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Home and Living Options for People with Disabilities: A systematic review and environmental scan of strategies to support transition from group homes and congregate care, and those which prevent movement to congregate settings

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**Funder details**

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# Overview

The aim of this review was to understand the interventions and strategies that are being used to help people transition out of institutional care into more individualised home and living options. Oliver et al (2020) define individualised housing as “housing options that are life stage appropriate, where people with disability have choice regarding where and with whom they live, the support they receive and their day to day activities”. This is a useful definition to guide reference to individualised housing in this report but the reader should note that often papers did not clearly define what was meant by idividualised or community in the specific context. The review also aimed to document the evidence for the strategies found to support this transition.

A systematic review and environmental scan of evidence from 2000-2020 across 10 academic databases, 55 organisation websites and 49 grey literature documents was run in October 2020.

The academic literature predominantly reported on the process of de-institutionalisation to community group living (n=48 of 105). Twenty papers from this literature specifically addressed individualised or independent supported living models. The grey literature provided evidence of individualised or independent supported living (n=16), and movement from congregated settings (n=22). The environmental scan described accommodation interventions and supports implemented in the disability sector, with 26 organisations providing specialist accommodation and 21 offering consulting and information services to support people with disabilities in the housing process.

The comprehensive search that was conducted included five types of accommodation that people with disabilities transitioned into, which facilitated greater independence as alternatives to institutional or group home models. In this review, this included: 1. Community or supported; 2. Independent or semi-independent homes, including living alone, co-residency, relationships; 3. Home ownership (shared equity); 4. Home pooling; 5. Housing modifications/redesign/technology including assistive technology and wider living ecology adaptations. Though housing modifications are not a transition to other housing per se, support to redesign and adapt a home is an intervention which is typically employed to prevent transition to congregate setting and was therefore included as part of this review.

## Key findings

* Interventions that enable transition exist at policy *(flexible funding, adequate housing stock),* organisational *(staff training, provision of specialist services, person centred values*), community *(technology, outreach supports*), interpersonal *(staff support and informal networks and supports)* and individual levels *(involvement and skill development).* Barriers to transition also exist at each of these levels
* Improvements in independence, quality of life and wellbeing, social inclusion and participation (including attainment of social valued roles), health and functioning, and adaptive behaviour were found for people with disabilities following transition to housing alternatives other than congregate and group home settings.
* While there was some evidence of benefit from housing transition across a range of outcome measures, indicators and tools used to measure effectiveness were varied across studies with no standardised outcome measure within a category (for example, no single measure of quality of life) and no standard suite of outcome measures being implemented (studies measured a range of factors but not the same range in each study).
* The evidence on cost-effectiveness for living options other than congregate settings was limited (n=5) and inconclusive, requiring further data.
* Evaluation of effectiveness of current practices was not detectible in the environmental scan. Many of these initiatives are new and developing. There is a need to evaluate these practices to establish impact on participant outcomes.

The review took a whole of person approach and identified a range of strategies that have been documented as supporting transition. Some but not all of these are likely to reside within the remit of the NDIA solely.

# Executive Summary

## Background

This review was commissioned by the NDIA to systematically document evidence-based approaches to transition to more independent and/or individualised living. Specifically, this review aimed to collate evidence to highlight what works well to support transition out of congregate or group home facilities, and that which prevents movement into these facilities by people with disabilities. One of the underpinning values of the NDIS as an individualised funding source, is to facilitate greater choice and control by people with disabilities in their lives. This review aims to support decision making about funding and supports for people with disabilities to access the living option of their choosing and inform NDIA home and living policy development. The review took a whole of person approach and identified a range of strategies that have been documented as supporting transition. Some but not all of these are likely to reside within the remit of the NDIA solely. Intersectoral collaboration did feature as an enabler to transition.

## Research questions

The specific research questions guiding this review were:

1. What interventions/approaches are being used to enable and support people currently in group homes, institutional care and residential aged care (RAC) to move to alternative accommodation?
2. What interventions/approaches are being used to enable and prevent young people with disability and adults with recently acquired disability from moving into group homes and RAC?
3. How is the effectiveness of each intervention being measured?
4. Have these measures been validated and, if so, with what populations?

## Methods

A desk-based evidence review was undertaken to answer the above research questions. There were three distinct elements:

1. Systematic review of academic literature across 10 academic databases (n=109 papers);
2. An environmental scan of current or emerging interventions across Australia and internationally identified through on-line searching, consultation with steering committee and project members and informal contacts with sector experts (n=55 websites); and
3. A review of grey literature (policy, protocols, commissioned reports) identified through the systematic review and environmental scan process (n=49 grey literature documents).

The three steps above were supplemented by hand searching and reference checking of reference lists. Any evidence on interventions were examined to identify: what is effective (with whom, how and under what circumstances), and where is the evidence strong and consistent to support implementation. Recognising the lag that can exist between research publication and practice, the study also involved an environmental scan of current and emerging models of home and living options, with a particular focus on models that support transition to independent and/or individualised living.

## Key findings

### Transitions to alternative accommodation

The majority of transitions identified in the academic literature were moves from institutions to community settings (n=48), typically community group homes but the type of community setting was not always specified (n=10). Transitions to independent or semi-independent settings were reported in academic papers (n=20), though not always clearly disaggregated or consistently defined. The grey literature reported on the transition to community (n=22). There is also evidence of people with disabilities transitioning to independent living models (n=16).

Housing models identified that offer alternatives to institutional and group home models are categorised into five types:

* Community or Supported living or supported accommodation
* Independent or semi-independent or personalised living (including living alone, co-residency, relationships, rental)
* Home ownership/shared equity
* Home pooling (keyring)
* Housing modifications/redesign/technology including assistive technology and wider living ecology adaptations)

### Secondary outcomes

Secondary outcomes of the move to alternative accommodation using self-report quantitative measures identified in the systematic review examined:

* Quality of life (n=25)
* Choice and control (n=12)
* Health, functioning and adaptive behaviour (n=23)
* Social inclusion and participation (n=1)
* Cost benefit (n=5)

These were discussed and reported qualitatively also, with additional qualitative indicators of perceived effectiveness of improved relationships and loneliness reported.

Of note, no single measure was used consistently across studies and the range of measures employed to assess effectiveness also varied. The use of self-report, person-focused measures was a positive feature. However, the lack of consistency in the selection of measurement makes comparisons between studies and across time challenging.

### Interventions that enable transition

A number of interventions that enable transition were identified. These are reported at five levels – policy, organisational, community and environmental, interpersonal and individual.

**Policy and system level:** The literature is largely supportive of individualised, flexible and direct funding policies and its facilitation of more personalised living arrangements. Evidence is predominantly qualitative and descriptive with reports of implementation in the UK, the Netherlands, Australia, USA, Italy. Addressing sufficient supply of affordable and accessible housing to meet demand for homes beyond the group home and institution are noted in the grey literature.

**Organisational:** There is some evidence favouring the delivery of support programmes to facilitate transition from congregated settings or homelessness to de-congregated setting or independent living, with the quality of most of the studies involved rated as fair. Staff training, such as Active Support and Person-centredness, to support an individual in a person-centred way to choose where to live and navigate the housing market, were identified as effective mechanisms: however, data were mainly qualitative and reported on individual experiences or case studies.

**Community & environmental:** Community outreach supports were identified as enablers to community integration, particularly for people with mental health problems. Access to appropriate and specialised supports including access to assistive technology facilitated independent living.

**Interpersonal:** To facilitate social inclusion and community involvement post transition, supports to enable building and maintaining social relationships, and to ensure true inclusion and integration in the community are important. This was expressed qualitatively in the literature. The role of informal support networks features strongly in the qualitative and grey literature.

**Individual:** Training to support transition and adapting to independent living were enablers, with indicators of success involving ‘Place and Train’ and ‘Housing First’ models, where the individual is housed first and training in independent living skills provided in the new home.

Barriers to transition also exist at each of these levels.

## Conclusion

The review found that to date most research about transitions from congregate settings relate to the movement to group homes. The evidence supports de-institutionalisation, outlines the benefits for people to live in the community with regards to quality of life, health, participation and adaptive behaviour, as well as the importance of and rights of people with disabilities to have choice over where they live and who they live with. There is evidence to show the variable effectiveness of community group homes and the occurrence of ‘mini-institutions’ in the community which further gives weight to prioritise person-directed models of housing which respond to the individual’s needs and open pathways to mainstream housing options in the community. There is limited research evidence available to date which looks at the effectiveness of interventions supporting people to move to independent living. Though the qualitative, grey literature and environmental scan highlight a distinct move away from specialist housing to mainstream options with support, and greater emphasis on flexibility of funding models and supports. In particular, the review identifies work being undertaken by disability providers, housing associations, families and people with disabilities, in the development and maintenance of innovative models of housing within the mainstream housing market, that respond to the needs and desires of the person with disability. This needs to be the focus of future research and evaluation with a strong emphasis on the voices and unique experiences of people with disabilities in the journey to individual, independent, supported living of their choosing as well as the challenges and successes encountered in these journeys.

# Introduction

Housing is a human right (UNUDHR 1948, UNCRP, 2006). People with disabilities do not have the same opportunity to access their own home compared to the general population. The dominant model of accommodation for people with disability historically has been the institutionalisational model or some other congregate setting. The family home and remaining in the care of the family is also a dominant model of living for many people with disability, often without preference of the individual with disability considered. Rising house prices and low housing stock make the possibility of moving out of home very challenging (Kroehn et al, 2007).

In addition, though national policies and UN Conventions purport the right to choose, there is emerging evidence that some people with disability are being moved into congregate settings (O’Donovan, 2015) such as nursing homes or other aged care facilities.

During the initial stages of de-institutionalisation, the community group home was a desired destination, with evidence highlighting improved quality of life and other indicators for people with disabilities in community group homes compared with larger congregate settings (McCarron et al, 2018). More recent evidence illustrates that often institutional values and culture persist in group homes, and the person-centred gains anticipated did not materialise. For many people with disabilities, living in the community did not equate with being a part of or having a sense of belonging to the community (Milner and Kelly, 2009), with limited social integration achieved. Choice and control over one’s life, including the choice of who to share the accommodation with, was restricted for many. The work of Bigby et al (2014) has helped to highlight the importance of the quality of supports provided in group homes to achieve better outcomes for people with disabilities. Models other than the institution and group home require focus and further examination and evaluation.

The NDIA has a plan to support people to move to more individualised living. This review therefore seeks to identify the evidence for interventions to enable the transition and to inform the NDIA to deliver on this goal.

# Methodology

This section documents the methods used to identify evidence to address the research questions. A desk-based evidence review was undertaken which had three distinct elements:

1. Systematic review of academic literature across 10 academic databases (n=105 papers);
2. An environmental scan of current or emerging interventions across Australia and internationally identified through on-line searching, consultation with steering committee and project members and informal contacts with sector experts (n=55 websites); and
3. A review of grey literature (policy, protocols, commissioned reports) identified through the systematic review and environmental scan process (n=50 grey literature documents).

The three steps above were supplemented by hand searching and checking of reference lists. Any evidence on interventions were examined to identify what is effective (with whom, how and under what circumstances), and where is the evidence strong and consistent to support implementation. Recognising the lag that can exist between research publication and practice, the study also involved an environmental scan of current and emerging models of home and living options, with a particular focus on models that support transition to independent living.

## Eligibility criteria

Study characteristics:Studies eligible for inclusion included any study design (including randomised control trials, cross-sectional studies and prospective/retrospective before and after studies, interrupted time-series studies and qualitative descriptive studies) published in the English language in peer reviewed journals between 2000 and 2020. The timeframe was selected to maximise the capture of contemporary innovative strategies for de-congregated living. The complete PICO is in Appendix B.

Inclusion/Exclusion criteria:studies were excluded if the study

(a) only assessed participants over the age of 65 or under the age of 18,

(b) included a broad age group but did not report separately for participants aged between 18-65 years of age

(c) did not include transition taking place

(d) its publication date was prior to the targeted time period of 2000 to 2020

(e) content type was theoretical, in books, book chapters, editorials, unpublished dissertations or conference abstracts

(f) the reported content had insufficient information to appraise design, method, outcomes and results.

The eligibility criteria for the environmental scan and grey literature were broader as these were a response to recommendations from experts in the area of housing and transition including an international steering committee. Project reports, policy documents, papers and websites that were deemed relevant but were not identified in the systematic review of academic databases were included.

### Search strategy

Ten academic databases were searched for the systematic review in October 2020. The search string combined living arrangement, movement and transition, and interventions with disability. The full search string and list of databases searched are in Appendix C.

Members of the research team and advisory committee compiled a list of non-government organisations nationally and internationally that are pursuing innovative home options for people with disability (see Appendix A). This was supplemented by organic internet searches of NGO, disability research centres and disability property developer websites. Information extracted from the environmental scan was summarised using a standardised matrix based on the study’s eligibility criteria and key research questions. In addition to the scoping of current practice through websites and reports, stakeholdersworking in organisations where innovative home options for people with disability is evident were contacted. The point of this exercise was to gather information on innovative, successful and/or unsuccessful home and living options that have been designed, piloted and/or implemented in practice (small or large scale), but which may not be available in the academic or grey literature.

Grey literature was identified through a manual search of output from the systematic review above, prioritising policy documents, government reports and non-peer reviewed literature. Similarly, documents identified in the environmental scanning process and through project networks and the steering committee were included in this section of the review.

## Data Extraction Process

All studies that met initial search strategy eligibility criteria were initially included in the EndNote reference library. Covidence software was utilised for abstract and full text screening using two independent reviewers (ED and EW) for each stage of the process with any conflicts independently resolved by a third reviewer (MAOD). Data from the academic and grey literature were extracted using a data extraction template devised for this project (Appendix D) and which standardised the approach across reviewers. The data extraction form recorded citation, country and region, year of publication, sample composition and size, study design, type of transition, type of housing model, type of supports, outcomes measures, validation of measurement, and key findings. An amended data extraction form was used for the environmental scan and recorded website, participant profile, type of intervention, housing model and supports, and eligibility criteria set by the agency to access supports and services. One researcher compiled the list of websites for review with three researchers involved in extraction for the environmental scan. An overview to check consistency and quality of data extraction then took place.

### Risk of bias in individual studies

The quality of each study included in the academic literature was assessed based on the Joanna Briggs institute (JBI) quality assessment tools. Checklists for cohort, cross sectional and qualitative studies were used depending on the study design. Each study was rated based on the information on selection of participants, study design, methodology for statistical analysis or narrative synthesis and interpretation of findings. Overall rating scores were summed as ‘poor’ (50 percent or less of the checklist criteria were met), ‘fair’ (75 percent or less) and ‘good’ (over 75 percent of the checklist criteria were met). The included qualitative and quantitative papers were assessed by an independent researcher using the JBI tools. Once the initial review was complete, a random sample comprising ten percent of each category of the included papers was re-assessed for consistency by two other researchers. Quality assessment of grey literature and environmental scan websites was not completed. Once these sources met the broad eligibility criteria and/or had been recommended by experts, then they were included. As such, findings from these sources should be interpreted with the lack of quality assessment in mind.

### Data Synthesis

An initial thematic analysis of qualitative, quantitative and grey literature was completed. The findings were synthesised using an ecological framework adapted from McLeroy et al (1988). This is presented in the findings chapter. Quantitative synthesis of appropriate studies was completed using the Comprehensive Meta-Analysis (CMA) software. A detailed report of the meta-analysis findings is presented in Appendix G. Results are provided for the overall effect size and statistical information on between study heterogeneity (I2 statistic), between sub-group heterogeneity (Cochrane’s Q-statistic), sensitivity analysis, and meta-bias (risk of publication bias based on funnel plot inspection and Egger’s regression test).

# Results of the systematic review

This section reports on the results and findings of the systematic review of academic and grey literature. Results from the environmental scan are presented in the next section. A total of 25,185 papers were identified through this search, with 105 full text academic papers included in data extraction and analysis. The summary of each stage of the screening process and final number of included studies is presented in the standard Preferred Reporting Items for Systematic Reviews and Meta-analyses-PRISMA (Moher et al, 2009) flow chart format (Figure 1). Of the grey literature returned (n=129), 49 documents were included in extraction and analysis.

Figure 1 **PRISMA flowchart**

Number of duplicates removed  
**10934**

Number of academic articles identified through database searching **25185**

## **Identification**

Number of academic articles excluded  
**13995**

Number of academic articles after duplicates removed  
**14251**

Number of academic articles excluded at full-text review

**147**

**36** qualitative

**73** quantitative

Number of academic articles in systematic review  
**109**

## **Eligibility**

## **Screening**

Number of academic articles screened  
**256**

## **Included**

Number of articles from grey literature

**49**

Number of websites from environmental scan

**59**

**Total number of information sources in report**

**215**

A descriptive overview of the quantitative and qualitative studies and grey literature documents is provided.

## Description of included studies and papers

In total, 73 quantitative studies, 36 qualitative studies, 49 documents from the grey literature and 59 websites from the environmental scan were included and reviewed.

The study designs identified were RCT (n=2), cross sectional (n=15), pre-post (n=17), follow-up (n=3), repeated measures design (n=11), survey design (n=2), qualitative (n=36), predictive modelling (n=5) and other (n=18).

The characteristics of these studies are presented in Table 1 Appendix E.

The number of papers by type of disability were intellectual disability (n=82), mental health (n=35), physical and/or neurological (n=14), general disability (n=27). The countries from which data or policy is reported are Australia (n=35), USA/Canada (n=49), Ireland (n=16), UK (n=32), central Europe (n=14), Asia (n=6), not specified (n=8).

## Outcomes and effectiveness of interventions

Much has been written about outcomes following de-institutionalisation and this work often highlights evidence of overall improved well-being following de-institutionalisation, but also the anomalies and disparate literature across measures, data, and outcomes. The aim of this review was to bring this literature together and to provide synthesis to identify the enablers that promote successful transition from congregate or group homes into more independent or individualized living arrangements and also how these enablers might prevent movement back into congregated living environments. In conducting this review, it was apparent successful transition was not consistently or objectively defined across the literature. Much of the qualitative literature emphasised that successful transition might not be a physical move, and other literature emphasised personal agency (or individual control and authority) in successful transition. For example, Pollard (2015) defined transition as a broad term that is successful when the individual achieves their own goal and/or improves their quality of life. In some of the reviewed papers, in contrast, the success of transition was determined by the service provider or institution. For example, Fish and Morgan (2019) and Chen (2010) both describe institutions or case managers as determining the success of transition into independent living. Secondary outcomes of interest were any measures that assessed impact and, in particular, any person-centered measure. Most quantitative studies relied on verbal self/informant reports with only two studies (McConkey, 2016, McConkey et al 2018) reporting use of a pictogram to assist self-report by people with severe intellectual disability. Overall, evaluation of effectiveness and measurement of outcomes varied greatly. The main outcomes by thematic area are discussed below.

## Housing transitions and models

This section describes the types of housing transitions and models identified in the systematic review. It reports the impact of the transition where this is reported. Table 1 presents 29 studies reviewed relating to transition to different types of housing models. While the literature has not clearly defined the types of de-congregated housing models, of the above, we identified seven studies evaluating transition to group homes, seven broadly describing community housing, five studies examining personalised living, four evaluating dispersed housing, two that described transition within an institution, and one each that focused on cluster, home pooling, home ownership, and a stepping-stone transition housing model. One study did not clearly align with the categories but was placed under community.

Of the seven studies examining broad community housing transition, four were longitudinal (Bigby, 2008; Chou et al, 2011; Meehan et al, 2011; Sines, 2012), three were cross-sectional (Bigby et al, 2018; Fahey et al, 2010; Winkler et al, 2015) and none were randomised controlled trials. Studies reported improved choice and quality of life with community housing transition. Studies also reported reduced support costs for individuals over time when in community housing and reduced costs overall when compared to a group housing model. There was little evidence for improved social networks from community housing, with three studies suggesting there were no improvements in social networks either over time or in comparison to group home networks (Bigby, 2008, Bigby, 2018, Fahey et al, 2010). Interestingly, one study showed nearly half of the participants in the community program returned to either their institution or family home due to inadequate supports and resources (Chou, 2011).

In relation to personalised housing, of the five quantitative studies, two were longitudinal studies (McConkey, 2016; McConkey et al, 2018) comparing personalised living with group-based housing options. These studies reported that personalised housing approaches improved well-being, community engagement, daily activity, choice and control, and higher visitation rates. Some of these comparisons were only significant against institutional care as opposed to group home care. One of these studies (McConkey, 2016) reported lower costs for personalised living versus group and institutional care.

For dispersed housing, two studies examined cost. One study (Emerson, 2001) showed greater costs in comparison to residential campuses, while the other study showed reduced cost in comparison to community living (Hallam et al, 2002). One longitudinal study showed improved quality of life after six months of living in dispersed housing (Bhaumik et al, 2011) while a second suggested reduced aggression after six months (Bhaumik et al, 2009). There was, however, very limited evaluation of the psychosocial impact of transition to dispersed and cluster housing.

In addition to the specific models presented in table 1, housing models which were mentioned in the included literature but not well described or evaluated are: co-residency (Fisher, et al, 2008; Cocks et al, 2016; Parmenter and Arnold, 2008) where a person shares a home with someone without a disability who provides support in lieu of or at discounted rent (an example is Lower Great Southern Community Residence in WA), and host family/in-home/sharing with carer is where a person with disability lives with a family (not their own family) and the family receives some payment or other tax benefit. An example is MyPlace (WA). Fisher et al (2008) mentions programs that operate under a tenant managed cooperative. Further evaluation of these different models is required.

The qualitative literature describes the housing models in vague terms, usually describing transition as a move from an institutional or congregated setting to the community. However, the new setting was infrequently defined and usually described in terms of community supported living or independent living. The housing models/transitions were categorised as community supported living (n= 21), deinstitutionalisation (n=2), forensic to community (n=2), independent living (n=8), and locked ward to community (n=2). There was little description of the new housing setting. As such, qualitative papers have been included where the description of the housing model is specific. There was no specific focus in any of the studies on preventing movement to congregated living, but there were data available on barriers and enablers to successful transition to independent settings which is presented below.

Table 1 **Type of housing models**

| **Characteristics of housing model** | **Countries this approach has been implemented** | **Author (Year)** | **Participants** | **Type of study** | **Quality\*** | **Findings** |
| --- | --- | --- | --- | --- | --- | --- |
| **Personalised Living** |  |  |  |  |  |  |
| **Personalised accommodation** | Ireland | McConkey et al (2019) | Intellectual Disability  N=156 | Predictive modelling | Fair | Two-thirds of the participants reported little change in their relationships following transition to a de-congregated setting. One third reported improvements in social relationships. |
| **Personalised arrangements** | Ireland | McConkey et al (2018) | Intellectual disability compared with Psychiatric illness  N=119 | Two group pre/post design  1. Personalised setting  2. Congregated setting | Good | At time 2 (post transition) residents in personalized settings reported greater well-being compared to those living in congregated settings. This applied to people with ID more so than people with mental health issues. |
| **Personalised accommodation**  Rented accommodation in ordinary houses or apartments, living alone or with one friend of their own choice  comparison with  Group homes  (ordinary housing in the community shared by up to six persons, these residents typically had limited choice of co-residents. 3) Included campus accommodation of separate bungalows | Ireland | McConkey (2016) | Intellectual disability  N= 89  (a) Personalised arrangements n=29 (b) Group homes n= 31 (c) Congregated/ institution settings n=29 | Three group repeated measures design | Good | Majority of transitioned residents (personalised arrangements, 90%) and group homes, 81%) rated transition as improvement compared to institution. Choice and control, daily activity, relationships and community engagement were all rated highest in personalised settings. Mean monthly cost was lowest in personalised settings (3692). |
| **Individual supported living (ISL) models** are built around the individual; are flexible, and adaptable as needs change, and do not require the person to be independent to live in their own home – may live alone or with other person | Australia | Cocks et al (2016) | People with disability with high and complex needs | Mixed methods. Commissioned research report. Grey Literature. | N/A | Evaluation of 130 ISL arrangements across WA, Victoria and NSW. The ISL framework was used to assess and evaluate the arrangements.  Identifies good practice in ISL and resources by which to evaluate ISL arrangements |
| **Accommodation models where supports are built around the individual** rather than for a group of people within Australia are:   * South Australia ‘Community Living Project’; * ‘My Place’ Western Australia; * ‘Homes West’ in Queensland; * ‘One by One’ in Melbourne | Australia  UK | Parmenter and Arnold (2008)  Wiesel et al (2015) | People with disability | Commissioned research. Grey Literature | N/A | Recommends person should be at centre of decisions in emerging model of independent living with proviso that suitable housing must be available. Proposes a systems model framework with personalized supports. Focus on quality of life outcomes.  Authors note group homes may be needed by some people with disabilities. |
| **Home Pooling** |  |  |  |  |  |  |
| **Home pooling / Keyring organisations -** Number of homes in a community form a network, provide peer support to one another and access staff support on a shared model. Paid support, ‘good neighbour’ supports and peer support are parts of this model | Australia  UK | Wiesel et al (2015)  Parmenter & Arnold (2008) | People with disabilities | Commissioned research. Grey Literature | N/A | Report on how people used informal supports and individualised funding to pay for these supports in Keyring model. Secondary data sources and reports referenced in relation to this model of housing Risk of model collapsing if one person decides to move elsewhere. |
| **Home ownership** |  |  |  |  |  |  |
| **Home ownership / Shared equity -** Purchasing a home independently or in partnership with state Government or another agency | Australia | Wiesel et al (2015)  Parmenter & Arnold (2008)  Wiesel et al (2017) | People with disabilities | Mixed methods. Grey literature. | **N/A** | Four types of models of shared equity models identified:   * Shared equity, * Restricted, resale shared equity * Individual mixed equity model * Group mixed equity model   No evaluation data on these models provided. |
| **Temporary transition housing** |  |  |  |  |  |  |
| **Supported and transitional housing** that provides a stepping-stone to more stable housing options in community | Australia | Fisher et al (2008) | Aboriginal men and people with psychiatric disabilities | Mixed methods. Grey literature. | N/A | Six programme case studies evaluated using framework devised for the work. All descriptive. All models evaluated as being person centred with individuals encouraged to make choices about where and who to live with as well as reported to take holistic view of needs. |
| **Community & supported housing** |  |  |  |  |  |  |
| **Supported living arrangements** | USA | Spreat & Conroy (2002) | Intellectual Disability  N=177 | Other - Institutional cycle design  Movement from institution to the community was sequentially introduced allowing an ongoing evaluation of the intervention (i.e. movement to the community). | Fair | Higher visitation rate for supported living arrangements compared to institution. |
| **Community-based shared supported accommodation (SSA)**  Compared people with acquired brain injury (ABI) who either lived in residential aged care facility (RAC) or transitioned to SSA from RAC. | Australia | Winkler et al (2015) | Acquired brain injury (ABI)  N=65  n=45 ABI living in RAC,  n=20, ABI transitioned from RAC to SSA | Cross sectional design | Fair | Community-based age-appropriate and small-scale supported accommodation provided people with ABI more opportunities for everyday choice compared to RAC. |
| **200 Places Initiative** | Australia | Bigby (2008) | Intellectual disability  N=24 | Longitudinal study with four measures baseline, 1 year, 3 years, 5 years post transition | Fair | In summary, transition to community accommodation did not facilitate better interpersonal relationships or engagement in the community |
| **Community residential living (CRL)**  Staffed by support services 24 hours per day, including project supervisor, social worker and support worker. | Taiwan | Chou et al (2011) | Intellectual disability | Pre/post transition design with quality of life outcome measures  (1) Transition from institution to residential living, (2) transition from family to residential living |  | Two-year longitudinal study, at 2 years, almost half of the residents (41%) left the new scheme and moved back to their families or the institutions where they lived earlier due to limited financial and other supports. Residents remaining in the small-scale residential facility reported significant improvement on QoL. |
| **Supported housing model [compared with group home]**  Comparisons of costs for supported living model with group home model  Supported living: support tailored to the individual’s needs | Australia | Bigby et al (2018) | Intellectual disability  N=58  Supported living: n=29 Group home: n=29 | Cross sectional study but considered as it examined cost benefit analysis | Fair | No differences in quality of life or choice and control between the two groups.  Significant difference in annual costs: supported living $30,435 per person; group homes $80,000 per person plus $19,000 per person for day programme support. |
| **Project 300**  **Supported housing**  Direct support as needed in supported accommodation | Australia | Meehan et al (2011) | Psychiatric illness  N=181 | Pre/post (6 month) and follow-up (18, 36, 84 months) | Fair | Significant decrease on the hours of support required from 6 months to seven year follow-up. |
| **Supported community living accommodation** | England | Sines (2012) | Profound learning disabilities  N=39 | One group pre/post repeated measures design | Good | Overall QoL significantly improved at six months and was maintained at 12 months. |
| **Intentional communities**  **Camphill Communities**  Life-sharing residences purposefully devised with family guidance to the preferences of small group of individuals | Ireland | Fahey et al (2010) | Intellectual disability  N=154 n=29 Camphill community residents)  N=125 group homes or campus residences | Cross-sectional study | Good | Camphill residents reported larger social networks and reported greater choice than campus residents, but less choice than group home residents. The study concluded that although modest in scale the findings suggest that the value of applying distinctive benefits of life-sharing communities in more typical residential settings for people with intellectual disability should be investigated further to inform  current policy debates |
| **H.O.M.E.S. Program (Housing with Outreach, Mobile and Engagement Services)** | Canada | Kirkpatrick, & Byrne, (2011) | Psychiatric disabilities  N=12) | Qualitative | POOR | No evaluation data provided. Moving beyond basic needs of housing and supports, this program story demonstrates the importance and value of having a vision, and a commitment to work collaboratively to bring about change at many levels |
| **Group Home models including clustered and dispersed** |  |  |  |  |  |  |
| **Group homes to a maximum of six housing residents** | UK | Baker (2007) | Intellectual disability  N=60 Transitioned group: n=26 Community group: n=34 | Cross sectional study | Fair | Significant increase in community participation in the transitioned group. |
| **Community residential living**  Group home style accommodation with up to 6 residents per unit  Residential support staff including overnight support staff with no differences on the level of support between groups | Taiwan | Chou et al (2008) | Intellectual disability  1) Institution n=76, 2) Community home, n=69, 3) residential home, n=103 | Cross -sectional study comparison  Community residential living compared with: (1) Institution, > 50 beds (2) community home, <50 beds | Fair | Deinstitutionalised residents reported improved QoL greater choice and independence but poorer living environmental accessibility. Institutions more costly than other housing models |
| **Community group home to a maximum of six housing residents**  Group Home | UK | Golding et al (2005) | Intellectual disability  N=12 Hospital transition group: n=6 Community group: n=6 | Cross sectional study | Fair | Transition was associated with improved domestic activity skills, decrease in problem behaviours, improved QoL and increased staff contact. |
| **Decongregated setting (community housing)**  Broad range in number of residents:  N=2-15. | USA | Stancliffe & Lakin (2006) | Intellectual disability  N=155 Movers n=84, Stayers n=71 | Two group repeated measures design  Compared with  Congregated setting (institution): institutional residential settings with each setting range of number of residents, 5-26 | Good | Transitioned group (movers) reported significant increase in overall family contact. |
| **Semi-independent living arrangement**  Household of 1 to 4 people living together with regular part-time support by paid staff from an accommodation support agency for people with a disability.  No regularly scheduled overnight staff support (including no sleepovers) | Australia | Stancliffe & Keane (2000) | Cross section of disabilities including physical, psychiatric and neurodevelopmental disabilities  N=87 Group home n=31, semi-independent n=56 | Cross sectional  Compared with  Group home - a household of 3 to 7 people with full-time support (at least during waking hours) by paid staff from an accommodation support agency for people with a disability | Fair | Semi-independent living residents reported more favourable ratings on social satisfaction, empowerment, frequency of community use and domestic participation. |
| **Supported living**  No choice on accommodation or co-residents, shared accommodation  24 hour support | UK | Marlow & Walker (2015) | Severe intellectual disability  N=6 | Longitudinal study  1-month post move /6-month post-move | Fair | Improvement in mood with decrease in challenging behaviours but limited activity involvement outside the home. Staff attitudes towards transition improved at six-month follow-up. |
| **Cluster housing:** accommodation located either as part of a campus development (three or more houses with an on-site day centre) or in a cluster of houses for people with intellectual disabilities (e.g., a dead-end street with three or more houses for people with intellectual disabilities).  **Dispersed housing**: no specific details but indicated more personalised settings | UK | Emerson (2004) | Intellectual disability  N=1542 | Cross sectional cohort study | Fair | Cluster housing arrangement offered a poorer quality of life. People in cluster housing were reported (a) to have housing setting shared with residents for short term care, (b) share house with more people (c) lower ratio of support staff (d) supported by casual/bank staff (e) fewer social activities (f) more likely to have been prescribed psychoactive medication |
| **Community based homes and supported living/dispersed housing**  Long term residential with 24-hour support in dispersed housing | UK | Emerson (2001) | Intellectual Disability | Cross sectional study of residents in (a) village communities (b) residential campuses (c) small community based homes and supported living. | Fair | Adjusted costs for dispersed housing schemes 15% greater than residential campuses and 20% greater than village communities |
| **Dispersed housing schemes**  Allocated: Dispersed and cluster housing | UK | Hallam et al (2002) | Intellectual disability N=454 | Cross sectional study  Cost benefit analysis  (1) Village communities (2) Residential campus (3) Dispersed housing schemes | Fair | Weekly cost comparison: Residential campuses (931) greater than Dispersed housing schemes (902) greater than Village communities (637). More sophisticated service processes within a setting was associated with higher costs. Cost however, was moderated by systematic supervision and staff training. |
| **Supported housing model**  Supported living accommodation defined as 'purpose-built flats within a complex for people with ID, no further information provided on number of residents.  Living support provided by care staff of non-nursing background with standard induction and mandatory training | UK | Bhaumik et al (2011) | Intellectual disability  N=49  Mixed age sample data reported for <55 | Repeated measures design: pre/post/follow-up | Good | QoL improved from baseline at six months and plateau at 12 months. |
| **Supported housing model**  Supported living accommodation defined as 'purpose-built flats within a complex for people with ID, no further information provided on number of residents.  Living support provided by care staff of non-nursing background with standard induction and mandatory training | UK | Bhaumik et al (2009) | Intellectual disability  N=49  Mixed age sample data reported for <55 | One group repeated measures design: pre/post/follow-up | Fair | Significant reduction on aggressive behaviour score at six month post move with no further changes at follow-up. |
| **Institution** |  |  |  |  |  |  |
| **CCU**  **Community Care Unit**  Interim CCUs-located on hospital grounds with accommodation for 20 residents with 24 hour staff support.  Allocated: Institutionalised | Australia | Trauer et al (2001) | Psychiatric illness  N=125 | One group pre/post repeated measures design | Fair | Greater quality of life in CCU compared to institution but patients’ ultimate goal was to live in more independent housing. |
| **Community residential living (CRL)**  Transition from institution. Comparison of CRL with Training Centres (residential unit within a larger institution) | UK | Cooper & Picton (2000) | Intellectual disability  N=45 Community residential unit: n=26; Training centre: n=19 | Pre/post with follow up design: prior to transition, 6 months and 3 years post transition | Fair | At six month follow-up transitioned groups showed small but significant increases on QoL and quality of care. No differences on community living skills. |

