

Introduction to the research on:

what works to improve social networks and prevent social isolation for people with mental health problems

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Background

The National Development Team for Inclusion (NDTi) has carried out four short scoping reviews of research in areas of social care that were identified as relevant to the work of the Camden and Islington NHS Foundation Trust (C&I):

- The effectiveness of supported housing and accommodation for people with mental health problems
- The impact and effectiveness of meaningful activity for people with mental health problems
- Experiences of the Mental Health Act and the role of professionals involved
- What works to improve the social networks and prevent social isolation for people with mental health problems

The focus is on the social, rather than therapeutic or clinical, outcomes.

The papers do not claim to be a comprehensive account of all evidence available in this area. Instead they are provided for those who are interested in what research already exists, where to find it and what areas might usefully be further explored.

Introduction

This paper provides a review of research into what works to improve the social networks and prevent social isolation for people with mental health problems.

The summary provides:

- An overview of the quantity and quality of the research in this area
- A summary of the studies reviewed
- Some key findings
- A summary of areas identified for future research
- A table detailing the research studies reviewed and their relevant findings



Overview of the quantity and quality of the research

- There is very little research on interventions to reduce or prevent loneliness and social isolation specifically for people with mental health problems – studies and reviews predominantly focus on loneliness or isolation experienced by older people
- The studies which review interventions to prevent or reduce social isolation and loneliness include evidence from outside the UK and pre-2000 – there appears to be little, recent UK-based recent research in this area.
- There are more research studies on the social networks of people with mental health problems, including studies which look at the impact of mental health services, accommodation type, or the role of staff in improving social networks.
- Some recent and relevant research studies of social networks have been conducted but are yet to publish full results (see Webber et al and the McPin Foundation below).
- Studies which focus on social networks tend to measure the quantity rather than quality of social contacts and how social contacts are experienced.

Summary of the studies reviewed

- 24 studies in total
- Eight reviews including three systematic reviews and two meta-analyses
- 10 quantitative studies including two controlled trials and one quasi-experimental study
- Three qualitative studies including interviews (one), focus groups (one) and interviews and observations (one)
- Three mixed-methods studies



Some key findings

- The evidence around effectiveness of interventions to prevent loneliness and social isolation is patchy and findings are inconsistent.
- The evidence shows that staff can play a key role in facilitating social networks.
- It appears that befriending may be beneficial to peoples' mental health, but there is inconclusive evidence on the impact of peer support.
- Various activity or occupation-based interventions - such as horticulture, sport and learning - have been found to increase social networks and reduce social isolation.

Summary of areas for possible future research

- Research on loneliness specifically among people with mental health problems, including the prevalence of loneliness compared to the general population and the experiences of loneliness.
- How/whether interventions designed for preventing or addressing loneliness for older people are effective for people with mental health problems.
- How the experience of loneliness is related to size/quality of social network.
- Qualitative research which looks at the quality of social contacts as well as the quantity.



Table of the research studies reviewed

Reference	Publication type	Methodology and sample size	Subject, aims or research question	Summary of relevant findings
Impact of mental health service provision including accommodation				
Anderson, K., Laxhman, N. and Priebe, S. (2015). Can mental health interventions change social networks? A systematic review. <i>BMC Psychiatry</i>, 15(1).	Peer-reviewed journal	Systematic Review of interventions to expand social networks (n=5), since 1980, worldwide	To assess what interventions for expanding social networks have previously been tested and to what extent they have been effective	The interventions included: guided peer support, a volunteer partner scheme, supported engagement in social activity, dog-assisted integrative psychological therapy and psychosocial skills training. Four of the five studies demonstrated an observable increase in the size of patients' social networks at the end of the intervention, suggesting that interventions which directly target the size of an individuals' network can be effective. However, the findings of the study are limited by the small number of interventions included, and do not identify which components of interventions are particularly effective, or determine to what extent the increased networks, over time, impact on patients' symptoms and quality of life.

