NHS Education for Scotland
National Evidence Summary

Building social capital:
What works for older people?

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Contents

Background and question

This evidence summary was part of a pilot project looking to establish a new service within NHS Scotland and was produced in response to a question generated at a meeting of Directors of Public Health.

This document summarises current evidence on building social capital: what works for older people, and indicates where systematic reviews are lacking.

Background/Introduction

There has been growing interest in the connection between social capital and well-being however the evidence on links between social capital and well-being is mixed. Much of the discussion around social capital has treated it as a "good thing" however there is some concern that the emphasis on social capital diverts attention away from the effects of poverty and disempowerment.

As the number of older people in our population grows, optimising opportunities for good health in older age is increasingly important. The international literature indicates older people display capacity to both produce and consume social capital. They are able to draw on insights and social experiences over their lifetime, including capacity for resourcefulness and resilience. There is therefore enormous potential for social capital to promote positive ageing.

Review question

Building social capital: what works for older people?

Scope and methodology

Scope
Following discussion with the enquirer, it was agreed that the original question, "Building social capital", was too broad a topic to be searched and summarised within the given timescale. It was agreed to narrow the focus of the search to a specific age group - older people.

There are numerous definitions in the literature for the term "social capital". Definitions for different types of social capital are also mentioned in the literature. All definitions and types were included when searching and reviewing the search results for this summary.

Search methods
A search was conducted of key sources to identify systematic reviews and other high level reviews. The searches were conducted using a mixture of subject headings, free-

text terms and phrases (for detailed search strategy see Appendix 1). The following databases were searched during March/April 2015:

- Cochrane Library
- Epistemonikos
- WHO EPIVNET
- DoPHER (Database of Promoting Health Effectiveness Reviews)
- Campbell Collaboration
- CINAHL (to locate Joanna Briggs systematic reviews)
- NIHR (National Institute for Health Research)
- Bibliomap (EPPI Centre database of health promotion research)
- EPHPP (Effective Public Health Practice Project)
- Sax Institute
- Oxford Centre for Evidence Based Interventions
- AHRQ (Agency for Healthcare Research and Quality)
- All Wales systematic review register
- Health Evidence (McMaster)

In addition to this, a brief search of grey literature was undertaken. This was confined to the Health Scotland and the Glasgow Centre for Population Health websites.
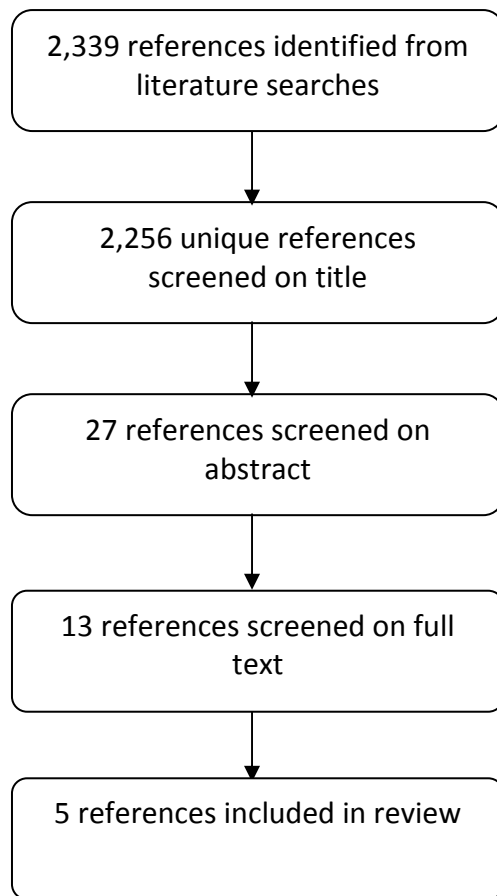
<u>Selection criteria</u>
The search process initially retrieved 2,339 results which were then considered for inclusion. Results were screened initially by title then by abstract and had to meet the following criteria:

- Systematic review;
- English language;
- Relevant countries: UK, Western Europe and Scandinavia, Canada, Australia and New Zealand;
- Document to have specific focus on social capital or community development or asset-based approaches.
- Focused on older people

A specific time period was not defined.
Studies that focussed exclusively on children or adolescents were excluded.

