

APPENDIX 14D:

CLINICAL EVIDENCE - STUDY CHARACTERISTICS

TABLES: ORGANISATION AND DELIVERY OF CARE:

SETTINGS FOR CARE

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1.1 CHARACTERISTICS OF INCLUDED STUDIES

Study ID	BARLOW1991
<i>Bibliographic reference</i>	Barlow, J. & Kirby, N. (1991) Residential satisfaction of persons with an intellectual disability living in an institution or in the community. <i>Australia and New Zealand Journal of Developmental Disabilities</i> , 17, 7-23.
<i>Methods</i>	Allocation: non-randomised. Matching: no matching. Blindness: non-blind. Setting: residential versus community. Raters: self-report via interview with investigator. Country: Australia.
<i>Participants</i>	Diagnosis: learning disability (mild). Coexisting conditions: not reported. Qualifying diagnostic assessment: not reported. N = 31. Age: 20 to 51 years (residential mean 28.5 years; community mean 32.8 years). Sex: male 16, female 15. Ethnicity: not reported. IQ: not reported. Inclusion criteria: not reported.
<i>Interventions</i>	1. Residential institution group: (n = 16). This residential institution was called Balyana and attempted to improve on traditional institutional models by providing individual rooms with bathrooms for each resident, low staff-to-resident ratios and relatively few restrictions. Leisure facilities included a swimming pool, tennis courts, an oval, games room and a small auditorium. Residents completed training programs in personal hygiene, room care and laundry, and in community living skills. 2. Community group: (n = 15). All of the community group were living in the community without support services and all were renting, except one who was buying a flat. Duration: Intervention: N/A. Follow-up: average amount of time spent living at residential institution was 6 months to 8 years (mean 3.5 years); those in the community had been resident there for 1 month to 2 years (mean 1 year).
<i>Outcomes</i>	The primary outcome was resident satisfaction, as assessed via interview with the investigator, which was based on the Satisfaction Questionnaire of Seltzer and Seltzer's (1978) Community Adjustment Scale. Satisfaction subscales included: residential satisfaction; leisure satisfaction; work satisfaction; financial satisfaction; and interpersonal satisfaction. Data were extracted for residential satisfaction because this was the only outcome for which the authors found significant group differences.
<i>Study design</i>	Observational (cohort study)
<i>Source of funding</i>	Not reported
<i>Limitations</i>	Group differences in duration of residency in each setting.

Notes	<ul style="list-style-type: none"> • n = 2 were removed from the residential institution group for the analysis due to inconsistent reporting for one participant and persistent acquiescence for the other participant. As a result, n = 14 for the residential institution group. • For the purposes of analysis the residential institution was taken as the experimental group.
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Study ID	BHAUMIK2009
<i>Bibliographic reference</i>	Bhaumik, S., Watson, J. M., Devapriam, J., <i>et al.</i> (2009) Aggressive challenging behaviour in adults with intellectual disability following community resettlement. <i>Journal of Intellectual Disability Research</i> , 53, 298-302.
<i>Methods</i>	<p>Allocation: N/A - no control group. Matching: N/A - no control group. Blindness: non-blind. Setting: residential to community. Raters: carer-report scale. Country: UK.</p>
<i>Participants</i>	<p>Diagnosis: learning disability. Coexisting conditions: many individuals also had coexisting health problems; 36 (73%) were incontinent, two (4%) had a hearing impairment, 17 (35%) had a visual impairment, 30 (61%) had mobility problems and 32 (65%) had epilepsy. Qualifying diagnostic assessment: VABS. N = 49. Age: 31 to 96 years (means: male 50.8 years, female 49.3 years). Sex: male 36, female 13. Ethnicity: white n = 49. IQ: not reported. Learning disability: profound 34 (69%); severe 11 (22%); moderate 3 (6%); mild 1 (2%). Inclusion criteria: adult residents who left a long-stay hospital in Leicestershire and were relocated to a number of community-based placements between 2004 and 2006.</p>
<i>Interventions</i>	<p>1. Relocation from residential to community (N = 49). Duration: Intervention: N/A. Follow-up: 18 months.</p>
<i>Outcomes</i>	Primary outcome was aggressive challenging behaviour as measured by the MOAS.
<i>Study design</i>	Observational (before-and-after)
<i>Source of funding</i>	Leicestershire Partnership NHS Trust and the Department of Health Policy Research Programme
<i>Limitations</i>	<ol style="list-style-type: none"> 1. No control group. 2. Efficacy data cannot be extracted. 3. Median scores reported, which may indicate skewed data.
<i>Notes</i>	Participants followed for 12 months after discharge but change from baseline results reported based on baseline (6 months before discharge) and 6 month (after discharge) comparison.

Study ID	BOURAS1993
<i>Bibliographic reference</i>	Bouras, N., Kon, Y. & Drummond, C. (1993) Medical and psychiatric needs of adults with a mental handicap. <i>Journal of Intellectual Disability Research</i> , 37, 177-182.
<i>Methods</i>	Allocation: N/A - no control group. Matching: N/A - no control group. Blindness: non-blind. Setting: residential to community. Raters: clinician rated. Country: UK.
<i>Participants</i>	Diagnosis: learning disability. Coexisting conditions: not reported. Qualifying diagnostic assessment: DSM-III-R. N = 71. Age: range not reported (mean 46.1 years). Sex: male 46, female 25. Ethnicity: not reported. IQ: not reported (46% 'severe mental handicap', 24% 'moderate mental handicap', 30% 'mild mental handicap'). Inclusion criteria: not reported.
<i>Interventions</i>	1. 'Mentally handicapped' adults resettled from large institutions to community facilities including 'staffed houses'. Duration: Intervention: N/A. Follow-up: 1 year.
<i>Outcomes</i>	Data were collected and reported on behaviour problems, utilisation of medical and psychiatric services, staff opinion on behaviour disturbance, psychiatric diagnosis and medical input for physical illness, as measured by clinical assessment pre- and post-resettlement using the 'Assessment and Information Rating Profile' (Bouras & Drummond, 1992), by seeing the resident, interviewing a care worker and looking at case notes. However, data could only be extracted for behaviour problems.
<i>Study design</i>	Observational (before-and-after study)
<i>Source of funding</i>	Not reported
<i>Limitations</i>	1. No control group. 2. Efficacy data could not be extracted.
<i>Notes</i>	-

