Promoting Health and Well-Being through Social Inclusion in Toronto:

A Scoping Review of Literature Reviews of Interventions to Promote Social Inclusion

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Statement on Acknowledgement of Traditional Land

We would like to acknowledge this sacred land on which the Wellesley Institute and Toronto Public Health operate. It has been a site of human activity for 15,000 years. This land is the territory of the Huron-Wendat and Petun First Nations, the Seneca, and most recently, the Mississaugas of the Credit River. The territory was the subject of the Dish With One Spoon Wampum Belt Covenant, an agreement between the Iroquois Confederacy and Confederacy of the Ojibwe and allied nations to peaceably share and care for the resources around the Great Lakes.

Today, the meeting place of Toronto is still the home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work in the community, on this territory.

Revised by the Elders Circle (Council of Aboriginal Initiatives) on November 6, 2014

About This Project

Toronto Public Health in partnership with the Wellesley Institute embarked on a two-phase exploratory project to identify how to further promote social inclusion. The goals of phase one were to identify the level of social inclusion in the Toronto population and to examine local and international efforts to promote social inclusion. Specifically, phase one consisted of the following activities:

1. An analysis of available population data on the state of social inclusion in Toronto and how it differs across sociodemographic groups;
2. A two-part review of a diverse body of literature to summarize the evidence on interventions being used to promote social inclusion and to identify effective interventions
   a) A scoping review of interventions focussed on enhancing health and/or through social inclusion, and
   b) A scoping review of interventions focussed on enhancing social inclusion in general; and
3. A scan of current initiatives in Toronto that promote social inclusion more broadly.

The goals of phase two were to share the findings from phase one with a broad array of stakeholders, to explore their relevance to the Toronto context, and identify opportunities for enhancing social inclusion in the city. Based on these consultations, we identified a set of action areas intended to mobilize and guide the actions of a wide range of stakeholders across sectors, including government, community groups and organizations, funding bodies, researchers, and the private sector.

A synthesis of the findings from all the above-mentioned project activities has been completed and can be found in the following report, *Promoting health and well-being through social inclusion in Toronto: Synthesis of international and local evidence and implications for future action.* This synthesis report also describes areas requiring further action for advancing social inclusion in the city, and presents some concrete next steps that Toronto Public Health and Wellesley Institute will take to address these action areas.

This report presents the findings from the scoping review of literature reviews of interventions to promote social inclusion.

The synthesis report and the full reports on all the separate project activities (that is, the second scoping review, local scan, data analysis, and stakeholder consultations) can be found at: https://www.toronto.ca/city-government/data-research-maps/research-reports/public-health-past-significant-reports/healthy-public-policy-reports-library/, or http://www.wellesleyinstitute.com/health/.

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A Scoping Review of Literature Reviews of Interventions to Promote Social Inclusion

Understanding Social Inclusion

Social inclusion has become one of the key areas of research and intervention work internationally. The history of its emergence as an issue can be linked to policy discourse in the 1990s on the need to address matters of social exclusion for disadvantaged or marginalized populations (Piachaud et al. 2009; Ogilvie and Eggleton 2013). Social exclusion first surfaced as a discourse around social inequities with an emphasis on economic disadvantages. Over time a more nuanced understanding of both social exclusion and social inclusion emerged; more complex in nature and encompassing a spectrum of ways that people's sense of connectedness and participation is limited or constrained (Piachaud et al. 2009).

As a construct, social inclusion is dynamic; reflecting different experiences of engagement and connectedness that may shift over time and affected by a range of factors (Mathieson et al. 2008; Taket, Crisp, Graham, Hanna, Goldingay, et al. 2014). It has come to be associated with connectedness, belonging as well as aspects of rights, entitlement and social capital, taking a different shape depending on the context and the population (Taket, Crisp, Graham, Hanna, and Goldingay 2014). The lack of consensus on what defines social inclusion poses challenges to efforts to design, introduce and evaluate programs to promote social inclusion internationally (Cobigo et al. 2012). To recognize the dynamic nature of social inclusion and how it is experienced at the individual and community levels, we have chosen to start from a broad concept that is inclusive of critical dimensions, notably: social connectedness, social capital, civic engagement, and social participation. Informed by the work of CMHA (Ontario et al. 2014), these are understood as follow:

> **Social connectedness:** This refers to connections to family, school and different types of community groups, clubs and organizations and having informal relationships with people: family, friends, teachers, and youth workers. These social ties help people feel a sense of belonging and an enhanced sense of purpose.
>
> **Social capital:** This emphasizes the value of social networks. Social capital refers to the resources available to people and to society that are provided through social relationships and networks. This fosters a sense of neighbourliness, mutual trust, shared values and cooperation amongst network members.
>
> **Civic engagement and social participation:** Civic engagement refers to getting involved, trying to address issues the community faces or advocating for change. Civic engagement can take on many forms, including volunteering, electoral participation, or writing an advocacy letter to an elected official. Social participation means taking part in social and recreation opportunities, such as sports teams, cultural programs, faith-based groups, and youth groups.

