what works wellbeing

SCOPING REVIEW

social relations

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SYSTEMATIC SCOPING REVIEW OF REVIEWS OF THE EVIDENCE FOR "WHAT WORKS TO BOOST SOCIAL RELATIONS" AND ITS RELATIONSHIP TO COMMUNITY WELLBEING

The What Works Centre for Wellbeing is an independent collaborative centre that puts high quality evidence on wellbeing into the hands of decision-makers in government, communities, businesses and other organisations. We bring pioneering thinkers together from across these sectors to share ideas and solutions. Our goal: to improve, and save, lives through better policy and practice for wellbeing.

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Background

This report was commissioned by the What Works Centre for Wellbeing (WWC-WB). The WWC-WB is part of a network of What Works Centres: an initiative that aims to improve the way the government and other organisations create, share and use high quality evidence for decision-making. The WWC-WB aims to understand what governments, businesses, communities and individuals can do to improve wellbeing. They seek to create a bridge between knowledge and action, with the aim of improving quality of life in the UK. This work forms part of the WWC-WB Community Wellbeing Evidence Programme, whose remit is to explore evidence on the factors that determine community wellbeing, including the impacts of interventions.

During extensive stakeholder engagement (in workshops, an on-line questionnaire, community sounding boards, and one-to-one interviews), the Community Wellbeing Evidence Programme identified priority, policy-related topics within which evidence reviews were to be undertaken. One of the priority topics identified was the role of boosting social relations between people in communities, as a key ingredient of both individual and community wellbeing. It was recognised that ways of boosting social relations could involve formal and informal meeting and "bumping" spaces and places, community-based structures and organisations, and community-based interventions (Community Wellbeing Evidence Programme, 2015).

Social relations are widely recognized by the scientific literature and governmental practices as an important determinant of individual and community wellbeing. For instance, the UK Office for National Statistics (ONS), has included social relations among the 10 key domains of national wellbeing on the basis of the assumption that "*Good social relationships and connections with people around us are vitally important to individual wellbeing. This is important to national wellbeing because the strength of these relationships helps generate social values such as trust in others and social cooperation between people and institutions within our communities*" (Evans, Macrory, & Randall, 2015, p. 10-11).

Likewise, the Report of the World Summit for Social Development held in Copenhagen in 1995, placed great emphasis on the promotion of inclusive societies where social interactions take the shape of respect and participation. As stated in the report: "*Social integration, or the capacity of people to live together with full respect for the dignity of each individual, the common good, pluralism and diversity, non-violence and solidarity, as well as their ability to participate in social, cultural, economic and political life, encompasses all aspects of social development and all policies*" (UN, 1995, p. 26).

Social Relations and Individual Wellbeing

At the individual level, Cohen, Underwood, and Gottlieb (2000, p. 11) reported that social relations are found to have a beneficial effect on both physical and psychological health through peer influence on physical activity, diet, smoking, sense of predictability and stability, of purpose, of belonging and security and recognition of self-worth (Cassel, 1976; Hammer, 1981, Thoits, 1983, Wills, 1985). Positive social relations are included in many models and scales for the measurement of individual wellbeing and quality of life (see Seligman, 2012; Keyes, 1998; Ryff & Keyes, 1995; WHOQOL. group).

Social Relations and Community Wellbeing

In terms of community wellbeing, social relations account for interactions and interpersonal relations taking place between individuals, and also connect groups, communities, and institutions to achieve more cohesive and healthier societies. These bonding and bridging ties are key mechanisms in Putnam's theory of social capital (Putnam 2000), a concept which has been extensively used in the study of social change and community (Bowen 2009, p. 245) and has proven beneficial for the betterment of individual and community wellbeing (Sixsmith & Boneham, 2007). Social capital has a multiplicity of definitions, and there are a number of related concepts such as social cohesion, civil society, connectedness, or community capital.

Improving community and social capital has been linked to improved health outcomes (CSDH 2008; Marmot et al. 2010) but socio-economic inequalities in turn affect the quality of community conditions and social relationships (Friedli 2009), and the relationships between them are complex and not always obvious (Seaman & Edgar 2015).

The working Theory of Change developed by the Communities Evidence programme for the What Works Wellbeing Centre suggests that social relations can be thought of an intermediate outcome or a component of community wellbeing (South et al. 2017).

How do we boost social relations?

Boosting social relations for community wellbeing means promoting those conditions in society that bring people together, enable them to participate in community life and allow them to feel part of a network of shared meanings. In this light, it has been recommended (Diener & Seligman, 2004) that one aim of governmental policy should be the creation and promotion of opportunities for socialising such as

- 'bumping spaces', that is, places designed for people to meet up in informal settings and
- 'third spaces' that is "*places that host the regular, voluntary, informal, and happily anticipated gatherings of individuals beyond the realms of home and work*" (Oldenburg, 1999, p. 16).

The Department of Economic and Social Affairs of the United Nations Secretariat (Hemmati, 2007) has identified 6 stages to promote social integration, which are formulated as stages of social relations. (see Figure 1 and Table 1).

Fragmentation, Exclusion, and Polarisation are presented as negative whereas Coexistence, Collaboration, and Cohesion are deemed positive. The success of interventions aimed at boosting social relations lies in the ability to move from the negative to the positive level. For each pair of social relations, strategies for either transformation or advancement are suggested (Table 1).

Moreover, Spies (2005), suggests the following nested stages to create a more cohesive society: a) Building relationships of trust, b) Gaining understanding of the situation and accepting responsibility for the change, c) Facilitating transformation, d) Grounding and support to ensure institutional strength, e) Review contents and process, f) Learning lessons towards improved future strategy and practice, g) Appropriate systems and support, and h) Building capacity for and enhancement of active or servant leadership (Spies, 2005).

In addition to these general recommendations, in this review we are interested in examples of good practice and guidelines for boosting social relations. Policy concerns often generate broad research questions, and social relations is a challenging and complex topic because it concerns factors affecting the organisation of civil society and therefore will encompass both formal and informal processes. Given the breadth of the research questions, a review of reviews will allow for a broad overview of the topic through the identification of existing systematic and non-systematic reviews and gaps in the evidence. This will, in turn, allow the development of specific questions to be answered by a systematic review.

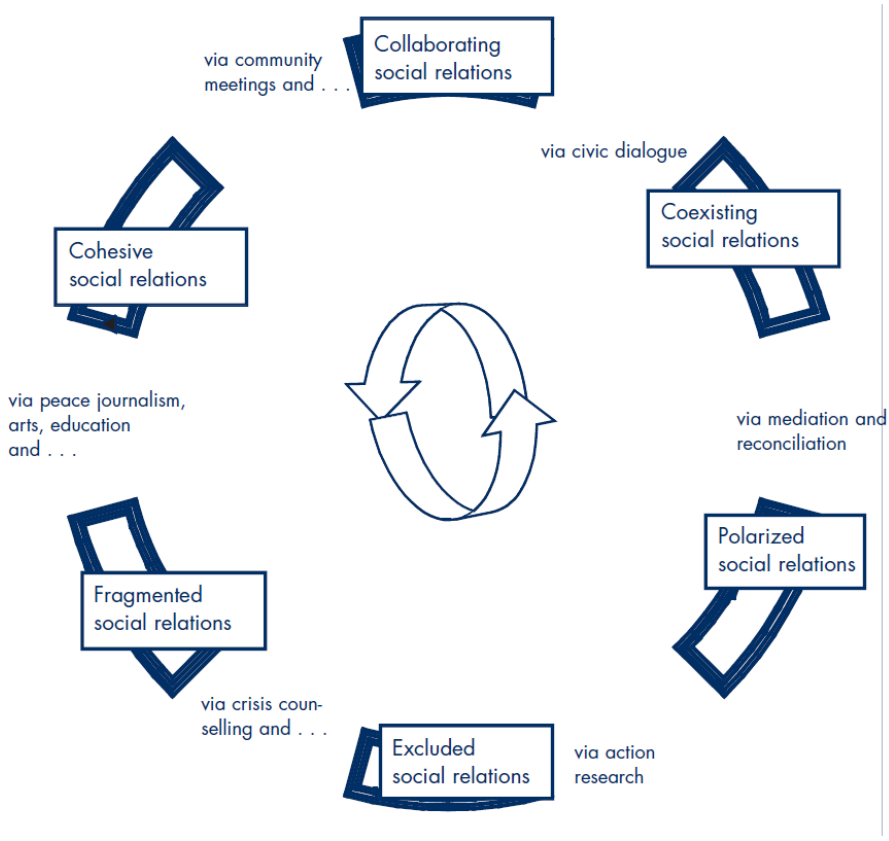

Figure 1 Stages of Social Relations. Hemmati, 2007, p. 5.

Table 1 Stages of Social Relations (Hemmati, 2007, p. 6).

Stage description	Methods for transformation
Fragmentation refers to the experience of having few or no connections to a system of support. This can be life-threatening. It can produce distress or trauma that limits the ability to communicate at the psychological level, inhibiting the ability to act effectively in the best interests of self or others. Fragmentation occurs in crisis situations when there is a total social breakdown, that is to say, in war, epidemics, natural disasters, rapid social change, major dislocation, and habituation to "normalized violence"	Fragmented relations can be transformed when stakeholders have the need and intention to heal distress using such dialogue procedures as peer or crisis counselling (psychological domain) within a context where there is a commitment to stop fighting and address survival needs (by service providers, police or peacekeepers, etc.).
Exclusion refers to a lack of capacity or opportunity to meet daily subsistence and livelihood needs owing to isolation, oppression or neglect and is disproportionately experienced by the poor, minorities, displaced populations and workers whose skills have become obsolete. Exclusion occurs where wealth and power are unevenly shared (and disparities are wide).	Excluded relations can be transformed when marginalized groups and those in power to prevent/ end marginalization have the need, intention and opportunity to build sustainable livelihood capacities using such dialogue procedures as action research (in the socio-economic domain). Sometimes, marginalized groups can create the opportunities themselves but those with power need to remove obstacles and/or create opportunities for inclusion. Opportunities for dialogue need to be an integral part of an overall strategy towards justice and social justice.
Polarization refers to the experience of taking sides in a conflict leading to the extreme relations of "us-them." Polarization can occur in any type of conflict but is most damaging in protracted intergroup hostilities that coalesce around religion or ethnicity. Trust and respect decline as stereotyping and strife take over.	Polarized social relations can be transformed when stakeholders have the need, intention and opportunity to resolve differences by peaceful means using such dialogue procedures as mediation or reconciliation (socio-political domain). When polarization is linked to protracted discrimination against specific groups, processes that create justice and social justice will often be important components, or preconditions, in a social integration process.
Coexistence refers to the experience of mutual recognition among people. Coexistence occurs in a culture of tolerance for diversity.[a]	Coexisting relationships can be advanced when people have the need, intention and safe space to express diverse viewpoints and seek consensus using civic or democratic dialogue (socio-political domain).
Collaboration refers to the experience of collective responsibility for socio-economic well-being. Collaboration tends to occur in societies that recognize and implement socio-economic justice.	Collaborative relations can be advanced when stakeholders have the need, intention and opportunity to participate in the design of socio-economic development that affects their lives, using dialogue procedures such as community meetings and focus groups (socio-economic domain).

Cohesion refers to the experience of social unity within diversity with social justice. Cohesion occurs when stakeholders recognize their common humanity and shared destiny.	Cohesion can be advanced when stakeholders have an opportunity and a safe space within which to explore shared meaning and values as they create a peace culture, using dialogue procedures such as theatre and media, including peace education (psycho-cultural domain).

[a] This does not necessarily imply that there are many bridges across social groups and sectors (see also Porter, 2005).

Purpose of the review

This review is a *Stage 1* 'scoping' review of existing review-level evidence, to identify the strengths and weaknesses in existing knowledge and current gaps in the evidence base. Findings from the scoping review will be used as the basis for identifying priority areas for more in-depth research using systematic reviews (*Stage 2*). See Box 1 for further information on the stages of evidence synthesis for this work.

Box 1: Stages of evidence synthesis (Communities evidence programme)

Stage 1: – 'scoping' reviews to identify the current state of review level evidence on the key community wellbeing topic areas identified during initial stakeholder and end user engagement exercises. The scoping reviews are designed to identify the strengths and weaknesses in existing knowledge and current gaps in the evidence base. Findings from the scoping review are then used as the basis for identifying priority areas for more in-depth research during systematic reviews.

Stage 2: – systematic reviews of priority areas for research into the community wellbeing impacts of specific interventions identified during the scoping reviews, and through further engagement with end-users. The systematic review will examine the evidence from primary studies of interventions.

Stage 3: – based on the findings of stages one and two, identification of a 'roadmap' for future research.

Scope of the review

Aims

The aim of this scoping review of reviews was to identify existing reviews of interventions, actions, and policies that have "boosting social relations" (or proxy measures) as an intended outcome, in order to identify existing knowledge and identify evidence gaps.

Outputs from the review of reviews

- A rapid scoping review of reviews
- A summary document in accessible language covering conclusions and recommendations from already published reviews
- Identification of research questions around specific interventions or changes/ exposures, which will be addressed in a systematic evidence review.

Review questions

1. What can we learn from existing systematic reviews about what works to boost/ facilitate social relations?
    i. What aspects of change in the built environment can facilitate social relations?
    ii. What aspects of change in the natural environment can facilitate social relations?
    iii. What public policy level interventions can boost social relations?
    iv. What mechanisms of change in community-based structures and organisations can boost social relations?
    v. What community-based interventions boost social relations?

2. What evidence gaps have been identified by existing reviews about what works to boost social relations?
3. Is there enough primary research evidence to undertake a full systematic review to address evidence gaps?