Study ID	CHOU2008
<i>Bibliographic reference</i>	Chou, Y-C., Lin, L-C., Pu, C-Y., <i>et al.</i> (2008) Outcomes and costs of residential services for adults with intellectual disabilities in Taiwan: a comparative evaluation. <i>Journal of Applied Research in Intellectual Disabilities</i> , 21, 114-125.
<i>Methods</i>	Allocation: non-randomised. Matching: matched on resident's disability level, age and gender. Blindness: non-blind. Setting: residential versus community. Raters: self-report and scales rated by frontline practitioners and residential managers (or administrators). Country: China.
<i>Participants</i>	Diagnosis: learning disability. Coexisting conditions: not reported. Qualifying diagnostic assessment: not reported. N = 248. Age: range not reported (small residential home mean 28.6 years; group/community home mean 30.5 years; institution mean 29.5 years). Sex: male 177, female 71. Ethnicity: not reported. IQ: not reported (majority had moderate to severe learning disabilities). Inclusion criteria: not reported.
<i>Interventions</i>	1. Small residential group home (N = 103). 2. Institution (N = 76). Data were also reported for group/community home residents (N = 69). However, those data are not extracted here as the authors' statistical analysis (which controlled for group differences in adaptive/maladaptive behaviour) suggested that the largest group differences lay with the groups selected. Duration: Intervention: N/A. Follow-up: not reported.
<i>Outcomes</i>	Primary outcomes included: quality of life as measured by the QoL-Q (Schalock & Keith, 1993); choice-making as measured using the Residence Choice Assessment Scale (Kearney <i>et al.</i> , 1995); community inclusion as scored using the Use of Community Facilities Scale and measured the variety of community places and activities that the residents used and were engaged in; and family contact which was assessed by the frequency of face-to-face visits between the participants and his/her family members.
<i>Study design</i>	Observational (cross-sectional)
<i>Source of funding</i>	Department of Social Affairs, Ministry of Interior, Taiwan, China
<i>Limitations</i>	Significant differences between the groups in adaptive and maladaptive behaviour. However, this was controlled for in the authors' statistical analysis and significant differences remained.
<i>Notes</i>	-

Study ID	CHOU2011
<i>Bibliographic reference</i>	Chou, Y. C., Pu, C., Kröger, T., <i>et al.</i> (2011) Outcomes of a new residential scheme for adults with intellectual disabilities in Taiwan: a 2-year follow-up. <i>Journal of Intellectual Disability Research</i> , 55, 823–831.
<i>Methods</i>	Allocation: N/A – no control group. Matching: N/A – no control group. Blindness: non-blind. Setting: community. Raters: self-report. Country: Taiwan.
<i>Participants</i>	Diagnosis: learning disability. Coexisting conditions: not reported. Qualifying diagnostic assessment: diagnoses of classification and level of disability were conducted by the health authorities, and the severity of the learning disability was categorised in accordance with the person's IQ score and social adaptation skills. N = 49 at Time 1; 29 at Time 5. Age: Time 1: 19 to 57 years (mean 27 years); Time 5: 21 to 59 years (mean 30.7 years). Sex: Time 1: male 33, female 16. Time 5: male 24, female 5. Ethnicity: not reported. IQ: not reported. Time 1: 33% severe/profound learning disability; Time 5: 31% severe/profound learning disability. Inclusion criteria: participants were new in homes (had only been in new homes for 1 to 2 months).
<i>Interventions</i>	1. Time 1: residential scheme that involved individuals with learning disabilities moving from their family home or from institutions to small-scale residential homes (N = 49). This scheme provided accommodation in ordinary housing in established residential areas and all were a few minutes' walk from the town/city centre. Each home was limited to six or fewer residents and was staffed by support services 24 hours per day. 2. Time 5: participants still living in these residential homes 2 years later (N = 29). Twenty residents had left and moved back to their families (N = 14) or institutions (N = 6). The authors reported the results of a subgroup analysis that compared outcomes for participants moving from an institution with those moving from the family home, but those data could not be extracted because the sample size for analysis was too small for the endpoint scores. Duration: Intervention: 2 years. Follow-up: 2 years.
<i>Outcomes</i>	The primary outcome was quality of life as measured by the QoL-Q (Schalock & Keith, 1993). The level of family contact was also examined, although the outcome measure for this item was less clear.
<i>Study design</i>	Observational (before-and-after)
<i>Source of funding</i>	Ministry of Interior of the Taiwan Government and National Science Council (NSC 95-2412-H-010-001-SSS)
<i>Limitations</i>	Lack of a control group.

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Study ID	CULLEN1995
<i>Bibliographic references</i>	Cullen, C., Whoriskey, M., Mackenzie, K., <i>et al.</i> (1995) The effects of deinstitutionalization on adults with learning disabilities. <i>Journal of Intellectual Disability Research</i> , 39, 484–494.
<i>Methods</i>	Allocation: non-randomised. Matching: matched on age (within 5 years), sex, length of institutionalisation, and adaptive behaviour score (overall ABS score). Blindness: non-blind. Setting: residential to community. Raters: staff-report and self-report. Country: UK.
<i>Participants</i>	Diagnosis: learning disability. Coexisting conditions: not reported. Qualifying diagnostic assessment: not reported. N = 100. Age: 20 to 60 years (majority 31 to 50). Sex: not reported. Ethnicity: not reported. IQ: not reported – more than N = 70 with a moderate or severe learning disability. Inclusion criteria: not reported.
<i>Interoventions</i>	1. Participants moving from residential to community settings (N = 50). 2. Participants staying in residential settings (N = 50). Duration: Intervention: N/A. Follow-up: 30 months.
<i>Outcomes</i>	The primary outcomes were level of adaptive/maladaptive behaviour, community living skills, social skills and quality of life. Outcome measures included direct observation of a sample of community living skills (pedestrian skills, using a bus, ordering in a restaurant and using public telephone), the ABS, staff- and self-report social skills, and behavioural observations of quality of life and quality of care, and interactions. Data were extracted for ABS overall score, quality of life and staff-rated social skills.
<i>Study design</i>	Observational (cohort)
<i>Source of funding</i>	Scottish Office Home and Health Department (Grant No. K/PPR/2/2/C798)
<i>Limitations</i>	No statistical correction made to control for multiple comparisons.
<i>Notes</i>	-

