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Transition to supported community living: An environmental scan and qualitative experiences of TAC clients

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For Ms Fiona Cromarty

Disclaimer

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Table of Contents

Abbreviations	1
Executive Summary	2
Purpose	3
Rationale	3
Key research questions	4
Methods	4
Research / review Findings	7
Discussion, conclusions and implications	15
Potential impact, use of the research/review and recommendations	16
Appendices	19

Abbreviations

DHHS	Department of Health and Human Services (Victoria)
RIPL	Residential Independence Pty Ltd
SSA	Shared Supported Accommodation
SCI	Spinal Cord Injury
TBI	Traumatic Brain Injury
TAC	Transport Accident Commission

Executive Summary

This research has taken an in-depth qualitative approach to understand the transition expectations and experiences of TAC clients living with traumatic brain and spinal cord injury who have moved into the first two RIPL projects developed, in addition to examining existing research evidence on transition experiences of people with traumatic brain injury. The project was designed to inform housing and support models developed, or invested in, by the Transport Accident Commission and their property trust, Residential Independence Pty Ltd.

The first part of this project was to undertake a rapid evidence review, searching a range of databases as well as examining grey literature for publications regarding consumer and family perspectives of transition to community living following traumatic brain injury. Very little existing evidence was found (four articles in total), pointing to the need for further research in this area. Considering this evidence gap, the second part of this project was to deliver in-depth qualitative research with consenting participants moving to and living in RIPL models for over a period of 12 months. This research project examined expectations for transition to new RIPL models, from the perspective of clients moving into these models, as well as actual experiences of transition planning and implementation, including the benefits, challenges and learnings from the transition experience from the perspective of tenants.

The research has highlighted the necessary and very important focus which should be placed on transition planning. There is the real potential to improve both transition outcomes and experiences if a targeted approach to transition planning is undertaken, and ongoing follow up of transition experiences and associated outcomes is committed to over time post move. This will ensure that the investment made in new models of housing and support is harnessed through successful transition to the new setting and over time.

The findings from this project can be used by TAC and WorkSafe, as well as other insurers and service providers. This research has application to transition planning for both people who are newly injured, and transitioning from hospital or rehabilitation to community living, as well as those who have been living with their injury for many years and may be transitioning across community living settings over time.

Purpose

The key purpose of this project was to evaluate expectations for and experiences of transition planning and implementation for Transport Accident Commission (TAC) clients moving into new Residential Independence Pty Ltd (RIPL) models. As part of the project, an environmental scan of existing literature on consumer and family perspectives of transition to community living following traumatic brain injury was undertaken. Combined, this work aimed to use existing evidence and project findings to make recommendations to the TAC regarding transition planning information, planning and communication resources to maximise the success of RIPL and other accommodation transitions, including home and community integration, client satisfaction and outcomes.

Rationale

There is a substantial body of research evidence on experiences of early recovery and transition from hospital to home following brain injury (1). Over recent years there has also been an increased focus on investigating early post-discharge transition experiences and outcomes of adults with acquired brain injury (ABI) and traumatic brain injury (TBI) (1-5). However, in contrast to the existing body of evidence on transition from hospital to home, research specific to the transition experiences of adults with acquired neurotrauma moving across different models of accommodation over the life course post injury is decidedly lacking. The demonstrated influence of environment on home and community participation outcomes (6, 7), when coupled with the current national investment in new and innovative models of housing and support for people with disability (8, 9), raises the importance of understanding transition experiences over time, and taking an individualised approach in tailoring models of housing and support for people with neurotrauma (10, 11).

In 2011, the Transport Accident Commission (TAC) developed a property trust – Residential Independence Pty Ltd – and have invested in new models of housing and support through this trust (8). The first RIPL model – four apartments located in a 59-apartment mixed private and social residential development within inner city Melbourne – opened in August 2013. The second model, six units on a block of land in outer suburban Melbourne, opened in December 2014. Many of the TAC clients who move into new RIPL housing models

developed will already be living in the community – either in traditional shared supported accommodation or in the family home, with high levels of daily paid and/or informal supports (12). Understanding transition expectations, experiences and principles of best practice is therefore necessary to maximize the success of accommodation transitions for this target group.