There have been considerable efforts to promote social inclusion at the community level recognizing the value this can offer for individuals, groups and communities with a range of interests and needs. Moreover, the past decade has seen the rise of proactive strengths-based approaches to addressing and promoting social inclusion at the individual and community levels.

In dealing with issues relevant to health and social well-being of communities, there is value in looking at these broader interventions to promote social inclusion to understand how the concept of social inclusion is construed and to consider the value and transferability of these interventions or programs for addressing the needs of individuals and communities.

To complement our scoping review of interventions to promote social inclusion and positive health outcomes (Pilling et al, 2016), we conducted a scoping review of reviews to summarize the body of evidence on interventions that promote social inclusion. In seeking to undertake a review of reviews our intent was to capture or document a broader spectrum of interventions to promote social inclusion. In our previous review of social inclusion interventions, the emphasis on promoting health outcomes may have limited our understanding of the broader range of program level options. Understanding the broader spectrum of interventions has the potential to enhance our understanding of what interventions can work to address health and well-being of communities across the greater Toronto area.

Methodology

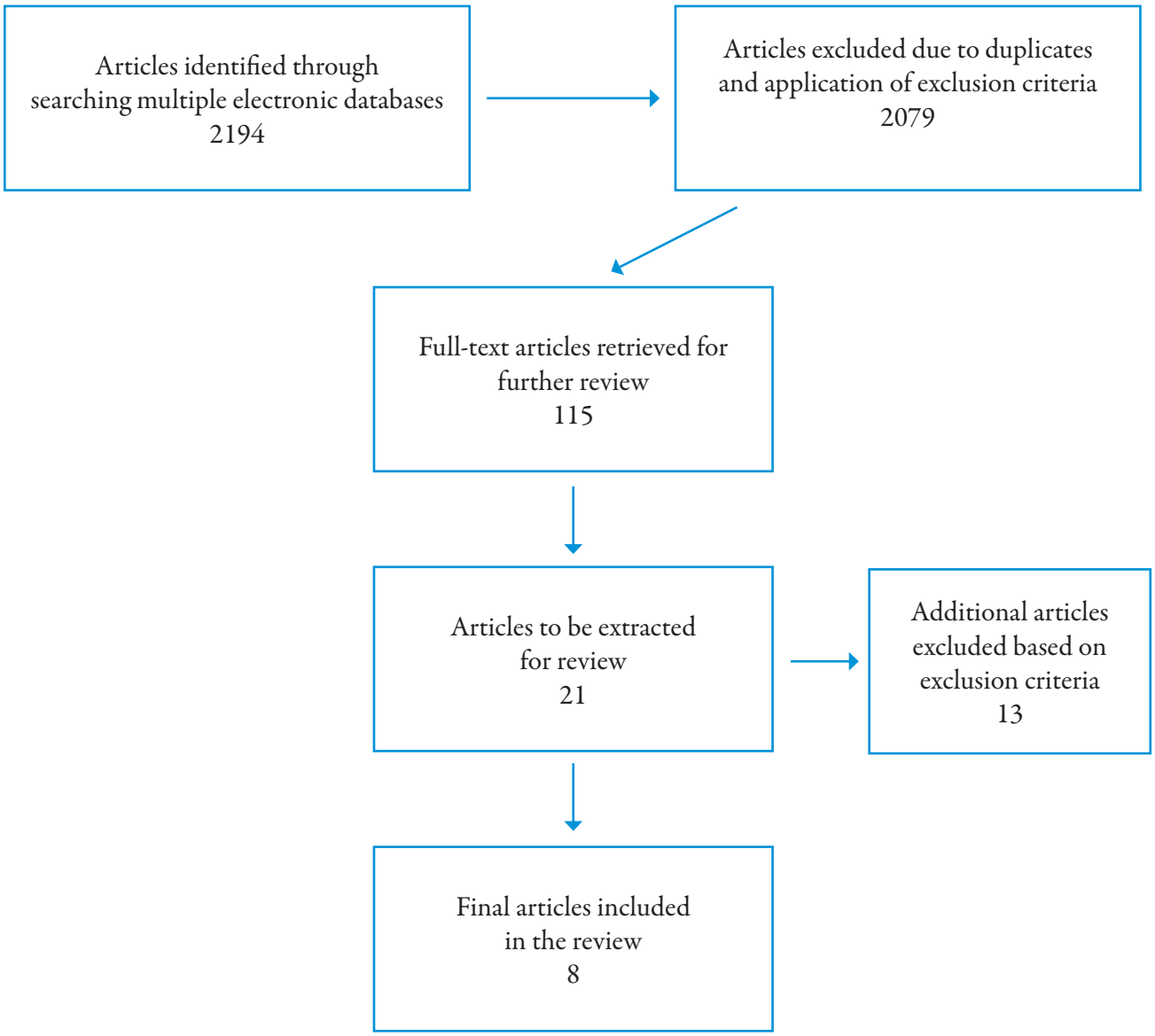
We used Arksey and O'Malley's framework for scoping review methods (Arksey and O'Malley 2005) and adapted it for use to conduct a 'review of review articles' (Pham et al. 2014; Enns et al. 2016). Arksey and O'Malley's framework for a scoping review includes six steps: identification of the research question; identification of relevant studies; refinement of the study selection; charting of the data; collation, summarization and reporting of the results. This method allows for an extensive mapping of the literature on interventions promoting social inclusion, thus identifying best practices and possible gaps in the current body of evidence that warrants attention.