When considering each reference we erred on the side of inclusion rather than exclusion, and included references that suggested closer reading would be useful. Feedback was received from the enquirer at this stage which left 27 results for possible inclusion in the summary. Full text was obtained for 13 documents and from this five were included in this summary.

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│  2,339 references identified from  │
│      literature searches        │
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│   5 references included in review │
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Details of the eight studies excluded on full text screening can be found in Appendix 3.

Summary of included studies

- This evidence summary was compiled using five systematic reviews.

- None dealt exclusively with the question "what works to build social capital in older people" but all five reviews addressed the topic in some way

- The main focus of the five included reviews is given in the table below.

Author/ Year	Review objectives
1. Almedom AM. (2005)	To investigate the associations between social capital and mental health
2. Koutsogeorgou E, Davies JK, Aranda K, Zissi A, Chatziikou M, Cerniauskaite M, Quintas R, Raggi A, Leonardi M. (2014)	Examines the context of health promotion actions that are focused on/ contributing to strengthening social capital by increasing community participation, reciprocal trust and support as a means to achieving better health and more active ageing
3. Nyqvist F, Forsman AK, Giuntoli G, Cattan M. (2013)	To explore the relationship between social capital and mental well-being in older people
4. Popay J, Attree P, Hornby D, Milton B, Whitehead M, French B, Kowarzik U, Simpson N, Povall S. (2007)	To examine • The effectiveness of initiatives seeking to engage communities in action to address the wider social determinants of population health and health inequalities. • The barriers and enablers to the successful implementation of these initiatives.
5. Warburton J, Cowan S, Bathgate T. (2013)	To address the following research questions: 1. How do information and communication technologies (ICTs) offer potential for social capital development for older people in rural communities 2. What are the challenges to older people using ICTs in rural Australia?

Narrative summary

Almedom (2005) and Nyqvist et al (2013) undertook reviews on the possible impact of social capital on mental health and mental well-being. Koutsogeorgou et al (2014) examined social capital's value regarding the improvement of healthy ageing and how it could contribute to health promotion practice. Popay et al (2007) considered social capital in relation to community engagement initiatives and how effective they could be. This wide ranging work considered the whole population and older people were one sub-population in the study. Warburton et al (2013) was the only included review that identified a specific approach, i.e. information and communication technologies (ICT), in the context of older people in rural Australia.

It should be noted that only two reviews gave their own definition of social capital (Popay et al, 2007; Warburton et al, 2013). The remaining three articles (Almedom, 2005; Koutsogeorgou et al, 2014; Nyqvist et al, 2013) refer to three theorists – Putman (1993 & 1995), Bourdieu (1986), Colman (1988 & 1990) and the concepts they outlined.

Different types of social capital were identified: namely bridging, bonding and linking. These can each be divided into structural or cognitive elements. Additionally social capital can be viewed at different levels – macro, meso and micro (Almedom, 2005; Popay et al, 2007; Nyqvist et al, 2013; Warburton et al, 2013).

Three reviews identified that there were relatively small numbers of relevant primary articles found for inclusion (Koutsogeorgou et al, 2014; Nyqvist et al, 2013; Popay et al (2007). This fact along with discussion regarding study design, types of measurement and lack of consistency in the primary data were seen as influencing factors on any conclusions that could be drawn (Almedom, 2005; Nyqvist et al, 2013).

Although definitions of social capital lacked consistency, study designs and measurements varied, and the number of relevant studies was small, several themes emerged from the literature.

