quite difficult to measure the effectiveness of these programmes in the community. In view of this, this study attempts to develop and validate a measurement instrument (i.e. the Caring Index) to measure the level of care or trust in the community. The validated instrument is proposed to indicate the effectiveness of efforts and programmes done to improve the 5 aspects of community living, namely social solidarity, social inclusion, social participation, self-help and mutual-help (referred as 4S), and to expand the size of social network. The first part of the article reviews the linkage between volunteering and social capital. The second part introduces the methodology and sampling of the measurement instrument, i.e. the Caring Index on outcome level and operational level. The third part shows the results and the discussion of the study. The result shows that the Caring Index in Southern District is 171 and the level of care is satisfactory. The findings also reflect the designed programmes are able to enhance the competence, attentiveness and responsiveness of the individual.

Social capital and volunteering

There is a vast amount of researches on social capital, when it has been taken as either norms, trust, relationship network or mutual obligations upon which people rely on

for their living. Notions of social capital were greatly influenced by James Coleman (1990), an American sociologist, and Robert Putnam (1993), an American political scientist. Coleman's broad definition of social capital is used to construct a social theory which states that the 'closure' of social networks could produce closer connections among people and this in itself can generate obligations and sanctions in the community. Putnam recognizes that good governance is closely related to civic engagement and that social cohesion depends on social networks, norms and trust. He and many others affirm that these components build up social capital. Social capital is necessary in nurturing a stable governance allowing financial capital to grow, thus also improving quality of life and encourage community development (Putnam, 1993; New Economics Foundation, 2000; Kay, 2005).

When social capital is beneficial to the community, it is worthwhile to find ways to put the elements into practice. One of the essential processes for social capital has been volunteering. Putnam (1993) documents in great depth the evidence showing levels of civic engagement as voluntary participation in the 1960s. Putnam concludes that the most significant component of 'civic engagement' is the 'social capital' generated by a wide range of voluntary activities. When there are high levels of voluntary participation, there are also high levels of trust in others, as well as strong expectations on citizens obeying the laws and free from corruption.   This finding affirms among other countries as 'the first factor underlying the increased interest in volunteering is the growth and interest in debates surrounding "social capital and civil society"…' (Zappala, 2000). Clearly, volunteering plays a central role in building social capital.

Explicitly, the United Nations Volunteers (UNV) recognizes volunteerism and volunteers are at the heart of social capital (Raad, 2003).   Creation of a cohesive and stable society is one of the important results of volunteering. By bringing people together to act for the good of the community, voluntary action creates bonds of trust and encourages cooperation. In other words, it creates social capital (Dingle, 2001). At practical level, volunteering takes many shapes and forms, from one-on-one support at personal level to many-to-many in community services.   The design of voluntary action, or specifically of volunteer programmes, is to deal with a wide range of problems with the ultimate goal of building social capital.

Having ascertained the key contribution of volunteering for social capital, measuring the attributes of social capital in volunteering is the next step. Different people utilize
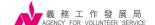
different indicators as according to their designs of the programmes. Our study has adopted social solidarity, social inclusion, social participation, self-help and mutual-help (referred as 4S). The choices are for the following practical reasons:

- the volunteers are from many types and all sort of sex, education levels, social class and ages: shop owners, corporate executives, elderly residents, school pupils etc.. So measures developed should be comparable among all these people;
- Social Solidarity is "the state of having shared beliefs and values among members of a social group, along with intense and frequent interaction among group member" (Chang, 2005). To share beliefs and values, the precondition of the interaction among group require social cohesion, sense of belonging, trust and reciprocal that is essential to build up social capital in the community.
- Social Inclusion can nurture paths of mutual recognition that close the distance as well as reduce conflict in ways that bring respect and value for the differences; resulting in a more caring and harmonious society. It is characterized by a society's widely shared social experience (social norms) and active participation, by a broad equality of opportunities and life chances for individuals and by the achievement of a basic level of well-being for all citizens (Sen, 2001).
- In the process of bridging social capital, people are encouraged to engage in issues affecting the whole society. It creates opportunities for social participation. Through participation, according to Helly (1997), which increased citizens' interest in, motivation for and actual participation in social and community activities, increased involvement in voluntary work and increased services for the community.
- Bridging social capital also can broadens people's horizons and enable people to commit themselves to each other. It enhanced individuals' capacity for self-reliance and self- help as well as increased contribution of own efforts for the benefit of others; and strengthened community support networks (HWFB, HKSAR 2005). Through linking people together, it increased their opportunities to develop new skills, to increase social circle, to contribute as well as receive help and also access to relevant information. It builds the community by making it more cohesive and closely knit.

The next question is what kind of volunteer programmes can enhance those attributes of social capital (i.e. 4S) and network (4S x network size gained = caring index) in our community? One important indicator of volunteerism in a community is the level of care that exists. According to Rauner (2000), care can be described as an endlessly cycling process which comprises 3 interrelated components: competence, attentiveness

and responsiveness. Firstly, competence is relevant both to the assessment of necessary action and to the doing of the action itself. It is a skill that clearly has both cognitive and affective qualities. Competence involves knowledge and rational thought. It can be taught and cultivated and is certainly a product of experience.

