

Introduction to the research on:

**the effectiveness of supported housing and
accommodation for people with mental health
problems**

Dr Naomi Harflett, Yasmin Jennings and Kate Linsky

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National Development Team for Inclusion

First Floor
30-32 Westgate Buildings
Bath BA1 1EF
T: 01225 789135
F: 01225 338017

www.ndti.org.uk

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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 the effectiveness of supported housing and accommodation 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

- Most reviews of evidence are from the early 2000s and refer to research in the 1990s. This is likely to be a reflection of the interest in researching what happened to previous long-stay patients as they moved into the community.
- Overall, a limited amount of research has been conducted since 2000.
- As the research is primarily from the 1990s, there is a tendency towards a focus on comparing supported accommodation to long-stay hospitals – there is little exploration of which type of supported housing works best, and for whom.
- A Cochrane review of randomised or quasi-randomised trials of the impact of supported housing compared to outreach support schemes or standard care in 2006 found no trials which met the inclusion criteria.
- There is limited research on cost-effectiveness of different types of supported housing.
- A current pilot trial comparing supported housing with floating support is exploring clinical and cost-effectiveness, and is due for publication in 2017 (see Killaspy et al. below).
- There are definitional issues around supported housing, supported accommodation and the terminology used to indicate different models and levels of support; this appears to add to the complexity of comparing the effectiveness of different types of supported housing or accommodation.
- The most common research methods in this area are mixed methods combining interviews with service data or measured scales (e.g. quality of life).

Summary of the studies reviewed

- 20 studies in total.
- Five reviews (including one Cochrane review).
- Five quantitative studies (including one randomly selected cross-sectional study, and one costed study).
- Seven mixed methods (most commonly interviews combined with either service data or measurement of e.g. quality of life).
- Two qualitative studies (one focus group and one semi-structured interview).
- One other.



Some key findings

- From the reviews of evidence in the 1990s, it appears that various forms of supported housing emerged as a response to the closure of long-stay psychiatric hospitals, without the evidence to know how, or if, they work.
- Various models of community-based supported housing have been associated with positive outcomes including: improved quality of life; improved functioning; social integration and inclusion; more extensive social networks; increased satisfaction; reduced negative symptoms; increased participation in work and education; increased autonomy; improved self-esteem and happiness; reduced challenging behaviour; increased confidence; and relapse prevention.
- However, little is known about the factors which lead to these positive outcomes, and of the characteristics that make for the most effective types of support.
- In general, people are more satisfied and report better quality of life in community-based housing compared to hospital accommodation.
- However, some negative outcomes of more independent community-based housing are reported, including loneliness and isolation, neglect, and difficulties with other residents.

Summary of areas for possible future research

Comparative research and controlled trials to test the effectiveness of supported housing, what works best, and for whom. Potential approaches are:

- Research that examines the cost-effectiveness of different types of supported housing
- The role of staff in enabling positive outcomes in supported housing



Table of the research studies reviewed

Reference	Publication type	Methodology and sample size	Subject, aims or research question	Summary of relevant findings
Literature reviews				
Pleace, N. and Wallace, A. (2011). <i>Demonstrating the Effectiveness of Housing Support Services for People with Mental Health Problems: A Review</i>. York: The Centre for Housing Policy.	Report	Review	To review how the effectiveness of housing support services is measured and to identify measures that can be used to examine the effectiveness of housing-related support for people with mental health problems	Specific focus on measures of effectiveness. The UK and EU evidence base of effectiveness is quite weak in respect of housing support services for people with mental health problems. The US evidence base is more substantial and makes more use of standardised and validated outcome measures such as wellbeing and quality of life (QOL). The US evidence base includes quasi-experimental methods and randomised controlled trials often using comparison group and longitudinal methods.
Chilvers, R., Macdonald, G. and Hayes, A. (2006). <i>Supported housing for people with severe mental disorders (Review)</i>. <i>Cochrane Database of Systematic Reviews</i>, 4(Art. No. CD000453), 1–12.	Cochrane review	Cochrane review of randomised or quasi-randomised trials	To determine the effects of supported housing schemes compared with outreach support schemes or 'standard care' for people with severe mental disorder(s) living in the community	Although 139 citations were acquired from the search, no study met the inclusion criteria, therefore the efficacy of supported housing remains untested. Concludes that this means that the choice between dedicated supported housing schemes and outreach services is based on a combination of personal preference, professional judgment and availability of resources. Whether or not the benefits outweigh the risks is currently a matter of opinion, debate and informal reports.

