<title>Evaluation of Social Interventions with People with Disabilities: A Systematic Literature Review

<byline>Marta Mira-Aladrén, Javier Martín-Peña, and Marta Gil-Lacruz

<abstract>This article aims to review the scientific production on social interventions (SI) in the field of persons with disabilities (PWD) and their families and to analyze its evaluations. To do so, it starts from the context of the social model of care of the United Nation's Convention on the Rights of Persons with Disabilities and the sustainable development goals, and the evaluation of SI. The methodology proposes a systematic review of the existing literature on SI with PWD and their evaluation, based on the preferred reporting items for systematic review and meta-analysis (or PRISMA) model, including 19 articles. The results highlight issues such as the scarcity of publications with evaluations, the lack of homogeneity in the evaluation indicators used, the large number of interventions related to intellectual disability, and a large proportion of community interventions. This scoping review assists future research to consider different questions about evaluation indicators and implementation of the social model or social inclusion, among others.

Key words: disabilities; social inclusion; social interventions; social policy; systematic review and evaluation

The international Convention on the Rights of Persons with Disabilities (CRPD; United Nations [UN] General Assembly, 2006) recognizes the needs and rights of persons with disabilities (PWD), modifying their care. The CRPD speaks of a new social model of disability, as opposed to a model focused on medical/rehabilitative issues (Pindado García, 2015; Shakespeare, 2014). It also highlights the commitment of the signatory countries to this vision in their social policies and the promotion of interventions along these lines. All of this was reinforced in the sustainable development goals (SDGs), especially in their targets 4.5

(ensure equal access to all levels of education for vulnerable people); 8.5 (achieve full and productive employment and decent work for all); 10. 2 (empower and promote social, economic, and political inclusion); 11.2 (provide access to transport systems for all); 11.7 (provide universal access to green and public spaces); and 17.18 (increase support for capacity building in developing countries; Danish Institute for Human Rights, 2019; UN General Assembly, 2015).

Furthermore, the CRPD and the European Union's (EU, 2021) *Union of Equality: Strategy for the Rights of Persons with Disabilities 2021-2030* (EUSRPD) propose the need for an evaluation of social services for PWD to improve service quality (art. 25, CRPD; EU, 2021, point 7; Høydal & Tøge, 2021). This evaluation, in turn, is part of the theory of social interventions (SI) from the field of social work (de Smidt & Gorey, 1997). This SI phase facilitates the analysis of the objectives set and their achievement or nonachievement in terms of activity, effectiveness, efficiency, and satisfaction, to their improvement. For this, it is necessary not only to adapt this phase to the characteristics of each SI, but also to use a validated method of evaluation (de Smidt & Gorey, 1997; Izuzquiza & Rodríguez, 2016; Stufflebeam, 2003). Therefore, it is necessary to generate mechanisms and indicators that allow for a systematic evaluation, based on those promoted by policies developed at the international level (e.g., SDGs or EUSRPD).

Despite this need, studies such as Llewellyn (2014, 2017) show that there are certain deficits (e.g., lack of research, the absence of an intersectional approach that addresses specific groups such as women or young people, the lack of involvement of PWD in the coproduction of the studies as researchers using participatory methodologies, or the few longitudinal studies that address the long-term impact of the SI developed).

Moreover, some difficulties, given the characteristics of the population under study, have been encountered. PWD are sometimes institutionalized and/or with a modified capacity

to act, potentially making direct access to them difficult, increasing the possibility of research bias. Moreover, there are people who need adaptations to express themselves or respond to studies, due to their disability. These and other challenges and risks (Gavidia-Payne & Jackson, 2019) raise further concerns regarding the evaluation of interventions with PWD. Therefore, the inclusion of PWD in the scientific production is advocated.

To achieve an evaluation methodology in SI with PWD, it is first necessary to (a) know the interventions implemented so far; (b) review the literature on these and their characteristics, outcomes, and evaluations, accommodated to these characteristics; and (c) know the evaluation methods used and their effectiveness for the different interventions. Based on this research problem, our objective was to review research articles on the evaluation of SI with PWD. This objective was further elaborated into the following specific aims: (a) to provide an overview of scientific publications on SI with PWD at international level in the past five years, (b) to study existing data on the evaluation of SI in the field of PWD, and (c) to describe the evaluation measures used in SI with PWD.