A cursory search of programs, interventions and models that seek to promote social inclusion reveals an extensive body of literature internationally. Recognizing that a comprehensive review of singular interventions internationally would not be feasible, we conducted a scoping review of reviews. In carrying out a review of reviews, we have been able to canvas a broad range of intervention studies to complement our initial scoping review of interventions to promote health and social inclusion (Pilling et al. 2016).

Our inclusion and exclusion criteria remained intentionally broad, and consistent with our initial scoping review. Papers were considered for inclusion in the review if they described intervention studies that included an explicit social inclusion construct (as defined above including social capital, social connectedness, civic engagement and social participation). To ensure a broad representation of interventions, the following search terms were used: intervention, model, program and framework. We included literature from Canada, United States, Europe, Australia, and New Zealand published between 2000 and 2015. Our search of review articles was conducted through Scopus, Scholars Portal and PubMed, and only included systematic reviews, scoping reviews, and narrative reviews. As we were only interested in review articles, our search did not include grey literature. Because of the limited number of review articles included in our final selection and the considerable diversity of methods of review (and evaluation of the existing evidence) a quality indicator has not been applied.

Search Results

A total of 2194 articles were identified in our initial search for review articles. After applying the inclusion and exclusion criteria and removing duplicate articles, we reached a total of 115 articles. The sample of 115 articles was downloaded and hand searched by title and abstract for eligibility in the scoping review. This reduced our initial sample to 21 articles. These articles were examined in depth for applicability by two team members (AT and BR) to confirm they met the criteria, and to reach consensus where there remained questions of eligibility. Of these 21, we excluded a further 13 articles from the final scoping review, bringing our final sample to 8 review articles. This last refining of the sample removed articles that were relevant in a broad sense to the idea of promoting social inclusion but were review articles of analytical studies (not intervention studies) or examined interventions to reduce social isolation not to promote social inclusion or facets of inclusion (as defined in our search strategy).



Review Results

For our review, our definition of social inclusion included social capital, social connectedness, and civic engagement and social participation. This mirrored our review of interventions that sought to promote social inclusion and better health outcomes (Pilling et al. 2016). The eight articles included in our review covered a range of definitions of social inclusion, including a sense of belonging, social connectedness, social capital and civic engagement. To be included in the review there had to be a reference to a dimension of social inclusion consistent with our guiding definition. In addition, while all the interventions discuss a dimension of social inclusion as an outcome, few did so exclusively. Instead, many of the papers describe additional dimensions that they connect to social inclusion, including aspects of wellbeing. Thus, while we did not include specific health outcomes as part of our search strategy, we found that many of the interventions identified considered elements of health and wellbeing or have relevance for health and well-being for community members, and worked with expanded understandings of social inclusion, often beyond the scope of our original definition. To be included in the review, the paper was required to meet a minimum of one dimension of our definition.

The review articles covered a range of topics and types of interventions. We have grouped the evidence to simplify and allow for some comparison between approaches. These include: technology-assisted approaches such as the use of smart technology, social media and internet-based support (Allen et al. 2014; Morris et al. 2014); arts-based methods (Bungay and Clift 2010); psychosocial interventions (Wilson and Cordier 2013; Chapman et al. 2013; Newlin et al. 2015); volunteering and civic engagement activities (Farrell and Bryant 2009; Lapalme, Bisset, and Potvin 2014). Not all of the papers were explicit in the details of individual interventions, rather, interventions were grouped by type. For example, in the discussion on social media and technology, little information was provided on the active approach of one program versus another.

Detailed Review of the Interventions

Social Media and Technology

Two review articles examined the use of social media and technology as interventions to promote social inclusion.

First, Allen et al (2014) look at the use of social media strategies for promoting social inclusion and social connectedness among teens and young adults across three age categories: early adolescents (ages 11-12), adolescents (ages 13-17) and emerging adults (ages 18-19). Their review focused on what they identify as three dimensions of social connectedness: belonging, psychosocial wellbeing and identity formation. In their examination of these outcomes, they look at the positive and negative implications of each. For example, they note informal online programming could help youth connect with peers regardless of their location or point in time, promoting an improved sense of a belonging to peers. This could allow for a broadening of social networks and friendship groups, with opportunities for bonding with and validation by peers. However, there are some differences in the use of social media as an intervention for boys versus girls, with early adolescent boys yielding higher gains than girls.