Study ID	DAGNAN1994A
<i>Bibliographic reference</i>	Dagnan, D., Howard, B. & Drewett, R. F. (1994a) A move from hospital to community-based homes for people with learning disabilities: activities outside the home. <i>Journal of Intellectual Disability Research</i> , 38, 567–576.
<i>Methods</i>	<p>Allocation: non-randomised.</p> <p>Matching: matched on sex and on the Wessex categories coding for ability to walk with help, visual disability, auditory disability and speech ability. Age was matched within 5 years.</p> <p>Blindness: non-blind.</p> <p>Setting: residential to community.</p> <p>Raters: self-report.</p> <p>Country: UK.</p>
<i>Participants</i>	<p>Diagnosis: learning disability.</p> <p>Coexisting conditions: four participants were non-ambulant and four had some sensory impairment.</p> <p>Qualifying diagnostic assessment: not reported.</p> <p>N = 36.</p> <p>Age: range not reported (community mean 42 years, institution mean 41 years).</p> <p>Sex: not reported.</p> <p>Ethnicity: not reported.</p> <p>IQ: not reported.</p> <p>Inclusion criteria: participants left the hospital between 31 July 1985 and 1 January 1988. They had lived in the hospital for at least 12 months prior to leaving, and short-stay residents were excluded from the study.</p>
<i>Interventions</i>	<p>1. Participants moving from hospital to community-based homes (N = 18).</p> <p>2. Participants remaining resident at the hospital (N = 18).</p> <p>Duration:</p> <p>Intervention: N/A.</p> <p>Follow-up: 18 months.</p>
<i>Outcomes</i>	The primary outcome was activities outside the home as measured by diary self-report on the number and features of trips outside the home. Data were extracted for the number of trips outside the home.
<i>Study design</i>	Observational (cohort)
<i>Source of funding</i>	Northern Region Health Authority under the Care in the Community: Mental Handicap programme (grant MH/85/07)
<i>Limitations</i>	Small sample size.
<i>Notes</i>	–

Study ID	DAGNAN1998
<i>Bibliographic reference</i>	Dagnan, D., Ruddick, L. & Jones, J. (1998) A longitudinal study of the quality of life of older people with intellectual disability after leaving hospital. <i>Journal of Intellectual Disability Research</i> , 42, 112–121.
<i>Methods</i>	Allocation: N/A – no control group. Matching: N/A – no control group. Blindness: non-blind. Setting: residential to community. Raters: self-report. Country: UK.
<i>Participants</i>	Diagnosis: learning disability. Coexisting conditions: not reported. Qualifying diagnostic assessment: not reported. N = 29. Age: 39 to 93 years (mean: 61 years). Sex: not reported. Ethnicity: not reported. IQ: not reported. Inclusion criteria: not reported.
<i>Interventions</i>	1. Hospital-to-community transition group (N = 29). Duration: Intervention: N/A. Follow-up: 53 months.
<i>Outcomes</i>	Quality of life as measured by the Questionnaire on Quality of Life.
<i>Study design</i>	Observational (before-and-after)
<i>Source of funding</i>	Not reported
<i>Limitations</i>	1. Small sample size. 2. No control group. 3. Efficacy data cannot be extracted.
<i>Notes</i>	Participants followed for 53 months but statistical analysis extracted compares pre-move (5 months before the move) with 30 months (post-move) scores.

Study ID	DONNELLY1996
<i>Bibliographic reference</i>	Donnelly, M., McGilloyay, S., Mays, N., <i>et al.</i> (1996) One and two year outcomes for adults with learning disabilities discharged to the community. <i>British Journal of Psychiatry</i> , 168, 598–606.
<i>Methods</i>	Allocation: N/A – no control group. Matching: N/A – no control group. Blindness: non-blind. Setting: residential to community. Raters: staff. Country: UK.
<i>Participants</i>	Diagnosis: learning disability. Coexisting conditions: not reported. Qualifying diagnostic assessment: not reported. N = 214. Age: not reported. Sex: not reported. Ethnicity: not reported. IQ: not reported. Inclusion criteria: not reported.
<i>Interoventions</i>	1. Long-stay patients discharged from residential settings to live in community (N = 214). Duration: Intervention: N/A. Follow-up: 2 years.
<i>Outcomes</i>	Primary outcomes were skills and behavioural problems as assessed by staff using standardised checklists. Data were extracted for challenging behaviour as measured by the Problems Questionnaire (Clifford, 1987) which assesses dangerousness, psychological impairment, management problems, socially unacceptable behaviour, and problems relating to attitudes and relationships.
<i>Study design</i>	Observational (before-and-after)
<i>Source of funding</i>	Not reported
<i>Limitations</i>	1. Participant characteristics very under-specified. 2. No control group. 3. Efficacy data cannot be extracted.
<i>Notes</i>	–

Study ID	GASKELL1995
<i>Bibliographic reference</i>	Gaskell, G., Dockrell, J. & Rehman, H. (1995) Community care for people with challenging behaviours and mild learning disability: an evaluation of an assessment and treatment unit. <i>British Journal of Clinical Psychology</i> , 34, 383–395.
<i>Methods</i>	Allocation: N/A – no control group. Matching: N/A – no control group. Blindness: non-blind. Setting: residential. Raters: staff report using standardised assessments. Country: UK.
<i>Participants</i>	Diagnosis: learning disability. Coexisting conditions: not reported. Qualifying diagnostic assessment: not reported. N = 34. Age: 18 to 46 years (mean 29.2 years). Sex: male 24, female 10. Ethnicity: not reported. IQ: not reported. Inclusion criteria: not reported.
<i>Interventions</i>	1. Mental Impairment Evaluation and Treatment Service (N = 34). This hospital-based unit seeks to prepare clients with a mild learning disability and challenging behaviours for resettlement in the community. Three broad categories of interventions were used: medication, behavioural techniques (including anger management, and graded exposure to stimuli and reinforcement) and skills training (including social skills, sex education and daily living skills). Duration: Intervention: not reported. Follow-up: progress of clients from pre-admission to 6-months post-discharge.
<i>Outcomes</i>	Primary outcome was changes in behaviour over time as measured by VABS and ABS Part II. Data were extracted for the ABS Part II violent behaviour domain.
<i>Study design</i>	Observational (before-and-after)
<i>Source of funding</i>	Grant from the Nuffield Foundation
<i>Limitations</i>	1. Small sample size and ABS data only available for half of the participants. 2. No control group. 3. Efficacy data cannot be extracted.
<i>Notes</i>	–