Key research questions

1. What is the current evidence available regarding consumer and family perspectives of transition to community living following traumatic brain injury?
2. What are the expectations for transition to new RIPL models, from the perspective of clients moving into these models and, where available and nominated by the person with disability, family members and support workers?
3. What are the actual experiences of transition planning for people moving into new Residential Independence Pty Ltd (RIPL) models, including the benefits, challenges and learnings from the transition experience?
4. What are the transition planning information, planning and communication resources to maximize the success of RIPL and other accommodation transitions?

Methods

Environmental scan

This environmental scan aimed to address research question one, by examining current consumer and family perspectives of transition to community living following traumatic brain injury. A series of comprehensive searches of seven electronic databases were completed. Databases searched were CINAHL Plus, PROQUEST, EMBASE, MEDLINE, AMED, PsychINFO and Current Contents Connect.

Search terms were:

brain injury, traumatic brain injury, acquired brain injury, spinal cord injury, head injuries, adults, community reintegration, residence characteristics, accommodation, housing, community housing, relocation, resid, supported accommodation, community living, housing careers, health transition, transition planning, transition, perspectives, transition experiences, experiences.*

Searches were limited to content written in English, relating to adults and published between 1990 and 2014 and those studies that included people with acquired brain injury where there was evidence that some or all of the participants experienced traumatic brain injury. Doctoral dissertations, Master's theses and newspaper articles were excluded. An unlimited search of The Cochrane Database of Systematic Reviews was also conducted using the terms housing, accommodation and "brain injury AND housing". Relevant literature already known to the lead researcher was included and a hand search of the bibliographies of this literature undertaken. A grey literature search was conducted through Google, Google scholar and websites of key national and international service providers and peak bodies.

Transition research

For the research component of this project, a qualitative research design was employed. The rationale was to seek an in-depth understanding of tenant expectations and experiences of transition to RIPL Projects. Human research ethics approval was received from the Monash University Human Research Ethics Committee prior to the research project commencing (CF13/1224 - 2013000590).

Recruitment

To mitigate the risk of coercion, an indirect recruitment method was used. Explanatory letters with permission-to-contact slips and pre-paid self-addressed envelopes were distributed to eligible adult tenants moving to RIPL models via a disability support service manager, or other allied health service provider, outside of this study. Individuals with disability who indicated interest in participating in the study returned the permission slip with their contact details. On first meeting with the participant, the project was discussed fully using a written explanatory statement, and if the person agreed to participate, the consent form signed, after which data collection began.

Participants

Inclusion criteria for this study were: adults with acquired neurotrauma in receipt of TAC or DHHS funding who had accepted an offer of accommodation developed by RIPL (or in the case of Project One, a not-for-profit organisation collaborating with RIPL), and were deemed to have capacity to make everyday decisions and consent to participation in the research. Four of six eligible adults with disability from RIPL Project One consented to participate in

the study and two of five eligible adults from RIPL Project Two consented to participate.

At the time of recruitment, participants ranged in age from 37 to 54 and time since injury onset ranged from two years, nine months to over 20 years. Four people had sustained a traumatic brain injury, one had both a traumatic brain and spinal cord injury and one had sustained a traumatic spinal cord injury. Date of injury was not able to be collected for one participant due to the person's lack of recall and access to documented evidence but it was believed to be several years ago. Five of the six participants were male. Prior to moving to Projects One and Two, three of the six participants were living in shared supported accommodation (SSA) and three were living with family members at home, with the addition of paid attendant care support. Five participants were living in suburban Melbourne and the other in a regional area of Victoria.

Qualitative interviews

Individual semi-structured interviews were conducted within four weeks prior to the participant's move to the RIPL project, and at three and twelve months post-move (noting that by the time of completion of this project, participants living in RIPL Project Two had not yet been living there for 12 months). Interviews took place in the person's home, ranged in length from 30 minutes to one hour and were conducted by a researcher with clinical experience working with people with neurotrauma. One researcher completed all interviews with four of the five tenants, and a second researcher completed the series of interviews with the fifth tenant.

