Nexus Independent Living Program

– Evaluation

A skills development partnership between Nexus Inc and Housing Choices Australia (Tasmania)

Organisational Background & Aims

Missions & Visions

- Nexus is a rights based disability service provider with a mission to encourage, advise and support people with a disability to live the life they aspire to.

- Nexus believes in a community where every individual is valued and free to live an independent, happy, safe and rewarding life of their choice.

- HCA's vision: All people affordably housed in neighbour-hoods that support life opportunities

NILP History

- State Gov spends $8.5m refurbishing Housing buildings
- December 2013 HCT formally opened Queens Walk
- June 2014: NDIA "Blue Skies Forum" to fill "platinum" units
- August 2014: first meeting of NDIA "Working Group"
- Oct 2014: Nexus, HCT and a HCA strategist explore options
- December 2014: Boards of Nexus & HCA agreed to concept.
- March 2015: Presentation of concept to NDIS planners.
- April - May 2015: Referrals process commenced including
- June 2015: Nexus & HCA formalised partnership agreement
- July – August 2015: First four people moved in.
- September 2015: Trial period extended until 30/9/2016 to allow full year of data collection.
- September 2016: Four more potential tenants identified and three additional apartments available.
- Later 2016: Use of the spare sleep over room in the staff apartment commenced as an 'exposure' model *to gradually build confidence in both participants and their families*.

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NILP AIM

To develop the living skills and access to resource for people with a disability living at home or in group houses to assist them to move to more independent settings

Based around four single accessible units at Queens Walk as a transitional stage.

The program has four key roles:

1. Conceive innovative services and housing options to support community living.

2. Raise industry awareness of transition issues and identify people interested to live independently.

3. Allow people with some independence skills to explore and develop their skills further in their own homes within a supported environment.

4. Develop and share expertise in supporting people with a disability in innovative and flexible ways.

Support Aim and Model

Key Evaluation Question

- Could people destine to live in group homes be diverted to an alternative form of living?

- Could a transitional model provide a "step down" in support and a "step up" in personal responsibility and learning?

- How do organisations and families need to see things differently for this to work?

Key Programmatic Elements

- Tenancy responsibility - Each person has their own tenancy (single unit) which they rent and take on the responsibilities of tenants (such as tidy flats, pass inspections etc.)

- Community Living - 85 Units in 4 towers so anti-social behaviour an exclusion criteria.

- Support highly skills focused – uses Task Analysis, training model etc. Less focus on "support". Focus on living skills – not community participation.

- Your life approach - natural consequences and "right to fail".

- Recycled staff - took group home workers and developed new skills (eg stepping back).

- Funding - NDIS 4 person standard SIL (during trial). Initial funding focus on 18-24 year olds.

- Augments – aim for people to be as independent as they can be – qualifies the need for reasonable & necessary support in the future.

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The Program

- Referral from NDIS LAC/Planners
- EOI – initial screen, plan funding, self assessment of capacity, preparation (eg furniture, DSP)
- Active wait list (eg in home capacity building)
- Vacancy
- Application (2x interviews)
  - Nexus assess for program fit eg motivation, family support
  - HCT assess as land lord eg community fit, capacity to pay,
- Base line discussions (Program Tool Kit) – goals, current level decision making, typical day, weekly time table, informal and formal supports, stock take of belongings
- NDIS plan, funding, Service Agreement
- Assessment – medications, road safety, literacy/numeracy/money, safety, kitchen
- Independent Living Tool baseline (quarterly progress measure)
- Begin task analysis and training
- Support to graduation and next steps

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Evaluation approach

Evaluation

- Pilot & evaluation funded through CICD grant.

- Independent qualitative evaluation carried out by Adjunct Professor Chris Fyffe.

- Date from the first 4 participants after 18 months at NILP

- Quantitative data from NILP records (eg quarterly Assessment Tool, TA forms)

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Findings

Participants

Could people destine to live in group homes be diverted to an alternative form of living?
- Would they have gone to Group Homes? Maybe - all were on accommodation waitlist.
- Did they divert – yes all moved into NILP from home.
- Did they transition – yes. 1 after 12 months (went to live with family and now back in transitional care), 1 went to their own share unit (with a NILP participant), 1 went to a low support rostered model & 1 is still at NILP (supported with emerging HM issues)

Performance Indicator / Outcome	Target 12 months	Actual Sept 2016
Number of (unique) participants in total:		
- **Assessment/EOI only – did not progress**	6	4
- **On wait list / at home**	6	1
- **In own homes – no EOI submitted**	0	4
- **Who have been at Queens Walk on trial**	0	2
- **Who have been at Queens Walk in NILP**	6	5
Participants transitioning to independent living	4-6	1

Findings

Qualitative

- Participants

- Could a transitional model provide a "step down" in support and a "step up" in personal responsibility and learning?

- *I was nervous at first… first time out of home.'*

- *'If someone knocks on the door – I decide if I want to open.'*

- Who has the best life: you or friends still living with family?: *Us! we do our own thing… can have dinner whenever we want; it's true!' 'Everything is good about living here.'*

Findings

Quantitative - Skill changes

- Each quarter a 69 point assessment would be completed and reviewed with the client and supports. Base line while at home.
- Some participants went backwards in some areas (time management, work motivation).
- All clients maintained their tenancy.