Working definitions

Since both social relations and community wellbeing are complex constructs, which are often referred to using a range of other synonyms, we have developed the working definitions presented below. Using these definitions has helped us to be as inclusive as possible of the multidisciplinary literature on these topics.

1. Definition of Social Relations

The concept of social relations underpins many psychological, sociological, and anthropological theories such as social capital, sense of community, community of practice, community of interest and, more generally speaking, social relations is a key concept in human and social science. It is an umbrella term that covers a wide variety of interactions, interconnections, and exchanges between human beings and the physical and social environment. Therefore, it is not easy to cover its complexity through a one-size-fits-all definition (see Reis, Collins, & Berscheid, 2000). A very broad definition of this concept was suggested by Max Weber as early as 1922 in his seminal volume 'Economy and Society'. Weber described social relations thus: "*The term 'social relationship' will be used to denote the behaviour of plurality of actors insofar as, in its meaningful content, the action of each takes account of that of the others and is oriented in these terms*" (p. 26).
Despite the advantage of being broad enough to include a wide variety of concepts that fall under the term 'Social relations' and being directly related to social relations within communities like the household, neighbourhood, and commune, as Mucha (2003) has pointed out, this definition is extremely general. More recent investigation into the nature of social relations have shifted towards more domain-specific features. For instance, based on the strong effect that social relations have on health, Umberson & Montez (2010) have identified three macro-categories of social relations that figure prominently in the scientific literature: Social integration, Quality of relationships, and Social networks.

2. Definition and Indicators of Community Wellbeing

Community Wellbeing is also a broad and variegated concept that is difficult to constrain within the boundaries of a clear-cut definition. Definitions found in the literature fail to encompass the complexity of this construct (for a review see Lee & Kim, 2015). Lee and Kim identify two comprehensive definitions of community wellbeing:

> "*How well that locality is functioning; how well that locality is governed; how the services in that locality are operating; how safe, pleasant and rewarding it feels to live in that locality*" (Chanan 2002)

> "*Optimal quality of healthy community life … that encapsulates the ideals of people living together harmoniously in vibrant and sustainable communities, where community dynamics are clearly underpinned by 'social justice' considerations*"(Rural Assistant Information Network 2004).

In terms of indicators of Community Wellbeing, Kagan and Kilroy (2007) identified a series of both objective and subjective indicators, including "*those environmental factors that contribute to good standards of living, such as clean water, clean air and so on; demographic issue such as population decline, or changes in divorce rates, economic issues such as poverty, loss of employment or income, or rapid social change leading to the development of new jobs; the provision of and/or retrenchment of public services; educational opportunities and achievements; levels of crime and fear of crime; alcohol and drug use; significant life events; diet, food poverty and level of obesity; perceived happiness, depression, stress, and sense of fun*" (p. 95)
We have also used the working definition of community wellbeing developed during the collaborative development phase of the programme (Communities Evidence Programme 2015) *i.e.* "*community wellbeing is about strong networks of relationships and support between people in a community, both in close relationships and friendships, and between neighbours and acquaintances*" but, as this is only a working definition, and the term "community wellbeing" is not widely used we will include studies of similar concepts such as social capital and social cohesion, social inclusion, community resilience etc. (Elliot et al. 2013).

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Methods

This scoping review of reviews was conducted rapidly, and presents the range of evidence in the topic area, rather than answering a specific question about effectiveness alone (this will be the purpose of the full systematic review conducted Stage 2). A review of reviews only includes the findings from previously published reviews of the evidence.

Search strategy

The aim of the search was to identify all reviews linking aspects of social relations to community wellbeing. We searched titles of publications from 2005 to 2015 using social relations terms combined with community wellbeing terms.

1. Search of databases/ evidence sources which contain systematic reviews (Cochrane database of systematic reviews, DARE, Campbell Library, DoPHER (EPPI-Centre)

2. Targeted searches of databases: MEDLINE, IDOX, CINAHL, PsycINFO, Academic Search Complete (an example of the MEDLINE search strategy is in Appendix A)
3. Scrutiny of the reference lists of reviews retrieved via Stage 1 and Stage 2 to identify additional reviews
4. Citation searching of all reviews retrieved through stages 1-3
5. Liaison with topic experts
6. Search of topic relevant websites (see Appendix 2):

Identification of studies

Search results were uploaded to EPPI-reviewer 4 (Thomas et al. 2010) and screened through two stages.

First, titles and abstracts were divided between the review team and screened by one of three reviewers (AMB, SDM, GP). A random 10% of the titles and abstracts were triple screened, if agreement of 80% or more was not reached then another 10% would have been double screened. Any queries were resolved by discussion. If reviewers could not come to a decision about whether an article should be included, it was obtained.

Second, full-text copies of relevant papers were assessed for inclusion based on the inclusion criteria.

Inclusion criteria

Population	Communities of interest or of place in OECD countries, to ensure relative compatibility with the UK (community-related, as defined by the authors of the article). Exclusions: Studies that focus on child development Studies that focus on the workplace setting
Intervention	Any community-based intervention, or change in policy, organisation or environment that were designed to boost social relations within the community. These may include: • Changes or planned changes in spaces and places in the built or natural environment, either formal meeting places (e.g. community centres) or informal "bumping" spaces (e.g. park benches) • Changes in community-based structures and organisations (e.g. libraries; voluntary organisations) • Community-based interventions (includes formal programmes, events, interventions to boost volunteering, and community-led activities)
Outcomes:	Social relations within a community (see working definition) AND/ OR community wellbeing or related synonyms (such as social capital, social inclusion/ cohesion etc.)
Study design	Any article/ paper that defines itself as a review: systematic reviews; evidence reviews; other types of reviews published between 2005 and 2016. Published in English language only.

Data extraction

Data were extracted by one of two reviewers (AMB, SDM) into EPPI-reviewer, with a random 10% checked by a second reviewer. Data were extracted into the following categories: Study ID; Type of review; Number of included studies; Review questions; Inclusion criteria; Outcomes relating to social relations; Community wellbeing; Evidence gaps.

We originally planned to undertake quality assessment of the included reviews but due to the scale of the search results, we did not have enough time to do this.

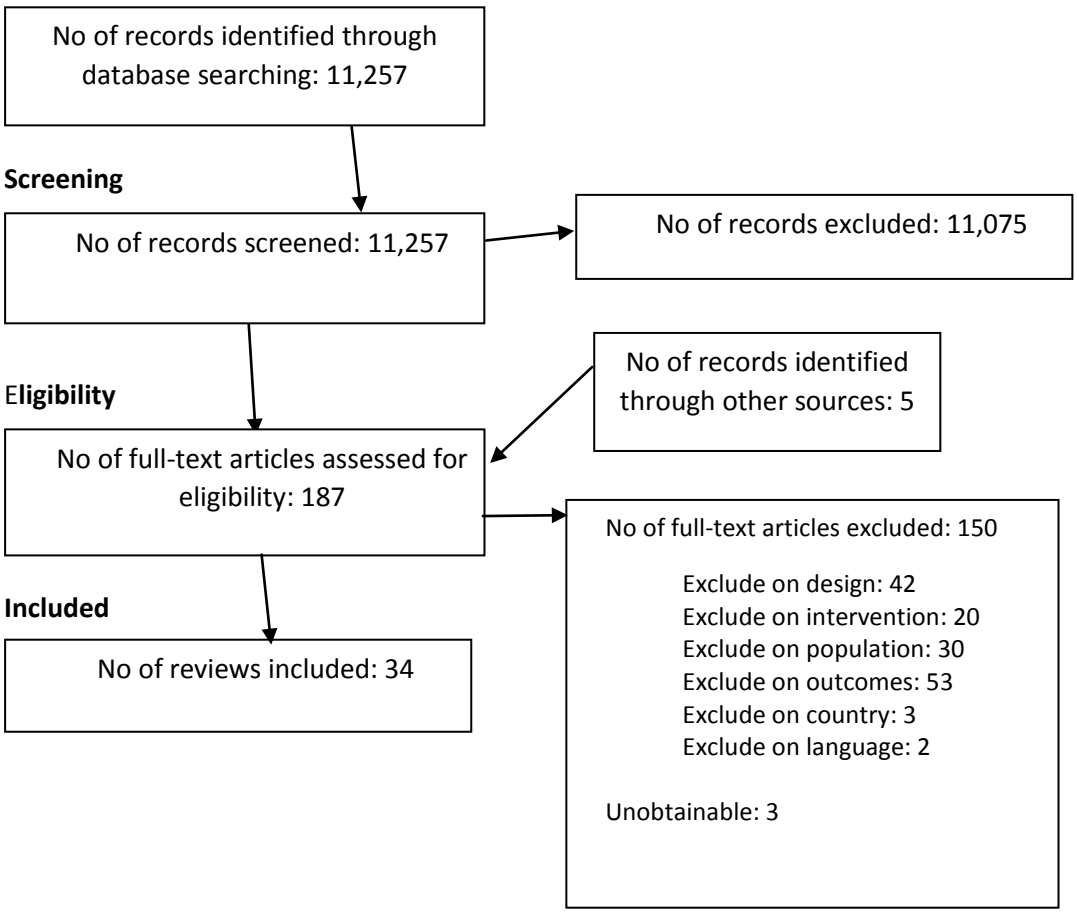
Data synthesis

A narrative thematic summary of the findings of the reviews is presented.

Results

The electronic searches yielded 11,257 titles and abstracts which were all screened for relevance against the inclusion criteria. 11,075 were excluded at this stage, leaving 182 that were obtained as full text versions and screened again, plus 5 documents obtained from other sources. Of these, 150 were excluded at this stage, and 3 were unobtainable, leaving 34 included reviews (see Figure 2 for details of the study selection process). The included reviews are listed in Appendix B, while articles that were excluded at full paper stage are listed in Appendix C. A description of the 34 included reviews is presented in Table 2.

Figure 2: Study selection flow chart



Review Question 1: What can we learn from existing systematic reviews about what works to boost/facilitate social relations?

i. What aspects of change in the built environment can facilitate social relations?

Only one systematic review (Osborne 2016) examined the contribution of urban planning to social capital and came to the following conclusions:

> *"Examples of how urban planning can contribute to building positive social capital in a community include:*
>
> *(a) Ensuring co-location of human service agencies in activity hubs to facilitate access to services, characteristic of bridging and linking social capital.*
>
> *(b) Planning for social infrastructure concurrently with residential growth to provide adequate meeting places for social, recreational and educational purposes that can facilitate bonding and bridging social capital.*
>
> *(c) Designing and planning spaces to facilitate social interaction and enhance sense of community and health through the provision of public parks, public seating and spaces towards the provision of physical infrastructure for the development of bonding and bridging social capital.*
>
> *(d) Inclusion of a range of human abilities and generations through neighbourhood design that enables greater mobility, inclusion, physical activity, safety, mental and physical health and equity, supportive of bonding and bridging social capital." (Osborne 2016, p.219)*

The built environment is referred to indirectly in the Public Health England (PHE) commissioning for mental health toolkit (Newbigging & Heginbotham 2010) under the umbrella of "community empowerment and development initiatives to encourage community action, cohesion and participation" which may include encouraging active travel, **reducing effects of traffic, functionality of neighbourhood, safe green environments**, community arts and culture, volunteering, and also in the review by Buonfino & Hilder 2006, in which

they find that a pleasant physical environment can be one of the positive influences on neighbourliness.

The built environment is also a part of, but not the main focus, of Tunstall and Lipton's 2010 review on mixed communities, in which they recommended that:

> *(a) There should be continued support for 'traditional' urban and neighbourhood renewal, which might include a modest mixing element.*
>
> *(b) Mix should be encouraged in new developments, and through any schemes to support developers and registered social landlords during the housing market downturn. (Tunstall & Lipton 2010, p. 4)*

A review by the Institute of Health Equity on reducing social isolation across the life course concluded that "*A range of services provided by the public, private and charitable sectors, and community and voluntary services, may have the potential to impact on social isolation, even if this is not their primary aim. For example, public transport and* ***street design*** *can promote social interactions that build social connectivity. Broader interventions in areas such as transport, housing and the* ***built and natural environment*** *will support the creation of conditions that forge and foster good relationships within society"* (Durcan et al., 2015).

ii. What aspects of change in the natural environment can facilitate social relations?

We did not find any reviews on interventions in the natural environment that were designed to boost social relations. This was a little surprising as we know there are plenty of systematic reviews on the topic of "green space" and "blue space" and also a number of primary studies. We expect that the existing reviews were excluded as we restricted our review to interventions that were **designed** to boost social relations, which would exclude reviews of observational studies of the associations between the natural environment and health or wellbeing. Or it may be that these reviews only looked at individual health or wellbeing outcomes, and not at social relations, community wellbeing or community level outcomes.

Green space is referred to indirectly in the PHE commissioning for mental health toolkit (Newbigging & Heginbotham 2010) under the umbrella of "community empowerment and development initiatives to encourage community action, cohesion and participation" which may include encouraging active travel, **reducing effects of traffic, functionality of neighbourhood, safe green environments**, community arts and culture, volunteering.

A review by the Institute of Health Equity on reducing social isolation across the lifecourse (Durcan et al. 2015) reported that interventions in areas such as the natural environment may support good relationships within society.

iii. What public policy level interventions can boost social relations?