<p>Newlin, M., Webber, M., Morris, D. and Howarth, S. (2015). Social participation interventions for adults with mental health problems: A review and narrative synthesis. <i>Social Work Research</i>, 39(3), 167-180.</p>	<p>Peer-reviewed journal</p>	<p>Systematic review</p>	<p>Systematically review evidence of the effectiveness of interventions that aim to enhance the social participation of adults with mental health problems in their wider communities, outside of formal mental health services</p>	<p>16 articles reporting on 14 unique interventions met the inclusion criteria. Interventions were categorised by the main features of the approach. The outcomes assessed were increases in social activity levels and development of social networks. Studies that did not aim to affect the development of social networks beyond mental health services were excluded.</p> <p>Asset-based approaches, social skills development, and resource finding to enhance community participation appeared to be most effective. Therapeutic relationships and goal setting also demonstrated some positive impact. Evidence for the effectiveness of peer support was weak, though this intervention may potentially contribute to recovery.</p> <p>Only four studies had a low risk of bias; however, the study highlights the components that may be effective.</p> <p>By integrating these into their practice, social workers could become more effective at enhancing social participation of people with mental health problems.</p>
<p>Pinfold, V., Sweet, D., Porter, I., Quinn, C., Byng, R., Griffiths, C., Billsborough, J., Gagn Enki, D., Chandler, R., Webber, M.P. and Larsen, J.A. (2015). Improving community health networks for people with severe mental illness: a case study investigation. <i>Health Service Delivery Research</i>, 3(5).</p>	<p>Research report</p>	<p>Mixed-methods – network mapping interviews (n=150) and in-depth follow-up interviews with people with severe mental illness (n=41); interviews with organisation stakeholders (n=30); organisation leaders (n=12); and interviews with practitioners including GPs, psychiatrists, care coordinators (n=44) in a London Borough and area of the South West</p>	<p>To understand how connections to people, places and activities were utilised by individuals with severe mental illness (SMI) to benefit health and wellbeing</p>	<p>The study identified three types of personal network: diverse and active; family and stable; and formal and sparse.</p> <p>Participants’ network type was significantly associated with four variables: living alone or not; housing status; formal education; and long-term sickness or disability. Diagnosis was not a factor.</p> <p>Qualitative interviews identified evidence of recognition of the importance and value of social support and active connection management, even for those most affected by mental illness.</p> <p>Various tensions in personal networks were identified, such as relationships with practitioners or families, dealing with the impact of stigma, or frustrations of not being in employment, which all impact on network resources and wellbeing.</p> <p>Connectedness within personal networks and activity for supporting recovery is valuable in shaping identity, providing meaning to life and a sense of belonging, accessing new</p>

				<p>resources, structuring routine and helping individuals to ‘move along’ in their journey to recovery.</p> <p>Healthcare practitioners recognised the importance of social factors for recovery but cited systemic barriers to addressing these issues.</p> <p>Outcome criteria limited holistic recovery-focused practices, even within third sector organisations whose remit involved increasing clients’ social connectedness.</p> <p>While service providers were keen to promote recovery-focused practices, there were contrasts between recovery ideology within health policy and practice on the ground, and the social aspects of supporting people with SMI are often underprioritised in the healthcare system.</p> <p>Strategic multiagency working was seen as crucial, but few examples of embedded multisector organisation partnerships were identified.</p>
<p>Webber, M., Reidy, H., Ansari, D., Stevens, M. and Morris, D. (2015), Enhancing social networks: A qualitative study of health and social care practice in UK mental health services. <i>Health and Social Care in the Community</i> 23(2) 180-189.</p>	Peer-reviewed journal	Ethnographic field methods including semi- and un-structured interviews, observation and informal discussion in six health and social care agencies in England with practitioners (n=73) and people who use services (n=51)	To understand how practitioners help people recovering from psychosis to develop their social networks, in particular to investigate how workers create new opportunities for social engagements and support development of social relationships	<p>Four overarching themes emerged: worker skills, attitudes and roles; connecting people processes; the role of the agency; and barriers to network development.</p> <p>The sub-themes which are important in supporting people to develop and maintain their social connections included worker attitudes; person-centred approach; equality of worker-individual relationship; goal setting; creating new networks and relationships; engaging through activities; practical support; existing relationships; the individual taking responsibility; identifying and overcoming barriers; and moving on.</p> <p>Agencies with stronger and more numerous connections with other community projects and networks appeared better able to connect service users with local opportunities.</p>