Themes

Time	Barriers to building social capital
Network	Negative aspects of building social capital
Feeling part of the community	
Community participation	Generalisability

Time

Almedom (2005) and Popay et al (2007) both indicated that building, measuring improvements or change due to social capital is difficult as the processes involved in attempting to evidence impact requires time. Getting social capital started and

embedded in communities can take many years. Due to the time required to assess any potential success, the measuring of interventions in the short term mean that results are not necessarily a true reflection of impact. One of the interventions Almedom (2005) included had seven years of funding but that was deemed 'too short to effect real change' (p598).

Networks

The social supports surrounding older people were seen as important in three of the reviews. Social networks include family as well as mutual support. Koutsogeorgou et al (2014) indicated that family education would help to build social networks and as a result would enhance healthy ageing. The scope for intergenerational links to improve the health status of older people was also highlighted. This was echoed by Nyqvist et al (2013) who looked at family ties and close friendships and found that these close networks were very important to the individual and might prove helpful in relation to improving mental well-being. Warburton et al (2013) found that ICT that could enable relationships including intergenerational links.

Feeling part of a community

Two reviews suggested that feeling part of a community was important to an individual's well-being. Popay et al (2007) cited that older people reported more positive change over time than younger groups in relation to feeling part of the community. Nyqvist et al (2013) highlighted that close relationships with neighbours and familiarity with neighbourhood – developed over time – could enhance mental well-being.

Community participation

Three studies identified community participation as a factor in building social capital. Popay et al (2007) indicated that older people reported more positive change over time than younger groups in relation to attending education or training courses. Koutsogeorgou et al (2014) suggested that social capital could have role in promoting healthy ageing through community participation but details were lacking on the precise form that this may take. Nyqvist et al (2013) found that membership of organisations might be beneficial for health but this was not proven and depended on the study design as being able to take part in organisations becomes limited with age and health problems.

Barriers to building social capital

Barriers to the building of social capital were addressed by four of the reviews.

Koutsogeorgou et al (2014) identify several barriers to active aging including, income, loneliness, marital status, health (including mental health), living alone/ loneliness, having feelings of belonging and trust. The stereotypes that older people can be given may also be a barrier. Warburton et al (2013) also highlights that older people can be seen as either fearful of or empowered by ICT and expresses that appropriate training, access and support are needed to enable older people to benefit from ICT and its

contribution to building social capital. Popay et al (2007) indicated they had been unable to find evidence concerning interventions that successfully overcame barriers to community engagement. However older people did hold different views regarding their physical and social environment. They reported more positive change over time than younger groups in relation to feeling safe after dark, being satisfied with the area, and thinking the interventions had improved the area. Conversely another study they identified found differences in the responses from whole cohort and the sub-group of older residents (55+) on two measures: service provision and change in perceptions of problems. Older residents had more negative assessments of change in services and greater problems in the neighbourhood in both specified intervention areas and comparator intervention areas. On the other hand older people were more positive about park wardens, improvements in drunkards and litter than the whole cohort in the target areas. Nyqvist et al (2013) stated that the development of policies aimed at improving the social environment could be a useful approach for health promotion. Nevertheless they also found that none of their studies cited environmental barriers in neighbourhoods and suggested this may be a way forward for future research.

Negative aspects of building social capital

Three of the reviews picked up on negative aspects of building social capital.

Almedom (2005) highlighted issues with the fact that giving individuals health information can be counterproductive as it might frighten them and thus impede their ability to use it. Also the assessment of interventions being politically driven rather than community driven were highlighted. Popay et al (2007) highlighted problems with the models of engagement. They noted that some of the studies they included suggested that 'the effectiveness of community engagement may be compromised when expectations are too high and, in particular, when too much reliance is placed on the ability of planning structures such as Health Action Zones to alleviate relatively intractable social problems and tackle health inequalities'. They also found four studies that questioned the 'appropriateness of deliberative approaches to community engagement, suggesting that an unrealistic emphasis placed on the pursuit of consensus may undermine the process of community engagement'. Other studies they found suggested that there may be confusion 'about the distinction between representative and participative governance'. Warburton et al (2013) highlighted that social capital encourages close knit communities and that some individuals can be excluded from these networks.

