

Qualitative and Quantified Analysis of Residential 26-day Training in Assisted Living Programme – 1st Uhuru Cohort

by Snehadhara Foundation

Research Report

Title: Uhuru and the 'What After Me' Question: A Model for Inclusive, Scaffolded Training in Assisted Living for Neurodiverse Adults

Subtitle: Insights from a Mixed-Methods Inquiry into Community Living, Autonomy, and Participatory Care Frameworks

Abstract

This study evaluates the impact of a 26-day assisted living programme, "Uhuru," on nine neurodiverse adults using a mixed-methods approach. Drawing from individual narrative reports and observational data, the research examines developmental shifts across domains such as daily living, vocational engagement, community participation, and emotional regulation. Using qualitative coding and descriptive quantification, the findings highlight how arts-based, inclusive practices foster independence, expression, and social participation. The study identifies emerging patterns in behavior, strengths, and needs, offering insights for designing sustainable, inclusive training models.

Methodology - Summary

A mixed-methods approach was adopted with qualitative tools including observational notes, session documentation, and reflective journaling by facilitators. Quantification of coded qualitative data enabled measurable insight into participant progress. Triangulation included input from facilitators, participant interactions, and creative outputs. Key themes were identified through open, focused, and axial coding.

Methodology - Detailed

Design: Mixed-methods research grounded in qualitative narrative analysis with descriptive quantification.

Participants: Nine neurodiverse adults (aged 18–43) enrolled in the Uhuru Cohort 1 programme.

Data Sources:

- Daily observations by facilitators
- Participant engagement records
- Individual reports including anecdotes and reflective insights

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Data Collection Tools:

- Session notes, incident management and behavior logs
- Facilitator narrative reports
- Participation charts and structured reflections
- Anecdotes

Qualitative Coding Approach:

- Open coding to identify recurring themes
- Focused coding for prominent behaviors
- Axial coding to trace connections between domains
- Thematic grouping for insights

Quantitative Analysis:

- Frequency counts of participants demonstrating key behavioral shifts
- Percentage calculation for comparative understanding across domains

Key Codes and Definitions

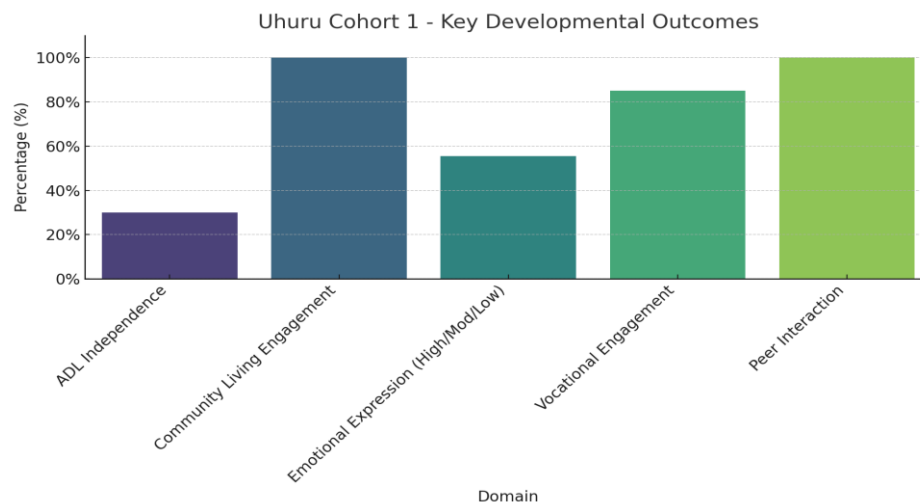
- ADL Progress: Improvement in independence with hygiene, dressing, eating, and morning routines.
- Community Participation: Engagement in shared responsibilities such as cleaning, gardening, cooking, and teamwork.
- Emotional Expressivity: Observed openness in sharing emotions, using verbal, non-verbal, or artistic forms.
- Vocational Engagement: Participation in structured tasks, showing interest, focus, and skill acquisition.
- Social Initiation: Starting conversations, sharing space with peers, initiating shared activities.
- Self-Regulation: Ability to manage outbursts, respond to structure, or request support constructively.