Pre and post-move interviews explored participant perspectives on their current living situation and daily activities, the transition planning process and perceived benefits, challenges and impacts of the new accommodation model (refer to Appendix A for interview schedules). All sessions were audiotaped and transcribed verbatim. The researchers kept a reflective journal, writing reflexive notes following each interview regarding the researchers' subjective thoughts and feelings as well as observations within, and reflections upon, the interview process (13). These notes were used to inform content to explore in subsequent interviews, as well as during thematic analysis.

Qualitative analysis

An inductive approach to thematic analysis (14) informed by the six-stage methodology described by Braun & Clarke (13) was used. One researcher completed the thematic analysis. Each transcript was checked and cleaned with pseudonyms (P1-4) applied for each informant and, following in-depth familiarization of/with the transcripts, open codes were developed. Similar code words were clustered and redundant codes eliminated (15). Through an iterative process of re-reading and reviewing the data, codes were eventually reduced and collapsed into themes and subthemes. Themes were reviewed in relation to the individual transcript, then again in the context of the whole data set and research questions, and refined and collapsed further to create a coherent representation of the themes emerging (13). Given complete data (pre-move, and 3- and 12-months post move) is available for four of the six participants (all living in Project One), findings from the data set of these participants have been provided below.

Research / review Findings

Evidence review findings

The database search resulted in the retrieval of 134 potentially relevant references. These articles were reviewed by abstract based on inclusion criteria according to relevance to the review aims. Publications with a focus on transition experiences in populations that did not include people with brain injury were excluded, as were any duplicates. The search identified four articles, one of which related to transition from hospital to home (2), two related to stakeholder experiences in transitional rehabilitation units (16, 17) and one related to transition out of residential aged care into community living (18). No articles were sourced with a specific focus on stakeholder experiences and perspectives of transition to community living following neurotrauma.

The Cochrane Database of Systematic Reviews search did not identify literature relating to the review aims. Although a large body of material on person-centred planning and transition principles and processes with other populations was identified, material with a specific focus on principles of transition planning relating to the population of adults with brain injury, was not found. The findings of this evidence review, coupled with the research findings, have been used in numerous presentations to the Transport Accident Commission, Residential Independence Pty Ltd and TAC allied health providers. A manuscript is currently in preparation.

Transition research findings

Refer to Appendix B for an overview of pre- and post-move major and sub-themes and associated data from the qualitative interviews.

Pre-move

For participants from Project One, five major themes emerged from pre-move interviews: current living situation - positive aspects, current living situation - challenges, anticipated benefits, anticipated challenges and preparation of transition experiences.

Current living situation – positive aspects

A range of benefits or positive aspects of the pre-move accommodation was reported. The two informants living in SSA (P1 and P3) indicated that some of the attendant carers who supported them were a positive aspect of their pre-move living situation. They liked the carers and got along well with them. The informant living in a shared house (P4) indicated he liked being involved in the recruitment of attendant care staff (“I hire and fire”). The location of the pre-move residence was reported as a positive for two informants (P3 and P4), while independent access (being able to get in and out of the house independently through use of a remote control for the automatic front door) was reported as an advantage for another (P4). One informant (P3) indicated that he enjoyed the communal aspect of shared supported accommodation and the outdoor facilities the group home provided.

Current living situation – challenges

A variety of challenges associated with the pre-move living situation was reported by informants. These challenges were classified as a major theme due to the topic’s prominence and recurrence throughout the data set. All four informants reported that the built design of their pre-move accommodation posed challenges. P4 lived in a private share house and, although he was able to enter and exit the home independently, a small and cluttered indoor space made mobility in a power wheelchair inside the home difficult. P2

(living with family) reported not being able to use his power wheelchair at all inside – indoor mobility in a power wheelchair was also an issue for P4. P1 reported not being able to get in and out of the group home where he was living without assistance.

Inaccessibility had an obvious impact on independence. All four informants reported that lack of an accessible kitchen, laundry and appliances in their pre-move living environment resulted in dependency on staff or family members for most activities of daily living. For the two informants living in shared supported accommodation (P1 and P3), lack of privacy emerged as a common theme. These two informants also reported that lack of compatibility with co-residents, particularly those who experienced behaviours of concern as a result of acquired brain injury, was a particular challenge.