Study ID	HASSIOTIS2009
<i>Bibliographic reference</i>	Hassiotis, A., Robotham, D., Canagasabey, A., <i>et al.</i> (2009) Randomized, single-blind, controlled trial of a specialist behaviour therapy team for challenging behaviour in adults with intellectual disabilities. <i>American Journal of Psychiatry</i> , 166, 1278–1285.
Methods	Allocation: randomised. Matching: no matching. Blindness: single-blind. Setting: community. Raters: not reported. Country: UK.
<i>Participants</i>	Diagnosis: learning disability. Coexisting conditions: assumption that patients may well have comorbid ill mental health. Qualifying diagnostic assessment: not reported. N = 63. Age: range not reported (means: experimental group mean: 39.6 years; control group mean: 41.3 years). Sex: male 37, female 23. Ethnicity: white N = 60. IQ: not reported. Learning disability: severe/profound 21; mild/moderate 42. Inclusion criteria: service users were age 18 or over with any severity of learning disability. They were referred to the behaviour therapy team by members of the community learning disability teams, and needed to have behaviour severe enough to place the individual or others at risk, or placement breakdown was imminent despite other supports being offered. Service users in whom staff believed the challenging behaviour was the direct consequence of a mental disorder were excluded.
<i>Interventions</i>	1. Specialist behaviour therapy team (N = 32). The team adopted a multidimensional model including applied behavioural analysis and positive behavioural support to address the problem behaviours without resorting to aversive strategies. Treatment involved a detailed functional analysis of the presenting problem and a comprehensive report was produced based on the functional analysis with recommendations for a multi-element intervention plan. Caregivers were expected to employ behavioural strategies and training was provided to enhance their skills. 2. Standard treatment group (N = 31). This service consists of five community learning disability teams, and the teams offer a range of interventions including pharmacotherapy, nursing, and enhancement of adaptive skills. Duration: Intervention: mean 9 contacts. Follow-up: mean 6 months.
<i>Outcomes</i>	Primary outcome was challenging behaviour as assessed by the Aberrant Behaviour Checklist. Outcomes of interest were the Aberrant Behaviour Checklist irritability, hyperactivity, and lethargy subscales. Cost data was also reported but not extracted.
<i>Study design</i>	RCT (narrative reporting)

Source of funding	South Essex Partnership University Foundation NHS Trust (grant code GRG3).
Limitations	Cannot extract data for efficacy as median values and interquartile ranges were reported. This may also imply that the data was skewed. We are thus restricted to analysing the results from this study via narrative review.
Notes	-

Study ID	HEMMING1983
Bibliographic reference	Hemming, H. (1983) The Swansea relocation study of mentally handicapped adults. <i>International Journal of Rehabilitation Research</i> , 6, 494-495.
Methods	Allocation: non-randomised. Matching: matched on sex. Blindness: non-blind. Setting: from institution to community. Raters: not reported. Country: UK.
Participants	Diagnosis: learning disability. Coexisting conditions: not reported. Qualifying diagnostic assessment: not reported. N = 50 at baseline; N = 32 at 5.5-year follow-up. Age: not reported (adults). Sex: not reported. Ethnicity: not reported. IQ: not reported. Inclusion criteria: not reported.
Interventions	1. 'Mentally handicapped' adults who lived in large institutions and had been selected for transfer to two new small units (N = 50 at Time 1; N = 32 at follow-up). Duration: Intervention: N/A. Follow-up: 5.5 years.
Outcomes	Primary outcome was adaptive behaviour (as measured by the AAMD ABS).
Study design	Observational (before-and-after)
Source of funding	Not reported
Limitations	1. Demographic data for control group (participants who remained in the institution) are reported. However, no between-group data analysis is reported. 2. Efficacy data could not be extracted.
Notes	-

Study ID	HOLBURN2004
<i>Bibliographic reference</i>	Holburn, S., Jacobson, J. W., Schwartz, A. A., <i>et al.</i> (2004) The Willowbrook futures project: a longitudinal analysis of person-centered planning. <i>American Journal on Mental Retardation</i> , 109, 63–76.
<i>Methods</i>	<p>Allocation: non-randomised.</p> <p>Matching: matching was based on residence, age (± 5 years), gender, intellectual level (for example, mild to severe learning disability), presence of psychiatric diagnosis (yes/no) and overall severity or magnitude of maladaptive behaviour.</p> <p>Blindness: non-blind.</p> <p>Setting: residential.</p> <p>Raters: objective measure.</p> <p>Country: US.</p>
<i>Participants</i>	<p>Diagnosis: learning disability.</p> <p>Coexisting conditions: 53% had psychiatric diagnosis.</p> <p>Qualifying diagnostic assessment: not reported.</p> <p>N = 38.</p> <p>Age: 19 to 61 years (mean 38.6 years).</p> <p>Sex: male 29, female 9.</p> <p>Ethnicity: not reported.</p> <p>IQ: not reported (68.4% severe/profound learning disability).</p> <p>Inclusion criteria: participants were residing at four developmental centres in New York City that were operated by the New York State Office of Mental Retardation and Developmental Disabilities.</p>
<i>Interventions</i>	<p>1. Person-centred planning (N = 20). Planning occurred in four phases: introduction; development of a personal profile; creation of a vision of the future; and follow-along. The intervention was a slight modification of Moun't's (1992 and 1994) Personal Futures Planning. Person-centred planning meetings were held approximately once per month at the residence of the focus person until the first three phases were complete; thereafter, they occurred less frequently and the schedule depended on the intricacies of each team process. Team composition varied but often consisted of a facilitator, co-facilitator, service user, family member, behaviour specialist, service coordinator or social worker, bridge-builder, direct-support staff and unit or house manager.</p> <p>2. Traditional interdisciplinary service planning (N = 18). This group of matched peers lived in same developmental centres and received the type of individual habilitation planning typically provided to residents of large intermediate care facilities. The interdisciplinary service planning teams typically met quarterly in the developmental centre. The teams were largely composed of professional staff (for example client coordinator, nurse, psychologist, speech therapist, teacher) who met to discuss assessments, review progress toward service plan goals, and develop new written habilitative goals and methodologies to be pursued over the ensuing weeks and months.</p> <p>Duration:</p> <p>Intervention: not reported.</p> <p>Follow-up: 3 years.</p>
<i>Outcomes</i>	The primary outcome reported was The Person-Centred Planning Quality of Life Indicators (Holburn <i>et al.</i> , 1996). However, data could not be extracted for this outcome. Data were also reported for the

