

Social Capital and Sustainable Health Care: An Analysis of Community Based Palliative Care Model of Kerala

Abdul Azeez. E.P*

Abstract

Social Capital is the most crucial asset which significantly influence the efficacy and resilience of any community. Social capital is a dependent variable that depends upon the competence and coherence of the individuals in the community and mode of social relationships, trust and networks they maintain. It is one of the most sustainable social resources that originate from human relations and results on the mutual support of people. Utilization of Social capital has a wide applicability in the process of social inclusion, especially in dealing with the vulnerable and disadvantaged sections in the community itself. Voluntary organizations are very keen to utilize the social capital for community/social services and community development in a sustainable manner. Community based deinstitutionalized Palliative Care is one of the foremost among such organizations that made social capital in a strategic way for social inclusion and community well being. This paper analyses the extent to which different elements of social capital helps in initiating the sustainable community based palliative care movement by assessing the unique intervention strategies carried out by the palliative care. This paper explores conceptual questions of how social capital and voluntary community based services are correlated. A case study method was adopted for the study in which ten palliative care units were analyzed. The results show that a number of social capital elements are playing a vital role in the sustainability of community palliative care movement in Kerala.

Keywords: Social Capital, Sustainable Health Care, Community Based, Palliative Care

INTRODUCTION

Social capital is imperative factor for societies which consider the mutual relationship as the base of existence and consistency. Social Capital is a supplement and complement to the social life that can contribute a cooperative and coherent life to all through the resources of human relationships and skills. Active participation and involvement in the social life is the base of social capital,

through which one can develop his potency in relationship and networking with others, especially through the engagement in social and community organizations. It can arise in relationships in many areas of life, including those involving friends and families, school communities, ethnic, religious and community groups, occupational groupings, firms, governments and other institutions (Productivity Commission 2003a). Scholars have given different definitions and components of social capital. Views differ about what constitutes social capital, how it operates, to whom and what the concept applies, and how to delineate between its sources, manifestations and effects (Productivity Commission 2003b). Social capital is the values, relationships, trust and interactions of the people earned through active civic engagement which can be benefit the members themselves in the form of social, psychological, economic and other kinds of development. The pedestal of social capital is social relations and networking, its strength and vigor are put together to achieve a common goal or benefit. Social capital is about networking relationship with trust, mutuality and reciprocity, which enables networks to work together more efficiently and effectively than individuals and individual networks acting alone. (Joseph Kwok, 2003).

The concept of Social capital have varied dimension which is not merely about the relationship and networking between people or institutions. According to Putnam (1995) social capital extends beyond being a resource to include people's sense of belonging to their community, community cohesion, reciprocity and trust, and positive attitudes to community institutions that include participation in community activities or civic engagement. The definition given by Putnam is a comprehensive one which addresses the different aspects of social capital, especially in a Community Development perspective. But this definition lacks on the aspects of resource mobilization

* Assistant Professor, Department of Social Work, School of Social Sciences , Central University of Rajasthan, Ajmer, Rajasthan, India. E-mail : instinct000@gmail.com

which is the fundamental element of community based services and activities. Bourdieu (1986) defines social capital in terms of social networks and connections. He argues that an individual's contacts within networks result in an accumulation of exchanges, obligations and shared identities that in turn provide potential support and access to resources (Kerri Pherson, 2013). In brief, social capital is the assets, resources and social possessions that are mobilized through civic engagement, participation and network. These resources are utilized for the common goodness of the community. It may be in the form of both materialistic and non materialistic aspects.

Voluntary Organizations widely makes use of social capitals for benefits of the society and the quality of community based services they render immensely depend on the extent to which social capital is being utilized. Such interventions of Voluntary organization pat different needs and aspirations of people in the community which includes economic, psychosocial, health and recreational aspects. In the view of Robert Putnam (1995), voluntary organizations with a high degree of interpersonal contact are critical to build a vibrant civil society. Thus, more voluntarism, especially in organizations where a person can build a long-term relationship with others in the community, should be very beneficial for society as a whole. Voluntarism can create social capital—that is, social networks of trust and cooperation—that can then promote greater political involvement and citizen participation in public affairs. The civic infrastructure, broadly defined, will be stronger. In the contemporary context health sector deserve high attention in regards with application of social capital which can mobilize and utilize for building a healthy community. Community based Palliative Cares are one of the typical model which utilize social capital in a strategic way that enhance and meet the needs of chronically ill, bed ridden, old age people and the alike in a holistic way. In India the state of Kerala is a distinctive instance for comprehensive intervention through community based palliative care that extensively depends on the mobilization of social capital. Palliative care is comparatively a new movement in Indian context and even in this 21st century it has become prominent public health movement in very few states only. These activities are mostly concentrated in large cities, with the exception of Kerala, where this movement is much more widespread (Abdul Azeez 2012a). Community based palliative care are spacious at the width and breadth of the

Kerala state both in rural and urban areas.

