

PIR Agency:	Footprints
Date:	9 May 2016 to 29 July 2016
Key issue(s)	The key issue this project addresses is the need for ongoing skills development to support adults experiencing mental health challenges to sustain their tenancies.
Main Objective(s)	<ul style="list-style-type: none"> The primary project aim is to develop and evaluate a life skills intervention model for adults living in independent accommodation with mental health challenges. Three main areas of nutrition & cooking, budgeting, and self-care are to be targeted and evaluated. This is to be achieved through goal oriented in-home sessions alongside group work. To develop and evaluate a service model for future NDIS funding and capacity building.
Summary of Impact or Result	<p>The result of the pilot concluded with three main skill areas that were positively impacted in both confidence and or behavioural change:</p> <ol style="list-style-type: none"> Healthy eating and meal preparation (both increased confidence and behavioural change) Money management (increased confidence) Housekeeping and self-care (behavioural change) <ul style="list-style-type: none"> Social connections were made during the group work phase. All participants sustained their tenancies during the intervention.
Context	<p>Many resilient people transition from homelessness, incarceration, or emergency accommodation into their own independent homes. In general, people have adequate support finding independent accommodation, however there is often little ongoing follow up support in the development of life skills or practical preparation to sustain their tenancy confidently.</p> <p>Research shows the primary reasons people with mental illness lose housing <i>are inadequate preparation, difficulty managing on a low budget, and isolation</i> (Cairns, 2001). This pilot project aims to focus on these particular areas through individually tailored in-home sessions and group learning.</p> <p>The pilot model is a personalised intervention tailoring to the participant's needs and specific goals. Research suggests that people benefit from learning life skills in their own homes rather than clinical settings. "People with mental illness and its inherent impact on cognitive functioning can benefit from proactive personalized interventions, practical assistance with daily activities, and skills training to improve their ability to retain housing. It is shown that community-based, client driven services that are provided in the home reduce homelessness for people with mental illness" (Pearson et al 2007). By assessing individual needs and environments, participants will be better supported to learn in their own home. The involvement of group work is based on the social learning theory and is supplementary to create positive social connections resulting in decrease of social isolation.</p> <p>This pilot project and evaluation will identify the need for a targeted life skills intervention that will increase the probability of tenancy sustainability and stability.</p>
Stakeholders/Partnerships	<ul style="list-style-type: none"> North Brisbane PHN Footprints Contracted Project Worker- Hester Van Der Elst Nutritionist: Crystal Cole (contracted qualified Nutritionist with background in homelessness and mental health) Ozharvest: Food donations for group and in home sessions Newmarket Bowls Club: Group Venue

Project Management	
<ul style="list-style-type: none"> • PIR coordinator conducted a literature review into the existence of similar intervention models and evidence of their efficacy. A gap in the research in Australia of the particular client group was confirmed. • A funding proposal for a pilot project was submitted and funding approved through North Brisbane PiR System Reform funding. • PIR coordinator recruited key stakeholders including project worker and group co-facilitator with a background of nutrition and mental health. • The educational content for modules was developed by co-facilitators. The program contained four modules running over nine weeks: <ol style="list-style-type: none"> 1. Intro to program; food safety 2. Basic sustainable cooking skills (basic meals using different skills such as oven use, boiling, frying, and microwave use); nutrition for mental health 3. Shopping for food on a budget 4. Maintaining a clean home and self-care • Participants were recruited from individuals receiving community based case management programs (7 total). • Pre-project surveys assessing confidence and behaviours related to each skill area were completed during week one. • Participants were provided with kitchen starter packs at the start of group. Each week participants were also provided with taxi vouchers and grocery store vouchers as participation incentives to ensure that accessibility was maintained. • The post-project surveys were completed at the last in-home session for the 5 completing participants, and as soon as possible after exit for the two participants that withdrew during the program due to personal and health issues. 	
Description of Activities	
<p>This program was conducted in the participant's home and included four group sessions held at a public venue. Each individual session was facilitated by the project worker. Group sessions were facilitated by contracted nutritionist and PIR coordinator.</p> <p>See weekly format below covering four modules:</p> <p><u>Week 1:</u> Individual session: Initial questionnaire/ pre- program interview/ risk assessment</p> <p><u>Week 2:</u> Group Content: Food safety; shopping for food on a budget</p> <p>Individual session: Personalised budget; shopping for food with a budget</p> <p><u>Week 3:</u> Group Content: Basic cooking skills and nutrition for mental health</p> <p>Individual Session: Follow up on group skills</p> <p><u>Week 4:</u> Individual session</p> <p><u>Week 5:</u> Group Content: Basic cooking skills</p> <p>Individual Session: Follow up on group skills</p> <p><u>Week 6:</u> Individual session</p> <p><u>Week 7:</u> Individual session</p> <p><u>Week 8:</u> Group Content: Maintaining a clean home; Self-care; Celebration;</p> <p>Individual Session: Self-care, cleaning, and hygiene</p> <p><u>Week 9:</u> Evaluation interviews and post-questionnaire</p>	