As a result of this research, it will be possible to discover (a) what SI are being developed; (b) how they are evaluated, in terms of their characteristics and those of their target population; (c) their results and deficits; and (d) best practices.

<a>Method

To achieve our objectives and given the exploratory nature of our study, following examples like Sabbe et al. (2020), a systematic review of the literature was conducted, using the preferred reporting items for systematic reviews and meta-analyses (PRISMA) procedure (Moher et al., 2015). This method is widely used and validated in the scientific literature, as it allows researchers to obtain a holistic view of the research problem and favors its understanding and subsequent deepening (Corbetta, 2010; Higgins et al., 2020).

The protocol used for the implementation of this method was based on various manuals and studies on meta-analysis as a research technique (Botella Ausina & Sánchez Meca, 2015; Higgins et al., 2020; Moher et al., 2015; Sabbe et al., 2020). Particularly useful was the documentation produced by the PRISMA team (Page, McKenzie, et al., 2021; Page, Moher, et al., 2021), which allowed for a graphical representation of the process and tools for its validation. PRISMA also provides a systematization that allows for the replicability of the review both internationally and in subsequent years. The illustration of the full protocol is in Figure 1.

Within this protocol, the first step was to define the research problem. Then, criteria were generated for selecting the sources to be worked with (Botella Ausina & Sánchez Meca, 2015):

Area of study: The selected studies focused on the area of social sciences, specifically social work, social education, and social policy.

Date of publication: The selected articles were published between 2017 and 2021, based on the SDG impact discussed.

Type of papers: Only indexed journal articles were selected.

Access type. All types of articles were selected.

Language: Given the language skills of the research team, priority was given to articles published in English and Spanish.

Exclusion criteria:

- <bl2>Studies that do not focus on PWD.
- Studies dealing with therapeutic, clinical, or other types of social science interventions, such as pedagogy or clinical psychology.
- Nonempirical studies that lack primary data or do not refer to the evaluation of the interventions presented.

<text>We studied research published on SI with PWD between 2017 and 2021, because of the international political impact of the SDGs. This document, approved in 2015, represents a commitment to be fulfilled between 2016 and 2030. Therefore, it was understood that the period between 2017 and 2021 should reflect its spirit. Furthermore, the SDGs provide indicators whose implementation could reinforce the evaluation of the different actions developed (Danish Institute for Human Rights, 2019; UN, 2015).

The databases selected for the search of studies were Scopus and Web of Science, given the large number of articles with international impact and linked to public and social policies that they contain. In addition, these databases allow us to use a large number of search filters. “Search filters are predefined strategies that are designed to retrieve specific types of records, such as those of a particular methodological design” (Kugley et al., 2016, p. 32), and they provided a useful way of describing specific characteristics that are of interest to our research, facilitating screening. However, as Kugley et al. (2016) suggests, they should be used with caution in the social sciences, given the less comprehensive indexing in this field. Therefore, the filters that can be applied, the quality of the indexing of these databases, and the large number of articles in English available were sufficient reasons to use these databases.

The search for studies was conducted in August 2021. Keywords and their synonyms were selected based on those used by previous studies, such as de Smidt and Gorey (1997), Llewellyn (2014, 2017), and Fleming et al. (2019). Furthermore, we incorporated words linked to European and Spanish social policies, such as “dependency.” The keywords that we used, were “disability,” “dependency,” “inclusion” and “social intervention.” These words were used in combination, thus making the search more concrete. It should be noted that these words were combined with some synonyms frequently used in this type of research in this way:

Disability: functional diversity, special needs, impairment, handicap, and deterioration

SI: social practice, social services, public policies, and social policies

<text>These synonyms were used using the Boolean term OR. Moreover, soci* was used for the word "social intervention," favoring the search for studies also related to the social, care, and health fields and linked to public and social policies. The Boolean term AND was also used to limit the search to documents that contained more than one of the mentioned concepts.

<a>**Results**

We worked with the 19 studies collected. It should be noted that most of the articles were discarded under the last intraobserver exclusion criterion (i.e., lack of empirical or evaluation data).

To fulfil our objective of finding out about the interventions carried out and their characteristics, a summary table was drawn up to meet these characteristics (see Table 1). Particularly noteworthy are the characteristics in relation to the type of intervention: individual (n = 5), group (n = 4), or community (n = 10). Furthermore, considering the international context, it can be stated that individual interventions are preferred by Anglo-Saxon countries, group interventions by European countries, and that there is more variety in community interventions, with the type of intervention most frequently carried out in Asian countries.