\*Quality was assessed using the Joanna Briggs Instrument with, poor <=50%, fair<=76% ,, good>75%, of criteria met. N/A means not applicable and refers to documents that were not quality assessed (grey literature)

### Quality of life

Quality of life (QoL) was the most frequently mentioned outcome in the systematic review. Fourteen papers across the quantitative (n=13) and grey literature (n=1) measured QoL using standardised assessment rating scales (see Table 2). Two of these studies (Bigby, 2008, Sines et al 2012) developed study specific questionnaire items on QoL. One additional paper reported a meta-synthesis of QoL data (McCarron et al, 2018). Another described QoL tools (Noonan-Walsh et al, 2007) and one study reported a standardized tool qualitatively (Fisher et al, 2008). There was no single tool used consistently to measure QoL.

Where QoL was measured quantitatively, most studies reported improvements on QoL post-transition, which was maintained at follow-up. Four studies (Bigby, 2008, Fish & Lobley, 2001, Meehan, 2011) described no differences post-transition or between intervention and TAU groups (Lee, 2011). A significant improvement in QoL was reported by McCarron et al (2018). Cocks et al (2016) report quality of life at one point in time but did find that participants with higher QoL also scored higher on the Individual Supported Living (ISL) framework.

Self-determined QoL was assessed in two qualitative studies to establish whether the person who had moved felt that their life had improved post-transition (Borbasi, Bottroff, Williams, Jones, & Douglas, 2008; Sheerin, Griffiths, de Vries, & Keenan, 2015). People generally were clear that their life had improved once they were transitioned to a community setting. A further grey literature paper (Powell, 2012) recommends providing education on QoL for individuals with disability. Improved QoL post-move was reported in all cases.

Table 2 **Quality of life measures**

| **Author (Year)** | **Measure used or described** | **Number of time points**  **(n/a, one, two multiple)** | **Conclusion** | **Limitations** |
| --- | --- | --- | --- | --- |
| Bhaumik et al (2011) | Quality of Life Questionnaire (QOLQ) | One group repeated measures design with three time-points, pre/post/follow-up | QoL improved from baseline at 6 months and plateau at 12 months | Majority of sample (70%) male, no comparison group. |
| Bigby (2008) | Global rating scales on domains of living situation, general health & well-being, personal development, community integration & interpersonal relationships | Repeated measures design with four time-points, baseline, 1 year, 3 years, 5 years post transition | QoL measures did not improve following transition | No comparison control group |
| Chou et al (2008) | Quality of Life Questionnaire (QOLQ) | Cross-sectional study | QoL in residents in small residential units compared to institutions | Cross sectional design limits inferences on longitudinal change |
| Chou et al (2011) | Quality of Life Questionnaire (QOLQ) | Pre/post transition | Half the residents returned to larger institutions or family at the end of the two year study. QoL improved significantly for residents remaining in small-scale residential facility. | Lack of comparison to groups who stayed in institution or with  their own families |
| Cooper & Picton (2000) | Quality of Life Questionnaire (QOLQ) | Longitudinal design with three time points, Pre/post and follow up at baseline, 6 months and 3 years post transition | Small but significant increases in QoL at 6 month follow-up for transitioned residents from institution to community residential unit (n=6) residents or training centres (units within larger institution) | No comparison control group |
| Enderman (2015) | PESOS questionnaire (PESOS = PErformance, SOciodemographic aspects, Subjective evaluation) includes sub-scales on a) life satisfaction, b) activities of daily living c) problems at work d) global QoL | Two group repeated measures design with three time points | Increase on global QoL observed between T1 and T2 but a decrease between T2 and T3 | Evaluation of overall outcomes does not allow inferences bout individual components. No cost benefit analysis |
| Fish and Lobley (2001) | Quality of Life Questionnaire | Pre/post repeated measures design | No significant differences on QoL | No comparison control group |
| Hobbs et al (2002) | Quality of Life Index | Pre/post design | Residents had improved life satisfaction living in the community. | No comparison control group |
| Lee et al (2015) | WHOQOL-BREF | Clinical trial comparing ACT intervention and TAU | No significant differences on QoL between ACT and TAU | Fidelity guidelines for study integrity not formally adopted limiting interpretations on study quality. |
| Marlow & Walker (2015) | Quality of Life-Life Experiences Checklist | Repeated measures design/baseline/1-month post move/6-month post-move | Improvement in mood and decrease in challenging behaviours. | Very small sample size (N=6) |
| McConkey et al (2016) | Pictogram - smiley faces - to rate satisfaction with change | Pre/Post transition | 90% of residents in personalized arrangements and 81% in group homes rated satisfaction with transition from institution | Small sample sizes per group, precluded more detailed analyses and control for potentially confounding variables such as support needs and age. |
| Meehan et al (2011) | QoL | Pre/post transition | No significant changes with overall satisfaction however residents had high baseline ratings of satisfaction | No comparison control group |
| Padmakar et al (2020) | WHO Quality of Life | One group repeated measures design | WHOQOL scale show an initially steep incline and then a gradual stabilization of quality of life across four dimensions, including Physical Health, Psychological, Social Relations and Environment | No comparison control group |
| Sheth et al (2019) | Quality of Life survey on domains of: a) living situation, b) choice and control, c) respect and dignity, d) access to personal care e) community integration/inclusion  Survey questions taken from a validated measure | Validation of questionnaire following transition to a decongregated setting. | Overall higher ratings across domains but residents continued to face challenges with social inclusion. | Small sample size in comparison to other studies examining transition outcomes limits generalisation of results. |
| Sines et al (2012) | Study specific instrument on quality of life | Longitudinal design three time points | Overall QoL significantly improved at 6 months and was maintained at 12 month | No comparison control group |
| Stancliffe & Keane (2000) | Quality of Life Questionnaire | Cross sectional study | Improved QoL | Cross sectional design limits inferences on maintaining outcomes |
| Styron et al (2006) | Client Experiences Questionnaire (CEQ; includes items on QoL | Pre/post intervention single group design | Improved QoL | No comparison control group |
| Umansky et al (2003) | WHO Quality of Life (WHOQOL-BREF) | Two group repeated measures design | Improvements on all scales of the WHOQOL-BREF | No comparison control group |
| McCarron et al (2018) | Life circumstances Questionnaire (LCG)  Life Experiences Checklist (LEC)  Quality of life questionnaire (Q.QoL) | Multiple | Improvement as a result of moving to new living arrangement | No one standard measure applied across studies. Makes comparability difficult. |
| Powell (2012) | No measure. QoL term used broadly | Two (implied) | Improvement as a result of moving to new living arrangement and use of Active Support | No data shown |
| McConkey, (2000) | No measure. QoL term used broadly | N/A | No data presented. | No data shown |
| Fisher et al (2009) | University of Toronto QoL tool | One | Trends in Australian housing support policy for persons with disabilities are consistent with international policy changes. They include: accessing private and public housing; individualised approaches to planning, support and funding housing support; and in-home support that coordinates with informal care. | Qualitative study based on six case studies no detailed information or narrative synthesis presented. |
| Felce (2006) | No measure. QoL term used broadly | N/A | No data presented | No data shown |
| Cocks et al (2016) | Qol.Q | One | Programme effectiveness at addressing QoL domains described descriptively  Participants with higher QoL scored higher in ISL framework. | Correlation but not causation captured as only one time point. |
| Noonan-Walsh et al, (2007) | Domains of QoL discussed.  Quality of Life Questionnaire.  Life Experiences Checklist | N/A | Overall quality of life measured less frequently than individual domains, General consensus of improved QoL post deintitutionalisation and in independent settings for people with less severe disability | No primary data. Systematic review. |

### Choice and control

Choice and control were the second most frequently measured or mentioned outcome used to assess transition. There were ten quantitative papers, and nine grey literature papers which referenced choice and control (Wiesel et al, 2015; Woolrych, 2000, Fisher et al, 2008; Cocks et al, 2016; Powell, 2012, Foley, 2014, Carnemolla, 2020). There was no reporting on choice as an outcome measure in the qualitative literature reviewed. How choice and control were measured was not consistent across the research reviewed.

A broad range of assessment tools (n=9) were utilised to evaluate choice and control outcomes in people with disabilities with the one advantage that most were standardised questionnaires with reported psychometric properties. With the exception of two studies (Bigby, 2018, Chou et al, 2011), all other studies reported greater choice and control in de-congregated settings. It is noted however that the least congregated setting did not always align with the greatest choice. For example, in a study by Fahey et al (2010), residents in life sharing communities reported less choice than residents in group homes. Woolrych (2000) and Wiesel et al (2015) report on choice qualitatively stating greater choice available post move or within more independent settings, but it is difficult to ascertain to what extent, where and how, choice changed for people with disabilities.

Table 3 **Choice and control measures**

| **Author (Year)** | **Measure used or described** | **Number of time points**  **(n/a, one, two multiple)** | **Conclusion** | **Limitations** |
| --- | --- | --- | --- | --- |
| Bigby (2018) | Choice Making Scale | Cross sectional study | No differences between choice and control between the supported living and group home. | No comparison control group |
| Chou et al (2011) | **RCAS**  Residence Choice Assessment Scale | Pre/post design | Limited to no-choice available to residents at the two-year follow-up in the de-congregated setting. | No comparison control group |
| Cooper & Picton (2000) | **SCES**  Sheltered Care Environment Scale | Pre/post and follow up design: baseline, six months and three years post transition | Significant but small increases at six-month follow-up. | No comparison control group |
| Emerson et al (2000) | Choice and Control Scale | Cross sectional design | Greater resident choice in dispersed housing schemes compared to residential campus but no differences between dispersed housing and village communities. | Cross sectional design limits inferences about longitudinal change |
| Fahey et al (2010) | Resident Choice Scale | Cross sectional design | Camphill residents had greater choice than campus residents, but less choice than group home residents. | Cross sectional design limits inferences about longitudinal change |
| Wehmeyer et al (2001) | **SDS**  Arc’s Self-Determination Scale - Adult Version | One group pre/post repeated measures design | Significant improvement in self-determination post transition. | No comparison control group |
| Wehmeyer et al (2001) | **AFC**  Autonomous Functioning Checklist | One group pre/post repeated measures design | Significant improvement in autonomous functioning of life post transition. | No comparison control group |
| Wehmeyer et al (2001) | **LCS**  Self-Report Life Choices Survey | One group pre/post repeated measures design | Significant changes, in each case in a more adaptive direction, in self-determination, autonomous functioning and life choices following a move to a less restrictive environment. | No comparison control group |
| Winkler et al (2015) | **RCS**  Resident Choice Scale | Cross sectional design | Greater choice opportunities in small-scale supported accommodation compared to residential aged care centre. | Cross sectional design limits inferences about longitudinal change |
| Woodman et al (2014) | **SIB-R**  Scales of Independent Behaviour-Revised | Repeated measures design | The overall conclusion of the study was that semi- or fully-independent living settings may be feasible for adults with Down syndrome with a broad range of self-care skills. Service providers should not restrict the residential options for adults with lower functional skills | Sample did not include a mix of racial/ethnic groups limiting generalisation of study results. |
| Wiesel et al (2015) | No standard scale or measure used | n/a | Authors report variation in extent of choice people with disability experience in housing | Difficult to ascertain the change in access to choice – how, at what point and what specific areas of choice |
| Woolrych (2000) | No standard scale or measure used | one | Authors report that participants had opportunity to choose from 3 developments when moving | Broad description that choice is available but no detail on how this happened and what impact it had |

### Health and functioning

As presented in Table 4, a total of 16 studies (n=13 quantitative; n=3 grey literature) reported on adaptive functioning, daily/independent living activities and/or health using a range of standardised assessment tools. Health and functioning outcomes were not reported in the qualitative studies reviewed. Six of the studies used a longitudinal design and reported improvements on health/adaptive functioning outcomes. Four studies used rating scales of adaptive functioning, ABS (Baker, 2007, Bigby, 2018, Fahey et al, 2010 or ABAS (Marlow & Walker 2015). All four studies reported higher adaptive levels of functioning in decongregated settings. Bigby (2018) however, reported that about one third of residents in group homes had comparable living skill capabilities that should allow them to live in independent supported living if the opportunity was available to them. Norris et al (2014) reported no significant difference found in ICAP service level scores (measure of adaptive skills and behaviours that challenge) and HRST with regard to transition status.

Cocks et al (2016) reported level of support needed at one point in time, highlighting the variance of support hours needed by people with disabilities in individual supported living. Only two studies reported on individual health conditions (e.g. physical fitness, respiratory problems) and one reported on destabilisation of health (Norris et al, 2014) although broader health outcomes are also part of some of the standardised tools. This reflects a significant gap in the literature given that health vulnerabilities are a major factor in people with disabilities.

Table 4 **Health and Functioning measures**

| **Author, Year, Title** | **Measure used or described** | **Number of time points**  **(n/a, one, two multiple)** | **Conclusion** | **Limitations** |
| --- | --- | --- | --- | --- |
| Baker (2007) | **ABS**  Adaptive Behaviour Scale | Longitudinal design with pre/post (six months) and follow-up (18 months) measures. | Transitioned group had higher levels of adaptive behaviour which was a significant predictor of community involvement. | Small sample size based on a single service in one geographical area limits generalisation of results. |
| Baker (2007) | **BPI**  Behaviour Problems Inventory | As above | BPI was examined as a predictor of community living activities, although not a significant predictor it was highly correlated with ABS ratings which did predict community involvement. | Small sample size based on a single service in one geographical area limits generalisation of results. |
| Bhaumik et al (2009) | **MOAS**  Modified Overt Aggression Scale | One group repeated measures design: pre/post/follow-up | Significant reduction on MOAS score at six month post move with no further changes at follow-up. | No comparison control group |
| Bigby (2018) | **ABS**  Adaptive Behaviour Scale Part I | Cross sectional study | Wider range of severity of disability among people in group homes compared to those in supported living, however, about 35% in group home comparable levels and could live in a supported living environment. | Cross sectional design limits inferences about longitudinal change |
| Bigby (2008) | Observed Secondary Health Conditions | Pre/post with follow up - Data were collected prior to leaving the institution, and 1, 3 and 5 years after the move | Comparison of health outcomes of residents in supported living with either good or poor overall QoL. Those reporting better QoL reported a trend for better health outcomes although only few (e.g. physical fitness) were statistically significant. | Cross sectional design limits inferences about longitudinal change |
| Chan et al (2021) | **CANSAS**  Camberwall Assessment of Needs Short Appraisal Scale | Cox proportional hazard regression analysis on longitudinal data of successful moves to independent living. | CANSAS score did not predict successful move to independent housing. | Observational  study was only able to report associations between service  user characteristics and successful move-on and could not  confirm a causal relationship. |
| Chan et al (2021) | **LSP**  Life Skills Profile | Multivariable Cox proportional hazard regression on longitudinal data | LSP score predicted successful move to independent housing. | Observational  study was only able to report associations between service  user characteristics and successful move-on and could not  confirm a causal relationship. |
| Cooper & Picton (2000) | **BDS**  Behaviour Development Survey | Pre/post with follow up design: prior to transition, 6 months and 3 years post transition | Significant decrease at six month follow-up for training centre residents only | No comparison control group |
| Emerson (2004) | Physical Activity Scale | Cross sectional design | Cluster housing residents had poorer physical health. | Cross sectional design limits inferences about longitudinal change |
| Fahey et al (2010) | **ABS**  Adaptive Behaviour Scale-Residential and Community | Cross sectional design | Higher adaptive scores reported for Camphill residents. | Cross sectional design limits inferences about longitudinal change |
| Fahey et al (2010) | **ABC**  Aberrant Behaviour Checklist | Cross sectional design | Camphill residents reported more challenging behaviours compared to group home residents. | Cross sectional design limits inferences about longitudinal change |
| Fahey et al (2010) | Health Survey for England | Cross sectional design | Superior health reported for Camphill residents. | Cross sectional design limits inferences about longitudinal change |
| Fahey et al (2010) | Tameside and Glossop Health Needs Survey | Cross sectional design | Superior health reported for Camphill residents. | Cross sectional design limits inferences about longitudinal change |
| Farhall et al (2003) | **SOAS**  Observation Aggression Scale | Pre (baseline) /post (four week) design | SOAS was used to assess relocation trauma behaviours following transition and concluded that about 12% met criterion but comparably 10% improved significantly on the SOAS score post move. | No comparison control group |
| Marlow & Walker (2015) | **ABAS**  Adaptive Behaviour Assessment Scale | Repeated measures design/baseline/1-month post move/6-month post-move | Limited activity involvement outside the home. | Very small sample size (N=6) |
| Mathews (2015) | **WSDSHS**  Life Skills Inventory Independent Living Skills Assessment Tool | Programme evaluation | Evaluation of the LSP programme showed improvements in some living skills categories. | Very small sample size (N=6) limits generalizability of the findings. |
| Stancliffe & Keane (2000) | **IPDL**  Index of Participation in Domestic Life | Cross sectional design | Increased domestic life participation for residents in supported living. | Cross sectional design limits inferences about longitudinal change |
| Winkler et al (2015) | **CANS**  Care and Needs Scale | Cross sectional design | Community-based, age-appropriate and small-scale supported accommodation provides people with ABI more opportunities for everyday choice making than RAC | Cross sectional design limits inferences about longitudinal change |
| Woodman et al (2014) | Waisman Activities of Daily Living Scale | Repeated measures design | Among adults with intellectual disability, those who moved into community settings showed greater improvement in adaptive behaviour over 10 years than did adults living with relatives | Sample did not include a mix of racial/ethnic groups limiting generalisation of study results. |
| Woodman et al (2014) | **SIB-R**  Scales of Independent Behaviour-Revised | Repeated measures design | Adults living in semi- or fully-independent settings showed higher levels of adaptive behaviour | Sample did not include a mix of racial/ethnic groups limiting generalisation of study results. |
| Norris et al (2014) | Health Risk Screening Tool (HRST) of health level and assessment of health risk for people with disabilities  Inventory for Client and Agency Planning (ICAP) service level score is a combination of adaptive and maladaptive behaviour scores adaptive | Pre and post | There was no significant difference found in ICAP service level scores and HRST with regard to transition status. | Inconsistency in reporting and access of maladaptive behaviour scores reported by the researcher |
| Cocks et al (2016) | Assessment of level of support a 12-item measure of supports in daily living | one | People in ISL arrangements access a mix of formal and informal supports. The number of hours of support weekly varying widely | Level of support received captured at one point in time but no data reported on changes in support needs or functioning over time |
| Summer Foundation (2020) | Mayo Portland Adaptability Index;  Functional independence Measure (FIM);  Health of the Nations Outcomes (HNOS) | n/a | n/a | Measures used in relation to specific transition support and housing models are mentioned but data not presented. |

### Cost benefit

There was limited evidence about cost-benefit related to transition. Five studies reported cost data. Three studies provided cost data comparing (semi-)independent living arrangements (Bigby, 2018, Stancliffe & Keane, 2000) or dispersed housing (Emerson, 2000) to more congregated settings with overall reduced costs for independent living. One study proposed lower costs across six case study sites which consisted of more independent supported settings than with group homes (Fisher et al, 2008). McCarron et al (2018) identified two cost studies in their systematic review of transition from congregate settings for people with intellectual disability, with conflicting results in terms of cost effectiveness found.

Emerson (2000) reported marginally (but statistically significant) higher cost for dispersed housing compared to a much larger setting of a residential campus but not compared to village communities. In contrast, Bigby (2018) and Stancliffe and Keane (2000) reported lower costs for independent living compared to group homes. Given other literature findings (Bigby, 2018) that residents in group homes have adaptive capacity for independent living it highlights the importance of careful assessment and transition to more appropriate accommodation for individuals which are likely more costly housing models.

Discussion of cost and cost effectiveness of housing models and transition were identified in two additional grey literature papers. Bostock et al (2001) state that individual houses or units are more costly than group homes, but no data were provided. Woolrych et al (2000) note that upon disaggregating service needs and costs it was found that supported accommodation was less costly. However, detailed cost information is not provided to support this. Overall results regarding cost effectiveness were inconsistent and no strong conclusions can be drawn from the current evidence. Availability of cost data which includes complete costs of current and new settings and supports, as well as the cost of transition are lacking.

Table 5 **Cost benefit measures**

| **Author (Year)** | **Measure used or described** | **Number of time points**  **(n/a, one, two multiple)** | **Conclusion** | **Limitations** |
| --- | --- | --- | --- | --- |
| Bigby (2018) | None -survey | Cross sectional | Mean weekly cost of disability support: supported arrangements A$585 and ranged from a low of $213 a week to a high of $1,877.  Estimated average annual cost for supported living, including day support, was $30,435 compared to the estimate of at least $80,000 per person, plus day program support, of approximately $19,000 for group homes**.** | Small scale design representing only one state (Victoria) |
| Emerson et al (2000) | Costs, nature, and benefits of residential supports | Cross sectional | Significantly higher costs in dispersed housing ($1,795) compared to residential campus ($1,588).  No significant differences between dispersed housing ($1,227) and village communities ($1,013) or between dispersed housing ($1,583) and residential campus ($1,455). | N/A |
| Stancliffe & Keane (2000) | Consumer outcomes and recurrent (non-capital) service costs | One | Group homes had significantly higher annual costs for direct resident support ($53,318) compared to semi-independent living arrangements ($10,366). | No breakdown of costs between government and non-government providers. No individualised breakdown of costs. |
| Fisher et al (2008) | Accommodation, support hours, management and overhead costs of 6 case study sites are compared to previous cost analysis performed by Stancliffe & Keane (2000) | One | Direct housing costs, accommodation and management costs are reported as lower than with group homes. | Some costs are not included such as the cost of transition, future costs, costs of accessing generic community services More complete cost analysis required to account for additional costs. |
| McCarron et al (2018) | Comparison of congregate and non-congregate settings | N/A - review | Moving to the community was associated with improved QoL compared with the institution. | Conflicting results from the two papers examined. |

### Social inclusion and participation

Though explored qualitatively in the literature, there was only one standardized measure of inclusion identified and this study was in the grey literature (see Table 6). Cocks et al (2016) applied the community involvement index to people living in individual supported accommodation and found that people in individual supported living (ISL) were engaging in community activities, with some people reporting up to 14 different activities. Attainment of specific social roles, such as employment and university education, were identified as an indicator of participation and inclusion by Stancliffe (2014) and Wiesel (2015), though Wiesel argued that there was no evidence of a positive impact of moving to independent setting on employment. Neither study presented data to support the conclusions. Carnemolla (2020) discussed employment outcomes, while in the Mental Health weekly (2011) report, the author indicates satisfaction with services and questions around getting people jobs and keeping people out of crisis as being important indicators. Access to community services for example, access to transport was another indicator proposed by Stancliffe (2014).

Table 6 **Social inclusion and participation measures**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Author, Year, Title** | **Measure used or described** | **Number of time points**  **(n/a, one, two multiple)** | **Conclusion** | **Limitations** |
| Cocks et al (2016) | Community involvement index | One | Community involvement index shows that people in ISL arrangements accessed a range of activities in community venues, with some reporting up to 14 community based activities over previous month | Data presented at one point in time. Changes over time not reported |

Two qualitative studies reported increased contact with family members and involvement in family activities, expanded involvement in community activities, and increased privacy, self-determination, and self-expression (Condillac, Griffiths, & Owen, 2012; Owen, Griffiths, & Condillac, 2015). Piat and colleagues (2018) used loneliness as an indicator for social inclusion and found that while loneliness occurred, for most tenants living in independent apartments with support, loneliness was not a serious problem nor was it an issue that could not be overcome. Most study participants viewed supported housing as preferable to custodial housing and as a normalising experience that facilitated community integration.