In a review of the way people interact with their neighbours and the potential impacts on wellbeing and happiness in contemporary Britain, Buonfino & Hilder (2006) found that neighbourhoods where there are children, nurseries or primary schools, elderly people or a high percentage of home-owners tend to be more neighbourly than others. Those neighbourhoods that have experienced recent migration, language barriers, crime, litter and poor neighbourhood governance may on the other hand have a lower sense of neighbourliness. They quote the Home Office Citizenship Survey (2003) "*The level of interaction and mutual support tends to be higher in neighbourhoods were people are satisfied with their area. Satisfaction in turn increases the willingness of residents to get involved in their local areas and to participate in local activities and organisations*". Whilst they found that neighbourhoods with well-designed, well-kept public spaces and local shops, car boot sales and markets can all help the development of social relations between neighbours, neighbourliness is not very amenable to large scale public policies. Buonfino and Hilder (2006) suggest it is most important to enable local areas to choose from the widest range of possible options and to encourage a good understanding of what can be done locally and why. They suggest the following public policy level interventions to encourage neighbourliness:

- Create vehicles for local information sharing. These can range from newsletters and free notice boards in local shops to email groups and internet sites. Services that offer recommendation-based information about local services, local ebays or timebanks, or that help people with shared interests find each other locally, could have significant impact, although there may also be adverse effects (e.g. thieves receiving information about when residents are away from home). Neighbourhood events such as street parties and festivals can help people get to know their neighbours and build a sense of community spirit;
- Encourage engagement. There is some evidence that neighbourhood governance, particularly where it involves real power or influence, can help support association and neighbourly behaviour over time. Buonfino and Hilder also make the following suggestions: improve the supply and accessibility of local places for encounter and association (extended schools & libraries; community shops, pubs & faith centres

offering themselves as a resource to the whole community); collective services (e.g. laundrettes, composting or cooking facilities) for streets, blocks and villages; local public services playing a more active role in connecting neighbours to each other; shared transport and health initiatives;

- Design for private perceptions and use. The authors suggest that neighbourhood space benefits from clear ownership as well as from enclosure (which demarcates public from private space). Intermediate kinds of spaces such as front gardens, porches and balconies can also contribute positively to neighbouring interactions;
- Improving the maintenance of the public space. Commonly owned spaces like squares or cul-de-sacs can play a part in supporting very local neighbouring. Well maintained public spaces such as parks, health centres, hairdressers, provide an opportunity for social encounter and are a key condition for neighbouring to take place. Local shops, pubs, cafes, markets and playgrounds where people can interact informally can reinforce existing connections. "Neighbourhood hubs", ideally flexible and multi-use buildings that may bring together public services with community space and business, can help to concentrate local "footfall" and provide a focus for neighbourhood interaction. Traffic-calming, pedestrianised areas, wider well-maintained pavements, seating, public toilets, public art, trees, lighting, better signing can all encourage people to walk around their neighbourhoods. More mixed use residential areas can be encouraged to include shops, offices and services to increase access and interest in an area.

A review by Coalter (2007) on sports clubs and social capital highlights some potentially negative effects of public policy on social relations in sports clubs:

> *"there appears to be broad agreement among academics that policy-led attempts to 'construct' social capital will fail, as social capital is based on activities, relationships and norms freely engaged in by individuals. Others suggest that attempts to use sports clubs to achieve such wider policy goals (for example, via conditions associated with funding) can undermine their essential qualities and stability… Existing, admittedly limited, research implies that the more general impact of sports clubs in terms of Putnam's desired wider civic engagement (and social trust) may be limited…. However,…if sports clubs are capable of developing certain types of bonding capital (and this requires further investigation), then, in certain circumstances, this may be viewed as a positive, if limited, contribution to social regeneration – perhaps an essential first step for certain marginal and vulnerable groups." (p.553)*

A review of cooperatives and social cohesion by Dobrohoczki (2006), concluded that

"*if there are substantial benefits to a society from the development of co-operatives in terms of social cohesion and increased social capital, then co-operatives should be supported more rigorously as mechanisms of instituting social policy and building social economy." (p.155)*

A review by the Institute of Health Equity on reducing social isolation across the lifecourse reported on the potential for positive impacts on social interactions and social connectivity of public transport, street design, transport, housing and the built and natural environment (Durcan et al. 2015).

A review of mixed communities by Tunstall & Lipton (2010) found a substantial body of evidence from evaluation of traditional neighbourhood renewal which shows that projects which include some elements of mixing communities, by increasing diversity of housing type and tenure and improving facilities, services and opportunities, can result in important, if not transformative, improvements in: resident quality of life (through improvements to housing quality, environments, resident satisfaction, area reputation); some measures of service quality and service outcomes; and, to some extent, some individual outcomes, for example, in education and employment. They found some evidence that social tolerance might be increased through increased visibility of people from other social groups, although mixed communities are more likely to deliver shared social spaces than to create broader social networks.

iv. What mechanisms of change in community-based structures and organisations can boost social relations?

There is a substantial body of literature on community engagement that has been reviewed quite recently (Attree et al. 2011, O'Mara-Eves et al. 2013, Milton et al. 2012, NICE 2016, Popay et al. 2007, Brunton et al. 2014 and 2015, Stokes et al. 2015). Although the focus of all of these reviews was on health and related outcomes, they also included outcomes related to the social determinants of health such as social capital.

A recent systematic review of the international literature on community engagement to reduce inequalities in health (O'Mara-Eves et al. (2013)) grouped community engagement approaches for disadvantaged groups into three categories:

- Patient/ consumer involvement in development: engaging with communities, or members of communities, in strategies for service development, including consultation or collaboration with the community about the intervention design.

- Peer/ lay delivered interventions: services engaging communities, or individuals within communities, to deliver interventions.
- Empowerment of the community: the health need is identified by the community and they mobilise and lead collective action, rather than rely on professional facilitation.

The authors (O'Mara-Eves et al. 2013) reported that public health interventions using community engagement for disadvantaged groups are effective in terms of health behaviours, health consequences, participant self-efficacy and perceived social support outcomes. There were also indications from a small number of studies that interventions can improve outcomes for the community and the engagees.

A systematic review by Popay et al (2007) for the earlier NICE guidance on community engagement identified few good-quality studies that reported community level outcomes of direct community engagement initiatives.

The recently updated NICE guidance on community engagement (NICE 2016) reported that community engagement activities lead to more than just traditional improvements in health and behaviour. For example, they also improve people's social support, wellbeing, knowledge and self-belief. The committee members agreed that future research should place greater emphasis on individual and community wellbeing and these kinds of social outcomes.

Brunton et al. (2014 and 2015) found that community engagement encompasses a wide range of health topics and populations, predominantly healthy eating/physical activity and low-income populations. The studies suggest a primarily moderate to low overall extent of community engagement across all aspects of study design, delivery and evaluation. Synthesis of the evidence suggests that higher levels of community engagement are linked to greater beneficial effects than lower community engagement for interventions that target health outcomes amongst disadvantaged groups. Qualitative comparative analysis indicated four configurations related to effective interventions, all of which involved lay-person delivery of interventions.

A systematic review by Milton et al. (2012) of the population impact of initiatives that aim to engage communities in action to improve the social determinants of health found evidence from thirteen studies that community engagement initiatives can have positive impacts on housing, crime, community empowerment, bonding and bridging social capital, and social cohesion. Initiatives that aimed to promote community involvement were associated with gains in social capital, social cohesion and fostering partnership working and empowerment for both the community groups that were the focus of the initiative and the wider community.

Successful capacity building in terms of developing skills and knowledge to equip community members for regeneration activities was also described.

A review by Mulgan et al. (2008) reported that neighbourhood and community empowerment has three effects which increase wellbeing: providing greater opportunities for residents to influence decisions affecting their neighbourhoods; facilitating regular contact between neighbours; helping residents gain the confidence to exercise control over local circumstances. The report suggests practical activities which can be incorporated into existing empowerment initiatives. For example, it was suggested that more contact between neighbours could be improved by an inexpensive programme of street parties, or through outdoor dog socialising classes. Greater contact between decision makers and residents could be achieved through senior officers volunteering at a community event, or at specifically designed informal networking lunches. Local belonging could be understood through local consultations or exhibitions based on positive themes such as memories of living in a neighbourhood.

A review of the experience of community engagement (Attree et al. 2011) reported that individuals are less likely to find community engagement a positive experience where consultation is the main method employed by professionals and no real power to effect change is ceded to community members. The authors state that whilst the failure of practice to match up with the rhetoric of community engagement is widely recognised, the potential for this failure to have negative consequences for the health and wellbeing of the lay people involved is not widely acknowledged. They assert that combined with the good quality evidence that community engagement, when done well can have significant health benefits, this strengthens the case for greater investment to improve practice in this area.

A review of community practice in social work (Ohmer & Korr 2006) supported social work strategies for facilitating and strengthening citizen participation and individual and collective competencies and sense of community among residents. These strategies include building trust with and among residents, identifying residents' interests and strengths, and engaging residents in projects that build relationships and connections with their neighbours.

There is a growing literature on social networking sites (SNS) and "smart" technologies, some of which are linked to preventing social isolation in older people (Campos et al. 2016, Morris et al. 2014, and see below). A systematic review of community engagement via online social media and networks (Stokes et al. 2015) found little useful evidence, however this review was focused on health outcomes. A literature review of the enabling effects of SNS in the context of young people's everyday lives (Collin et al. 2011) found a number of significant benefits associated with the use of SNS including: delivering educational

outcomes; facilitating supportive relationships; identity formation; and, promoting a sense of belonging and self-esteem. The authors state that the strong sense of community and belonging fostered by SNS has the potential to promote resilience, which helps young people to successfully adapt to change and stressful events. They found that the benefits of social networking are largely associated with the participatory nature of the contemporary digital environment.

v. What community-based interventions boost social relations?

There is a substantial body of literature already incorporated in systematic reviews of interventions to combat social isolation in older people (Campos et al. 2016, Cattan et al. 2005, Courtin & Knapp 2015, Dickens et al. 2011, Durcan et al. 2015, Heaven et al. 2013, Morris et al. 2014, Raymond et al. 2013, Windle et al. 2011; Scharlach & Lehning 2013). Although interventions aimed at the individual are outside the scope of our review, many of the effective interventions were those which included some community-level intervention. A systematic review by Campos et al. (2016) concludes that the social integration of older adults can be accomplished through collective events that allow them to interact with other people instead of engaging in activities that only stimulate their mind. This produces biological and psychological health benefits while strengthening emotional ties with relatives and friends. All these activities enable elderly adults to feel better, to be independent, to be happy, to be healthy and especially to live longer. The systematic review by Cattan et al. (2005) found that effective interventions shared several characteristics: they were group interventions with a focused educational input or they provided targeted support activities; they targeted specific groups, such as women, care-givers, the widowed, the physically inactive, or people with serious mental health problems; the majority of studies judged to be partially effective also targeted specific groups; they enabled some level of participant and/or facilitator control or consulted with the intended target group before the intervention. The scoping review by Courtin and Knapp (2015) only found 9 interventions targeting social isolation. These found mixed results for befriending initiatives, group activities and psychosocial group rehabilitation. Telephone-based support for female carers of people with dementia was found to be associated with lower isolation and depression after 6 months for older carers. The Dickens et al. (2011) review found that regarding intervention type, 86% of those providing activities and 80% of those providing support resulted in improved participant outcomes, compared with 60% of home visiting and 25% of internet training interventions. Fifty-eight percent of interventions that explicitly targeted socially isolated or lonely older people reported positive outcomes, compared with 80% of studies with no explicit targeting.

The Durcan et al. (2015) evidence review concluded that maintaining good quality social relationships and integrating people into enabling and supportive social networks are central in preventing social isolation, and that services provided by the public, private and charitable sectors, and community and voluntary services, may impact on social isolation, even if this is not their primary aim.

The systematic review by Heaven et al. (2013) found that interventions providing explicit roles and using supportive group structures were somewhat effective in improving one or more of the following: life satisfaction, social support and activity, physical health and activity, functional health, and cognition. In a systematic review of 18 studies of smart technologies to enhance social connectedness for older people living at home (Morris et al.), fourteen studies reported positive outcomes in aspects such as social support, isolation and loneliness. There was emerging evidence that some technologies augmented the beneficial effects of more traditional aged-care services. One study found that the use of an interactive, online program had positive effects on social networks, but given the intervention also provided video and audio access between participants it is difficult to know whether improvements were due to computer-based programs or remote social contact with other people. The use of a computer program had little effect on the outcome variables, whereas statistically significant improvements were found for the dimensions of self-esteem and depression when computer use was combined with visits from a study nurse or family member.

A review of social participation of older people by Raymond et al. (2013) highlights the ways in which the lifestyle, identity and agency of older people are taken into account within interventions, and presents a typology of social programmes promoting social participation of older people: social interactions within an individual context; social interactions within a group context; collective projects; volunteering and informal support; socio-political involvement and activism.

A comprehensive evidence briefing by Windle et al. (2011), which includes some of the evidence cited above, reports that for social group interventions and wider community initiatives there is good evidence that appropriately facilitated ‘cultural’ and health-related interventions reverse the deteriorating effects of social isolation and loneliness.

Scharlach & Lehning (2013) conducted a non-systematic literature review which found that there is limited evidence that social inclusion can be promoted through formal and informal social structures that offer meaningful social roles for older adults, promote reciprocal social exchanges that foster interdependence rather than inequity and disempowerment, and provide access to resources that promote personal wellbeing and fulfilment. The existing

empirical literature also suggests that social inclusion may be promoted through physical infrastructure improvements such as walkable neighbourhoods, mobility options, and adequate housing for persons with diverse needs and abilities. There is some evidence to suggest that such ageing-friendly physical and social community characteristics are associated with positive outcomes for individuals and communities, including better physical and mental health, greater life satisfaction and reduced risk of nursing home placement.

A review of the intervention known as men's sheds (Wilson & Cordier 2013), which originated in Australia, reported that the small-scale studies that have sought to uncover the health and wellbeing benefits of Men's Sheds show promising, albeit limited, results. The authors state that the current body of research on Men's Sheds lacks any reliable standardised health and wellbeing outcome measures.