In their review of articles on social media interventions for youth, Allen and colleagues note that there may be increased vulnerability for adolescents as compared to younger and older age groups. Also, their review of interventions noted some differences in the experience of social media for inclusion, with reports of boys experiencing a greater sense of belonging. They also note that there is some discussion in the literature of the usefulness of social media for subpopulations who may find face-to-face interactions challenging, for example, people with disabilities. However, there is also potential for enhanced loneliness and abuse. They note that along with this there is no indication that youth with learning disabilities yield psychosocial benefits such as a sense of empowerment along with increased contacts through online communication.

Identity development was also referenced as a core outcome of social connectedness related to social media interventions. The use of social media was seen to be positive in the use of online tools to create and maintain positive self-images for youth, creating a supportive environment for efforts to address stigma. Problematically the opposite is also true, with the potential for negative representation. Tensions can exist between positive expressions of identity (and sexual identity) and negative responses, leaving youth vulnerable to hurtful comments and forms of exploitation. The reviewers note that these tensions raise important questions about saturation points in the use of social media technologies to promote social inclusion, with the degree of intensity remaining an under-examined area.

More broadly they note that social media strategies such as the use of social network sites, messaging and mobile phones can offer mixed results. These strategies can increase a sense of belonging as exemplified by greater perceptions of social integration, bonding and broadening of friendship groups. This was noted for supporting a sense of belonging, helping adolescents to connect with their peers regardless of location and time of day and to maintain this contact over time, leading to a broadening of social contacts and friendships. At the same time, these interventions have the potential to undermine the sense of inclusion or connection, increasing vulnerability to cyberostracism. Cyberostracism, where individuals are ostracized in the course of online interactions, has emerged as an unintended effect of social media interventions.

Morris and colleagues (2014) offer the second review article on interventions using technology. They conducted a systematic review looking at the effectiveness of smart technologies and their use to promote social connectedness for older people. Reviewing articles from 2000 onwards, Morris conceptualized social connectedness as a multidimensional construct with specific dimensions related to social support, participation, empowerment, engagement, isolation and loneliness. In defining older people, the authors chose to work from a definition of middle-aged that included individuals from ages 45 to 64. Smart technologies include robotics, virtual reality and gaming systems, and smart homes. In the 18 papers reviewed, internet support sites, computer training and entertainment systems figure most prominently. Eligibility for the study required that the technology is used in a home setting and not a nursing home or rehabilitation site.

A total of 18 studies were included in the review; 12 of these were RCTs, and the remainder were cohort studies. The majority of the studies were based in the United States (11), followed by Netherlands (4), Norway (1) and Canada (1). One study did not restrict itself geographically, reflecting a virtual discussion board. Online educational programs related to a specific health condition or interest (e.g. women with breast cancer, people dealing with a chronic illness, people experiencing depression, anxiety or work-related stress) accounted for about half of the studies; with a smaller number of them reflecting online educational initiatives to improve access to health professionals (4). Online peer support programs (including discussion groups) accounted for just over half of the studies (11). Only one study provided visual and verbal contact between study participants.

The most significant findings were for studies that promoted social support as part of social connectedness. Six studies reported the use of smart technology over a period up to 1 year, could decrease loneliness, while increasing social support, empowerment, and social networks. In terms of other dimensions of social connectedness, the findings were more mixed. Overall some reported positive effects on quality of life and health-related quality of life, including impacts on depression or self-esteem. Few details were examined in terms of participant characteristics. A number of studies included people with histories of specific conditions (as noted above). However, no clear pattern emerges in the review regarding this.

Arts-based methods

One review focused exclusively on the use of art-based methods to promote social inclusion. Bungay and Clift (2010) looked at 'Arts on Prescription' (AOP) interventions as a mean of promoting social inclusion. These initiatives use community programming for the arts as a way to engage community members and promote social capital. The descriptions of AOP programs depict a strategy that is similar in form to standard health care referrals or prescribed follow-up; community based organizations . Social prescribing adapts the practice associated with follow-up care as a way to refer individuals to community-based arts programs. The intent is to help create a connectedness to existing non-medical and voluntary agencies, providing encouragement and a linkage where connections did not exist, and helping individuals to build in routine participation as part of their daily activities.

In their review, Bungay and Clift examined 12 projects based in the UK. Their review relies on the grey literature rather than empirical literature. The AOP programs include a broad range of arts-based activities including visual arts, music and singing, and dance and movement. They note the benefits that have been described include improved mental health outcomes, reduced social exclusion, and improved social inclusion through social engagement, community engagement and increased social capital. While these results are promising, many of the projects described are small in scope; reflecting small sample sizes and pilot initiatives to test the feasibility of the concept. There is some qualitative evaluation evidence that has been conducted to date which relates participation in creative activities with improved self-esteem and social capital. What remains unclear is whether there are benefits from social inclusion that are unique to arts-based activities, or if the benefits cited could be found in any number of group activities, that focus on achievement of a task undertaken collaboratively with others.

Bungay and Clift are cognizant of the challenges in securing support to implement AOP initiatives. The lack of a strong evidence base to support AOPs has meant that support for their implementation remains more idiosyncratic than consistent; relying on the enthusiasm and interest of champions within the health care system.