Three qualitative studies evaluated community involvement measures (Chou, et al 2008, 2011, Emerson, et al 2004). The studies by Chou and associates (2008, 2011) showed community improvement initially but reversed following evaluation at a two-year follow-up. A number of the participants were found to return to an institutionalised setting. In a grey literature report, Cocks et al (2016) measured involvement using the Community Involvement Index (Cocks et al, 2016) and found that engagement and inclusion in the community continued to be a challenge for people in independent supported living (ISL) arrangements. Felce (2006) used the language of community integration and ‘enhanced community participation of consumers’, but no index or indicator reported to measure in this paper. Dean (2003) did not report measured outcomes but reported issues drawn from interviews with young people who had disabilities. The interview included questions about what was important to them in relation to housing, which included “location/type of area, tenure/security, independence, property features, house contents, family relationships”. This list provided an illustration of the intersection between the structural, community and relational aspects of housing.

## Validation of measurement

No single standardised measure was used across studies and the range of measures employed to assess effectiveness also varied. The use of self-report, person-focused measures was positive. The lack of consistency in the selection of measurement makes comparisons between studies and across time challenging.

The two most widely used QoL questionnaires in the quantitative studies were the Quality of Life Questionnaire (QoL-Q) (Bhaumic et al, 2011, Chou et al, 2008, 2011, Fish and Lobley, 2001, Stancliffe & Keane 2000) and the World Health Organisation’s WHO Quality of Life (WHOQoL) (Lee et al, 2015, Padmakar et al, 2015, Umansky et al, 2003). A number of studies reported outcomes based on study specific questionnaires (e.g. Sines et al, 2012). As a result, the quality of rating scales varied with studies using established standardised rating scales reporting better psychometric properties whereas some of the study specific rating scales reported no psychometric properties.

No one standard approach to measure quality of life was used or reported in the grey literature. Validated tools were used including QoL measure based on University of Toronto Quality of Life Profile (Fisher et al, 2008), the Qol.Q (Cocks et al, 2016), the comprehensive Quality of Life scale (Cummins, 1997; cited in Noonan-Walsh et al, 2007) and the Quality of Life Questionnaire (Schalock and Keith, 1993; cited in Noonan-Walsh et al, 2007). In another instance QoL was mentioned as an outcome but no specific method capturing QoL was recorded.

McCarron et al (2018) reviewed costs and QoL of de-instutitionalisation for people with intellectual disability. The study highlighted a number of QoL measures used, including the Quality of Life Questionnaire (QoL.Q), Life Circumstances Questionnaire (LCQ), and the Life Experiences Checklist (LEC). Quality of life was also reported qualitatively. As above, an improvement in QoL following a move was reported in the review by McCarron et al (2018).

One study sought to develop a quality framework for personalised residential supports for adults with developmental disabilities in order to evaluate and assess outcomes for people living with personalised residential supports (PRS). This study identified the characteristics of effective personalised residential supports via literature review and data collected from key stakeholder groups. The PRS framework codified many of the elements described above, and included nine themes with twenty eight attributes: Assumptions, Leadership, My Home, One Person at a Time, Planning, Control, Support, Thriving and Social Inclusion (Cocks & Boaden, 2011).

## Meta-analysis of quantitative studies

A number of meta-analyses were completed. The first meta-analysis examined whether there were differences in QoL in adults transitioning from an institution to community-based supported accommodation. Additional meta-analyses investigated whether there were differences in QoL, maladaptive behaviour, choice, and community integration between adults who lived in institutions compared to de-congregated settings. Studies were excluded from the meta-analysis if they did not report sufficient information to permit the calculation of effect size measure (failed to report standard deviation, sample size or had unequal pre/post sample sizes). Due to the lack of consistency between studies, only four studies (Cooper & Picton 2000, Lee et al. 2015, Sines et al 2012, Umansky et al 2003) were included in the first meta-analysis and a maximum of three studies were included in each of the additional meta-analyses.

**Transition from institution to community-based accommodation-overall Quality of Life (QoL)**

Four studies (Cooper & Picton 2000, Lee et al. 2015, Sines et al 2012, Umansky et al 2003) evaluated QoL at six-month post transition. The results showed significant improvement on overall QoL for those individuals transitioning to community-based accommodation. Comparatively, at one-year follow-up (Sines 2012, Lee et al. 2015) there were no further differences in QoL.

**Transition from institution to de-congregated setting (community or personalised living)-QoL, choice, community integration and maladaptive behaviours**

The additional meta-analyses showed that following transition there were significant improvements in each of the above outcomes. Residents in non-institutionalised settings were reporting higher QoL (Chou et al 2008, Cooper & Picton 2000, Umansky et al, 2003) greater choice (Sheth et al 2019, Winkler et al, 2015) enhanced community integration (Chou et al 2008, Sheth et al, 2019) and a decrease in maladaptive behaviours (Chou et al 2008, Cooper & Picton 2000).

The small number of studies that could be included in the meta-analysis limit generalisations. These findings however, are consistent with the broader literature findings of the systematic review where generally, significant improvements are observed across multiple outcomes following transition.

## Interventions that enable transition

Findings from all sources were synthesised using a socio-ecological framework to illustrate interventions that enable transition at a policy, organisational, community and environmental, interpersonal and individual level. This model was chosen as it facilitated the disaggregation of the multiple interconnected factors which support transition. Figure 2 provides an overview of the findings that are discussed for the remainder of this section. No research papers were identified that specifically examined prevention of transition to congregate settings.

Figure 2 **Overview of findings**

### Policy

#### Funding

A number of funding models were identified to support transition to independent living. The funding models are described in Table 7. Flexible funding models have largely been discussed and evaluated within the Australian context. The evaluation of this funding framework is, however, largely interpretive and qualitative in nature. Reports and interpretations from these studies are mixed and do not provide strong evidence to support the framework. In additional there is a lack of large systematic data driven evaluations to provide evidence on the strategies that enable transition to individualised programs. The largest and highest quality study of a funding framework was provided by Hoffman and colleagues undertaken in the US. This large pragmatic, clustered randomised trial evaluated the use of a voucher to increase funding for renting (Hoffman, Kehn, & Lipson, 2017). With very poor uptake by the community and significant qualitative differences in those who accessed the vouchers against those who did not, it is difficult to interpret the actual effect of the voucher system. The failure to show improvements in transition from voucher availability was partially attributed to the unique circumstances of the American medical and social support systems, suggesting that further evaluation in the Australian context may be required.

Descriptively the grey literature speaks to the benefits of flexible funding models (Wiesel et al, 2015; Bigby, 2008, Cocks et al, 2016), to support transition to independent living. A model of funding which gave a cash amount to the individual, such as direct payments (Bostock et al, 2004) in the open market, and to move easily between providers (Bostock et al, 2004) and one where the person can choose to ‘bank’ some of the cash for future plans (Wiesel, 2015) could support choice and enabling transition. The qualitative literature reported funding models incidentally to the main focus of the study. As such there is no evaluation data available for any of these funding models.

Table 7 **Funding models**

| **Characteristics of funding models** | **Countries this approach has been implemented** | **Author (Year)** | **Participants** | **Type of study** | **Quality\*** | **Findings** |
| --- | --- | --- | --- | --- | --- | --- |
| Direct payments: recipient receives cash payments to purchase supports and these can be purchased on open market, not provider specific | UK  Italy  Netherlands | Fisher et al (2008)  Wiesel et al (2015) | People with disabilities | Mixed methods. Commissioned research report. Grey literature. | N/A | States that model has been focus of research which shows increased quality of life and satisfaction but raises issues of equity.  In Italy, direct payments have led to formalisation of informal support networks due to no restrictions in how money can be spent  In the Netherlands, similar to UK model studies have shown greater quality of life. However, market has not developed to meet need and choice can be restricted. Thus, some research and evaluation has shown focus on satisfaction, quality of life and choice with an improvement in first two but not necessarily with choice.  Descriptive report describing potential benefits of direct payment models. |
| Home based support services programme: similar to direct payments above in that individual receives cash payments in lieu of services | United States | Fisher et al (2008) | People with intellectual disability | Mixed methods. Commissioned research report. Grey literature. | N/A | Reports on an evaluation of the programme by Caldwell (2006) which found increase in out of home placements and greater satisfaction among people with disabilities and their families Encourages community living for people with intellectual disability. High demand and long waiting lists for the programme noted. |
| Flexible funding models: Flexible packages developed for individuals based on needs and degree of disability. These models often categorise needs based on degree of disability and provide a mix of supports to address the needs, ambitions and  capacities of the person. | Australia | (Wiesel, 2015) | All of disability | Policy Document | No collected data | Describing potential benefits of transitioning to NDIS flexible packages |
| Australia | (Bigby, 2008) | Intellectual Disability | Qualitative | Fair | Association of slightly reduced social relationships in some residents over 5 years for those that transitioned |
|  | Australia | (Cocks et al., 2016) | Intellectual Disability | Qualitative | Poor | Descriptive information with no broad evaluation of outcomes for transition. |
|  | Australia | Bostock et al(2004) | All of disability | Policy Document | No Collected Data | Largely supportive of transitioning to individualised funding models without evaluating its potential |
|  | Australia | Fisher et al (2008) | All of disability | Policy Document | No Collected Data | Descriptive data Emphasizing benefits of flexible funding models and proposes potential of link, family and individual support packages for housing. |
|  | Australia | Borbasi et al (2007) | Intellectual disability | Qualitative | Fair | Reported on successful transition and QoL of participants, but no focus on funding model |
|  | Australia | McIntyre et al (2019) | Intellectual disability | Qualitative | Fair | Current packages are inadequate to meet the needs of people with disability, and improved access to flexible funding is required |
| User led personal assistance | Sweden & Norway | Brennan et al (2016) | Complex needs | Qualitative | Poor | Reported on parental involvement in coordination of assistance |
| Self-directed funding: self-directed services is a process  wherein support is planned, supervised and paid for  by the self-advocate (i.e., the person with a disability) | United States of America | Blumberg et al (2000) | All disability | Qualitative | Fair | Reports on successful transition of one case study; focus on independent living rather than funding model |
| Voucher program: Provided housing vouchers that subsidized rental costs along with access to home and community-based services to nonelderly institutionalised residents with a disability | United States of America | Hoffman et al(2017) | Nursing home residents who are adults under the age of 62 with a broad range of disabilities and lower financial  income | Pragmatic and clustered randomized trial | Good | 116 adults who received vouchers against those who did not. Groups were, however, not well matched. Overall poor uptake of vouchers across localities. Voucher users had higher functional status than non-voucher users and also stayed in nursing homes longer than non-voucher users. |
| HCBS Waiver | United States of America | Jones & Gallus(2016) | Not specified | Qualitative | Fair | Focus on the process of deinstitutionalisation rather than effectiveness of funding models |
| Individualised personalised packages of support | UK | Head et al  (2018) | Intellectual disability | Qualitative | Fair | Findings from the study indicate that moving out of hospital as part of Transforming Care was a complex process of adjustment and adaptation. The research showed that when given the opportunity with the right package of support in place, people with complex needs and learning disabilities can successfully transition to community settings. |

\*\*Quality was assessed using the Joanna Briggs Instrument with, poor <=50%, fair<=76%, good>75%, of criteria met. N/A means not applicable and refers to documents that were not quality assessed (grey literature)

#### Housing stock

The importance of sufficient housing stock was addressed in two grey literature reports. Sharam et al (2018) recommend Government mandated reporting of accessible properties with a national record maintained, that is searchable and which will help people to find current accessible offerings and also to estimate gap and future need for accessible housing. Access to housing separately to and prior to other supports was also reported as an enabler. Referring to previous studies Fisher et al (2008) contend that from a policy perspective separation of housing and supports provides a model that fulfills the needs of people with disabilities who are content to manage supports and housing separately, and those that do not.

Table 8 **Housing stock**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Description - Housing stock** | **Countries this approach has been implemented** | **Author (Year)** | **Participants** | **Type of study** | **Quality\*** | **Findings** |
| National searchable database ‘Hub’ of accessible/modified housing. Based on The Housing Hub model in Victoria established by the Summer Foundation which enables people looking to sell or rent accessible properties to be linked with buyers/renters with disabilities. | Australia | Sharam et al (2018) | People with disabilities | Exploratory design. Commissioned research report. Grey literature. | N/A | Proposition made to have searchable database for accessible properties to buy or rent. National hub proposal based on already State level housing hub in Victoria |
| Separation of provision of housing and supports | Australia | Fisher et al (2008) | People with disabilities | Mixed methods. Commissioned research report. Grey literature. | N/A | Refers to previous studies but no empirical evidence on separation of housing and supports. The preference of people with disability for separation of housing and supports is not clear from the research undertaken as noted by the authors. |

\*Quality was assessed using the Joanna Briggs Instrument with, poor <=50%, fair<=76%, good>75%, of criteria met. N/A means not applicable and refers to documents that were not quality assessed (grey literature)

### Organisational

#### Transition programs and supports

Eight quantitative studies summarised programmes of support designed to facilitate transition from congregated settings or homelessness to de-congregated setting or independent living. All programs were multidisciplinary in nature and included components on housing as well as clinical support. The quality of the studies varied with most rated as fair. Six studies focused on specialist support for people with psychiatric diagnoses (Aubry et al, 2015; Chan et al, 2021, Gutman and Raphael-Greenfield, 2017; Lee et al, 2015; Sato et al, 2012, Styron et al, 2006) and of these two (Aubry et al, 2015; Gutman and Raphael-Greenfield, 2017) were specifically focused for people experiencing homelessness. The other two studies addressed the needs of a forensic population with intellectual disability (Browning, 2016) and deafness (Matthews, 2015). All studies found that participants in the intervention groups reported improvements across most outcomes, including QoL. Only two studies (Aubry et al, 2015, Sato et al, 2012) were randomised controlled trials.

One study reported that specialised support programs for people with mental health needs may be associated with reduced admission rates, length of hospital stay and fewer mental health symptoms (Lee et al, 2015). One study (Chan et al, 2021) found that specialist support did not help two thirds of people move into more independent living. The study reported, however, that predictors of a successful move included residing in more supported accommodation, less physical health problems and better adaptive living. A study reporting on individuals in a forensic setting with an intellectual disability (Browining, 2016) showed specialist support reduced the use of secure accommodation and improved community engagement. One randomised controlled trial of multi-disciplinary support (Aubry et al, 2015) reported that support almost doubled the rate of transition into stable housing. The second longitudinal study (Sato et al, 2012) reported a reduction in psychiatric symptoms and improvement in QoL. One of these studies (Styron et al, 2006) even suggested the program may have resulted in fewer arrests. Interestingly, there was no cost-evaluation across any of the reported studies.

The provision of in-home supports such as personal assistance supports were found to help people with disabilities to maintain independent living setting (Wiesel, et al, 2015, Murray, 2012). Access to 24-hour supports was reported to be essential for some (Fisher et al, 2008), to support independence. Effective and appropriately resourced personal assistance services, that are resourced sufficiently, with access to the actual number of hours of support to engage both in and outside the home, were reported to be crucial to enable and maintain independent living options (Glynn, 2018) and prevent return to congregate settings. For example, occupational therapy practitioners working in institutional and community settings could partner with local disability advocacy communities to support their clients’ sense of identity and self-confidence during and after transition (Angell et al., 2020). Summer Foundation (2020) identified 24 services that provide transitional housing and/or supports in Australia for people with acquired disability and complex needs exiting hospital with the need for great provision of transitional supports recommended.

Table 9 **Transition and supports programs**

| **Characteristics of transition programs and supports** | **Countries this approach has been implemented** | **Author (Year)** | **Participants** | **Type of study** | **Quality\*** | **Findings** |
| --- | --- | --- | --- | --- | --- | --- |
| **‘At Home(AH) – Chez soi (CS)’**  Pathways’ Housing First model based on two inputs/domains of (a) housing and (b) support services and four principles of: 1) Immediate provision of housing and consumer-driven services. 2) Separation of housing and clinical services. 3) Providing supports and treatment with a recovery orientation. 4) Facilitation of community integration. The primary objective is to provide assistance to rapidly procur housing of individual's choice.  Housing specialist assists in (a) firstly identifying suitable housing based on consumer's preferences and provides support for landlord negotiations, rent assistance and (b) secondly developing an individualised recovery plan | Canada | Aubry et al (2015) | Homeless with severe mental illness  N=2148 enrolled in study/ N=1198 received active 'Housing First' (HF) interventions/ N=950 received treatment as usual (TAU) | Randomised clinical trial | Poor | 73% of HF participants in stable housing after two years compared to 32% of treatment as usual  In the last 6 months of the study, 62% of HF participants were housed all of the time, compared with 31% of TAU participants and 16% of HF participants were housed none of the time, compared to 46% of TAU participants. |
| **CFT**  **Community Forensic Learning Disability Team**  General interventions on: (a) psychology (b) speech and language (c) occupational therapy AND  Forensic interventions on: (a) adapted sexual offender treatment programmes (b) fire-setter treatment programmes (c) anger management (d) thinking skills | UK | Browning (2016) | Intellectual Disability  Forensic setting  N=70 | Pre/Post programme evaluation with primary outcomes of (a) living arrangements (b) offending behaviour | Fair | Reduction in number of people in secure units (44% to 27%) and increase in number of people living in the community (44% to 54%) |
| **Community Mental Health Rehabilitation Team**  The study examined predictors of successful ‘move‑on’ to more independent accommodation amongst users of the community mental health rehabilitation team. | UK | Chan et al (2021) | Psychiatric diagnosis  N=193 n=45 Successful move on  N=148 unsuccessful move on | Longitudinal study  Multivariable Cox proportional hazard regression to investigate associations between service user characteristics at transfer and successful move-on | Fair | Two third of participants remained in 24 hour supported accommodation despite assistance from mental health rehabilitation team.  Successful ‘move on’ was characterised by residents residing in a more highly supported accommodation, better functioning and no history of severe physical health problems.  The study concluded that investment in interventions that improve functioning and physical health may facilitate successful move-on. |
| **SMART**  **Supporting Many to Achieve Residential Transition Program.**  Six modules: (a) housing interview skills (b) apartment living skills (c) being a good tenant and neighbour (d) community living (e) managing money (f) health and wellness | USA | Gutman and Raphael-Greenfield (2017) | Homeless people with mental illness and/or substance abuse  N=20  n=10 SMART programme n=10 TAU (treatment as usual) | Two group pre/post evaluation of intervention programme | Fair | Intervention group participants made greater progress toward apartment living skill goals and reported higher quality of life at intervention end. |
| **ACT**  **Evaluation of Assertive Community Treatment**  Institutionalised individuals with severe mental illness following de-institutionalisation compared to Treatment as Usual (TAU) comparison groups.  ACT-Assertive Community Treatment (weekly home visits, community assessment, budgeting advice, crisis intervention, family orientation, individual counselling, violence assessment, budgeting advice, crisis intervention, family psychoeducation) ACT applied following de-institutionalisation | Hong-Kong | Lee et al (2015) | Mental Health  N=210  N=70 ACT  n=70 TAU-1 (treatment as usual control group 1)  n=70 TAU-2 (treatment as usual control group 2) | Cross sectional comparison study | Good | ACT: greater reduction in readmission episodes; greater reduction in length of hospital stay; no significant differences on QoL between ACT and TAU groups. |
| **LSP**  **Life Skills Programme**  No specific programme details provided.  LSP has three enrolment options, (a) full-time residential, (b) part-time non-residential, (c) flexible social event participation.  Duration of programme was typically two years, opt-in programme option. | Ireland | Mathews (2015) | Deafness  N=5 | Pre/post evaluation | Fair | Strongest areas of improvement (ie. move to the next skill area) were on food management, housekeeping, emergency and safety skills (4/6 participants). Significant gaps remained in the areas of health, housing (rent rights and obligations), legal knowledge and pregnancy / parenting / childcare.  A major limitation is the very small sample size and lack of programme details |
| **DPP**  **Discharge Preparation Programme**  The programme comprised of psychoeducation and utilized three primary tools for implementation (a) video imaging (b) leader's manual (c) participant's workbook.  A total of 24 sessions were completed (17 indoor sessions and 7 outdoor community practice sessions | Japan | Sato et al (2012) | Psychiatric diagnosis (Schizophrenia)  N=49  n=26, DPP (intervention condition)  n = 23 TAU (treatment as usual, standard rehabilitation program) | Randomised control trial | Fair | Significant improvements were found on treatment compliance. |
| **YAS**  **Young Adult Services Programme.**  Multidisciplinary program  Comprised of developmentally appropriate clinical, residential, vocational, social rehabilitation, and/or case management services. | USA | Styron et al (2006) | Psychiatric diagnosis  N=74 | Pre/post intervention single group design | Fair | The ‘Strengths- and community’ component of the programme was found to be significantly associated with fewer symptoms, less loneliness, higher functioning, greater satisfaction with services, fewer arrests among this sample of YAS clients. |
| **Transition supports** can be formal (paid) or informal (unpaid). They are supports that enable a person with complex needs to be discharged from hospital and return to live in the community. | Australia | Summer Foundation (2020 | People with acquired brain disability & complex needs exiting hospital and returning to community | Environmental scan. Grey literature | N/A | 24 Services that provide transitional housing and/or supports in Australia for people with acquired disability and complex needs exiting hospital. Gaps in system acknowledged and need for great provision of transitional supports. Only 12 services reported some outcome or evaluation measures and measures used varied greatly. Only 1 service designed specifically for people from indigenous background  Also formal and informal supports and models identified by the Summer Foundation with flexible funding options |
| **Tenancy supports** are supports that funded to help individual to plan and secure tenancy. | Australia | Wiesel, et al(2015)  Fisher et al (2008) | People with disability;  People with serious mental health problems;  Aboriginal people with mental health problems | Mixed methods study involving desk-based research and interviews with disability, housing and disability providers. Commissioned research. Grey literature.  Mixed methods. Commissioned research report. Grey literature. | N/A | Transition process supported through funds to help with planning and securing tenancy identified as part of the Marilliac Keyring Model for people with disabilities    Six programme case studies assessed using framework devised for the work. Descriptive. Reports that evaluations of 4 of the 6 programmes are available. Though not reported in detail  Specific supports to access tenancy for people with mental health problem provided by Noarlunga (SA). No evaluation report available. |
| **Personal assistance (PA)** supports in and outside the home | Ireland | Glynn (2018) | People with disabilities | personal reflection by person with disability | N/A | Cost cutting results in person with disability not being able to live life of one’s choosing as severely restricted in the amount of PA hours/minutes they can avail of. |
| Access **24 hour supports** provided to people living in the community. | Australia  UK  US  Italy  Netherlands | Fisher et al (2008) | People with disabilities | Mixed method. Grey literature | Refers to previous evidence but no empirical evidence on 24 hour supports in Australia. Descriptive. | Australia uses disability specific and generic models of 24-hour support. In the US at home with PA support with a growing trend towards consumer directed supports. In the UK old and new models of support co-exist; including adult placements, adult fostering schemes. |
| **Informal supports** are non-paid supports from the individuals network such as family, neighbours.  Pave the way is a programme run by the Mamre Association. Report explores independent living in the context of future planning by families, the models of independent living important to note?? | **UK**  **Australia**  Australia (Queensland) | Elder-Woodward et al (2015)  Wiesel et al (2015)  Fisher et al (2015)  Pave the way (2013) | People with disabilities | Discussion paper  Service provider resource leaflet | Draws on academic, policy and practice information to discuss the role of personalisation in the independent living movement.  Produced for families by service provider. Based on knowledge of sector and literature. | Using individualized funding to pay informal network for support  Provides a resource in question and answer format families can ask themselves in thinking about, preparing and planning future living arrangements for family member with a disability; as well as type of living and type of living supports there is a need to consider how supports will be arranged. |
| **Centre for Independent Living** | USA | Kim & Fox (2004) | Emerging disabilities | Qualitative study (n=) | Poor | An expanded role of Centers for Independent Living can develop that recognizes, accepts and supports emerging disability groups. |
| **Occupational therapy in the community** | USA | Angell et al (2020) | People with a range of physical and psychiatric disabilities. | Qualitative study (n=153) | Good | Findings identified that extended professional support is important but participants also highlighted the importance of support from the peers and the disability community, not only professionals without disability. |

\*Quality was assessed using the Joanna Briggs Instrument with, poor <=50%, fair<=76%, good>75%, of criteria met. N/A means not applicable and refers to documents that were not quality assessed (grey literature)

#### Staff Skills and training

Two studies in the quantitative literature (one longitudinal and one cross sectional) highlighted the importance of training to address staff attitudes and facilitate more positive outcomes for people transitioning to less congregated settings. The grey literature reported on case study and practice examples to illustrate the importance of training in active support and person-centredness specifically. No evaluation, intervention or measured outcome data were identified in the grey literature.

Table 10 **Staff skills and training**

| **Characteristics - staff skills & training** | **Countries this approach has been implemented** | **Author (Year)** | **Participants** | **Type of study** | **Quality\*** | **Findings** |
| --- | --- | --- | --- | --- | --- | --- |
| Inferences made on the importance of staff training in supporting transition to the community | Taiwan | Chou et al (2011) | People with intellectual disability  N=49  n=13 Transition from institution to residential living,  n=36 transition from family to residential living | Pre/post design of quality of life measures and face to face interviews | Fair | Concerns were identified regarding staff competence on supporting interventions which were partly due to lack of appropriate training |
| The study reported on the influence of biased expectations in staff when considering housing assignments for people with forensic history. | USA | Malone (2009) | People with psychiatric illness and forensic history  N=332 | Cross sectional study | Fair | Contrary to expectations criminal history did not predict housing failure. Age (younger) at move-in to housing was the best predictor of housing failure.  The study highlighted that biased expectations can influence housing allocation and the importance of training to address staff attitudes. |
| Active support | UK | Powell (2012) | People with intellectual disability | Case study (n=1). Grey literature. | N/A | Active support facilitated person moving into their own home for the first time after years of living in hospitals and institutions. Positive impact on behaviour, engagement and independence reported. The service provider (Avenues) has continued to implement active support across its organization. |
| Person centredness  In Control’s model of person centredness | UK  Australia | Elder-Woodward et al (2015)  Wiesel et al (2015) | People with disabilities but In Control model specifically related to people with intellectual disability  People with disabilities | Discussion paper. Grey literature  Mixed method study. Commissioned research. Grey literature. | N/A  N/A | In Control’s model of person centredness discussed – key elements of success of this model are: upfront allocation of funds based on RAS, independent system of brokerage with wider range of management options, increased flexibility in spending options with greater emphasis on informal community support networks  Authors note that person centred planning is essential to identify housing and support needs to enable transition |

\*Quality was assessed using the Joanna Briggs Instrument with, poor <=50%, fair<=76%, good>75%, of criteria met. N/A means not applicable and refers to documents that were not quality assessed (grey literature)

### Community and environment

#### Community integration supports

Social inclusion and integration in community living was identified as an important aspect of successful transition, and staff played a fundamental role in encouraging that integration. Seven quantitative studies reported on community and neighbourhood integration in people with disabilities following transition. The overall strength of evidence was moderate with no randomised clinical trials. One additional study (Wong et al, 2009) employed a large national database. Although not specifically addressing transition, the study provides a modelling analysis on the neigbourhood characteristic people with intellectual disability are likely to reside in compared to those with psychiatric disabilities. Of the seven studies reporting on transition outcomes, four were longitudinal and three used a cross sectional design. Five studies focused on people with intellectual disability while one looked at a range of disabilities and one at people with mental health issues. Overall, the findings indicate that community involvement was enhanced following transition with only one study (Bigby, 2008) noting no improvements. The importance of adequate financial and staff supports (Chou 2008, 2011) was highlighted in two studies with advanced planning for community integration and adequate staff supports also indicated in a second study (Baker, 2007).

Within the community, Fisher et al (2008) and Norris (2014) both refer to integrated care supports for people with mental health problems as important. Snell (2000) reports that staff training in disability awareness and disability rights is needed for staff to support people with disabilities to achieve independence.