A review of the effects of welfare rights advice delivered in healthcare settings (Adams et al. 2006) found that advice and financial benefits help elderly clients maintain independence. They reported the following themes: maintenance of independence and avoidance of reliance on family; increased income used on taxi fares and to improve ability to socialise; helps maintain independence and avoid reliance on others; additional money used to pay for necessities to help maintain independence (transport, socialising, food, bills, adaptations to home, debt avoidance).

A literature review of social capital and sports clubs (Coalter 2007) reported potentially negative or neutral effects of sports clubs on social capital: "*Existing, admittedly limited, research implies that the more general impact of sports clubs in terms of Putnam's desired wider civic engagement (and social trust) may be limited."* However, "*If sports clubs are capable of developing certain types of bonding capital (and this requires further investigation), then, in certain circumstances, this may be viewed as a positive, if limited, contribution to social regeneration – perhaps an essential first step for certain marginal and vulnerable groups."*

A review by Gaskin (2015) suggests that psychologists can play a role in fostering community cohesion by taking part in community-level campaigns to reduce stigma surrounding disability.

Paranagamage et al.'s (2010) content analysis of a selection of literature on urban design guidance revealed 12 recurrent attributes that help people to live, work and relax and thus encourage formal or informal interaction and longer-term residency in the area in which they live and hence the growth of social capital: movement structure; mixed use; local facilities; ownership; natural surveillance; access and footpaths; sensitivity to context; public space;

personalisation; lifecycle needs; mixed tenure; and lifestyle differences. These were clustered under four themes as (1) connectivity; (2) safety; (3) character; and (4) diversity.

Review question 2: What evidence gaps have been identified by existing reviews about what works to boost social relations?

This section gathers together recommendations for research from included reviews:

Brunton et al. (2014): No evaluation studies were located that focused on older age groups. There may be more impact across different outcome categories (e.g. clinical measures, behaviours, self-efficacy, knowledge) when higher amounts of community engagement are used. This suggests a need for more specific detail to be gathered and synthesised on the modifiable processes of community engagement that influence outcomes.

Buonfino & Hilder (2006) identified directions for future research as: Neighbouring and social capital; Neighbouring and sense of belonging; Neighbouring and change; Neighbouring and spaces for interaction; Neighbouring and local governance; Neighbouring and psychology of residents.

Campos et al (2016) observed that socialisation through robots, wireless sensor networks in smart homes, mobile applications, and interactive video games has been poorly addressed. Early detection of social isolation in older adults has received little attention in the scientific community. Thus, this situation represents an area of opportunity for developing computational tools aimed at detecting risk situations that endanger the physical and cognitive integrity of this segment of the population.

Coalter (2007) suggests three policy questions for sports clubs: (1) what type of social capital is produced by what size and type of sports club (for example, ‘isolated’ or ‘connected’; single or multi-sport; urban or rural) and in what types of community?; (2) what is the nature of the processes involved in the formation and sustaining of different types of social capital?; (3) , if social (rather than sporting) capital is generated, to what extent does it have wider community effects?

Collin et al (2011): More targeted research needs to be undertaken to ensure specific emerging practices are properly understood so the positive effects of social network services can be leveraged.

Courtin & Knapp (2015) suggest pooling the evidence from the literature on the drivers of isolation and loneliness in old age and the research on their impact on health, so that important domains and dimensions are measured. Data on interventions are still very limited

and there is not enough evidence to determine the causal pathways through which loneliness and isolation may affect health.

Dickens et al. (2011) state that more, well-conducted studies of the effectiveness of social interventions for alleviating social isolation are needed.

Durcan et al (2015) suggest that more research is needed to evaluate the contribution of positive and negative aspects of social networks to health inequalities. There is an opportunity for local areas to assess and evaluate existing services' potential impact on social connectivity and social isolation of at-risk groups. This would provide the evidence base for local areas to put in place measures that build synergies across existing services and maximise co-benefits across sectors to reduce social isolation.

Heaven et al. (2013) suggest that future research should ensure that the development and assessment of social role interventions are methodologically sound and permit the causal attribution of effects. Measures of participants' perceptions of the quality of their social roles should also be included and reported. This can improve our understanding of meaningful and appropriate roles for different groups of older adults and contribute to the development and implementation of interventions that improve the health and wellbeing of aging populations.

Milton et al. (2012) call for methodological developments to allow for more robust evidence of population impact, given the complexity of multi-faceted social interventions which aim to engage communities in action to improve the wider social determinants of health.

Morris et al. (2014) highlights aspects of social connectivity that have not been investigated, such as social cohesion, participation, engagement and social isolation. They state that no studies assessed the overarching effect of technology on social connectivity using the Social Connectedness Scale and instead chose to focus on 'sub-dimensions' of the variable. Further research is now needed to better understand how these sub-dimensions interact and result in the overall feeling of social connectedness and the role of smart technology in helping to improve this important aspect in the lives of older people living at home. Further research is also needed to inform the ways in which technological innovations could be promoted, marketed and implemented for the benefit of older people.

Ohmer & Korr (2006) state that additional research is needed to examine how residents' feelings of self- and collective efficacy and sense of community influence their involvement in community initiatives addressing complex and difficult neighbourhood problems and issues. They call for more research to examine the relationship between resident involvement in poor communities and individual and collective efficacy and sense of belonging, and how these social processes influence positive individual and collective outcomes in poor

neighbourhoods. They state that more rigorous research (e.g., using experimental and quasi-experimental methods) is also needed to explore the causal relationships among citizen participation and self- and collective efficacy and sense of community.

Osborne et al. (2016) found a gap in the literature between social capital, urban studies and sustainability research, which returned 277 results and those relevant to social capital in urban planning practice, which returned three results. They report that there is limited empirical research that establishes a clear relationship between the social capital construct, sustainability and urban studies, despite the use of the construct in other disciplines investigating sustainability. They suggest that research into social capital at a neighbourhood scale would particularly benefit from a mixed methods approach in order to provide a deeper level of insight and to enhance rigour.

Paranagamage et al (2010) suggest more understanding about the specificities of the environmental variables that facilitate social capital is needed, thus aiding its conceptualisation and contribution to the development of theory. The 12 attributes discussed in their paper made clear that the range and interrelations of neighbourhood characteristics that could affect social capital are more complex than those currently dealt with in empirical research. For example, although research provides strong evidence for a relationship between identities belonging, sense of place and social capital, there is little discussion about the physical variables contributing to such sense of place.

Scharlach & Lehning (2013) found limited research to date regarding the actual effects of specific physical and social interventions, the process by which effects are achieved or the potential role of social inclusion in facilitating that process. They call for rigorous evaluation into the ability of initiatives to alter levels of social integration, social support and resource access among programme participants and the broader community. Research methodologies are needed that enable individuals to be examined holistically in the context of their physical and social environments, as those individuals and context change over time. Cross-national and cross-cultural research efforts are needed to examine the potential influences of sociocultural and political-economic contexts, barriers to social inclusion, meanings attributed to social inclusion and exclusion of older individuals, and the generalisability of local initiatives.

Stokes et al. 2015 made two recommendations for future research: comparing the effects of online versus face-to-face interventions, and evaluating the direct effect of community engagement in changing outcomes.

Wilson & Cordier (2013): Future research should focus on the health and wellbeing benefits of Men's Sheds, incorporating social determinants of health and wellbeing within the study designs to enable comparison against other health promotion research.

Windle et al. (2011): the report states that future evaluation needs to concentrate on appropriately measuring (rather than merely assessing) quality-of-life outcomes and cost-effectiveness. They noted that a disappointing feature of the papers included within their systematic review was the "*disproportionate number focusing on relatively healthy older people in the community, predominately women. With few exceptions we know little about older people in long-term care facilities, notably those who are frail or over 80. Few interventions were targeted at alleviating poverty and none at older people from ethnic or sexual minorities"*.

Review question 3: Is there enough primary research evidence to undertake a full systematic review to address evidence gaps?

A function of the design of a review of reviews is that primary research studies were not reviewed. Therefore we do not have a definitive view on topic areas where there might be enough primary research studies that have not yet been systematically reviewed.

There are already many systematic reviews looking at interventions for social isolation and/ or loneliness in older people, so we probably do not need to look at this topic further, although we could look at it in relation to people aged 25-60 years.

There is a substantial body of literature on community engagement that has been drawn together in systematic reviews quite recently. We were unable to include it all as many of the reviews only examine health related outcomes, despite improved social relations being a more obvious and immediate expected effect of some of the community engagement interventions. We are unsure whether this mismatch between intervention and outcomes reflects what is reported in primary studies (though a recent mapping review of UK policy and practice for NICE (Bagnall et al. 2015) suggests community level outcomes dominate this literature) or is just what has been investigated in systematic reviews. If the latter, there is potential for further investigation of the community engagement literature with regard to community wellbeing and social capital related outcomes.

We did not find any systematic reviews of how community infrastructure places or spaces (such as libraries, parks and shopping centres) affect social relations, but we came across

enough primary research literature to make this a worthwhile topic for review. In particular, the search we carried out on the Idox database found numerous studies on physical and social characteristics of neighbourliness and social relations. It is possible that we have been looking in the wrong places and that systematic reviews on this topic do exist, or that the primary studies we found have looked at health outcomes rather than social relations, or at individual wellbeing rather than community wellbeing, but we will do some pilot searches to examine this further. The Legatum report on wellbeing and policy (O'Donnell et al. 2014) highlights evidence of links between the physical environment and social relationships, and references a "magic formula" of having easy opportunities for social interaction but retaining the ability to choose when, who, and where we meet (Halpern 1995).

There are already several systematic reviews about the effects of volunteering on health and wellbeing of volunteers. These have not been included as they report mostly health outcomes, and individual (not community) wellbeing. However, given the strong emphasis in the Legatum report (O'Donnell et al. 2014) on Wellbeing and Policy on volunteering as a driving force in community wellbeing, there may be scope for a systematic review of volunteering, or of interventions to promote volunteering, linked to community wellbeing and social relations outcomes.

There also seems to be an emerging literature on social network analyses, which may be worth combining in a systematic review if they relate to particular interventions.

Limitations and protocol deviations

Although we tried to include a wide range of databases covering different subject areas, the focus was on health and social care literature, rather than (for example) urban design and the built environment. This may have led to relevant reviews being missed.

Due to the scale of the topic, which needed a broad search of the literature, and the necessary time constraints, as this review of reviews is an interim internal document designed to scope the literature in order to identify gaps in the evidence so that a full systematic review can be focused on the right questions, we took a number of short cuts, which may have led to some relevant reviews being missed:

- We were unable to download the search results from the Joanna Briggs Institute, and unable to search Social Care Online.
- We only looked at titles and abstracts of primary studies (which were excluded at this stage) so we may not have enough information to determine where primary research is focused.

- We were unable to carry out most of the steps in the proposed synthesis and instead took a narrative approach. This could be addressed at a later date, for publication, but for our own operational purposes, of identifying evidence gaps, a narrative review was found to be sufficient.
- We did not undertake validity assessment of the included systematic reviews. This would be a useful step.
- We limited the search to reviews published in 2005 or later, and to titles only. This was done for practical reasons, to limit the size of the literature we needed to screen, but it may have meant that we missed important reviews that were published earlier than this or which did not use key words in the titles.

Table 2: Table of included reviews

Source	Type of review	Review questions/ aims	Inclusion criteria	Number of included studies	Summary of findings	Evidence gaps/ recommendations/ suggestions	Anything else specific to social relations?
Adams J et al. (2006). A systematic review of the health, social and financial impacts of welfare rights advice delivered in healthcare settings. BMC Public Health, 6, (81)	Systematic review	What are the health, social and financial impacts of welfare rights advice delivered in healthcare settings?	Intervention: welfare rights advice in a healthcare setting Outcomes: health, social or financial outcomes. Study design: any evaluation.	55	Money gained as a result of the advice was commonly reported as being spent on healthier food, avoidance of debt, household bills, transport and socialising. Advice and financial benefits help elderly clients maintain independence and improve ability to socialise.	Studies that included control or comparison groups tended to use non-specific measures of general health (e.g. SF36, NHP and HADS), sample sizes were often small and follow up limited.	
Attree, P et al. (2011). The experience of community engagement for individuals: a rapid review of evidence. , 19, pp.250-260.	Rapid evidence review	To look at the impact of community engagement on individual members of communities who were actively engaged in initiatives which aimed to address the wider social determinants of health.	Population/ Intervention: individuals active in initiatives which sought to address the wider social determinants of health Outcomes: experience of community engagement Study designs: primary evaluative research or reviews of such research.	22	The 'engaged' individuals perceived a range of positive benefits in terms of physical and psychological health and psychosocial wellbeing. It was also found that community engagement could pose risks for personal wellbeing, and that the potential gains may be unevenly distributed. Importantly, for some 'vulnerable' groups, such as disability and older people, the negative consequences of engagement may outweigh the perceived benefits. 2009). Evidence from a number of studies suggests that individuals are less likely to find community engagement a positive experience where consultation is the main method employed by professionals and no real power to effect change is ceded to community members.		Carried out as part of the NICE 2008 guidance
Brunton G. et al. (2014). Review 1: Community engagement for health via coalitions,	Systematic Review	The report locates the most recent controlled trials in the research area of community engagement to	Population: conducted in an OECD country Intervention: community	28	Community engagement encompasses a wide range of health topics and populations, predominantly healthy eating/physical activity and low-income populations. The studies also suggest a primarily moderate to	No evaluation studies were located that focused on older age groups. Finally, this synthesis has provided an intriguing suggestion that there may be more impact when	Synthesis of the evidence suggests that higher levels of community engagement are linked to greater beneficial effects than lower community