Palliative care is an integrated approach of care that aims at the improvement of comprehensive aspects of the patients and families which includes physical, psychosocial and spiritual concerns. Palliative care is the active total care applicable from the time of diagnosis, aimed at improving the quality of life of patients and their families facing serious life-limiting illness, through the prevention and relief of suffering from pain and other physical symptoms as well as psychological, social and spiritual distress (IAPC Draft. 2011). Palliative cares promotes the holistic aspects of the patients in a deinstitutionalized and sustainable manner through maximum community participation and resource mobilization. The active civic engagement, involvement and resource utilization is greatly depends on the social capital that exists in the community. Social capital is both a tool and asset for community based services.

Social Development and Social Capital: Some Evidences from Kerala

Kerala is unique among Indian states which have shown an impeccable achievement in the area of social development even though the economic growth is an eclipsing factor of Kerala Model of Development. There are a number of factors that significantly influenced the social development of Kerala as par with many western countries. Over the past fifty years or more, Kerala has been transforming itself from an extremely poor state, ridden with caste and class conflicts and burdened by high birth, infant mortality and population growth rates, into a social democratic state with low birth, infant mortality and population growth rates and high level of literacy (Mohan Kumar, 2010). The social and cultural composition, political ideologies, political movements, educational movements, works of missionaries, civil society are some of the factors impetus for such development. These factors has thrived a sense of coherence and cooperation among the people of the state, which has been shaped as social capital and been benefited to the members of all strata of society. There is certain factor that has always helped the emergence and persistence of social capital in the region as Olle Tornquist (1998) pointed that Kerala is one of the Third World's strongest civil societies. Here the free media are multiple and the majority of the citizens is literate and

voluntarily participates in a multitude of wide-ranging organizations - socio-religious associations, educational bodies, development organizations, environmental groups, women's organizations.

Competition between the minority Christian community and the majority Hindu community, as well as between various caste groups, produced a flurry of organizing and a proliferation of community associations. These associations, drawing on the reserves of social capital that inherent in tightly knit communities, promoted educational, health and cultural activities (Patric Heller, 2000). The community associations and groups have taken maximum initiative to the extent the values of humanism which through people have developed a glare tendency to help others and have common mode helping strategies at the time of need. Compare to any other state of India, Keralits have a very positive sub-national identity which is rooted in the language and particular culture they are following and this has developed a high sense of belongingness. It helps them to mobilize the community and resources and to stand up for the common cause. A number of empirical studies which aimed to analyze the root of Kerala Model of Development have resulted in the projection that social capital has a significant role. As a result of a stronger sense of collective identity, the Keralite's were prepared to invest more in public goods such as health and education. Because of this history of collective action and sub-national identification, stronger inter-religious and cross-caste community ties were formed, which has ensured greater participation in local democracy and collective monitoring of local schools, hospitals, and other public services (Harvard University).

As the empirical evidences show plethora examples can be listed down in support of the strong existence of social capital in the state. New social movement, even without support from any political parties in protest against developmental projects which have displacement threats, movement against exploitation of natural resources, and protests and continues activism for women empowerment are the vivid examples of the prevalence of social capital. The awareness on health and sanitation, sensitivity towards educational and gender equality also have correlation with the social capital. The segment of health too benefited enormously by different elements of social capital. Palliative care is one among those which has significantly contributed to raise some of the health indicators.

Social Capital and Community Based Health Care Practice

The discussion on social capital has undergone numerous changes in relation with its various components, dimensions and benefits. One of the fundamental among these all has on the applicability and relevance as a possession or asset for common goodness of the whole. This has been considering an effective tool for social change, inclusion, social well being, community services, voluntarism, and community efficacy and to fight against social evils and problems. The effective mobilization of assets of social capital helps community to meet basic needs in a sustainable way and through that people can actively contribute to improve the well being of fellow being. The effective operation of social capital have two dimensions, firstly it makes benefits on the lives of community and the secondly the involvement of the members further enhance their social capital.