Generalisability

Regarding community engagement, of which social capital was an aspect, Popay et al (2007) found that methods and approaches varied and were not consistent enough to provide an evidence base that demonstrated which specific method or approach was most successful in improving the social determinants of heath. Koutsogeorgou et al (2014) found that although 'social capital may have a significant role to play in promoting healthy ageing through community participation' (p. 638) that, due to lack of detail, it is not possible to identify the precise form that initiatives need to take.

Evidence gaps and comments

Multiple definitions

- There are numerous definitions in the literature for the term "social capital". Definitions for different types of social capital are also mentioned in the literature. Only two of the included reviews (Popay et al, 2007; Warburton et al, 2013) defined social capital, the others referred to definitions in previous studies.

- Considering that there is no agreement in the literature on how to define social capital, comparison of research findings across studies is difficult (Nyqvist et al, 2013 p. 394).

- The Almedom (2005) review stated that social capital is a compound and complex term requiring multidimensional definition (p. 944). Multiple definitions were employed in the studies included in the review, and a number of the studies reviewed measured two or more types and components of social capital (p. 948).

Inconsistency in methods of measurement

- Multiple measurement scales/assessment tools were employed in the studies included in the Almedom (2005) review (p. 948).

- Different choices of indicators in parallel with multiples levels of measurement complicate the interpretation of findings across studies in the Nyqvist et al (2013) review (p. 402).

- The evaluations included in the Popay et al (2007) review were carried out using less than robust outcome measures (p. 12).

Lack of large scale reviews

- Most of the included reviews included a relatively small number of studies limiting the conclusions that can be drawn.

Lack of inclusion of disadvantages

- None of the studies included in the Koutsogeorgou et al (2014) review documented disadvantages of health promotion initiatives based on social capital. The inclusion of such negative references, if they existed, would be helpful in identifying the advantages and disadvantages of such an approach and the circumstances in which it is best applied (p. 639).

<u>Attributing impact to community engagement</u>

- Popay et al (2007) stated that the population impact associated with indirect community engagement initiatives could not be attributed to the community engagement aspects of these initiatives. Additionally, attributing population impacts to direct community engagement is also problematic because of the relatively weaker strength and level of evidence provided by the evaluations of these initiatives. There was difficulty in distinguishing between the effects of *active* community engagement and engaging people in health-promoting activities (p. 13).

<u>Further research identified</u>

- The Koutsogeorgou et al (2014) review stated that further research on the applicability of health promotion initiatives based on social capital at a practical level should be undertaken to establish the value of this approach in improving the health of specific ageing populations, along with the resolution of theoretical and measurement issues surrounding the notion of social capital and health (p. 639).

- Almedom (2005) recommended that further research should seek to provide unbiased data and data interpretation and ensure data quality (p. 958).

Popay et al (2007) identified further gaps in the evidence as follows:-

- Studies linking an understanding of barriers and/or enablers to the outcomes of processes of community engagement appear to be rare. There is also a dominant focus on barriers to engagement, with relatively few papers providing empirical evidence of factors that supported success.

- More detail of community engagement approaches/methods should be provided.

Key messages

- Supporting long-term social capital building within communities may lead to improved public health and well-being for an ageing population (Koutsogeorgou et al, 2014 p. 627).

- It is suggested that social capital may have a significant role to play in promoting healthy ageing through community participation, although detail is lacking on the precise form that initiatives need to take (Koutsogeorgou et al, 2014 p. 638).

- Community engagement may have a positive impact on 'bonding' and 'bridging' social capital and social cohesion (Popay et al, 2007 p. 47).

- Older people accessing social capital resources tend to have better mental-wellbeing (Nyqvist et al, 2012 p. 404).

- ICTs (Information & Communication Technologies) offer rural, older people the potential to benefit from social capital and healthy ageing however improvements are needed to build the level of older peoples' digital literacy (Warburton et al, 2013 p. 13).

