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The impact of community engagement on health and social outcomes: a systematic review

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Abstract Community engagement is central to national strategies for promoting health, yet there have been few attempts to systematically review the evidence on the impact of initiatives that aim to engage communities. This rapid review fills this gap by exploring the population impact of initiatives which sought to address social determinants of health. It took a novel approach to synthesizing a sample of the enormous UK literature on community engagement. The synthesis found no evidence of positive impacts on population health or the quality of services, but initiatives did have positive impacts on housing, crime, social capital and community empowerment. Methodological developments are needed to enable studies of complex social interventions to provide robust evidence of population impact in relation to community engagement.

Introduction

Engaging communities is central to UK national strategies for promoting health and reducing health inequalities. Policy-makers are seeking to involve communities in addressing a broad range of social determinants of health including initiatives directed at housing improvement, regeneration, transport and health service planning (Department for

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Education and Skills, 2004; Electoral Commission, 2005; Department of Health, 2006). Models of engagement have been conceptualized as consisting of a hierarchy of levels, ranging from informing (at the bottom of the hierarchy) through to full community control (at the top) (Figure 1). Within health and social care initiatives, the degree to which communities may be engaged in local activity varies. There is evidence to suggest that community engagement might impact on health, but assessing that impact is difficult when approaches to community engagement vary so widely (Bolam *et al*., 2006; Popay, 2006; Chau, 2007).

Research suggests that community involvement in the design, governance and delivery of services can improve health and make policy initiatives more sustainable (Rifkin, Lewando-Hundt and Draper, 2000; Wallerstein, 2006). There have been few attempts, however, to review the evidence on the impact that community engagement has on those involved. The literature is extensive and focuses on a wide range of interventions, with tremendous diversity in terms of definitions of community engagement and evaluative methods.

This paper presents a systematic review of the population impact of initiatives which aim to engage communities in action to improve the social determinants of health. The questions addressed were, first, which

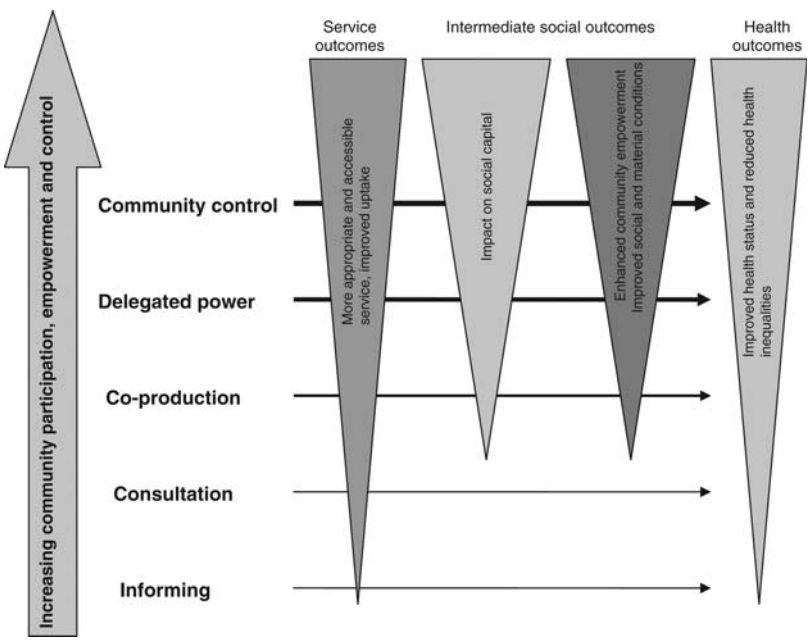

Figure 1 Pathways from community participation, empowerment and control to health improvement (Popay, 2006)

community engagement methods are effective for improving health? Second, which community engagement methods are effective for the planning, design, delivery or governance of interventions seeking to address social determinants of health? This review was part of a wider rapid systematic review which was carried out to inform the work of the National Institute for Health and Clinical Excellence (NICE) (Popay *et al.*, 2007).