<p>Webber, M., Reidy, H., Ansari, D., Stevens, M. and Morris, D. (2015), Evaluation of the Connecting People Intervention: A Pilot Study. School for Social Care Research: University of York.</p>	<p>Summary of findings</p>	<p>Quasi-experimental pilot in 14 social and health care agencies in England from both the third and statutory sectors</p>	<p>To evaluate the effectiveness and cost-effectiveness of the Connecting People Intervention model in enhancing the social participation of people with mental health problems or a learning disability</p>	<p>When the Connecting People Intervention model is fully implemented, it improves social outcomes for service users at no greater cost than when it is only partially implemented. Specifically, they had access to more social resources from within their networks, such as advice (e.g. about money problems or employment), information (e.g. about local council services or health and fitness), or practical support (e.g. lending money or help around the house) from the people they knew. Also, they felt more included in society than those in agencies where the CPI model was only partially implemented. Partial implementation occurred when there was minimal engagement with the services users' local community, strengths and goals of service users were not fully assessed, or practitioners were minimally involved in supporting service users to develop and maintain their social relationships, for example.</p> <p>Many participants in the study lacked the funds to undertake even inexpensive activities in the community, which presented a significant barrier to their social participation. It is possible that creative use of personal budgets could address this. Also, fundamental needs such as housing were more important for some people than enhancing their social connections. Because social participation is not always cost neutral, it is likely that the CPI model works best in cases where people have their fundamental needs met and are financially stable.</p>
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<p>Webber, M., Morris, D., McCrone, P., Stevens, M., Kaiser, P. and Bates, P. (2014). <i>The Connecting People Intervention: Enhancing social connections and wellbeing of adults with mental health problems or learning disability</i>. Presented at School for Social Care Research Conference 2014, London.</p>	<p>Conference presentation</p>	<p>Quasi-experimental study across 16 agencies – 155 new referrals were interviewed at baseline (mental health <65 n=121, >65 n=9, LD, n=25) and 116 at nine-month follow-up</p>	<p>To evaluate effectiveness and cost-effectiveness of the Connecting People Intervention model (a model which was developed from the findings reported in Webber et al (2015) study of how health and social care workers help people to develop and maintain relationships) with adults with mental health problems (below and above 65) and adults with learning disabilities</p>	<p>Social networks can be enhanced by health and social care workers. Implementation of new models and working practices need to be fully supported by agencies to maximise their effectiveness. Workers need to be 'given permission' to undertake community-oriented or community development work. Performance targets, service reconfigurations, public sector cuts and wider austerity hampers innovation.</p>
<p>Forrester-Jones, R., Carpenter, J., Coolen-Schrijner, P., Cambridge, P., Tate, A., Hallam, A., Beecham, J., Knapp, M. and Wooff, D. (2012) Good friends are hard to find? The social networks of people with mental illness 12 years after deinstitutionalisation. <i>Journal of Mental Health</i>, 21(1), 4–14.</p>	<p>Peer-reviewed journal</p>	<p>Interviews using the Social Network Guide to measure social networks with people with a long-term mental illness (n=85), 12 years after resettlement from living in hospital, living in various accommodation types (supported living, hostels/small group homes, residential/nursing homes and six had been readmitted to hospital)</p>	<p>To assess the social networks of a cohort of people with long-term mental illness living in the community for over a decade</p>	<p>Social networks, while small compared to the general public's, were generally larger than those reported in previous studies, possibly reflecting that networks take time to build up (other studies measure networks after much shorter periods in the community). Hospital residents had fewer confidants and close relationships compared with individuals in residential homes or supported/independent placements. Individuals living in hostels/small group homes had fewer companions and were in contact less frequently with network members compared with participants in other accommodation. Individuals older than 65 had a greater number of close relationships than those under 65.</p>