Secondly, care demands constant awareness of the cared-for. In Tronto's term (1993: 103), it is attentiveness which involves recognizing the correct need and realizing that care is necessary. The quality of attentiveness highlights the importance of 'otherness' in care. It involves concern for others, awareness of other peoples' need, desires and suffering, and ability to consider opinions of others. A lack of attentiveness is a lack of respect (Rauner, 2000: 20).

Thirdly, according to Tronto (1993: 103-104), responiveness focuses on the interaction between the care-giver and the care recipient. Rauner (2000:20-22) stresses the motivation of care-giver to do caring behaviour. It is a primarily emotional or rational process, depending on the situation and the individual involved. It is responsiveness that impels us to act. With attentiveness, we go beyond ourselves to the others in our state of mind; with responsiveness, we extend ourselves to act to help others. As care involves relationship and it is mutual, responsiveness from and to the care receivers are essential in the process of care.

With the development of care within individuals through these programmes, and when the number of volunteers increases to cover the larger parts of the estate they live in, the level of care measured in terms of the three components should rise together with the social capital measured as 5S, though conceivably volunteer care developed should only produce a fractional gain in social capital at the beginning when 'spilt over' effects are less prominent.

The project of "Caring Estate in Southern District" was held in 2003. It is hoped that the project can build up social capital and successfully encourage the community members to participate. Therefore, volunteer programmes with caring elements are organized for the participants so as to enhance their ability in 3 aspects (CAR). And social capital in the community is expected to be raised through participating in volunteer work by the project's participants.

Thus, this study attempts to develop and validate a measurement instrument, Caring

Index, to measure the level of care in the community. The validated instrument is proposed to indicate the effectiveness of efforts and programmes done to improve the 5 aspects of community living (5S), namely social solidarity, social inclusion, social participation, self-help and mutual-help, and to expand the size of social network. At operational level, the study also relates the social capital objectives (the 5S) to the designated voluntary programmes which are effective in improving the 3 aspects of an individual, namely competence, attentiveness and responsiveness.

Methodology

The validated instrument is proposed to indicate the effectiveness of those efforts and programmes done to improve the 5 aspects of community living, namely social solidarity, social inclusion, social participation, self-help and mutual-help (4S), and to expand the size of social network (referred as 5S). The study is divided into 2 parts. The first part is to develop the instrument for measuring the overall caring level in a designated community. It is developed with reference to the outcome indicators of social capital. The 5S include 21 facets and 145 items (in Likert with 1=lowest, 5=highest), with network measured as reported new contacts developed since participation in any designated programmes.

The second part is to relate the social capital objectives (i.e. 4S and networking) to operational levels (i.e. designated programmes) under 3 guiding principles: competence, attentiveness and responsiveness (hereafter named CAR). CAR comprised 10 facets and 104 items (core items and programme specific items). It aims at measuring the effectiveness of the designed programmes in enhancing the competence, attentiveness and responsiveness of the respondents. The result of these 2 parts is used to establish a direct link between CAR programmes with the ups and downs of the Index in the third phase of the research. For programme effectiveness measured against its own specific goals, there are also programme-specific items developed.

Sampling

Quota sampling was used in the ratio of 8:1:1 for the three primary groups of residents, shop owners (i.e. business) and organization representatives. A total of 1,000 successful interviews were targeted at the first phase; programme participants were also recruited according to the same ratio in the second phase, though maximum number was

left for the programme worker to fit in with the nature of the programmes. All respondents had to reside or involve in relevant activities within the Southern District for at least 6 months prior to the time of interview. A questionnaire containing mainly with closed items was administered to the three groups.

In part one, 1,040 sets of questionnaire were completed. 80% of the respondents came from individual sector which included residents, elderly centre members, volunteers and women groups,; another 20% came from organization and business sectors, including Mutual Aid Committees (MACs), Owners' Corporations, District Council members, Government Departments, Housing Society, women organizations, schools, religious bodies, NGOs, caring shops, shops in Public Housing Estates, shops in private estates and shops in commercial areas, etc. Data were collected in the Southern District in May 2004. In part two, 220 sets of questionnaire were completed. Data were collected in February 2005.

Reliability and validity of the instrument

All domains and items are reviewed by an expert panel for content validity. Besides, in order to ensure the reliability of the measurement instrument, different types of assessment are used in the study. One of the assessments used is inter-rater reliability. During the interviewing process, we randomly arranged 2 raters to rate the same interviewee on the questionnaire. The result showed that the agreement between the 2 raters reached 70 to 80% or more in their ratings. It can be assumed that the amount of random error in measurement is not excessive. Besides, at the end of each interview, the interviewer rated responses of the respondent in terms of reliability, sincerity and understanding on a 11-point scale from 0 to 10. The average ratings of these items were quite good.