Review methods

The process for the wider rapid systematic review ('the wider review') was guided by the NICE methods manual (NICE, 2006). This was not a conventional review, however, and a novel approach was taken to locating, appraising and synthesizing a sample of the literature on community engagement methods (Popay *et al.*, 2007).

This paper presents one strand of the synthesis from the wider review and focuses on the population impact of community engagement initiatives ('the direct impact review'). This paper describes the direct impact review which aimed to assess the applicability of different approaches for all communities, and to identify data on primary and intermediate outcome measures (Table 1). These outcome measures sought to reflect the multifaceted dimensions of the social determinants of health, together with community engagement outcomes. Determining the outcomes of initiatives which seek to improve community engagement is complex, given that community engagement strategies may be considered to have positive outcomes both as an endpoint (such as empowerment) and also as part of

Table 1. Outcome measures

Primary
Individual or population health (morbidity and mortality)
Health-related risk factors (e.g. smoking rates)
Environmental and socio-economic indicators (e.g. housing)
Health inequalities within/between communities
Intermediate
Level/diversity of community members engaged
Communication between the community and service providers
Rates of service uptake or new services reflecting community-perceived needs
Identification of community needs
Community engagement (e.g. ensuring that community members' expectations of involvement are met)
Community involvement in planning, design, delivery and governance of services
Enhanced social inclusion, cohesion or capital
Enhanced community well-being (e.g. sense of empowerment)
Partnership working between communities, institutions and governments

the community engagement process itself (for example, partnership working).

Searches of electronic databases and websites were carried out using terms related to community engagement (for details, see Popay *et al.*, 2007). The review included evaluative review-level material and quantitative and qualitative primary studies (Table 2). 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, transport, employment, social inclusion or capital, empowerment or capacity building, poverty, accident or substance abuse prevention – these were the included 'topic areas'. Evaluations were excluded if they: targeted individuals rather than a community; focused on screening programmes, healthcare settings or secondary prevention; had been carried out outside the United Kingdom; or published before 1990.

These searches identified 39,568 records, and 79 further studies were identified by the review steering group. Titles and abstracts from both of these sources were assessed for relevance in accordance with the inclusion criteria set out above. Ten percent of excluded records were checked by a second reviewer (91 percent agreement rate). Where the reviewers disagreed, the paper was automatically included (Figure 2.) Relevant titles and abstracts ($n = 1012$) were then sorted on the basis of 'topic area' to ensure that the review covered a broad policy landscape. Full papers were prioritized for screening on the basis of a sampling strategy. First, purposive sampling identified all of the studies relating to a set of national interventions (New Deal, Sure Start, Neighbourhood Wardens, Single Regeneration Budget and Neighbourhood Management). This was supplemented by random sampling: papers were allocated a random number within each 'topic area' and records were drawn down in numerical order. As papers were obtained, they were screened for relevance (with a second reviewer assessing 10 percent of papers). It was not possible to process all the papers within the tight time frames of the review, so a small proportion was excluded without having been appraised for relevance ($n = 234$).

Table 2. Levels of evidence

1	Controlled experimental study designs (or systematic reviews of these)
2	Outcome evaluations using multiple data sources and matched comparator data
3	Multiple case studies, associational surveys linking process and outcome data
4	Descriptive cross-sectional surveys, single-case studies, other descriptive designs
5	Expert opinion/formal consensus