Table 11 **Community integration supports**

| **Characteristics of neighbourhood and community** | **Countries this approach has been implemented** | **Author (Year)** | **Participants** | **Type of study** | **Quality \*** | **Findings** |
| --- | --- | --- | --- | --- | --- | --- |
| Community assessed with the Guernsey Community Participation and Leisure Assessment to measure community use. | UK | Baker (2007) | People with intellectual disability  N=60  n=26 transitioned group  n=34 community group | Longitudinal design with pre/post (six months) and follow-up (18 months) measures. | Fair | Significant increase in community participation in the transition group. Higher community participation predicted by having an individual plan of community access goals with specific timeframes |
| 200 Places Initiative commissioned by the Victorian Government facilitating transition from institution to community housing group homes with six residents or less | Australia | Bigby (2008) | People with intellectual disability  N=24 | Longitudinal design with four measures, baseline, 1 year, 3 years, 5 years post transition. | Fair | Initial increase in informal network size and family contact after the relocation was not sustained and only a very small proportion formed new friendships with people in the community. |
| Evaluation of community involvement following transition to small group homes from institution | Taiwan | Chou et al (2008, 2011) | People with intellectual disability  Chou (2008)  N=248  n=76 institution  n=69 community home  n=103 residential home  Chou (2011)  N=13 transition from institution to residential living,  n=36 transition from family to residential living | Cross -sectional study comparison (a) Institution, 50 beds or more (b) community home, less than 50 beds (c) community/ residential living 6 beds or less | Fair | Small homes and group community homes residents reported more extensive community inclusion but limited overall choice in range of activities.  A second study examining follow-up outcomes (Chou, 2011) showed that nearly half of the residents returned to their previous accommodation (institution or family home due to inadequate financial or living supports in the community settings. |
| Evaluation of community living skills following transition from institution either community residential unit (six residents) or training centres (large residential unit within larger institution). Community living skills measured using the Community Living Skills Screening Test (CLSST). | UK | Cooper & Picton (2000) | People with intellectual disability  N=45  n=26 Community residential unit: n=19, Training centre | Longitudinal design: prior to transition, 6 months and 3 years post transition | Fair | No differences for either group at follow-up on community living skills, however, there was a significantly greater opportunity to perform community living skills at six month follow-up for community residential unit residents. |
| The study evaluated the effect of transition to community housing on mental health outcomes (one year follow-up) of homeless individual with mental health issues. | USA | La Motte-Kerr et al (2020) | Homeless people with psychiatric illness  N=383 | One group pre/post longitudinal study with four time points. | Fair | Greater psychological integration following transition resulted in better mental health outcomes at one year follow-up. Participants who reported a lower sense of belonging in their respective communities also reported higher levels of mental health symptoms |
| This study evaluated residents’ satisfaction with community integration and inclusion following transition to community living arrangements | USA | Sheth et al (2019) | Adults with broad range of disabilities, predominantly physical disabilities, psychiatric disabilities, and chronic health conditions.  N=150 | Cross sectional study using survey design and comparing people in institution with people that have transitioned to community living. | Good | Post transition to community experience participants were reporting significantly higher favourable ratings for community integration and inclusion, and were nearly twice as likely to feel safer living in the community than in an institution. This challenged the assumption that institutions are safer residential options than community placements. Despite improvements following transitioning to the community, the research also indicates that people with disabilities continue to face barriers to community participation and integration, even years post-transition. |
| A comparison between residents in group homes (3-7 shared household) with semi independent living ((1-4 shared household) with support staff available for both. | USA | Stancliffe & Keane (2000) | People with intellectual disability  N=87  n=31 Group home  n=56, semi-independent living | Cross sectional two group design | Fair | Semi-independent living residents reported greater satisfaction with frequency of community use. |
| This study provided a comparison of neighbourhood characteristics of supportive housing for persons with psychiatric and developmental disabilities | USA | Wong et al (2009) | People with developmental disabilities (DD) and psychiatric disabilities (PD)  National database study | Cohort study | Good | Residents with DD were generally living in neighbourhoods with more favourable conditions than residents with PD by measures of spatial dispersion, absence of social distress, residential stability, and public security, there was no difference between residents with DD and residents with PD with regard to the racial /ethnic diversity of the neighbourhoods they lived |
| Community navigation teams provide assistance with finding and securing housing and look at "continuum of housing from shelters, to renting to owning a home". This is part of the Open Doors Recovery Programme for people moving into community from homelessness, prison, hospital. | USA (Georgia) | Mental Health Weekly (2011) | People with mental health problems | Pilot study. Newsletter. Grey literature. | N/A | Staff support to understand and navigate systems in community to access housing reported as positive. |
| **Banyan Programme**  Graduated programme of living skills supports  Banyan (mental health services organisation) Supported Housing model (five residents per house)  Live-in residential support of two health care workers per five residents/household in shifts. | India | Padmakar et al (2020) | Psychiatric illness  N=11 | One group repeated measures design | Good | Significant reduction of psychiatric symptoms in patients post transition. Outcomes on QoL showed an initial steep incline and then a gradual stabilization across domains of Physical Health, Psychological, Social Relations and Environment. |
| “floating” or “outreach” models, where staff who are based off‐site visit service users in their own individual or shared homes, providing support of flexible intensity."  Outreach support is part of the Housing First model for homeless people | General  Canada  UK | Killapsy (2016) | People with mental health problems  People with mental health problems and homeless | Discussion paper. Grey literature. | N/A | Outreach models muted as potential enablers for community living for people with mental health problems but limited evidence available and author calls for more research  Reports on recent RCT that assessed this model .Showed improve housing stability but no significant difference in quality of life between the two groups  Feasibility trial of outreach model. Comparison to supported housing and link provided but no detailed reporting. |

\*Quality was assessed using the Joanna Briggs Instrument with, poor <=50%, fair<=76%, good>75%, of criteria met. N/A means not applicable and refers to documents that were not quality assessed (grey literature)

#### Assistive technology and housing modifications

The role of assistive technology in supporting independence as well as supporting people with disabilities to age in place was examined in the grey literature (n=3). Home maintenance and improvement funds were reported as provided by some programmes in Australia such as the Disability Gateway (Wiesel et al 2105). No other academic studies addressed this issue. Apartments for life (AFL) could be categorised under housing models but was placed here due to its focus on assistive technology.

Table 12 **Assistive technology and housing modifications**

| **Characteristics of assistive technology** | **Countries this approach has been implemented** | **Author (Year)** | **Participants** | **Type of study** | **Quality\*** | **Findings** |
| --- | --- | --- | --- | --- | --- | --- |
| Ageing and Disability Resource Centres (ADRC) - one stop shops to help people make decisions accessed through web | USA | Shirk et al (2007) | People with disabilities and older people | Issue brief. Grey literature. | N/A | Reports on initiatives to promote affordable housing by working with housing authorities and developers, including education campaigns, task forces, support in accessing rent subsidies and home modifications. |
| Centres for Independent living web based resources include peer counselling; self-advocacy, systemic advocacy; independent living skills; information and referral | USA | Ritchie & Blanck (2004) | People with disabilities | Desk-based study. Review of 200 CIL websites. Grey literature. | N/A | Examines trend towards using internet to provide independent living supports. Authors note that internet is being used to promote consumer management over services |
| Advanced home care models which use communication and monitoring technology to maintain people in own conventional housing  Apartments for life (AFL) which incorporate home care support; stimulating senses and creating happiness | USA  Netherlands | Regnier & Denton (2009)  Regnier & Denton (2009) | People with neuro disabilities who are physically challenged | Discussion paper. Grey literature. | N/A | Apartments for Life (AFL) popular in Netherlands.  Sometimes moving to group home better for older person with neuro disabilities especially if memory issues. TEN design principles recommended: small scale cluster connected to a larger service provision system; non-institutionalised appearance of interior and exterior; focus on visual and physical access to outdoor spaces; the activity of daily living approach & Life Skills; involving friends and family; movement and use patterns; design of dwelling units |

\*Quality was assessed using the Joanna Briggs Instrument with, poor <=50%, fair<=76%, good>75%, of criteria met. N/A means not applicable and refers to documents that were not quality assessed (grey literature)

### Interpersonal

The role of other people and relationships, both formal and informal were identified in the qualitative literature (n=9) as facilitating social connection following transition.

#### Social connection and inclusion

Borbasi et al (2008) found that social and lifestyle aspects of community living were critical for successful transition and were as important as physical care. Smaller groups fostered greater social inclusion. Bigby (2008) reported that the role in developing policy-centred active strategies was to facilitate and advocate formal and informal social and family relationships. Piat et al (2018) found that loneliness after transition was mitigated by the ability of residents to develop and maintain social connections.

#### Staff and informal supports

Iriarte et al (2016) found that the process and success of transition would benefit from staff who had additional training in the provision of community support. With this training, staff would be better placed to encourage social inclusion (Garcia Iriarte, Stockdale, McConkey, & Keogh, 2016). One study investigating the transition of adults with psychiatric disability from their parent’s home to independent living found that staff could play a role in adjusting family relationships in order to facilitate successful independent living (Chen, 2010).

Family caregivers were identified as an integral part the transition process. Family members’ attitudes to deinstitutionalisation varied, and negative attitudes could affect the success of a transition. While the support and preparation of the person transitioning was paramount, early incorporation of the family into the transition process was an important aspect of a successful transition (Griffiths & Owen, 2016; Jones & Gallus, 2016; Owen et al., 2015; Puyaltó & Pallisera, 2020).

### Individual

#### Training and skill development

Two quantitative studies reported specifically on independent living skills (Enderman et al, 2015; Pillsuk, 2001) for people with epilepsy or psychiatric illness respectively. Both studies reported improvements in independent living skills, however, the former study did not provide program details. Similarly, Hayashi et al (2008) found that the training program they implemented provided positive impacts for trainees with and without disabilities in the independent living movement.

Involving people with disabilities in transition planning, design and co-production facilitates transition (Elder-Woodward, 2015), as well as empowering people to make choices (Borbasi, et al, 2008). People with disabilities may need training or preparatory support, such as transition classes, self-determination classes and self-advocacy (Pollard et al, 2015).

Practical skill development was also found to support transition to independent living with training for individuals with disability in independent living skills (Aubry, 2015; Certo, 2008; Regnier, 2009; Ritchie and Blanck, 2004). Killapsy (2009) compared two models of training - with Train and Place versus Place and Train (USA). The Place and Train model which provides flexible outreach support to people in independent tenancies resulted in greater integration in community and greater satisfaction among people with disabilities.

Table 13 **Individual training and skill development**

| **Characteristics of individual training & skill development** | **Countries this approach has been implemented** | **Author (Year)** | **Participants** | **Type of study** | **Quality \*** | **Findings** |
| --- | --- | --- | --- | --- | --- | --- |
| **Living skills rehabilitation support programme for people with epilepsy**  (no details of the programme) | Germany | Enderman et al (2015) | Epilepsy  N=51 | One group longitudinal study with pre/post measurements at baseline and two year follow-up. | Fair | Nearly half (40%) of the clients moved to residential living and 60% to supported housing following completion of the programme. Improvements in activities of daily living and some aspects of QOL. These improvements remained constant over at least two years. |
| **EIL**  **Experiment in Independent Living**  The program was designed to teach people independent living skills and to connect them with community resources, including public transportation, educational facilities, and leisure activities. An important feature is the requirement of at least 15 hours per week of regular paid or volunteer) employment in the community. The staff assists the individual in finding a placement by working closely with the employer or supervisor and with the employee. | USA | Pillsuk (2001) | Psychiatric illness  N=47  n=25, EIL participants  n=22, non-EIL participants | Cross sectional comparison | Fair | EIL programme facilitated a wider informal network of family supports and resulted in fewer contacts with health professionals and more contacts with social participation groups (e.g. church groups). |
| **Independent Living Centre** | Japan | Hayashi & Okuhira (2008) | Not specified | In depth interviews; focus group (n=35) | Poor | Although facing many challenges, the training program has provided positive impacts not only on the Asian disabled trainees but also on disabled Japanese in the independent living movement. Some former trainees have gone on to establish ILCs in their home countries. The Japanese hosts have been empowered by the new energy from Asia and recommitted themselves to the disability rights movement. |
| Train and place versus place and train.  "In the U.S., the “Train and Place” approach (which provides a constant level of staffing on‐site to a number of service users living in apartments, with the expectation of service users moving on to more independent accommodation as they gain living skills) was compared in a quasi‐experimental study to the “Place and Train” approach (which provides off‐site outreach support of flexible intensity to service users living in time‐unlimited, independent tenancies)”. | USA | Killaspy (2015) | People with mental health problems | Discussion paper. Grey literature. | N/A | References a quasi-experimental study that compared the two models and reports the overall finding. Detail on study design not provided. The place and train approach “was found to facilitate greater community integration and service user satisfaction” |
| Enabling strategies to support transition | USA | Pollard et al (2015) | People with mild ID | Qualitative study. Dissertation. Grey literature. | N/A | Reports that person centred transition planning and self-determination training are key elements to successful transition. Other strategies identified training and skill developing in daily living, transition classes, family support, employment opportunities, leisure opportunities, learning about quality of life.  Barriers to transition also discussed and were not having choice, making friends in community; being able to self-advocate and vote |

\*Quality was assessed using the Joanna Briggs Instrument with, poor <=50%, fair<=76%, good>75%, of criteria met. N/A means not applicable and refers to documents that were not quality assessed (grey literature)

## Factors that do not support transition

Many of the identified barriers to successful transition, detailed below, were the inverse of the enablers that were described above.

### Policy

Houseworth et al (2018) described systemic state-level policy barriers. Funding cuts coinciding with de-institutionalisation policy resulted in decreased availability of appropriate de-congregated accommodation (McConkey & Craig, 2018). A shortfall in out of home housing (Stancliffe, 2014) and depleted housing stock (Kroehn et al 2008) further restricted transition to non-congregated or group home settings. The lack of affordable and accessible housing was found to be a challenge to securing alternatives to congregate and group home living, and this included supply of social housing (Fisher, 2008, Wiesel, et al, 2015). If the housing that was available was poorly designed, this could further disable the residents and make them more dependent (Borbasi et al., 2008). In some geographic locations independent living arrangements were noted to be affected by poor infrastructure and restricted by inadequate educational system and government funding (Chou, et al 2008, Dimitriadou, 2020).

Grant et al (2017) noted that the majority of houses did not meet accessibility or visibility requirements and highlighted the importance of liveable design and universal design in context of housing for indigenous people with disability. They identified differences in housing across remote, urban and rural settings. They reported difficulty accessing accommodation and the widespread prevalence of substandard accommodation in urban and remote areas. McCauley et al (2016) described that a sufficient range of living options to facilitate inclusion are not available for people who require daily living supports. It was also reported that insufficient funding could lead to a person with disability living in aged care (Griffiths, 20110).

### Organisational

Poor staff training in general was identified as a barrier to successful transition, in that it may not have prevented the transition itself, but it affected the quality of life of the residents substantially (Borbasi et al., 2008).

### Community and environment

A recurring barrier was reflected by the lack of strategies and supports to facilitate social and personal relationships in the community setting. Contributing factors included lack of pro-active policy making (Bigby, 2008, McConkey et al, 2019) to support social inclusion. Limited considerations for community characteristics to minimise community resistance and facilitate social integration were discussed (McConkey et al, 2019). For example, identifying housing in less distressed communities where community resistance may be minimised was recommended in one study (Wong et al, 2009). Lack of community integration and social inclusion were noted as contributing to a failure to achieve transition (Borbasi et al (2008). Head et al (2018) also found that integration was difficult for people with intellectual disability moving into the community, which negatively affected the success of their transition.

Support needs not met in the community, with limited or no provision of specialist services, for example, social work/counselling support, occupational therapy (Cumella et al, 2014) to assist with more complex issues particularly in people with intellectual disability threatened community living. PA hours should be based on need so that the person with disability can participate in all aspects of daily life. Cost restrictions or reductions are barriers to accessing the required number of hours (Glynn, 2018).

In entering the open market, rental or buying, people with disability have reported being discriminated against by banks and landlords (Foley, 2014; Kroehn, et al, 2008)

### Interpersonal

The focus on family as an enabler of successful transition indicated that the inverse was true when family support was lacking – inadequate family support could act as a barrier to transition (Tabatabainia, 2003).

Biased attitudes or negative expectations about housing outcomes for certain population groups may also hinder transition to suitable accommodation in vulnerable (e.g. homeless people with psychiatric illness and forensic history) populations (Malone, 2009).

### Individual

Lack of careful planning prior to move to a de-congregated setting (Bhaumik et al., 2009; Farhall, Trauer, Newton, & Cheung, 2003), lack of individualised focus on the needs of people with specific disabilities, people with epilepsy (Endeman et al, 2015), and people with severe intellectual disability (Marlow & Walker, 2015), were barriers to transition. Individual preparedness to ensure the transition occurs at the right time for the person and they feel skilled and ready for the move, are important to protect against unsuccessful transitions (Wiesel et al, 2015). The authors recommend contingency planning to address potential risks to successful transition.

# Environmental scan

This section presents the results and findings of the environmental scan of current or emerging interventions across Australia and internationally. The research team in consultation with the scientific advisory committee, identified 55 disability organisations and centres where housing research, policy, and practice exist in Australia and internationally. Approximately twenty stakeholders within the sector were contacted informally to ascertain further detail and recommendations.

A descriptive summary of the data gleaned from these data sources is presented in Table 14. This shows the geographic spread of organisations reviewed: Australia (n=46) [nationwide n=10; NSW n=24; QLD n=4; VIC n=6; ACT n=1; WA n=1; SA n=1]; United Kingdom (n=5), United States of America (n=3), Aotearoa New Zealand (n=1). Though some of the domestic organisations had a presence in more than one state/territory jurisdiction, they did not represent national spread and so were categorised according to primary service location.

The majority of organisations reviewed (n=45) did not specify a type of disability. Some exceptions include:

* 5 organisations included intellectual or learning disability in their support profile,
* 4 organisations noted supporting a broad range of profiles including learning disability, mental health, physical and sensory disability, Autism Spectrum Disorder, Aspergers and older people and specifically included drug and alcohol support profile,
* 1 organisation indicated supporting vulnerable people,
* 1 organisation was specific to adults (18-65 years) with Autism Spectrum Disorder, and
* 1 organisation provided residential accommodation to individuals with broad range of needs including significant functional needs (physical, psychological, social and developmental).

## Descriptive summary of information sources

Table 14 **Information sources reviewed in the environmental scan**

| **Year** | **Organisation & Website** | **Country** | **Population of Interest (n)** | **Housing Model/ Type** | **Intervention Type** |
| --- | --- | --- | --- | --- | --- |
| 2020 | Summer Foundation, Audit of Accessible Features in New Build House Plans (https://www.summerfoundation.org.au/wp-content/uploads/2020/09/Audit\_of\_accessible\_features\_in\_new\_build\_house\_plans\_31Aug\_2020.pdf) | Australia (nationwide) | Mobility impairment | Accessible housing design principles | Housing design |
| 2019 | Summer Foundation, Young People in Residential Aged Care 2018-2019: A Snapshot (https://www.summerfoundation.org.au/wp-content/uploads/2020/09/YPIRAC\_Snapshot\_2018-19-final.pdf)` | Australia (nationwide) | Young people with disability | Young people in residential aged care | Inappropriate housing options for young people with disability |
| 2020 | BlueCHPLimited, Guide You Home - Specialised Disability Accommodation (https://bluechp.com.au/bluechp-is-proud-to-launch-guide-you-home/ & https://guideyouhome.com.au/) | Australia (Hunter Valley, New South Wales) |  | Specialist Disability Accommodation | Specialist Disability Accommodation |
| 2020 | BlueCHPLimited, Guide You Home - Specialised Disability Accommodation (https://bluechp.com.au/bluechp-is-proud-to-launch-guide-you-home/ & https://guideyouhome.com.au/) | Australia (Hunter Valley, New South Wales) |  | Specialist Disability Accommodation | Specialist Disability Accommodation |
| 2020 | Achieve Australia (https://achieveaustralia.org.au/ & http://achieveaustralia.org.au/wp-content/uploads/2019/02/MY-HOME-FLYER-2019\_-DIGITAL-VERSIONS.pdf) | Australia (New South Wales) | Wide range of support profiles | Specialist Disability Accommodation (SDA); Supported Independent Living (SIL) | Specialist Disability Accommodation |
| 2020 | Northcott, New Specialist Disability Accommodation coming to Coffs Harbour (https://northcott.com.au/new-specialist-disability-accommodation-coming-to-coffs-harbour/)` | Australia (Coffs Harbour, New South Wales) |  |  | Specialist Disability Accommodation |
| 2020 | Northcott & Access Accom, SkyGardens Disability Housing Project (https://northcott.com.au/new-innovative-approach-to-disability-housing/) | Australia (Ryde, New South Wales) |  | Specialist Disability Accommodation | Specialist Disability Accommodation |
| 2020 | The Housing Hub (https://www.housinghub.org.au/) | Australia (nationwide) | Wide range of support profiles | Properties may include existing SDA properties, new SDA builds, non-SDA supported accommodation, private rental, and properties for sale. | Specialist Disability Accommodation |
| 2020 | Challenge Community Services (https://www.challengecommunity.org.au/disability-services/) | Australia (New South Wales & Queensland) | Wide range of support profiles | Supported Independent Living | Specialist Disability Accommodation |
| 2020 | Sylvanvale (https://www.sylvanvale.com.au/ & https://www.sylvanvale.com.au/supported-independent-living/) | Australia (Greater Metropolitan Sydney and Blue Mountains, New South Wales) | All disability types (Currently advertising vacancies for adults who meet this criteria: Require a high intensity, level 2 (minimum) support worker service; Have, or are eligible for, NDIS Supported Independent Living funding; and Have Specialist Disability Accommodation funding at a basic level (required for most properties) | Supported Independent Living options across 39 locations | Supported Independent Living |
| 2020 | Good Directions (https://www.gooddirections.com.au/index.php) | Australia (New South Wales) |  | With over 20 accommodation options and innovative use of technology, Good Directions puts in place a framework of ‘supported independence’ that matches your culture & values. |  |
| 2020 | DSC (https://teamdsc.com.au/ & https://teamdsc.com.au/home-living) | Australia (nationwide) | Not Applicable | Consultancy-based organisation that offers support to disability service providers | Supporting disability service providers |
| 2020 | My Supports (https://mysupports.com.au/) | Australia (New South Wales, Victoria, Queensland, Western Australia and South Australia) | 50% of their staff are people living with disability, which they consider to be an "innovation". Work in small, neighborhood teams. All disability types. | My Supports is a DPO/FO provider that believes in innovation from our own experience as NDIS users. |  |
| 2021 | QCOSS (Queensland Council of Social Service) (https://www.qcoss.org.au/ & https://www.qcoss.org.au/our-work/place-based-approaches/) | Australia (Queensland) |  | Queensland’s peak body for the social service sector. Our vision is to achieve equality, opportunity and wellbeing for every person, in every community. Not offering disability housing per se. |  |
| 2021 | Young People In Nursing Homes National Alliance (YPINHna) (https://www.ypinh.org.au/ ) | Australia (nationwide) |  | YPINHna was established in 2002. We work with young people living in, or at risk of entry into, aged care facilities; their families, carers and other stakeholders. These young people have an acquired disability with complex support needs that often bridge the aged care, disability, health, housing and community services sectors. |  |
| 2019 | VALID (https://www.valid.org.au/ & https://www.valid.org.au/valid-submission-regarding-supported-independent-living/) | Australia (Victoria) | All disability types | VALID do not offer disability housing or living support options, but have advocated on behalf of people with disability, including the VALID Submission regarding Supported Independent Living to the Joint Standing Committee of the NDIS (refer to https://www.valid.org.au/valid-submission-regarding-supported-independent-living/) |  |
| 2021 | Disability Housing Advocacy Service – People With Disability Australia (https://pwd.org.au/get-help/housing/disability-housing-advocacy-service/#:~:text=The%20Disability%20Housing%20Advocacy%20Service,mediation%20or%20other%20dispute%20resolution) | Australia (nationwide) |  | The Disability Housing Advocacy Service provides people in disability housing with a professional advocate, who will help them resolve their housing concerns and enforce their rights. This may be through mediation or other dispute resolution. |  |
| 2021 | SDA Housing Investments (https://www.sdahousinginvestments.com.au/ & https://www.sdahousinginvestments.com.au/about-us) | Australia (nationwide) |  | We are very passionate about providing enhanced quality of life outcomes and are totally committed to the success of this enterprise. We consider this current era to be just the beginning of the NDIS/SDA roll out of opportunities for investors. |  |
| 2021 | Sunnyfield (https://www.sunnyfield.org.au/ & https://www.sunnyfield.org.au/services/accommodation/) | Australia (New South Wales) |  | Supported Independent Living; Specialist Disability Accommodation; Short & Medium Term Accommodation; Shared Living Arrangements | Supported Independent Living; Specialist Disability Accommodation |
| 2021 | Bridge Housing (https://www.bridgehousing.org.au/) | Australia (New South Wales) | Not indicated | Link organisation with disability housing options | Linking service |
| 2020 | Link Housing (https://www.linkhousing.org.au/ & https://www.linkhousing.org.au/apply/specialist-disability-housing/ ) | Australia (New South Wales) | Not indicated | Provide around 50 SDA Group Homes, which accommodate about 300 people, as well as managing a number of SDA respite homes and non‑SDA homes. | Specialist Disability Accommodation |
| 2020 | Compass Housing Services (https://www.compasshousing.org/) | Australia (New South Wales) |  | Specialist Disability Accommodation | Specialist Disability Accommodation |
| 2020 | Kirinari (https://kirinari.com.au/ & https://kirinari.com.au/specialist-disability-accommodation/) | Australia (New South Wales) |  | Supported Independent Living; Specialist Disability Accommodation; Short & Medium Term Accommodation; Shared Living Arrangements | Supported Independent Living; Specialist Disability Accommodation |
| 2020 | Community Housing Limited (https://chl.org.au/) | Australia (Victoria & New South Wales) |  | Community Housing Limited links affordable housing options for people with disability, as well as other disadvantaged groups. | Linking service |
| 2020 | The Housing Connection (https://www.thc.org.au/) | Australia (New South Wales) |  | Support in own home; Supported Independent Living | Supported Independent Living |
| 2020 | ARUMA (https://www.aruma.com.au/) | Australia (New South Wales, Victoria, Queensland, ACT) |  | Supported independent living and Specialised Disability Accommodation | Supported independent living and Specialised Disability Accommodation |
| 2020 | Unisson Disability (https://unissondisability.org.au/ & https://www.lifestylesolutions.org.au/disability-services/accommodation/) | Australia/Sydney and regional NSW/Hornsby, Lower North Shore, Blacktown, Parklea, Glenwood and in areas of the Central Coast and Hunter | Participant age profile ranges from 20 up to 60 years of age with either male or female been preferred depending on the property, 7 of 8 properties list 24/7 support. One property notes support available through Supported Independent Living (SIL) services. | (1) Supported Independent Living (SIL) (2) Specialist Disability Accommodation (SDA)/Specialist Disability Accommodation (SDA) funding is intended to cover the costs of building or modifying the home and physical environment. SDA properties have been built with specific disability needs in mind and are ready to move into. | SIL: for eligibility require accommodation funding from NDIA plan |
| 2021 | Lifestyle Solutions (https://www.lifestylesolutions.org.au/) | Australia/Sydney and regional NSW/Hornsby, Lower North Shore, Blacktown, Parklea, Glenwood and in areas of the Central Coast and Hunter | SDA: Depending on the property participant profiles include: males aged between 20-40 years who are working toward a goal to live independently and develop their everyday living skills; female aged between 35-60 who enjoys the company of others; transitional skill building service where residents come to live and to learn vital independent living skills with a clear plan to transition into their own residence when they are skilled and ready; male aged 30-50 that is able to live with other people. Minimal presentations of challenging behaviours. High functioning and requires minimal active support from support staff; aged 18+ with complex behaviours and with a previous history in the justice system; female aged 18- 65 years with significant functional (physical, psychological, social and developmental) impairment and complex health needs; male aged 18-45 who is semi-independent, with a previous history in the justice system. | (1) Supported Independent Living (SIL) (2) Specialist Disability Accommodation (SDA)/Specialist Disability Accommodation (SDA) funding is intended to cover the costs of building or modifying the home and physical environment. SDA properties have been built with specific disability needs in mind and are ready to move into. | SIL: for eligibility require accommodation funding from NDIA plan |
| 2021 | Disability Housing Information Line, People With Disability Australia (https://pwd.org.au/get-help/housing/disability-housing-information-line/) | Australia |  | Provision of independent information and advice on disability housing to people living in Specialist Disability Accommodation (SDA), their supporters and accommodation providers. |  |
| 2021 | Shared Lives Plus (https://sharedlivesplus.org.uk/) | United Kingdom |  | Homeshare accommodation |  |
| 2021 | Alderwood LLA (https://www.alderwoodlla.co.uk/our-locations/) | United Kingdom, Northamptonshire | Adults 18-65 years of age with Autism Spectrum Disorder. Four properties have availability for individuals 0 - 18 years of age. | Housing and living support |  |
| 2021 | Community Catalysts UK (https://www.communitycatalysts.co.uk/) | United Kingdom | Learning disabilities, Autism Spectrum Disorder, wider community | N/A Supports community programmes to link otherwise isolated people and develop their skills and social interaction |  |
| 2021 | KeyRing UK (https://www.keyring.org/) | United Kingdom | Wide range of support profiles including: learning disability, mental health, drug and alcohol, physical and sensory disability, autism and Aspergers, older people |  |  |
| 2021 | The DC Center for Independent Living (DCCIL) (https://dccil.org/) | United States/District of Columbia | Any person with a disability (physical or mental) residing in the District of Columbia. | DCCIL provides disability-specific information and referral to ensure people with disabilities have access to information needed to achieve or maintain independence in their communities. | Linking service |
| 2021 | Center for Independent Futures (https://independentfutures.com/) | United States | Not indicated | New Futures Initiative | Not indicated |
| 2021 | Donald Beasley Institute (https://www.donaldbeasley.org.nz/ or https://www.donaldbeasley.org.nz/projects/) | New Zealand | Expertise in disability research particularly in the area of intellectual disability | Focus on supporting projects on a range of areas that promote the rights of people with disabilities. Projects include: (1) Disabled Person-Led Monitoring of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). (2) Mean As - Online library on relationships and sexual support needs of people with disabilities (3) Re-imagining parenting: Upholding Article 23 of the UNCRPD for mothers and fathers with a learning disability (4) Access to Justice (5) Social Inclusion, Citizenship and Belonging. |  |
| 2021 | Family Advocacy (https://www.family-advocacy.com/) | Australia, Hornsby, New South Wales |  | Family Advocacy supports families to advocate with and on behalf of a family member with disability and are strong proponents of inclusive housing under the model of Supported Living where people with disabilities have the same opportunities of choice of housing and who they reside that's enabled for most Australians. Family Advocacy' s position statement on inclusive housing maintains that people with disabilities should have the same living options as other Australians. Specifics on how this may be advocated and achieved are not provided. The website provides links and information on options for housing in NSW and options for support however it does not provide independent housing or living support and its focus appears to be enabling through advocacy people with disabilities to achieve their goals. |  |
| 2003 | Belonging Matters (https://www.belongingmatters.org/) | Australia, Victoria | Building Community Networks Project has given priority to people with an intellectual disability and/or Autism. | Not for profit / provides education, resources, mentoring and advice about social inclusion and belonging |  |
| 2021 | Imagine More (https://imaginemore.org.au/) | Australia |  | Focus on building the capacity of people with disability, their families and supporters. Facilitate: (1) Peer Support groups (monthly) (2) School to Work programme (3) Your Voice, Your Choice (ACT) supporting people with disability in ACT to explore what is a good life (4) Provides resources for the Circles of Support programme which supports a group of people coming together to support a person with a disability achieve their goals. |  |
| 2021 | Valued Lives (https://valuedlives.org.au/) | Australia, Fremantle, Western Australia | Vulnerable people | Consulting service to facilitate supports and resources aligned to the individual with a disability match their goals, lifestyle and aspirations. | Linking service |
| 2021 | Purple Orange (https://www.purpleorange.org.au/) | Australia, Unsley, South Australia | All disability types | Social profit organisation, providing consulting services to people with disabilities, advocacy and research. Seek to influence and facilitate change at the systemic/societal level and individual level for people with disabilities. |  |
| 2020 | L'Arche Australia (https://www.larche.org.au/finding-a-community/larche-sydney/) | Australia (nationwide) | Intellectual disability | Supported independent living | Support service |
| 2020 | Inclusive Housing Australia (https://inclusivehousing.com.au/) | Sydney, NSW | All disability types | Specialist Disability Accommodation | Housing design |
| 2020 | Accord Disability https://www.accorddisability.org.au/about-us/innovative-housing/ | Melbourne, VIC | Intellectual disability | Specialist Disability Accommodation | Housing design |
| 2019 | DPN Casa Capace, HomeKit project (www.casacapace.com.au) | Australia (New South Wales) | All disability types | Design and constructing high quality disability homes that are powered by Apple's HomeKit | Innovative disability housing |
| 2020 | Nest (https://gonest.com.au/) | NSW, ACT, SA | All disability types | Specialist Disability Accommodation | Linking service |
| 2020 | Access Accom (https://www.accessaccom.com.au/) | Sydney, NSW | Complex needs | Specialist Disability Accommodation | Housing design |
| 2020 | Afford (https://www.afford.com.au/) | Australia (nationwide) | Intellectual disability | Supported independent living/support services | Supported living |
| 2020 | Enliven Housing & Enliven Community (https://enlivenhousing.com.au/home/) https://enlivenhousing.com.au/community/ | Sydney, NSW | High support needs | Specialist Disability Accommodation | Supported living |
| 2020 | inHousing (https://inhousing.org.au/) | Unley, SA | All disability types | Specialist Disability Accommodation | Housing design |
| 2020 | Hume Community Housing (https://www.humehousing.com.au/) | Fairfield, NSW | All disability types | Community housing | Supported living |
| 2020 | McCall Gardens (https://www.mccallgardens.org.au/) | Box Hill, NSW | All disability types | Supported living, SDA | Supported living |
| 2020 | Bridges Care (http://www.bridgescare.com.au/) | Campbelltown, NSW | All disability types | Supported independent living | Supported living |
| 2020 | Resourcing Inclusive Communities (an initiative of Family Advocacy - My Own Home (https://www.ric.org.au/my-own-home/) | NSW | All disability types | Support services | Support service |
| 2020 | Kemira at IRT Kanahooka (https://www.irt.org.au/location/kemira-at-irt-kanahooka/) | Illawarra, NSW | Intellectual disability | Supported independent living | Supported living |
| 2018 | Melbourne Disability Innovation Institute, NDIS Housing Pathways Project (https://disability.unimelb.edu.au/housing) | Australia (nationwide) | All disability types | Better housing for Australia's National Disability Insurance Scheme Participants | Accessible housing |
| 2019 | Melbourne Disability Institute & Mount Alexander Shire Accommodation & Respite Group, NDIS Housing Pathways Project , Whole of Community Pilot: MASARG Castlemaine (https://disability.unimelb.edu.au/\_\_data/assets/pdf\_file/0007/3079870/Whole-of-Community-Plan-Pilot-MASRG-Castlemaine-Workplan-final-version-PDF.pdf) | Australia (Victoria) | People living with intellectual disability who wish to live in Castlemaine, Victoria. 18 respondents to the study. | Broader community interest in housing and the development of new housing options for NDIS participants | Accessible housing |
| 2016 | The Harvard Joint Center for Housing Studies, Disability Housing: What's happening? What's challenging? What's needed? (https://www.jchs.harvard.edu/sites/default/files/connery\_disabilityhousing\_april2016\_v2.pdf) | United States of America | All disability types | Accessing appropriate disability housing | Accessible housing |
| 2016 | Care & Repair, Innovation in home adaptions - a fresh chance (http://careandrepair-england.org.uk/wp-content/uploads/2014/12/Integration-Briefing-3-final.pdf) | United Kingdom | All disability types | Budgets for home adaptions | Accessible housing |