Psychosocial programs

Three reviews looked at the use of psychosocial programs to promote social inclusion. These include the use of place-based interventions (men's sheds for men with similar experiences in a shared geography and school-based interventions, where students share a geographical base within an institution), as well as individual level capacity building programs.

Wilson and Cordier (2013) conducted a narrative review of the literature on men's sheds and the value of this social intervention to increase and promote social belonging for men. Men's sheds are community-based structures that provide space for men to engage in shared activities that can be social or task-oriented in nature. In their review of men's sheds internationally, they looked at 22 articles and reports from Australia. They identified four distinctive foci for these male friendly places: adult learning; health and well-being; meaningful participation; and mentoring. They note that distinctive activities for each of these categories of activity have yielded some unique observations. Men's sheds that were focused on adult learning were the most common (described in 12 reports or papers). However, it is worth noting that these reports primarily reflect the work of one group of researchers in Australia. Nonetheless, they observed that these informal settings offered a learning environment that may be better suited for some men (especially men aged 45 and older) than traditional learning opportunities. They note that this has been particularly true for men in a post-retirement period of their life and indicate that men who participated associated this learning with increased well-being. Health and

well-being remain poorly articulated here. The authors note that there is an absence of standard outcomes across the papers. Well-being when reported is framed as broadly biopsychosocial, with some reference to concepts around diminished social isolation and increased self-esteem. Wilson and Cordier observe that the evidence indicates that men are less likely to participate where the activity or health benefits are explicitly foregrounded, suggesting that any overt emphasis on these may make it difficult to engage men as participants. On the other categories of foci, there is less evidence, but some noteworthy observations. For health and well-being (4 papers), they note that Men's Sheds offered a meaningful setting for men with mental health or addictions issues to be engaged, noting reduced isolation and enhanced self-esteem. In terms of meaningful participation, (3 papers), they note there is a broad range of activities that are very task-oriented (e.g. woodworking and crafts) that helped men to establish camaraderie and create a support network among participants. Finally, two papers looked at men's sheds where the intent was to use mentoring as a strategy for social inclusion. Mentoring was either peer to peer, or from older to younger men. They note that one paper described an action-research project that used the concept of men's shed without the actual shed; using the concept as a facilitating tool, the location of activities was on a camping trip and not located in a formal structure. It is important to highlight that while these small studies show promise, there is limited established or standardized evidence of their value.

Nonetheless, the literature that does exist suggests benefits including increased opportunities and situations where meaningful activities can take place, including mentoring and skills building. They note men's sheds do show promise as interventions to increase a sense of belonging for men and facilitate greater access to health information. They also found that these programs were opportunities for peer mentoring and coaching for men, assisting them in building relationships with others and offering mentorship to one another. They were more likely to engage men than formal vocational or adult education courses and provided value to some men who are vulnerable in some respect, such as older men. The neutral setting enabled men who were no longer in the work force to play an active role in the production of activities and networks; allowing them to create new identities and contacts that were removed from formal employment contexts.

In a systematic review, Chapman and colleagues (2013) examine the literature on school-based interventions that seek to promote social connectedness specific to school environments. Unlike conventional readings of social connectedness, this review focuses on the evidence specific to school connectedness, a multi-faceted construct including attachment, engagement and affiliation within a specific institutional context. The 14 papers describe interventions of school-based initiatives, including structured and semi-structured programs including clubs (e.g. science and activity-based clubs), tutoring, and parenting workshops. They consider the links between these interventions and an increase in protective factors (including social connectedness) and a decrease in risk-taking practices.

Given the focus on school settings, their findings place an emphasis on the strength of curriculum-based strategies, more so than clubs or one-off workshops. Curriculum-based strategies are instead more structured in nature, following a lesson plan that is rolled out over time on specific content areas. The 14 papers highlight 7 different school-based programs. The majority of studies are US-based and focus on 'whole of school system changes', meaning that they put into place frameworks for identifying needs and responding to those needs as opposed to having distinctive program elements that vary by setting. This translated into changes to the curriculum across levels and classrooms (all 7 programs); changes in the school environment or procedures to enhance the social environment (6 programs); or incorporating parents or family members as co-participants in the curriculum or series of workshops (5 programs). One exception was a program focusing on training for teachers, emphasizing the development of the relationship between students and teaching staff.

They note some distinctions by target age and year level, with greater attention to engagement as preventative among elementary school students versus a focus on shifting the nature of attachments for older adolescent students. In their review, they note the evidence is well supported by strong theoretical models on skills development and the importance of social skills. Common elements include an emphasis on positive youth development, greater communication and cooperative learning.

Newlin and colleagues (2015) conducted a systematic review as well as a modified narrative synthesis of 16 papers, reflecting 14 unique psychosocial interventions for adults dealing with mental health problems. Their focus was on social participation as the connections that increase the variation and range of social networks. In particular, two aspects of social participation were foregrounded: social contacts with valued others; and involvement in social activities.