Social capital differs from other type of capitals in many ways, mainly it is occurring through collective action and benefited for the whole in reciprocal manner. Australian Bureau of Statistics (ABS) opined in its report (2002) that Social capital differs from other forms of capital in that it increases if used, through reinforcing the networks, norms and values, and decreases if not used. The utilization of social capital increases the other type of capitals and skills. Human capital and economic capital are prominent among that and as like people can develop their skills in interpersonal relationship and effective utilization of networks and relationships. The most important resource in the world is human and social capital: individual skills and collective energy to make the world a better place (The Center for Urban Research and Learning. 1997).

The importance of application of social capital for a coherent and cooperative community living is widely accepted in many part of the world and policy level interventions are being implemented in enhancing the potential benefits. Ian Falk (2000) opined that Social capital is the cement of society's goodwill – it creates a cohesive society, the networks trust and shared values of social capital bring to life our human values, skills, expertise and knowledge. The assets derived from the social capital can be a change maker in many areas of human life. Peter Batesa and Fabian A. Davis (2004) argued that increasing social capital is expected to generate improvements in health, education, community care, community regeneration

and employment 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.

The positive impacts of social capital extends different dimension of social life. It can lead to a comprehensive well being for all. For many societies social capital is the foremost apparatus that can initiate social change, social development and enhance resilience and sustainability. It is widely accepted that, the potency of social capital can apply prolifically in community health work practice. The so called Kerala Model of Community based Palliative Care intervention is a typical model. As discussed it's vivid from the current scenario that voluntary organizations are actively engaged in different aspects of human life, health is indispensable part of such interventions. Delivery of public health is a complicated one in the modern scenario, even though there are various policies and programs for the same. A large portion of population is inaccessible to public health care and is often marginalized from it. This happen especially to those who are suffering from chronic illness, old age problems and advanced stages of life (Abdul Azeez 2012b). In this context voluntary interventions on public health deserve high relevance, Palliative care are playing vital role in this regard. Palliative cares addresses the comprehensive aspects of the patient care through integrated practice.

Community based Palliative Care interventions are unique with regard to its sustainability in utilizing social capital as an effective tool for rendering community based health services. The practical relationship between palliative care and social capital can be illustrates through the certain characteristics of the earlier, which is highly correlates with the dimensions of Social capital. Voluntary organizations are always successful whenever they get the support from the community member in a voluntary and sustainable manner, social capital to a great extent initiate this support.

METHOD AND MATERIALS

An initial assessment was done to have an understanding about the level of social capital in the selected communities apart from the detailed secondary data on the prevailing

social capital in the region. A number of case studies were done along with a semi-structured interview among individuals, social activists, leaders and civil society organizations to explore the level of social capital they have and being utilized. The network with neighborhood, involvement in the community, sensitivity towards community issues, participation in societal activities, **Collective action**, voluntarism, skills, level of education, decision making power, reciprocity, mutual help and information and communication **pattern available** were some of the indicators assessed.

The present study adopted a case study methodology in which ten palliative care organizations were selected as the samples. Those palliative care having home care services and community based services are only included in the study. The unit of this study was Palliative Care Centers in the Districts of Calicut and Malappuram of Kerala in India. Five palliative cares from each district were purposively selected for the study. Semi structured interview and observation method was used to collect the information, which enquired how social networks and human relations initiated and sustain community based palliative care service delivery. The extent to which social cohesion of the people helps in palliative care service delivery was investigated. Primary data was collected from the NGO personnal in regard with the utilization of community resources and human, social networks. Observation is used as an effective tool for understanding the day to day activities of the palliative care centers and how they mobilize and utilize community for the cause. Formal and informal information were collected from the chief functionaries, other staffs, volunteers and patients. The study made an in-depth analysis of the services rendered by palliative cares to the target people and the extent which community involvement and participation is active.

RESULTS AND DISCUSSION

Present study has studied ten palliative care units from the districts of Malappuram and Calicut of Kerala. Both of these districts accounted the largest number of palliative care units in the country and the palliative care movement in the country is originated from these two districts. There are different socio-economic, demographic and political aspects which have contributed in this movement. One of the most prominent among this is the influence of financial support from the Middle East countries, as a

large number of people from this region are working in the Middle East countries. Another important aspect is the community and social cohesion among the people even in diversity of population in the grounds of religion. The cooperation, cohesion and a positive community feeling among the Muslim community is one of the important factors that sustained the community based palliative cares in the initial years.