## Type of housing model and supports:

The environmental scan identified four overarching types of housing models or supports available from disability organisations in Australia – specialist disability accommodation (n=26), shared homes/group homes (n=5), affordable housing (n=3) and consulting and information services on housing issues (n=21).

In addition to these models and supports one provider specifically focused on adaptations to the wider living ecology. Sylvandale offers sensory gardens at some of their disability housing sites to improve the wellbeing and physical health for residents with disability and their employees (https://www.sylvanvale.com.au/supported-independent-living/). One anecdotal testimonial affirmed: “The staff are thrilled to see customers making the most out of their new space – particularly the positive impact it’s having on their health and wellbeing”.

Housing standards, quality and sustainability also featured in the work of one organisation. Link Housing partnered with the University of New South Wales in a research project to generate ideas about how to improve sustainability in social housing through “repairs, maintenance, retrofitting and tinkering” (https://www.linkhousing.org.au/). The project involved 59 students inspecting properties in groups to observe the layout, design, how the tenants used their homes and the impact on their energy bills (https://www.linkhousing.org.au/). Compass Housing Services also emphasised sustainability, including the use of environmentally friendly products; ethical shopping; and “brain food”. It was noted that Compass Housing Services have previously won awards for their commitment to sustainability, as evidenced here: https://www.compasshousing.org/news/compass-housing-gets-gold-sustainability.

Co-operative sharing options were provided by two overseas organisations (Center for Independent Futures / https://dccil.org/ and Homeshare International / https://homeshare.org/). Individuals and communities are actively encouraged and facilitated by these organisations to liaise and co-operate in sharing and/or building accessible housing and living support services for a broad range of disabilities.

## Enablers to transition to independent living:

Though not explicitly described as enablers on the websites reviewed, 16 organisations provided living support services ranging from intensive 24-hour support, to living skills programmes, to developing individuals living skills (n=16 organisations); matching individuals to homes services (n=7 organisations), and other organisations offered a design and building services for accessible homes, or pre-existing purpose-built homes.

The use of assistive technology to support independent living was also notable in a group home developed by Accord, emphasising the inclusion of “smart home innovations, digital processes, colour therapy and access control” (https://www.accorddisability.org.au/about-us/innovative-housing/). Moreover, a key stakeholder who was interviewed mentioned that the “…future of disability housing design must be heavily informed by the use and embrace of modern technology” (https://www.accorddisability.org.au/about-us/innovative-housing/). Northcott reported on a new specialist disability accommodation facility in Coffs Harbour, New South Wales, which would: “…make space for innovation; link disability and other housing needs; engage with millennials; and attempt to understand disability as people age” (https://northcott.com.au/new-specialist-disability-accommodation-coming-to-coffs-harbour/).

To access the housing and living supports, specific eligibility criteria were outlined:

* 1 organisation required that a person with disability lives in the home, and had specific eligibility requirements for specific properties;
* 1 organisation required potential tenants to have, or be eligible to have, Assistive Technology, SDA and On Site Support funding in their NDIS plan to be eligible for a tenancy;
* 1 organisation offered affordable housing which was not specific to people with disability.
* 2 organisations (in Australia) required NDIA funding for eligibility; and
* the other organisations (n=50) did not specify any specific inclusion criteria.

## Outcomes:

Most organisational websites simply detailed what housing and living support options were on offer at their organisation. Those organisations that did report on contemporary and innovative disability housing and living support options, did not report any measurable evaluative data (with the exception of anecdotal customer testimonials, stories and reviews – some of which have been included in this narrative). St John of God Accord, which described an evaluation plan, as well as an independent research project conducted by Deakin University; however, no results were presented.

One Aotearoa New Zealand based organisation (Donald Beasley Institute / https://www.donaldbeasley.org.nz/) conducted a project on housing and completed further research on disability themes including community participation and inclusion. Organisations providing consulting services maintain a narrative content themed on social inclusion and fair treatment for people with disabilities; however, limited or no information was provided on fees for consulting services.

## Summary:

Overall, the environmental scan found that there is a need for more innovative practices across the board to cater for the demands of people living with disability (Connery, 2016; Melbourne Disability Institute & MASARG, 2019); people with disability want "a place to call home" (Connery, 2016, p. 35); and the right home and living environment is essential for one's wellbeing (Care & Repair, 2016).

Very few of the organisations that were reviewed appear to have any formal evaluation programmes for their services it highlights a strong need for an evaluation process in the area of housing/disability support services. This is to ascertain and ensure that both private and public funding of these services results to appropriate value for service.

# Implications and conclusions

## Summary of findings

There is consensus across the literature, policy and practice evidence that people with disabilities, regardless of level of need, can and should have the choice to live in a home that suits their own goals. There is evidence across the literature that, when done well, transition not only improves choice and independence for the individual, it improves wellbeing and has multiple potential secondary benefits for the individual and social inclusion, their families and relationships, and society as a whole. Mainstream housing options, whether rental or ownership, can be feasible. Access to supports is required as well as flexibility in funding programs needed. The combination of formal and informal support networks, highlighting the role of staff, family, neighbours, and friends, are key to achieving independent or individual supported living.

## Implications

A number of implications can be drawn from the findings of this review:

* People with disabilities should direct the choice of where and who to live with and flexibility in how individualised funding is used is crucial.
* Transitions that promote independence and choice will offer greatest potential to improve well-being of the individual, their family, and result in broader societal benefits. These can include potential benefits for health, justice and economic systems.
* An agreed definition of successful transition is needed to be clearly articulated and consistently used in the literature, for service providers, and for policy makers. This is to ensure that what it means to have a successful transition to independent living is articulated in an unambiguous way. Important components of successful transition to independent housing includes the promotion of personal agency to meets their goals, supporting the needs of that individual during this process and in a timeline that is commensurate with goals of the individual.
* Transition to more independent housing includes both modifications to an existing living environment to enable greater independence and also a physical move to a different location.
* This review has highlighted the many different ways readiness to transition to housing has been assessed. An agreed and comprehensive assessment approach is needed that captures the different systems levels of transition readiness. Such an assessment is required to identify important enablers and barriers early in the process so that people with disabilities are given the best chance to achieve their best outcomes.
* In cases where a person is transition ready, the community or housing market may not be, as accessible, affordable and appropriate housing supply does not currently meet demand. Subsequently, collaboration across sectors housing and disability sector is required.
* Partnership is needed between ageing and disability sectors/policies to address specific issues of ageing in place and the inappropriate placement of young people with disability in aged care. There is also a specific need for policy to address the future planning needs of young people with disability living at home with family and/or carers but who wish to live independently.
* There are specific implications for building regulations to ensure new builds are accessible, affordable and appropriate with mandating of Universal and Liveable Design concepts in all new housing builds.
* Support is required in the planning, navigating, process of transition as well as post transition to sustain the preferred living option. The literature consistently shows the benefits of providing supports to improve transition rates and well-being during the transition process. The literature also showed that supports reduce the likelihood of people returning to congregated and institutionalised settings. These supports should be built around the individual, ensure a mix of formal and informal, and varying degrees of intensity and outreach, based on individual need.
* No one intervention enables transition in isolation. Enablers involve a multitude of factors that can work synergistically together, or cause barriers at different levels of policy, organisational, community, interpersonal and individual levels. For example, Disability Inclusion Champions, staff and family play a role in enabling successful transition by facilitating greater social inclusion after the move. Assistive technology, smart homes and other design and modification features were highlighted in the environmental and grey literature as key enablers. In addition, poor quality and poorly designed homes were barriers to successful transition and/or maintaining independent or individual supported living (McIntyre, et al. 2017).
* Location is also a consideration in terms of accessing services. People with disabilities may be restricted in where they can live due to the need to be in a certain catchment area for services.
* Environmental factors such as transport, access to services and proximity to family, friends and social supports has implications for policy and planning; as well as for how funding models are managed.
* The cost of disability, as well as the likelihood that many people with disabilities are in lower socio-economic categories should be acknowledged and resourced.
* This review has highlighted the benefits of both quantitative and qualitative data collection approaches to inform on the transition process and both forms of data collection should be included in the assessment approach.

## Gaps in knowledge

A number of gaps in knowledge were identified:

* There was no study or policy that explicitly examined the strategies that prevented transition into congregate setting. This is of particular concern for people with acquired brain injury and people with intellectual disability as they age.
* We were unable to identify any research that specifically examined people with disabilities who had their own families to care for in the transition research. There was no research exploring the effects of transition on children, for example.
* The primary (e.g., well-being of the individual, choice and control) and secondary (e.g., social relationships, economic costs) outcomes that can be tracked need to be agreed upon and evaluated in a consistent manner.
* Evidence on cost effectiveness and cost-benefit is sparse and inconsistent.
* There is limited knowledge about enablers and outcomes for different groups of individuals. Literature on the benefits of specialist support progams during transition, for example, largely focused on those with mental health conditions and to a lesser extent intellectual disability. Those with chronic health conditions were not well represented in the literature. There was almost no research in culturally and linguistically diverse populations. There has been limited focus on indigenous people with disability and specific challenges met and supports required. This means that assumptions in this report and others are made about the data from different groups of people with a disability that may not necessarily apply to other groups.
* Detailed evidence on impact of transition on behaviours of concern was not identified and reported as part of this review but may require future focus.
* There is a need for more evaluation for interventions. While there is some data to support the benefits of personal assistant supports, training programs for staff, family and individuals and community and integration programs, more data is needed to develop accessible best practice programs.
* There is an urgent need for improved evaluations of different flexible funding models. There are many viable flexible approaches that have not received robust evaluation, and many require adaptation to the Australian context to be appropriately examined.
* There is a very limited understanding of the effect of housing transition on factors relating to social inclusion, education, and employment.
* Sustainability of various models of independent living over time and as people age, is not known. The specific interventions to sustain people living independently in the community should be tested.
* Very few studies examined differences in transition to independent living and options available in rural versus urban areas. Further work on housing for people with disabilities in regional and remote areas is needed,
* There is a distinct lack of high quality randomized controlled trials. The best examples of high quality quantitative studies come from well powered pragmatic, clustered randomized controlled trials. There were very few of these types of trials. There is an urgent need to uplift the quality of quantitative data collection to inform future policy and decision making.

## Limitations of the review

As with all reviews, the review was limited by the quality and extent of available evidence. Many studies were descriptive in nature, with small sample sizes and few specific studies focusing on interventions to support transition over time. The population of people with disability is a heterogenous group, with a range of abilities, skills, wants and support needs. The study was broad in its search and inclusion of disability type. However, the evidence identified was skewed towards the experiences of people with intellectual disability. This was unintended in the search with broad search terms used in the academic and grey literature. However, within the environmental scan, the search was likely determined by the expertise and areas of interest of the project team and the steering committee members. It is felt that any of the models of housing, support and enablers to ways of living that are alternative to congregate and group homes, may be applicable across disability groups. The review was limited also in its capacity to address cultural needs, only 1 document in the grey literature search focused specifically on the needs of the indigenous population with disability and there was no studies exploring populations from minority group culturally and linguistically diverse backgrounds.

A major challenge of reviewing the literature was the lack of a standardised or consistent definition of the different types of housing models. Considerable variation but also overlap of definitions of housing models was evident in the review.

It was evident that the meaning and definition of types of housing varied greatly between studies. In many cases moving to community supported living from a congregate or institutional setting meant simply moving to a smaller group home, rather than a fully independent supported living situation. Discrepancies were also noted in studies within geographical jurisdictions despite presenting research on common government policy and guidelines on housing models. No research papers were identified that specifically examined prevention of transition to congregate settings.

This review demonstrates that there is a distinct move away from specialist housing to mainstream options with support, and greater emphasis on flexibility of funding models and supports. In particular, the review identifies work being undertaken by disability providers, housing associations, families and people with disabilities, in the development and maintenance of innovative models of housing within the mainstream housing market, that respond to the needs and desires of the person with disability.

In the academic literature, much is written about de-institutionalisation and moves to the community. Most of this work focuses on the move to community group homes, with less evidence available on moves to independent living settings or home ownership models.

## Considerations

Based on the evidence documented in this review, that the following should be considered:

**Policy and system level:** Implementation of policy should be reviewed and evaluated to remove current barriers identified in the system. Barriers such as, insufficient housing stock to meet needs, lack of coordination between housing and disability policy and different government organisations, lack of affordable, accessible and appropriate housing, barriers to accessing supports until a home is secured, inflexibility in funding model.

**Organisational:** Organisationsshould ensure staff receive training in how to support an individual in a person-centred way to choose where to live and navigate the housing market. Active support and Person Centred Planning have been identified as effective mechanisms. Supports should be provided to individuals in securing tenancies. Organisations should consider a Housing First model as well as ensure provision of specialist services post transition continues.

**Community & environmental:** Poor infrastructure in the community and neighbourhood, both built environment and social environment, which are key to maintaining independent living arrangements, should be addressed. Organisations within and outside the disability sector have a remit here and this requires intersectoral collaboration and planning. Outreach supports and technology within the community and the individual home should be resourced. Universal Design and Liveable Design should feature in all housing policy.

**Interpersonal:** The supports provided post transition should include supports to enable building and maintaining social relationships, and to ensure true inclusion and integration in the community. This is not the remit of disability services in isolation but involves wider community initiatives as well as incorporation into the logistics of building homes.

**Individual:** The person with disability should be at the forefront and centre of any transition with choice and control over where and who they live with. Access to supports during transition planning, moving and maintaining independent living arrangements are crucial. A review of people’s needs as they live in the home, as they age and as their needs and wants change should be reflected in policy and systems.

**Research:** In addition, research has a role to play to further develop the evidence base and consolidate and measure best practices, through collaboration with researchers, individuals with disabilities and providers (private, public and disability specialist) to co-ordinate and progress the housing sector developments and options, including:

* Development of consistent methods for measuring and evaluating impact
* Undertaking research in unrepresented cohorts
* Undertaking robust studies to explore the impact of SDA, including what is the optimum mix of housing types in the SDA levels.
* Exploring the effectiveness of tools for matching participants to the most suitable housing.

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# Appendix A: Members of the Advisory Committee

* Associate Professor Mary-Ann O'Donovan, Centre for Disability Studies, affiliate of the University of Sydney School of Medicine
* Professor Emerita Patricia O'Brien, Centre for Disability Studies, affiliate of the University of Sydney School of Medicine
* Clinical Professor Vivienne Riches, Centre for Disability Studies, affiliate of the University of Sydney School of Medicine
* Emeritus Professor Trevor Parmenter, Centre for Disability Studies, affiliate of the University of Sydney School of Medicine
* Professor Adam Guastella, Brain and Mind Centre, the University of Sydney
* Dr Zachariah Duke, Centre for Disability Studies, the University of Sydney School of Medicine
* Mr Mark Toomey, Member of Participant First, NDIA
* Ms Simone Stevens, Member of Participant First, NDIA
* Professor Chris Hatton, Manchester Metropolitan University, UK
* Professor Karen Fisher, The University of New South Wales
* Emeritus Professor Errol Cocks, Curtin University
* Dr Richard Koenig, Housing Opportunity Development Corporation, USA
* Professor Heidi Zeeman, Griffith University

# Appendix B: PICO

Participants: an adult population (aged 18 to 65 years) of people with intellectual, physical or sensory disability, autism/ASD, psycho-social disability, cognitive impairment, acquired or life-long disability

*Intervention(s):*

1. studies that include/describe participants (as above) transition from group homes, institutional care and residential aged care facilities into community, independent or other non-congregated settings.
2. studies that include/describe preventative strategies for participants with a disability (as above) not to move into institutional or aged care facilities or other congregated care settings.
3. studies that include/describe preventative strategies for participants with a disability (as above) to support move from institutional or aged care facilities to de-congregated care settings.

*Comparison(s):* primary comparison of pre/post transition from congregated or group home to de-congregated settings including focus of transition from congregated or group home settings to independent living arrangements.

*Outcomes:* the two primary outcomes comprise of (a) transition taking place (ascertained in studies presenting pre and post transition data) and (b) quality of life. Additional participant led outcomes as described in individual studies were also summarized in the review included level of satisfaction with transition, degree of choice, self-determination, social connectedness, sense of belonging. Cost effectiveness, efficiency, cost-benefits were also summarized in the quantitative studies when information was available.

# Appendix C: Search strategy

***Search strategy***: the search strategy for the systematic review (refer Appendix AA for detailed description) incorporated search terms on (a) living arrangement/setting type (independent living OR community group home OR community setting OR non-institutional OR non-residential OR de-congregated OR institutional OR family care OR supported apartment OR supported living OR residential aged care) (b) Movement/ change in living arrangement (De-congregation OR de-institutionalization OR de-institutionalisation OR transition OR mobility OR movement) (c) Disability (Intellectual disability OR developmental disability OR learning disability OR mental retardation OR mental handicap OR physical disability OR sensory OR deaf OR blind OR vision loss OR sight loss OR vision impairment OR hearing loss OR psycho-social OR autism OR ASD or mental health OR cognitive impairment OR impairment) (d) Interventions (Interventions OR approaches OR supports OR enablers OR facilitators OR strategies OR measures).

***Databases***: the following databases were searched for the systematic review - MEDLINE (Medical Literature Analysis and Retrieval System Online), Embase (Excerpta Medica Database), PsycINFO, Cochrane Database of Systematic Reviews, CINAHL (Cumulative Index to Nursing and Allied Health Literature), Scopus, Web of Science, ProQuest Central, Academic Search Complete, Sociology Source Complete.

# Appendix D: Data extraction template

|  |  |  |  |
| --- | --- | --- | --- |
| Source |  |  |  |
| Citation |  |  |  |
| Country (region) |  |  |  |
| Year |  |  |  |
| Type of housing model |  |  |  |
| Type of living support |  |  |  |
| Sample Size |  |  |  |
| Participant profile (age, gender, disability) |  |  |  |
| Criteria for inclusion in programme/intervention |  |  |  |
| Overall outcome/result |  |  |  |
| Specific outcomes measured (description of) |  |  |  |
| Validation of outcomes |  |  |  |
| Key findings and recommendations |  |  |  |

