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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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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, stakeholders working 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 (I^2 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***
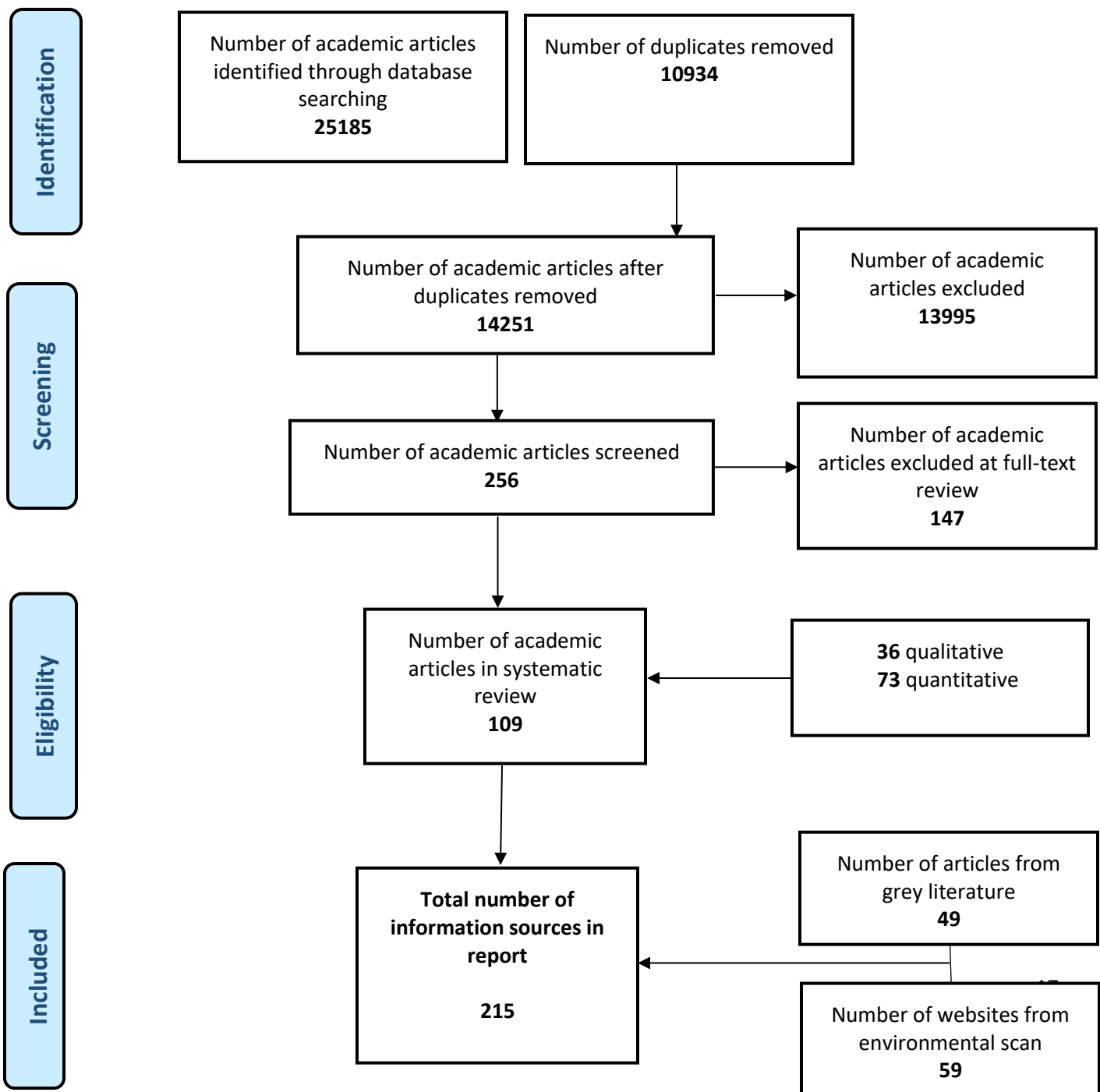
A descriptive overview of the quantitative and qualitative studies and grey literature documents is provided.

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	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).

Characteristics of housing model	Countries this approach has been implemented	Author (Year)	Participants	Type of study	Quality*	Findings
(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						
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:	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.

Characteristics of housing model	Countries this approach has been implemented	Author (Year)	Participants	Type of study	Quality*	Findings
• South Australia 'Community Living Project'; • 'My Place' Western Australia; • 'Homes West' in Queensland; • 'One by One' in Melbourne						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.

Characteristics of housing model	Countries this approach has been implemented	Author (Year)	Participants	Type of study	Quality*	Findings
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.

Characteristics of housing model	Countries this approach has been implemented	Author (Year)	Participants	Type of study	Quality*	Findings
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.

Characteristics of housing model	Countries this approach has been implemented	Author (Year)	Participants	Type of study	Quality*	Findings
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.

Characteristics of housing model	Countries this approach has been implemented	Author (Year)	Participants	Type of study	Quality*	Findings
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

Characteristics of housing model	Countries this approach has been implemented	Author (Year)	Participants	Type of study	Quality*	Findings
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

Characteristics of housing model	Countries this approach has been implemented	Author (Year)	Participants	Type of study	Quality*	Findings
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	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	Fair	Semi-independent living residents reported more favourable ratings on social satisfaction, empowerment, frequency of community use and domestic participation.