Source	Type of review	Review questions/ aims	Inclusion criteria	Number of included studies	Summary of findings	Evidence gaps/ recommendations/ suggestions	Anything else specific to social relations?
collaborations and partnerships		address the research following questions:	engagement (either as a direct intervention or as a mechanism of an intervention) Study design: RCT		low overall extent of community engagement across all aspects of study design, delivery and evaluation. The majority of outcomes showed beneficial effects or positive trends for a range of health behaviours, clinical measures, health/social status, self-efficacy and knowledge, attitudes or intentions.	higher amounts of community engagement are used. This suggests a need for more specific detail to be gathered and synthesised on the modifiable processes of community engagement that influence outcomes.	engagement for interventions that target health outcomes amongst disadvantaged groups.
Brunton G. et al. (2015). Review 2: Community engagement for health via coalitions, collaborations and partnerships	Systematic review and meta-analysis	To examine and evaluate the processes and extent of community engagement across all stages of an intervention.	Intervention: explicitly describe the use of coalitions, collaborations, or partnerships and the processes of community engagement; Outcomes: health outcomes, *i.e.* self-efficacy, behavioural outcomes or clinical or physiological outcomes.	64 studies	***Meta-analysis/meta-regression:*** The impact of coalitions, explored using measures of self- efficacy, gave a pooled effect size = 0.504, and all studies reported positive effects for self-efficacy (measured post-test). However, the substantial variation among studies undermines the precision of this estimate. Studies that had higher levels of community engagement had higher effect sizes (0.56 higher). ***Qualitative comparative analysis*** indicated four configurations related to effective interventions, all involving lay person delivery	While the evidence provided descriptions of several modifiable processes of community engagement, no evaluations were located evaluating the impact of these processes on subsequent intervention development or health outcomes. Studies of non-disadvantaged populations and other forms of community engagement were not considered. The literature was predominated by studies of healthy eating and physical activity	The analyses undertaken in Review 2 both confirm and further refine those found in Review 1. For example, Review 2 findings confirm those of Review 1 that suggest that a high extent of community engagement across design, delivery and evaluation is associated with greater beneficial effects of health interventions, in comparison to either moderate or low extent of community engagement.
Buonfino A. & Hilder P. (2006). Neighbouring in contemporary Britain A think-piece for the Joseph Rowntree Foundation Housing and Neighbourhoods Committee	A general review of the issues surrounding neighbouring and neighbourliness.	This think-piece reviews the way people interact with their neighbours in contemporary Britain and questions whether we still need good neighbouring relationships to improve our wellbeing and our happiness.	Not provided	Not provided	Neighbourliness can have an effect on people's quality of life including their health and happiness as well as their safety. In general, the neighbourhood has not lost its importance because that is where our lives are ultimately still being 'lived' out; The rhetoric of neighbourliness evokes memories of a bygone age. Equally neighbourliness today is not the answer to every social problem, from the fragmentation of the family to political disengagement. Too much bonding can lead to segregation, and too much active neighbourliness can lead to resentment when people's privacy is breached. The best	Directions for future research: • Neighbouring and social capital • Neighbouring and sense of belonging • Neighbouring and change • Neighbouring and spaces for interaction • Neighbouring and local governance • Neighbouring and psychology of residents	

Source	Type of review	Review questions/ aims	Inclusion criteria	Number of included studies	Summary of findings	Evidence gaps/ recommendations/ suggestions	Anything else specific to social relations?
					approach may be to create a framework of conditions that help residents to be neighbourly *when* and *if* they want to be. **Which factors influence modern neighbouring?** • Socio-demographic factors • Social capital and social efficacy • The physical environment **Recommendations for policy & practice:** • Create vehicles for local information sharing • Encourage engagement • Design for private perceptions and use • Improving the maintenance of the public space		
Butterfoss Frances Dunn. (2006). Process evaluation for community participation. Annual Review of Public Health, 27, pp.323-340.	Literature review	To determine how process evaluation has been used to examine community participation and its intermediary role in health and social change outcomes.	Intervention: community partnerships or coalitions (e.g., county, city, or neighbourhood level) that addressed health issues Study design: quantitative and/or qualitative data about processes attributed to the partnerships. and were not included in this review.	74 references	In most community collaborative partnerships, substantial sectors of the community were not well represented and not as diverse as the partnerships expected. These include business and faith-based groups, minority groups, and certain age groups (children, youth, elderly). Recruiting members was relatively easy but sustaining their participation was difficult. Second, in general, the more roles members assumed, the more satisfied they were and the more skills they had to offer, which was, in turn, related to increased participation in coalition work. Moreover, more time spent participating in activities in and outside the partnership (especially those geared toward effecting change) was related to higher levels of empowerment. Increased empowerment is, in turn, related to member satisfaction.	Researchers and evaluators must learn innovative ways to tie process evaluation to intermediate and long-term goal attainment. Interpretations and conclusions based on this review are limited by a focus on studies of partnerships that clearly targeted a health-related concern rather than broad social concerns and those studies that specifically measured community participation. Although numerous studies focused on coalition effectiveness, many did not specifically address community member participation factors in detail.	

Source	Type of review	Review questions/ aims	Inclusion criteria	Number of included studies	Summary of findings	Evidence gaps/ recommendations/ suggestions	Anything else specific to social relations?
					Third, participants generally reported more benefits than challenges from participating in coalition activities.		
Campos W, Martinez A, Sanchez W, Estrada H, Castro-Sanchez N A, and Mujica D. (2016). A Systematic Review of Proposals for the Social Integration of Elderly People Using Ambient Intelligence and Social Networking Sites. Cognitive Computation, 8, pp.529-542.	Systematic review	How have ambient intelligence (AmI) and (social networking sites (SNS) technologies been applied in the social integration of older adults?	Population: elderly people Intervention: AmI and SNSs techniques or methods implemented to strengthen the emotional ties of elderly people with family and friends of all ages. • Outcome: social integration, social isolation	53	The social integration of older adults can be accomplished through collective events that allow them to interact with other people instead of engaging in activities that only stimulate their mind. This produces biological and psychological health benefits while strengthening emotional ties with relatives and friends. All these activities enable elderly adults to feel better, to be independent, to be happy, to be healthy and especially to live longer.	From this systematic review, we observed that the socialization through robots, wireless sensor networks in smart homes, mobile applications, and interactive video games has been poorly addressed. Early detection of social isolation in older adults has received little attention in the scientific community. Thus, this situation represents an area of opportunity for developing computational tools aimed at detecting risk situations that endanger the physical and cognitive integrity of this segment of the population.	
Cattan M, White M, Bond J, and Learmouth A. (2005). Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions (Structured abstract). Ageing and Society, 25, pp.41-67.	Systematic review	To determine the effectiveness of health-promotion interventions that target social isolation and loneliness among older people.	Population: older people. Intervention: intended to prevent or alleviate social isolation and/or loneliness in full or in part. Outcomes: increase control over and to improve their health; process measures.	49	In summary, effective interventions shared several characteristics: . They were group interventions with a focused educational input (5 of 10), or they provided targeted support activities (4 of 10). . They targeted specific groups, such as women, care-givers, the widowed, the physically inactive, or people with serious mental health problems (7 of 10). The majority of studies judged to be partially effective also targeted specific groups (5 of 6). . They enabled some level of participant and/or facilitator control or consulted with the intended target group before the intervention (6 of 10). . The only identified studies evaluating the effectiveness of physical activity (2 of 10) were effective in reducing	The many inconclusive studies and the diverse services and activities in the field that have not been evaluated suggest a need for further well-designed evaluations, not excluding socio-political and environmental- ecological interventions. Future reviews should include and appraise the multiple levels of evidence that extend from practitioner-led project evaluations through to complex community trials.	

Source	Type of review	Review questions/ aims	Inclusion criteria	Number of included studies	Summary of findings	Evidence gaps/ recommendations/ suggestions	Anything else specific to social relations?
					loneliness, although in one this was reversed after 12 months.		
Coalter Fred. (2007). Sports clubs, social capital and social regeneration: 'Ill-defined interventions with hard to follow outcomes'? Sport in Society, 10, pp.537-559.	Literature review	This essay explores the nature of sport's presumed contribution, in particular the contribution of sports clubs to the development of types of capital, especially social capital.	Not stated	56 in reference list	The policy debate has been dominated by versions of Putnam's civic-oriented definitions of social capital, accompanied by assumptions that such relations are characteristic of sport and sports clubs – part of community networks/civic infrastructure; producing a sense of local identity; generating solidarity and equality among members and operating on relationships based on trust, support and reciprocity. Further, in the context of the social inclusion and regeneration agenda, such social capital is viewed not simply as a public good, but is for the public good, with the presumption that it will contribute to wider community effects – increased community cohesion, an increase in communities' ability to take coordinated actions, mobilize resources and pursue their interests. Three key policy questions: 1. what type of social capital is produced by what size and type of sports club? 2. what processes are involved in the formation and sustaining of different types of social capital? 3. , if social (rather than sporting) capital is generated, to what extent does it have wider community effects?		
Collin P, Rahilly K, Richardson I, and Third A. (2011). The benefits of social networking services. Cooperative	Literature review	To summarise current evidence concerning the enabling effects of social networking sites (SNS) in the context of young people's everyday	Drawing on a range of sources this summary encompasses a variety of disciplines including education,		This review finds that there are a number of significant benefits associated with the use of SNS including: delivering educational outcomes; facilitating supportive relationships; identity formation; and, promoting a sense of belonging and self-esteem. Furthermore, the strong	Strategies for maximising the benefits of SNS use must be underpinned by best practice evidence. More targeted research needs to be undertaken to ensure specific emerging practices are properly understood so the	Sections with evidence on strengthening personal relationships (existing and new), sense of belonging & collective identity, strengthening & building communities; civic engagement & political

Source	Type of review	Review questions/ aims	Inclusion criteria	Number of included studies	Summary of findings	Evidence gaps/ recommendations/ suggestions	Anything else specific to social relations?
Research Centre for Young People, Technology and Wellbeing, Melbourne, and VIC, , pp..		lives.	sociology, political science, cultural studies and health. Whilst the report draws upon an international literature, the focus is on the Australian context.		sense of community and belonging fostered by SNS has the potential to promote resilience, which helps young people to successfully adapt to change and stressful events. This report finds that the benefits of social networking are largely associated with the participatory nature of the contemporary digital environment.	positive effects of SNS can be leveraged. Given young people are often proficient users of online and networked technologies, this report finds that strategies which promote dialogue and position young people as SNS experts may help to open up new spaces for policy making, program development and, ultimately, safe and respectful online practices by young and old alike.	participation; and Wellbeing
Courtin E, and Knapp M. (2015). Health and wellbeing consequences of social isolation and loneliness in old age. , , pp.3.	Scoping review	This review is guided by two research questions: (i) What evidence exists on the relationships between isolation, loneliness and health? (ii) What are the limitations and gaps in the evidence base?	Population: Older people (aged 50+) in Western Europe and USA; Interventions: focus on social isolation and loneliness; Outcomes: physical or mental health Any study design	128 Describing or evaluating an interventio n was the aim of 7% of studies (n=9).	Befriending initiatives. One programme focused on older women reported success in attracting lonely older people but not in improving the wellbeing of participants. A club targeting men in a care home reported a significant reduction in participants' depression and anxiety levels. A RCT of psychosocial group rehabilitation had mixed results: social functioning and wellbeing were improved, but loneliness scores were not affected. A RCT of restorative home care showed significant improvements in physical function but no changes in perceived levels of social support. One study of electronic games found improvements in loneliness, but no difference in life satisfaction or physical activity. Telephone-based support for female carers of people with dementia was found to be associated with lower isolation and depression after 6 months.	There was little published work on interventions' impacts on health outcomes. One way forward would be to pool the evidence from the literature on the drivers of isolation and loneliness in old age and the research on their impact on health, so that important domains and dimensions are measured. There is also a challenge in relation to interventions, as data are still very limited. To date, the evidence is not sufficient to determine whether modifying social isolation levels or feelings of loneliness will have an impact on subsequent health. Better understanding of the causal pathways through which loneliness and isolation affect health is needed to inform the development of appropriate interventions.	
Dickens Andy P, Richards Suzanne H, Greaves Colin J,	Systematic review	To assess the effectiveness of interventions designed to alleviate	Population: older people Intervention:	32	Across the three domains of social, mental and physical health, 79% of group-based interventions and 55% of one-to-one interventions reported at	More, well-conducted studies of the effectiveness of social interventions for alleviating social isolation are needed to	it appeared that common characteristics of effective interventions were those developed within the

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and Campbell John L. (2011). Interventions targeting social isolation in older people: a systematic review. BMC Public Health, 11, pp.647-647.		social isolation and loneliness in older people.	aimed to alleviate social isolation and loneliness Comparison: inactive controls		least one improved participant outcome. Over 80% of participatory interventions produced beneficial effects across the same domains, compared with 44% of those categorised as non-participatory. Of interventions categorised as having a theoretical basis, 87% reported beneficial effects across the three domains compared with 59% of interventions with no evident theoretical foundation. Regarding intervention type, 86% of those providing activities and 80% of those providing support resulted in improved participant outcomes, compared with 60% of home visiting and 25% of internet training interventions. Fifty-eight percent of interventions that explicitly targeted socially isolated or lonely older people reported positive outcomes, compared with 80% of studies with no explicit targeting.	improve the evidence base. While experimental study designs are not always feasible or acceptable, efforts to use randomisation where possible should be encouraged. The inclusion of rigorous process evaluations within trials may also shed light on the mechanisms through which social isolation may be reduced.	context of a theoretical basis, and those offering social activity and/or support within a group format. Interventions in which older people are active participants also appeared more likely to be effective. Future interventions incorporating all of these characteristics may therefore be more successful in targeting social isolation in older people.
Dobrohoczki Robert. (2006). Cooperatives as Social Policy Means for Creating Social Cohesion in Communities. Journal of Rural Cooperation, 34, pp.135-158.	Literature review	The object of this paper is twofold: First, to demonstrate how the cooperative business structure, rooted in democratic principles, when analysed within the framework of recent legal and critical theory, can be shown to have a transformative effect in alleviating the adverse effects of globalization. Second, to analyse the international legal environment, particularly trade	Not stated	Not stated. 47 in reference list	Thus far co-operatives have only managed through struggle and legislative change to reach a level playing field with the corporate model. However, if there are substantial benefits to a society from the development of co-operatives in terms of social cohesion and increased social capital, then co-operatives should be supported more rigorously as mechanisms of instituting social policy and building social economy. The plethora of research on the economic efficiency of any increase in social capital makes the promotion of cooperatives a useful economic tool.	Not stated	