Socio-demographic Profiles of the Palliative Cares

A total number of ten palliative care units are studied in regard with its different dimensions of interventions that influencing the sustainable palliative care movement in Kerala. Eight among the ten voluntary organizations selected for this study have completed an intervention for more than a period of ten years. It's observed that all the voluntary organizations are economically sustainable enough through the active support of community members. All the organizations are registered under the societies registration act. The common characteristics observed from this study that all palliative cares are having a home based care unit, economic sustainability, and high level of community participation, de-institutionalized and holistic care of the patients. Other important aspect is the multi-disciplinary team approach of care. Home based community care is a unique characteristic of palliative cares in Kerala, which is characterized by the free medical and psychosocial support. These include socio-economic support to the family for reducing their burden of diseases. The multidisciplinary team members and volunteers are having an in-depth relationship with the community members, family members and patients. They are equipped with the knowledge of basic aspects of illness, especially in caring for psychosocial aspects of patients and families.

Sustainability of Palliative care: Role of Social Capital

The study have main focus on how the palliative care movement in Kerala is a unique one and accepted globally, the answer is the sustainability of the services provided by the palliative care. The study shows that, social capital is the most enthralling dimension that affects the sustainability of the community based palliative care movement. The empirical evidence shows that

important aspects that sustain palliative care movement have its origin from the social capital. Palliative cares interventions are unique in regard with its sustainability; it is the basic dimension needs for the survival of any community intervention projects. The resources derived from social capital is most sustainable, by using it gets enhanced. Community based palliative cares are even actively engaged in multi level intervention to the needy, by providing economic support to the families, which have no other means of livelihood due to the illness. The income generating programs are designed to address these issues; mainly it is through social entrepreneurship. The involvement of the patient's dependents is made utilized for such programs and this helps the family to become sustainable. And the resources generated are used for the entire project. The crucial point needs to be noted that source of sustainability in the palliative care movement is mainly in two ways; the very first one is the economic sustainability and human resources. Both of these are the result of the strong bonding and networks people have and the human capital of the people who are involved with the palliative care movement.

Voluntarism and Community Participation

Voluntarism is the most effective apparatus that has been used by the Voluntary organizations for social development and change. This study has indicates that Palliative cares are the typical model for managing and utilizing the voluntary efforts in a productive manner. As palliative cares are doing community based intervention, human resources are most essential for sustain the services. The voluntary involvement of people can effective in saving both financial and social resources. In palliative cares people from different dimensions of social life are actively participated which includes students, youth, government officials, senior citizens, politicians etc... The human capital of these people, definitely the profession they belong, education they have and other qualities together forms the social capital and its being utilized for cause of their fellow beings. Campaigns are organized for encouraging voluntary participation of people. The volunteers of palliative cares are given special training on the care giving of palliative patients. The main themes of these training programs are dealing with the psychosocial problems of patients and family members through developing empathy skills. Voluntarism is having a reciprocal relationship with the social capital. Firstly,

social capital promotes volunteerism and volunteerism is an intrinsic part of social capital. Secondly, volunteerism itself fosters and enhances social capital. The voluntary efforts of the palliative cares in Kerala are ultimately the result of Social capital.

Use of Relationship and Networks

Relationship and networks are the crucial underlying forces that initiating and sustaining social capital. The sustainability of Community based Palliative cares are depends a great extent up on the above two aspects. Without a healthy mutual and reciprocal relationship between individuals in a community, human capital is underutilized for a social cause and this can be enhanced through trust and values. Those shared values that we work with in our close family, neighborhood and community experiences help shape 'sense of sharing' and 'belonging' - aspects of our identities that are crucial for us to feel wanted and valued members of our societies (Ian Flank 2000). Whenever the interaction of people being strong with trust that will lead to mutual benefits. In palliative care the trust and relationships are made utilized through volunteering with people. Neighborhood Network in Palliative Care (NNPC) in Kerala is an innovative initiative for a sustainable community led service that can capable for comprehensive care to those needing palliative support and long-term care. This NNPC's are playing vital role in respect to utilizing relationship and networks in a meaningful manner for patients care. The approach for empowering relationship is extends from individual to individual, to family, to community and to the government authorities. The collaboration with people, other voluntary organization, government authorities and other resources yields excellent output in community care.