The reviews covered a spectrum of interventions including 2 randomized control trials (RCT, 8 quasi-experimental studies, 3 mixed-methods studies, and 4 qualitative studies. The forms of interventions fall into four categories: asset-based; goal setting; peer support; and social skills development. These were offered at the individual level, at a group level, and in individual and group formats.

Asset-based interventions were ones which used a strengths-based approach to highlight different capacities and connect people in new ways using arts-based methods. Of the 8 studies that include asset-based interventions, 4 were at the group level, 3 were at the individual level, and 1 was a mixed group. Outcomes were included greater self-esteem and confidence for participants, an increased support network among participants and greater involvement in meaningful activity through arts.

Social skills development interventions were used in 11 of the 14 studies. The interventions were equally divided among individual, group and mixed formats. Activities included problem-solving, identifying social and community resources and developing critical skills in connecting with others. In addition, a subgroup of the individually offered interventions there was a focus on helping to build a trusting relationship between practitioners and individuals through one-to-one case management.

Goal setting was typically used in interventions delivered to participants one to one (8 of the studies). Activities in these interventions were similar in nature to the structure and activities in case management programs, emphasizing the relationship between the worker and the individual as a means of promoting networking through employment, education and training.

Finally, peer support was offered in 2 of the studies. Peer support reflected tailored programming to connect participants with peers as a way of promoting social connectedness, reducing stigma and facilitating community engagement opportunities. One study offered this at a group level, and the other at the individual level. Findings for this type of intervention were mixed with one intervention indicating positive impacts on quality of life, and employment and educational preparedness, and the other not discerning any noticeable effect.

Based on their review, Newlin and colleagues (2015) report the greatest benefit from interventions that used asset-based approaches and social skills development strategies to promote social inclusion, followed by goal setting and peer support approaches. They noted that the success of these strategies relates, in part, to the unique needs and interests of the target populations. Asset-based approaches correspond with ideas about recovery and may yield value or incentives related to this. In addition, social skills development enabled greater linkages to be made to community services and goal setting interventions relied heavily on the nature of the relationship between clinical staff and study participants. These approaches may have relevance for application with broader populations; however, the evidence is not conclusive from this review.

Volunteering and Civic Engagement

There were 2 reviews that focused on volunteering and civic engagement interventions to promote social inclusion. One approached the subject from the perspective of positive social development for individuals with mental health problems, and the other focused on youth development programming, which incorporated some elements of civic engagement.

Farrell and Bryant (2009) reviewed the evidence for the use of volunteering as a means to promote social inclusion for people with mental health problems and disability. In their review of 14 papers they found 4 main themes in the literature: volunteering and social inclusion (2 papers); volunteering for mental health (5 papers); volunteering and disability (5 papers); and volunteering and mental health problems (2 papers). The review offers mixed results. As many of the themes focus on other aspects of health and identity, the evidence specific to social inclusion is less direct and may result more indirect or secondary gains of volunteering as an intervention.

Papers on volunteering for mental health, for example, noted health-related benefits for volunteers. This was generally framed in terms of benefits relevant to psychological wellbeing. One study described benefits to health that relate to social inclusion, such as increased social ties. In the papers on volunteering and disability, much of the literature emphasized the psychosocial benefits accompanying volunteering. One paper did note increased opportunities for social engagement among some of the benefits including participation in meaningful activity. With respect to the papers where volunteering for people with mental health problems was foregrounded, much of the benefits referenced remained in the realm of psychosocial benefits, with no explicit discussion of dimensions of social inclusion. Of the two papers that were explicitly focused on volunteering for social inclusion, one focused on how volunteering interventions or programs could act to enhance social integration, acting as a pathway to employment and skills development. There is some evidence of wider impacts in terms of greater confidence. However, these also come with some caution and concern about the strain of over-commitment. However, there were also observations that volunteering could be excluding in practice, where the activities were regarded as low status or lower confidence of the participants, or at a systems level, interfered with income support programs. The review determines that the evidence on volunteering is not conclusive in relation to the promotion of social inclusion, and data remains limited at best.

Laplame, Bisset and Potvin (2014) conduct a narrative systematic review of 19 papers that discuss interventions to promote positive youth development, including civic engagement and social capital. Their inclusive approach to interventions ensured a breadth of approaches including community projects, arts-based programs, community-based programs including leadership, technology and skills building programs, and youth centres. Activities linked with skills-building were noted to improve core competencies from leadership skills, critical thinking and problem-solving to civic engagement. The populations targeted included youth living in diverse situations including low-income and marginalized youth, LGBTQ youth, and youth from a mix of ethnic and cultural backgrounds.

In looking at positive youth development outcomes, most of the findings emphasized what they refer to as the '5 C's of Positive Youth Development', defined as competence, confidence, connection, character and caring. In addition, three other outcomes were highlighted: leadership skills, civic engagement and feelings of empowerment. With an emphasis on youth development, much of the review focuses on new competencies related to communication and problem solving. However, there are relevant insights related to promoting social inclusion. Connections were noted in the development of positive relationships with peers and adults, including a greater sense of belonging and connection to the community (2 interventions), and an improvement in civic engagement (9 interventions).

