Outcomes in different residential settings for people with intellectual disability: a systematic review

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CRD summary
This review concluded that people with intellectual disabilities who lived in community residences reported improvements in most outcomes compared to those living in institutional residences. Bearing in mind limitations of the included studies and poor reporting of review methodology it was difficult to assess the reliability of the authors’ conclusions.

Authors’ objectives
The authors appeared to systematically review a variety of outcomes for people with intellectual disabilities living in different residential settings.

Searching
Web of Science, PsycINFO, Google Scholar, Mental Retardation, American Journal on Mental Retardation, Journal of Applied Research In Intellectual Disabilities, Journal of Intellectual Disability Research and British Journal of Learning Disabilities were searched. Bibliographies of retrieved articles were examined for further reports. Search terms were reported. Only papers published between 1997 and 2007 in English-language journals were considered for inclusion.

Study selection
Qualitative and quantitative studies that compared two or more residential arrangements for an adult with an intellectual and/or developmental disability were eligible for inclusion. Included studies had to be original research and contain information about participants and methodology and clearly defined user outcomes. Studies that reported on the Hissom closure were excluded. No restrictions were placed on study design.

Definitions of residential institutions were large size, atypical architecture, segregation from local community, highly regulated and restrictive environments. Definitions of community-based residential arrangements were dispersed/clustered, supported living, ordinary and purpose built homes. Most studies were quantitative and had a sample size of greater than 100. Study duration was between one and 14 years where stated. Characteristics of participants were not included. Studies were either longitudinal or cross-sectional. Most reported studies came from UK, USA and Australia.

The authors did not state how many reviewers selected the studies.

Assessment of study quality
The authors did not state that they assessed validity, although sample size was commented on. [A: the authors reported that quality assessment was carried out during data extraction; no further details were reported]

Data extraction
Outcomes were coded into categories: community presence and participation; social networks and friendships; family contact; self-determination and choice; quality of life; adaptive behaviour; user and family views and satisfaction.

The authors reported neither how data were extracted nor how many reviewers performed extraction.

Methods of synthesis
Results were synthesised narratively. Results were grouped by category and overall direction of change and magnitude indicated in tables. Statistical significance of primary quantitative studies and strength of opinion for qualitative studies were taken into consideration. The authors did not state the means of statistical analysis for quantitative results.

Results of the review
Sixty eight studies were included in the review (27 were cross-sectional design, 23 were longitudinal and 18 were combined both); 29 studies contributed to more than one category. The total number of participants in the review was unclear. [A: It was not possible to provide the total number of participants overall because a number of studies used the same sample]

Very detailed results were presented in the following categories: community presence and participation (14 studies, n=3,432); social networks and friendships (nine studies, n=4,703); family contact (eight studies, n=1,548); self-determination and choice (21 studies, n=3,073); quality of life (eight studies, n=682); adaptive behaviour (15 studies, n=1,897); challenging behaviour (17 studies, n=2,719); psychotropic medication (four studies, n=2,324); health, risk factors and mortality (19 studies, n=39,233); user and family views and satisfaction (six studies, n=1,167).

It appeared that the primary results were: small-scale arrangements were superior to large congregate settings for all categories except family contact, challenging behaviour, health, risk factors and mortality. There was considerable variation in individual outcomes (number of studies unclear). Experiences are similar in different countries (number of studies unclear). Despite improvements, people with intellectual disabilities were very disadvantaged within society (number of studies unclear).

**Authors' conclusions**
The authors conclusions appeared to be that community-based services provided more benefit to adults with intellectual disability than large residential institutions. However, challenging behaviour, psychotropic medication and mortality were not improved by community living. There was considerable variation in results, but experiences were similar in different countries. People with intellectual disabilities remained a disadvantaged group within society.

**CRD commentary**
The review question and inclusion criteria were broadly stated. Searches were carried out only for published data (risking the introduction of publication bias) and it was unclear why databases such as MEDLINE were not included. Language of publication was limited to English and may have constrained the results. The review methodology in terms of how many reviewers performed study selection, assessment and extraction was poorly reported, which made it difficult to rule out reviewer error or bias. Although the authors confirmed that some quality assessment was carried out, the details of this were not reported and it was not possible to compare quality among the included papers. Narrative synthesis was used appropriately given the heterogeneity of the included studies. Bearing in mind the limitations of the included studies and poor reporting of the review methodology it is difficult to assess the reliability of the authors' conclusions.

**Implications of the review for practice and research**

**Practice:** The authors did not state any implications for practice.

**Research:** The authors stated that future studies should compare life experiences of people with intellectual disabilities who live in the community with those of the general population.

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