# Appendix E: Summary of Studies Reviewed

Table 16 **Characteristics of studies included in review**

| **No.** | **Author (Year)** | **Research Focus** | **Country** | **Study Design** | **Population of Interest (n)** | **Housing Model/ Type** | **Intervention Type** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Angell, et al (2020) | To understand how people with disabilities describe full participation after transitioning from an institution to the community and to identify environmental barriers and facilitators to participation during and after this transition. | USA | Semi-structured interviews (n=153) | Self-ID PWID | Community supported living | Transition to community living |
| 2 | Aubry et al (2015) | Presentation of findings of a housing project 'At Home (AH)–Chez soi (CS)' for people with severe mental illness who are homeless to facilitate move into regular housing. | Canada/ Winnipeg, Toronto, Montreal, Moncton | Randomised trial | Severe mental illness | ‘Pathways’ Housing First’ model based on two inputs/domains of (a) housing and (b) support services and four principles of: 1) Immediate provision of housing and consumer-driven services. 2) Separation of housing and clinical services. 3) Providing supports and treatment with a recovery orientation. 4) Facilitation of community integration. The primary objective is to provide assistance to rapidly procure housing of individual's choice.  Housing specialist assists in (a) firstly identifying suitable housing based on consumer's preferences and provides support for landlord negotiations, rent assistance and (b) secondly developing an individualised recovery plan | Housing First initiative as per principles described in 'Type of housing model'. |
| 3 | Baker (2007) | The aim was to evaluate the effect of the closure of a small intellectual disability hospital on the community use of those people involved. | UK | Cross sectional study | Intellectual disability | Group home | De-institutionalisation following closure of a disability hospital. |
| 4 | Bhaumik, et al (2011) | Assessment of quality of life and mortality of individuals with ID following a move from a large institution. | England | One group repeated measures design: pre/post/follow-up | Intellectual Disability | Transition from long stay hospital to supported community living accommodation/ group residential homes or nursing homes. Supported living accommodation defined as 'purpose-built flats within a complex for people with  ID" no further information provided on number of residents. | Deinstitutionalisation from long stay hospital setting to community settings. |
| 5 | Bhaumik et al (2009) | The aim of this study was to assess changes in aggressive challenging behaviour and psychotropic drug use in adults with ID following resettlement using a person-centred approach. | England | One group repeated measures design: pre/post/follow-up | Intellectual disability | Transition from long stay hospital to supported community living accommodation/ group residential homes or nursing homes. Supported living accommodation defined as 'purpose-built flats within a complex for people with  ID" no further information provided on number of residents. | Transition to decongregated setting |
| 6 | Bigby (2008) | Examination of trends in informal social network following deinstitutionalisation. | Australia | Repeated measures design with four measures, baseline, 1 year, 3 years, 5 years post transition. Social network analysis of data based on structured interviews and quantified. | Intellectual disability | '200 Places' initiative, Victorian Government, 1999-2000. Transition from institution to Group Home | Deinstitutionalisation from a large institution  in Melbourne, Victorian to small group homes (houses) in the  community as part of a government  initiative known as ‘‘200 Places’’. |
| 7 | Bigby (2008) | A review of Australian policy development to support ageing in place for people with intellectual disability | Australia | Policy review. Grey literature | People with intellectual disability as they age | Deinstitutionalisation; flexible funding and top up models | Deinstitutionalisation |
| 8 | Bigby et al (2018) | This study identified costs and factors associated with quality of life (QOL) in supported living and compared this with group homes | Australia | Cross sectional study | Intellectual disability | 'Supported living: support tailored to the individual Group home | N/A |
| 9 | Bleasdale (2007) | Supporting the housing of people with complex needs | Australia | Mixed methods. Grey literature. | People with disability with complex needs | Housing for people with complex needs; community tenancy based; support to access long term tenancies | Community |
| 10 | Blumberg, et al (2000) | To provides an informal case study of how one young man and his family have benefited from this move to selfdirected services. | USA | Case study (n=1) | ID | Independent living | Case study - independent living arrangement |
| 11 | Borbasi, et al (2007) | To evaluate quality of life for people with a disability with high health and high support needs following a move from a congregate care institution to community housing. The study explored residents’ perceptions of the service, level of community involvement, lifestyle choices, and input into decision-making. | Aus | Semi-structured interviews  (n=24) | People with high health & support needs | Community supported living | Transition to community living |
| 12 | Bostock et al (2004) | Contested Housing Landscapes? Social Inclusion, Deinstitutionalisation and Housing Policy in Australia | Australia | Mixed methods. Grey literature | Intellectual disability (n=46 key informants in disability and housing sector ) | Deinstitutionalization framed as a rehousing process | Deinstitutionalisation |
| 13 | Brennan, et al (2016) | To explore the experiences of non-disabled parents who coordinate a personal assistance scheme for their adult son or daughter, all of whom had multiple impairments, did not communicate using speech and required personal assistance 24 hours a day | Sweden & Norway | Semi-structured interviews  (n=17) | Complex needs | Independent living | Parent/family perspective |
| 13 | Broadley, (2015) | To identify whether there is a role for adult protection services in the lives of young people with disabilities transitioning from out-of-home care? | Aus | Focus groups  (n=21) | Not specified | Independent living | Staff support |
| 15 | Browning & Jones (2002) | The aim of this study was to examine the reliability and validity of a simple rating instrument for the selection of compatible groups based on relationship patterns to aid in the resettlement of people with learning disabilities from hospital to group homes. | UK | Other - Rating scale design and evaluation | Learning disability | Not applicable | Not applicable |
| 16 | Browning et al(2016) | The purpose is to explore the characteristics of adults with intellectual disabilities supported by a Community Forensic Learning Disability Team (CFT) and interventions delivered. | UK | Pre/Post programme evaluation with primary outcomes of (a) living arrangements (b) offending behaviour | Intellectual Disability | Group homes | Community Forensic Learning Disability Team (CFT): Provided general interventions on: (1) psychology (2) speech and language (3) occupational therapy AND Forensic interventions on: (1) adapted sexual offender treatment programmes (2) fire-setter treatment programmes (3) anger management (4) thinking skills |
| 17 | Carnemolla, (2020) | Individualised Apartment Accommodation for People With Intellectual Disability: Protocol for a Qualitative Study Examining the Well-Being and Support Outcomes Linking Housing and Health | Australia | Protocol. | Intellectual disability (n=55) | Indivdiualised apartment accommodation (having moved from group home) | Independent |
| 18 | Certo et al (2008) | Seamless Transition and Long-Term Support for Individuals With Severe Intellectual Disabilities | USA | Discussion. Grey literature | Severe intellectual disability | Independent living; access to education in particular post secondary options should then lead to outcomes of employment and independent living | Independent |
| 19 | Chan et al (2021) | The purpose of the study was to investigate longitudinal outcomes for users of a community rehabilitation team and identify service user characteristics associated with successful progress along the rehabilitation pathway | UK | Cross sectional | Psychiatric diagnosis | Mixed de-congregated housing | Mental health rehabilitation support |
| 20 | Chen, (2010) | To explore mental health professionals’ practices with adult clients and their parents at the departure of the clients’ transition from the parental home to independent living | USA | Semi-structured interviews  (n=24) | Psychiatric disability | Independent living | Transition from living at home |
| 21 | Chester, et al (2017) | To explore the risk factors considered by clinicians involved in discharging people from secure services | UK | Semi-structured interviews  (n=5) | Intellectual disability | Forensic to community | Forensic transition |
| 22 | Chou et al (2008) | Evaluation of costs and outcomes associated with three different types of residential services (refer Housing model type). | Taiwan | Cross-sectional study | Intellectual disability | 1) Institution, > 50 beds 2) community home, <50 beds 3) community/residential living < or equal to 6 beds | Cross sectional study, with no direct intervention. |
| 23 | Chou et al (2011) | An evaluation of service outcomes of a de-congregated residential scheme for people with ID. | Taiwan | Pre/post design of quality of life measures and face to face interviews | Intellectual disability | Community/residential living < or equal to 6 beds | Transition from either institution or family home to community living. |
| 24 | Cocks et al (2016) | Quality and Outcomes of Individual Supported Living (ISL) Arrangements for Adults with Intellectual and Developmental Disabilities | Australia | Mixed methods. Grey literature report. | People with intellectual and developmental disability (n=130) | Individual supported living; individual is supported to live in their own home; for example, living alone, living with partner or friend, living with a host family, living with someone without a disability who provides support (does not include people living at home with parents or in group settings). Range of supports accessed to live in ISL - from little to a lot (average paid support 37 hours a week; average unpaid support 12 hours a week). | Independent |
| 25 | Cocks, & Boaden, (2011) | To develop a descriptive framework for PRS | Aus | Focus groups (n=10); case studies (n=6); written responses (n=15) | Not specified | Community supported living | Framework for Quality assurance |
| 26 | Cooper & Picton (2000) | This article reports on the long-term effects of relocation on a sample of 45 people with an intellectual disability who moved from an institution to the community and to other institutions | UK | Pre/post with follow up design: prior to transition, 6 months and 3 years post transition | Intellectual disability | Community residential unit | Transition |
| 27 | Corbluth, (2011) | Delayed discharge and lack of housing for inpatients | UK (London) | Discussion. Grey literature | People who have had acute mental health problems | Non inpatient options | Community (non-inpatient options) |
| 28 | Cumella et al (2014) | The aim of the study was to survey the attitudes of family carers of people with Down Syndrome on supported housing. | England and Wales | Other - Factor Analysis/Questionnaire design | Intellectual Disability (Down Syndrome) | 21% in supported living, 57% with family or carer, 17% other, 1% independent living | Exploratory survey |
| 29 | Dean, (2003) | The housing aspirations of young people with disabilities | Scotland | Qualitative. Grey literature | People with physical or learning disability aged between 18 and 34 (n=30) | Family home | Family home |
| 30 | Dimitriadou (2020) | (1) explore the opinions of parents, educators, and individuals with ID about independent living (IL) | Greece | Other - Factor Analysis/Questionnaire design | Intellectual disability | Independent and supported living | Not applicable, exploratory study based on survey design and survey outcomes. |
| 31 | Elder-Woodward, et al (2015) | Critique of independent living movement critique | Scotland | Discussion paper. Grey literature | People with disability, people with learning disability | Independent living movement described as example of co-production of social change | Independent |
| 32 | Emerson et al (2000) | Evaluation of cost-benefit of residential supports living in three housing models (a) village communities (b) residential campuses (c) small community based homes and supported living. | UK | Cross sectional design | Intellectual Disability | Residential Campus and Village Community: clustered housing on one site with shared central facilities (e.g. day centre/church/ shop). Dispersed housing: long term residential with 24 hour support in dispersed housing | N/A |
| 33 | Emerson (2004) | A comparison of benefits associated with living in cluster housing compared with dispersed housing. | England (Northern) | Cross sectional comparison | Intellectual disability | Cluster housing: accommodation located either as part of a campus development (three or more houses with an on-site day centre) or in a cluster of houses for people with intellectual disabilities (e.g., a dead-end street with three or more houses for people with intellectual disabilities). Dispersed housing: no specific details but indicated more personalised settings | Cross sectional comparison of cluster *vs* dispersed housing. |
| 34 | Enderman (2015) | 1) improvement of medical treatment 2) better self-management with regard to health 3) independence in daily life 4) emotional stability 5) scheduled living structure with an occupational activity that fits to the person’s abilities | Germany | Two groups repeated measures design | Epilepsy | Transition from residential rehabilitation programme to supported housing or long term residential unit | RJE: rehabilitation for young adults with epilepsy |
| 35 | Evans (2017) | Asylum to Community and in between: Examining the Post-deinstitutionalization Transitional Experiences of Mentally Disabled Individuals in Suffolk County, Long Island  Asylum to Community & in Between: Examining the Post-Deinstitutionalization Transitional Experiences of Mentally Disabled Individuals in Suffolk County, Long Island | USA (New York) | Dissertation. Grey literature. | People with serious mental health issues | Transition from psych hospital to community care | To community (from psychiatric care) |
| 36 | Fahey et al (2010) | Quality of Life and outcomes for residents with intellectual disability in intentional communities (Camphill Ireland) | Ireland, Camphill community | Cross-sectional study | Intellectual disability | Intentional communities: (life-sharing residences purposefully devised with family guidance to the preferences of small group of individuals). Group homes and campus residences | Cross sectional comparison of intentional communities with group homes and campus residences. |
| 37 | Farhall et al (2003) | 1) examination of the incidence of, and variables associated with, relocation trauma among 85 patients who moved from long-stay psychiatric wards to community care units | Australia | Pre/post design of relocation trauma and quality of life measures | Psychiatric disorder (Schizophrenia) | Transition from long-stay psychiatric wards to community care units or transitional residential units (no of residents not specified) | Deinstitutionalisation from psychiatric wards to either temporary transitional units or community care units. |
| 38 | Felce (2006) | Critique of Deinstitutionalization and a Postinstitutional Research Agenda | General | Discussion. Grey literature. | Intellectual disability | Deinstitutionalisation movement | Deinstitutionalisation |
| 39 | Fionnola & McConkey (2012) | Evaluation of transition from congregated living arrangements to community based accommodation. | Ireland | Other-Comparative changes in type of residential accommodation in a ten year period. | Intellectual Disability | Community settings including congregated | Not applicable |
| 40 | Fish and Lobley (2001) | Evaluation of quality of life comparing transition from an institution based secure unit to a community based unit. | UK | Pre/post repeated measures design | Learning disability | Community housing (apartment) | Transition from a forensic institutionalized unit to secure community based unit. |
| 41 | Fish, &Morgan, (2019) | To explore how “moving on” is defined and perceived by women in a locked ward | UK | Ethnography; Semi-structured interviews  (n=26) | Psychiatric disability | Locked ward to community | Experience of deinstitutionalisation |
| 42 | Fisher et al (2008) | Effectiveness of support living in relation to shared accommodation: final report | Australia | Mixed methods. Grey literature | People with disability | Supported living compared to shared accommodation; 24 hour support options | Supported |
| 43 | Foley (2014) | Housing for people with disabilities living at home and how Irish government policy is designed not to help them | Ireland | Policy review. Grey literature | Intellectual disability (n=1) | Family home | Family home |
| 44 | Glynn (2018) | Reflection on real choice to access to PA services versus 24 hours residential care | Ireland | Newspaper article | Reflection of person with disability in newspaper article (n=1) | Independent living; personal assistance | Independent |
| 45 | Golding et al (2005) | This study explored the effects of relocation from institutional to specialized community-based residential provision for six men with mild to moderate intellectual disabilities and challenging behaviour and for a comparison group of six men with mild to moderate intellectual disabilities and challenging behaviour who were already living in specialized community based residential provision | UK | Cross sectional study | Intellectual disability | Community based residences | Transition |
| 46 | Grant et al (2017) | Housing & Indigenous disability: lived experiences of housing and community infrastructure | Australia | Mixed methods. Grey literature. | Indigenous people with disability (n=3 case study sites) | No one model explored. Looks at issues of moving or relocation in different study locations with variety of housing types and living supports. | Community |
| 47 | Griffiths (2011) | Reflection on younger disabled living in aged care | Australia | Newspaper | Seriously disabled aged under 50 years and in aged care/nursing home | Move from aged care; example of one person who is planned to move out of aged care into community group home | To community (from aged care) |
| 48 | Griffiths et al (2015) | The current study reports on the findings from a survey that recorded the perceptions of 61 family members of former facilities residents. The surveys were distributed to families beginning one year following the final closure of the three facilities | Canada | Other - Survey design | Intellectual disability | Transition from institutionalised to de-institutionalised settings | N/A |
| 49 | Gutman & Raphael-Greenfield (2017) | The purpose of this study was to assess the effectiveness of a housing transition program for homeless shelter residents with chronic mental illness and substance use. | USA | Two group pre/post evaluation of intervention programme | Mental illness | Independent living | SMART (Supporting Many to Achieve Residential Transition) Program. Six modules: 1) housing interview skills 2) apartment living skills 3) : being a good tenant and neighbour 4) community living 5) managing money 6) health and wellness |
| 50 | Hallam et al (2002) | Evaluation of cost-effectiveness of village community settings, residential campuses and dispersed community based housing schemes | UK | Other - Cost benefit analysis with evaluation of higher cost predictors (based on regression analysis) | Intellectual disability | (1) Village communities  (2) Residential campus  (3) Dispersed housing schemes | N/A |
| 51 | Hayashi & Okuhira (2008) | To explore the impact of the training program offered by Japanese ILCs to disabled people from other Asian countries | Japan | In depth interviews; focus group (n=35) | Not specified | Independent living centre | Role of support agencies |
| 52 | Head, et al (2018) | To describe research investigating how people with learning disabilities experience moving out of hospital into the community as part of the Transforming Care programme. | UK | Semi-structured interviews (n=9) | Intellectual disability | Community supported living | Experience of deinstitutionalisation |
| 53 | Helgøy, et al (2003) | How is an independent daily life possible for disabled people when relying upon professional service provision and the bureaucratic gate-keeping systems of the welfare state? | Norway | Semi-structured interviews (n=38) | Mobility disabled | Not discussed in study, broader discussion on how people with disability and service providers interpret independence. | Not applicable. |
| 54 | Hobbs et al (2002) | Evaluation of de-institutionalisation from long term psychiatric setting to community housing (2-3 residents). | Australia | Repeated measures design | Psychiatric disability | Community housing (2-3 residents per unit) | Deinstitutiionalisation from long term psychiatric setting to community housing (2-3 residents). |
| 55 | Hoffman et al (2017) | Evaluation of the impact of housing vouchers and community based services and supports on transitions from nursing facilities to the community with focus on two research questions: (1) What are the characteristics of people who used vouchers? (2) What is the impact of vouchers on the likelihood of transition from an institution to the community? | USA | Single group Pre/post intervention transition rate and intervention impact. | Broad range of disabilities of people living at institutions or at risk of long-term institutionalisation. Disability defined as: a physical or mental disability that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment. | Non-Elderly Disabled Housing Choice Voucher Program/Subsidised rental cost housing vouchers and access to home and community based services for non-elderly institutionalised residents with a disability | Non-Elderly Disabled Persons with Disabilities (NED) programme of rental assistance vouchers. |
| 56 | Houseworth et al (2018) | To examine both individual and state-level factors associated with choice based on two empirically developed choice scales: (a) the support related choice scale and (b) the everyday choice scale. The following research questions: (1) How much variation in everyday choice and in support-related choice is associated with state-level factors? and (2) How much variation in everyday choice and in support-related choice is associated with specific state-level factors (e.g., cost of living). | USA | Predictive modelling based on multiple regression. | Intellectual Disability | Independent living | Not applicable |
| 57 | Dimitriadou (2020) | The purpose of this study is to explore the opinions of parents, educators, and individuals with ID about IL | Greece | Survey | Intellectual disability | Independent living | Parent/family perspective |
| 58 | Iriarte, et al (2016) | To address the following question: what is their role in preparing people to move and how does their role vary in group homes from that of supporting people in personalized settings | Ireland | Semi-structured interviews (n=16) | Intellectual disability | Community supported living | Staff support |
| 59 | Jones & Gallus, (2016) | To better understand the lived experience of parents and siblings (hereafter referred to as family members) of individuals transitioning out of NORCE and SORC. | USA | Semi-structured interviews (n=23) | Not specified | Community supported living | Parent/family perspective |
| 60 | Karban, Paley, & Willcock, (2013) | To present results from an evaluation of the experience of a move to independent living for people with mental health needs or a learning disability. The discussion focuses on the shift in organisational culture from providing care within a hostel setting to supporting people in their own tenancies. | UK | Participatory action research | Intellectual disability | Independent living | Transition to community living |
| 61 | Killaspy (2016) | Supported accommodation for people with mental health problems | General | Discussion piece. Grey literature | Mental health problems | Deinstitutionalization to community living. | Deinstitutionalisation |
| 62 | Kilroy, et al (2015) | This study explores the quality of life (QoL) of individuals with a severe intellectual disability (ID) who had recently moved from an institutional setting (i.e., “residential campus”) to independent housing in the community (i.e., “community living”) and whether aspects of their QoL were perceived to have changed over the course of this move. | Ireland | Semi-structured interviews (n=8) | Intellectual disability | Community supported living | Transition to community living |
| 63 | Kim, & Fox, (2004) | Understand the obstacles and benefits of greater integration of people with emerging disabilities into the independent living movement through two primary research questions: how do Centers for Independent Living (CILs) provide services to people with emerging disabilities, and, what more can be done with them by these centers? | USA | Interviews & focus groups | Emerging disabilities | Independent living | Role of support agencies |
| 64 | King et al (2017) | This paper investigates if and how performance of Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) of people ageing with intellectual disability (ID) is related to place of residence. | Ireland | Cross sectional design | Intellectual Disability | (a) Independent/family (b) Community group homes (c) Residential setting (congregated setting of 10 or more people in an area segregated from the wider community. | Not applicable |
| 65 | Kirkpatrick, & Byrne, (2011) | n a study about the experience of “moving on” for individuals with a major mental illness who had been homeless before obtaining permanent housing with support. | Canada | Narrative inquiry (n=12) | Psychiatric disability | Community supported living | Transition to community living |
| 66 | Kroehn et al (2008) | The housing careers of persons with a disability and family members with care responsibilities for persons with a disability | Australia | Mixed methods. Grey literature. | People with disability and families | Housing careers; no one model; community based and independent included | Community; independent |
| 67 | La Motte‐Kerr et al (2020) | The study examined which aspects of community integration are associated with mental health symptoms in a population of homeless individuals with mental health issues. | USA | One group pre/post longitudinal study with four time points. | Psychiatric illness | Transitions to Housing project follow-up of homeless individuals in first 12 months of residence in permanent supportive housing (PSH). | Transition to supportive housing. |
| 68 | Parish, C   (2015) | Nottinghamshire council sets up supported living scheme for service users | UK (Nottinghamshire) | Case study. Discussion. Grey literature. | Learning disabilities, mental illness, Asperger syndrome (n=120 (supported living) additional 75 (24 hour tenancies upon moving from hospital as part of Winterbourne review) | Supported living homes; "clusters of flats with onsite care and support facilities" | Supported |
| 69 | Lee et al (2015) | Evaluation of Assertive Community Treatment (ACT) of institutionalised individuals with severe mental illness following de-institutionalisation compared to Treatment as Usual (TAU) comparison groups. | Hong-Kong | Other - Programme evaluation | Psychiatric illness | De-congregated setting | ACT: Intensive case management including weekly home visits, community orientation, individual counselling, violence assessment, budgeting advice, crisis intervention, family psychoeducation (Dixonetal.,2001), liaison work to staff of community rehabilitation agencies and Accident and Emergency department. The case manager also guided patients to make choices regarding treatment, residential arrangement, jobseeking, leisure management, and self-management of illness. Control group: interventions in the control groups included psychiatric consultations, hospital care, community home visits by health professionals, social and rehabilitation services by non-government organizations, all delivered on a needs basis and less structured compared with the ACT intervention. |
| 70 | Lerman et al (2003) | Investigation of risk factors for mortality rates of de-institutionalised persons with disabilities. | USA | Cross sectional analysis of mortality rate and risk factors of (a) institution stayers compared with (b) institution movers. | Mental retardation | Institution to community setting | Deinstitutionalisation. |
| 80 | Lojanica et al (2018) | Housing design of the fourth industrial revolution | General | Conference paper Grey literature | n/a | Design issues | Residential design |
| 81 | Longtin, Dufour, & Morin, (2020) | The aims of the study were to (1) provide a portrait of community living transitions within rehabilitation centers and (2) identify possible gaps between best practices, transition experiences, and the ideal transition experience. | Canada | Qualitative | Intellectual disability | Community supported living | Staff support |
| 82 | Malone (2009) | Comparison of the criminal backgrounds and other characteristics of homeless individuals with behavioural health disorders (mental illness and substance abuse) who succeeded in housing (retained housing continuously for two years) and those who failed in housing. | USA | Cross sectional study | Psychiatric illness | Community housing | Transition from homelessness to community housing. |
| 83 | Mansell (2005) | Deinstitutionalisation and community living: An international perspective | General | Policy review and discussion. Grey literature. | Intellectual disability | Move from residential to community living; no supports discussed | Deinstitutionalisation |
| 84 | Marlow & Walker (2015) | 1) Aim: Examine whether a move to a supported living model of care from traditional residential group homes could improve the quality of life for those with a severe intellectual disability and other challenging needs | UK | Repeated measures design/baseline/1-month post move/6-month post-move | Severe intellectual disability | Supported living however men did not have any rights over their home and shared their facilities and staff support with others. | Transition from shared housing to purpose-built individual flats |
| 85 | Martin & Ashworth (2010) | An examination of the process of de-institutionalisation by examining the timing and characteristics of individuals who experienced a change on their planned move to a de-congregated setting. | Canada | Predictive model | Intellectual disability | Congregated to de-congregated setting | Not applicable |
| 86 | Mathews (2015) | Evaluation of LSP programme for deaf people | Ireland | Other - Evaluation of LSP programme for deaf people | Deafness | No transition evaluation of living skills programmes to develop independent living for future transition | (1) Life Skills Programme (LSP) for Deaf adults. (2) LSP has three enrolment options, (a) full-time residential, (b) part-time non-residential, (c) flexible social event participation. (3) Duration typically two years, opt-in programme |
| 87 | McCarron et al (2019) | Quality of life outcomes and costs associated with moving from congregated settings to community living arrangements for people with intellectual disability: An evidence review. | General | Systematic review. Grey literature | People with intellectual disability | Move from congregate to community setting | Deinstitutionalisation |
| 88 | McCauley & Matheson (2016) | Housing policy review and unrealised policy promises. | Canada | Policy. Grey literature | Intellectual disability | De-institutionalisation to community living to social inclusion | Deinstitutionalisation |
| 89 | McConkey & Creig (2018) | 1) Document the impact of major policy changes and reductions in government funding on residential provision for people with intellectual disabilities (ID) in Ireland. 2) Information on persons in residential settings from 2005 to 2016 was examined in terms of changes in the types of provision over time and broken down by age groups. | Ireland | Other | Intellectual disability | Comparison of changes in different housing options. 1) Residential centres: Clusters of units for up to ten persons or more in a campus setting and may accommodate up to 300 persons on the same site. A small number of people continue to live in hospital-type wards. These facilities grew out of the institutional origins of service provision in Ireland. 2) Community group homes: These are ordinary houses or apartments owned or rented by the service provider, shared by an average of six persons with support staff available during day-time hours or on a 24-hour, sleep-in basis. 3) Independent/semi-independent living Typically, these arrangements take the form of rented accommodation in ordinary houses or apartments with people either living alone or with a friend or partner of their choosing. It also includes people who continue to live in the family home when their parents die. Most people in this group had support staff from the ID service visiting their home at agreed days and times for a set number of hours per week in accordance with their needs as well as receiving other services such as social work. 4) Specialist provision: specialist accommodation and support options have been developed by ID services for people with additional needs. This includes nursing homes, intensive placements for people whose behaviour challenges services and mental health units. | Transition to de-congregated settings following policy decisions to close larger institutions. |
| 90 | McConkey (2000) | Community care and resettlement policy | UK and USA | Discussion piece. Grey literature | People with learning disabilities | Deinstitutionalisation. Resettlement from long stay hospitals into community | Deinstitutionaliation (from long stay hospital) |
| 91 | McConkey & Garcia-Iriarte (2016) | 1) Comparison of people with intellectual disability who had moved to group homes with those who moved to personalized accommodation compared to those remaining in congregated institutionalised settings | Ireland | Three group repeated measures design | Intellectual disability | 1) Personalised arrangements rented accommodation in ordinary houses or apartments, living alone or with one friend of their own choice 2) Group homes (ordinary housing in the community shared by up to six persons, these residents typically had limited choice of co-residents. 3) Included campus accommodation of separate bungalows and houses on a shared site as well as hospital wards. In such settings people had little choice over whom they lived with; they shared communal bathing facilities, dining and sitting rooms and even though some had their own bedroom, others shared sleeping arrangements in ward-like accommodation. | Transition to de-congregated settings. |
| 92 | McConkey et al (2011) | (1) Identify needs and characteristics of persons with ID who moved from family to residential accommodation over an eight year period. (2) Compare the need to provision of residential accommodation (3) Examine type of accommodation compared to original request. | Ireland | Transition rates to different types of accommodation. Predictive model | Intellectual disability | Family to residential accommodation | Not applicable. |
| 93 | McConkey et al (2018) | An examination of self-report ratings of well-being contrasting people with ID and psychiatric illness following transition to personalised arrangements from congregated settings. | Ireland | Two group pre/post design | Intellectual disability compared with Psychiatric illness | Congregated setting to personalised arrangements. | Transition from congregated setting to personalised arrangements. |
| 94 | McConkey et al (2019) | An evaluation of the impact on social relationships following transition to de-congregated settings (personalised accommodation or group homes). | Ireland | Predictive modelling | Intellectual Disability | Congregated and group living settings compared to personalised accommodation | Transition from congregated to de-congregated settings |
| 95 | McIntyre et al (2019) | The study aimed to identify the commonalities and differences in experiences of housing and support pathways among individuals with progressive and non-progressive acquired disabilities residing in different housing and support settings and their families. | Aus | Semi-structured interviews (n=21) | had high-care needs (i.e., severe or profound core activity limitations); had an acquired disability due to injury or illness | Community supported living | Transition to community living |
| 96 | Meehan et al (2011) | The present study was designed to investigate the clinical and social outcomes for a group of individuals (n 181) discharged into supported accommodation from three long-stay facilities in Queensland. | Australia | Pre/post(6 month) and follow-up (18, 36, 84 months) | Psychiatric illness | Supported housing | Transition |
| 97 | Mendes, & Snow (2013) | to examine the current experience of, and support services available, to young people with a disability transitioning from out-of-home care in the Australian State of Victoria | Aus | Semi-structured interviews (n=19) | Not specified | Community supported living | Staff support |
| 98 | Mental Health Weekly (2011) | Describing recovery programme for SMI population. | USA (southeast Georgia) | Discussion piece. Grey literature. | Patients at Georgia Regional Hospital (Savannah) (30 participants at time of publication) | Community from hospital; Open Doors to Recovery Programme involves technology to navigate person's community-based care; a community navigation team who assist with housing and look at "continuum of housing from shelters, to renting to owning a home" | To community (from hospital) |
| 99 | Miettinen (2012) | Family Care of Adults With Intellectual Disabilities, an analysis of Finnish Policies and Practices | Finland | Mixed methods. Grey literature. | Intellectual disability (n=14 families (either 1 or 2 parents participated but person with ID did not) | Deinstitutionalization and community living; and independent living moving out of family home | Deinstitutionalisation, community living; transition from family home |
| 100 | Miglioretti et al (2016) | This study had two aims: (a) identify the types of residential facilities for psychiatric patients and (b) determine whether there are differences between patients who live in different types of these | Italy | Cross sectional comparison of different type of non-hospital residential facilities | Psychiatric diagnosis | (a) High Intensity therapeutic Community facilities(b) Medium Intensity therapeutic Community facilities (c) housing community (d) protected homes or apartment groups | Not applicable. Cross sectional study. |
| 101 | Muenchberger, et al (2012) | The aim of this research was to examine first-person accounts of the significance of place for young adults (aged between 18 and 65 years of age) with complex disabilities moving into purpose-built residential care accommodation | Aus | Semi-structured interviews (n=31) | Complex needs | Community supported living | Transition to community living |
| 102 | Murray (2012) | Reflection on risk of re-institutionalisation for people with disabilities under 65 years of age Society: | UK (Worcestershire) | Newspaper article | People with disability | Independent living packages to maintain home in community and prevent moving into institution | Independent |
| 103 | Newcomer et al (2002) | Examination of the extent to which the ability to perform activities of daily living (ADL) and instrumental activities of daily living (IADL) was associated with transition moves in the community of people with disabilities. | USA | Predictive modelling | Multiple disabilities | Supportive housing | Not applicable |
| 104 | Noonan-Walsh et al (2007) | Supported Accommodation Services for People with Intellectual Disabilities: A review of models and instruments used to measure quality of life in various settings | General | Literature review. Grey literature. | People with disability | Deinstitutionalisation | Deinstitutionalisation |
| 105 | Nordentoft et al (2012) | Examination of predictors of transition from long-term psychiatric hospital to psychiatric supported community housing facilities. | Denmark | Predictive modelling | Psychiatric illness | Predictors for moving into a psychiatric residence facility: (1) Schizophrenia or other severe mental illness (2) higher number of hospitalisation days prior to residence in psychiatric housing facility (3) History of substance abuse | Transition from long-term psychiatric hospital to psychiatric supported community housing facilities |
| 106 | Norris et al (2014) | Community capacity to provide mental/behavioral health services to people with developmental disabilities | USA | Dissertation. Grey literature | People with IDD (n=454) | Community living; behavioural and mental health supports following deinstitutionalisation | To community |
| 107 | Nøttestad & Linaker (2002) | In the present paper, the authors focus on individuals who started attacking people after deinstitutionalisation | Norway | Two group pre/post design | Intellectual disability (mild to profound) | Deinstitutionalisation | Transition to community based residential setting |
| 108 | Owen, Griffiths, & Condillac, (2015) | To explores the nature of the deinstitutionalization process from the perspectives of family members of former facility residents, community agency staff, former facility staff, planners, and behaviour consultants. | Canada | Focus groups and interviews (n=40) | Intellectual disability | Community supported living | Transition to community living |
| 109 | Owen, Hubert, & Hollins, (2008) | To understand how women with severe intellectual disabilities experienced transition from a locked ward of an old long-stay hospital into other homes, and second, to determine the extent to which their lives changed in their new homes. E | UK | Semi-structured interviews (n=11) | Intellectual disability | Locked ward to community | Transition to community living |
| 110 | Padmakar et al (2020) | Examination on how the transition from a hospital setting to a community-based recovery model for personals with severe mental illness can be facilitated. | India | One group repeated measures design | Psychiatric diagnosis | Banyan (mental health services organisation) Supported Housing model (five residents per house) | Supported Housing (SH) model with live-in support. |
| 111 | Parish (2015) | Reflection on independent living | UK | Discussion. Grey literature | Everyone with learning disability and autism | Independent living in high quality community-based services | Independent |
| 112 | Parker et al (2010) | Summarizes and critiques deinstitutionalisation policy | Europe (Hungary and Romania primarily) | Policy discussion. Grey literature | Intellectual disability | Deinstitutionalisation to community living | Deinstitutionalisation |
| 113 | Parmenter & Arnold (2008) | Disability Accommodation & Support Framework developed and tested | Australia (Victoria) | Mixed method. Case study. Grey literature | Particular focus on people with ID ageing, with complex needs or behaviours of concern, but found to have applicability across a range of disability types | No move/ transition discussed but range of accommodation models compared ; categorised as community ; effective accommodation supports mentioned | Community |
| 114 | Pave the way (2013) | Guidance to support families in future care planning | Australia (Cairns/ Queensland) | Information booklet | People with disability and their families | Independent living; future housing for family member; lists types of supports that can be considered - sharing with flat mate without disability, sharing with flatmate with disability, visiting support workers, live-in support workers, support from someone who could apply for a Centrelink Care Payment, Informal support | Independent |
| 115 | Piat, Sabetti & Padgett (2018b) | To examine the experience of loneliness among people with psychiatric disabilities after moving from custodial housing, including group homes, boarding homes, and family-type residences to independent, supported apartments in the community. | Canada | Semi-structured interviews (n=24) | Psychiatric disability | Community supported living | Experience of deinstitutionalisation |
| 116 | Piat, (2000) | The overall objective of the study was to better understand community opposition to group homes | Canada | Semi-structured interviews (n=19) | Psychiatric disability, children with disability & criminal offenders | Community supported living | Community attitudes |
| 117 | Piat et al, (2017) | The overall aim of this study was to explore the experiences of people with psychiatric disabilities living as tenants in independent, supported apartments for the first time | Canada | Semi-structured interviews (n=75) | Psychiatric disability | Independent living | Experience of deinstitutionalisation |
| 118 | Piat, Seida, Sabetti, & Padgett (2018) | Explored how the move from supervised to supported housing affects recovery and community connections for individuals living with serious mental illness (SMI) in four Canadian cities. | Canada | Semi-structured interviews (n=17) | Psychiatric disability | Community supported living | Experience of deinstitutionalisation |
| 119 | Pillsuk M (2001) | The degree to which independent living programs may affect the quality of supportive networks among psychiatrically, disabled populations. | USA | Cross sectional two group design EIL compared with non-EIL | Psychiatric diagnosis | Experiment in Independent Living (EIL) is a social rehabilitation program administered by Transitional Living Choices, Inc. (TLC) for psychiatrically disabled adults in Sacramento County. Begun in 1978 as a transitional program for individuals living with their families or in any of the board-and-care facilities throughout the county, the program was designed to teach people independent living skills and to connect them with community resources, including public transportation, educational facilities, and leisure activities. An important feature is the requirement of at least 15 hours per week of regular paid or volunteer) employment in the community. The staff assists the individual in finding a placement by working closely with the employer or supervisor and with the employee. | Evaluation of six month Experiment in Independent Living (EIL) programme which included 15 hours/week paid work. |
| 120 | Pollard et al (2015) | A qualitative study of successful transitions for people with intellectual disabilities | USA | Dissertation. Qualitative. Grey literature. | Mild intellectual disability (n=10 people aged 21 years and over) | Intermediate care facility move to the community | To community |
| 121 | Powell (2012) | Exploring active support as mechanism to support transition | UK | Case study. Grey literature | Learning disability (n=1) | Independent community based living; own flat; Active Support | Independent |
| 122 | Puyaltó, & Pallisera, (2018) | The aim of this research is to explore the barriers and supports that people with intellectual disability (ID) themselves believe affect their exercising of this right | Spain | In depth interview (n=22) | Intellectual disability | Community supported living | Experience of deinstitutionalisation |
| 123 | Quinsey et al (2004) | An evaluation of antisocial behaviour before and after de-institutionalisation in men with ID and serious antisocial behaviours. | Canada | One group pre/post | Intellectual disability | Deinstitutionalisation | Transition from institution to de-congregated setting |
| 124 | Regnier et al (2009) | Ten new and emerging trends in residential group living environments | USA | Discussion. Grey literature. | Physically challenged neuro disabilities | Residential design approaches; home care style methods for service delivery | Residential design |
| 125 | Ritchie et al (2004) | A study of on-line services and web site accessibility at Centers for Independent Living | United States | Desk based review. Grey literature. | Disability (n=200 CIL internet sites) | Centres for Independent Living & web-based supports | To independent living |
| 126 | Ryu et al (2006) | An examination of the Sasagawa Project aimed to investigate the effects of deinstitutionalization and evidence-based strategies for the treatment of mental disorders among long-stay patients after their discharge from a mental hospital. | Japan | Longitudinal design with nine repeated measures, baseline, 1 month 3 month and every 3 months up to 24 month follow up | Psychiatric diagnosis | Deinstitutionalization | Transition |
| 127 | Salmon, et al (2019) | This study focused on the experiences of people with intellectual disabilities in Ireland when moving home using an inclusive research approach. | Ireland | Semi-structured interviews (n=35) | Intellectual disability | Community supported living | Experience of deinstitutionalisation |
| 128 | Sardinia-Prager et al (2015) | A grounded theory study of how parents made the decision about residential group home placement for their adult child with intellectual/developmental disabilities | USA | Dissertation. Qualitative. Grey literature. | Parents of adults with IDD (n=15) | Move from family to residential group home | Family home to residential group home |
| 129 | Sato et al (2012) | The aims of the present study were to revise the Community Re-entry Program–Japanese version and to review the effectiveness of the revised Program, named the Discharge Preparation Program (DPP). | Japan | Randomized controlled trial. The Discharge Preparation Program (DPP) was the intervention condition (n = 26), and the usual rehabilitation program was the control condition (n = 23). | Psychiatric condition/ Schizophrenia | Deinstitutionalisation | Psychoeducation and tree primary tools were utilised (a) video imaging (b) leader's manual (c) participant's workbook for a total of 24 sessions (17 indoor sessions and 7 outdoor practice sessions = Practice Programme |
| 130 | Sharam et al (2018). | Matching markets in housing and housing assistance | 2018 | Exploratory design. Grey literature | People with disability and general population | Not transition per se but facilitators to access housing - private housing for rent or sale | N/a |
| 131 | Sharp (2004) | Review of deinstitutionalisation policy in relation to clients with enduring mental health problems in Italy | Italy | Policy implementation review. Grey literature | People with mental health problems | Deinstitutionalization and community living | Deinstitutionalisation |
| 132 | Sheerin, et al (2015) | The purpose of this study was to explore whether, and to what extent, the move to the community led to the achievement of individualized and personal outcomes for tenants. In addition, it sought to understand the significance of the move in terms of where tenants had moved from and to examine the extent to which this had resulted in their integration in the local community. | Ireland | Semi-structured interviews (n=7) | Intellectual disability | Community supported living | Experience of deinstitutionalisation |
| 133 | Sheth et al (2019) | Examination of the differences in quality of life in institutional and community living environments among people with disabilities | USA | Other - Validated survey design research | Adults with disabilities: Predominantly physical disabilities, psychiatric disabilities, and chronic health conditions. Many survey participants identifying with multiple disabilities. | Community housing | Transition from institution setting with majority transitioning from nursing home (73%) to community residential settings. |
| 134 | Shirk (2007) | Exploration of Choice Systems, Change grants and the movement to community-based long-term care supports | USA | Discussion. Grey literature | Ageing into disability; seniors; people with disability | Community based long term care; ageing and disability resource centres (ADRC) | To community |
| 135 | Sines (2012) | An evaluation of quality of life following transition to supported housing. | England | One group pre/post repeated measures design | Profound learning disabilities. | Transition from long stay hospital accommodation (Orchard Hill) to supported community living accommodation | Transition from congregated to de-congregated setting |
| 136 | Snell (2000) | Progress review of independent living | UK | Newspaper article | Young people with disabilities | Independent living: staff training needed | Independent |
| 137 | Spreat & Conroy (2002) | Longitudinal examination of family contact across four groups of individuals who transferred from congregated settings to small homes in the community. | USA | Other - Institutional cycle design | Mental retardation | Supported living arrangements | Movement to the community |
| 138 | Stancliffe & Keane (2000) | An evaluation of outcomes and costs of community living. | Australia | Cross sectional | Cross section of disabilities including physical, psychiatric and neurodevelopmental disabilities. Sample selection and matching into two groups was based on the 'adaptive' and 'challenging' behaviour scores of the Inventory for Client and Agency Planning (ICAP). | 1) Group home - a household of 3 to 7 people with full-time support (at least during waking hours) by paid staff from an accommodation support agency for people with a disability 2) Semi-independent living arrangement - a household of 1 to 4 people living together with regular part-time support by paid staff from an accommodation support agency for people with a disability. There is no regularly scheduled overnight staff support (including no sleepovers. | Cross sectional study of different housing models. |
| 139 | Stancliffe & Lakin (2006) | Examination of the frequency and stability of family contact with long term institutional residents following transition to the community. | USA | Two group repeated measures design | Intellectual disability | Congregated setting (institution): institutional residential settings with each setting range of number of residents, 5-26; decongregated setting (community housing) with each setting range of number of residents, 2-15. | Deinstitutionalisation to community housing. |
| 140 | Stancliffe (2014) | Inclusion of adults with disability in Australia: outcomes, legislation and issues | Australia | Policy review. Grey literature. | People with disability, people with intellectual disability | Community | To community |
| 141 | Styron et al (2006) | To provide descriptive information on client characteristics and psychological functioning; to identify program components related to positive client outcomes; and to present qualitative data on clients' experiences in the program and other relevant areas | USA | Pre/post intervention single group design | Psychiatric diagnosis | Independent community living | Young Adult Services (YAS) program. Comprised of developmentally appropriate clinical, residential, vocational, social rehabilitation, and/or case management services. |
| 142 | Summer Foundation (2020) | Transitional Housing and Support in Australia for People with Disability | Australia | Environmental scan. Grey literature | People with disability - complex needs exiting hospital and returning to community | Transitional housing upon exiting hospital and returning to community; transitional supports upon exiting hospital and returning to community | Transitional housing |
| 143 | Tabatabainia, (2003) | What are the perceptions of family members who have relatives with an intellectual disability living in Zafar Institution about institutionalization and deinstitutionalization? | Aus | Semi-structured interviews (n=22) | Intellectual disability | Deinstitutionlaistion | Parent/family perspective |
| 144 | Trauer et al (2001) | An evaluation of the status of psychiatric patients following move to Community Care Units (CCU). | Australia | One group pre/post repeated measures design | Psychiatric illness | CCU Community Care Unit-cluster housing development for 20 residents with 24 hr staffing. Interim CCUs-located on hospital grounds | Transition from institution to de-congregated setting (N=20 residents) |
| 145 | Umansky et al (2003) | Examination whether transition from hospital to a hostel improved quality of life | Israel | Two group repeated measures design | Psychiatric condition/Schizophrenia | Institution compared with shared community hostel accommodation | Deinstitutionalisation |
| 146 | Wehmeyer & Bolding (2001) | The study examined the self-determination, autonomy and life choices of individuals with ID before and after they moved from a more restrictive work or living environment. | USA | One group pre/post repeated measures design | Intellectual disability | Transition to community based work OR living environment | Transition to community based work or living arrangements. |
| 147 | Weinbach (2009) | Commentary on 'Deinstitutionalisation and community living for people with intellectual disabilities in Austria' | Austria and Germany | Discussion piece. Grey literature. | Intellectual disability | Deinstitutionalization and community living | Deinstitutionalisation |
| 148 | White et al (2010) | Moving from independence to interdependence: a conceptual model for better understanding community participation of centers for independent living consumers | General | Historical review of policy developments. Grey literature | People with disability more generally | Independent living movement | Independent |
| 149 | Wiesel (2015) | Moving to my home: housing aspirations, transitions and outcomes for people with disabilities | Australia (NSW, VIC, WA) | Mixed methods. Grey literature | People with disability who moved or planned to move from congregate, group, parent homes or unstable housing, to more independent and stable accommodation and living options, and who have individualised funding package (n=13 frontline staff; n=51 people with disability who moved or planned to move) | Independent housing of preference; flexible funding and support | Independent |
| 150 | Wiesel et al (2017) | Shared home ownership by people with disability | Australia | Mixed Methods. Case study. Grey literature. | People with disabilities | Shared ownership schemes | Independent |
| 151 | Wilkinson et al (2018) | An evidence review of post-occupancy evaluation instruments for housing for people with disabilities | Australia | Scoping. Grey literature. | People with disability with high physical support needs | No one specific model but community based and outcomes focused piece | To community |
| 152 | Wilson et al (2020) | An investigation of how to maintain support needs in a changing policy environment. | Australia | Other - Retrospective electronic case-file audit design | Intellectual disability | Range of supported accommodation models including: 1) stand-alone community-based group homes, 2) clustered group homes in the community (e.g., four separate houses clustered within a large block of land), and 3) secure residential facilities housing between four and five adults on the grounds of a large psychiatric complex | Cross sectional comparison |
| 153 | Wilson, A. (2013) | To examine how people with serious mental illness defined and prioritized their service needs when released from jail and how these service priorities shaped the sequencing of help-seeking activities after their release. | USA | Ethnography & written response (n=115) | Psychiatric illness | Forensic to community | Forensic transition |
| 154 | Winkler et al (2015) | (1) Examine the opportunities young people with acquired brain injury (ABI) have to make everyday choices after moving out of residential aged care (RAC) into community-based shared supported accommodation (SSA); (2) Compare everyday choice making of this group with a group of people with ABI living in RAC | Australia | Cross sectional design | Acquired brain injury | Community-based shared supported accommodation (SSA) | Transition from residential aged care to community accommodation. |
| 155 | Winkler, et al (2011) | To explore the transition experiences of young people with acquired brain injury who have lived in aged care facilities and moved into community-based settings. | Aus | Semi-structured interviews (n=16) | ABI | Community supported living | Transition to community living |
| 156 | Wong et al (2009) | 1. To what extent do residents in supportive housing with DD and PD live in housing settings that are spatially dispersed? 2. To what extent do residents in supportive housing with DD and PD live in neighbourhoods that have high levels of social distress, high levels of residential instability among their residents, and high levels of public insecurity, as well as in neighbourhoods that are racially/ethnically diverse? 3. How do residents in supportive housing with DD and PD compare with each other in terms of spatial dispersion and neighbourhood characteristics? | USA | Other-Raster analysis | Developmental disabilities (DD) and psychiatric disabilities (PD) | Supportive housing | Not applicable |
| 157 | Woodman et al (2014) | The present study addresses critical gaps in the literature by examining residential transitions among 303 adults with intellectual disability over 10 years (Part 1) and 75 adults with Down syndrome over 20 years (Part 2). | USA | Repeated measures design | Intellectual disability | Residential settings at last time point coded as follows: community living (group home/shared apartment with 100% supervision, foster home), semi-independent living (alone or with others with some but less than 100% supervision), independent living (alone or with others with no supervision), institution (public or private), and nursing home/hospital setting (nursing home, congregate care, hospital setting). | Transition from home to a range of residential settings over a 10 year (intellectual disability and 20 year (Down Syndrome) period. |
| 158 | Woolrych (2000) | Reshaping services -- a practical example: moving from a local authority hostel to supported housing | UK | Discussion. Grey literature. | Learning disability (n=26) | Supported accommodation from local authority hostel; | Supported |
| 159 | Wright et al (2000) | An examination of the social stigma experience of people with mental health issues following de-institutionalisation. | USA | Longitudinal design with three repeated measures, baseline, 12 and 24 month follow up post transition | Psychiatric disability | Community setting (no further details). | Transition from hospitalised setting to community setting. |