<p>O'Malley, L. and Croucher, K. (2005). Supported Housing Services for People with Mental Health Problems: A Scoping Study. <i>Housing Studies</i>, 20(5), 831–845.</p>	<p>Peer-reviewed journal</p>	<p>Systematic scoping study</p>	<p>To explore evidence relating to models of good practice with regard to accommodation and related services for people with mental health problems in the UK</p>	<p>A total of 131 studies and reports were reviewed.</p> <p>Overall - UK literature covers a relatively narrow range of accommodation types and the study could not identify concrete evidence to support any particular model of housing support for people with mental health problems.</p> <p>Hospitalisation versus community life - overall, the numerous studies are positive with regard to benefits of community-based accommodation over hospitalisation, reporting high satisfaction, improved QOL and maintenance of social functioning and psychiatric symptomology. However, there is a lack of evidence about which type of accommodation model is best. Studies of cost of hospital vs. community are mixed; some studies identify that community-based accommodation is cheaper, while others find it is the same.</p> <p>Low-level support (includes tenancy/floating support, supported lodgings, group homes with no residential staff) – there is a range of evidence to support development of low intensity support, though it is not adequate for all. In general people are satisfied with support they receive.</p> <p>High-level support (includes hospital hostels, residential care homes, rehabilitation units) – overall, the literature suggests these form a crucial part of the spectrum of support. However, there is a tension between how far they should be considered permanent forms of accommodation and how far they are transitional residences.</p> <p>There is virtually no literature about supported accommodation for those who are unlikely to be able to shift to independent living in the short term.</p>
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<p>Macpherson, M., Shepherd, G. and Edwards, T. (2004) Supported accommodation for people with severe mental illness: A review. <i>Advances in Psychiatric Treatment</i>, 10(3), 180–188.</p>	<p>Peer-reviewed journal</p>	<p>General review of research evidence</p>	<p>As well as providing an overview and history of supported accommodation, the article reviews the general research evidence and the evidence of cost-effectiveness</p>	<p>Summary of review of the evidence of different types of supported accommodation: High- and medium-staffed hostels with 24-hour nursed care - this is the most-researched area. It is associated with an improvement in social functioning, higher levels of social networks and reduced level of negative symptoms in schizophrenia. It does not typically affect positive symptoms. Patients and relatives tend to report higher satisfaction with these units than with hospitals, but there are some perceptions of stigma and issues with restrictiveness. Staffed care home and core and cluster accommodation - there is less evidence in this area. One review demonstrated a strong preference for independent private flats and flexible outreach support. There was some evidence of high levels of social functioning, improved QOL and positive outcomes over time in terms of work and education. Community provision - there is little evidence in the literature of differing effectiveness between the various forms of community provision. Some patients benefit from support and increased contact of group living and may otherwise face loneliness, isolation and neglect. One study evaluated patients leaving a long-stay hospital in London moving into a range of accommodation types compared with matched controls remaining in hospital; the community group had reduced negative symptoms, improved social functioning, increased social networks and greatly increased levels of satisfaction. There was no difference in positive symptoms, physical health status or rates of suicide and crime. One study into cost-effectiveness found that caring for those in greatest need in the community might be more expensive than the cost of care in old institutions.</p>
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<p>Fakhoury, W. K. H., Murray, A., Shepherd, G. and Priebe, S. (2002). Research in supported housing. <i>Social Psychiatry and Psychiatric Epidemiology</i>, 37(7), 301–15.</p>	<p>Peer-reviewed journal</p>	<p>Literature review</p>	<p>To review the conceptual issues related to the provision of supported housing schemes, the characteristics of residents, research methods and outcomes, and the factors influencing the quality of care provided</p>	<p>21 articles identified and reviewed. Summary of findings relating to outcomes: Evidence on outcomes of supported housing is mixed, given that the samples are varied and the nature of the supported housing is diverse. It seems that functioning can improve, social integration can be facilitated and residents are generally more satisfied in supported housing schemes compared with hospital care. There is evidence that most people prefer more independent living arrangements and there are stresses involved in too-close group living. However, loneliness and lack of support can be a problem. There is little information on the factors that affect positive outcomes and little is known about the most important skills required by staff or the effectiveness of different approaches to improving skill levels. There is a need to know not just what to provide, but how to provide it to maximise beneficial outcomes.</p>
<p>Supported housing</p>				
<p>Davies, J., Hopkins, M., Campisi, M. and Maggs, R. G. (2012). Developing high relational support services for individuals with long term mental health needs: scheme description and service evaluation. <i>Mental Health and Social Inclusion</i>, 16(1), 31–40.</p>	<p>Peer-reviewed journal</p>	<p>Service evaluation one year into pilot, including analysis of recorded staff and tenant activity, thematic analysis of daily recording and notes, occupational therapy assessment and independent evaluation of tenants', relatives' and professionals' feedback through interviews (tenants n=4, others n=4)</p>	<p>To conduct a multi-method service evaluation to determine level and type of support provided, impact of support on tenants and views of tenants, carers and professionals of service provided. The service evaluated is a third sector social care facility designed to provide tenancy and high-relational support (HRS) for six people with complex and enduring mental health difficulties, most with a</p>	<p>Social inclusion and integration were significantly improved for all tenants, independence increased and tenants were exercising more choice over the way they live their lives. The scheme delivered an improved QOL for all tenants through enhanced relationships, stable or improved mental and physical health and increased use of community amenities. Some tenants were more confident, with subjective improvements in self-esteem and happiness. There were lower than anticipated levels of challenging behaviours and very few incidents of violent behaviour. All tenants reported feeling safe and there were no refusals of medication recorded. High levels of satisfaction were reported by tenants, families and professionals. Costs were around 18% less than benchmark rates, suggesting</p>