First of all, the five individual interventions are related with some cognitive or developmental disorders (DD). Moreover, the interventions were linked to the field of training for employment or the improvement of social skills, using mentoring programs. For the evaluation of the interventions, a variety of methods were used, mainly focused on the

achievement of objectives, with different psychometric instruments linked to DD and interviews.

Individual SI focus on mentoring actions in individual sessions (see Table 2). In four of the cases, social and communication skills are worked on (Garrels, 2019; Walsh et al., 2019; Wilson et al., 2018; Wilson et al., 2020). In two of the cases (Wilson et al., 2018; Wilson et al., 2020), the focus was on employment and vocational skills and activities. Finally, Watchman et al. (2020) discusses different SI to improve the situation of people with dementia, including games, sports, music, cooking, etc. These interventions are complemented in different ways. In the case of Garrels (2019), putting skills into practice with peers is conducted during lunchtime. Walsh et al. (2019) study used videos and group sessions.

The four group interventions were all linked with intellectual disability (ID; see Table 3). Their interventions were linked to the management of coexistence, interactions, and self-regulation. For their evaluation, most used qualitative method, but with different measures.

In education system we found a coexistence program between a general and a special primary school to promote their interaction. They worked on communication and personal relationships; twice a week, a teacher accompanied a pupil to activities in the neighborhood (Vasileiadis & Doikou-Avlidou, 2018). Kalgotra et al. (2019) describes use of role play, rewards, verbal instruction, and feedback to work on different social and behavioral skills (aggression control, interaction skills, cleanliness, etc.).

Adolfsson et al. (2019), in social services, worked with a group of mothers with cognitive limitations who have children in residential care. Their aim was to help them understand and cope with their situation and to receive support from other mothers (e.g., in parental rights, cognitive difficulties, or court proceedings).

Finally, although it was not a specific program, we included Mercado García et al. (2021) in our results, as a form of SI with PWD from the field of dance. The lead researcher asked parents, people with ID, and coaches about the intervention in which they participate and its impact.

Finally, we analyzed the 10 community interventions found (see Table 4). These actions were more diverse in terms of the type of disability and the system from which they were implemented. They were mainly linked to promoting social inclusion, raising awareness, and improving social networks and community resources. For the evaluation of the interventions, mostly semistructured interviews were used, mixed in some cases with different psychometric instruments, such as the Adaptative Behaviour Scale, Social Participation Index, Emotional Well-Being Index, and GENCAT Scale (questionnaire measuring quality of life [QoL]), all of them with different indicators.

All interventions linked to the social services system focus on social inclusion, community participation, and improving QoL of PWD, varying the method of intervention for the same objective. Kruithof et al. (2021) proposes inclusion through volunteering actions of PWD; Bigby and Anderson (2021) worked with two organizations, generating controlled convivial encounters, regular and brief social interactions around an activity, respecting the interests of PWD; and González Casas et al. (2020) analyzed the social inclusion of people living in residential settings and the interventions that do or do not promote it.

Interventions made between the health and social services system consider the training and awareness raising of professionals. On the one hand, Trani et al. (2021) described an interdisciplinary and local intervention that reduces inequalities and favors the empowerment of PWD. On the other hand, Webber et al.'s (2019) model is based on a coproductive process in which objectives are jointly established and opportunities are identified. Along these lines, but from within the health system, is the SI by Mathias et al.

(2018), which aimed to create community knowledge, safe social spaces, and partnerships for action to change attitudes toward PWD. Yoon et al. (2021) proposes this change in the social perception of disability through art, promoting the careers of artists with disabilities. Also, from health sector, Kafaa (2021) presented a social protection program for PWD to reduce the socioeconomic risk factor of disability in Indonesia.

There are two experiences of interventions through sport: one based on a modified form of sport, the walking football program for people with dementia (MacRae et al., 2022), and the case of three youth clubs for PWD that raise the need to include PWD, although some critics argued that this sacrificed part of the competitive essence (Jeanes et al., 2019).