Characteristics of housing model	Countries this approach has been implemented	Author (Year)	Participants	Type of study	Quality*	Findings
people with a disability. No regularly scheduled overnight staff support (including no sleepovers)				accommodation support agency for people with a disability		
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).	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

Characteristics of housing model	Countries this approach has been implemented	Author (Year)	Participants	Type of study	Quality*	Findings
Dispersed housing: no specific details but indicated more personalised settings						
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.

Characteristics of housing model	Countries this approach has been implemented	Author (Year)	Participants	Type of study	Quality*	Findings
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.	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.

Characteristics of housing model	Countries this approach has been implemented	Author (Year)	Participants	Type of study	Quality*	Findings
Living support provided by care staff of non-nursing background with standard induction and mandatory training						
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.

Characteristics of housing model	Countries this approach has been implemented	Author (Year)	Participants	Type of study	Quality*	Findings
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

Author (Year)	Measure used or described	Number of time points (n/a, one, two multiple)	Conclusion	Limitations
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

Author (Year)	Measure used or described	Number of time points (n/a, one, two multiple)	Conclusion	Limitations
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

Author (Year)	Measure used or described	Number of time points (n/a, one, two multiple)	Conclusion	Limitations
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.	N/A	Overall quality of life measured less frequently than individual domains,	No primary data. Systematic review.

Author (Year)	Measure used or described	Number of time points (n/a, one, two multiple)	Conclusion	Limitations
	Quality of Life Questionnaire. Life Experiences Checklist		General consensus of improved QoL post deintitutionalisation and in independent settings for people with less severe disability	

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

Author (Year)	Measure used or described	Number of time points (n/a, one, two multiple)	Conclusion	Limitations
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

Author, Year, Title	Measure used or described	Number of time points (n/a, one, two multiple)	Conclusion	Limitations
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

Author, Year, Title	Measure used or described	Number of time points (n/a, one, two multiple)	Conclusion	Limitations
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.

Author, Year, Title	Measure used or described	Number of time points (n/a, one, two multiple)	Conclusion	Limitations
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.

Author, Year, Title	Measure used or described	Number of time points (n/a, one, two multiple)	Conclusion	Limitations
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

Author (Year)	Measure used or described	Number of time points (n/a, one, two multiple)	Conclusion	Limitations
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-institutionalisation 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**

Intervention/ model 1:
Community or supported living

Intervention/ model 2:
Independent, personalised or semi-independent

Intervention model 3:
Home Ownership

Intervention model 4:
Home Pooling

Intervention model 5:
Housing modifications/ redesign

Enablers	Barriers
Policy factors	
• NATIONAL POLICY • FUNDING & BUDGETING AT GOVERNMENT LEVEL • FLEXIBLE FUNDING • DIRECT PAYMENTS • INCORPORATE VALUES OF INDEPENDENT LIVING AND CHOICE IN POLICY • SEPARATE HOUSING AND SUPPORTS • TAX REDUCTIONS FOR HOST FAMILIES; RENT-FREE FOR CO-RESIDENCY	• cost cuts leads to reduction in individualised funding and inadequate supports • not having access to supports until housing secured • direct costs not meeting needs of individual • lack of affordable and accessible housing • Lack of liveable and universal design • housing stock does not meet demand • lack of co-ordination between housing policy and disability policy
Organizational factors	
• SEPARATE HOUSING AND SUPPORTS (DC) • PERSON CENTRED PLANNING • STAFF TRAINING AND VALUES • ACTIVE SUPPORT FOR FORMAL AND INFORMAL CARERS • 24-HOUR INTENSIVE SUPPORT • PA SUPPORTS • ROLE OF OCCUPATIONAL THERAPY TO SUPPORT TRANSITION (DC) • BEHAVIOURAL AND MENTAL HEALTH SUPPORTS • SUPPORTS TO PLAN TRANSITION AND SECURING TENANCY	• Poor staff training
Community & environmental factors	
• OPTIMAL NEIGHBOURHOOD AND COMMUNITY CHARACTERISTICS • ASSISTIVE TECHNOLOGY & SOFTWARE • AMBIENT ASSISTED LIVING SUPPORT • WEB-BASED SUPPORTS • CAREFUL EVALUATION OF PHYSICAL ENVIRONMENT FOR MOBILITY • COMMUNITY NAVIGATION TEAMS • OUTREACH SUPPORT	• poorly designed housing • community preparedness • discrimination by landlords and banks
Interpersonal factors	
• DEVELOPMENT OF SOCIAL RELATIONSHIPS • COLLABORATION WITH & EDUCATION OF FAMILIES • CIRCLES OF SUPPORT • STAFF FACILITATING SOCIAL INCLUSION AND COMMUNITY INTEGRATION • INFORMAL SUPPORTS AND BEING ABLE TO USE FUNDING TO PAY INFORMAL SUPPORTS • PERSON CENTRED, PERSON DIRECTED APPROACH	• lack of support from families • lack of proactive strategies to support relationships and facilitate inclusion • how supports arranged not planned for
Individual factors	
• HOUSING SPECIFIC TRAINING FOR INDIVIDUALS/ INDEPENDENT LIVING SKILLS • INDIVIDUALISED PERSONALISED PLAN • COLLABORATION BETWEEN STAFF AND INDIVIDUAL INCLUDING SUPPORT WITH GOAL SETTING • PERSONALISATION, CO-DESIGN, CO-PRODUCTION • PRACTICAL SKILL DEVELOPMENT, ADVOCACY AND ACCESS TO INFORMATION IN PLANNING STAGES	• lack of personalised focus • lack of control over care arrangements • limited choice • support needs not met in community • lack of careful planning and preparedness

Quality of life

Choice & control

Health & functioning

Social inclusion & participation

Varied or little evidence
• Cost benefit
• Choice
• Valued social roles

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)	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,

Characteristics of funding models	Countries this approach has been implemented	Author (Year)	Participants	Type of study	Quality*	Findings
		Wiesel et al (2015)				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.