	number of participants moving from institutional living to community living arrangements and those data were extracted.
<i>Study design</i>	Observational (parallel groups)
<i>Source of funding</i>	New York State Office of Mental Retardation and Developmental Disabilities (Albany, NY) and its Institute for Basic Research in Developmental Disabilities (Staten Island, NY)
<i>Limitations</i>	Bridge-building funds only available to person-centred planning participants. However, only half of the experimental group who moved into the community used such resources, which might suggest that this fund did not create an advantage favouring the person-centred planning group.
<i>Notes</i>	-

Study ID	KEARNEY1995
<i>Bibliographic reference</i>	Kearney, C. A., Durand, V. M. & Mindell, J. A. (1995) It's not where but how you live: choice and adaptive/maladaptive behavior in persons with severe handicaps. <i>Journal of Developmental and Physical Disabilities</i> , 7, 11-24.
<i>Methods</i>	Allocation: non-randomised. Matching: no matching. Blindness: non-blind. Setting: transitional developmental centre (between relocation from large developmental centre to smaller residential facilities) versus direct relocation to smaller community residences. Raters: staff-report based on standardised measures. Country: US.
<i>Participants</i>	Diagnosis: learning disability. Coexisting conditions: secondary diagnoses included seizure disorders (21.1%), Down's syndrome (7%) and others (8.8%, for example cerebral palsy). Qualifying diagnostic assessment: not reported. N = 57. Age: range not reported (mean: 34.83 years). Sex: male 30, female 27. Ethnicity: not reported. IQ: not reported. Learning disability: severe 3.5%; profound 96.5%. Inclusion criteria: not reported.
<i>Interventions</i>	1. Transitional developmental centre before placement into intermediate care facilities (N = 18). 2. Direct placement into intermediate care facility (N = 39). Duration: Intervention: N/A. Follow-up: 1 year.
<i>Outcomes</i>	Primary outcome was levels of adaptive/maladaptive behaviour as measured by the ABS, VABS - Maladaptive Behaviour Subscale, and the Resident Choice Assessment Scale. Data were extracted for the AAMD ABS.
<i>Study design</i>	Observational (cross-sectional)

Source of funding	Not reported
Limitations	Discrepancy in sample size between two groups.
Notes	-

Study ID	MCCONKEY2007
<i>Bibliographic reference</i>	McConkey, R., Abbott, S., Walsh, P. N., <i>et al.</i> (2007) Variations in the social inclusion of people with intellectual disabilities in supported living schemes and residential settings. <i>Journal of Intellectual Disability Research</i> , 51, 207–217.
<i>Methods</i>	Allocation: non-randomised. Matching: no matching. Blindness: non-blind. Setting: residential versus community. Raters: key-worker. Country: UK and Ireland.
<i>Participants</i>	Diagnosis: learning disability. Coexisting conditions: 22.3% epilepsy. Qualifying diagnostic assessment: not reported. N = 620 (N = 241 for data extracted). Age: range or mean not reported (61% aged < 50 years). Sex: male 331, female 289. Ethnicity: not reported. IQ: not reported. Inclusion criteria: not reported.
<i>Interventions</i>	1. Dispersed supported living (N = 103) where an individual holds a tenancy agreement for a house or apartment, and support staff (provided according to assessed needs) visit on a regular basis. The houses are dispersed among other properties. 2. Residential homes (N = 138), where an average of 19 people reside in a home. Data were also reported for clustered supported living (N = 132), small group homes (N = 152) and campus settings (N = 95). However, those data are not extracted here. Duration: Intervention: N/A. Follow-up: not reported. 54% of dispersed supported living group and 64% of residential home group had been living there for more than 5 years.
<i>Outcomes</i>	The primary outcome was social inclusion as measured by number of friends outside the home, number of neighbours in the area who know name, frequency of family contact, guests to stay in home, visitors to home, stayed away overnight and use of community amenities (including cafe, pubs, shops, cinema and places of worship). Data could only be extracted for number of community amenities used in past months.
<i>Study design</i>	Observational (cross-sectional)
<i>Source of funding</i>	Big Lottery Fund through a grant to Triangle Housing Association; and Department of Health and Children in the Republic of Ireland
<i>Limitations</i>	Limited data could be extracted from the study because a measure of