# Appendix F: List of organisational websites and documents reviewed in the environmental scan

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| 1 | |
| **Organisation Name** | Summer Foundation (together with their sister organisation, Summer Housing) |
| **Contact** | Di Winkler, CEO |
| **Website** | <https://www.summerfoundation.org.au/> (or <https://summerhousing.org.au/>) |
| **Location** | Based in Victoria, but work in most states and territories throughout Australia |
| **Brief details** | Their mandate is to resolve the issue of young people living in nursing homes/aged care |
| **Any other notes** | Might be worth looking into the Abbotsford Housing and Support Demonstration Project (<https://www.summerfoundation.org.au/our-focus/housing/housing-prototypes/abbotsford-housing-demonstration-project/>) and the Hunter Housing and Support Demonstration Project (<https://www.summerfoundation.org.au/our-focus/housing/housing-prototypes/hunter-housing-demonstration-project/>) |

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| **2** | |
| **Organisation Name** | BlueCHP Limited |
| **Contact** | Charles Northcote, CEO |
| **Website** | <https://bluechp.com.au/> |
| **Location** | New South Wales and Queensland |
| **Brief details** | BlueCHP is a Not-for-Profit, Tier 1 Community Housing Provider. We specialise in developing social, affordable and disability housing. |
| **Any other notes** |  |

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| **3** | |
| **Organisation Name** | Achieve Australia |
| **Contact** | Jo-Anne Hewitt, CEO |
| **Website** | <https://achieveaustralia.org.au/> |
| **Location** | New South Wales |
| **Brief details** | Achieve Australia’s Sydney based disability accommodation provides varying levels of accessibility and support. We work with our clients to understand their individual needs and help create a true home. |
| **Any other notes** |  |

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| **4** | |
| **Organisation Name** | Northcott |
| **Contact** | Liz Forsyth, CEO |
| **Website** | <https://northcott.com.au/> |
| **Location** | New South Wales and Australian Capital Territory |
| **Brief details** | We offer Housing and Supported Independent Living services that support people with disability who are searching for a new place to call home. |
| **Any other notes** | Housing and Supported Independent Living Services  The types of Housing and Supported Independent Living services we offer include:   * Shared Housing and Supports * Individual Housing and Support * Supported Living * Specialist Supported Living |

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| **5** | |
| **Organisation Name** | The Housing Hub |
| **Contact** | Alecia Rathbone, General Manager |
| **Website** | <https://www.housinghub.org.au/> |
| **Location** | The Housing Hub is a nationwide platform. |
| **Brief details** | The Housing Hub is a way for people with disability to find suitable housing. Advertising properties from a range of housing providers, the Housing Hub also hosts a library of useful information about housing options and planning your move. |
| **Any other notes** | The Housing Hub is an initiative of the Summer Foundation. |

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| **6** | |
| **Organisation Name** | Challenge Community Services |
| **Contact** | Peter Maher, CEO |
| **Website** | <https://www.challengecommunity.org.au/disability-services/> |
| **Location** | Challenge Disability Services has sites across the Hunter, Central West, North West, Far West and New England regions of New South Wales as well as Queensland. Head Office in Tamworth, New South Wales. |
| **Brief details** | We provide Supported Independent Living (also known as group homes), as well as Assistance with Daily Living (or drop-in support). |
| **Any other notes** | Exclude from this environmental scan? |

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| **7** | |
| **Organisation Name** | Sylvandale |
| **Contact** | Leanne Fretten, CEO |
| **Website** | <https://www.sylvanvale.com.au/> & <https://www.sylvanvale.com.au/supported-independent-living/> |
| **Location** | Sylvanvale's Head Office is located at Kirrawee in the Sutherland Shire. We offer place-based or centre-based services throughout the Greater Sydney area. |
| **Brief details** | Sylvanvale was founded in 1947 when a group of parents united to form an organisation that would give their children with disability a better quality of life through access to education and social inclusion. |
| **Any other notes** |  |

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| **8** | |
| **Organisation Name** | Good Directions |
| **Contact** | Unknown |
| **Website** | <https://www.gooddirections.com.au/index.php> |
| **Location** | Unknown |
| **Brief details** | Good Directions supports participant-owned disability services.  A participant-owned service is the purest form of person-centred service and Good Directions looks to support clients in managing their own service. Good Directions offers a comprehensive service and tailors our service using a specialist person-centred support plan called PATH, developed by the Centre for Disability Studies, Sydney University. This provides a cutting edge personal plan which serves as a referral to any number of international experts who are associated with the Centre. |
| **Any other notes** |  |

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| **9** | |
| **Organisation Name** | DSC |
| **Contact** | Roland Naufal, Director |
| **Website** | <https://teamdsc.com.au/> & <https://teamdsc.com.au/home-living> |
| **Location** | We provide consulting support all over Australia. Head office in Melbourne, Victoria. |
| **Brief details** | Support to live independently makes up an enormous proportion of NDIS dollars and yet it is so frequently misunderstood by providers, planners and participants. Our specialist team comprises some of Australia’s leading experts in accessible housing and individualised support design and implementation.  DSC’s expertise covers the full span of NDIS funded supports for home and living, including:   * Specialist Disability Accommodation (SDA) * Supported Independent Living (SIL) * Individual Living Options (ILO) * Flexible core supports * Assistive Technology & Home Modifications |
| **Any other notes** |  |

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| **10** | |
| **Organisation Name** | My Supports |
| **Contact** | Unknown |
| **Website** | <https://mysupports.com.au/> |
| **Location** | My Supports operates in NSW, Victoria, Queensland, WA and SA. |
| **Brief details** | My Supports was founded in 2015 by people with a disability and families.  The founders – Jim Cairns, Rex Baker and Terry Mader – saw the NDIS as an opportunity for people with a disability to play a greater role in designing and delivering services. They believe this will lead to better, more innovative services, due to the experiences and insights people with the lived experience can bring. |
| **Any other notes** |  |

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| **11** | |
| **Organisation Name** | QCOSS (Queensland Council of Social Service) |
| **Contact** | Aimee McVeigh, CEO |
| **Website** | <https://www.qcoss.org.au/> & <https://www.qcoss.org.au/our-work/place-based-approaches/> |
| **Location** | Queensland, Australia |
| **Brief details** | Queensland’s peak body for the social service sector. Our vision is to achieve equality, opportunity and wellbeing for every person, in every community. |
| **Any other notes** |  |

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| **12** | |
| **Organisation Name** | Young People In Nursing Homes National Alliance (YPINHna) |
| **Contact** | Bronwyn Morkham, National Director |
| **Website** | <https://www.ypinh.org.au/> |
| **Location** | Hawthorn, Victoria |
| **Brief details** | The Young People In Nursing Homes National Alliance (YPINHna) was established in 2002. We work with young people living in, or at risk of entry into, aged care facilities; their families, carers and other stakeholders. These young people have an acquired disability with complex support needs that often bridge the aged care, disability, health, housing and community services sectors.  We are firmly committed to ensuring these young people have:   * a voice about where they want to live and how they want to be supported * the capacity to participate in efforts to achieve this, and * 'a place of the table', so they can be directly involved in developing "lives worth living" in the community |
| **Any other notes** |  |

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| **13** | |
| **Organisation Name** | VALID |
| **Contact** | Kevin Stone, CEO |
| **Website** | <https://www.valid.org.au/> & <https://www.valid.org.au/valid-submission-regarding-supported-independent-living/> |
| **Location** | Victoria |
| **Brief details** | VALID is an award-winning organisation that has been at the forefront of advocating for people with a disability in Victoria since 1989.  Over that time, we have developed training tools, information and resources, and advocacy to help empower people with disability and their families. |
| **Any other notes** |  |

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| **14** | |
| **Organisation Name** | Disability Housing Advocacy Service – People With Disability Australia |
| **Contact** | Karin Waldmann, CEO |
| **Website** | <https://pwd.org.au/get-help/housing/disability-housing-advocacy-service/#:~:text=The%20Disability%20Housing%20Advocacy%20Service,mediation%20or%20other%20dispute%20resolution> |
| **Location** | Nationwide. Head office in Sydney. |
| **Brief details** | The Disability Housing Advocacy Service provides people in disability housing with a professional advocate, who will help them resolve their housing concerns and enforce their rights. This may be through mediation or other dispute resolution. |
| **Any other notes** |  |

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| **15** | |
| **Organisation Name** | SDA Housing Investments |
| **Contact** | Barry Rice, Managing Director |
| **Website** | <https://www.sdahousinginvestments.com.au/> & <https://www.sdahousinginvestments.com.au/about-us> |
| **Location** | Unknown |
| **Brief details** | We noticed that there have been many groups and individuals operating in this space, many with fragmented knowledge and limited understanding of the NDIS/SDA concept and its complicated processes. Although the NDIS/SDA rolled out in Victoria, Canberra and NSW some years earlier, the main entities creating SDA housing were big institutions focused on building unit complexes, and hardly any private housing investors involved in delivering homes in suburban environments for 2, 3, and 4 tenant/participants. |
| **Any other notes** |  |

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| **16** | |
| **Organisation Name** | Sunnyfield |
| **Contact** | Caroline Cuddihy, CEO |
| **Website** | <https://www.sunnyfield.org.au/> & <https://www.sunnyfield.org.au/services/accommodation/> |
| **Location** | New South Wales |
| **Brief details** | Supporting people with disability to find a home. |
| **Any other notes** |  |

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| **17** | |
| **Organisation Name** | Bridge Housing |
| **Contact** | John Nicolades, CEO |
| **Website** | <https://www.bridgehousing.org.au/> |
| **Location** | New South Wales |
| **Brief details** | Bridge Housing’s vision is to be a dynamic organisation, recognised for excellence in meeting housing need, improving resident wellbeing and governing responsibly. |
| **Any other notes** |  |

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| **18** | |
| **Organisation Name** | Link Housing |
| **Contact** | Andrew McAnulty, CEO |
| **Website** | <https://www.linkhousing.org.au/> & <https://www.linkhousing.org.au/apply/specialist-disability-housing/> |
| **Location** | New South Wales |
| **Brief details** | Link Housing is a long-term provider of housing for people with a disability. For the past 35 years, Link Housing has been providing safe, secure and affordable housing for people with a disability. |
| **Any other notes** |  |

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| **19** | |
| **Organisation Name** | Compass Housing Services |
| **Contact** | Greg Budworth, Group managing Director |
| **Website** | <https://www.compasshousing.org/> |
| **Location** | New South Wales |
| **Brief details** | Compass has a long and successful history of managing homes for people with high and complex support and housing needs. In the 2019 transfer of disability group homes and disability respite homes from the NSW Department of Family and Community Services to the non-government sector, Compass successfully took over the tenancy and property management of 114 group homes across Sydney, Northern NSW, Illawarra/Shoalhaven, New England, Southern NSW and the Central West. |
| **Any other notes** |  |

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| **20** | |
| **Organisation Name** | Kirinari |
| **Contact** | Unknown |
| **Website** | <https://kirinari.com.au/> & <https://kirinari.com.au/specialist-disability-accommodation/> |
| **Location** | New South Wales |
| **Brief details** | Kirinari’s Specialist Disability Accommodation (SDA) is for people who require specialist housing solutions to assist with the delivery of supports that cater for their extreme functional impairment or very high support needs. Specialist Disability Accommodation doesn’t refer to the support services but the homes in which these supports are delivered if supports are required. |
| **Any other notes** |  |

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| **21** | |
| **Organisation Name** | Community Housing Limited |
| **Contact** | Unknown |
| **Website** | <https://chl.org.au/> |
| **Location** | New South Wales & Victoria |
| **Brief details** | Community Housing Ltd (CHL) Is A Multi Award Winning Organisation With Over 25 Years Of Expertise In The Design, Development And Management Of Housing For People Living With A Disability. |
| **Any other notes** |  |

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| **22** | |
| **Organisation Name** | The Housing Connection Limited |
| **Contact** | Nicola Hayhoe, CEO |
| **Website** | <https://www.thc.org.au/> |
| **Location** | New South Wales |
| **Brief details** | The people we support may live in accommodation provided by Community Housing or the Department of Housing, in family homes, or in rented units and houses. We can assist people to find suitable accommodation and help the person and their families through the process of moving in and out. We provide skills development to support people before, during and after moving homes. We work collaboratively to focus on solutions, building partnerships with accommodation suppliers and the community to provide the best accommodation for the people we support. |
| **Any other notes** |  |

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| **23** | |
| **Organisation Name** | ARUMA |
| **Contact** | Andrew Richardson, CEO |
| **Website** | <https://www.aruma.com.au/> |
| **Location** | New South Wales |
| **Brief details** | Supported Independent Living (SIL) is sometimes called shared accommodation. SIL is an NDIS support where a person with a disability lives with other people. You will also receive support with everyday tasks like cleaning, cooking and personal care. Specialist Disability Accommodation (SDA) is assessed and funded separately to SIL. |
| **Any other notes** |  |

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| **24** | |
| **Organisation Name** | Unisson Disability |
| **Contact** | David Kneeshaw, CEO |
| **Website** | <https://unissondisability.org.au/> & <https://www.lifestylesolutions.org.au/disability-services/accommodation/> |
| **Location** | New South Wales |
| **Brief details** | At Unisson Disability, our goal is to support your choice regarding where you live – whether that’s at home with your family, in a place of your own, or in a home with others in the community. We’ll listen carefully to get a clear picture of your goals. Then together, we’ll come up with a way forward that can help you achieve them. The accommodation support we offer is flexible and can adapt as your needs change over time. Accommodation support could be someone dropping in to your home once a week, all the way up to a 24 hour model of high needs support. |
| **Any other notes** |  |

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| **25** | |
| **Organisation Name** | Lifestyle Solutions |
| **Contact** | Andrew Hyland, CEO |
| **Website** | <https://www.lifestylesolutions.org.au/> |
| **Location** | Nationwide |
| **Brief details** | Built around our customer’s needs we provide a range of accommodation options to enable you to live more independently. Specialist Disability Accommodation (SDA) is for people with high needs who need specialist accommodation. Your Specialist Disability Accommodation (SDA) funding is intended to cover the costs of building or modifying the home and physical environment. Our SDA properties have been built with your needs in mind, so they are ready to move into. Your SDA funding is not for the support services you receive while living in the home. This is funded separately by the NDIS through Supported Independent Living (SIL). If you have SDA funding for accommodation in your NDIS plan we have a number of current vacancies that may suit your needs. |
| **Any other notes** |  |

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| **26** | |
| **Organisation Name** | Disability Housing Information Line, People With Disability Australia |
| **Contact** | Karin Waldmann, CEO |
| **Website** | <https://pwd.org.au/get-help/housing/disability-housing-information-line/> |
| **Location** | Nationwide. Head office in Sydney. |
| **Brief details** | It is important for those of us living in disability housing to have somewhere to go to get independent information and advice about our housing rights. The Disability Housing Information Line provides information and advice to people living in Specialist Disability Accommodation (SDA), their supporters and accommodation providers. |
| **Any other notes** |  |

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| **27** | |
| **Organisation Name** | Shared Lives Plus |
| **Contact** | [info@sharedlivesplus.org.uk](mailto:info@sharedlivesplus.org.uk) |
| **Website** | <https://sharedlivesplus.org.uk/> |
| **Location** | Based in Liverpool, United Kingdom, but works across the United Kingdom |
| **Brief details** | Shared Lives suits many people – over 14,000 people already enjoy visiting or living with a Shared Lives carer. When you choose who supports you, with the help of your local scheme, you and your Shared Lives carer, and their friends and family, often become friends – as well as getting the professional support you need. |
| **Any other notes** | Recommended by Prof Chris Hatton. “Shared Lives is becoming a bit of a brand, but this and homeshare organisations are still gradually growing in the UK.” |

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| **28** | |
| **Organisation Name** | Alderwood LLA |
| **Contact** | [info@alderwoodlla.co.og](mailto:info@alderwoodlla.co.og) |
| **Website** | <https://www.alderwoodlla.co.uk/our-locations/> |
| **Location** | Northamptonshire, United Kingdom |
| **Brief details** | We have a number of homes across Northamptonshire providing 24-hour residential care, supported living and day placement with respite, for those with a diagnosis of Autism Spectrum Disorders, complex needs and behaviours which challenges others. |
| **Any other notes** | Recommended by Prof Chris Hatton. “There are also organisations that specialise in supporting people coming out of ‘specialist’ inpatient units who might thought of as too difficult for many routines supporting living and care home providers, such as Alderwood”. |