Characteristics of funding models	Countries this approach has been implemented	Author (Year)	Participants	Type of study	Quality*	Findings
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

Characteristics of funding models	Countries this approach has been implemented	Author (Year)	Participants	Type of study	Quality*	Findings
	Australia	Borbasi et al (2007)	Intellectual disability	Qualitative	Fair	potential of link, family and individual support packages for housing. 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

Characteristics of funding models	Countries this approach has been implemented	Author (Year)	Participants	Type of study	Quality*	Findings
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

Characteristics of funding models	Countries this approach has been implemented	Author (Year)	Participants	Type of study	Quality*	Findings
						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)

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.

Characteristics of transition programs and supports	Countries this approach has been implemented	Author (Year)	Participants	Type of study	Quality*	Findings
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	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	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

Characteristics of transition programs and supports	Countries this approach has been implemented	Author (Year)	Participants	Type of study	Quality*	Findings
health rehabilitation team.				characteristics at transfer and successful move-on		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	Hong-Kong	Lee et al (2015)	Mental Health N=210 N=70 ACT n=70 TAU-1 (treatment as usual control group 1)	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.

Characteristics of transition programs and supports	Countries this approach has been implemented	Author (Year)	Participants	Type of study	Quality*	Findings
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			n=70 TAU-2 (treatment as usual control group 2)			
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	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.

Characteristics of transition programs and supports	Countries this approach has been implemented	Author (Year)	Participants	Type of study	Quality*	Findings
social event participation. Duration of programme was typically two years, opt-in programme option.						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.

Characteristics of transition programs and supports	Countries this approach has been implemented	Author (Year)	Participants	Type of study	Quality*	Findings
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

Characteristics of transition programs and supports	Countries this approach has been implemented	Author (Year)	Participants	Type of study	Quality*	Findings
						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)	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.	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
		Fisher et al (2008)		Mixed methods. Commissioned research report. Grey literature.		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

Characteristics of transition programs and supports	Countries this approach has been implemented	Author (Year)	Participants	Type of study	Quality*	Findings
						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.	**UK Australia**	Elder-Woodward et al (2015) Wiesel et al (2015) Fisher et al (2015)	People with disabilities	Discussion paper	Draws on academic, policy and practice information to discuss the role of personalisation in the independent	Using individualized funding to pay informal network for support

Characteristics of transition programs and supports	Countries this approach has been implemented	Author (Year)	Participants	Type of study	Quality*	Findings
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??	Australia (Queensland)	Pave the way (2013)		Service provider resource leaflet	living movement. Produced for families by service provider. Based on knowledge of sector and literature.	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.

Characteristics of transition programs and supports	Countries this approach has been implemented	Author (Year)	Participants	Type of study	Quality*	Findings
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

Characteristics - staff skills & training	Countries this approach has been implemented	Author (Year)	Participants	Type of study	Quality*	Findings
						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 | Elder-Woodward et al (2015) | People with disabilities but In Control model specifically related to people with | Discussion paper. Grey literature | 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 |

Characteristics - staff skills & training	Countries this approach has been implemented	Author (Year)	Participants	Type of study	Quality*	Findings
	Australia	Wiesel et al (2015)	intellectual disability People with disabilities	Mixed method study. Commissioned research. Grey literature.	N/A	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 | Taiwan | Chou et al (2008, 2011) | People with intellectual disability

Chou (2008)
N=248 | Cross -sectional study comparison (a) Institution, 50 beds or more (b) community | Fair | Small homes and group community homes residents reported more extensive community inclusion but limited |

Characteristics of neighbourhood and community	Countries this approach has been implemented	Author (Year)	Participants	Type of study	Quality *	Findings
homes from institution			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	home, less than 50 beds (c) community/ residential living 6 beds or less		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	UK	Cooper & Picton (2000)	People with intellectual disability N=45 n=26 Community residential	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

Characteristics of neighbourhood and community	Countries this approach has been implemented	Author (Year)	Participants	Type of study	Quality *	Findings
centres (large residential unit within larger institution). Community living skills measured using the Community Living Skills Screening Test (CLSST).			unit: n=19, Training centre			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	USA	Sheth et al (2019)	Adults with broad range of disabilities, predominantly physical disabilities, psychiatric	Cross sectional study using survey design and comparing people in institution with people that	Good	Post transition to community experience participants were reporting significantly higher favourable ratings for community integration and

Characteristics of neighbourhood and community	Countries this approach has been implemented	Author (Year)	Participants	Type of study	Quality *	Findings
community living arrangements			disabilities, and chronic health conditions. N=150	have transitioned to community living.		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	USA	Stancliffe & Keane (2000)	People with intellectual disability N=87 n=31 Group home	Cross sectional two group design	Fair	Semi-independent living residents reported greater satisfaction with frequency of community use.