	variation (SD) was only reported for one scale item.
Notes	-

Study ID	MOLONY1990
<i>Bibliographic reference</i>	Molony, H. & Taplin, J. E. (1990) The deinstitutionalization of people with developmental disability under the Richmond program: I. Changes in adaptive behavior. <i>Australia and New Zealand Journal of Developmental Disabilities</i> , 16, 149-159.
<i>Methods</i>	Allocation: non-randomised. Matching: no matching. Blindness: non-blind. Setting: community versus residential. Raters: staff report based on standardised assessments. Country: Australia.
<i>Participants</i>	Diagnosis: learning disability. Coexisting conditions: not reported. Qualifying diagnostic assessment: Raven's Coloured Progressive Matrices and Peabody Picture Vocabulary Test. N = 57 (N = 44 for data extracted). Age: 18 to 69 years (hostel to group home mean 31.6 years; hospital to group home mean 46.2 years; stayed in hospital mean: 43.5 years). Sex: male 31, female 26. Ethnicity: not reported. IQ: untestable - 80 (hostel to group home median: 45/50; hospital to group home median 54/45; stayed in hospital median could not be determined). Inclusion criteria: not reported.
<i>Interventions</i>	1. Participants who moved from a hospital ward to a group home (N = 13). 2. Participants who stayed in the hospital over the entire period of study (N = 31). Data were also reported for participants who had moved from a hostel to a group home (N = 13). However, those data are not extracted here. Duration: Intervention: 1 year. Follow-up: 1 year.
<i>Outcomes</i>	Primary outcome was adaptive behaviour as measured by VABS.
<i>Study design</i>	Observational (cohort)
<i>Source of funding</i>	Research grant from the Prince Henry Hospital Centenary Research Fund
<i>Limitations</i>	Discrepancy in sample size between two groups.
Notes	-

Study ID	RAGHAVAN2009
<i>Bibliographic reference</i>	Raghavan, R., Newell, R., Waseem, F., <i>et al.</i> (2009) A randomized controlled trial of a specialist liaison worker model for young people with intellectual disabilities with challenging behaviour and mental health needs. <i>Journal of Applied Research in Intellectual Disabilities</i> , 22, 256–263.
<i>Methods</i>	Allocation: randomised. Matching: no matching. Blindness: non-blind. Setting: community. Raters: independent researcher carried out post-intervention assessments. Country: UK.
<i>Participants</i>	Diagnosis: learning disability. Coexisting conditions: n = 7 with challenging behaviour, n = 1 with ASD, n = 2 with Down’s syndrome, n = 1 with cerebral palsy, n = 1 with Joubert’s syndrome, n = 4 with epilepsy. Qualifying diagnostic assessment: not reported. N = 26. Age: 13 to 25 years (means: experimental group mean: 17 years; control group mean: 19 years). Sex: not reported. Ethnicity: n = 23 Pakistani families; n = 3 Bangladeshi families. IQ: not reported. Learning disability: n = 10 mild; n = 8 moderate; n = 8 severe. Inclusion criteria: not reported.
<i>Interventions</i>	1. Additional help of a liaison worker in accessing relevant services (n = 12). 2. Normal service interventions (n = 14). Duration: Intervention: 9 months. Follow-up: 9 months.
<i>Outcomes</i>	Primary outcome was the number of contacts with services as this best reflected the aim of the study to determine whether introduction of the specialist liaison service could enhance access to such services. Secondary outcomes included measures of challenging behaviours: Strengths and Difficulties Questionnaire and the Problem Behaviour Inventory from the Behaviour Assessment Guide. Data were extracted for the number of contacts with services.
<i>Study design</i>	RCT
<i>Source of funding</i>	Foundation for People with Learning Disabilities and the Baily Thomas Charitable Fund
<i>Limitations</i>	1. Efficacy data could not be extracted. 2. Small sample size.

Study ID	SCHALOCK1984
<i>Bibliographic reference</i>	Schalock, R. L., Gadwood, L. S. & Perry, P. B. (1984) Effects of different training environments on the acquisition of community living skills. <i>Applied Research in Mental Retardation</i> , 5, 425–438.
<i>Methods</i>	<p>Allocation: non-randomised.</p> <p>Matching: matched on gender, age, IQ, duration of prior community living skills training, skill level on the community living skills screening test, medication history and the number of recorded negative behaviour incidents.</p> <p>Blindness: non-blind.</p> <p>Setting: current-living versus centre-based.</p> <p>Raters: independent assessment by two instructional staff prior to the study.</p> <p>Country: US.</p>
<i>Participants</i>	<p>Diagnosis: learning disability.</p> <p>Coexisting conditions: not reported.</p> <p>Qualifying diagnostic assessment: WAIS.</p> <p>N = 20.</p> <p>Age: range not reported (mean: 31 years).</p> <p>Sex: male 10, female 10.</p> <p>Ethnicity: not reported.</p> <p>IQ: range not reported (mean 51).</p> <p>Inclusion criteria: not reported.</p>
<i>Interventions</i>	<p>1. Community living skills training within current living environment (group home or staffed apartment) (n = 10).</p> <p>2. Community living skills training within centre-based training environment (large group home adjacent to the adult developmental centre (n = 10).</p> <p>Duration:</p> <p>Intervention: 1 year.</p> <p>Follow-up: 1 year.</p>
<i>Outcomes</i>	Primary outcome was community living skill acquisition and skill maintenance. Data were extracted for average number of skills gained across community living skills behavioural domains.
<i>Study design</i>	Quasi-experimental (parallel groups)
<i>Source of funding</i>	Not reported
<i>Limitations</i>	Small sample size.
<i>Notes</i>	–

Study ID	SCHWARTZ2003
<i>Bibliographic reference</i>	Schwartz, C. (2003) Self-appraised lifestyle satisfaction of persons with intellectual disability: the impact of personal characteristics and community residential facilities. <i>Journal of Intellectual and Developmental Disability, 28</i> , 227–240.
<i>Methods</i>	Allocation: non-randomised. Matching: no matching. Blindness: non-blind. Setting: community. Raters: social workers. Country: Israel.
<i>Participants</i>	Diagnosis: learning disability. Coexisting conditions: 57 to 61% had additional diagnosis. Qualifying diagnostic assessment: not reported. N = 247. Age: 18 to 70 years (mean 33.7 years). Sex: male 122, female 125. Ethnicity: not reported. IQ: not reported. Learning disability: mild N = 131; moderate or above N = 116. Inclusion criteria: to be eligible, participants had to be verbally articulate (that is, without any severe hearing or expressive language problems) and to have been living in their current residence for at least 1 year at the time of the study.
<i>Interventions</i>	1. Group home (N = 147). 2. Semi-independent apartment (N = 57). Data were also reported for an independent apartment (N = 43) group. However, those data are not extracted here. Duration: Intervention: N/A. Follow-up: 1 year.
<i>Outcomes</i>	The primary outcome was resident satisfaction as measured by the Lifestyle Satisfaction Scale
<i>Study design</i>	Observational (cross-sectional)
<i>Source of funding</i>	Not reported
<i>Limitations</i>	1. Differences in sample sizes across groups. 2. Significant differences in demographic factors found between groups, for example the group home residents were the oldest, and participants in independent apartments had the highest mean score for adaptive behaviour and the lowest mean score for challenging behaviour. 3. No correction for pre-test group differences.
<i>Notes</i>	–