Different dimensions of relationships and networks create an environment for enhanced social well being. Woolcock (2000) has pointed out three kinds of relationship in regard with the social capital, which are bridging, bonding and linking. The present study shows that in community based palliative care endeavor these three sorts of relationships strongly exist. Bonding refers to the relationship exists between individuals, commonly homogenous groups and family. In palliative care these bonding reciprocal relationship between individuals, neighborhood and volunteers are vividly observed. Putnam (2000) argues

that bonding social capital is good for undergirding specific reciprocity and mobilizing solidarity. Networks and relations provide crucial social and psychological support for less fortunate members of their community. The psychosocial interventions by trained volunteers in palliative care make the patients to cope up with stress and strains of their illness. Bridging means the relations between heterogeneous groups, people/organizations from different generations, socio economic groups, different locality and different professions. Palliative cares are made utilized the diversities for unique and comprehensive needs through integrated approach that resulted from the diversity. Linking enables individuals and community to have access and connectivity to resources, information and ideas from institutions and authorities including government and nongovernmental. Palliative cares are having support from institutions like colleges, schools, local self governments, state and central governments, National Rural Health Mission; international organization like World Health Organization also extends their supports to palliative care. The supports are both in the form of materialistic and non materialistic aspects. The linking relationship with such civil society organization helps palliative cares to deliver quality services to the needy.

Utilization and Mobilization of Community Resources

Community resources include both materialistic and non materialistic aspects. Present study inferred that human capital is one of the crucial non materialistic resources that can be transfer as effective materialistic resource in grounds of people's skills, knowledge and experience. Palliative cares are very keen to mobilize and utilize the community resources. As discussed, relationships are effectively used as a tool. The volunteers of palliative cares belong to different strata's of society, their skills and knowledge is put for a common purpose. The resources are collected and utilized from and to the community. Initially Palliative cares lacking financial support from outside agencies, so that they have taken the full effort to make it as a sustainable health care movement through the effective community participation and resources mobilization. Palliative care services need full-fledged human resources for each and every aspect of its intervention. Hundreds of peoples are voluntarily participating in the palliative care movement and they

are working as the advocacy group that fetch and utilize different forms of community resources. The process and functioning of resource utilization is being possible because community is having a great degree of coherence and concern about the social causes. This is the most imperative element of social capital that would contribute to the effective materialization in the form of voluntarism and community services.

Community Care, Deinstitutionalization and Holistic Approach

The study indicates that the transformation of social capital into community service in palliative cares is reflected in the uniqueness in service delivery approaches. Social capital is better utilized for the community care, where the care is given in the community itself. Members of the community are taking the responsibility of caring their ill fellow beings. Neighborhood ties, formal and informal relationships are beneficially made for community care. The community care leads to de institutionalization of the patients, traditionally those who bedridden, chronically ill, old age are unfortunate and compelled to live in the four walls of a room, most probably in the hospital/home or where they cared. Apart from the medical needs, their spiritual, psychological and social needs are not full filling with the conventional model of medical approach. In this context Palliative care made innovations through the property of social capital for a holistic care of the patients and their families. The holistic approach is a combination of medical, psycho-spiritual and social aspects. Each of the dimensions of this approach leads the patients to feel better to cope up with the illness in regards with the economic, familial, psychological and social aspects. Palliative cares are providing necessary medical support by reaching to the patients through Home Care Units. These units are equipped with multidisciplinary team members like Doctors, Nurses, Social workers and trained volunteers. De-institutionalization through community care yields prosperous results in the quality of living of the patients as well as their families. It enhances psychological health of the patients. The holistic model of community care is an ideal model of intervention with sustainability. The community too actively engaged with the multidisciplinary team of palliative care intervention and there people use their skills and quality by utilizing social capital.

DISCUSSION

A number of elements of social capital are well utilized by the voluntary organizations in a very systematic manner for the palliative care movement. Even before the existence of palliative care also people use to extend the reciprocal supports but it was unstructured and limited in the mere neighborhood. Voluntary organizations have explored the maximum to mobilize human and social capital towards perpetuating the community based movement. As studies pointed, Kerala model is typical and ideal in regard with delivering a community based palliative care innovatively without putting any financial liability on patients or their families. As Robert Putnam (1995) pointed out palliative cares are successful as catalysts to build a vibrant community oriented civil society even in the era where human networks were limited into virtual media and electronic communication. They are successful to sensitize the social cause and ensure the societal participation, as it's a vital one for any voluntary organization and without it the prognosis of the intervention cannot be expected. The efficacy of the palliative care services is for sure is influenced by the pre-existing factors that fertilized social capital in the region of Kerala. This study inferred that social capital is a prerequisite for Kerala model of palliative care because a number of palliative cares have been established across the country but it marked with the lesser of community participation. Certain methodologies and strategies used for fund raising and community participation have multi-cultural applicability if the voluntary organization can orient the people as well. The steps have taken in regard with the financial sustainability have a universal applicability for the nonprofit sector to abridge the expenditure of financial resources, even the human resources too. The elements of Social capital play a crucial role in the successful delivery of palliative cares in Kerala. The sustainability of health care delivery through community based palliative cares depends on the extent of social capital people have.