Characteristics of neighbourhood and community	Countries this approach has been implemented	Author (Year)	Participants	Type of study	Quality *	Findings
household) with support staff available for both.			n=56, semi-independent living			
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 | 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. |

Characteristics of neighbourhood and community	Countries this approach has been implemented	Author (Year)	Participants	Type of study	Quality *	Findings
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.						
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.

Characteristics of neighbourhood and community	Countries this approach has been implemented	Author (Year)	Participants	Type of study	Quality *	Findings
"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	USA	Regnier & Denton (2009)	People with neuro disabilities who are physically challenged	Discussion paper. Grey literature.	N/A	Apartments for Life (AFL) popular in Netherlands.

Characteristics of assistive technology	Countries this approach has been implemented	Author (Year)	Participants	Type of study	Quality*	Findings
own conventional housing Apartments for life (AFL) which incorporate home care support; stimulating senses and creating happiness	Netherlands	Regnier & Denton (2009)				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	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).

Characteristics of individual training & skill development	Countries this approach has been implemented	Author (Year)	Participants	Type of study	Quality *	Findings
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.						
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

Characteristics of individual training & skill development	Countries this approach has been implemented	Author (Year)	Participants	Type of study	Quality *	Findings
						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	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"

Characteristics of individual training & skill development	Countries this approach has been implemented	Author (Year)	Participants	Type of study	Quality *	Findings
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)".						
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,

Characteristics of individual training & skill development	Countries this approach has been implemented	Author (Year)	Participants	Type of study	Quality *	Findings
						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_b uild_house_plans_31Aug_2020.pd f)	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

Year	Organisation & Website	Country	Population of Interest (n)	Housing Model/ Type	Intervention Type
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

Year	Organisation & Website	Country	Population of Interest (n)	Housing Model/ Type	Intervention Type
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

Year	Organisation & Website	Country	Population of Interest (n)	Housing Model/ Type	Intervention Type
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.	

Year	Organisation & Website	Country	Population of Interest (n)	Housing Model/ Type	Intervention Type
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/)	

Year	Organisation & Website	Country	Population of Interest (n)	Housing Model/ Type	Intervention Type
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

Year	Organisation & Website	Country	Population of Interest (n)	Housing Model/ Type	Intervention Type
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

Year	Organisation & Website	Country	Population of Interest (n)	Housing Model/ Type	Intervention Type
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-	(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	SIL: for eligibility require accommodation funding from NDIA plan

Year	Organisation & Website	Country	Population of Interest (n)	Housing Model/ Type	Intervention Type
			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	and are ready to move into.	

Year	Organisation & Website	Country	Population of Interest (n)	Housing Model/ Type	Intervention Type
			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.		
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	

Year	Organisation & Website	Country	Population of Interest (n)	Housing Model/ Type	Intervention Type
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		

Year	Organisation & Website	Country	Population of Interest (n)	Housing Model/ Type	Intervention Type
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.	

Year	Organisation & Website	Country	Population of Interest (n)	Housing Model/ Type	Intervention Type
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.	

Year	Organisation & Website	Country	Population of Interest (n)	Housing Model/ Type	Intervention Type
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.	

Year	Organisation & Website	Country	Population of Interest (n)	Housing Model/ Type	Intervention Type
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

Year	Organisation & Website	Country	Population of Interest (n)	Housing Model/ Type	Intervention Type
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

Year	Organisation & Website	Country	Population of Interest (n)	Housing Model/ Type	Intervention Type
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: Organisations should 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):

a) 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.

b) 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.

c) 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 15 **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	Housing First initiative as per principles described in 'Type of housing model'.

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
						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	
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	Deinstitutionalisation from long stay hospital setting to community settings.

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
						ID" no further information provided on number of residents.	
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''.

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
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	Aus	Semi-structured interviews (n=24)	People with high health & support needs	Community supported living	Transition to community living

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
		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.					
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	Sweden & Norway	Semi-structured interviews (n=17)	Complex needs	Independent living	Parent/family perspective

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
		required personal assistance 24 hours a day					
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

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
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

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
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

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
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	Independent

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
						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).	
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)

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
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

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
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	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

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
		daily life 4) emotional stability 5) scheduled living structure with an occupational activity that fits to the person's abilities					
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)

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
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

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
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

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
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

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
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

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
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

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
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	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	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.

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No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
		people who used vouchers? (2) What is the impact of vouchers on the likelihood of transition from an institution to the community?			more major life activities, has a record of such impairment, or is regarded as having such impairment.		
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-	USA	Predictive modelling based on multiple regression.	Intellectual Disability	Independent living	Not applicable

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
		related choice is associated with specific state-level factors (e.g., cost of living).					
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

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
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	Ireland	Semi-structured interviews (n=8)	Intellectual disability	Community supported living	Transition to community living

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
		(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.					
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

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
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

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
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 (Nottingh amshire)	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	Hong-Kong	Other - Programme evaluation	Psychiatric illness	De-congregated setting	ACT: Intensive case management including weekly home visits, community orientation, individual counselling,

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
		individuals with severe mental illness following de-institutionalisation compared to Treatment as Usual (TAU) comparison groups.					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

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
							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

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
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	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

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
		with a severe intellectual disability and other challenging needs					
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

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No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
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	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	Transition to de-congregated settings following policy decisions to close larger institutions.

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
		was examined in terms of changes in the types of provision over time and broken down by age groups.				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	

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
						additional needs. This includes nursing homes, intensive placements for people whose behaviour challenges services and mental health units.	
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.

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
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.