- For some groups there are a range of clear and identifiable benefits of community engagement, but across the studies the range of methods and approaches used vary, and are not consistently replicated across all settings and initiatives in order to allow the evidence to demonstrate which specific method or approach is most successful in improving the social determinants of health. It is therefore difficult to attribute specific benefits to any one approach or method (Popay et al, 2007 p. 2).

- It can take several years for an intervention to effect real change. Real improvements in health and social development are likely to progress at a slow and arduous pace as and when the poor and marginalized gain control over their own health and social welfare (Almedom, 2005 p. 958). Evaluations were carried out too early in the lifespan of an intervention to identify outcomes effectively in the studies included in the Popay et al (2007) review.

- Social capital building intervention exposes the contradictory effects of dissemination of health information intended to empower senior citizens (which threatens their emotional wellbeing by introducing fear about their health) and building bonding social capital to reduce isolation and thereby promote mental health (Almedom, 2005 p. 958).

- Building social capital in terms of reciprocity, availability of social networks and access to social support involves delicate negotiations, time-intensive processes of social interaction and individually crafted balances between dependence and autonomy (Almedom, 2005 p. 958).

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Popay J, Attree P, Hornby D, Milton B, Whitehead M, French B, Kowarzik U, Simpson N, Povall S. Community engagement in initiatives addressing the wider social determinants of health. A rapid review of evidence on impact, experience and process. Universities of Lancaster, Liverpool and Central Lancashire, 2007.
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Warburton J, Cowan S, Bathgate T. Building social capital among rural, older Australians through information and communication technologies: a review article. Australasian Journal on Ageing. 2013; 32(1): 8-14.
URL:
http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2012054783&site=ehost-live

Acknowledgements / Contacts

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Appendix 1 Search Strategy

This search strategy was used in the Cochrane Library and was adapted for other databases as required.

#1   "capacity building"
#2   "collective action"
#3   "collective behavio*"
#4   "collective responsibility"
#5   "collective efficacy"
#6   "cooperative communities"
#7   "community action"
#8   "community building"
#9   "community capacity"
#10   "community capital"
#11   "community development"
#12   "community empowerment"
#13   "community engagement"
#14   "community network*"
#15   "community organi*"
#16   "community participa*"
#17   "community role"
#18   "consumer involvement"
#19   "consumer participation"
#20   "Cooperative behavi*"
#21   "neighb* cohesion"
#22   "social capital"
#23   "social cohesion"
#24   "social development"
#25   "social empowerment"
#26   "social impact"
#27   "social network*"
#28   "social participation"
#29   "social relations*"
#30   "social support"
#31   "social trust"
#32   trust
#33   or/#1-#32
#34   old*
#35   age*
#36   aging
#37   retire*
#38   senior*
#39   elder*
#40   geriatric*
#41   or/#34-#40
#42   #33 and #41

Appendix 2 Details of included studies

Almedom A M. Social capital and mental health: an interdisciplinary review of primary evidence. Social Science and Medicine. 2005; 61(5): 943-64. URL: http://www.sciencedirect.com/science/article/pii/S0277953605000249	
Objectives of the review	To investigate the associations between social capital and mental health
Date of last search	Dec 2003
Number of included studies	Not stated
Authors' definition of social capital	Putnam 1995, Bourdieu 1986, Coleman 1988
What were the characteristics of the participants in the studies?	Children, youth adults, older people
Country	UK
Setting / context	One study in Health Action Zone; others not stated
Type of intervention	Complex inter-sectoral, multi-agency government supported initiative (one study); Health Action Zones in England (one study)
What outcomes were measured?	Social capital; mental and emotional wellbeing
Reliability of conclusions	Not stated
Review quality / review meets recognised standards	Not stated
Databases searched	CINAHL, Health STAR, Medline, PsycInfo and Web of Science
Inclusion criteria stated	No
Authors' comments on quality of included studies	Not stated
Key findings	The findings for "Social capital and senior citizens' mental and emotional wellbeing" are: • contradictory effects of dissemination of health information intended to empower senior citizens and build social capital • inherent problems in social engineering, namely, the contradictions of empowerment and target-driven health promotion activities • building social capital involves delicate negotiations, time-intensive processes of social interaction and individually crafted balances between dependence and autonomy • real improvements in health and social care are likely to progress at a slow and arduous pace