In general, in terms of the evaluations developed, 53% opted for qualitative research, mainly using interview and observation techniques. All of them were justified to broadly analyze the perspectives of the participants, or the need to clarify concepts and questions given the characteristics of their disabilities. The 26% opted for a quantitative assessment focused on the use of different already validated questionnaires (González Casas et al., 2020; Trani et al., 2020; Walsh et al., 2019; Wilson et al., 2020). These tools coincided in terms of objectives with those used in mixed-methods studies (Bigby & Anderson, 2021; Watchman et al., 2020). In relation to the measures, six of the articles (González Casas et al., 2020; Mercado García et al., 2021; Watchman et al., 2020; Webber et al., 2019; Wilson et al., 2018; Wilson et al., 2020) chose QoL as one of them, due to different existing questionnaires and the multitude of aspects it covered. From an international perspective, there are no considerable differences between the tools used and the country of research, except in the case of group interventions, where only the Asian research studies used quantitative methodology as opposed to the qualitative methodology chosen by the rest of the studies. Therefore, answering to our research problem, these indicators can be understood as the basis for the creation of generalized indicators for the evaluation of SI with PWD.

<a>Discussion

The evaluation of SI with PWD is a growing demand both from theory (Høydal & Tøge, 2021; de Smidt & Gorey, 1997) and from institutions. For this reason, and considering the challenges and research gaps in this field (Gavidia-Payne & Jackson, 2019; Llewellyn, 2014, 2017), a systematic review of 19 relevant articles of the literature on SI with PWD and its evaluations was proposed.

First, a scarcity of results was revealed, which would have to be explored, to find out whether it is due to a lack of SI or a lack of publications on their evaluation. The latter hypothesis is the most likely given the multitude of social entities and projects focused on PWD that obtain external funding for their development, although not for their evaluation and publication through longitudinal studies (Llewellyn, 2014, 2017).

In addition, most SI are community based and linked to people with ID or DD, being more diverse or general in community interventions. Furthermore, it is also noted that most of them focus on social inclusion or on improving social and communication skills, in line with the objectives of the CRPD (UN, 2006) and the EUSRPD (EU, 2021), as opposed to group interventions, which are more focused on emotional self-regulation, and individual interventions, which are more focused on employment skills work and formal education.

Attending to the international context, Europe and Australia have the largest number of publications. There were specific cases in Indonesia, India, and Afghanistan. Specifically, interventions in developing countries have a more medical focus (Kafaa, 2021; Mathias et al., 2018; Trani et al., 2021). There is a scarcity of studies focusing on rural areas. Moreover, the studies present age ranges that are either very broad or focused on childhood. Consequently, it follows that there is only a specialization in addressing disability in childhood, leaving aside other moments such as youth, only addressed by Walsh et al. (2019) and Jeanes et al. (2019). In this sense, future research should examine whether a specialization of resources for

PWD (young, aging, or adult) is necessary or desirable (González Casas et al., 2020; Wilson et al., 2018) or the effects that this joint attention has on the entire population, with age ranges up to 71 years (Webber et al., 2019).

Furthermore, it is worth noting the lack of intersectional studies that cross-analyze variables such as age, gender, or sexual orientation with the disability variable, helping to detect interventions for particularly vulnerable PWD, in line with Fleming et al. (2019), Llewellyn (2014, 2017), and Gavidia-Payne and Jackson (2019). Additionally, although this may depend on the tradition of each country, it is curious to note that, despite being fundamental for SI, social work only appears explicitly in two studies (Kruithof et al., 2021; Webber et al., 2019).

Related to evaluation, there is a deficit of participation of PWD. Only one article (Garrels, 2019) evaluated participants' satisfaction with the activity, and only three articles address the experience of participants with and without disabilities (Adolfsson et al., 2019; Kruithof et al., 2021; Yoon et al., 2021). Also, it is worth noting that only one article mentions the coproduction of studies and interventions (Webber et al., 2019), in line with Fleming et al. (2019) and Llewellyn (2014, 2017) and contrary to what is proposed by textbooks such as Gavidia-Payne and Jackson (2019).

Finally, in relation to the results obtained, all the SI analyzed showed improvements among the recipients (e.g., in perceived QoL or social inclusion). Despite this, there was agreement on different deficits, such as the existence of fears); the need for more training and support of professionals (Mathias et al., 2018; Vasileiadis & Doikou-Avlidou, 2018) and funding (Yoon et al., 2021); and, mainly, a need to change the social perception (Adolfsson et al., 2019; Jeanes et al., 2019; MacRae et al., 2022; Mathias et al., 2018; Mercado García et al., 2021; Yoon et al., 2021). Furthermore, only Kafaa (2021), González Casas et al. (2020), and Trani et al. (2021) refer to the CRPD (2006) and only Kafaa (2021) justifies his study in

relation to the SDGs (UN, 2015). Therefore, it is not yet possible to speak of consolidated, homogeneous, and structured indicators or assessment methods for SI with PWD, despite the calls of the CRPD (UN, 2006) and the EUSRPD (EU, 2021).