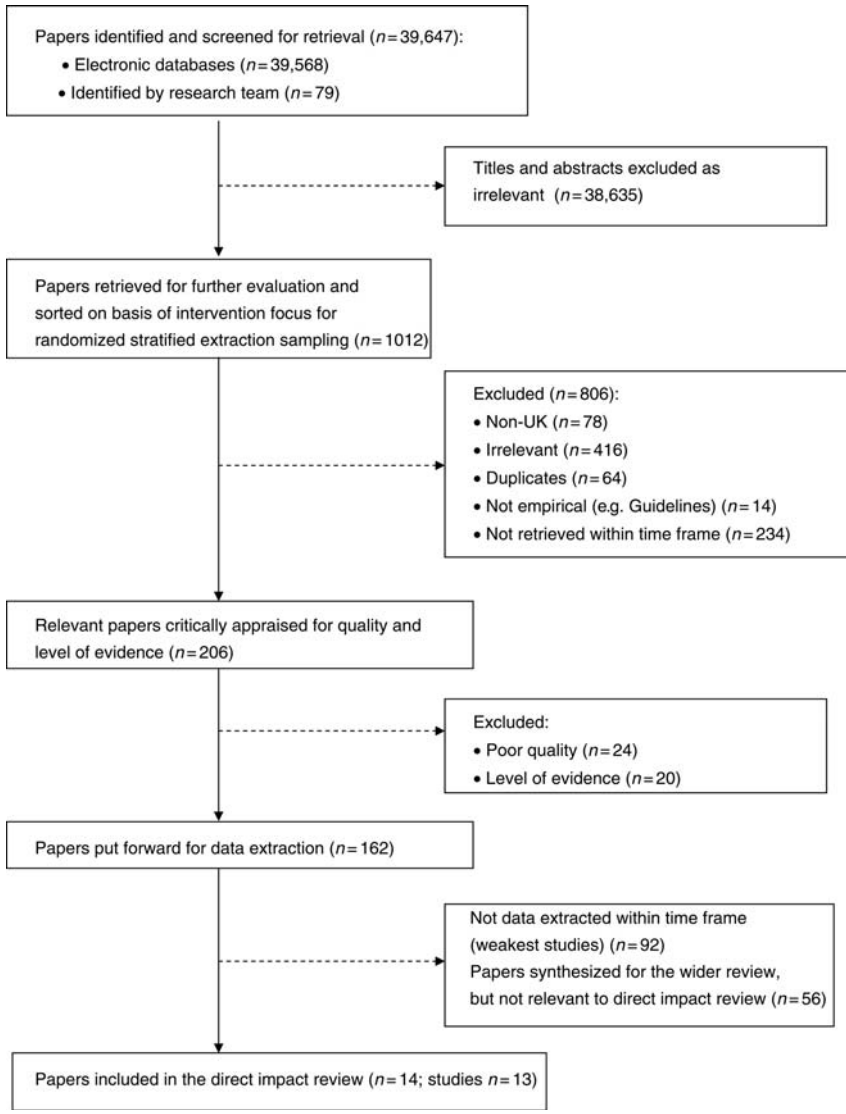

Figure 2 Flowchart for main search

Relevant full papers ($n = 206$) were critically appraised for quality. Systematic reviews were appraised using a checklist designed for research syntheses (NICE, 2006). The evidence we sought to appraise was very diverse, including qualitative studies, quantitative surveys and mixed-method research. Rather than using a variety of different appraisal frameworks, a single checklist was developed that could be applied to all primary studies (Popay *et al.*, 2007). Poor quality studies were excluded

($n = 24$). Studies were also assigned a rating for the level of evidence they provided, in terms of the most appropriate study design for answering the review questions (Table 2). Studies rated 4 or below were excluded ($n = 20$).

The decision on which papers to data extract was based on the level of evidence: papers which offered the best level of evidence were prioritized, with the lower levels extracted in sequence as time permitted. A further batch of papers was excluded at this stage because there was insufficient time to extract their data (Figure 2). Data were extracted from thirteen studies (fourteen papers) and synthesized narratively – this approach enabled us to combine a heterogeneous pool of studies. A meta-analytic or meta-ethnographic synthesis would have been inappropriate given the diversity of the included studies.

Results

Research methods of included studies

The included studies all used multiple research methods (Table 3). All thirteen studies generated data at a single time point – none used longitudinal methods or examined change from a baseline. The evaluated initiatives focused on a range of social determinants of health, including housing quality and management, drug abuse, social exclusion and neighbourhood renewal (Table 4).