All informants reported some aspect of residential-based attendant care support that they did not like or found challenging. For P1 particularly, inexperienced support workers providing attendant care in the way that he did not want was reported as a frequent source of frustration in the pre-move setting. Dissatisfaction with attendant care support emerged as a recurring theme for P1. P2, who was living with family, noted that although he did not get along with some of his attendant carers this was something he accepted. P3 reported fixed staff rosters and a lack of flexibility acted as a barrier to individual freedom of movement and choice. P3 also reported imposed restrictions on movement within the SSA. P1 described feeling bored with not enough to do during the day, while P2 described his social life as “slow”.

Anticipated benefits of the new home

All four informants indicated they were looking forward to having increased space and a greater degree of accessibility in Project One, with three of the four expressing an expectation of increased independence. A built design that would better meet their needs (P1, P2, P4) - allowing independent mobility indoors and enabling access to a range of activities including home-based hobbies, physiotherapy home exercises and increased participation and independence in activities of daily living such as cooking and washing – was expressed as an anticipated benefit of Project One. The benefit of privacy and of having one’s own space with freedom of movement and the capacity to have family and friends visit – were noted by two of the four informants as anticipated benefits.

Three of the four informants indicated they anticipated that the move to Project One would offer new opportunities for them – such as study, voluntary work and an improved social life. The location of the units with close proximity to shops and amenities and, for P2, to family

members, was also mentioned as a benefit. P1 reported that he anticipated the move to Project One would provide him with more control over attendant care support, with an expectation that there would be greater responsiveness to his individual care needs.

Anticipated challenges of the new home

The possibility of experiencing loneliness with the transition to living on one's own was discussed by two of the informants (P1 and P2), both of whom mentioned strategies that they could use to manage this. P1 also expressed concern regarding access to support. P3 indicated loss of preferred carers and lack of suitable space for carpentry activities in the new apartment as potential challenges.

Beginning the transition

Three of the four informants (P1, P2, and P4) indicated that the pre-move transition planning process had been effective and met their needs. The attention to detail from the support provider involved in the transition support they received was highly valued. Informants also indicated that they had opportunities to be involved in aspects of planning and decision-making, such as selecting attendant care workers and developing individual care plans.

This contrasted with reports from P3, who described his experience of transition as 'rushed' and 'chaotic', of feeling he did not have sufficient time to prepare, and of experiencing a sense of outside pressure from others. For P3, a subtheme of complexity emerged. A complex cluster of problems and difficult experiences involving sorting and organising possessions, personnel changes and poor communication was described. Complexity and chaos emerged as a repeated theme in P3's pre-move discourse. In addition, P3's attitude towards the new accommodation appeared to reflect ambivalence, again contrasting with the attitude of the three other participants who expressed excitement about moving to Project One.

Three months post-move

Four major themes emerged from the interviews conducted three months after participants had each moved in to Project One: transition experience, support, benefits and challenges and disappointments.

Transition experience

Three of the four informants reported a positive transition experience at three months post-move (P1, P2 and P4). Despite some initial challenges (e.g. delays in arrival of furniture, difficulties with casual staff and, for one informant, an initial period of anxiety related to adjusting to the independent living), the overall experience for these three informants was described as positive. They reported a sense that the transition had been well planned and smoothly executed.

It was evident that the transition to independent living in Project One had involved informants making a number of adjustments to their changed circumstances. This included adjustments to reduced physical presence of and reliance on support workers, greater participation in homemaking activities and running of their household, and the development of strategies to prevent or manage loneliness.

P1 and P2 noted the importance of re-establishing their pre-move routines, particularly resuming gym and swimming, as an important factor in a successful transition.

Two informants (P1 and P2) reported experiences that indicated they were able to maintain connection with family members and, in the case of P1, previous support workers after the move to Project One.

The positive transition experiences reported by three of the informants was in contrast to reports from P3 who described his transition and current situation as “ still one big mess”. P3 noted that he regretted not requesting more assistance with the transition. His lived experience of the transition at three months post-move appeared to be one of chaos and complexity characterized by ongoing difficulties with setting up the unit. A strong theme of complexity emerged from P3’s three month post-move interview, which mirrors that of his pre-move transition experience.

Support

Three of the four informants described positive experiences with attendant care support. Key aspects/features of this experience appeared to be a collaborative relationship with the support provider, involvement in decision-making and the service provider's responsiveness to feedback from the informant.