Koutsogeorgou E, Davies JK, Aranda K, Zissi A, Chatziikou M, Cerniauskaite M, Quintas R, Raggi A, Leonardi M. Healthy and active ageing: social capital in health promotion. Health Education Journal. 2014; 73(6): 627-641. URL: http://hej.sagepub.com/content/73/6/627	
Objectives of the review	Examines the context of health promotion actions that are focused on/ contributing to strengthening social capital by increasing community participation, reciprocal trust and support as a means to achieving better health and more active ageing
Date of last search	March 2011
Number of included studies	6 studies
Authors' definition of social capital	Refers to Putnam (1993), Bourdieu (1986) and Coleman (1990).
What were the characteristics of the participants in the studies?	Not stated
Country	Australia, USA, Mexico, Finland, Brazil
Setting / context	Not stated
Type of intervention	N/A
What outcomes were measured?	N/A
Review quality / review meets recognised standards	Not stated
Databases searched	PubMed, Science direct, BMJ Journals, Web of Knowledge, SAGE Journals, Proquest, The Cochrane Library, Blackwell- Wiley, ASSIA, Oxford Journals, Expanded Academic ASAP, Emerald, SpringerLink, JSTOR, Cambridge journals
Inclusion criteria stated	Yes
Authors' comments on quality of included studies	Not stated
Key findings	The papers reviewed suggest that social capital may have a significant role to play in promoting healthy ageing through community participation, although detail is lacking on the precise form that initiatives need to take. It may be possible to enhance social capital among the elderly via: • community/social participation by older adults • individual empowerment through self-care • intergenerational and mutual support • the enhancement of social cohesion as a buffer to loneliness • by religious involvement which in some circumstances may increase emotional and mental health • Through family education which helps build social trust and social networks around older persons • Through social capital building by nurses involved in

	disease prevention and control. Further research required on applicability of initiatives at a practical level. Issues around definition are commented on.
Notes	4 themes: Active Ageing, Relationship between social capital and ageing, Importance of social capital in Health Promotion, Policy implications.

Nyqvist F, Forsman AK, Giuntoli G, Cattan M. Social capital as a resource for mental well-being in older people: a systematic review. Aging and Mental Health. 2013; 17(4): 394-410. URL: http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2012076714&site=ehost-live	
Objectives of the review	To explore the relationship between social capital and mental well-being in older people
Date of last search	2011
Number of included studies	11
Authors' definition of social capital	Refers to Putman (1993), Bourdieu (1986), Colman (1988)
What were the characteristics of the participants in the studies?	10 focused on older people (55+). 1 study had 15 years plus
Country	UK, China, USA, Australia, Canada, Bangladesh.
Setting / context	Varied
Type of intervention	N/A
What outcomes were measured?	N/A
Review quality / review meets recognised standards	Regarding which aspects, type or level of social capital that should be targeted to improve mental well-being it is stated that no strong conclusions can be drawn due to the small number of available studies.
Databases searched	AgeLine, ASSIA, ASE, Cinahl, Medline, PsychInfo. Socindex, Social Services Abstracts, Sociological Abstracts, Web of Science.
Inclusion criteria stated	Yes
Authors' comments on quality of included studies	Possible influences that may impact on study results were noted. Limitations of small sample size as well as type of analysis were commented on.
Key findings	Policies aimed at strengthening family support or existing networks may help improve older people's well-being. The development of policies aimed at improving the social environment may be a promising approach for Health Promotion.
Notes	Studies were cross sectional. 4 studies looked at the role of the neighbourhood. Discussion mentions: Confusion in the use of terms making measurement difficult and whether analysis techniques were appropriate. Social activities were significant to quality of life but not to happiness. Trust was measured in 2 studies and significant in both. Links to the local neighbourhood were high for older adults.