Community engagement methods

The evaluated initiatives included a number of methods for community engagement, ranging from consultation and information exchange to delegated power and community control. We were not able to provide robust evidence on the relative impact of each of the methods. First, because the synthesis is only based on thirteen studies. Second, because the initiatives evaluated often included more than one community engagement method, and many did not clearly describe the approaches used. Lastly, the studies were largely not designed to provide evaluative data on the outcomes of specific methods.

Five studies examined initiatives which involved tenants in housing management: tenant management organizations (TMOs) (Tunstall, 2001; Cairncross *et al.*, 2002), tenant participation compacts (TPCs) (Aldbourne Associates and IRIS Consulting, 2003), community-ownership social housing (Goodlad, Docherty and Paddison, 2003) and the Estates Renewal Challenge Fund (ERCF) (Pawson *et al.*, 2005). Other initiatives sought to invest in skills for regeneration and social capital development. For example, the Community Champions programme aimed to engage

Table 3. Research methods of included studies

Research method	Studies
Quantitative survey combined with qualitative methods	Cairncross *et al.* (2002) Aldbourne Associates and IRIS Consulting (2003) Goodlad, Docherty and Paddison (2003) Johnstone and Campbell-Jones (2003) Watson *et al.* (2004) EDuce Ltd (2005) Johnstone *et al.* (2005) Pawson *et al.* (2005) Taylor *et al.* (2005) ODPM (2006)
Analysis of routinely collected data or other existing records	Tunstall (2001) Aldbourne Associates and IRIS Consulting (2003) EDuce Ltd (2005) Johnstone *et al.* (2005) Taylor *et al.* (2005)
Multiple case studies	Tunstall (2001) Cairncross *et al.* (2002) Aldbourne Associates and IRIS Consulting (2003) Johnstone and Campbell-Jones (2003) Pawson *et al.* (2005) Taylor *et al.* (2005) ODPM (2006)
Participatory or action research using multiple qualitative methods	Winters and Patel (2003) ODPM (2004) Pawson *et al.* (2005) ODPM (2006)
Comparator data method	Tunstall (2001) Cairncross *et al.* (2002) Goodlad, Docherty and Paddison (2003)

communities by investing in individual community leaders (Johnstone and Campbell-Jones, 2003; Watson *et al.*, 2004). The Residents' Consultancy Initiative aimed to draw on the existing skills of community members to support others to engage in community-led renewal activities (ODPM, 2004). The objective of the Skills and Knowledge Programme (SKP) was to improve the performance of neighbourhood renewal partnerships by enhancing the level of skills of those involved (EDuce Ltd, 2005; Johnstone *et al.*, 2005). In addition, the Community Participation Programme (CPP) sought to give communities access to resources of their own to support participation in neighbourhood renewal decision-making (Taylor *et al.*, 2005). Other studies reported on evaluations of a community-led needs assessment (Winters and Patel, 2003); local strategic partnerships (LSPs)

Table 4. Evidence on the impacts of community engagement interventions

Intervention; study design; level of evidence	Outcome measures	Results
TPCs (Aldbourne Associates and IRIS Consulting, 2003); large-scale national evaluation using multiple data sources; 3	Community engagement: tenant involvement	Although respondents reported that TPCs involved tenants who did not usually get involved in housing management, overall there was little evidence that more tenants had become actively involved. Rather, TPCs had encouraged local authorities to work more closely with existing tenants' groups
	Community involvement in planning/delivering services: tenant involvement in decision-making	Tenants were involved in a wide range of areas of decision-making
	Partnership working: extent of partnerships between officers, members and tenants	Impact on service delivery is difficult to assess. While many well-performing authorities had TPCs, improving service delivery may be attributable to a number of factors
	Impact on service provision: improvements in service delivery	
Community Champions (Watson *et al*., 2004); large-scale national evaluation using multiple data sources; 3	Community engagement: involvement of others as volunteers; number of beneficiaries	Community Champions recruited on average 8.8 volunteers per project. On average each project reached 56 beneficiaries
Community Champions (Johnstone and Campbell-Jones, 2003); large-scale national evaluation using multiple data sources; 3	Empowerment: skills passed on to others	Community Champions trained others in community development, and passed on practical, office and communication skills
CPP (Taylor *et al*., 2005); large-scale national evaluation using multiple data sources; 3	Community engagement: community development	Community Chest (CC) funding of events promoted community development, especially for groups working with rapidly changing communities
	Community involvement in planning/delivering services: access to local decision-making; influence over Neighbourhood Renewal Fund (NRF) spending	In some areas, involvement in the LSP brought legitimacy to the VCS and enabled the local authority to look beyond its traditional channels of engagement and develop more democratic relationships. It also gave the VCS access to better information