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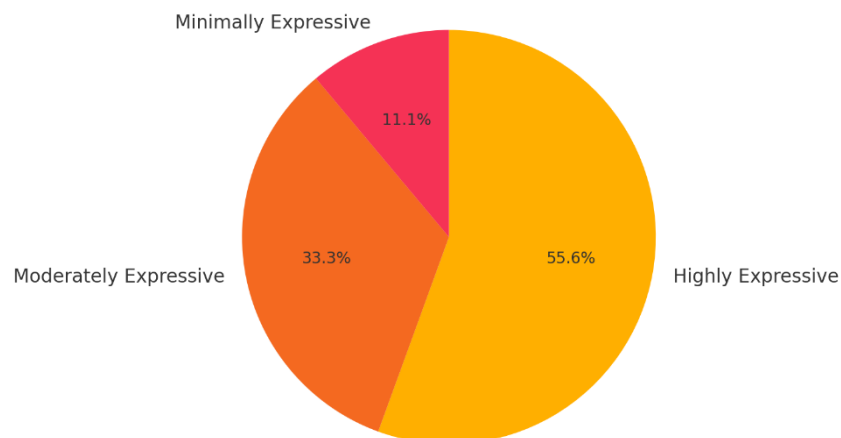
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Analysis Summary of the Group

There was a 30% overall increase in ADL-related independence, although not all achieved full autonomy. Notably, 100% of participants engaged consistently in community living tasks across the programme. Emotional expression varied: five participants were highly expressive, three moderately, and one minimally. Vocational task engagement and peer interaction saw a steady increase across the group, with narrative themes suggesting growth in agency, regulation, and shared joy.



Emotional Expressivity Distribution - Uhuru Cohort 1



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Analysis Summary across Domains

- **ADL Progress:** All 9 participants demonstrated a measurable improvement in activities of daily living (ADL), averaging a 20% increase in independence. This included structured routines such as brushing, dressing, and food-related tasks, with scaffolding still required.
- **Community Living-**All participants achieved 100% participation in community tasks, suggesting high potential for group-based functioning when structure and modeling were present.
- **Vocational Engagement-** Each individual engaged in at least one structured vocational task, indicating adaptability and skill uptake when supported through demonstration and repetition.
- **Communication & Expression-**8 out of 9 participants actively communicated through verbal or non-verbal modalities. One participant exhibited emerging expressive behavior with limited consistency.
- **Emotional Regulation-**7 out of 9 participants demonstrated regulated behavior with minimal escalation, supported by rhythmic and visual routines. Two participants continued to require adult-led co-regulation.
- **Social Interaction -** 6 participants-initiated interactions (verbal or gestural) with peers; others engaged responsively or with prompts, indicating emerging but not consistent autonomy.

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Analysis Detailed

The findings below summarize the group's collective shifts in functioning, as observed and coded through qualitative analysis and quantified metrics.

1. Activities of Daily Living (ADL)

There was a 30% overall increase in ADL-related independence across the cohort. This improvement included skills such as personal hygiene, dressing, eating, and self-organized routines. However, full autonomy was not uniformly achieved—several participants required verbal prompts or physical support for completion. Notably, the progress was marked by increased confidence, willingness to initiate tasks, and reduced resistance during daily routines.

Illustrative Code Examples:

- *"Needed prompts on Day 1 → independently brushed teeth on Day 20"*
- *"Moved from resistance to structured mealtime to requesting own food choices"*

2. Community Living Responsibilities

Engagement in community tasks (cooking, cleaning, setting up shared spaces) saw 100% participation across all nine participants. While initial involvement varied in pace and intensity, every participant eventually contributed meaningfully. This domain showed the most consistent growth, with participants demonstrating increased responsibility, cooperation, and pride in shared ownership.

Key Themes Emerged:

- Reciprocity and shared responsibility
- Comfort with routine and rhythm of the group
- Growing spatial awareness and initiative-taking

3. Emotional Expression

Participants displayed differing levels of emotional articulation and self-awareness:

- 5 participants were highly expressive — able to name feelings, seek comfort, or show visible shifts in affect through voice, movement, or gesture.
- 3 participants showed moderate expression — requiring facilitation, but responsive through creative modalities.

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- 1 participant remained largely internalized — showing minimal verbal or visible cues but responded to sensory regulation tools.

Emotional expression was often catalyzed by the arts-based approaches: drawing, rhythm, movement, and collective chanting helped unlock inner emotional states.