			history of challenging behaviour, who were deemed to need high levels of staff support in order to live and function outside of a hospital setting	that such schemes can be cost-effective alternatives to long stay hospitals and for-profit sector care. Concludes that individuals with severe and enduring complex mental health problems can live successfully and make progress in not-for-profit social care based HRS services.
Bowpitt, G. and Jepson, M. (2007). Stability versus Progress: Finding an Effective Model of Supported Housing for Formerly Homeless People with Mental Health Needs. <i>Social Policy and Public Review</i>, 1(2).	Peer-reviewed journal	Case study of a supported housing project in the Midlands, including semi-structured interviews with current and former residents (n=6), staff and external stakeholders (n=4), informal individual and group discussions, observations, diary records, 'observer' questionnaire and documentary sources	To understand what was distinctive about the project (a housing association residential hostel housing 12 people, with 24-hour staff) and what made it work well and for whom, by studying the views, experiences and perspectives of stakeholders	The common elements in the factors that contributed to the project's success were: the sense of community between staff and residents which was maintained following moves to independent accommodation; residents' autonomy; and domestic community. These gave residents a sense of security and belonging which enhanced the stability of their lives and meant that moves towards independence were in the control of the individual resident, conducted within the continuing community membership.
Fakhoury, W. K. H. (2005). Goals of New Long-Stay Patients in Supported Housing: A UK Study. <i>International Journal of Social Psychiatry</i>, 51(1), 45–54.	Peer-reviewed journal	Qualitative and quantitative interviews with 'new' long stay clients (n=41) and staff (n=39) from 11 supported housing settings. Includes QOL and psychopathology measures	To assess the goals 'new' long-stay clients aim to achieve by being in supported housing, to compare the goals of clients and staff, and to test whether subgroups of clients can be identified on the basis of their goals, QOL and psychopathology	Clients' most frequently-reported goal was moving to independent housing, followed by staying healthy and increased living skills. A comparison of goals reported by clients and staff showed poor or no agreement between them. Cluster analyses identified two clusters of clients: one with clients who have no goals, lower QOL and more psychopathology and one with clients who have an aim to move to independent housing, better QOL and less psychopathology. This highlights the conceptual debate on what supported housing is for: a way to rehabilitate patients to independent living, or provide homes for life.
Floating support				