Continued

Table 4. *Continued*

Intervention; study design; level of evidence	Outcome measures	Results
		about local policy development. Community empowerment networks (CENs) had significant influence over NRF spend in some areas
	Social capital: 'Bonding' social capital	By funding social activities, the CC supported communities to engage in activities and build trust, contributing to 'bonding' social capital
	Empowerment: skills to engage with funders	CC grants got groups onto 'the ladder of community regeneration' and gave them the skills they needed to engage with funders, facilitating community development
	Partnership working: networking, cohesion and co-ordination	CPPs contributed to improvements in networking, cohesion and co-ordination. CENs reduced community group isolation
Residents' Consultancy Initiative (ODPM, 2004); national outcome evaluation using multiple case studies; 3	Empowerment: development of community structures Partnership working: facilitation of partnership development	New functional community structures were developed Consultancy support enabled clients to build effective partnerships and to run their organizations more effectively
LSPs (ODPM, 2006); large-scale national evaluation using multiple data sources; 3	Information flows between community/service providers: effectiveness of influence on council decisions	Nine percent of LSPs had made major progress towards more effective influence on council decisions; 68 percent had made some progress
	Community involvement in planning/delivering services: range of interests involved in local decision-making; role of marginalized social groups	Thirteen percent of LSPs had made major progress towards widening the range of interests involved in local decision-making; 67 percent had made some progress; 5 percent of LSPs had made major progress towards bringing marginalized social groups into the decision-making process; 60 percent had made some progress
	Empowerment: strength of local 'voice'; effectiveness of community influence on regional issues	Twenty percent of LSPs had made major progress towards building a stronger, more united local voice; 65 percent had made some progress; 6 percent of LSPs had made major progress

		towards more effective influence on regional issues; 45 percent had made some progress
	Impact on service provision: appropriateness of services for community needs	Ten percent of LSPs had made major progress towards delivering services better to meet community needs; 65 percent had made some progress; 12 percent of LSPs had made major progress towards delivering services better to meet needs in priority neighbourhoods; 49 percent had made some progress
SKP (EDuce Ltd, 2005; Johnstone *et al*., 2005); large-scale national evaluation using multiple data sources and post-intervention data only; 3	Social capital: 'bonding' and 'bridging' social capital	Regional networks strengthened both 'bonding' and 'bridging' social capital
	Empowerment: capacity building; increased confidence within the partnership	Two-thirds of partnerships that had worked with neighbourhood renewal advisors (NRAs) reported gaining skills. NRA involvement led to increased confidence within the partnership, empowering partnerships to carry out activities they would not otherwise have undertaken
	Partnership working: improvements in partnership working	Many groups reported improvements in external partnerships and a higher level of participation in activities with other agencies
	Impact on service provision: improvements in service delivery	Thirteen out of 26 partnerships said input from an NRA had led to improvements in service delivery
Drug Misuse Needs Assessment Project (Winters and Patel, 2003); rapid participatory assessment; 3	Information flows between community/service providers: better community representation in other forums	The needs assessment project improved relationships between the community and service providers. A number of community groups gained formal representation on the steering groups of drug treatment and prevention service providers, enabling them to feed their experience into local service planning
	Community engagement: establishment of better links between groups engaged in research and the wider community	The project enabled VCS groups to establish better links with their wider communities – e.g. by enabling them to recruit volunteers. Projects enhanced social cohesion by building trust among community members
	Community involvement in planning/delivering services: ability to feed into local service planning	Twenty-two groups reported that their capacity for undertaking activities had grown, and that they had embarked on new areas of health and social care-related work. Because the projects used