One informant described the personal qualities of the attendant carers, while another described the focus on encouraging independence. These positive reports again contrasted with those from P3 who described incidents of poor communication – such as casual staff turning up to fill a shift without him being informed.

Benefits

A range of benefits of the new housing model was described by participants. For the informants who pre-move had been living in SSA or shared housing (P2, P3, P4), the move to Project One brought the benefits of having a place of one's own, including reduced noise, increased privacy, fewer restrictions and a sense of freedom. Benefits of the built design, such as increased space and accessibility, were mentioned by all four informants. One informant (P2) described his new-found ability to do his shopping independently as a pleasant surprise. Two informants also noted the location of Project One with close proximity to the city and amenities as a benefit.

Challenges and disappointments

Unreliability of the smart home technology emerged as a common challenge for all informants at three months post-move. Although three of the four expressed satisfaction with the design of the unit and reported that it worked very well with regard to space and accessibility, P3's experience differed. P3 reported difficulties in accessing kitchen appliances to enable him to prepare meals independently as well as dissatisfaction with the lack of outdoor space. In relation to his reported difficulties with kitchen accessibility, P3 expressed a feeling/reported that expectations that he and others had of his potential for independence in activities of daily living, had not been realized.

There were also some unmet expectations for P2. He had expressed the hope that the move to Project One would offer opportunities for meeting and socializing with other residents, however this did not eventuate.

Twelve months post-move

At twelve months post-move, six key themes emerged: quality of life, support, making adjustments, transition experience, making plans and challenges.

Quality of life

Three of the four participants reported very positive changes in quality of life at 12 months post move. Positive quality of life was influenced by a sense of 'happiness', having 'my own space', 'freedom to move around' (P4), location of the housing - 'being closer to shops and transport' (P2), independence, and 'just being able to get up and go to bed whenever time I want to' (P1). Improvements in attendant care support delivered were also noted, including support which allowed choice and freedom and capacity to influence choice of attendant care workers and direct own care. This was in contrast to the experience of participants previously living in SSA when compared with living on one's own with flexible model of support which could be self directed. P3 continued to express some concerns, consistent with interviews and earlier timepoints.

Support

Three informants reported satisfaction with current attendant care despite some minor problems, including lack of suitability of some support staff, some 'mistakes or delays' (P1) in delivery of support and that 'some staff don't knock' (P3) leading to privacy concerns. Inclusion or involvement in selecting staff and directing care in order to rapidly address these issues continued to be seen as important.

Making adjustments

Three main strategies for adjusting to challenges or unmet expectations were identified:

- Alternative strategies being implemented
- Planning and problem-solving, often with input from the support provider
- Acceptance of issues arising as occasional / rare events.

Transition experience

Three of the four participants continued to reflect on the transition experience as positive – ‘everything went smoothly’ (P2). For P3, transition to Project One continued to be reflected on as rushed and chaotic with confusing or contradictory communication.

Making plans

At twelve months post move, participants were describing a range of long term goals including reflecting on possible future moves from the RIPL setting to other community living options. This is an interesting finding in the building of housing careers for people with significant disability which have been found often to be lacking for this group (19). Two participants (P1 and P3) spoke of accommodation goal setting relating to securing a property with a backyard to pursue hobbies or interests. Other participants discussed plans relating to new leisure pursuits (e.g. fishing, P2; further art pursuits, P4) or future holidays.

Challenges

Participants 1, 2 and 4 identified few challenges. Some issues with reliability of smart home technology continued to be an issue for all four informants; however, for three the benefits outweighed the issues arising. For P3, there were ongoing challenges identified for him relating to ‘managing complexity’ and ‘getting things sorted’. Issues with kitchen access continued at 12 months, and the external road noise for this tenant was identified as a challenge. Lack of access to a workshop for tools, storage and gardening was also seen as a challenge for P4 – this was not identified as an issue by other informants.

Findings from this qualitative research project were presented at the 5th Annual INS / ASSBI Pacific Rim Conference in Sydney, Australia in July 2015 (20). A manuscript of these findings, coupled with quantitative outcome measures gathered in a separate longitudinal study with this cohort, is currently in preparation.

Discussion, conclusions and implications

This research has taken an in-depth qualitative approach to understand the transition expectations and experiences of TAC clients living with neurotrauma who have moved into the first two RIPL projects developed, in addition to looking at existing evidence on transition experiences of people with traumatic brain injury.

