Editorial

Social Quality and Modern Public Health: Developing a Framework for the Twenty-First Century

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The central focus of this special issue of the *European Journal of Social Quality* is exploring and understanding the utility, relevance and operationalisation of the Theory of Social Quality for public health policy and practice. In keeping with the aim of this special issue, the authors work with the Theory of Social Quality and make attempts to ground it in the reality of public health practice and policy. However, the Editorial Board stress that in the future papers will be published which discuss, critique and provide counter-arguments to this theory, in the hope of providing extra theoretical and empirical depth. In so doing, we intend to develop the journal as a place for critical debate and discussion.

As a public health academic with a background in sociology, my reference points when thinking about the Theory of Social Quality (van der Maesen, Walker and Keizer 2005) have been its relationship to wider literatures within both public health policy and sociological theory. In terms of public health policy, there are explicit relationships with policies around reducing health inequalities (Department of Health, 2005; WHO Task Force on Research Priorities for Equity in Health 2005), investing in social capital (Health Development Agency 2004) and tackling social inclusion/exclusion (European Foundation for the Improvement of Living and Working Conditions 2003; Social Exclusion Unit 2006). In terms of sociological theory, there are well developed synergies with literatures focused on relationships between structure-agency (Archer 1995; Bourdieu 1977; Giddens 1976, 1984; Mouzelis 1995) and systems-lifeworld (Habermas 1997; Scambler 2001; Scambler and Britten 2001; Williams and Popay 2001) and also emerging links with literatures on the sociology of trust (Giddens 1990, 1991, 1994; Luhmann 1989; Ward and Coates 2006) and social systems theory (Luhmann 1982, 1995; Parsons 1951; Parsons and Norfolk 1971). As such, the Theory of Social Quality has great potential in public health by acting as a mechanism of (or conduit for)

‘knowledge transfer’ between research and policy/practice. It can provide the theoretical framework for understanding public health problems in addition to engaging with the policy relevant domains: a lens through which academics, policy makers and public health practitioners can understand and conceptualise their ‘lifeworlds’ in addition to developing meaningful outcomes. In other words, the Theory of Social Quality can make sense of theory, policy and practice, thus facilitating dialogue between members of the respective ‘camps’.

It is interesting to reflect on the concept of ‘modern public health’, which is not a neutral concept. Advocates of the Theory of Social Quality like to distinguish between ‘traditional public health’, ‘new public health’ and ‘modern public health’ (van der Maesen and Nijhuis 2000). Traditional public health refers to the bio-physiological approach of individual people, based on mainstream epidemiology. It is not oriented to ‘the public’ and to the health of people as outcomes of processes related with ‘public phenomenon’. The philosophical question, however, is *what do we mean by public health?* To answer this, we must first conceptualise the notions of ‘health’ and ‘public’. The noun ‘public’ remains a metaphor for an aggregation of individuals. In the 1980s, especially in Canada, there was a move towards promoting health (as opposed to fighting illness), with health being defined as the physical and mental ability of subjects to develop and maintain a satisfactory life in relation to relevant, positive living conditions. However, in terms of understanding ‘public health’, the concept of ‘the public’ remains unaddressed. The Healthy Cities Movement took on board the concept of ‘promoting health’, although it remained oriented to promoting healthy, individual lifestyles. In the context of the social quality theory the noun ‘public’ is synonymous with larger social configurations (communities) of subjects that interact. The reciprocity between social structures and individual subjects is crucial and involves both the production and reproduction of society. The social, political, economic and cultural conditions for interaction are in a sense given, but the result of the interactions in turn also changes the conditions. According to this approach ‘modern public health’ presents three strategies: (i) improving social conditions that stimulate health, (ii) preventing conditions that threaten health, and (iii) neutralising existing conditions that cause ill health. This also eradicates the inconsistency of statements about the health of communities. In the social quality terminology, populations that

are usually referred to as 'healthy' have in more adequate words a high degree of social quality.

It has been a great honour to act as Guest Editor for this special edition of the journal. I worked with Laurent van der Maesen a couple of years ago when we were developing a joint research application around developing the Theory of Social Quality within different public health frameworks around Europe. Unfortunately, that research application was not successful, but we have since developed and maintained a strong collaboration which, since my recent move from the UK, now extends to Australia. One of the outcomes of our initial working relationship was a set of case-studies in different EU member states which explored the utility of the Theory of Social Quality for the development of public health systems to address inequities in health. The first paper in this edition by Ward, Redgrave and Read is the culmination of one of the aforementioned case-studies. This paper outlines some of the synergies between the Theory of Social Quality and both public health policy and sociological theory. It then describes a recently implemented public health programme in the UK (called Fit for the Future (FFTF)) which contains and develops many of the same domains as the Theory of Social Quality. Each of the domains are explored within the context of the case-study and judgements are made about their 'fit' within the public health programme. The authors conclude that the Theory of Social Quality both helps to provide a framework for, explain and develop the public health programme. In this way, the paper outlines the potential for operationalising social quality within a public health programme.