<p>Ashton, T. and Hemenstall, C. (2009). <i>Research into the financial benefits of the Supporting People programme, 2009.</i> London: Department for Communities and Local Government.</p>	<p>Report</p>	<p>Use of secondary data - Supporting People (SP) costs and numbers of service users - from 22 local authorities and stakeholder consultation on impacts</p>	<p>To update previous work carried out in 2006 to consider the financial benefits of the SP programme by considering the financial impact if SP-funded services were replaced by the most appropriate positive alternatives</p>	<p>The report estimated that the average cost of SP with mental health problems through existing SP packages was £26,461 per household unit per annum. Total spend on SP with mental health problems was £254.4m, and estimated savings if SP was not available (in terms of savings related to reduced use of health, mental health, inpatient and residential services, and reduced homelessness) was £559.7m. Therefore there was a net benefit. Conservative figures were used and benefits that are difficult to quantify such as QOL, reduced risk of social exclusion, improved education, reduced burden for carers were not included.</p>
<p>Welsh Assembly Government (2006). <i>Costs and Benefits of the Supporting People Programme.</i> Wales: Welsh Assembly Government.</p>	<p>Report</p>	<p>Use of secondary data - SP costs and numbers of service users - from 22 local authorities and stakeholder consultation on impacts</p>	<p>To quantify the costs and benefits primarily to the public purse, of the SP programme in Wales</p>	<p>Average spend per person with mental health problems per year was £5,500. Total spend on SP with mental health problems was £14,813,351 and estimated savings (in terms of savings related to reduced use of health, mental health, social care services and residential services, and reduced crime and homelessness) was £10,874,989. Therefore there was a net loss. However, conservative figures were used and benefits that are difficult to quantify such as QOL, lessened dependence on relatives, independent living, greater choice were not included.</p>

<p>Sharples, A., Gibson, S. and Galvin, K. (2002). "Floating support": implications for interprofessional working. <i>Journal of Interprofessional Care</i>, 16(4), 311–22.</p>	<p>Peer-reviewed journal</p>	<p>Mixed methods exploratory study including analysis of client data (n=123), interviews with clients (n=11), and focus groups with floating support workers, manager, staff from community mental health team, social services, drop-in centre, Housing Association and other local services (n=15)</p>	<p>To explore the impact of a floating support scheme from the perspectives of clients, floating support workers and representatives from health, social care, voluntary sector and education services</p>	<p>Positive outcomes for clients included accessing better accommodation, living independently, receiving advice on benefits and finances, practical support, having someone to talk to, motivation, increased confidence, initiation of new activities.</p> <p>A distinctive feature of the scheme is its flexibility both in the level of support offered and in the way in which it responds to clients' needs.</p> <p>Floating support workers have developed links with other agencies and are successfully overcoming barriers to inter-professional working.</p>
<p>Multiple housing support types</p>				
<p>Killaspy, H. (ongoing). <i>The QuEST Study: Quality and effectiveness of supported tenancies for people with mental health problems: a national study of supported accommodation in England</i>. London: UCL.</p>	<p>Presentation</p>	<p>Study includes: adaptation of quality indicator for rehabilitative care; survey of 90 supported accommodation services - interviews with managers and service users (proposed n=450) plus follow up contact after 30 months; qualitative interviews with staff (n=30) and service users (n=30); and pilot trial comparing effectiveness of supported housing and floating support (n=50)</p>	<p>To deliver the first standardised quality assessment tool for supported accommodation, a detailed description of supported accommodation services in England and those who use them, evidence on clinical and cost effectiveness of these services and to explore feasibility of a trial to test the clinical and cost-effectiveness of two models of supported housing</p>	<p>Ongoing study, due to complete in 2017</p>