An example of this is the discussion of Jeanes et al. (2019) and MacRae et al. (2022), who raise issues such as inclusion versus competitiveness and the essence of sport. The CRPD (UN, 2006) talks about reasonable accommodation in these activities (i.e., making adaptations without losing the essence of the activity or at great cost.) However, this debate raises questions: Is it compatible to talk about inclusion and make it conditional on reasonable accommodation? How do we assess what is the essence of the activity?

In this sense, different questions arise: Are we really carrying out the activity with these people in mind? If there is no coproduction of the activity and its evaluation, are we including them? Has the medical model been overcome if we focus on the evaluation of psychometric variables without considering the preferences of the PWD who participate in the activities? Some of these questions are raised by Yoon et al. (2021) or Jeanes et al. (2019), although without elaborating on their answers or the necessary modifications. Therefore, these questions can be pursued as a future line of research.

In conclusion, despite the limited number of samples studied and the needs to deepen the connection between the SDGs and the SI, it can be affirmed that the implementation of SI assessments, promoted by institutions, is not yet a reality. Furthermore, agreeing with Fleming et al. (2019) and Llewellyn (2014, 2017), there is a deficit of scientific publications in this field, especially in developing countries. Nevertheless, the studies analyzed show progress in the systematic evaluation of SI, although they lack homogeneity in their indicators, measures, and methods.

It would be interesting for future research to analyze the convenience or otherwise of developing SI focused on certain moments of development, such as youth or aging, meeting

the specific needs of each stage of life, and to implement intersectional studies that address vulnerable groups among PWD. <dgbt>

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<authorblurb>**Marta Mira-Aladrén, PhD,** is research staff in training, Department of Psychology and Sociology, Faculty of Social Science and Social Work, University Institute for Research in Employment, Digital Society and Sustainability (IEDIS), University of Zaragoza, Violante de Hungría, 23, Zaragoza, Zaragoza 50009, Spain; email:

mmira@unizar.es. **Javier Martín-Peña, PhD,** is associate professor, Department of Psychology and Sociology, Faculty of Social Science and Social Work, University of Zaragoza, Spain. **Marta Gil-Lacruz, PhD,** is associate professor, Department of Psychology and Sociology, Faculty of Health Sciences, University Institute for Research in Employment, Digital Society and Sustainability (IEDIS), University of Zaragoza, Spain.