Domain	Thurston Style / Criterion bases Scale - Mid point	Elements	Base	Change	End
Time Management	I show responsibility for getting to locations on time	5	50%	10%	60%
Cooking	I understand menu planning	6	71%	17%	88%
Cleaning	I can use cleaning equipment/tools	5	50%	35%	85%
Budget /Money	I can identify required items for budget	8	28%	28%	56%
Transport	I can identify routes if varied from the usual one	6	25%	67%	92%
Personal Care/Hygiene	I am aware of results of poor hygiene	5	75%	15%	90%
Employment/Study	I understand the outcomes of employment/study	5	75%	-5%	70%
Social Activity	I can independently access social opportunities	6	67%	13%	79%
Family Involvement	I understand the role I play in my family	5	65%	25%	90%
Shopping - Grocery	I can problem solve when items unavailable	13	54%	37%	90%
Shopping - General	I understand the concept of credit	5	35%	25%	60%

Findings

Quanitative

- Task Analysis

- Over 50 separate task analysis were commenced. Range of 4 to 20 separate steps in each.

- Average 1.9 attempts made before tasks were completed error free.

- Set tasks (eg washing machine) and added tasks (eg cooking favourite meal)

	Av	Low	High
Attempts	**1.92**	1.53	2.79
Not completed	**3**	2	5
Commenced	**51**	41	63
Competent	**44**	37	51
Meals tried	**22**	19	26

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Findings

Qualitative

- Family and service providers

- How do organisations and families need to see things differently for this to work?

- Significant learning curve to build trust with families. Some elements over engineered to support the confidence of family and participant.

  - *'There have been noticeable changes in confidence and independence' [of participants].*

  - *'Young people who were doing nothing.. little at home now have interests and their own flat.' 'He's a different young man – to talk to, to have coffee' with.*

  - *'He didn't know how to use cooking, laundry, transport: now he can make meals, catch bus.'*

  - *'has given remarkable independence to some people; highlighted issues for others. eg one person has worked out he wants to live with someone.....Some achieve a lot, some didn't. Some won't ever be unsupported.'*

Findings

Qualitative

- Staff

- Staff have come a long way. Program structure helped this. Active support background helped with goal focused mind set.

  - *'It's hard to stand back for staff – don't do it in group homes. Times are different at Queens Walk: eg if you miss bus or feel sick: staff ask what do you do or who do you tell? In group homes: do for'.*

  - *'Lots of attention to skill building – good for people with intellectual disability.'*

  - *'We need to see people doing so we can sign off ...[but staff]... become a slave to the task analysis process. Just do it so I can tick you off".*

Key Issues

- Hard v Soft skills

- Focus of NILP on domestic, cooking, self care, money & budget core skills.
- All easy to control and set up learning opportunities. Focus still "accommodation".

- Motivation and routine harder to train / establish – "natural consequence" model supports learning and improved planning

- Social and community outcomes – NILP commits few resources to creating social opportunity (almost avoids it) … seen as "community access role"
  - *'Staff don't know how to build natural supports and don't initiate links to community settings.'*

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Key Issues

- Intake

- Initial intake criteria was focused on program fit, support, etc.
- Assumed stable physical and mental health and supportive family situation.
- Second intake moved away slightly:
  - *'Mental health issues creeping in. We need better intake information – often not enough.'*
  - *'People in crisis have come in lately & don't work.'*
  - *'If you get into conflict with your own family or your existing accommodation provider it might a good indicator that NILP will not work for you.'*
- Tried a "trial" placement – not successful.
- Tenancy and Program not linked (under law) or with Choice & Control.
- Can a person stay and not be in NILP and not impact the QW community?
- Program location influences intake criteria.

Key Issues

- Program and place interact

- Those more likely to do well:
  - wanting to learn new skills;
  - having strong and prosocial family support;
  - are confident in themselves.
- Those less likely to do well are:
  - poorly managed in their mental health issues;
  - highly skilled in terms of their independent living skills, but do not want to use these skills;
  - experiencing a housing or family crisis; and
  - reluctant or unable to engage with staff.
- Options - Broaden models of support (greater staff training and specialisation) or target potential developmental and intellectual disabilities.
- What client mix can work in the QW community?

Key Issues

- Staffing, relationships & transition

- Rostering and funding to account for cyclic work load as people develop skills. Staff share time between each client as "consultants".
- Staff not with the client no matter what the need is – unlike in group homes.
- Under NDIS funding - is this SIL or Capacity Building?
- Maintaining shared vision between social housing & support providers
- Role of Community Access / NILP / Housing Choices staff.
- Limited housing options to enable transition out of NILP.
- Post graduation transition to other services providing ongoing/residual support – will people go backward? How does skill generalisation occur or is recognised?

Key Question

Could people destine to live in group homes be diverted to an alternative form of living?

✓ Yes definitely

Could a transitional model provide a "step down" in support and a "step up" in personal responsibility and learning?

✓ Yes definitely

How do organisations and families need to see things differently for this to work?

- Options don't exist for people to transition to something between full independence and full support

Further information

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- Evaluation – including program forms will be published soon(ish) – www.nexusinc.org.au

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