<p>Savage, J. (2016). <i>Mental Health and Housing</i>. London: Mental Health Foundation.</p>	<p>Research report</p>	<p>Semi-structured interviews in five supported accommodation services across England, each exemplifying one of the five main approaches in the field of housing support: high level integrated support; housing for complex needs; homelessness; low level step-down care; and housing in later life. Interviews conducted with residents (n=5) and managers (n=5) from each scheme</p>	<p>To explore how different types of supported accommodation meet the needs of people with mental health problems</p>	<p>Limitations: small scale of study, limited to a selection of exemplar services that were selected into the study on the basis of their record for delivering positive outcomes. Findings are therefore not generalisable but feed into a set of recommendations around investment in quality; coproduction; staff recruitment and training; policy-informed practice; and resourced, appropriate accommodation.</p>
<p>Killaspy, H., Priebe, S., Bremner, S., McCrone, P., Dowling, S., Harrison, I., Krotofil, J., McPherson, P., Sandhu, S., Arbutnott, M. and Curtis, S. (2016). Quality of life, autonomy, satisfaction, and costs associated with mental health supported accommodation services in England: a national survey. <i>The Lancet Psychiatry</i>, 3(12) 1129-1137.</p>	<p>Peer-reviewed journal</p>	<p>National survey of a random sample of three service types – residential care, supported housing, and floating outreach – from 14 nationally representative regions, sampling 10 service users per service (n=619)</p>	<p>To investigate the provision and costs of services and assess service user QOL outcomes across England</p>	<p>Those in residential care and supported housing had a greater number of severe mental health problems than those in floating outreach. Residential care is the most expensive option, but, it provides for people with greatest needs. Quality of care was greater in supported housing. People in supported housing and floating outreach were more socially included but experienced more crime than those in residential care. QOL was similar for service users in residential care and supported housing and lower for those in floating outreach than in residential care. Satisfaction with care was similar across services. The findings suggest that supported housing is cost-effective, but the benefits need to be weighed against the assessed risks associated with increased autonomy.</p>

<p>Knapp, M., Andrew, A., McDaid, J., Lemmi, V., McCrone, P., Park, A., Parsonage, M., Boardman, J. and Shepherd, G. (2014). <i>Investing in recovery: Making the business case for effective interventions for people with schizophrenia and psychosis</i>. London: Rethink.</p>	<p>Report</p>	<p>Review of published research and economic modelling</p>	<p>To review the published research on the economic evidence for interventions and care pathways for people with schizophrenia and psychosis, one of which is supported housing</p>	<p>Findings on supported housing: Most existing research is not UK-based. Based on economic modelling of Dispersed Housing (scattered accommodation in the local community with support for 12 months) compared to Congregated Housing (24/7 staffed accommodation over the same period) the results showed that Dispersed Housing is both more effective and less costly than Congregated Housing - the dispersed independent living option is therefore a dominant strategy that should be considered for recommendation.</p>
<p>Lambri, M., Chakraborty, A., Leavey, G. and King, M. (2012). Quality of life and unmet need in people with psychosis in the London Borough of Haringey, UK. <i>The Scientific World Journal</i>, 2012, 1-10.</p>	<p>Peer-reviewed journal</p>	<p>Cross-sectional study with random sample of service users with severe mental illness in four housing settings (rehabilitation units and high-supported, medium supported and low supported housing) - interviews with service users (n=110) and keyworkers (n=110) using assessment of need and QOL measures</p>	<p>An exploratory study to form a profile of residents in different housing, to measure degree of met and unmet need, to examine differences between self-assessed and caseworker assessed needs and to determine which variables predicted QOL</p>	<p>People in low-supported and high-supported housing had similar symptom scores. Those in low-supported settings had significantly lower QOL and lower social functioning; it seems they may be impaired and distressed by the lack of input they receive. QOL was positively predicted by self-reported mental health score and negatively predicted by unmet-need score in whole sample. The magnitude of unmet need was less than met need irrespective of housing type implying the relatively successful and important function of residential facilities for those with severe mental illness and that their needs are being broadly met. However, it should also be recognised that needs are often not being met.</p>
<p>Priebe, S., Saidi, M., Want, A., Mangalore, R. and Knapp, M. (2009). <i>Housing services for people with mental disorders in England: Patient characteristics,</i></p>	<p>Peer-reviewed journal</p>	<p>Survey questionnaire of service managers about their patients in 153 services across 12 regions in England (including care homes, supported housing</p>	<p>To assess patient characteristics, care provision and costs in different types of housing services in England</p>	<p>Relevant findings: The survey only provides limited insight into quality of care, but on the whole suggests that services probably provide an acceptable environment and meet the fundamental needs for most of their patients. The three main forms of housing services have on average different patients and provide different elements of care, yet</p>