Continued

Table 4. *Continued*

Intervention; study design; level of evidence	Outcome measures	Results
		researchers drawn from the local community, capacity was built within the community. Respondents reported that the whole community had been empowered
	Social capital: social cohesion Empowerment: community ownership; capacity building. Partnership working: strengthening of partnerships	
Community Ownership Housing (Goodlad, Docherty and Paddison, 2003); outcome evaluation using multiple data sources and comparative data; 2	Social capital: social cohesion.	Community Housing Association (HA) tenants across the neighbourhoods displayed higher measures of social cohesion and had a stronger sense of political efficacy than council tenants
	Empowerment: sense of political efficacy	
TMOs (Cairncross *et al*., 2002); large-scale national outcome evaluation using multiple data sources and comparative data; 2	Housing: repairs; re-let times; rent collection	The majority of TMOs outperformed local authorities in terms of completion of repairs, re-let times and rent collection
	Crime: perceived reduction in crime	Many residents cited improvements in security and reductions in crime, and attributed these to the TMO
	Community engagement: representation of different social groups on the TMO's board	TMOs were more successful in involving BME residents than local authorities. Fifty-two percent of TMOs had one or more BME board members (only 3 percent of local authority councillors are from BME groups)
	Social capital: 'bonding' social capital; social cohesion	Many TMOs identified building community spirit as one of their main achievements
TMOs (Tunstall, 2001); outcome evaluation using multiple data sources and before-and-after data; 2	Housing: proportion of homes empty; rent arrears; speed and quality of repairs; quality of cleaning and caretaking	The vast majority of TMOs were associated with improved housing management performance according to at least one of four key indicators: proportion of homes empty, rent arrears, speed and quality of repairs, quality of cleaning and caretaking
ERCF (Pawson *et al*., 2005); retrospective assessment using qualitative mixed methods:	Housing: improved response and emergency repair services; catch-up repairs; home improvements; compliance with Decent Homes Standard; limited rent increases	The study reported marked improvements in the quality of housing, response rates for repairs, and improvements in the overall environment

secondary analysis of national statistical sources; documentary analysis; 3	Employment: employment and training	Tenant involvement in HA boards, committees and estate management was seen as the primary reason for the success of the schemes. In particular, this was beneficial in clearing up the effects of anti-social behaviour and a reduction in crime (although the authors comment that these activities had moved to adjacent estates). However, the ERCF estates reported a reduction in stigmatization
	Environment: environmental improvements	The schemes contributed to wider community well-being through the provision or improvement of community and youth facilities, assistance with employment and training, drawing down of additional funds and creating a space for community voice
	Crime: crime reduction	All these activities were reported as contributing to a virtuous circle which resulted in the further engagement of the community with the HAs, and service improvement
	Community well-being: local regeneration; development of community facilities; community development and capacity building; generating a revival dynamic; reduced estate stigmatization	
	Community needs: youth activities	
	Community involvement: improved tenant participation	
	Impact on service provision: housing management; rent collection; housing management costs	
Compacts between local government and voluntary and community organizations (Craig *et al*., 2002); qualitative case studies and documentary analysis; 3	Information flows between community/service providers: profile of the VCS; communication levels	The process of developing the compacts was beneficial in raising awareness within each sector of how the other works. This raised visibility helped to improve communication; improved partnership working; created trust; had a positive impact on policy and increased confidence within the VCS
	Empowerment: confidence of VCS	
	Partnership working: levels of informal joint working	
	Impact on service provision: consultation by service providers; policy towards VCS	

(ODPM, 2006) and compacts between local government and voluntary and community organizations (Craig *et al.*, 2002).

Although we sought to examine both primary and intermediate outcomes, none of the studies presented data on the primary measures. The findings of the review therefore relate to the intermediate outcomes (Table 1) – these are organized here by 'topic area'.