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		arrangements, to examine the capacity for co-operatives to serve as social policy instruments for promoting social cohesion.					
Durcan D, Bell R, and Institute of Health Equity. (2015). Reducing social isolation across the life course. pp.58.	Evidence review	This practice resource is presented in three sections: 1. A summary of the evidence on the link between social isolation, poor health outcomes and health inequalities. 2. Identification of who is at risk of social isolation, at what stage of life, and what impact this has on health inequalities. 3. An outline of interventions to reduce social isolation in the groups identified.			There are circumstances where social networks have negative aspects which do not promote health, for example gang membership, and in influencing the spread of obesity. Virtual mobility whereby opportunities, services and social networks are accessed via the Internet is also discussed in the literature as a potentially useful tool in supplementing access to social networks. However, it is also possible that the use of online social media may have a negative influence, reducing time for actual 'offline' social interaction and leading to a more isolated lifestyle. In addition, concern has been raised about cyber bullying among children and young people. Maintaining good quality social relationships and integrating people into enabling and supportive social networks are central actions to preventing social isolation. Organisations in local areas are well placed to work with individuals and communities to identify who is at risk and to engage them in finding solutions. A range of services provided by the public, private and charitable sectors, and community and voluntary services, may have the potential to impact on social isolation, even if this is not their primary aim. For example, public transport and street design can promote social interactions that build social connectivity. Broader	More research is needed to evaluate the contribution of positive and negative aspects of social networks to health inequalities. There is an opportunity for local areas to assess and evaluate existing services' potential impact on social connectivity and social isolation of at-risk groups. This would provide the evidence base for local areas to put in place measures that build synergies across existing services and maximise co-benefits across sectors to reduce social isolation.	This practice resource document has provided examples of interventions to support people at different stages of the life course. A strategic approach to preventing and reducing social isolation is required, which includes all local public services (social services, police, fire, health, education, welfare, transport and housing sectors) and local society (individuals, community and voluntary organisations, local businesses and enterprises). Practitioners from all these sectors can examine together how to effectively contribute to reduce and prevent social isolation. Organisations in local areas are well placed to work in partnership and with individuals and communities to identify who is at risk of social isolation and to engage them in finding solutions. The importance of local people's participation in planning, managing and

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					interventions in areas such as transport, housing and the built and natural environment will support the creation of conditions that forge and foster good relationships within society.		implementing interventions is a recurrent theme. However, the context of social isolation across local areas may differ and programmes and interventions identified as successful elsewhere may need to be adapted according to the local context and needs of local citizens.
Gaskin C J. (2015). On the Potential for Psychological Researchers and Psychologists to Promote the Social Inclusion of People with Disability: A Review. Australian Psychologist, 50, pp.445-454.	Narrative review	The paper provides an introduction to different approaches to understanding disability (including psychological approaches) before exploring opportunities for psychological researchers and psychologists to promote social inclusion.	Not stated	Not stated. 96 in reference list.	Psychological researchers and psychologists are well positioned to expose, challenge, and disrupt aspects of society Psychologists are well placed to collaborate directly with community members and to foster social change and social justice. Psychologists can also make positive differences through assisting in the design and implementation of stigma-reduction strategies. Evidence suggests that several strategies have potential for reducing stigma, including face-to-face contact between people with and without disability, persuasive communication, and, to a lesser extent, the provision of information and education. Combinations of these strategies (e.g., personal contact with information and education) may be more effective than single strategies alone. Other strategies, such as disability simulations (vicarious experience), seem to have negligible utility in reducing stigma. With their understanding of stigma and its consequences, psychologists are well placed to draw on available literature and provide advice to governments and other organisations	Not stated	

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					planning public campaigns designed to change attitudes and behaviours towards people with disability.		
Heaven B, Brown L J, White M, Errington L, Mathers J C, and Moffatt S. (2013). Supporting wellbeing in retirement through meaningful social roles: systematic review of intervention studies (Provisional abstract). Milbank Quarterly, 91, pp.222-287.	Systematic review	(1) What kinds of intervention have been developed to promote social roles in retirement? (2) How much have they improved perceived roles? (3) Have these roles improved health or wellbeing?	Population: healthy retirement-transition adults who were living in the community in a highly developed nation; Intervention: the provision of social roles Outcomes: social role, health, or wellbeing outcomes. Study deign: controlled study	11	Interventions providing *explicit* roles and using supportive group structures were effective in improving: life satisfaction, social support and activity, physical health and activity, functional health, and cognition.	Future research should ensure that the development and assessment of social role interventions are methodologically sound and permit the causal attribution of effects. Measures of participants' perceptions of the quality of their social roles should also be included and reported.	
Milton, B et al. (2012). The impact of community engagement on health and social outcomes: a systematic review. Community Development Journal, 47, pp.316-334.	Systematic review	Which community engagement methods are effective for improving health? which community engagement methods are effective for the planning, design, delivery or governance of interventions seeking to address social determinants of health?	Studies were included if they made reference to community engagement in relation to the planning, design, delivery or governance of initiatives aiming to address the following determinants of health: neighbourhood renewal, housing or the built environment,	14 (though 162 were put forward, and potentially relevant)	Seven studies provided evidence on social capital and cohesion. Three evaluations reported benefits for 'bonding' social capital (strengthening relationships and trust) and two reported benefits for 'bridging' social capital (making links across sectors). Three studies reported benefits for partnership working. Two evaluations suggested benefits for social cohesion. Four studies suggested that initiatives that aim to increase the quality and extent of community engagement can do so successfully. Two evaluations reported that initiatives can enable community groups to successfully recruit volunteers. One study suggested that initiatives	Ideally, future evaluations should compare communities undergoing an initiative with those that are not, and could also collect longitudinal or before-and-after data. Methodological developments are needed to allow for more robust evidence of population impact given the complexity of multi-faceted social interventions which aim to engage communities in action to improve the wider social determinants of health. UK focused.	Part of NICE 2008 CE guidance

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			transport, employment, social inclusion or capital, empowerment or capacity building, poverty, accident or substance abuse prevention – these were the included 'topic areas'.		that promote community engagement are more successful in involving black and minority ethnic (BME) community members than local authority initiatives without a specific community engagement focus. Evidence from seven studies reported a positive impact on the empowerment of communities. Two studies suggested that initiatives can build capacity in terms of developing skills and knowledge and the confidence to engage in new activities. Three evaluations suggested that community engagement initiatives can develop the skills and knowledge of participants, particularly in terms of equipping them for regeneration activities. One study suggested that community engagement initiatives can empower communities by increasing members' sense of political efficacy.		
Morris Meg E, Adair Brooke, Ozanne Elizabeth, Kurowski William, Miller Kimberly J, Pearce Alan J, Santamaria Nick, Long Maureen, Ventura Cameron, and Said Catherine M. (2014). Smart technologies to enhance social connectedness in older people who live at home. Australasian	Systematic review	To identify the effectiveness of smart technologies in improving or maintaining social connectedness in older people who live at home	Studies were included in this review if they assessed any of the nine concepts of social connectedness. The categories included social support, participation, empowerment, engagement, isolation and loneliness.	18	Fourteen studies reported positive outcomes in aspects such as social support, isolation and loneliness. There was emerging evidence that some technologies augmented the beneficial effects of more traditional aged-care services. Three out of five studies found positive results for empowerment when using interactive, online programs that incorporated health-based information, chat rooms and discussion forums. Mixed results were also found for the effect of smart technology on levels of loneliness, with three studies finding positive results and two reporting inconclusive findings. One study found that the use of an interactive, online program had positive effects on social networks, but given the intervention also provided video and audio access between	Several dimensions of social connectivity were addressed by the studies included in this review; nonetheless there are still aspects that have not been investigated, such as social cohesion, participation, engagement and social isolation. Moreover, no studies assessed the overarching effect of technology on social connectivity using the Social Connectedness Scale and instead chose to focus on 'sub-dimensions' of the variable. Further research is now needed to better understand how these sub-dimensions interact and result in the overall feeling of social connectedness and the role of smart technology in helping to	Although further research is needed, these findings suggest that future interventions might benefit from the inclusion of face-to-face or real-time contact with another person.

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Journal On Ageing, 33, pp.142-152.					participants it is difficult to know whether improvements were due to computer-based programs or remote social contact with other people. Of the six studies that included face-to-face contact with a study volunteer or significant other, five demonstrated favourable results on perceived social support, loneliness, self-esteem, depression and quality of life. The use of an interactive computer program had little effect on the outcome variables, whereas statistically significant improvements were found for the dimensions of self-esteem and depression when computer use was combined with visits from a study nurse or family member.	improve this important aspect in the lives of older people living at home. Further research is also needed to inform the ways in which technological innovations could be promoted, marketed and implemented for the benefit of older people.	
Mulgan G., Hothi M., Brophy M., & Bacon N. (2008). Neighbourliness + Empowerment = Wellbeing: Is there a formula for happy communities?	A combination of academic literature search and results from the 3 case studies in three very different British local authorities: Hertfordshire, Manchester and South Tyneside.	This report aims to give practitioners and policy-makers an understanding of the ways in which community empowerment can be used to increase wellbeing, alongside other outcomes. It presents case study examples where empowerment initiatives are building and nurturing wellbeing at the local level.	Not provided	Not provided	The report finds that neighbourhood and community empowerment has three effects which increase wellbeing: • Providing greater opportunities for residents to influence decisions affecting their neighbourhoods • Facilitating regular contact between neighbours • Helping residents gain the confidence to exercise control over local circumstances	The report suggests practical activities which can be incorporated into existing empowerment initiatives. For example, more contact between neighbours could be improved by an inexpensive programme of street parties, or through outdoor dog socialising classes. Greater contact between decision makers and residents could be achieved through senior officers volunteering at a community event, or at specifically designed informal networking lunches. Local belonging could be understood through local consultations or exhibitions based on positive themes such as memories of living in a neighbourhood.	Social relations is linked to community empowerment

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National Institute for Health & Care Excellence. (2016). Community engagement: improving health and wellbeing and reducing health inequalities (NG44). , , pp..	Guideline based on 5 systematic reviews and other evidence			n/a	There was good evidence from the effectiveness reviews that community engagement activities lead to more than just traditional improvements in health and behaviour. For example, they also improve people's social support, wellbeing, knowledge and self-belief. The committee agreed that these wider outcomes need to be taken into account. Members also agreed that future research should place greater emphasis on individual and community wellbeing and these kinds of social outcomes.	Evidence on the use of social media came from a search strategy designed to find studies about community engagement, not social media or online social networks, leading to a research recommendation on the use of social media to further explore this method of engagement. Further evidence gaps are set out below. 1. Studies of the effectiveness of collaborations and partnerships, including those involving older people and those covering recently established communities. 2. Studies that identify and evaluate the components of community engagement. 3. Studies of effectiveness and cost effectiveness that compare using community engagement with not using this approach. 4. Studies on what comparators to use in a community engagement study 5. Studies of community engagement in a rural environment. 6. Studies of community engagement addressing reproductive health, parenting or violence prevention. 7. Studies that outline the unintended or harmful effects of community engagement. 8. Studies of community engagement approaches that have failed.	The committee recognised that some of the wider health outcomes – such as empowerment and social capital – were important in their own right. That is to say, such outcomes should not be treated as 'intermediate' in a simple linear causal chain between the 'intervention' (the community engagement approach) and the recipients (the local population). Evidence from non-OECD countries and qualitative evidence from outside the UK was not included. So potentially effective or innovative approaches – along with any findings – from other sociocultural settings but still applicable to the UK may have been missed.

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Newbigging, K and Heginbotham C. (2010). Commissioning mental wellbeing for all: a toolkit for commissioners.	Evidence toolkit	The aim of this toolkit is to provide a practical resource for commissioners, GPs (and GP commissioning consortia (GPCC) once established), PCTs, local authorities and partner agencies to enable them to commission for their population's mental health and wellbeing. It describes: • what is meant by mental wellbeing • why stakeholders should commit to improving mental wellbeing • which evidence-based interventions to adopt in a local strategy • how to translate the strategy into mental health improvements for individuals and communities and the population as a whole.	Not stated	Not stated. 86 in reference list	This toolkit identifies ten commissioning areas where evidence-based interventions have been shown to make a significant contribution to improving mental wellbeing at population level. These are: • pre- and post-natal programmes to support healthy early child development and wellbeing and maternal health and wellbeing; • parenting skills programmes – universal as well as targeted at higher risk families; - whole school approaches to building the social and emotional skills and resilience of children and young people; • improving working lives through support for unemployed, healthy workplaces, supported work for people recovering from mental illness and early identification and treatment for working age adults with mental health problems; • psychosocial interventions and enhanced physical activity programmes for older people; • opportunities for participation and personal development to support self-efficacy and prevent social isolation; • initiatives to prevent, identify and respond to emotional, physical and sexual abuse; • universal lifestyle programmes to reduce smoking, alcohol use, substance use and obesity; • tackling alcohol and substance abuse; • **community empowerment and development initiatives to encourage community action, cohesion and participation.**	Not stated.	