<p>Samh (2006). <i>A World To Belong To: Social Networks of People with Mental Health Problems</i>. Glasgow: Samh.</p>	<p>Report</p>	<p>Face-to-face interviews with regular users of mental health services (n=200), telephone interviews with members of the general public (n=1000), and mental health service professionals (n=20) in Scotland. Included standardised measure of social support</p>	<p>To explore the contribution that social networks make to the lives of people who use mental health services in Scotland, including looking at how mental health services promote the development of social networks in delivering services to people with mental health problems</p>	<p>There were significant differences between the social contacts of those using mental health services, and the general population: over half of those using services had poor social support, compared to 6% of the general public. Higher levels of social support were reported by those who felt mental health services supported them with family relationships; encouraged friendship within services; and encouraged them to use mainstream services. This suggests that there may be a connection between the support people receive from mental health services and the strength of their social support. The most frequent confidant for service users was a mental health professional. 66% of people using services felt that mental health services encouraged friendship within services, and 43% felt that they helped them access other community services like education, leisure and cultural facilities.</p>
<p>Bertram, G. and Stickley, T. (2005). Mental health nurses, promoters of inclusion or perpetrators of exclusion? <i>Journal of Psychiatric and Mental Health Nursing</i>, 12(4), 387–95.</p>	<p>Peer-reviewed journal</p>	<p>Two qualitative focus groups (total n=10) of staff (qualified staff, health care assistants and tenancy support workers) working in an outreach service which provides intensive support to people living in their own accommodation</p>	<p>To examine the attitudes of staff to the social inclusion agenda and its relevance to their practice</p>	<p>Findings relevant to how staff enhance or limit the social inclusion of clients: participants found it extremely hard to take ownership of their role in promoting inclusion and tended to externalize the responsibility to the community, the government or the client group themselves; the feeling of professional responsibility sometimes prevented inclusion, particularly balancing the focus on managing risk with promoting inclusion – a paternalistic attitude occasionally prevailed; there was a perception amongst staff that there was a culture of tolerance, rather than acceptance, toward the client group in the local community.</p>
<p>Catty, J., Goddard, K. and Burns, T. (2005) <i>Social Services and Health Services Day Care in Mental Health: The Social Networks and Care Needs</i></p>	<p>Peer-reviewed journal</p>	<p>Cross-sectional comparative study of service users at two day hospitals (n=98) and four day centres run by voluntary organisations for</p>	<p>To compare users of day hospitals and centres in terms of their social networks, needs for care and demographics</p>	<p>Day centre clients had much larger social networks (three times as many total contacts and twice as many confidants) than users of day hospitals. Much of the difference was accounted for by 'inside' contacts from the day centres, but day centre clients also had more contacts with acquaintances and neighbours outside the centre.</p>

<p>of their Users. <i>International Journal of Social Psychiatry</i>, 51(1), 23–34.</p>		<p>social services (n=102) in London, using measures including Social Network Schedule</p>		<p>There was no evidence this was protective as day centre clients reported more psychological distress; however, causality cannot be ascertained from this study.</p>
<p>Catty, J., Goddard, K., White, S. and Burns, T. (2005). Social networks among users of mental health day care--predictors of social contacts and confiding relationships. <i>Social Psychiatry and Psychiatric Epidemiology</i>, 40(6), 467–74.</p>	Peer-reviewed journal	<p>Cross-sectional survey of users of two day hospitals (n=98) and four day centres (n=71) in London, using the Social Network Schedule to measure social networks</p>	<p>To ascertain what predicts the size of a day care user's social network and the number of confidants they have</p>	<p>A longer duration of contact with services, more unmet needs, working, living in supported accommodation, and needing help with psychiatric symptoms were associated with having a larger network. A longer duration of contact was associated with having more confidants. Day centres users were more likely to confide in people who were friends or neighbours than professionals. For people in day care, the stereotype that people with longer-term mental health problems are socially isolated is contradicted by his study.</p>
<p>Goddard, K., Burns, T. and Catty, J. (2004). The impact of day hospital closure on social networks, clinical status, and service use: a naturalistic experiment. <i>Community Mental Health Journal</i>, 40(3), 223–34.</p>	Peer-reviewed journal	<p>Interviews with patients at closure of day hospital and one year after - experimental group (n=31) and control group (n=61) of patients at an unchanged day hospital. Scales measured include Social Network Schedule.</p>	<p>To examine the social, clinical and service use impact of a partial hospitalisation service (day hospital) on its users</p>	<p>Social networks of the discharged patients decreased.</p>
<p>Becker, T., Leese, M., McCrone, P., Clarkson, P., Szumkier, G. and Thornicroft, G. (1998). Impact of community mental health services on users' social networks. PRISM Psychosis Study. 7. <i>The British Journal of</i></p>	Peer-reviewed journal	<p>Prospective controlled study (n=129) using measures including Social Network Schedule to compare social networks before and two years after the introduction of two community mental health services in London</p>	<p>To measure the difference in change in social network size and components, of those receiving intensive service with two specialist teams, and those receiving a standard service with generic teams</p>	<p>Social network size increased within the intensive service but not in the standard service. For people in the intensive service there was an increase in the number of relatives they had contact with, while other contacts increased for people in the standard service. The intensive sector team's daily practice, high team cohesion, extended opening hours, good staffing levels, and on-call availability may have been reflected in the presence of more relatives in people's social networks.</p>