Study ID	SIAPERAS2006
<i>Bibliographic reference</i>	Siaperas, P. & Beadle-Brown, J. (2006) A case study of the use of a structured teaching approach in adults with autism in a residential home in Greece. <i>Autism, 10</i> , 330–343.
<i>Methods</i>	Allocation: N/A – no control group. Matching: N/A – no control group. Blindness: non-blind. Setting: residential. Raters: staff report. Country: Greece.
<i>Participants</i>	Diagnosis: DSM-IV ASD. Coexisting conditions: not reported. Qualifying diagnostic assessment: CARS. N = 12. Age: 16 to 30 years (mean 21.3 years). Sex: male 8, female 4. Ethnicity: not reported. IQ: all the participants also had a learning disability, ranging from mild to severe. Inclusion criteria: residents of a residential home.
<i>Interventions</i>	1. TEACCH approach (N = 12). Individualised but basic aspects include: strong cooperation between staff and parents; different areas designated for each activity; daily visual schedules; strong work rules, for example ‘first work then play’; transition area; structured activities; visual prompts. Duration: Intervention: N/A. Follow-up: 6 months.
<i>Outcomes</i>	Primary outcome was adaptive behaviour as measured by staff-report questionnaire (based on VABS) and observation checklist.
<i>Study design</i>	Observational (before-and-after)
<i>Source of funding</i>	Not reported
<i>Limitations</i>	1. No control group. 2. Efficacy data cannot be extracted. 3. Small sample size.
<i>Notes</i>	–

Study ID	SPREAT1998
<i>Bibliographic reference</i>	Spreat, S., Conroy, J. W. & Rice, D. M. (1998) Improve quality in nursing homes or institute community placement? implementation of OBRA for individuals with mental retardation. <i>Research in Developmental Disabilities, 19</i> , 507–518.
<i>Methods</i>	Allocation: non-randomised. Matching: matched on sex, year of birth (within 2 years) and scores on the sum of four academic items from the Behaviour Development Survey Scale Score (within two points). Blindness: non-blind. Setting: residential to community. Raters: interviewers contracted by the state. Country: US.
<i>Participants</i>	Diagnosis: learning disability. Coexisting conditions: not reported. Qualifying diagnostic assessment: not reported. N = 80. Age: range not reported (mean: 40 years). Sex: male 18, female 22. Ethnicity: white N = 65, other N = 15. IQ: not reported. Inclusion criteria: not reported.
<i>Interventions</i>	1. Individuals moved from nursing homes to various community-based supported living arrangements (N = 40). 2. Individuals who remained in the nursing home over the study period (N = 40). Duration: Intervention: N/A. Follow-up: 4 years.
<i>Outcomes</i>	The primary outcomes were adaptive behaviour and challenging behaviour severity as measured by a modified version of the Behaviour Development Survey. Data could only be extracted for adaptive behaviour.
<i>Study design</i>	Observational (cohort)
<i>Source of funding</i>	Not reported
<i>Limitations</i>	–
<i>Notes</i>	Overlapping dataset with SPREAT2002, but reporting on different outcome measures.

Study ID	SPREAT2002
<i>Bibliographic reference</i>	Spreat, S. & Conroy, J. W. (2002) The impact of deinstitutionalization on family contact. <i>Research in Developmental Disabilities, 23</i> , 202–210.
<i>Methods</i>	Allocation: N/A – no control group. Matching: N/A – no control group. Blindness: non-blind. Setting: residential to community. Raters: data collected by graduate students and staff from sociology department. Country: US.
<i>Participants</i>	Diagnosis: learning disability. Coexisting conditions: not reported. Qualifying diagnostic assessment: not reported. N = 177. Age: range not reported (means 26 to 27 years). Sex: male 106, female 71. Ethnicity: Cohort 1: 69.7% white, 21.2% black, 6.1% Native American, 3% other; Cohort 2: 85.7% white, 5.4% black, 8.9% Native American; Cohort 3: 73.7% white, 13.2% black, 13.2% Native American, Cohort 4: 72% white, 14% black, 12% Native American, 5% other. IQ: not reported. Majority had a profound learning disability. Inclusion criteria: not reported.
<i>Interventions</i>	1. Residents discharged from large public institution to small supported living arrangements (N = 177; Cohort 1 discharged in 1992, N = 33; Cohort 2 discharged in 1993, N = 56; Cohort 3 discharged in 1994, N = 38; Cohort 4 discharged in 1995, N = 50). Duration: Intervention: N/A. Follow-up: Over 5 years.
<i>Outcomes</i>	Primary outcome was family contact as measured by the Developmental Disabilities Quality Assurance Questionnaire.
<i>Study design</i>	Observational (before-and-after)
<i>Source of funding</i>	Not reported
<i>Limitations</i>	1. No control group. 2. Efficacy data cannot be extracted.
<i>Notes</i>	Overlapping dataset with SPREAT1998, but reporting on different outcomes.