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					Include encouraging active travel, reducing effects of traffic, functionality of neighbourhood, safe green environments, community arts and culture, volunteering.		
O'Mara-Eves A, and Brunton G McDaid D. Oliver S. Kavanagh J. Jamal F. Matosevic. (2013). Community engagement to reduce inequalities in health: a systematic review, meta-analysis and economic analysis. Public Health Research, 1(4), pp.i-525.	Systematic review	This study aimed to identify community engagement approaches that improve the health of disadvantaged populations or reduce inequalities in health and to describe the populations and circumstances in which the interventions work and the costs associated with their implementation	A review was included if it: 1. was published after 1990 (in line with previous related reviews) 2. was a systematic review (*i.e.* describe search strategies and inclusion criteria used) 3. included outcome or process evaluation studies 4. described one or more interventions relevant to community engagement 5. was written in English 6. measured and reported health or community outcomes	319	The results of the meta-analysis suggest that public health interventions using community engagement for disadvantaged groups are effective in terms of health behaviours, health consequences, participant self-efficacy and perceived social support outcomes. These findings appear to be robust and not due to systematic methodological biases. There are also indications from a small number of studies that interventions can improve outcomes for the community and the engagees. The thematic synthesis offered several insights into factors affecting process, which included: l Acceptability. Community-designed or community-delivered interventions, or culturally relevant programme materials, tend to be more acceptable, which authors suggested influenced programme success. l Consultation and collaborations. Successful partnerships and efforts to build relationships between partners appear to influence programme outcomes. l Costs. Paying community members and participants influences participation. Some coalitions were able to win external funding, helping the programmes to be sustainable and 'owned' by communities beyond initial funding periods. l Implementation. Adequate and	Community engagement interventions need evaluations to include long-term assessment; the full range of potential beneficiaries; rigorous process evaluation; and collection of costs and resources data. We recommend that resources be invested in high-quality evaluations of interventions that utilise the empowerment model of community engagement. Such evaluations need to start imminently in the knowledge that the length of time required for outcomes to become apparent is often very long. Long-term follow-up is essential for detecting the maintenance of intervention effects and any ongoing or unexpected benefits of the intervention as proposed in a 'virtuous circle' model. There is little evidence available on the legacy and sustainability of community engagement interventions because of insufficient rigorous process and economic evaluations. Mixed-methods research	Albeit from a small number of studies, there also appear to be gains to human and social capital. There is evidence of benefits for engagees, including skills acquisition and future employment. Also, there is evidence that interventions improve participants' perceived social support.

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					appropriate intervention timing, frequency, duration and extent of an intervention influence outcomes. Intervention types (e.g. media events vs. one-to-one counselling) can affect accessibility or reach. Good relationships between engagees and professionals providing an intervention are important to programme implementation. l Management and responsibility. Good project management and specific, adequate ongoing training and support for engagees' affect implementation.	should be conducted to establish intervention effectiveness and the engagees' and participants' experiences of an intervention	
Ohmer ML, and Korr WS. (2006). The effectiveness of community practice interventions: a review of the literature. , 16, pp.132-145.	Literature review	This article uses the ecological perspective and theories on self- and collective efficacy and sense of community to examine the neighbourhood as a transactional setting influencing human behaviour and development and citizen participation as a vehicle impacting neighbourhood problems and issues and individual and collective efficacies and connections among residents.	Not stated	Not stated. 55 in reference list.	There is significant evidence supporting the notion that neighbourhoods are transactional settings that influence outcomes for residents and citizen participation as a vehicle through which residents can influence neighbourhood conditions. There is also evidence that citizen involvement can positively impact residents' self-efficacy and their feelings of empowerment and control. Though there is significant evidence to support the connection between neighbourhood collective efficacy and positive outcomes in poor communities, there is more limited evidence supporting the connection between citizen participation and both neighbourhood and organizational collective efficacy. Finally, the evidence supporting the connection between resident involvement and sense of community is fairly strong. The findings from this analysis support social work strategies for facilitating and strengthening citizen participation and individual and collective competencies and sense of	Additional research is needed to examine how residents' feelings of self- and collective efficacy and sense of community influence their involvement in community initiatives addressing complex and difficult neighbourhood problems and issues. Overall, more research is need to examining the relationship between resident involvement in poor communities and individual and collective efficacy and sense of belonging and how these social processes influence positive individual and collective outcomes in poor neighbourhoods. More rigorous research (e.g., using experimental and quasi-experimental methods) is also needed to explore the causal relationships among citizen participation and self- and collective efficacy and sense of community.	

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					community among residents. These strategies include building trust with and among residents, identifying residents' interests and strengths, and engaging residents in projects that build relationships and connections with their neighbours.		
Osborne C, Baldwin C, and Thomsen D. (2016). Contributions of Social Capital to Best Practice Urban Planning Outcomes. Urban Policy & Research, 34, pp.212-224.	Non-systematic review of peer reviewed research	To examine how the social capital construct is applied in urban planning contexts. In particular, to unpack how the dimensions of bonding, bridging and linking social capital can provide a comprehensive conceptual framework to assist urban planners to discern between the relational and functional imperatives of urban planning decision-making at a neighbourhood scale.	Duplicate references, those that did not relate to urban planning contexts and/or those that did not inform how urban planning processes and outcomes relate to social capital, were excluded from further analysis.	56	Examples of how urban planning can contribute to building positive social capital in a community include: (a) Ensuring co-location of human service agencies in activity hubs to facilitate access to services, characteristic of bridging and linking social capital. (b) Planning for social infrastructure concurrently with residential growth to provide adequate meeting places for social, recreational and educational purposes that can facilitate bonding and bridging social capital. (c) Designing and planning spaces to facilitate social interaction and enhance sense of community and health through the provision of public parks, public seating and spaces towards the provision of physical infrastructure for the development of bonding and bridging social capital. (d) Inclusion of a range of human abilities and generations through neighbourhood design that enables greater mobility, inclusion, physical activity, safety, mental and physical health and equity, supportive of bonding and bridging social capital.	There is a gap in the literature between social capital, urban studies and sustainability research, which returned 277 results and those relevant to social capital in urban planning practice, which returned three results. There is limited empirical research that establishes a clear relationship between the social capital construct, sustainability and urban studies, despite the use of the construct in other disciplines investigating sustainability. We suggest that research into social capital at a neighbourhood scale would particularly benefit from a mixed methods approach in order to provide a deeper level of insight and to enhance rigour.	
Paranagamage et al. (2010) Social capital in action in urban environments:	Review of the literature on social capital theory, practice guidance for urban design in the UK, and content analysis	The paper attempts to widen understanding of the relationship between social capital and the physical environment through an	Not stated.	Not stated. 11 documents were identified that linked social	Twelve urban design attributes that may contribute to longer-term residency in an area and opportunity for social interaction were identified, namely: movement structure; mixed use; local facilities; ownership; natural surveillance; access and footpaths;	More understanding about the specificities of the environmental variables that facilitate social capital is needed, thus aiding its conceptualisation and contribution to the	As theory suggests, social capital in a neighbourhood can "grow" over time, stability of residency and opportunity for social interaction can help establish the bonds,

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an intersection of theory, research and practice literature	of documents linking social capital to urban design.	exploration of the intersection of theory, urban design practitioner guidance and empirical research on social capital that considers the built environment as a variable		capital to urban design.	sensitivity to context; public space; personalisation; lifecycle needs; mixed tenure; and lifestyle differences. These were clustered under four themes as (1) connectivity; (2) safety; (3) character; and (4) diversity.	development of theory. The 12 attributes discussed in this paper made clear that the range and interrelations of neighbourhood characteristics that could affect social capital are more complex than those currently dealt with in empirical research. For example, although research provides strong evidence for a relationship between identities belonging, sense of place and social capital, there is little discussion about the physical variables contributing to such sense of place.	bridges and networks that build trust and participation. Acknowledging this "facilitator role" of the physical environment, Carmona et al (2003) argue that through their interventions in the built environment, urban designers can only influence but cannot determine patterns of human activity, and therefore the nature of social life that takes place… although the physical environment cannot directly influence social contact, designers can affect "possibilities" of meeting, seeing and hearing other people and those can become starting points for other forms of contact.
Popay et al. (2007). Community engagement in initiatives addressing the wider social determinants of health A rapid review of evidence on impact, experience and process	Rapid review involving the review and synthesis of both quantitative and qualitative research findings.	This report presents the results of the review of evidence on community engagement initiatives addressing social determinants of health and health inequalities. The review focused on initiatives that included some element of community engagement and aimed to improve a broad range of socio-economic	Studies were included in the review if they provided evidence on: 1. The population impact of initiatives seeking to engage communities of place or interest in the planning, design, delivery or governance of policies/programmes/projects 2. The experience of community	162	In relation to the three questions identified in the review, the following themes were proposed: **1st Question:** Health outcomes Quality of Life Housing Crime Employment Poverty/income Service outcomes Social capital and social cohesion Empowerment Community engagement/involvement **2nd Question:** Health benefits Quality of life	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	Quality of Life of community members is related to social inclusion. Moreover The review found evidence from direct community engagement initiatives that community engagement may have a positive impact on social capital.

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		determinants of health.	engagement for community members active in these initiatives 3. The barriers to and enablers of processes of community engagement in these initiatives 4. The effectiveness of interventions aiming to remove/reduce barriers to community engagement		Crime Employment Poverty/income Personal and social benefits **3rd question:** power relationships in community engagement initiatives communicative resources and knowledge the practices of engagement the transaction costs of engagement culture and attitudes community resistance to engagement models of engagement political context	relatively few papers providing empirical evidence of factors that supported success. No studies evaluating interventions aiming to reduce the barriers were identified. There appears to be little evidence on barriers and enablers in the context of specific methods of engagement with specific communities. ***Other limitations included:*** • Insufficient detail of community engagement approaches/methods provided • Evaluations carried out using less than robust outcome measures • Evaluation data generated by community groups involved in administering the intervention • Evaluation carried out too early in the lifespan of an intervention to identify outcomes effectively • Initiatives' weak focus on health • Difficulty of distinguishing between the effects of *active* community engagement and engaging people in health-promoting activities	
Raymond E, Sevigny A, and Tourigny A. (2013). On the track of evaluated programmes targeting the social participation of	Systematic review	To examine evaluations of programmes aimed at fostering the social participation of seniors	Population: older people (age criteria as defined in each study). Intervention: programmes had to support or promote social participation	32	Based on each programme's approach, a typology of social programmes is proposed. The programmes are grouped in five categories, ranging from programmes offering an individualised approach to socio-political programmes. Classification is based on the various ways the concept of social participation is defined and acted upon		

Source	Type of review	Review questions/ aims	Inclusion criteria	Number of included studies	Summary of findings	Evidence gaps/ recommendations/ suggestions	Anything else specific to social relations?
seniors. , 33, pp..			by means of activities Study design: before/after comparison; . Outcome: programmes had to evaluate results associated with social participation,		by the reviewed programmes. Six transversal conditions favourable to seniors' social participation can be identified. Three principles are related to the ways the lifestyle, identity and agency of seniors are taken into account within the interventions. First, it is recommended that proximity approaches be employed to recruit participants in their own living environments, while building on community-based partnerships. Second, it is essential to conceive activities that acknowledge and respect the interests, needs, experiences and culture of seniors, as well as the existing diversity within this population group. Third, interventions must represent a supportive frame for seniors' agency, in the sense that they should support the development of meaningful social relationships and roles, which also means they ought to allow a symbolic and temporal space for personal and collective change. Three additional principles refer to the organisational and structural aspects of the programmes. First of all, seniors must be true actors in the projects targeting their social participation. They should participate in the planning, realisation and evaluation of programmes, and this, not only at the level of instrumental tasks, but also as full-fledged partners of the decision-making process. Then, organisations' staff ought to be trained for practices that favour democratic and participative management, while banishing patronising and authoritarian approaches. Finally, it seems fundamental to give programmes a		

Source	Type of review	Review questions/ aims	Inclusion criteria	Number of included studies	Summary of findings	Evidence gaps/ recommendations/ suggestions	Anything else specific to social relations?
					sufficient span, six months as a minimum, to allow for the development of feelings of belonging as well as of significant relationships.		
Scharlach & Lehning (2013) Ageing-friendly communities and social inclusion in the United States of America	A non-systematic literature review synthesising the "social capital" and ageing-friendly communities literature	Describes how efforts to make communities more ageing-friendly can promote social inclusion among older adults.	Not stated.	Not stated. 106 in reference list.	There is evidence, albeit limited, that that social inclusion can be promoted through formal and informal social structures that offer meaningful social roles for older adults, promote reciprocal social exchanges that foster interdependence rather than inequity and disempowerment, and provide access to resources that promote personal wellbeing and fulfilment. The existing empirical literature also suggests that social inclusion may be promoted through physical infrastructure improvements such as walkable neighbourhoods, mobility options, and adequate housing for persons with diverse needs and abilities. There some existing evidence to suggest that ageing-friendly physical and social community characteristics such as these are associated with salutary personal and communal outcomes, including better physical and mental health, greater life satisfaction and reduced risk of nursing home placement.	There has been limited research to date regarding the actual effects of specific physical and social interventions, the process by which effects are achieved or the potential role of social inclusion in facilitating that process. Rigorous evaluation is needed regarding the ability of initiatives to alter levels of social integration, social support and resource access among programme participants as well as across the broader community. Research methodologies are needed that enable individuals to be examined holistically in the context of their physical and social environments, as those individuals and context change over time. Cross-national and cross-cultural research efforts are needed to examine the potential influences of sociocultural and political-economic contexts, barriers to social inclusion, meanings attributed to social inclusion and exclusion of older individuals, and the generalizability of local initiatives.	Overcoming physical and social barriers to social inclusion may benefit not only older adults but entire communities. Rather than being seen primarily as a problem to be accommodated, it may be more beneficial to see elders as a largely untapped community resource, whose value transcends simple utilitarian functions. While the evidence is as yet limited, it seems likely that efforts to make communities more ageing-friendly may have numerous benefits for everyone.
Skills for Care. (2010). 'only a footstep away'?: neighbourhoods, social capital &	An exploration of the literature across a range of disciplines to consider the theoretical,	This paper scopes the meaning and understanding of neighbours and neighbourhoods and considers how this	Not provided	Not provided	Factors that shape the neighbourhood experience: • Proximity • Timeliness • physical environment		Social Capital is seen as key to developing neighbourhoodism.