Reliability is measured by coefficient of alpha (α) as an indicator of internal consistency, as well as indicating a level of validity of all the items converging to a construct (i.e. the full scale). Result of the assessment shows that the measure of social solidarity, social inclusion, social participation, self-help and mutual-help, competence, attentiveness and responsiveness attained high (> .7) internal consistency for reliability. (refer to table 1).

Table 1：Reliability Alpha of Caring Index & CAR Domains

Caring Index Domains	Alpha
A. 4S	
1. Social Solidarity	0.906
2. Social Inclusion	0.841
3. Social Participation	0.873
4. Self-help and Mutual-help	0.847
B. CAR – Core Items	
1. Competence	0.833
2. Attentiveness	0.775
3. Responsiveness	0.763
C. CAR - Program Specific Items	
1. Competence	0.947
2. Attentiveness	0.875
3. Responsiveness	0.914

Reliability and validity testing is satisfactory. The scale or domains can be used to reflect the care level (i.e. Caring Index) in the community, the mean difference among sub domains and the mean scores in different subgroups such as age, sex, types could be tabulated and compared.

Result and discussion

The result of part one research (i.e. on 4S) shows that the mean scores (5 is the highest, 1 is the lowest) of all domains are above the mid point (i.e. 2.5) ranging from 2.56 to 3.38, (refer to table 2). The findings reflect that the mean scores on social solidarity and social inclusion are higher compared with other domains.

The scores among different groups, i.e. individuals, organizations and business sector scan be compared to indicate which group in what domains is requiring more or less attention. The mean scores of solidarity and participation of the organization sector are higher when compared with the individual and business sector. It reflects that local organizations like MACs and women organizations are more actively involved in community issues and play an important role in enhancing social cohesion. The business

sector usually is less involved in the community, thus having lower scores in the same aspects (m=3.25 and 2.31) compared with other groups. Hence, programmes should be carried out to enhance their participation in the community.

We also use the mean scores to compare the two different estates, i.e. Yue Kwong Estate (N=119) and Ap Lei Chau Estate (N=206), in the aspects of self-help and mutual-help. The result shows that the mean score of Yue Kwong Estate (m= 3.08) is higher than that of Ap Lei Chau Estate (m=3.01). The reason may be that Yue Kwong Estate was built in 1962, and most of the residents have lived in the estate for over 20 years. The relationship among residents is good and harmonious; while Ap Lei Chau Estate was built in 1980, and the in and out of residents are still frequent.

The Caring Index is calculated by the adjusted scores of 4S multiplied by the size of social network gained. A result of 171 can be interpreted as a not so bad caring situation in the Southern District, and this is a benchmark for future improvements.

As for CAR, the programme level results are also fair. The mean scores of CAR domains range from 3.05 to 3.76. The findings reflect that at operational level, the designs of these programmes is, as rated by participants, effective in enhancing the competence, responsiveness and attentiveness (refer to table 2). One could of course go into each and every specific items too to look for better or worse performing item for programme specific improvements.

Table 2: Minimum, Maximum, Mean and Standard Deviation Scores of 4S and CAR-Core Items and Programmes Specific Items

Caring Index Domains	N	Minimum	Maximum	Mean	Standard Deviation
Outcome of Social Capital					
1. Social Solidarity	975	1.73	4.55	3.3758	0.3705
2. Social Inclusion	1030	1.00	5.00	3.1646	0.5940
3. Social Participation	945	1.00	4.60	2.5573	0.6039
4. Self-help and Mutual-help	240	1.81	4.31	2.9866	0.4187

CAR Domains	N	Minimum	Maximum	Mean	Standard Deviation

Core Items					
1. Competence	200	2.87	4.86	3.7621	0.38197
2. Attentiveness	197	2.70	4.83	3.7595	0.41148
3. Responsiveness	194	2.29	3.92	3.0501	0.29461

In the third phase of the research to come, a statistical link (e.g. correction of scores or trends) between CAR programmes and the 4S (i.e. Caring Index) over a given period of time should be established to provide an indication of how volunteer programmes and other efforts in promoting the Caring Index have been made.

Conclusion

The present study is the first and second waves of our research project attempting to develop and validate an indicator i.e. the Caring Index to measure the level of care or cohesion in the community, as well as to relate the CAR programmes in promoting the 4S, thus resulting in a corresponding increase in the Caring Index. The preliminary result reflects care and cohesion in the Southern District is at a satisfactory index of 171 in 2004. In an attempt to boost up the Caring Index, the Aberdeen Kai-fong Welfare Association Social Service Centre has designed programmes to enhance participants' competence, attentiveness and responsiveness (i.e. CAR), in the hope of raising the 4S in the Southern District. It is still early to claim effectives of these programmes. However, it has been a breakthrough to establish a community wide measure for the caring atmosphere for a district (i.e. the Caring Index for the Southern District), and there is confidence among stakeholders that Caring Index will be raised by effective CAR programmes in training volunteers for competence, responsiveness and attentiveness.

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