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| **29** | |
| **Organisation Name** | Community Catalysts UK |
| **Contact** | [info@communitycatalysts.co.uk](mailto:info@communitycatalysts.co.uk) |
| **Website** | <https://www.communitycatalysts.co.uk/> |
| **Location** | United Kingdom |
| **Brief details** | We are a small collective of highly skilled professionals with unrivalled experience in people-led social care and health. We see the world differently, celebrating the strength of people and community. We know how to help local people help other local people. We bring our values, creativity and passion to everything we do. We know that one size never fits all so everything we do is bespoke. All our work has local impact and national influence. |
| **Any other notes** | Recommended by Prof Chris Hatton. “Some of what organisations like this are doing fit nicely with organisations working at a local community level like Community Catalysts - these kinds of projects don’t provide housing but help communities of people to develop the social glue to be fully part of their local communities.” |

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| **30** | |
| **Organisation Name** | KeyRing UK |
| **Contact** | [enquiries@keyring.org](mailto:enquiries@keyring.org) |
| **Website** | <https://www.keyring.org/> |
| **Location** | Based in London, but all over the United Kingdom |
| **Brief details** | We smash barriers to independence through connection, flexible support and skill-building. Everyone who joins KeyRing has faced some barriers to living independently. It does not matter where people begin. We help them to build the life they want. A life that they control and take responsibility for. |
| **Any other notes** | Recommended by Prof Chris Hatton. “At and beyond the independent end of supported living are organisations like KeyRing.” |

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| **31** | |
| **Organisation Name** | The DC Center for Independent Living (DCCIL) |
| **Contact** | Richard Allen Simms, Executive Director |
| **Website** | <https://dccil.org/> |
| **Location** | Washington D.C., USA |
| **Brief details** | DCCIL provides disability-specific information and referral to ensure people with disabilities have access to information needed to achieve or maintain independence in their communities. DCCIL assists individuals with significant disabilities who live in nursing homes and other institutions to transition to community-based residences as well as assist in establishing community-based supports and services, provides assistance to individuals with significant disabilities who are at risk of entering institutions so that the individuals may remain in the community and facilitates the transition of youth who are individuals with significant disabilities. |
| **Any other notes** | Recommended by Dr Richard Koenig |

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| **32** | |
| **Organisation Name** | Center for Independent Futures |
| **Contact** | Ann C. Sickon, Executive Director |
| **Website** | <https://independentfutures.com/> |
| **Location** | Evanston, IL, USA |
| **Brief details** | Our daily work consists of providing individual support to over a hundred individuals throughout the Chicagoland area. However, Independent Futures also consults nationwide with other agencies focused on person-centred planning. The Full Life Model™ is the lens through which we view an individual’s opportunities and full life. Surrounded by 8 essential aspects of a full life, an individual’s hopes and dreams are at the centre. Our person-centred planning takes into account an individual’s hopes. Then, we support the individual to create learning goals based on the full life circles. |
| **Any other notes** | Recommended by Dr Richard Koenig |

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| **33** | |
| **Organisation Name** | Donald Beasley Institute |
| **Contact** | [director@donaldbeasley.org.nz](mailto:director@donaldbeasley.org.nz) |
| **Website** | <https://www.donaldbeasley.org.nz/> or <https://www.donaldbeasley.org.nz/projects/> |
| **Location** | Dunedin, Aotearoa New Zealand |
| **Brief details** | Established in Dunedin in 1984 the DBI is recognised nationally and internationally as a leader in the field of disability research, with particular expertise in learning (intellectual) disability. We are committed to ethical, inclusive and transformative research and projects that promote the rights of disabled people. |
| **Any other notes** | Recommended by Prof Emerita Patricia O’Brien |

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| **34** | |
| **Organisation Name** | Family Advocacy |
| **Contact** | Cecile Sullivan Elder, Executive Officer |
| **Website** | <https://www.family-advocacy.com/> |
| **Location** | Hornsby, New South Wales |
| **Brief details** | Family Advocacy supports families to advocate with and on behalf of a family member with disability. We recognise that families striving for a socially valued life for their family member does and will create a richer society whereby people with disability are seen as valuable societal contributors. The need for advocacy by families often springs from a vision of what the family want to eventuate for their child’s future and barriers that exist that may inhibit this vision. |
| **Any other notes** | Recommended by Prof Emerita Patricia O’Brien |

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| **35** | |
| **Organisation Name** | Belonging Matters |
| **Contact** | Deb Rouget, Chief Executive Officer |
| **Website** | <https://www.belongingmatters.org/> |
| **Location** | Victoria, Australia |
| **Brief details** | Belonging Matters is a not for profit capacity enhancing services that provides education, resources, mentoring and advice about social inclusion and belonging. It was developed in 2003 by individuals with a disability and families who have a passion for social inclusion! We are people friendly and value driven. On this web site you will find a range of useful resources that aim to inspire and build the knowledge of people with a disability, their families and allies to enable people with a disability to have opportunities and pathways typical of other citizens in the community - lives that are personally fulfilling, unique, socially inclusive and empowering.﻿ |
| **Any other notes** | Recommended by Prof Emerita Patricia O’Brien |

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| **36** | |
| **Organisation Name** | Imagine More |
| **Contact** | <https://imaginemore.org.au/contact/> |
| **Website** | <https://imaginemore.org.au/> |
| **Location** | Jan Kruger, Director |
| **Brief details** | We want people with disability to enjoy the good things of life. So the work we do is focused on building the capacity of people with disability, their families and supporters. |
| **Any other notes** | Recommended by Prof Emerita Patricia O’Brien |

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| **37** | |
| **Organisation Name** | Valued Lives |
| **Contact** | [info@valuedlives.org](mailto:info@valuedlives.org) |
| **Website** | <https://valuedlives.org.au/> |
| **Location** | Fremantle, Western Australia |
| **Brief details** | We provide individualised supports within your home and in your community, which is covered in your NDIS plan and includes assistance with your daily, personal activities e.g. support with personal hygiene needs or supervision of personal daily tasks which helps you to live at home and in your community as independently as possible. Daily living supports are flexible and customised to your own needs, goals and outcomes. |
| **Any other notes** | Recommended by Prof Emerita Patricia O’Brien |

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| **38** | |
| **Organisation Name** | Purple Orange |
| **Contact** | [admin@purpleorange.org.au](mailto:admin@purpleorange.org.au) |
| **Website** | <https://www.purpleorange.org.au/> |
| **Location** | Unsley, South Australia |
| **Brief details** | We are a social profit organisation on a mission to create a world where people who live with disability have a fair go at what life has to offer. We listen to, learn from and work alongside people who live with disability to develop policy and practice that makes a difference. |
| **Any other notes** | Recommended by Prof Emerita Patricia O’Brien |

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| **39** | |
| **Organisation Name** | L’Arche Australia |
| **Contact** | David Treanor, National Leader |
| **Website** | <https://www.larche.org.au/> |
| **Location** | Nationwide. |
| **Brief details** | L’Arche Communities are vibrant places of welcome, belonging and celebration. As an organisation we are committed to providing people with intellectual disabilities the opportunities and support they need to lead fulfilling and empowered lives. L’Arche as a Service Provider: Competence with Care and Compassion. Community members living with the experience of an intellectual disability are funded through the NDIS and are provided with a range of care support services. |
| **Any other notes** |  |

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| **40** | |
| **Organisation Name** | Inclusive Housing Australia |
| **Contact** | [info@inclusivehousing.com.au](mailto:info@inclusivehousing.com.au) |
| **Website** | <https://inclusivehousing.com.au/> |
| **Location** | Sydney, New South Wales |
| **Brief details** | Inclusive Housing Australia (IHA) is an innovative provider of specialist disability accommodation, with a vision to transform the lives of people with disability by building, managing and attracting investment in quality disability housing. |
| **Any other notes** |  |

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| **41** | |
| **Organisation Name** | St John of God Accord |
| **Contact** | N/A |
| **Website** | <https://www.accorddisability.org.au/about-us/innovative-housing/> |
| **Location** | East Brighton, Victoria |
| **Brief details** | We have built a brand new five-bedroom home in East Brighton, Melbourne for five of our St John of God Accord clients who have an intellectual disability. The house incorporates the latest technology to enhance our residents’ quality of life and to enable them to live as independently as possible. This is a model for future St John of God Accord and other disability homes, particularly for those with an intellectual disability. The house opened in June 2019, and a further 10 houses will be built in the coming years using this model as a blueprint. |
| **Any other notes** |  |

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| **42** | |
| **Organisation Name** | Casa Capace |
| **Contact** | N/A |
| **Website** | <https://www.dpn.com.au/casacapace> |
| **Location** | Nationwide. |
| **Brief details** | Casa Capace has been developed specifically to cater for Australians requiring Specialist Disability Accommodation (SDA). Our experience and expertise enables a more attractive home, with greater flexibility and value for participants of the National Disability Insurance Scheme (NDIS). It's our mission to challenge the unmet demand for SDA housing to positively influence the lives of thousands of NDIS participants, their families, friends and those who care for them. |
| **Any other notes** |  |

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| **43** | |
| **Organisation Name** | Nest |
| **Contact** | N/A |
| **Website** | <https://gonest.com.au/> |
| **Location** | Online |
| **Brief details** | Nest lists disability-friendly properties and vacancies from providers housing suitable to people with disability, including Specialist Disability Accommodation (SDA) providers, disability providers, community and social housing providers, real estates and private landlords. |
| **Any other notes** |  |

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| **44** | |
| **Organisation Name** | AccessAccom |
| **Contact** | [info@accessaccom.com.au](mailto:info@accessaccom.com.au) |
| **Website** | <https://www.accessaccom.com.au/> |
| **Location** | Sydney, New South Wales |
| **Brief details** | Our unique model puts AccessAccom in a position to create real change in the Independent Living Sector and to the lives of Australians, with a business structure that stretches across the whole process of property development and management. |
| **Any other notes** |  |

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| **45** | |
| **Organisation Name** | Afford |
| **Contact** | Steven Herald, Chief Executive Officer |
| **Website** | <https://www.afford.com.au/> |
| **Location** | Minchinbury, New South Wales |
| **Brief details** | The Australian Foundation for Disability (Afford) is trusted by thousands of people to provide disability support that inspires and enriches lives every day. We support our clients, their families and carers – in many unique ways that give them the opportunity to explore their interests, do what they love and live comfortably. |
| **Any other notes** |  |

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| **46** | |
| **Organisation Name** | Enliven Housing & Enliven Community |
| **Contact** | Faye Minty, Chief Executive Officer |
| **Website** | <https://enlivenhousing.com.au/home/> & <https://enlivenhousing.com.au/community/> |
| **Location** | Sydney, New South Wales |
| **Brief details** | We’re a Sydney-based team with decades of experience building housing to support people’s dream lifestyles. Drawing on personal experience of family members living with disability, we bring integrity, empathy, support and a deep understanding of your needs when it comes to disability-friendly accommodation in Sydney. |
| **Any other notes** |  |

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| **47** | |
| **Organisation Name** | inHousing |
| **Contact** | [property@inhousing.org.au](mailto:property@inhousing.org.au) |
| **Website** | <https://inhousing.org.au/> |
| **Location** | Unley, South Australia |
| **Brief details** | inhousing is an innovative social enterprise, established to provide and assist people living with disability to access appropriate housing. Our approach is grounded in the belief that good housing is paramount to people's lives. |
| **Any other notes** |  |

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| **48** | |
| **Organisation Name** | Hume Community Housing |
| **Contact** | Nicola Lemon, Chi9ef Executive Officer |
| **Website** | <https://www.humehousing.com.au/> |
| **Location** | Fairfield, New South Wales |
| **Brief details** | Hume Community Housing provides homes and services to more than 9,000 customers across New South Wales. We build new properties, manage tenancies for owners, and provide services and support to our diverse customers through a range of partnerships. Our specialist tenancy and asset management teams take a ‘housing-first’ approach, providing safe, secure and sustainable housing in the first instance. We then provide our customers with advice and assistance to determine their housing options and to maximise their opportunities to prosper. Our person-centered and strength-based support services enable goal setting and choices for our customers,  both socially and economically. |
| **Any other notes** |  |

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| **49** | |
| **Organisation Name** | McCall Gardens |
| **Contact** | [admin@mccallgardens.org.au](mailto:admin@mccallgardens.org.au) |
| **Website** | <https://www.mccallgardens.org.au/> |
| **Location** | Box Hill, New South Wales |
| **Brief details** | Unlike the previous style of block funding that was guaranteed by the state government for a minimum of 3 years, the funding under the NDIS must go through an annual review process for each person with a plan. This makes long term planning more challenging and the requirement for record keeping for each support more onerous for providers, not to mention for participants and their families. |
| **Any other notes** |  |

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| **50** | |
| **Organisation Name** | Bridges Care |
| **Contact** | [contact@bridgescare.com.au](mailto:contact@bridgescare.com.au) |
| **Website** | <http://www.bridgescare.com.au/> |
| **Location** | Campbelltown, New South Wales |
| **Brief details** | <http://www.bridgescare.com.au/about-us/> |
| **Any other notes** |  |

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| **51** | |
| **Organisation Name** | Resourcing Inclusive Communities (an initiative of Family Advocacy) - My Own Home |
| **Contact** | Cecile Sullivan Elder, Executive Officer |
| **Website** | <https://www.ric.org.au/my-own-home/> |
| **Location** | New South Wales |
| **Brief details** | A sense of home and our own personal sanctuary is important to everyone. People with disability are often denied the choice to live where they want and with who they want. How we live reflects who we are and support can be tailored to enable individuals to live independently and as they choose. |
| **Any other notes** | Recommended by Prof Patricia O’Brien |

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| **52** | |
| **Organisation Name** | Kemira at IRT Kanahooka |
| **Contact** | N/A |
| **Website** | <https://www.irt.org.au/location/kemira-at-irt-kanahooka/> |
| **Location** | Illawarra, New South Wales |
| **Brief details** | N/A |
| **Any other notes** | Recommended by Prof Patricia O’Brien |

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| **53** | |
| **Organisation Name** | Melbourne Disability Innovation Institute, NDIS Housing Pathways Project |
| **Contact** | Unknown |
| **Website** | <https://disability.unimelb.edu.au/housing> |
| **Location** | Victoria, Australia |
| **Brief details** | Unknown |
| **Any other notes** | Unknown |

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| **54** | |
| **Organisation Name** | The Harvard Joint Center for Housing Studies, Disability Housing: What's happening? What's challenging? What's needed? |
| **Contact** | Unknown |
| **Website** | <https://www.jchs.harvard.edu/sites/default/files/connery_disabilityhousing_april2016_v2.pdf> |
| **Location** | USA |
| **Brief details** | Unknown |
| **Any other notes** | Unknown |

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| **55** | |
| **Organisation Name** | Care & Repair, Innovation in home adaptions - a fresh chance |
| **Contact** | Unknown |
| **Website** | <http://careandrepair-england.org.uk/wp-content/uploads/2014/12/Integration-Briefing-3-final.pdf> |
| **Location** | United Kingdom |
| **Brief details** | Unknown |
| **Any other notes** | Unknown |

# Appendix G: Meta-Analysis Report

**Selection criteria**

Studies were considered for the meta-analysis if they reported data on secondary outcomes included in the systematic review. Outcomes considered included Quality of Life (QoL), choice, community integration and maladaptive behaviours. Studies were excluded from the meta-analysis if they did not report sufficient information to permit the calculation of effect size (e.g. failed to report standard deviation, sample size or had unequal sample sizes between baseline and follow-up). Due to the very heterogeneous nature and lack of consistency between studies only four studies (Cooper & Picton 2000, Lee et al. 2015, Sines 2012, Umansky et al 2003) were included in the meta-analysis evaluating QoL and a maximum of three studies were included in the meta-analyses for each of the additional outcomes reported above (choice, community integration and maladaptive behaviours).Meta-analyses were completed for two types of transition

1. institution to community-based supported accommodation (refer Tables 1- 2 and Figures 1-2) and
2. institution to de-congregared setting (refer Tables 3-6 and Figures 3-6)

**Statistical analysis**

The meta-analysis was conducted using Comprehensive Meta-Analysis Software Version 3.0. Heterogeneity of studies was quantified by the index of heterogeneity (I2). A value of I2 of 25, 50 and 75% indicates low, medium and high heterogeneity, respectively. The random effects model was applied for pooling the data when heterogeneity was higher than 25% for the overall dataset, else a fixed effects model was used. Standardized mean differences (SMDs) – Hedge’s g was used as the measure of effect size. Potential publication bias was evaluated using funnel plots and Egger’s regression test. A global estimation of r = 0.7 was used as correlation coefficients could not be extracted from the included studies. This correlation coefficient value has previously been recommended as a conservative estimate of the correlation between baseline and post-move scores (Rosenthal R, 1984).

1. **Meta-analysis of QoL of adults who transitioned from an institution to community-based accommodation**

Four studies evaluated QoL of adults who move from institution to community-based accommodation and results are reported for 6-month (Table 1 and Figure 1) and 12-month follow-up (Table 2 and Figure 2). Heterogeneity was high for the overall meta-analysis of QoL (I2 = 96.41%) and therefore the random effects model was applied. The meta-analysis result showed a significant improvement (p = 0.033) and large effect size (g = 0.924, 95% CI 0.074 to 1.773) on overall QoL in adults who transitioned from an institution to community-based accommodation at 6 months follow-up. At 1-year follow-up, overall QoL did not differ significantly (p = 0.283, I2 = 98.921, g = 1.659 95% CI -1.369 to 4.687).

**Table 1. Meta-analysis of QoL of adults who transitioned from institution to community-based accommodation (6-month follow-up)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Study** | **Outcome** | **Sample size** | **Baseline**  **Mean (SD)** | **6-month follow-up**  **Mean (SD)** |
| Cooper & Picton 2000 | QoLQ (1990) | 26 | 1.7 (0.4) | 1.9 (0.3) |
| Lee et al. 2015 | Transformed\_WHOQoL\_Environment | 70 | 59.39 (17.91) | 60.25 (16.01) |
| Lee et al. 2015 | Transformed\_WHOQoL\_Physical Wellbeing | 70 | 61.56 (16.54) | 60.66 (16.66) |
| Lee et al. 2015 | Transformed\_WHOQoL\_Psychological Wellbeing | 70 | 54.33 (22.89) | 56.02 (19.68) |
| Lee et al. 2015 | Transformed\_WHOQoL\_Social Relations | 70 | 56.07 (16.36) | 58.41 (16.91) |
| Sines 2012 | Mixed QoL Questions | 39 | 106.28 (25.02) | 192.26 (40.96) |
| Umansky et al 2003 | WHOQoL\_Physical Wellbeing | 16 | 14.97 (2.45) | 16.89 (2.52) |
| Umansky et al 2003 | WHOQoL\_Psychological Wellbeing | 16 | 12.49 (2.93) | 14.38 (3.63) |
| Umansky et al 2003 | WHOQoL\_Social Relations | 16 | 11.21 (4.27) | 14.46 (3.08) |
| Umansky et al 2003 | WHOQoL\_Environment | 16 | 13.64 (2.43) | 18.19 (1.90) |

*Heterogeneity: Tau2 = 0.716, df = 3, I2 = 96.385*

*QoL questionnnaires included The Comprehensive Quality of Life Scale – Intellectual/Cognitive Disability, (Cummins, 1997), Quality of Life Questionnaire (Schalock & Keith, 1993), The Mood, Interest and Pleasure Questionnaire (Ross and Oliver, 2003) and the objective QoL measure developed by Grierson in the unpublished MSc dissertation (Grierson, 2006).*

**Figure 1. Meta-analysis of QoL of adults who transitioned from institution to community-based accommodation (6-month follow-up)**



**Table 2. Meta-analysis of QoL of adults who transitioned from institution to community-based** **accommodation (12-month follow-up)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Study** | **Outcome** | **Sample size** | **Baseline**  **Mean (SD)** | **1-year follow-up**  **Mean (SD)** |
| Sines 2012 | Mixed QoL Questions | 39 | 106.28 (25.02) | 192.95 (27.46) |
| Lee et al. 2015 | Transformed\_WHOQoL\_Environment | 70 | 59.39 (17.91) | 63.59 (16.72) |
| Lee et al. 2015 | Transformed\_WHOQoL\_Physical Wellbeing | 70 | 61.56 (16.54) | 58.59 (18.52) |
| Lee et al. 2015 | Transformed\_WHOQoL\_Psychological Wellbeing | 70 | 54.33 (22.89) | 57.75 (20.75) |
| Lee et al. 2015 | Transformed\_WHOQoL\_Social Relations | 70 | 56.07 (16.36) | 60.8 (16.47) |

*Heterogeneity: Tau2 = 4.722, df = 1, I2= 98.921*

*QoL questionnaires included The Comprehensive Quality of Life Scale – Intellectual/Cognitive Disability (Cummins, 1997), Quality of Life Questionnaire (Schalock & Keith, 1993), The Mood, Interest and Pleasure Questionnaire (Ross & Oliver, 2003), the objective measure developed by Grierson (unpublished MSc dissertation, Grierson, 2006).*

**Figure 2. Meta-analysis of QoL of adults who transitioned from institution to community-based accommodation (12-month follow-up)**



1. **Meta-analysis of overall quality of life (QoL), choice, community integration and maladaptive behaviour in adults** **transitioning from institution to de-congregated settings**

Random effect models were applied in meta-analyses of QoL, choice and community integration as included studies reported high heterogeneity (I2 = 81.91%, 73.02%, 70.17%, respectively). The fixed effects model was used in the meta-analysis of maladaptive behaviour (I2 = 19.75%). The meta-analyses showed that adults who transitioned in de-congregated settings, had significantly higher QoL (g = -0.800 95% CI -1.005 to -0.596), less maladaptive behaviour problems (g = 0.623 95% CI 0.414 to 0.833), greater choice (g = -1.815 95% CI -2.118 to -1.512) and better community integration (g = -0.683 95% CI -0.916 to -0.450) compared to those who lived in an institution (p < 0.001), regardless of their specific type of accommodation (group home or residential home).

**Table 3. Meta-analysis of ‘QoL’ following transition from Institution to de-congregated setting**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Study** | **Outcome** | **Institution** | **N** | **Group Home** | **N** | **Residential Home** | **N** |
| Chou et al 2008 | QoLQ (1993) | 72.8 (8.8) | 76 | 78.1 (10.4) | 69 | 84.2 (8.8) | 103 |
| Cooper & Picton 2000 | QoLQ (1990) | 1.5 (0.2) | 19 | 1.7 (0.4) | 26 |  |  |
| Umansky et al 2003 | WHOQoL\_Physical Wellbeing | 14.14 (2.1) | 20 | 14.97 (2.45) | 16 |  |  |
| Umansky et al 2003 | WHOQoL\_Psychological Wellbeing | 12 (3.08) | 20 | 12.49 (2.93) | 16 |  |  |
| Umansky et al 2003 | WHOQoL\_Social Relations | 13.2 (2.11) | 20 | 11.21 (4.27) | 16 |  |  |
| Umansky et al 2003 | WHOQoL\_Environment | 12.94 (2.38) | 20 | 13.64 (2.43) | 16 |  |  |

*Heterogeneity: Tau2 = 0.221, df = 3, I squared = 81.908*

**Figure 3. Meta-analysis of ‘QoL’ following transition from Institution to de-congregated setting**



**Table 4. Meta-analysis of ‘maladaptive behaviours’ comparison following transition from Institution to de-congregated setting**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Study** | **Outcome** | **Institution** | **N** | **Group Home** | **N** | **Residential Home** | **N** |
| Chou et al 2008 | ABS PART 2 Maladaptive Behaviouir Scale | 126.7 (46.7) | 76 | 94.9 (52.6) | 69 | 91.7 (48.8) | 103 |
| Cooper & Picton 2000 | BDS\_Maladaptive Behaviour | 1.8 (0.6) | 19 | 1.3 (0.4) | 26 |  |  |

*Heterogeneity: Tau2= 0.009, df = 2, I2= 19.749*

**Figure 4. Meta-analysis of ‘maladaptive behaviours’ comparison following transition from Institution to de-congregated setting**



**Table 5. Meta-analysis of ‘choice’ comparison following transition from Institution to de-congregated setting**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Study** | **Outcome** | **Institution** | **N** | **Group Home** | **N** | **Residential Home** | **N** |
| Chou et al 2008 | Residence Choice Assessment  Scale (RCAS) | 84.3 (19.8) | 76 | 111.7 (13.5) | 69 | 120.9 (18.5) | 103 |
| Sheth et al 2019 | Choice and control over: Bedtime | 86 | 150 | 144 | 150 |  |  |
| Sheth et al 2019 | Choice and control over: Being alone | 44 | 150 | 140 | 150 |  |  |
| Sheth et al 2019 | Choice and control over: Mealtime | 22 | 149 | 145 | 149 |  |  |
| Sheth et al 2019 | Choice and control over: Foods to eat | 27 | 149 | 143 | 149 |  |  |
| Sheth et al 2019 | Choice and control over: Phone calls | 54 | 146 | 139 | 147 |  |  |
| Sheth et al 2019 | Choice and control over: Television | 92 | 149 | 141 | 149 |  |  |
| Sheth et al 2019 | Choice and control over: Who provides assistance | 4 | 105 | 60 | 77 |  |  |
| Winkler et al 2015 | RCS\_The content of their evening meal | 1.77 (1.03) | 45 | 2.81 (1.4) | 20 |  |  |
| Winkler et al 2015 | RCS\_The timing of their evening meal | 1.39 (0.86) | 45 | 2.81 (1.25) | 20 |  |  |
| Winkler et al 2015 | RCS\_Indoor leisure e.g., TV, radio | 2.84 (1.26) | 45 | 3.71 (0.64) | 20 |  |  |
| Winkler et al 2015 | RCS\_Going out (e.g., pub, cinema) | 2.37 (1.28) | 45 | 3.24 (0.83) | 20 |  |  |
| Winkler et al 2015 | RCS\_The time they go to bed in the evening | 2.24 (1.2) | 45 | 3.48 (0.75) | 20 |  |  |
| Winkler et al 2015 | RCS\_The clothes they wear each day | 2.68 (1.34) | 45 | 3.52 (0.98) | 20 |  |  |
| Winkler et al 2015 | RCS\_Involvement of intimate partners | 1.54 (1.26) | 45 | 2 (1.79) | 20 |  |  |
| Winkler et al 2015 | RCS\_Their daytime activities | 2.59 (1.18) | 45 | 3.67 (0.66) | 20 |  |  |
| Winkler et al 2015 | RCS\_The time they spend in the bath or shower | 1.82 (1.06) | 45 | 3 (1.14) | 20 |  |  |
| Winkler et al 2015 | RCS\_Access to a private area | 2.45 (1.34) | 45 | 3.76 (0.63) | 20 |  |  |
| Winkler et al 2015 | RCS\_The furnishings in their bedroom | 2.52 (1.15) | 45 | 3.9 (0.3) | 20 |  |  |

*Heterogeneity: Tau2= 0.131, df = 3, I2= 73.02*

**Figure 5. Meta-analysis of ‘choice’ comparison following transition from Institution to de-congregated setting**



**Table 6. Meta-analysis of ‘community integration’ comparison following transition from Institution to de-congregated setting**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Study** | **Outcome** | **Institution** | **N** | **Group Home** | **N** | **Residential Home** | **N** |
| Chou et al 2008 | Use of Community Facilities  Scale (UCFS) | 12.6 (8.4) | 76 | 14.5 (5.4) | 69 | 20 (8.8) | 103 |
| Sheth et al 2019 | Community integration and inclusion-able to: See family and friends | 76 | 150 | 106 | 150 |  |  |
| Sheth et al 2019 | Community integration and inclusion-able to: Get to places you need to go | 76 | 148 | 125 | 150 |  |  |
| Sheth et al 2019 | Community integration and inclusion-able to: Go out for leisure or entertainment | 71 | 147 | 129 | 149 |  |  |
| Sheth et al 2019 | Community integration and inclusion-able to: Leave residence without planning | 22 | 131 | 55 | 149 |  |  |
| Sheth et al 2019 | Community integration and inclusion-able to: Access transportation | 51 | 145 | 78 | 150 |  |  |
| Sheth et al 2019 | Community integration and inclusion-able to: Access everything outside residence | 50 | 141 | 81 | 150 |  |  |

*Heterogeneity: Tau2= 0.057, df = 2P, I2= 70.167*

**Figure 6. Meta-analysis of ‘community integration’ comparison following transition from Institution to de-congregated setting**



**Publication Bias**

The Egger’s test did not identify any publication bias in all meta-analyses (p > 0.05). As shown in Figure 7, the funnel plots were all symmetric about the effect sizes indicating low publication bias in all meta-analyses. However, three studies included in the meta-analysis of QoL between adults who moved from institution to community-based supported accommodation deviated form the confidence intervals (CI) of the funnel plot (CI lines). These results indicate a risk of sampling bias and low statistical power (e.g., the samples were too small).

**Table 7. Egger's regression test**

|  |  |  |
| --- | --- | --- |
|  | **t-value** | **P** |
| QoL – Baseline to 6 months post-move - Institution vs community setting | 2.64 | 0.12 |
| QoL – Baseline to 1-year post-move | At least 3 studies required to complete Egger’s regression test |  |
| QoL – Institution vs de-congregated setting | 1.09 | 0.39 |
| Maladaptive Behaviours – Institution vs de-congregated setting | 9.53 | 0.07 |
| Choice – Institution vs de-congregated setting | 0.66 | 0.58 |
| Community Integration – Institution vs de-congregated setting | 0.58 | 0.67 |

**Figure 7a: QoL Pre/Post-Institution vs community setting**



**Figure 7b: QoL Institution vs de-congregated setting**



**Figure 7c: Maladaptive behaviours-Institution vs de-congregated setting**



**Figure 7d: Choice - Institution vs de-congregated setting**



**Figure 7e: Community Integration CS - Institution vs de-congregated setting**