Based on the research findings stemming from this project, coupled with existing literature, a range of recommendations or strategies for transition planning to new models of housing and support are listed below:

- Start transition planning to the new setting as early as possible
- Appoint a transition planner to work with each person, who is engaged early and appointed as a key worker during transition
- Ensure pre-move site visits are available for future tenants and their support networks where available and appropriate
- Wherever possible, ensure the individual tenant is involved in support staff selection
- Maximise training of key stakeholders (e.g. tenant, support staff, family members) in assistive technology use prior to the move, and/or over time once the person has transitioned to the new model
- Undertake access audits of the local neighbourhood pre-move and provide mobility training for tenants as necessary, to build confidence and ability within independent community travel
- The aspirations of the housing and support model need clearly and repeatedly articulated to both individual and staff – the approach of doing tasks ‘with’ rather than ‘for’ people, and a focus on new options as a step in a pathway of community living, is key
- Planning for home based leisure and strategies is necessary to manage the sense of loneliness that may occur when people are moving from living with others to living alone (as is the RIPL model design)
- Incidental audit of staff practices over time will be of benefit, as will skilled practice leadership and regular staff meetings
- A focus on minimising agency staff in order to maximize consistency of support is useful
- Structuring of daily routines and support provision based on person’s preferences will influence participation

- Proactive healthcare management and planning is necessary to manage secondary health conditions in community settings
- A focus on targeted skill development for development of home integration and community access is important
- Local service engagement – including a consistent GP, dentist, or church – will benefit community linking in the new neighbourhood
- Regular reviews with tenants over time (and not just in early days post move) will elicit important findings and ensure a problem solving approach, with aspirations of individual and model at centre of this
- It is important to acknowledge the role of the pre-move support network (e.g. SSA provider, family) in transition planning – this role may pose benefits or challenges to successful transition and thus should be considered, with the support network engaged where appropriate to do so.

Potential impact, use of the research/review and recommendations

The findings from this project can be used by TAC and WorkSafe, as well as other insurers and accommodation providers. This research has application to transition planning for both people who are newly injured, and transitioning from hospital or rehabilitation to community living, as well as those who have been living with their injury for many years and may be transitioning across community living settings over time.

This research has highlighted the necessary and very important focus which should be placed on transition planning. There is the real potential to improve both transition outcomes and experiences if a targeted approach to transition planning is undertaken, and ongoing follow up of transition experiences and associated outcomes is committed to over time post move. This will ensure that the investment made in new models of housing and support is harnessed through successful transition to the new setting and over time.

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Appendices

Appendix A

PRE-MOVE SEMI-STRUCTURED INTERVIEW SCHEDULE: PARTICIPANT

Current living situation

1. Tell me about living here at
2. How long have you been living here?
3. What do you like about living here?
4. Is there anything you don't like about living here?
5. Is there anything you like about *the support you receive now?*
(explore all aspects of support)
6. Is there anything you don't like about *the support you receive now?* (explore all aspects of support)
7. Describe a typical week or typical day – what do you do?
8. Is the weekend any different? If yes, please describe.
9. Do you get to do the things that are important to you?

10. Do you get to do the things you enjoy?

11. How satisfied are you with what you do every day?

Transition

12. Tell me about your decision to move.

13. When are you moving?

14. How do you feel about moving to?

15. What are you looking forward to?

16. Do you think there will be benefits for you? If so, what?

17. Do you think there will be disadvantages or challenges? If so, what?

Transition planning

18. Do you feel adequately prepared for the move? If yes, what has helped you to feel prepared?

19. If no, what has been lacking, or what would help you feel prepared for the move? Anything that you would change?

20. Have you been given enough information?

21. Have you been given opportunities to make choices and decisions about the move?

22. How satisfied are you with the opportunities you've had to make choices and decisions?

POST-MOVE SEMI-STRUCTURED INTERVIEW SCHEDULE: PARTICIPANT

Living in RIPL

1. You've been living here now for X months. Tell me about what it is like living here.
2. Has it met your expectations?
3. What do you like about living here/living environment?
4. Is there anything you don't like about living here, or that isn't working? Is there anything you would change?
5. *You mentioned in our first interview that you were looking forward to...[key themes]*

Activities

6. Could you describe a typical week - what do you do? Is the weekend any different? If yes, please describe.
7. How satisfied are you with what you do every day?
8. Do you get to do the things that are important to you? Do you get to do the things you enjoy?
9. *You mentioned in our first interview, that you were hoping to...[key themes]*

Built design

Can you comment on the design and layout of the unit. Is it working for you? Does it allow you to do what you want? Are there any problems?