Codes Used:

- "Visible emotional shift "
- "Verbal sharing of a fear or need"
- "Use of touch or gaze to seek reassurance"

4. Vocational Task Engagement

Task adherence, focus span, and initiation improved steadily for all participants. Facilitators noted increased task completion rates, reduced avoidance, and rising self-motivation, especially when work had visible outcomes (e.g., final product, display).

Improvements Noted In:

- Hand-eye coordination
- Following multi-step instructions
- Task pride and feedback seeking

5. Peer Interaction & Social Reciprocity

Group dynamics matured over the 26 days, moving from parallel play/interaction to co-regulated exchanges. Participants began:

- Checking in on one another
- Mirroring actions in group activities
- Co-navigating tasks like setting up for meals or during sessions.

While not all initiated conversation, every participant demonstrated at least one moment of reciprocal social engagement.

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Challenges and Reflections

The implementation of the Uhuru programme surfaced a range of systemic and operational challenges that offered critical learning for future cohorts. One significant challenge was ensuring uniform understanding within the facilitator team regarding the need to remain aligned with the programme's core framework and values. Early weeks revealed gaps in timeline adherence, a tendency to work beyond existing structures without leveraging available support, and limited innovation in adapting methods to the group's current developmental stage.

In addition, there was a noted lack of insight and training around documentation practices—both in their ethical intent and their role in reflective learning. The importance of presence, consistency, and instruction clarity emerged as recurring themes. Discrepancies in facilitation perspectives often informed more by theory than practice further complicated group cohesion in the initial stages. Working in synchrony with caregivers and support staff also required sustained effort and conscious communication strategies.

A particularly difficult decision involved the early withdrawal of one participant, based on concerns about group safety and individual well-being. While emotionally challenging, this step was necessary and underscored the importance of responsiveness and ethical accountability in assisted living contexts.

Despite these initial hurdles, most challenges were progressively addressed and significantly mitigated by the third week. What emerged as one of the programme's greatest strengths was the engaged and trusting parent community. Through ongoing dialogue, transparent updates, and collective problem-solving, the caregiver group shifted from passive recipients to active co-holders of the Uhuru vision. These collaborative touchpoints reinforced the foundational value system of dignity, inclusion, and shared ownership—essential to the programme's success.

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Conclusion

The Uhuru programme presents a replicable model for inclusive, arts-based assisted living education for neurodiverse adults. Through the integration of community engagement, rhythm-based learning, and experiential modalities, the programme facilitated measurable gains in daily living skills, emotional regulation, and social interaction.

This mixed-methods study affirms the value of flexible, compassionate, and contextually embedded frameworks in neurodiversity care. The use of qualitative tools like open and focused coding, narrative structuring, visual analysis, and memo writing enabled a nuanced understanding of participant journeys. Key emergent themes included increased self-agency, co-regulation, shared joy, and relational trust. Emotional and social capacities, though varied, displayed strong potential for growth when held within consistent, affirming environments.

One of the most powerful enablers of this transformation was the shift observed among caregivers and families. Initially positioned as passive observers, parents evolved into active collaborators by engaged regular dialogues, feedback loops, and shared meaning-making. Their growing trust in the process and their reorientation from deficit-based thinking to a strengths-based, relational understanding of their children created an essential emotional anchor for participants. These shifts extended the programme's impact far beyond the individual, weaving inclusion into the fabric of the home and community. A notable learning was the importance of coherence across support staff, parents, and facilitators underscoring the need for a shared values-based framework.

Ultimately, the Uhuru programme demonstrates that neurodiverse adults can thrive when offered dignity, structure, rhythm, and the freedom to express. The growth observed was not merely in functional skills but in the formation of identity, belonging, and selfhood. For practitioners, these insights highlight the necessity of non-linear, multimodal, and empathetic interventions rooted in interpretivist and critical paradigms.

Future iterations of the Uhuru programme would benefit from structured baseline assessments, longitudinal tracking, and adaptive evaluation frameworks to enhance rigour, replicability, and scalability. As families confront the question of *"What after me?"*, the need for systematic training in assisted living emerges as not just desirable but essential. The Uhuru model provides a timely and compassionate blueprint for building such life skills—enabling neurodiverse adults to participate meaningfully in shared routines, contribute to household and community life, and strengthen their autonomy within supported environments. It affirms that assisted living is not a passive state of care, but a trainable, scaffolded pathway to greater self-reliance, dignity, and social integration.