In terms of intervention characteristics, they note interventions that focused on connections (building relationships with peers and adults, building sense of belonging, and civic engagement) emphasized an environment (with a focus on supportive relationships and empowerment) and activities that emphasized skills building or the development of skills for use in real and challenging exercises.

As with many of the intervention reviews, aspects of social inclusion were viewed as components of a larger vision for youth development. However, Laplame et al. (2014), identify important features that have relevance in the design and implementation of interventions on social inclusion. They note that prior knowledge about the needs of youth, in the context of their community and neighbourhood was an important precondition for the design and implementation of the positive youth development interventions. In addition, interventions that prioritized youth involvement and partnerships between the intervention and existing community resources helped to facilitate the longevity of the interventions. This helped to demonstrate community support as well as enabling linkages for additional services and supports for youth. Flexibility in the design of the intervention also enabled adaptation and greater accessibility for youth across communities.

Evaluation

The diverse nature of the reviews examined raises important questions about the strength of the evidence on interventions to promote social inclusion. A number of the papers noted that evaluations were conducted for the interventions they reviewed. The evidence of significance and strength of the evaluations remains, however, of limited use, with none of the reviews adequately describing how the evaluation was operationalized or measured.

Limitations

Scoping reviews by their nature are broad scans of the literature. As such there are limitations in what they yield. Our findings inevitably are shaped by the search strategy which may unintentionally limit what we find due to the use of some terms over others to describe programs or interventions. In choosing to conduct a review of reviews, we further restrict the body of evidence that is assessed.

As noted by many of the authors of the studies we reviewed, this body of evidence is one that is limited by the sample size of individual studies. Moreover, few details are provided on measurements of and outcomes related to social inclusion. Nonetheless, there are some valuable insights into programs and interventions being tested with and across population groups. As was the case with our first scoping review (Pilling et al. 2016), there are notable populations that fail to surface in this literature. This may point to a limitation in the scoping review and its search strategy, or it may indicate important gaps in the existing literature that warrant attention.

Conclusion

This review of reviews offers a broad sweep of the literature and evidence internationally on interventions to promote social inclusion. Applying Arksey and O'Malley's (Arksey and O'Malley 2005) framework for scoping reviews, we identified 8 articles that underwent a detailed extraction and analysis. The interventions reviewed fell into four broad categories: social media and technology initiatives; art-based initiatives; psychosocial programs; and volunteering and civic engagement initiatives. These programs or initiatives span 4 countries and are intended to work across population groups, including youth, older persons, people with chronic physical and mental health conditions, and men and women from diverse ethnocultural groups. In using a broad definition

of social inclusion, the evidence review points to social connectedness and engagement most explicitly. While some emphasized structured formats (such as curriculums and formalized program plans), other were shaped more by participants within an operating structure (for example online peer support groups or men's sheds). There was considerable variation in the activities that were used to promote social inclusion including skills building, information sharing, and engaging in meaningful activities (which could include arts, crafts, and volunteer activities). These observations are consistent with our original scoping review of interventions to promote social inclusion (Pilling et al 2016).
Place-based and arts-based approaches also surfaced in this review as valuable methods for promoting social inclusion. Community level interventions were less prominent in this review, and there were fewer peer-led initiatives than were presented in our previous review. Peer activities here were linked more to individual activities such as the use of social media technologies and the use of online communities than what is typically described in the literature on community interventions. Social media and the use of online communities offers new and innovative options to promote social inclusion across populations and geographies.

The evidence for the range of interventions examined is equally broad in nature. Overall, this evidence review supports the finding that these interventions in general work to promote social inclusion; however, there are signs of differential success, where the interventions work differently for different populations, and in different contexts. In addition, the observation that some interventions, such one of the social media interventions, had potential to yield unintended and negative consequences warrants further examination. These observations make clear that any of the promising interventions should be replicated with caution; mindful of situations where interventions can lead to negative outcomes (Bonell et al. 2015).

In addition, as is noted in the limitations section long-term improvements are not often measured. While some of the reviews offered evaluations of the interventions studied, these were not consistent. More detailed evidence would be needed in order to promote one form of interventions over another.

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Table 1. Extraction Table of Review Articles

