Building social capital: What works for older people?

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NHS Fife Library Service
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**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
- AHRO (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.

Selection criteria
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.
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.

<table>
<thead>
<tr>
<th>Author/ Year</th>
<th>Review objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Almedom AM. (2005)</td>
<td>To investigate the associations between social capital and mental health</td>
</tr>
<tr>
<td>2. Koutsogeorgou E, Davies JK, Aranda K, Zissi A, Chatziikou M, Cerniauskaite M, Quintas R, Raggi A, Leonardi M. (2014)</td>
<td>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</td>
</tr>
</tbody>
</table>
- 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**

<table>
<thead>
<tr>
<th>Time</th>
<th>Barriers to building social capital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network</td>
<td>Negative aspects of building social capital</td>
</tr>
<tr>
<td>Feeling part of the community</td>
<td>Generalisability</td>
</tr>
<tr>
<td>Community participation</td>
<td></td>
</tr>
</tbody>
</table>

**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
Building Social Capital: What works for older people?

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
Building Social Capital: What works for older people?

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 health. 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).
Attributing impact to community engagement

- 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).

Further research identified

- 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).
References


Gray A. The social capital of older people. Ageing and Society. 2009; 29(1): 5-31. URL: http://dx.doi.org/10.1017/S01446866X08007617


Building Social Capital: What works for older people?


URL: http://www.tandfonline.com/doi/abs/10.1080/13608749608539477

URL: http://dx.doi.org/10.1111/j.1468-2427.2009.00897.x


Putnam RD. The prosperous community: social capital and public life. The American Prospect. 1993; 4(13).


Acknowledgements / Contacts

We would like to acknowledge Jan Tripney from the EPPI Centre whose advice was invaluable in the production of this summary. Thanks to Phil Mackie and Jane White at Health Scotland for their help in defining the question.

Last updated: July 2015.

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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

<table>
<thead>
<tr>
<th>Study Details</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objectives of the review</strong></td>
<td>To investigate the associations between social capital and mental health</td>
</tr>
<tr>
<td><strong>Date of last search</strong></td>
<td>Dec 2003</td>
</tr>
<tr>
<td><strong>Number of included studies</strong></td>
<td>Not stated</td>
</tr>
<tr>
<td><strong>Authors’ definition of social capital</strong></td>
<td>Putnam 1995, Bourdieu 1986, Coleman 1988</td>
</tr>
<tr>
<td><strong>What were the characteristics of the participants in the studies?</strong></td>
<td>Children, youth adults, older people</td>
</tr>
<tr>
<td><strong>Country</strong></td>
<td>UK</td>
</tr>
<tr>
<td><strong>Setting / context</strong></td>
<td>One study in Health Action Zone; others not stated</td>
</tr>
<tr>
<td><strong>Type of intervention</strong></td>
<td>Complex inter-sectoral, multi-agency government supported initiative (one study); Health Action Zones in England (one study)</td>
</tr>
<tr>
<td><strong>What outcomes were measured?</strong></td>
<td>Social capital; mental and emotional wellbeing</td>
</tr>
<tr>
<td><strong>Reliability of conclusions</strong></td>
<td>Not stated</td>
</tr>
<tr>
<td><strong>Review quality / review meets recognised standards</strong></td>
<td>Not stated</td>
</tr>
<tr>
<td><strong>Databases searched</strong></td>
<td>CINAHL, Health STAR, Medline, PsycInfo and Web of Science</td>
</tr>
<tr>
<td><strong>Inclusion criteria stated</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>Authors’ comments on quality of included studies</strong></td>
<td>Not stated</td>
</tr>
</tbody>
</table>
| **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 |
### 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

### 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

### 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. |

<table>
<thead>
<tr>
<th>Objectives of the review</th>
<th>To explore the relationship between social capital and mental well-being in older people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of last search</td>
<td>2011</td>
</tr>
<tr>
<td>Number of included studies</td>
<td>11</td>
</tr>
<tr>
<td>Authors’ definition of social capital</td>
<td>Refers to Putman (1993), Bourdieu (1986), Colman (1988)</td>
</tr>
<tr>
<td>What were the characteristics of the participants in the studies?</td>
<td>10 focused on older people (55+). 1 study had 15 years plus</td>
</tr>
<tr>
<td>Country</td>
<td>UK, China, USA, Australia, Canada, Bangladesh.</td>
</tr>
<tr>
<td>Setting / context</td>
<td>Varied</td>
</tr>
<tr>
<td>Type of intervention</td>
<td>N/A</td>
</tr>
<tr>
<td>What outcomes were measured?</td>
<td>N/A</td>
</tr>
<tr>
<td>Review quality / review meets recognised standards</td>
<td>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.</td>
</tr>
<tr>
<td>Inclusion criteria stated</td>
<td>Yes</td>
</tr>
<tr>
<td>Authors’ comments on quality of included studies</td>
<td>Possible influences that may impact on study results were noted. Limitations of small sample size as well as type of analysis were commented on.</td>
</tr>
<tr>
<td>Key findings</td>
<td>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.</td>
</tr>
<tr>
<td>Notes</td>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Objectives of the review</th>
<th>To examine</th>
</tr>
</thead>
</table>
|                          | 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. |

<table>
<thead>
<tr>
<th>Date of last search</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of included studies</td>
<td>162 papers (small proportion focused on older people)</td>
</tr>
<tr>
<td>Authors’ definition of social capital</td>
<td>Social capital: neighbours friendly, neighbours look out for each other, know neighbours, feel part of community/perception of community spirit.</td>
</tr>
<tr>
<td>What were the characteristics of the participants in the studies?</td>
<td>Varied</td>
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<tr>
<td>Country</td>
<td>UK</td>
</tr>
<tr>
<td>Setting / context</td>
<td>Varied</td>
</tr>
<tr>
<td>Type of intervention</td>
<td>Varied</td>
</tr>
<tr>
<td>What outcomes were measured?</td>
<td>Health status: Quality of life: Environmental and socio-economic indicators: Health and social behaviours: Service uptake: Community engagement: Social capital: Empowerment</td>
</tr>
<tr>
<td>Review quality / review meets recognised standards</td>
<td>No stated</td>
</tr>
<tr>
<td>Inclusion criteria</td>
<td>Yes</td>
</tr>
<tr>
<td>Authors’ comments on quality of included studies</td>
<td>Levels of evidence strength were allocated and comprehensively discussed.</td>
</tr>
<tr>
<td>Key findings</td>
<td>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</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
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<th>Notes</th>
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<td>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.</td>
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Building Social Capital: What works for older people?

**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**


**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

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<th>Reference</th>
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