Popay J, Attree P, Hornby D, Milton B, Whitehead M, French B, Kowarzik U, Simpson N, Povall S. Community engagement in initiatives addressing the wider social determinants of health. A rapid review of evidence on impact, experience and process. Universities of Lancaster, Liverpool and Central Lancashire, 2007. URL: https://www.nice.org.uk/guidance/ph9/evidence/community-engagement-review-1-social-determinants-of-health2	
Objectives of the review	To examine • The effectiveness of initiatives seeking to engage communities in action to address the wider social determinants of population health and health inequalities. • The barriers and enablers to the successful implementation of these initiatives.
Date of last search	2006
Number of included studies	162 papers (small proportion focused on older people)
Authors' definition of social capital	Social capital: neighbours friendly, neighbours look out for each other, know neighbours, feel part of community/perception of community spirit.
What were the characteristics of the participants in the studies?	Varied
Country	UK
Setting / context	Varied
Type of intervention	Varied
What outcomes were measured?	Health status: Quality of life: Environmental and socio-economic indicators: Health and social behaviours: Service uptake: Community engagement: Social capital: Empowerment
Review quality / review meets recognised standards	No stated
Databases searched	Medline, ASSIA , CDSR, DARE, SSCI, CINAHL, ISI Proceedings, Embase, Sociological abstracts, Social Policy and Practice, System for Index of Grey Literature in Europe, HMIC*, Public Affairs Information System, PsychInfo, National Research Register, Social Care Online, Campbell C2 databases, C-spectr, EPPI Centre, Bibliomap 1,DoPHER, TRoPHI, JRF Findings , Research Findings Electronic Register.
Inclusion criteria	Yes
Authors' comments on quality of included studies	Levels of evidence strength were allocated and comprehensively discussed.
Key findings	Evidence from three studies suggests that indirect community initiatives may benefit less disadvantaged groups more than the most disadvantaged, but that older residents and some ethnic minority groups could benefit more from the interventions. However, the authors stress caution in interpreting these results due to problems of

small numbers and the relatively short period that the interventions had been running.

There was some suggestion from one study that older age groups tended to report more positive change over time than younger groups in relation to attending education or training courses, feeling part of the community, feeling safe after dark, being satisfied with the area, and thinking the interventions had improved the area.

Another study found differences in the responses from whole cohort and the sub-group of older residents (55+) on two measures: service provision and change in perceptions of problems.

- Older residents had more negative assessments of change in services in both specified intervention areas (cleaning public buildings, problems with neighbours, vandalism repairs) and comparator intervention areas (policing, problem with neighbours, park wardens, graffiti removal and street light maintenance).
- Older people identified greater problems in the neighbourhood for both the target areas (noisy neighbours, teenagers, drug-dealers, dog fouling and racism) and comparator areas (drug-dealers, dog fouling and racism).
- Older people were more positive about park wardens, improvements in drunkards and litter than the whole cohort in the target areas.

No evidence concerning interventions which had successfully overcome the barriers to effective and appropriate community engagement were identified.

Notes	The review identified few good-quality studies that reported community level outcomes of direct community engagement initiatives. No studies used research designs that would have enabled direct attribution of reported outcomes to community engagement. Studies linking an understanding of barriers and/or enablers to the outcomes of processes of community engagement appear to be rare. There is also a dominant focus on barriers to engagement, with relatively few papers providing empirical evidence of factors that supported success. No studies evaluating interventions aiming to reduce the barriers were identified.