<i>Psychiatry</i> , 173(5), 404–408.				
Social isolation/loneliness interventions				
Perese, E. F. and Wolf, M. (2005). Combating loneliness among persons with severe mental illness: social network interventions’ characteristics, effectiveness, and applicability. <i>Issues in Mental Health Nursing</i>, 26(6), 591–609.	Peer-reviewed journal	Review of evidence of interventions and evidence of potential effectiveness	To provide nurses with knowledge of social network interventions and their characteristics, effectiveness and applicability	Identified five social network interventions and summarised the evidence of their effectiveness as: Support groups - evidence of expanded social networks and increased friendships. Psychosocial clubs - no reported increase of social networks or friendships. Self-help groups - no reported increases in social networks or friendships. Mutual help groups - evidence of decreased social isolation; no reported increase of friendships. Volunteer groups - increase in social activities; increase in friendships.
Peer support and befriending interventions				
Simpson, A., Flood, C., Rowe, J., Quigley, J., Hall, C., Evans, R., Sheman, P. and Bowers, L. (2014) Results of a pilot randomised controlled trial to measure the clinical and cost effectiveness of peer support in increasing hope and quality of life in mental health patients discharged from hospital in the UK. <i>BMC Psychiatry</i>, 14(1), 1-14.	Peer-reviewed journal	Randomised controlled trial in inner London – intervention group receiving peer support (n=23) and control group (n=23). Measures included UCLA loneliness scale at one and three months post-discharge	To explore whether peer support in addition to usual aftercare for patients during the transition from hospital to home would increase hope, reduce loneliness, improve quality of life and show cost-effectiveness compared with patients receiving usual aftercare only	There was no statistically significant difference between the peer support group and those receiving usual care for hope or loneliness measures. There was no statistically significant difference in costs of peer support and usual care. Rather than concluding peer support has no effect on hope and loneliness, because of the small numbers in the sample the authors call for a bigger study on the subject.

Trachtenberg, M., Parsonage, M., Shepherd, G. and Boardman, J. (2013). <i>Peer support in mental health care: Is it good value for money?</i> London: Centre for Mental Health.	Report	Review of six studies	To look at the evidence on the value for money of peer support (support from people with lived experience, either instead of or in addition to traditional staff)	Part of the report reviews the evidence of the general effectiveness of peer support and finds that in both cross-sectional and longitudinal studies, patients receiving peer support have shown improvements in community integration and social functioning.
Mead, N., Lester, H., Chew-Graham, C., Gask, L. and Bower, P. (2010). Effects of befriending on depressive symptoms and distress: systematic review and meta-analysis. <i>The British Journal of Psychiatry : The Journal of Mental Science</i>, 196(2), 96–101.	Peer-reviewed journal	Review and meta-analysis of randomised controlled trials of befriending interventions (n=24), since 1980, worldwide	To examine the effectiveness of befriending on the treatment of emotional distress and depressive symptoms	Compared with usual or no treatment, befriending had a modest but significant effect on depressive symptoms and emotional distress in the short and long term. Provision of befriending through the NHS could have many advantages for individuals, mental health services and the wider health economy. Befriending could offer a preventive strategy for individuals at risk of developing mental health problems.
Activity or occupation based interventions				
Bragg, R., Wood, C. and Barton, J. (2013). <i>Ecominds effects on mental wellbeing: An evaluation for Mind</i>. London: Mind.	Evaluation report	Pre and Post questionnaires of participants in the Ecominds scheme (n=515) and a sub-sample of nine Ecominds projects in more depth (n=287)	To evaluate Mind's Ecomind scheme (130 ecotherapy projects which comprise of nature-based facilitated and structured interventions, in which 12,071 people living with mental health problems participated), focusing on impact on wellbeing, social inclusion and connection to nature	Social inclusion - there was a statistically significant increase in participants' social engagement and support score between beginning and end of participation in the schemes evaluated in depth. 81% of the beneficiaries showed an increase in the frequency of getting involved in community activities after being involved in the project. More people felt they belonged to the community after they had been involved in the project.