Source	Type of review	Review questions/ aims	Inclusion criteria	Number of included studies	Summary of findings	Evidence gaps/ recommendations/ suggestions	Anything else specific to social relations?
their place in the 'big society'	conceptual and empirical understandings of 'neighbourhood'.	might inform strategic development on neighbourhood workforce planning and skills development. The paper also locates the discussion within the context of the emerging debate around the meaning of social capital, the concept of the 'Big Society' and empowerment of people and communities as a platform for the delivery of fairness and opportunity.			• length of residence • social polarisation • personal circumstances **Key messages:** • Various national government-level programmes have focused on neighbourhood based strategies (including neighbourhood renewal, safer stronger communities, and neighbourhood management pathfinders). • Local neighbourhood strategies include those which are located within a national framework (including Local Area Coordination and Connected Care) and others that are entirely locally generated. • In the non-statutory sector a range of neighbourhood-focused programmes include time banks, pledge banks and lifetime neighbourhood initiatives. • The development of alternative currencies to support the 'economy of regard' are advocated by some enthusiasts, as is the principle of expecting all adults to provide a certain number of hours of support to other citizens over the course of a year or a lifetime (the germ of this idea was included in the 2010 Conservative election manifesto). • Any attempt to address a neighbourhood development workforce strategy should start by understanding needs by means of neighbourhood mapping and analysis. At present the quality of neighbourhood level data is limited, and there is poor capacity to analyse and understand what data do exist. • Community capacity building can be valuable on a small scale and its promotion sits within the tradition of		

Source	Type of review	Review questions/ aims	Inclusion criteria	Number of included studies	Summary of findings	Evidence gaps/ recommendations/ suggestions	Anything else specific to social relations?
					community development workers. How best to develop neighbourhood leadership is an area that has been relatively neglected to date. • Much neighbourhood level activity is fragmented, poorly coordinated and with professional groups often operating with the same individuals and families. At minimum there is scope for improving synergy and efficiency and delivering better neighbourhood outcomes across the informal, third sector and formal		
Stokes G. et al. (2015). Review 3: Community engagement for health via coalitions, collaborations and partnerships (on-line social media and social networks)	Systematic review	The report aims to evaluate the effectiveness of online social media/social networks on: the extent of CE across designs, delivery and evaluation; the types of health issues and populations that have been studied; their effectiveness in improving health and wellbeing and reducing health inequalities; and any particular features that account for heterogeneity in effect size estimates across studies.	To be included in Review 3 of this project, studies had to: • explicitly describe the use of online social media and/or online social networks; • explicitly describe the use of community engagement; and • provide data on health outcomes *i.e.* self-efficacy, behavioural outcomes or clinical or physiological outcomes.	11	The findings from this analysis suggest that despite being a growing area, online social media and online social networks have not been utilised greatly in terms of community engagement in health topics. Across the studies included in this review, it was found that researchers are using online social media and social networks as an 'add-on' tool, rather than as a community engagement initiative in its own right. Therefore, there is a lack of understanding about the direct effects of online social media and social networks on health outcome changes, since their use cannot be separated from other intervention components employed in the studies.	Some gaps in the evidence emerged from this synthesis. The moderate to high risk of bias in this set of studies suggests a need for more rigorously conducted evaluations in this area. No UK-based studies were located. • The fact that the use of facilitator was aligned with effective interventions, combined with the very small mixed effects found, particularly in relation to face-to-face healthy eating/physical activity interventions, suggest a need to compare the effects of online versus face-to-face interventions on this topic. • Future research to evaluate the direct effect of community engagement in changing outcomes is needed.	In social media/social networking interventions involving 'communities' those developing interventions need to give careful consideration and explanation of the reasons why communities are being utilised. This will make clear the theoretical mechanism underpinning a social media/social networking intervention, i.e. whether community engagement is being undertaken to build communities, co- create knowledge or build social capital, or simply to provide another means of intervention delivery.
Tunstall R. & Lupton R. (2010). Mixed	A combination of literature reviews, interviews, theory	This document aims to help government consider the way	Not provided	Not provided	The evidence suggests that: (a) There should be continued support for 'traditional' urban and	A substantial body of evidence from evaluation of traditional neighbourhood renewal shows	Social relations are viewed in relation to the creation of opportunities where

Source	Type of review	Review questions/ aims	Inclusion criteria	Number of included studies	Summary of findings	Evidence gaps/ recommendations/ suggestions	Anything else specific to social relations?
Communities: evidence review	of change, and discussions with international and national experts, Department for Communities and Local Government (DCLG) and Government Offices for the Regions staff and stakeholders in 12 areas, and statistical data collection.	forward with policy on mixed communities as a means to the renewal of disadvantaged neighbourhoods.			neighbourhood renewal, which might include a modest mixing element. (b) Mix should be encouraged in new developments, and through any schemes to support developers and registered social landlords during the housing market downturn. (c) Mix should be considered in existing areas through methods such as pepper potted-tenure change, tenure blurring, sensitive allocations policy and targeted fiscal stimulus. (d) Mixed communities policies should be maintained in a small number of areas where local partners want to take the initiative, but with a much stronger focus (and oversight from central government) on reducing social costs, and properly assessing and managing costs to the public sector. (e) The Government should continue to evaluate the current Mixed Communities Initiative schemes and other regeneration schemes and to support specialised research to identify thresholds and existing areas where the more costly and complex mixing projects are achievable and show greatest cost benefit. (f) The impact of current trends (including the housing market and employment downturn) on the creation of new unmixed areas and new deprived areas should be closely monitored.	that projects which include some mixing can result in important, if not transformative, improvements in: • resident quality of life (through improvements to housing quality, environments, resident satisfaction, area reputation) • some measures of service quality and service outcomes • and, to some extent, some individual outcomes, for example, in education and employment, although there have been few studies which have tracked individuals, or which have tried to unravel the effects of mixing per se, and none have clearly contrasted the success of projects according to the degree of tenure or social mixing they involved.	people of all social classes and incomes share the same space, services and facilities, creating conditions in which mutual understanding and/or shared norms can potentially develop. In that sense, mixed communities are described as spaces to encourage racial, ethnic or religious cohesion, or which prevent increasing segregation
Wilson N J, and Cordier R. (2013). A narrative review of Men's Sheds literature: reducing social isolation and promoting men's	Narrative review	The objective of this literature review was to determine the state of the science about the potential for Men's Sheds to promote male health and wellbeing.	Not stated.	22	Most of the evidence on health and wellbeing outcomes is either self-report or anecdotal; what research has been conducted is either small scale or focussed on men's learning. The small scale studies that have sought to uncover the health and wellbeing benefits of Men's Sheds report promising, albeit limited, results.	Future research should be focussed on the health and wellbeing benefits of Men's Sheds; it needs to incorporate social determinants of health and wellbeing within the study designs to enable comparison against other health promotion research.	

Source	Type of review	Review questions/ aims	Inclusion criteria	Number of included studies	Summary of findings	Evidence gaps/ recommendations/ suggestions	Anything else specific to social relations?
health and wellbeing. Health & Social Care in the Community, 21, pp.451-463.					Absent from the current body of research on Men's Sheds are any reliable standardised health and wellbeing outcome measures. Health and wellbeing has been primarily described through self-report and from small samples. Without standardised baseline measures, there is no opportunity for longitudinal follow-up to investigate the maintenance of treatment effects. These variables include, but are not limited to, quality of life, friendship, loneliness, subjective wellbeing, social function and mental health.	A significant gap exists in determining if meaningful participation at Men's Sheds has an impact on the health and wellbeing of men who attend Men's Sheds. For example, we know that some sheds offer very few traditional activities often associated with sheds such as woodwork or metalwork. Some sheds may just offer social opportunities while others may not even have a physical shed-like building and may be more focussed on spiritual and cultural wellbeing. Whether meaningful participation in such male specific environments enhances wellbeing deserves closer scrutiny.	
Windle K, et al. (2011). SCIE research briefing 39: preventing loneliness and social isolation: interventions and outcomes.	Research briefing	The scope included 'peer reviewed papers reporting evaluations of interventions aimed at reducing social isolation and loneliness'.	Study design: systematic reviews and controlled effectiveness studies.	46 references	There is good evidence that one-to-one interventions such as befriending and Community Navigators reduce loneliness and improve health and wellbeing. Users report high satisfaction with the services and there are some indications that involving users in the planning, implementation and evaluation of the programmes improves outcomes. Nevertheless, interventions also need to permit 'flexibility' of delivery and necessary adaptation to the needs of the population. Where we have the evidence, both types of intervention appear to be cost-effective when compared with 'usual care'. For social group interventions and wider community initiatives there is similarly good evidence that appropriately facilitated 'cultural' and health-related	Evaluations within this area are still compromised by weak methodologies. As with much research in statutory social care and third-sector provision, future evaluation needs to concentrate on appropriately measuring (rather than merely assessing) quality-of-life outcomes and cost-effectiveness. Windle et al noted that a disappointing feature of the papers included within their systematic review was the 'disproportionate number focusing on relatively healthy older people in the community, predominately women. With few exceptions we know little	

Source	Type of review	Review questions/ aims	Inclusion criteria	Number of included studies	Summary of findings	Evidence gaps/ recommendations/ suggestions	Anything else specific to social relations?
					interventions 'reverse the deteriorating effects of social isolation and loneliness'.	about older people in long-term care facilities, notably those who are frail or over 80. Few interventions were targeted at alleviating poverty and none at older people from ethnic or sexual minorities'. Within this review, although there are papers that include the most frail and lonely, there are few that incorporate all populations − the majority of individuals being white and female − thus limiting how far successful outcomes can be extrapolated.	
Wood, S. et al. (2016). At the heart of health: realising the value of people and communities. Nesta	Scoping review of systematic reviews	To ascertain, from the existing literature from across the theme of person- and community-centred approaches for health and wellbeing, particular approaches that had good quality effectiveness data	Systematic reviews of person- and community-centred approaches for health and wellbeing and reports of comparative (randomised and non-randomised) person- and community-centred approaches for health and wellbeing that took place in the UK	154 reviews met inclusion criteria, of which 84 studies showed "large" or "medium" outcome effects	Most included reviews related to self-management and/or education (19.5% and 15.6% respectively). In terms of specialty, most reviews related to approaches used in diabetes, followed by mental health specialties (12.3% and 11.0% respectively). Among studies that had shown "medium" and/or "large" effects, health and wellbeing outcomes were most commonly reported (44.4% of all outcomes reported), followed by outcomes relating to behaviour change (26.5%). The final five approaches chosen were (1) self-management education, (2) peer support, (3) health coaching, (4) group activities to promote health and wellbeing and (5) asset-based approaches in a health and wellbeing context.	There has been considerable reluctance to apply RCTs to complex social interventions that may incorporate person- and community-centred approaches for health and wellbeing in the UK, partly because of a perception that they are 'unfair' and partly because of a belief that contexts in social initiatives are simply too heterogeneous and dynamic to allow inference from an RCT. If person- and community-centred health and wellbeing and evidence based practice do indeed belong to very different worlds in terms of an evaluative perspective, the academic community and research funders of health and social care need to develop and or specify evaluative methodologies that incorporate users' preferences into high quality effectiveness studies.	Nothing specific about social relations, is mostly about person-centred health care

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Appendix A Search Strategy

1. Soci* N2 (relation* or cohesion or capital or inclusion or interaction* or network* or connect* or interconnect* or bond* or tie* or position or status or “economic position” or connectivity or support or integration or participation or engag* or attractor* or exclu* or isolat* or marginali* or disengag* or fragment* or disconnect*) or “interpersonal relation*” or “bumping space*” or “meeting space*” or connectedness or “quality of relations” or confidant* or “being validated” or “being cared for” or friendship or companion* or “close relationship*” or “individualism”
    a. Community N2 (relation* or interaction* or network* or space* or support or integration or cohesion or participation)
    b. neighbo?r* N2 (relation* or interaction* or network* or space* or support* or integration)
    c. public N2 (interaction* or network* or space* or support or integration)

2. **Community**: communit* or neighbour* or neighbor* or local* or public or civic or citizen* or grassroot* or residen* or area or urban or rural

3. **Wellbeing**: “well-being” or wellbeing or “quality of life” or happiness or satisfaction or “positive mental health” or wellness or healthy or “physical welfare” or “purpose in life” or flourish* or prosper* or resilien* or contentment or “self-esteem” or “positive relations” or autonomy or “overall health” or belonging or fulfil* or involvement or loneliness or capabilit* or salutogen* or eudaimon* or eudaemon* or eudemon* or trust or thriv*

4. **Interventions**: policy or policies or intervention* or strateg* or initiative or scheme or programme or investment or planning or environment* or regeneration or coproduc* or “asset-based” or volunteer* or “what works” or implementation or evaluat* or “social impact*” or measure*

Combinations
(1 or 1a or 1b or 1c) + 4 = What works to boost social relations?
1 + 2 + 3 = What role do social relations play in enhancing community wellbeing?

Appendix B List of included reviews

Adams J, et al. (2006) A systematic review of the health, social and financial impacts of welfare rights advice delivered in healthcare settings. BMC Public Health, (6), 81

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Appendix C List of excluded studies

Exclude on design

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