The second paper by de Leonardis asks pertinent and relevant questions such as 'how does social capital influence well-being?', 'whether and how social capital be recognised and cultivated as a basic resource for health?' and finally 'whether and how can social capital be integrated into the health systems?' In so doing, Professor de Leonardis places public health within a broader social model of health as opposed to the purely bio-medical model which unfortunately still dominates public health in some settings today. The paper provides a critical review of relevant literatures in addition to empirical data from case-studies in order to provide answers to the questions. The first case-study is about a preventive health program in Brazil and the second more generally refers to rehabilitation programs (founded on notions of de-

institutionalisation and social entrepreneurship). The conclusions reached are that public health systems are highly consistent with a perspective of social quality, much like the previous conclusions of Ward, Redgrave and Read. According to de Leonardis, public health systems are engaged in strengthening both social cohesion and individual empowerment through the social protection and promotion of individuals and local communities. In so doing they carry out the redistributive tasks of a system of social protection fighting against socio-economic inequalities and producing social inclusion.

The third paper by Van de Kerckhove is an attempt to construct and introduce a new philosophy around the promotion of health and safety at work. This new philosophy is based around issues of pro-activity and wellbeing. Van de Kerckhove demonstrates the legislative, technical and organisational focus of safety policy which is predicated on a reactive approach to problems. The position taken in the paper is that health and safety policy at work needs to be more proactive in terms of developing, fostering and maintaining a promotion and prevention culture through quality and wellbeing at work. The author traces a shift in safety policy from one based on 'human error' to a 'self regulatory system'. The explicit links to the Theory of Social Quality are made here: there has been call for a shift from an isolated and fragmented economic approach to a more global concept of social quality and a focus on empowerment and social cohesion. This also represents the main rallying call of this particular paper.

The fourth paper by Oeij, Dhondt and Wiezer explores organisational forms and conditions to promote reduced stress, more job control and a better balance in job demands. The authors state that one of the mechanisms for achieving this is 'flexicurity' (balance between flexibility and security) which refers to lifelong, secure and flexible employment, and thus lies at the core of the partnership for a new organisation of work (the European Journal of Social Quality devoted a double issue (Volume 4, Issues 1&2) to issues around flexicurity). Flexicurity combines meaningful jobs with economic opportunities and aligns with the 'adaptability' pillar of the European employment objectives, as it relates to the organisation of work and labour market participation.

The fifth paper by Bissell explores the relevance of 'social capital' within a particular health care setting (community pharmacy) in the UK. Social capital is explored in this paper since it relates directly to

social quality. The paper is a theoretical ‘thought piece’ about the potential roles for community pharmacy in developing, enhancing and facilitating social capital within their local communities. Bissell highlights both policy and professional literatures which suggest and promote roles for community pharmacy in social capital and then goes on to provide a critique of these literatures with the aim of making an informed judgement about the current and potential roles of community pharmacy in developing social capital. The paper concludes by stating that at present, pharmacists’ involvement in this developing social capital remains latent rather than actual and that more research is needed to explore and evaluate how community pharmacy might already contribute to the development of social capital and community development, coupled with case studies of good practice in local areas. Bissell suggests that considerable conceptual and empirical work is required before community pharmacy can claim a significant role in the maintenance of social capital.

The sixth paper by Taylor-Gooby is the first of two papers which explicitly focuses on ‘trust’. This is important given the centrality of ‘trust’ in the Theory of Social Quality. Taylor-Gooby’s paper assesses the impact of combining centrally imposed targets and the promotion of market systems within European welfare states (known as New Public management) on public trust in those systems. One of the central quandaries set up in this paper is that although service standards have improved in a number of prominent areas within health care (on ‘measurable’ indices), public satisfaction with and trust in the services continues to decline. The case-study in this paper is the UK NHS which has recently reformed in a way that follows the rational actor paradigm. Taylor-Gooby critiques a number of theories of trust (based on ‘rational’ and ‘value’ components) and explores evidence from an attitude survey data which indicates that the answer to the quandary rests in the nature of trust. The paper finds that reforms are very much focused on developing rational trust but neglect value components of trust. Taylor-Gooby then suggests that the issue for social quality is that new policies driven by a rational actor logic undermine the value side of trust and lead to a deterioration in public support for state welfare.

The final paper by Ward also focuses on trust, although the context for the theoretical and empirical analysis is a materially deprived locality in Northern England. This paper focuses attention on public

(mist)trust in social systems and the potential ramifications on engagement with medical services, in addition to feelings of social exclusion and disembeddedness. The paper begins with a discussion of the importance of ‘trust’ as an academic endeavour followed by a précis of some sociological theories on trust. Then, using empirical data, the paper reveals the complex and often contradictory ways in which trust is won, developed and lost. In addition, mistrust in local general practitioners (GPs) was found to be a factor of mistrust in a variety of social systems, organisations and institutions of government, rather than solely related to mistrust of either the GPs or the medical system.

Overall, the collection of excellent papers in this issue covers a variety of academic disciplines, a mix of methodological and theoretical approaches and represents a plethora of areas of social life, and public health policy and practice. All of the papers add to the ongoing critical debates around the utility, validity and theoretical complexity of the Theory of Social Quality, and as such, should be applauded. They highlight the relevance and benefits of social quality within different areas of public health and add weight to the value of social quality as an underpinning framework for public health policy and practice. Further debate, critique and future implementation of the Theory of Social Quality is essential if we are serious in public health about reducing health inequities, addressing the problems of social exclusion and increasing social capital and the potential for human capabilities.

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