<p>Darongkamas, J., Scott, H. and Taylor, E. (2011). Kick-starting Men's Mental Health: An Evaluation of the Effect of Playing Football on Mental Health Service Users' Well-Being. <i>International Journal of Mental Health Promotion</i>, 13(3), 14–21.</p>	<p>Peer-reviewed journal</p>	<p>Mixed-methods - quantitative questionnaire using Likert scales (n=10) and open ended questions, semi-structured interviews (n=10) of participants of a football team</p>	<p>To examine how the lives of regular players in a football team for men with mental health problems are affected by their involvement in terms of social isolation, confidence, attitudes, family life, physical health and mental health</p>	<p>One of the key findings was that playing football promoted social inclusion and reduced social isolation, particularly through experiencing camaraderie with the team, socialising with team members, developing new friendships with the other players, and socialising outside of the football club.</p>
<p>Ramon, S., Griffiths, C.A, Nieminen, I., Pedersen, M. and Dawson, I. (2011). Towards social inclusion through lifelong learning in mental health: analysis of change in the lives of the EMILIA project service users. <i>The International Journal of Social Psychiatry</i>, 57(3), 211–23</p>	<p>Peer-reviewed journal</p>	<p>A Pre and Post case study of participation in a lifelong learning project for people with schizophrenia, schizo-affective or bipolar disorder. Semi-structured interviews (n=27 at baseline, n=21 at follow-up), and self-reports (n=138 at baseline, n=99 at follow-up)</p>	<p>To examine changes in key areas of the lives of mental health service users across eight European mental health sites (including London) running an EU-funded Emilia project aimed at increasing lifelong learning</p>	<p>Interviewees experienced an improved social life and new social contacts. In self-reports, social networking was the most frequent area where things were reported to be going well. There was similarity across all sites despite different socioeconomic and cultural differences, suggesting viability of the approach used in the projects.</p>
<p>Farrell, C. and Bryant, W. (2009). Voluntary work for adults with mental health problems: A route to inclusion? A review of the literature. <i>British Journal of Occupational Therapy</i>, 72(April), 163–173.</p>	<p>Peer-reviewed journal</p>	<p>Literature review</p>	<p>To review the evidence base for the use of volunteering to promote social inclusion for people with mental health problems and discuss the implications for occupational therapy</p>	<p>Although voluntary work is promoted as a useful means of improving mental health and promoting social inclusion, there is currently little evidence to support this and much of what exists is methodologically flawed. Some evidence appears to indicate that people with mental health problems may face additional barriers such as stigma and discrimination – there is potential for volunteering to be socially exclusive and detrimental to mental health.</p>

<p>Fieldhouse, J. (2003). The Impact of an Allotment Group on Mental Health Clients' Health, Wellbeing and Social Networking. <i>British Journal of Occupational Therapy</i>, 66(July), 286–296.</p>	<p>Peer-reviewed journal</p>	<p>Qualitative in-depth semi-structured interviews (n=9) with people with a serious mental health problem</p>	<p>To explore the experiences, meaning and impact of involvement with an allotment group for individuals with a mental health problem</p>	<p>Findings related to social isolation: Engagement was compared favourably to previous experiences of social isolation and inactivity. Participants described the benefits of regular access to a social network characterised by friendships and reciprocal goals. Working on the allotments was an enabler of social inclusion - it is an access point into the community through contact with other allotment owners interacting on common issues.</p>
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Notes on the search

- Sources searched include an academic search engine which accesses numerous research indexes, databases and online libraries, Social Care Online database and websites of relevant organisations.
- Inclusion criteria included UK-based research from 2000 unless a key defining study outside these criteria were identified (note that literature reviews may include earlier studies and research conducted outside of the UK).
- Initial searches were conducted between April and June 2014. An updated search for relevant publications since June 2014 was undertaken between July and September 2016. A further updated search was undertaken in April 2017.