<p>care provision and costs. <i>Social Psychiatry and Psychiatric Epidemiology</i>, 44(10), 805–14.</p>		<p>services, floating support and adult placement schemes); data on total of 414 patients</p>		<p>characteristics of clientele and care overlap substantially. It is unclear whether this is a sign of positive flexibility or a problematic lack of clarity and focus. Although most patients have severe and persistent mental illnesses, only half of them have a care coordinator in a community mental health team.</p>
<p>Bryant, W., Craik, C. and McKay, E. (2005). Perspectives of day and accommodation services for people with enduring mental illness. <i>Journal of Mental Health</i>, 14(2), 109–120.</p>	<p>Peer-reviewed journal</p>	<p>Qualitative focus groups with people who used day services (n=72) and people who used accommodation services (n=23) (the five accommodation focus groups were: users of a voluntary sector group home, users of a professionally-staffed rehabilitation unit, users of a social services hostel, people who lived in one and two bed flats, and carers)</p>	<p>To explore the perspectives of users, carers and staff on day and accommodation services for mental health service users and to generate recommendations. To contribute to the evidence base for the development of day and accommodation services for mental health service users.</p>	<p>Findings from the accommodation services focus groups: Users were generally positive about the services provided by the voluntary sector; the services provided a low-key but vital role in preventing relapse and facilitating long-term stability and independence for a diverse group of users. However, there was a lack of clarity about the core function of each accommodation setting and the services overall. There was an identified need for improved staff training in recognition of key role of staff skills. There appeared to be an absence of meaningful occupation for tenants and residents, and little encouragement from staff – the focus seemed to be on crisis management rather than leisure, education, work and independence in domestic activities.</p>

<p>Greater London Authority (2003). <i>Getting a move on: Addressing the housing and support issues facing Londoners with mental health needs</i>. London: Greater London Authority.</p>	<p>Research report</p>	<p>Qualitative interviews, focus groups and questionnaires with residents (n=28), housing project staff (n not given) from 18 housing projects in one outer and two Inner London boroughs with high, medium and low levels of support, and statutory staff (including social services, health and housing staff) (n=11)</p>	<p>To examine the problems associated with people moving on from acute mental health provision to supported housing and on towards greater levels of independence, and to suggest ways of addressing these issues</p>	<p>Relevant findings: Most of the residents had found their present accommodation through their social worker, community psychiatric nurse or key worker. In general, residents spoke highly of these staff though there were concerns about the lack of continuity of staff and the lack of communication between agencies. The residents who were most content with their housing situation had some degree of independence. Most of the residents who were happy with their housing had previously lived in hospital, on the streets, or in B&B accommodation. Some residents reported feelings of isolation, noise from other residents and unsafe area. Statutory staff identified importance of range of different types of accommodation.</p>
<p>Jarbrink, K., Hallam, A. and Knapp, M. (2001). <i>Costs and outcomes management in supported housing. Journal of Mental Health, 10(1), 99–108.</i></p>	<p>Peer-reviewed journal</p>	<p>Interviews and data collected on 'vulnerable' people living in general housing (n=25), supported living (n=132) or group/residential home (n=76) accommodation, including basic characteristics, costs of support, health and social needs, psychosis screening, and income</p>	<p>To examine the relationship between care needs, living environments and costs of care and support</p>	<p>Tenants in the most costly arrangements were assessed as having a greater number of needs than those in other accommodation categories. However, several tenants in more independent arrangements were reported as having many and/or particularly severe needs and those with a lack of basic skills received less support than others. In general there is a weak relationship between needs and support – this raises questions about equity in the distribution of housing support.</p>

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 (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.