CONCLUSION

Social capital is an essential element for community development. The change a community needs to have can bring by the active involvement of people and through the resources of the community. Among such resources human and social capital can contribute vitally to the comprehensive development of the community and

the society. In the modern context of globalization and urbanization, voluntary organizations lacks the support from the community people, especially failed to utilize the most imperative resource of social capital and subsequently its effects the efficacy of interventions. This study has highlighted uniqueness of palliative care in the context of utilizing social capital as the fore most resource for public health intervention. The results help to expand and innovates the community based palliative as an ideal model of integrated and comprehensive health care intervention.

Reference

- Australian Bureau of Statistics. (2002). *Social capital and social well being*. Retrieved from www.oecd.org/innovation/research/2380806.pdf
- Azeez, A. (2013). Integrated practice of social work methods: prospects of social work intervention through community based palliative care. *Social Work Chronicle*, (2)1, 1-13.
- Bourdieu, P. (1986). *The forms of capital*. Handbook of theory and research for the sociology of education. New York: Greenwood Press
- Carroll, T. F. (2001). *Social Capital, Local Capacity Building, and Poverty Reduction*, Social Development Papers No. 3. Manila: Asian Development Bank.
- Fischer, C. S. (1982). *To Dwell Among Friends: Personal Networks in Town and City*. Chicago.
- Harvard University (Unknown). Retrieved from <http://isites.harvard.edu/fs/docs/icb.topic802573.files/Social%20Development%20in%20Kerala%20-%20Roberto.ppt>. on 30-04-2014.
- Heller, P. (1996). Social capital as a product of class mobilization and state intervention: Industrial workers in Kerala, India. *World Development*, 24(6), 1055-1071.
- Falk, I. (2000). Human capital and social capital: What's the difference? *Adult Learning Commentary*, (28) 18.
- Indian Association of Palliative Care. (2011). *Palliative care draft definition*. Retrieved from http://www.palliativecares.in/draft_definition.php.
- Kwok, J. (2003). Social welfare, social capital and social work: personal reflection of a Hong Kong Social Worker. *Journal of Social Policy and Social Work, Japan*. College of Social Work.
- LeBan, K. (2011). *How social capital in community systems strengthens health systems: People, structures, and processes*.
- Pherson, K. M., Kerr, S., Gee, E. M., Cheater, F., & Morgtan, A. (2013). *The Role and Impact of Social Capital on the Health and Wellbeing of Children and Adolescents: a systematic review*. Glasgow Centre for Population Health
- Kumar, M. (2010). *Political economy of Kerala: An Overview*. Retrieved from shodhganga.inflibnet.ac.in/bitstream/10603/555/9/09_chapter3.pdf on 25/5/2014
- OECD, (2001). *The well-being of nations: The role of human and social capital*. Paris: OECD, University of Chicago Press.
- Tornquist, O. (1998). *The new popular politics of development: Kerala experience" in parayil*, (1), 117-18.
- Batesa, P., & Davis, F. A. (2004). Social capital, social inclusion and services for people with learning disabilities. *Disability & Society*, (19)3.
- Productivity Commission. (2003). *Social capital: Reviewing its concept and policy implications*, Melbourne. Media and Publications.
- Putnam, R. (1995). *Making democracy work: Civic traditions in modern Italy*. Princeton, New Jersey: University Press.
- Putnam, R. (2000). *Bowling Alone: The Collapse and Revival of American Community*. New York: Simon & Schuster.
- The Center for Urban Research and Learning. (1997). *Asset-Based Community Building I: Creating Social Capital to Build Neighborhood as Better Places to Live*. Chicago. Loyola University.
- Woolcock, M. (2000). Why should we care about social capital?' *Canberra Bulletin of Public Administration*, 17-19.