Housing impacts

Three studies provided evidence on housing impact. All of these suggested that community engagement can have a positive impact on housing management. The evidence from two evaluations of TMOs and the ERCF suggested that community involvement had benefits for the completion of repairs (Cairncross *et al.*, 2002; Pawson *et al.*, 2005). One study of TMOs reported that community involvement had benefits for rent collection and re-letting times in comparison with local authority social housing (Cairncross *et al.*, 2002). A further evaluation of TMOs suggested that community involvement had benefits in terms of four key indicators (proportion of homes empty, rent arrears, speed and quality of repairs and quality of cleaning and caretaking) (Tunstall, 2001).

Crime impacts

One study provided evidence on crime impact (Cairncross *et al.*, 2002). This study of TMOs suggested that tenant participation in housing management had benefits in terms of perceptions of crime and neighbourhood safety, and residents attributed these to the TMO.

Service impacts

Five studies provided evidence on the impact of community engagement initiatives on service delivery. Two studies of community-led needs assessment and compacts between local government and the voluntary and community sector (VCS) reported that community engagement can have benefits for information flows between the community and service providers (Craig *et al.*, 2002; Winters and Patel, 2003). Four studies suggested that community engagement can have benefits for the planning and delivery of services – such as better community representation on planning fora and better access to local decision-making (Aldbourne Associates and IRIS Consulting, 2003; Winters and Patel, 2003; Taylor *et al.*, 2005; ODPM, 2006). No conclusive evidence was found of the impact of community engagement on service delivery, although this may be because it is difficult to attribute improvements in service delivery as many factors have an effect (Aldbourne Associates and IRIS Consulting, 2003; EDuce Ltd, 2005; Johnstone *et al.*, 2005; ODPM, 2006).

Social capital and social cohesion

Seven studies provided evidence on social capital and cohesion. Three evaluations of the CPP, the SKP and TMOs reported that community engagement can have benefits for 'bonding' social capital (strengthening relationships and trust) (Cairncross *et al.*, 2002; EDuce Ltd, 2005; Johnstone *et al.*, 2005; Taylor *et al.*, 2005). Two evaluations of the CPP and the SKP suggested that community engagement can have benefits for 'bridging' social capital (making links across sectors) (EDuce Ltd, 2005; Johnstone *et al.*, 2005; Taylor *et al.*, 2005). Three studies of the Residents' Consultancy Initiative, the SKP and compacts between local government and the VCS suggested that community engagement can have benefits for partnership working (Craig *et al.*, 2002; ODPM, 2004; EDuce Ltd, 2005; Johnstone *et al.*, 2005). Two evaluations of community ownership of social housing and community-led needs assessment suggested benefits for social cohesion (Goodlad, Docherty and Paddison, 2003; Winters and Patel, 2003).

Community engagement and involvement

Evidence from four studies suggested that initiatives that aim to increase the quality and extent of community engagement can do so successfully. Two evaluations of a needs assessment project and the Community Champions programme reported that initiatives can enable community groups to successfully recruit volunteers (Winters and Patel, 2003; Watson *et al.*, 2004). One study of TMOs suggested that initiatives 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 (Cairncross *et al.*, 2002). On the basis of two studies of a community-led needs assessment and TPCs, there was insufficient evidence to assess the 'reach' of community involvement beyond existing community groups, but those two studies tended to suggest that in some instances that 'reach' can be limited (Aldbourne Associates and IRIS Consulting, 2003; Winters and Patel, 2003).

Empowerment

Evidence from seven studies reported a positive impact on the empowerment of communities. Two studies of a community-led needs assessment project and the SKP suggested that initiatives can build capacity in terms of developing skills and knowledge and the confidence to engage in new activities (Winters and Patel, 2003; EDuce Ltd, 2005; Johnstone *et al.*, 2005). Three evaluations of the Community Champions programme, the CPP and the SKP suggested that community engagement initiatives can develop the skills and knowledge of participants, particularly in terms of equipping them for regeneration activities (Johnstone and Campbell-Jones, 2003;

EDuce Ltd, 2005; Johnstone *et al.*, 2005; Taylor *et al.*, 2005). One study of community-ownership social housing suggested that community engagement initiatives can empower communities by increasing members' sense of political efficacy (Goodlad, Docherty and Paddison, 2003).