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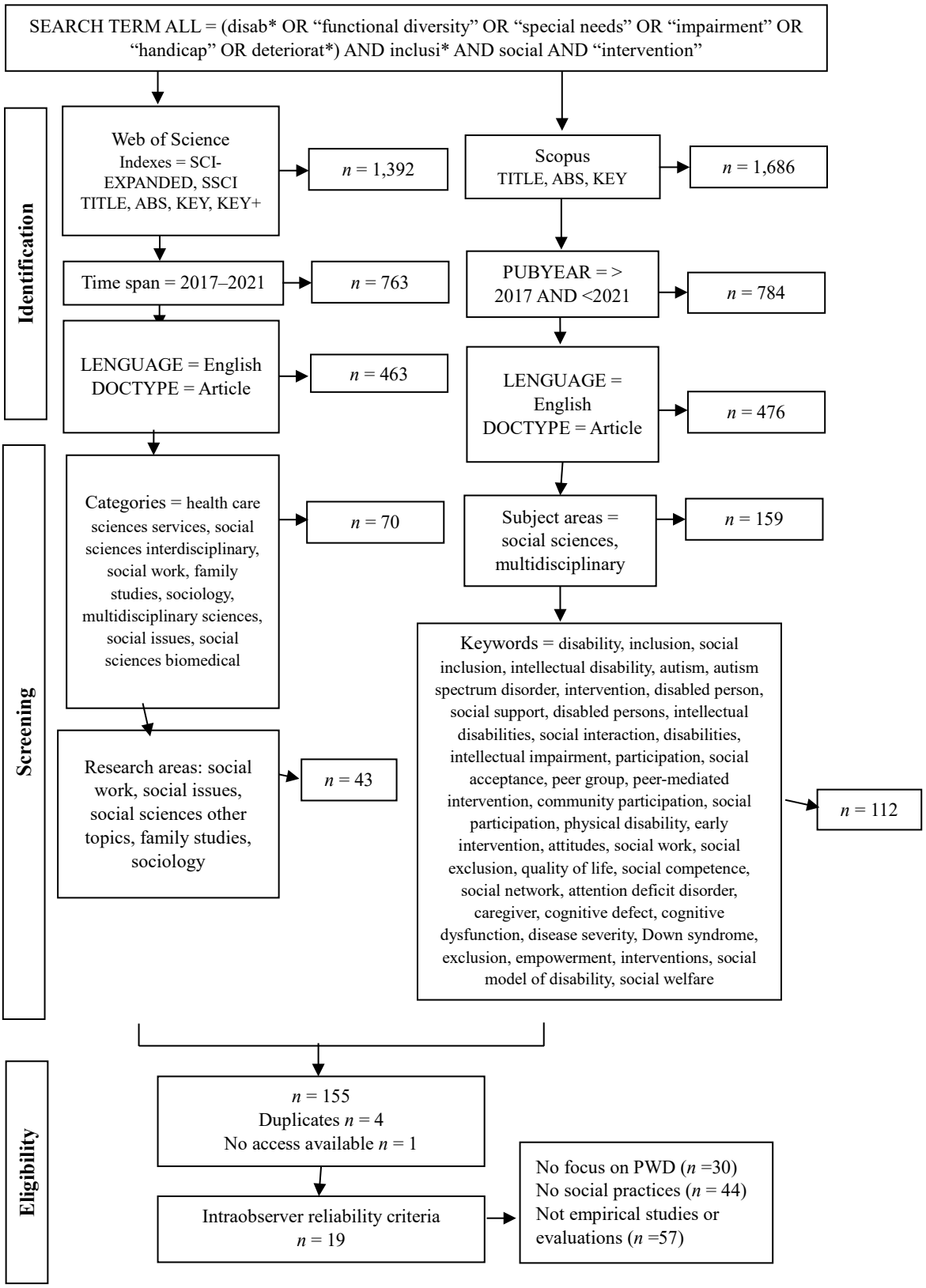
FIGURE 1: PRISMA Flow Diagram of the Search Strategy



Notes: PRISMA = Preferred Reporting Items for Systematic reviews and Meta-Analyses; SCI = Science Citation Index; SSCI = Social Sciences Citation Index; ABS = Abstract; KEY = Keywords; PWD = Persons With Disability.

Table 1: Sample Characteristics

Reference	Country	Area	Disability	System	Intervention	Sample (*N*)	Age (Years)	Professionals
Garrels (2019)	Norway	NS	ASD and mild ID	Education	Individual	1	14	Educator
Walsh et al. (2019)	Ireland	NS	ASD and ID	Social services	Individual	6	21–27	Teachers
Watchman et al. (2020)	Scotland and United Kingdom	NS	ID	Health and social services	Individual	16	38–77	NS
Wilson et al. (2020)	Australia	Mixed	ID	Social services	Individual	5 mentees, 12 mentors	Mentees 15–17, mentors 53–81	OT and mentors
Wilson et al. (2018)	Australia	Mixed	ID	Social services	Individual	18	17–24	OT and mentors
Adolfsson et al. (2019)	Sweden	Urban	ID	Social services	Groups	9	24–51	NS
Kalgotra et al. (2019)	India	Mixed	ID	Education	Groups	70	6–17	Special educators, psychologists and parents
Mercado García et al. (2021)	Spain	Urban	ID	Art	Groups	9	22–58	Dancers and coaches
Vasileiadis & Doikou-Avlidou (2018)	Greece	Mixed	Mild ID	Education	Groups	20	6–7	Speech therapist, psychologist, and special education teacher