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
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	Australia	Pre/post(6 month) and follow-up (18, 36, 84 months)	Psychiatric illness	Supported housing	Transition

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
		(n 181) discharged into supported accommodation from three long-stay facilities in Queensland.					
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)

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
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

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
102	Murray (2012)	Reflection on risk of re-institutionalisation for people with disabilities under 65 years of age Society:	UK (Worcest ershire)	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

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
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,	Canada	Focus groups and interviews (n=40)	Intellectual disability	Community supported living	Transition to community living

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
		community agency staff, former facility staff, planners, and behaviour consultants.					
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.

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
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

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
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,	Canada	Semi-structured interviews (n=75)	Psychiatric disability	Independent living	Experience of deinstitutionalisation

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
		supported apartments for the first time					
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	Evaluation of six month Experiment in Independent Living (EIL) programme which included 15 hours/week paid work.

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
						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.	
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	Spain	In depth interview (n=22)	Intellectual disability	Community supported living	Experience of deinstitutionalisation

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
		affect their exercising of this right					
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	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

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
		discharge from a mental hospital.					
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/develo pmental 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	Japan	Randomized controlled trial. The Discharge Preparation Program (DPP) was the intervention condition (n = 26), and the usual rehabilitation	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

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
		Preparation Program (DPP).		program was the control condition (n = 23).			
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	Ireland	Semi-structured interviews (n=7)	Intellectual disability	Community supported living	Experience of deinstitutionalisation

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
		to which this had resulted in their integration in the local community.					
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

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
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.

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
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.

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
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,	USA	One group pre/post repeated	Intellectual disability	Transition to community based work OR living environment	Transition to community based work or living arrangements.

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
		autonomy and life choices of individuals with ID before and after they moved from a more restrictive work or living environment.		measures design			
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	Independent housing of preference; flexible funding and support	Independent

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
					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)		
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	Australia	Other - Retrospective electronic case-file audit design	Intellectual disability	Range of supported accommodation models including: 1) stand-alone community-based group	Cross sectional comparison

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
		changing policy environment.				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	
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	Australia	Cross sectional design	Acquired brain injury	Community-based shared supported accommodation (SSA)	Transition from residential aged care to community accommodation.

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
		community-based shared supported accommodation (SSA); (2) Compare everyday choice making of this group with a group of people with ABI living in RAC					
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	USA	Other-Raster analysis	Developmental disabilities (DD) and psychiatric disabilities (PD)	Supportive housing	Not applicable

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
		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?					
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	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),	Transition from home to a range of residential settings over a 10 year (intellectual disability and 20 year (Down Syndrome) period.

No.	Author (Year)	Research Focus	Country	Study Design	Population of Interest (n)	Housing Model/ Type	Intervention Type
		years (Part 1) and 75 adults with Down syndrome over 20 years (Part 2).				institution (public or private), and nursing home/hospital setting (nursing home, congregate care, hospital setting).	
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

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/)

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	

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	

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

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.

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?

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	

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	

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	

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	

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	

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	

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	

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	

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	

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	

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	

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	

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	

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	

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	

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	

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	

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	

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	

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	

27	
Organisation Name	Shared Lives Plus
Contact	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."

28	
Organisation Name	Alderwood LLA
Contact	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".

29	
Organisation Name	Community Catalysts UK
Contact	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."

30	
Organisation Name	KeyRing UK
Contact	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."

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

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

33	
Organisation Name	Donald Beasley Institute
Contact	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

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

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

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

37	
Organisation Name	Valued Lives
Contact	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

38	
Organisation Name	Purple Orange
Contact	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

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	

40	
Organisation Name	Inclusive Housing Australia
Contact	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	

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	

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	

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	

44	
Organisation Name	AccessAccom
Contact	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	

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	

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	

47	
Organisation Name	inHousing
Contact	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	

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	

49	
Organisation Name	McCall Gardens
Contact	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	

50	
Organisation Name	Bridges Care
Contact	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	

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

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

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

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

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

(a) institution to community-based supported accommodation (refer Tables 1- 2 and Figures 1-2) and

(b) 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 (I^2). A value of I^2 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).

(A) Meta-analysis of QoL of adults who transitioned from an institution to community-based accommo dation

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 (I^2 = 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, I^2 = 98.921, g = 1.659 95% CI -1.369 to 4.687).
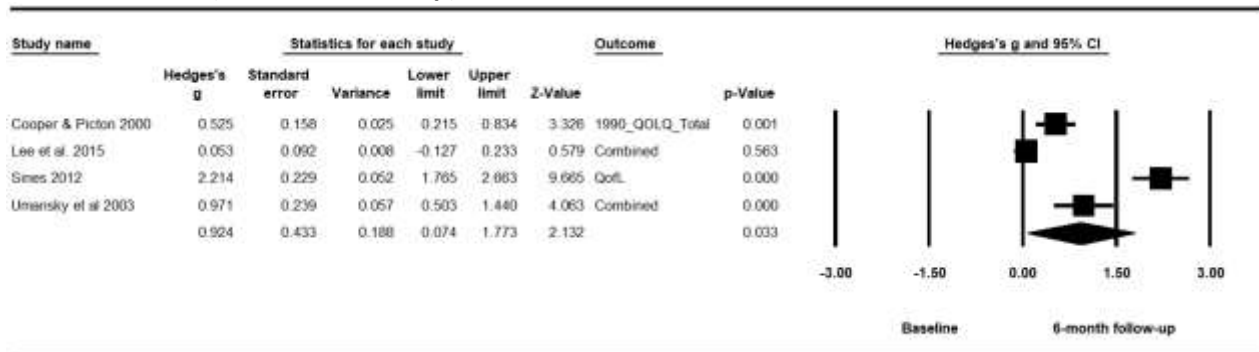
Table 1. Meta-analysis of QoL of adults who transitioned from institution to community-based accommodation (6-month follow-up)