Study ID	WEHMEYER2001
<i>Bibliographic reference</i>	Wehmeyer, M. L. & Bolding, N. (2001) Enhanced self-determination of adults with intellectual disability as an outcome of moving to community-based work or living environments. <i>Journal of Intellectual Disability Research</i> , 45, 371–383.
<i>Methods</i>	Allocation: N/A – no control group. Matching: N/A – no control group. Blindness: non-blind. Setting: residential to community. Raters: self-report. Country: US.
<i>Participants</i>	Diagnosis: learning disability. Coexisting conditions: not reported. Qualifying diagnostic assessment: not reported. N = 31. Age: 24 to 62 years (mean 40.8 years). Sex: male 17, female 14. Ethnicity: not reported. IQ: range not reported (mean: 60.25). Inclusion criteria: participants needed to be able to complete self-report measures.
<i>Interventions</i>	1. Moving from a more restrictive work or living environment to a less restrictive work or living environment (N = 31; N = 8 moved from more to less restrictive living environment, for example institution/nursing home to group home or community, or group home to community living; and N = 21 moved from more to less restrictive work setting, for example day programme to sheltered workshop or competitive employment, or sheltered workshop to competitive employment). Duration: Intervention: N/A. Follow-up: 1 year (assessment at 6 months prior to scheduled move and 6 months after transition).
<i>Outcomes</i>	The primary outcome was self-determination as measured by the Arcs’s Self-Determination Scale: Adult Version and the Autonomous Functioning Checklist.
<i>Study design</i>	Observational (before-and-after)
<i>Source of funding</i>	US Department of Education National Institute on Disability and Rehabilitation Research grant (no. HH133G50178)
<i>Limitations</i>	1. No control group. 2. Efficacy data cannot be extracted.
<i>Notes</i>	–

1.2 CHARACTERISTICS OF EXCLUDED STUDIES

ARONOW2005

Reason for exclusion	Data could not be extracted.
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BEADLEBROWN2009

Reason for exclusion	Data could not be extracted.
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BIGBY2008

Reason for exclusion	Data could not be extracted.
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BURCHARD1991

Reason for exclusion	Data could not be extracted.
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CLARKE1992

Reason for exclusion	Mean age <15 years.
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CUMMINS1990

Reason for exclusion	Data could not be extracted.
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DAGNAN1994B

Reason for exclusion	Smaller but overlapping dataset with DAGNAN1994A.
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DAGNAN1995

Reason for exclusion	Data could not be extracted.
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DAGNAN1996

Reason for exclusion	Sample size is less than ten per arm.
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DOCKRELL1995

Reason for exclusion	Sample size for analysis is less than ten per arm.
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DONNELLY1997

Reason for exclusion	Sample size is less than ten per arm.
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DONNER2010

Reason for exclusion	Comorbid schizophrenia or mood disorder.
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EMERSON2000A

Reason for exclusion	Data could not be extracted.
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EMERSON2000B

Reason for exclusion	Data could not be extracted.
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EMERSON2001

Reason for exclusion	Data could not be extracted.
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EMERSON2004

Reason for exclusion	Paper concerned with description of care across settings.
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FELCE1985

Reason for exclusion	Sample size is less than ten per arm.
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FELCE1992

Reason for exclusion	Sample size is less than ten per arm.
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FERNANDO1997

Reason for exclusion	Comorbid psychiatric disorders.
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FORRESTERJONES2006

Reason for exclusion	Data could not be extracted.
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GERBER2011

Reason for exclusion	Sample size for analysis is less than ten per arm.
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GLISSON2010

Reason for exclusion	Comorbid psychiatric disorders.
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GOODMAN2008

Reason for exclusion	Sample size is less than ten per arm.
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GREGORY2001

Reason for exclusion	Data could not be extracted.
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HATTON1995

Reason for exclusion	Sample size for analysis is less than ten per arm.
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HEAL1989

Reason for exclusion	Data could not be extracted.
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HELLER1998

Reason for exclusion	Paper concerned with predictive values of participant characteristics.
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JANSSEN1999

Reason for exclusion	Paper concerned with quality of service.
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JAWED1993

Reason for exclusion	Data could not be extracted.
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KON1997

Reason for exclusion	Data could not be extracted.
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KRAUSS2005

Reason for exclusion	Data could not be extracted.
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LEGAULT1992

Reason for exclusion	Data could not be extracted.
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LOVELL1999

Reason for exclusion	Mean age <15 years.
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LOWE1993

Reason for exclusion	Sample size is less than ten per arm.
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LOWE1996

Reason for exclusion	Data could not be extracted.
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OLIVER2005

Reason for exclusion	Comorbid psychiatric disorders.
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ONEILL1981

Reason for exclusion	Outcome not of interest (overall activity levels).
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ONEILL1985

Reason for exclusion	Outcome not of interest (overall activity levels).
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OWEN2008

Reason for exclusion	Sample size for analysis is less than ten per arm.
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PAHL1987

Reason for exclusion	Not primary data.
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PANERAI2009

Reason for exclusion	Mean age <15 years.
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PERRY2003

Reason for exclusion	Paper concerned with quality of service.
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PIERCE1990

Reason for exclusion	Data could not be extracted.
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RAPLEY1998

Reason for exclusion	Data could not be extracted.
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READ2004

Reason for exclusion	Data could not be extracted.
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ROBERTSON2000

Reason for exclusion	Paper concerned with predictive values of participant characteristics.
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ROBERTSON2004

Reason for exclusion	Data could not be extracted.
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SCHWARTZ1995

Reason for exclusion	Data could not be extracted.
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SHERMAN1988

Reason for exclusion	Sample size is less than ten per arm.
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SOURANDER1996

Reason for exclusion	Mean age <15 years.
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SPREAT1987

Reason for exclusion	Data could not be extracted.
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STANCLIFFE1998

Reason for exclusion	Data could not be extracted.
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STANCLIFFE2000

Reason for exclusion	Data could not be extracted.
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STRAUSS1998

Reason for exclusion	Data could not be extracted.
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TABERDOUGHTY2010

Reason for exclusion	Sample size is less than ten per arm.
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TREFFERT1973

Reason for exclusion	Mean age <15 years.
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VALENTI2010

Reason for exclusion	Mean age <15 years for whole sample and data cannot be extracted for adolescent subgroup.
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VANBOURGONDIEN2003

Reason for exclusion	Sample size is less than ten per arm.
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WALSH2001

Reason for exclusion	Data could not be extracted.
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YOUNG2004

Reason for exclusion	Subgroup analysis meant that data could not be extracted.
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YOUNG2006

Reason for exclusion	Data could not be extracted.
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1.2.1 References of excluded studies

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