Kafaa (2021)	Indonesia	NS	NS	Health	Community/ public policy	28	NS	PWDs, community, government, and selected informants
Bigby & Anderson (2021)	Australia	Mixed	ID	Social services	Community	10 PWDs, 18 staff	19–48 PWDs	CEO, managers, team leaders, and frontline support workers
González Casas et al. (2020)	Spain	NS	ID	Social services	Community	125	Average 56.7	NS
Jeanes et al. (2019)	Australia	NS	NS	Sport	Community	3 clubs	Young	Sport development workers and volunteers
Kruithof et al. (2021)	Netherlands	Urban	ID and mental health	Social services	Community	13	33–76	Social workers
MacRae et al. (2022)	Scotland	Urban	ID	Sport	Community	10 participants, 10 carers, 3 staff	>70	NS, volunteers
Mathias et al. (2018)	India	Urban	Psychosocial	Health	Community	437	NS	Community leaders, functionaries, preschool workers, auxiliary nurse midwives
Trani et al. (2021)	Afghanistan	Urban	All	Health and social services	Community	1,184 CBR, 927 control	*M* = 16.13 (CBR), 35.6 (control)	NS
Webber et al. (2019)	England	Mixed	Learning and/or	Mental health and	Community	117	16–87	Social care workers, social workers, OTs,

			mental health	learning services				nurses, psychologists, psychiatrists, and team managers
Yoon et al. (2021)	Australia and South Korea	NS	Cognitive	Art	Community	4 organizations	NS	Art director, studio manager, and graphic designer

Notes: NS = Not specified; ASD = Autism spectrum disorder; ID = intellectual disability; PWD = persons with disability; CBR = Community Based Rehabilitation; OT = occupational therapist.

Table 2: Evaluation of Individual Interventions

Reference	Measures	Method	Results
Garrels (2019)	• Achievement of goals • Conversational skills • Satisfaction	**Qualitative:** Interview schedule and observation checklist	Improving conversational skills Improving self-determination
Walsh et al. (2019)	• Social skills • Social behaviors	**Quantitative:** Observations, validated surveys	• Improvement in social skills • Generalized improvement in natural environments
Watchman et al. (2020)	• QoL • Neuropsychiatric factors • Personal characteristics • Changes in the PWD • Impact perception • Facilitators and challenges	**Mixed:** Validated questionnaires, staff intervention diary and the behavior change tool, semistructured interviews, photo voice	• Reduction of medication, distress, and/or agitation • Meeting and improving individual targets • Existence of fears about dementia

Wilson et al. (2018)	• Psychiatric and psychologic factors • Adaptive behaviors • Independent living • Decision-making skills • Community integration • Self-determination • Work skills/adjustment • QoL	**Mixed:** Pre- and postintervention outcomes measures, individual interviews	• Better self-assessment • Pride in achievements and enjoyment of the activity • Perception of learning for mentors and mentees • Benefit of sense of ownership • Need to lengthen the program • Need for improvement in planning, support, and training for mentors • Problems of young people with ID in completing self-reporting
Wilson et al. (2020)	• QoL • Personal well-being • Work adjustment • Loneliness	**Quantitative:** Quasiexperimental pre- and posttest with validated questionnaires	• Improving QoL at the community level • No significant differences in loneliness, well-being, or workplace adjustment • Low dropout rates • Improved sense of community and work skills

Notes: QoL = quality of life; PWD = persons with disabilities; ID = intellectual disability.

Table 3: Evaluation of Group Interventions

Reference	Measures	Method	Results
Adolfsson et al. (2019)	• Acceptation • Relation with the system • Mother role • Mother experience • Maturing • Challenge and changes	**Qualitative:** Interviews	• Improved mother's maturation • Expansion of life expectancy • Need of more research • Require supports beyond maternal role

Kalgotra et al. (2019)	• Social skills • Social maturity • Intellectual quotient • Socioeconomic factors	**Quantitative:** Quasiexperimental pre- and posttest	• Strong effect on children with mild ID • Moderate effect in children with moderate ID
Mercado García et al. (2021)	• QoL • Well-being • Social relationships • Self-determination • Social inclusion • Rights	**Qualitative:** Review of literature and semistructured interviews	• Improve the QoL for people with ID • Improve self-esteem, confidence, and the development of soft skills • Supports the visibility of the group • Limitations of sample and methodology
Vasileiadis & Doikou-Avlidou (2018)	• Behaviors • Interaction • Solitary activity	**Qualitative:** Systematic observation, semistructured interviews, and teacher's journal	• Significant increase in positive interactions inside and outside the classroom and participation • Decrease in negative interactions • Positive changes in attitudes of regular children • Positive changes persist after the program • Relevance nature of play activities, with clear boundaries and structure; the systematization of the program; and the individualized plan • Need for teacher support and collaboration between teachers

Notes: QoL = quality of life; ID = intellectual disability.