Warburton J, Cowan S, Bathgate T. Building social capital among rural, older Australians through information and communication technologies: a review article. Australasian Journal on Ageing. 2013; 32(1): 8-14. URL: http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2012054783&site=ehost-live	
Objectives of the review	To address the following research questions: 1. How do information and communication technologies (ICTs) offer potential for social capital development for older people in rural communities 2. What are the challenges to older people using ICTs in rural Australia?
Date of last search	2011
Number of included studies	18 articles examined the issues and/or the benefits of technology integration by older people, and 17 studies demonstrated the relationship between social capital and rural health.
Authors' definition of social capital	A multidimensional concept denoting a dynamic resource of communities. Social capital is not defined further but the authors refer to definitions by O'Neill (1996); Narayan & Cassidy (2001); Chiu, et al (2006); Gray (2009); Onyx & Leonard(2010); Heenan (2008); and Russell, et al (2008).
What were the characteristics of the participants in the studies?	Older people
Country	Australia
Setting / context	Rural areas
Type of intervention	Information and communication technologies (ICTs) across health and social activities and settings
What outcomes were measured?	Social capital
Reliability of conclusions	Not stated
Review quality / review meets recognised standards	Not stated
Databases searched	ProQuest, Ageline, CINAHL, Sociological Abstracts, Informit, Expanded Academic (Ebscohost, Springerlink); the Cochrane Library
Inclusion criteria stated	Yes
Authors' comments on quality of included studies	Not stated
Key findings	Using ICT as a form of bridging social capital can help revitalise the service landscape of rural places, and provide access to more extensive networks and resources. Further, ICTs can also contribute to bonding social capital through fostering relationships, in particular, positive intergenerational relationships and those with diverse groups of people outside the immediate geographical area. Thus, ICTs can also play a role in the development and sustainability of disadvantaged rural communities by promoting healthy ageing.

Appendix 3 Details of studies excluded following full text screening

Reference	Reasons for Exclusion
Asset based approaches for health improvement: redressing the balance. Briefing Paper Concept Series 9. Glasgow Centre for Population Health; 2011. URL: http://www.gcph.co.uk/assets/0000/2627/GCPH_Briefing_Paper_CS9web.pdf	No specific mention of older people.
Communities and health improvement: a review of evidence and approaches. Health Scotland; 2006. URL: http://www.healthscotland.com/uploads/documents/6001-Communities%20and%20Health%20Improvement.pdf	No specific mention of older people.
Doing it differently: an asset based approach to well being. Health Scotland and Scottish Council Foundation; 2004. URL: http://www.gcph.co.uk/assets/0000/0866/Final_Doing_it_Differently.pdf	No specific mention of older people.
Hunter BD, Neiger B, West J. The importance of addressing social determinants of health at the local level: the case for social capital. Health & Social Care in the Community. 2011; 19(5) 522-530. URL: http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2524.2011.00999.x/abstract;jsessionid=8DC2AD9ABE50807D8CDF704CB9EB1BD6.f03t01	Focused on the impact of having social capital rather than building social capital. No specific mention of older people. Setting USA – excluded country
Jordan-Marsh M, Harden JT. Fictive kin: friends as family supporting older adults as they age. Journal of Gerontological Nursing. 2005; 31(2): 24-31, 58-9. URL: http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2005103994&site=ehost-live	Setting USA – excluded country
Milton B, Attree P, French B, Povall S, Whitehead M, Popay, J. The impact of community engagement on health and social outcomes: a systematic review. Community Development Journal. 2012; 47(3): 316-334. URL: http://nphf.nl/footage/fm/File/The%20impact%20of%20community.pdf	Focused on the impact of having social capital rather than building social capital.

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Reference	Reasons for Exclusion
O'Mara-Eves A, Brunton G, McDaid D, Oliver S, Kavanagh K, Jamal F, Matosevic T, Harden A & Thomas J. Community engagement to reduce inequalities in health: a systematic review, meta-analysis and economic analysis. Public Health Research. 2013; 1(4). URL: http://www.journalslibrary.nihr.ac.uk/phr/volume-1/issue-4#abstract	Focused on the impact of having social capital rather than building social capital.
Seaman P and McNeice V. Resilience for public health. Glasgow Centre for Population Health; 2014. URL: http://www.gcph.co.uk/assets/0000/4198/Resilience_for_public_health_2014.pdf	No specific mention of older people.