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: Tau^2 = 0.716, df = 3, I^2 = 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: Tau^2 = 4.722, df = 1, I^2= 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)
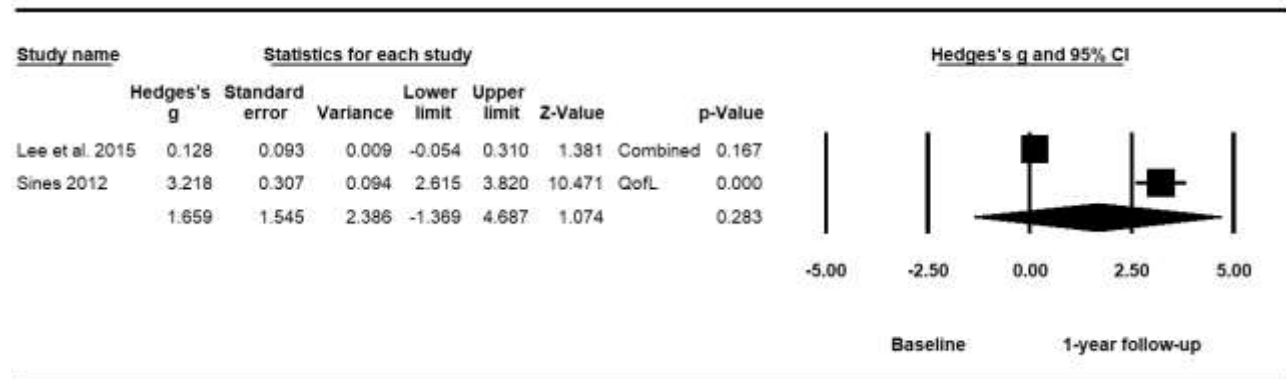
(B) Meta-analysis of overall quality of life (QoL), choice, community integration and maladaptive behaviour in adults transitioning from institution to de-congregated settings

Random effect models were applied in meta-analyses of QoL, choice and community integration as included studies reported high heterogeneity (I^2 = 81.91%, 73.02%, 70.17%, respectively). The fixed effects model was used in the meta-analysis of maladaptive behaviour (I^2 = 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: Tau^2 = 0.221, df = 3, I squared = 81.908

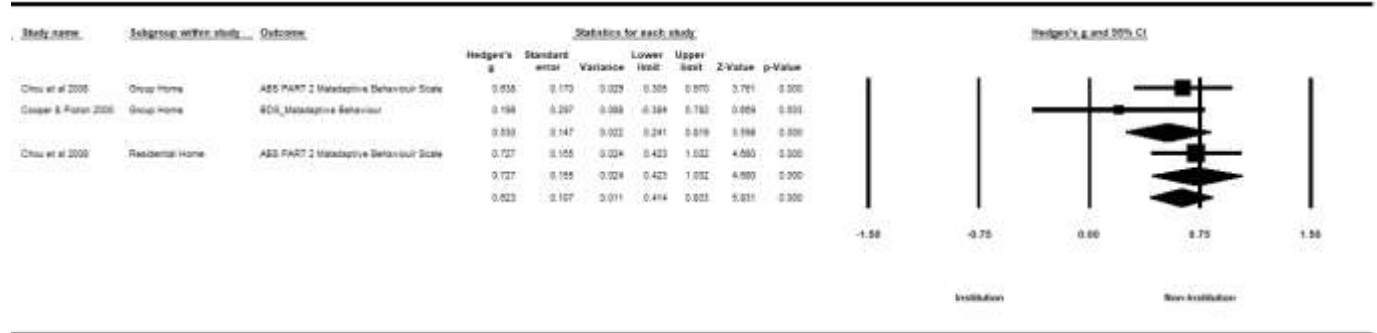**Figure 3. Meta-analysis of 'QoL' following transition from Institution to de-congregated setting**
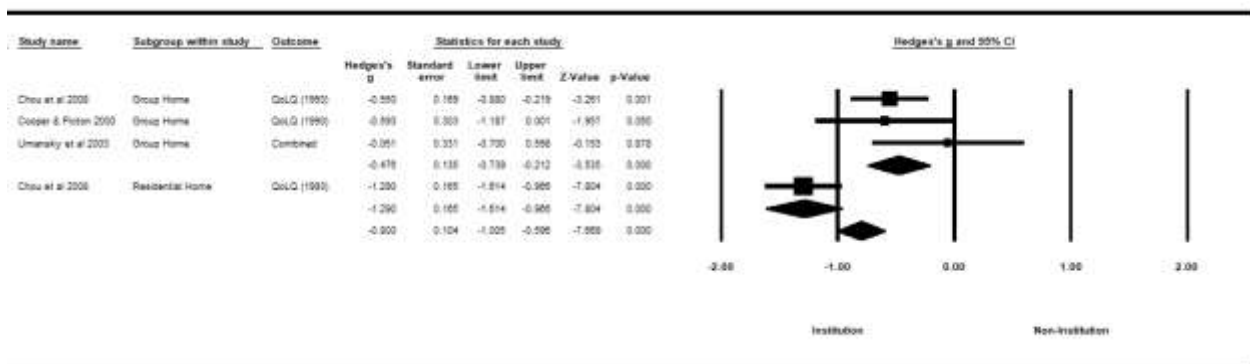
Table 4. Meta-analysis of 'maladaptive behaviours' comparison following transition from Institution to de-congregated setting