Table 4: Evaluation of Community Interventions

Reference	Measures	Method	Results
Bigby & Anderson (2021)	• Behavior • Social interactions • Social skills	**Mixed:** Semistructured interviews and validated questionnaire	• Improved lexicon • Great work of the staff for the organization and supervision of the meetings • Improved choice and accountability results in the offer with clarity in individualized funding
González Casas et al. (2020)	• QoL	**Quantitative:** Validated questionnaire	• Deficits in levels of psychosocial well-being that correlate significantly with QoL • Need to strengthen relationships with their environments • No relationship with sex or degree of dependence, in general • Importance of center specialization
Jeanes et al. (2019)	• Social inclusion and diver understood • Inclusion policies • Strategies • Benefits • Challenges	**Qualitative:** Semistructured interviews	• Resistance to inclusion policies in sport • Provision is seen as too difficult to implement, unethical to competition or outside the core business • Need to combat ableism, training, and inclusion in clubs
Kafaa (2021)	• Social protection • Programs	**Qualitative:** Review of literature, interviews and directly observed	• Increase of inclusive social protection for PWD in Indonesia • Difficulties in ensuring participation of PWD in the insurance scheme • Lack of coverage such as transportation or some of the necessities • Limited participation in community health program, only covers the poor

Kruithof et al. (2021)	• Well-being • Relationships • Mental health • Experiences	**Qualitative:** Semistructured interviews	• Improvements in inclusion, mental health, and well-being • Provided superficial but meaningful contacts in the community • Countered feelings of stigmatization
MacRae et al. (2022)	• Memories • Social impact • Carer respite	**Qualitative:** Semistructured interviews	• Counteracts cultural, social and stigma barriers • Can help maintain or improve functioning, interpersonal relationships, and QoL. • Need to provide information and necessary means (time, transport, etc.) • Improved mood • Need for methodological flexibility • Positivity of playing in environments with emotional reminders, incorporating social interactions, "being one of the boys," separating from caregivers, and offering flexible respite
Mathias et al. (2018)	• Knowledge outcomes • Knowledge mechanisms • Safe social spaces • Social inclusion • Safe spaces mechanisms • Partnerships outcomes • Partnerships mechanisms • Social capital	**Mixed:** Focus groups discussion, participant observation, document review, and monitoring matrix of outputs/outcomes	• Improved community awareness, social support, and inclusion • It created safer social spaces • Nonhierarchical system and informal conversations allowed for "organic" integration of biomedical knowledge • Better communication skills with PWD • Facilitating social networks enhances women's collective capacity • Actions at local level contribute most to learning, stigma reduction, and help seeking • Progress is uneven and slow
Trani et al. (2021)	• Social participation • Well-being • Daily activities • Communication	**Quantitative:** Validated questionnaires and employment and	• Improved daily mobility and communication • Improved emotional well-being, social participation, and access to employment

	• Employment skills and activities	sociodemographic covariates	• Effectiveness in advocating for the rights of PWD and promoting social awareness • Lack of standardization in the CBR program • The most successful specific processes could not be identified
Webber et al. (2019)	• Well-being • Relationships • QoL • Social adjustment • Social opportunities and resources	**Mixed:** Prospective one-group pretest/posttest preexperimental study; semistructured interviews, Resource Generator UK, social and community opportunities profile, and validated questionnaires	• No statistically significant differences between participants who experienced high- and low-fidelity IPC • Improvements in high-fidelity participants: significantly greater access to social capital, greater perceived social inclusion, and lower costs of services • Higher mental well-being • Positive life events and medication as variables to be studied in fidelity and improved outcomes
Yoon et al. (2021)	• Social opportunities • Artistic quality and capab • Support • Barriers • Individual experiences	**Qualitative:** Observation and semistructured interviews	• Growing demand for the development of professional artistic careers for PWD; greater willingness in Australia than in Korea • Institutional focus on therapeutic and recreational, leading to funding problems • Need for social support and opportunities to show their art • The change of perspective creates a more diverse artistic space

Notes: QoL = quality of life; PWD = persons with disabilities; ID = intellectual disability; CBR = community-based research; IPC = infection prevention and control.