Support

10. What do you *like about the support you receive now*? What works well? (paid, unpaid, technology)
11. Is there anything you *don't like about the support you receive now*? Anything that is not working? (paid, unpaid, technology)
12. *You mentioned in our first interview that..... [key themes] How has that been?*

Technology

13. Can you comment on the iPad technology. Does it work well for you? Have there been any problems?

Benefits/Challenges

14. What have been the benefits for you in moving to this unit?

15. What have been the challenges?

Transition

16. Looking back, do you think you were adequately prepared for the move/transition to the new unit? If yes, explain. If not, why not?

17. What helped you to prepare or get ready?

18. What do you feel was lacking, if anything, in your preparation for the move?

19. How do you feel overall about the experience of moving to this unit?

20. Is there anything that you would do differently?

21. Do you have any suggestions for how staff or organisations could do things better?

Appendix B

Pre-move: major themes and sub-themes

Major Themes	Sub-themes
Current living situation – positives	attendant carers
	involvement in staff recruitment
	location
	independent access
	communal aspect
outdoor features	
Current living situation - challenges	lack of privacy and noise
	attendant care
	- carers
	- inflexible support
	not enough to do
	co-residents
	built design
- inaccessible - reduced independence	
- insufficient space	

Anticipated benefits	<p>accessibility - increased independence</p> <p>privacy/personal space</p> <p>new opportunities</p> <ul style="list-style-type: none"> - more things to do - social life <p>freedom of movement</p> <p>location</p> <p>more control</p>
Anticipated challenges	<p>loneliness</p> <p>access to support</p> <p>design/space</p>
Transition experience	<p>feelings about the move</p> <ul style="list-style-type: none"> - excitement - ambivalence <p>good planning process</p> <ul style="list-style-type: none"> - attention to detail - involvement in decision-making <p>rushed process</p> <p>complexity</p> <ul style="list-style-type: none"> - sorting possessions - change of personnel - poor communication

Three months post-move: major themes and sub-themes

Major Themes	Sub-themes
Transition	Positive experience <ul style="list-style-type: none">- “everything has gone to plan”- “I’m liking it here”- re-establishing routines- maintaining connections
	Making adjustments
	Experience of chaos - “it’s still one big mess” <ul style="list-style-type: none">- needed more support- difficulties sorting and setting up unit
Support	Carers are good
	Responsive support agency
	Problems with attendant care <ul style="list-style-type: none">- poor communication- casual staff- shadow shifts
Benefits	A place of my own <ul style="list-style-type: none">- belongings are secure- quiet & privacy- freedom - do my own thing
	Built design <ul style="list-style-type: none">- supports increased independence- plenty of space
	Pleasant surprises
	Location

**Challenges and
disappointments**

Unreliable technology

Poor accessibility

- kitchen
- community

Need more room

Unmet expectations

- they're just quiet guys
- loss of preferred carers

Expectations of independence

Twelve months post-move: major themes and sub-themes

Major Themes	Sub-themes
Quality of life – it's all good	Freedom <ul style="list-style-type: none"> - not sharing attendant care - do what I want when I want
	Location
	More space (personal and physical)
	Increased independence <ul style="list-style-type: none"> - I can direct my care - I can do more for myself
Support	Minor problems <ul style="list-style-type: none"> - unsuitable carers - mistakes and delays - staff don't knock
	Overall satisfaction
	Involvement and control
Making adjustments	Alternative strategies
	Planning and problem-solving
	Acceptance
Transition experience	Everything went smoothly
	Rushed and chaotic <ul style="list-style-type: none"> - needed more help - poor communication

Making Plans	Leisure/holiday
	Long term
Challenges	Managing complexity & getting things sorted
	Unreliable technology
	Kitchen
	Noise
	No workshop

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