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: Tau^2= 0.009, df = 2, I^2= 19.749

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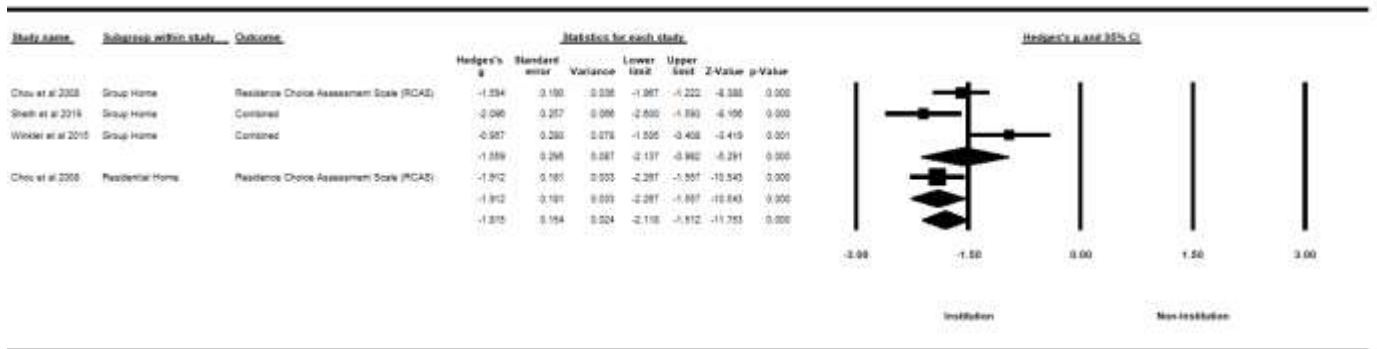

Table 5. Meta-analysis of 'choice' comparison following transition from Institution to de-congregated setting

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: Tau^2= 0.131, df = 3, I^2= 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: Tau^2= 0.057, df = 2P, I^2= 70.167

Figure 6. Meta-analysis of 'community integration' comparison following transition from Institution to de-congregated setting
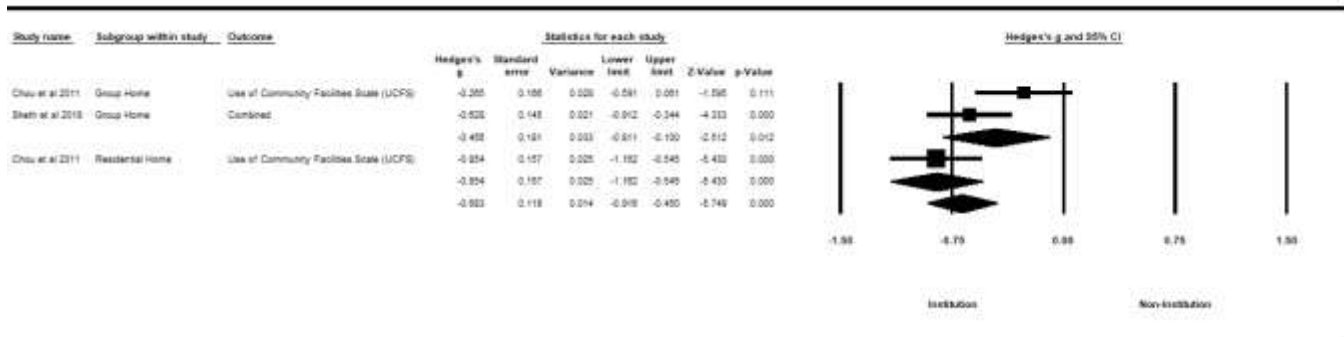
Publication Bias

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
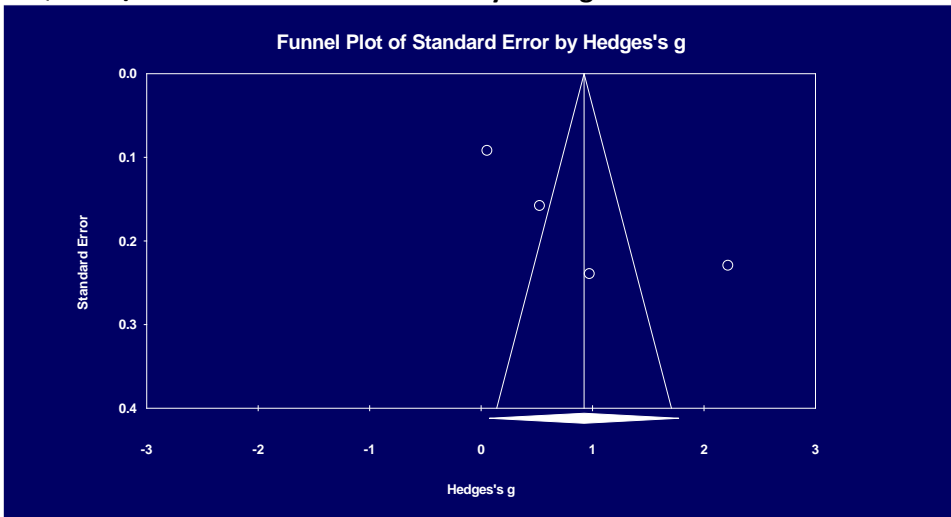