Article	Social Inclusion Construct	Type of Review	Year(s) & DBs Reviews Cover	Population(s)	Intervention(s) reviewed	Level of Intervention	Number of Studies Reviewed	Results/Findings
Allen et al. 2014	Social Connectedness; sense of belonging	Review of empirical articles (qualitative and quantitative) in peer reviewed literature	past decade; PsycINFO & Web of Science	early adolescents (11-12); adolescents (13-17); emerging adults (18-19)	Social media (SM): benefits and drawbacks. Interventions to connect peers and increase socialization. Some variation by gender, with boys exhibiting greater sense of belonging post intervention. However the interventions also yielded unintentional social exclusion for some, who experienced social rejection and negative outcomes	individual	11 papers	**A Sense of belonging** - Results are mixed; SM positively affects perceptions of social integration and bonding; supports a sense of belonging - For some cyberostracism (D'Amato et al., 2012) occurs where adolescents sense exclusion in online social environments. **Psychosocial Wellbeing** - Online chat (rooms) provide a positive space for lonely, shy and students with disabilities to open up, discuss secrets and emotions and meet new people; hence reduce feelings of loneliness. **Identity Development** - SM offers opportunities for self-branding and maintaining current or desired conceptualizations of self; challenges personal expression and sexual identities. - Effect of online communication on self-concept clarity mediated by friendship quality; online communication with those already in your circle of friends may contribute to development of more well-defined sense of self. - Serve as platform to accentuate sexual identity; however sharing of material leaves adolescents open for hurtful comments and attention from unintended audience.
Bungay & Clift, 2010	Social capital; social inclusion	Incomplete description of review approach; unclear how systematic the review is	not indicated; Medline & Cinahl '"Grey literature"	adults living with mental health problems	Improving MH outcomes through referral to non-medical community and voluntary sector resources. 12 Arts on prescription projects were reviewed from across the UK, including visual arts, music and singing and dance and movement interventions	individual; community;	12 papers	Individuals experience improved health and well-being Promotes group social engagement
Farrell & Bryant, 2009	social inclusion	Narrative review	past ten years; AMED, BNI, CINAL, Embase, King's Fund, Medline, PsycInfo	adults living with MHP	Voluntary work: activity in which time is given freely and regularly to benefit another person, group or organisation, other than family or friends (Wilson 2000)	individual	14 papers	Currently little evidence to support volunteering as a means for improving mental health and promoting social inclusion. Barriers to successful volunteering include prejudice and stigma

Lapalme et al., 2014	Civic engagement, and social capital	Narrative systematic review	2001-2011; Embase, Medline, PsycInfo, Social Work abstracts, Web of Science	adolescents (12-18)	Arts based programs Community projects Youth centres Other community based programs	individual, community	19 papers	Connection category included: significantly improved positive relationships with peers and adults, sense of belonging, and contribution to the community. Most interventions discussed achievement of leadership skills, civic engagement, and feelings of empowerment for youth. Difficult to establish clear link between the nature of an intervention (i.e. type, duration, target population, and theoretical approach) and its integration within its context and also its effectiveness at promoting PYD (Positive Youth Development).
Morris et al., 2014	social connectedness	Systematic review	2000-2013; Medline, Web of Science, Scopus, SocINDEX, PsychINFO and Sociological Abstracts	older adults defined as 45 years old +	Smart technology and computer-based interventions	individual	18 papers	Technology may help improve some dimensions of social connectedness, quality of life, depression and stress Studies that included face to face demonstrated favourable outcomes but did not measure the use of technology separately, except one which found little effect for technology on outcomes
Newlin et al., 2015	social participation	Systematic review and modified narrative synthesis	article published up to Sept. 2014 from 21 electronic databases	adults living with mental health problems	Asset-Based Approaches Social Skills Development Goal Setting Peer Support	individual	16 papers	Asset-based - success improving self-esteem; participants report personal health benefits Social Skills - significant decrease in depression, and improved quality of life (although not sustained at one-year follow-up) Peer Support - indicate positive impacts on quality of life - all intervention types successful in increasing feelings of/actual connectedness
Wilson and Cordier, 2013	Social belonging	Narrative review	ERIC, PsychINFO, Scopus, Summon, Google Scholar, and Web of Knowledge	adult men	Men's Sheds "community-based male-friendly places where men connect with other members of their communities, while simultaneously providing opportunities to learn practical skills and develop new interests" pp. 452 (Australian Men's Shed Association 2011a, 2011b; Men's sheds Australia, 2011).	individual	19 articles and 5 reports	Findings grouped into 5 key areas: 1) adult learning; 2) health and well-being; 3) meaningful participation; 4) mentoring; 5) conceptual frameworks. Health and well-being (3 papers only) - enhance subjective self of well-being, in particular for men with mental health problems and substance addictions

Chapman et al., 2013	Social connectedness (defined in terms of school connectedness)	Systematic review	articles available as of August 2011 Pubmed, PsycInfo, ERIC, Science Direct, and Proquest Education and Psychology	children and youth (ages 5 to 18)	School based interventions	individual	14 articles	CDP - increased sense of school community; 1 paper reported decreased alcohol and marijuana use, 1 paper no decrease in alcohol or other drug use Going Places - no differences Gatehouse - differences between intervention group drinking and friends drinking compared to control group; no effects on relationships Positive Action Program - 1 paper reported 31% reduction in substance use RHC - greater commitment to school for students in program than control; 1 paper reported greater decreases in frequency of alcohol and marijuana use for students in program than control, no effect on use versus non-use SSDP - intervention students significantly more attached and committed to school; reported lower rates of alcohol (4 papers), other substance use (1 paper) and improved emotional and mental health (1 paper) IPSY - positive effects on school bonding and frequencies of alcohol consumption