Discussion

This review sought to synthesize the existing evidence in order to examine which community engagement methods are effective for the planning, design, delivery or governance of interventions seeking to address wider social determinants of health. The synthesis also examined the population impact of initiatives with the primary purpose of engaging a community in action to address social determinants of health.

Thirteen evaluations were included. The review found evidence that community-managed social housing performed better than local authority housing on a number of key indicators, and residents perceived a reduction in crime rates. The evidence reviewed also suggests that community engagement initiatives have the potential to increase the quality of local services by improving information flows, but no evidence was found for impacts on service quality. Although some evaluations sought to assess whether good performance in service delivery was associated with community engagement, it was not possible to assess whether community engagement was the key mechanism in achieving service outcomes.

The review also identified several positive reported outcomes relating to well-being at the community level. Initiatives that aimed to promote community involvement were attributed with gains in social capital, social cohesion and fostering partnership working. These studies also reported that initiatives had been empowering both for the community groups that were the focus of the initiative and for the wider community. Community members also described successful capacity building in terms of the development of skills and knowledge to equip them for regeneration activities. In addition, the review considered whether the interventions being evaluated led to the successful engagement of communities. There is evidence that community groups (such as VCS groups) and Community Champions were able to forge links with the wider community and to recruit other community members as volunteers. One evaluation also suggested that community-led organizations were more successful at engaging BME groups than the local government sector. Overall, however, the existing evidence appears to be equivocal on whether strategies that seek to promote community engagement succeed in involving community members who are not usually involved in such initiatives.

Limitations of the existing evidence

The difficulties in using experimental designs at the population level have been well documented (Rhodes, Tyler and Brennan, 2005; Burton, Goodlad and Croft, 2006). Although experimental designs may – in principle – allow the identification of a clear link between interventions and outcomes, these designs are 'ideal' and largely infeasible in relation to the initiatives under study for this review. The review identified few good-quality studies that reported population-level outcomes. No studies were located at the top of the level of evidence hierarchy, which would potentially have enabled attribution of outcomes to community engagement interventions. Only one study used an area comparator, and no studies reported longitudinal change data. Many of the communities studied were involved in multiple initiatives, and this made it difficult to disentangle the effects of each intervention – the research methods used did not control sufficiently for any confounding factors. Caution should be employed, therefore, when assessing any reported population outcomes. The evidence did not reveal whether some community engagement initiatives were more effective than others – it was not possible to demonstrate which approach was most successful in improving the social determinants of health.

A further limitation of the evaluations reviewed is that in many cases the description of the community engagement strategy was not sufficiently detailed. In addition, many of the outcome measures were not robust – e.g. although a reduction in perceptions of crime is important, stronger evidence would have been provided by a reduction in reported crime at the area level. Furthermore, many studies described positive outcomes for the wider community, using data generated by the community groups who administered the intervention. Stronger evidence would have been collected from members of the wider community itself. It was also too early in the course of many of the interventions to evaluate the outcomes, and this may have led to an over- or an under-estimation of effectiveness.

Limitations of the review

This systematic review was ambitious in scope, and its novel approach to synthesizing the enormous literature on community engagement meant that the research team had to work within pragmatic resource constraints. Nevertheless, because the best quality evidence was prioritized for data extraction, we anticipate that the overall effect on the review of excluding the weaker studies was small. A further limitation is that the UK focus of the studies may limit the review findings' transferability to other international contexts.

In conclusion, this systematic review found evidence that community engagement initiatives have positive impacts on housing management, perceptions of crime and information flows between communities and service providers. No evidence was found, however, for impacts on service quality. The review was unable to determine whether community engagement initiatives have an impact on health outcomes because no studies were located that attempted to answer this question. The review was limited by the lack of evaluations of both high methodological quality and a strong level of evidence. Therefore, caution is required in attributing the outcomes reported to community engagement. 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.

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