Figure 7b: QoL Institution vs de-congregated setting
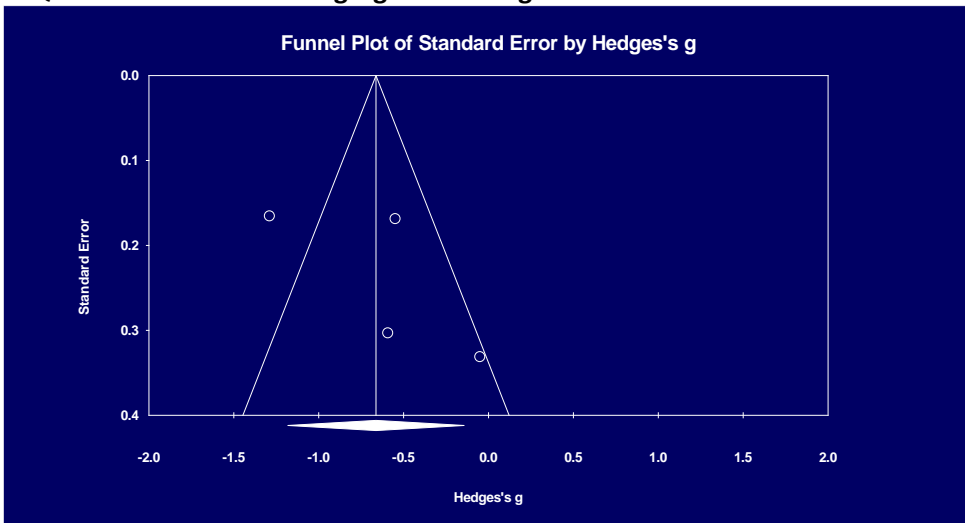

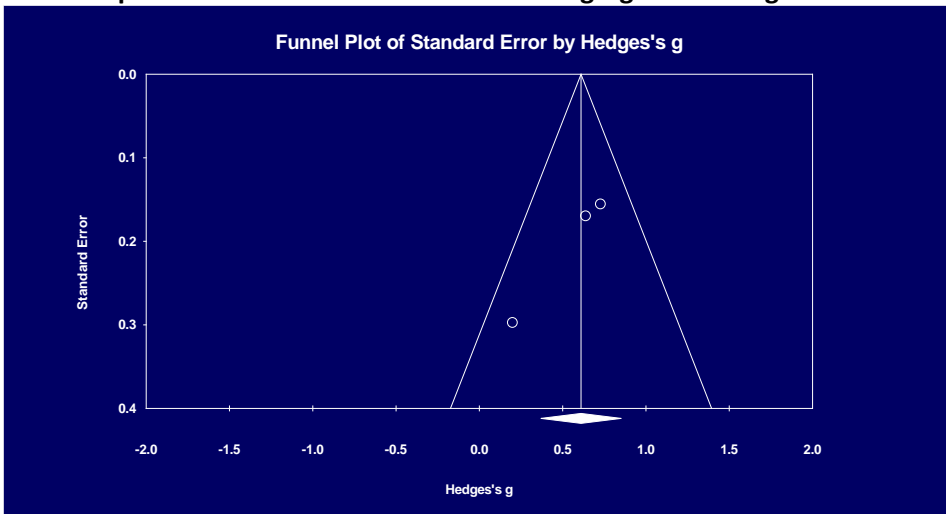**Figure 7c: Maladaptive behaviours-Institution vs de-congregated setting**

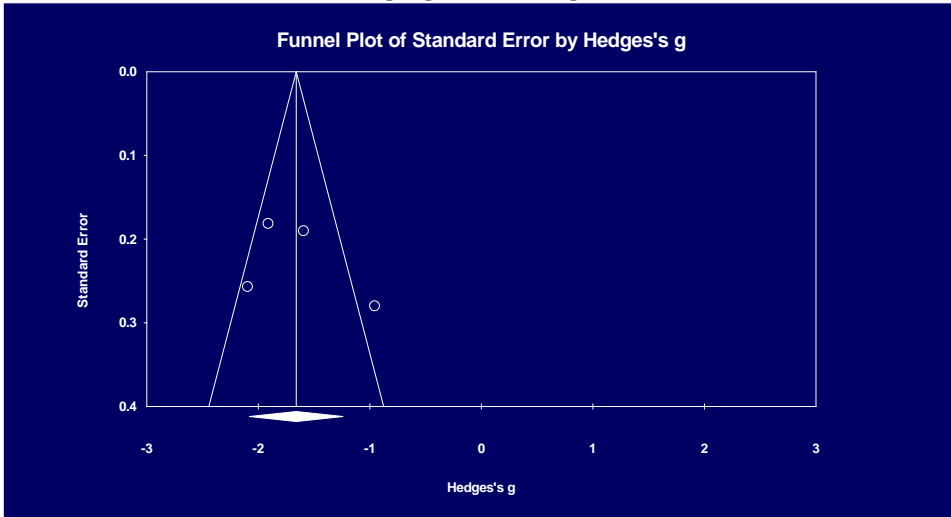**Figure 7d: Choice - Institution vs de-congregated setting**

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