Project Impact	
<p>This project has met a gap in services to adults and improved skill sets in three main areas:</p> <ol style="list-style-type: none"> 1. Healthy eating and meal preparation (both increased confidence and behavioural change) 2. Money management (increased confidence) 3. Housekeeping and self-care (behavioural change) <p>The main impacts were measured by pre and post surveys.</p> <p>These impact areas were shown in the research prior to starting the project as some of the main reasons people experiencing mental health challenges struggle to sustain tenancies. This program has met a gap in services in the sector, particularly in regards to follow up support when someone obtains independent housing.</p> <ul style="list-style-type: none"> • Both quantitative and qualitative feedback from participants have shown a positive impact even with smaller participants than anticipated. • All participants sustained tenancy during intervention. • Social connections were made by attending group, which resulted in decreased social isolation. <p>Qualitative data included from the post-interview included in comments from participants below:</p> <ul style="list-style-type: none"> • “Very informative and empowering.” • “In-home sessions were very practical.” • “Group sessions were great- learnt a lot around nutrition and cooking. Loved learning about nutrition for mental health.” • “I am starting to find my feet in the kitchen- I did not know how to use my cooktop before the group started.” • “I loved getting out of my house and meeting people.” 	
Lessons Learned	
<ul style="list-style-type: none"> • When working with a complex population the recruitment and pre-engagement phase would ideally be longer to involve case managers more comprehensively. This can reduce group attrition and also help case managers come up with a sustainable support plan to support goals after the intervention completes. • Flexibility is key when working with this population. Each intervention plan must be tailored to the individual, their skill level, and goals. • Using a consulting nutritionist with insight and experience in the fields of mental health and homelessness was helpful. • Feedback from participants stated a longer timeline with more regular groups would be beneficial. • Evaluation was challenging as the group numbers were small. More participants would result in a more thorough evaluation process. • Providing incentives and transport was helpful in reducing group attrition. • Group content was adequate for behavioural and confidence change. <p>Recommendations for future projects:</p> <p>To continue the pilot program with a longer pre-engagement phase, increased participants, regular groups, and work alongside support plans with case managers.</p>	
Appendices	
<p>Appendix: Change in each indicator from pre- to post-participation (paired samples t-test analysis). See attached.</p>	
<p>References:</p> <p>Cairns, P. (2001). <i>Life skills training for homeless people: A review of the evidence. Precip 141</i>. Retrieved April 5, 2016.</p> <p>Helfrich, C. A. (2007). <i>Outcomes of Life Skills Interventions for Homeless Adults with a Mental Illness. The Journal of Primary Prevention, 28 (3), 313-326</i>. Retrieved April 5, 2016, from http://www.ncbi.nlm.nih.gov/pubmed/17541828.</p> <p>Pearson, C.L, Locke, G., Montgomery, A. E., & Buron, L. (2007). <i>The applicability of Housing First models to homeless persons with serious mental illness</i>. Washington, DC: U.S. Department of Housing and Urban Development, Office of Policy and Development Research. Retrieved April 5, 2016, from https://www.huduser.gov/portal/publications/hsgfirst.pdf.</p>	