



Never Stand Still

Arts & Social Sciences

Social Policy Research Centre

Early childhood intervention review Nepean Blue Mountains/Hunter Trial Sites

Project Plan

Prepared for:
Early Childhood Intervention Australia NSW/ACT

March 2016

Ariella Meltzer, Karen Fisher and Christiane Purcal

Research Team

Prof Karen Fisher

Dr Ariella Meltzer

Dr Christiane Purcal

Ms Rosemary Kayess

For further information

Karen Fisher, karen.fisher@unsw.edu.au, (02) 9385 7813

Social Policy Research Centre
Level 2, John Goodsell Building
Faculty of Arts and Social Sciences
UNSW Australia
Sydney 2052 Australia
t +61 (2) 9385 7800
f +61 (2) 9385 7838
sprc@unsw.edu.au
www.sprc.unsw.edu.au

© UNSW Australia 2016

The Social Policy Research Centre is based in Arts & Social Sciences at UNSW Australia. This report is an output of the 'Early childhood intervention review Nepean Blue Mountains/Hunter Trial Sites' research project, funded by the Department of Social Services.

Suggested citation

Meltzer, A., Fisher, K. and Purcal, C. (2016). Early childhood intervention review Nepean Blue Mountains/Hunter Trial Sites: *Project Plan*. Sydney: Social Policy Research Centre, UNSW Australia.

Contents

Contents	i
Tables	ii
Glossary	iii
1 Research background and scope	1
1.1 Background	1
1.2 Research questions and focus	2
2 Research methods	4
2.1 Phase 1: Planning	4
2.2 Phase 2: Data collection.....	4
2.3 Phase 3: Analysis and reporting.....	6
3 Project management	7
3.1 Research team	7
3.2 ECIA team.....	7
3.3 Schedule	7
3.4 Ethics	8
3.5 Communication plan.....	8
3.6 Risk management	9
Appendix A	10

Tables

Table 1 Project schedule	8
Table 1 Project Risks	9

Glossary

ABS	Australian Bureau of Statistics
ADHC	Ageing, Disability and Home Care
AIHW	Australian Institute of Health and Welfare
ECI	Early childhood intervention
ECIA	Early Childhood Intervention Australia
ILC	Information, Linkages and Capacity Building
NBM	Nepean Blue Mountains
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
SPRC	Social Policy Research Centre

1 Research background and scope

1.1 Background

Early childhood intervention (ECI) is the provision of specialised support and services to infants and young children and their families, where the child has a developmental delay or disability. It has an important role in promoting children's development and supporting the wellbeing and community participation of children and families (ECIA website, 2016). As such, it is an important component of services both for children and families and for people with disability.

With the introduction of the National Disability Insurance Scheme (NDIS), the context for the provision of ECI services is currently changing in Australia. The NDIS implies the need for ECI service provision to operate within the context of principles such as choice and control and supports such as individualised funding/packages and personalisation of services. This will change and develop ECI practice over time. Further, new issues are emerging around ECI service providers' current service practices and how these integrate with the NDIS system, how children and families may or may not be referred to the NDIS through the ECI sector and related issues of how to support children and families who are not eligible for the NDIS. This means understanding how ECI may interact with core elements of the NDIS system, such as individualised packages and personalisation, but also elements of the broader NDIS landscape, including Ability Links, Information, Linkages and Capacity Building (ILC) and the recently announced NDIA Early Childhood Early Intervention approach. The move towards the NDIS is also taking place at a time when the peak professional organisation for ECI services, Early Childhood Intervention Australia (ECIA), is rolling out its new National Best Practice Guidelines. There is thus importance to understanding how ECI is changing in the NDIS context and what opportunities are available under the NDIS for the development of best practice, as well as how capacity building and sector development can be enhanced to benefit children's and families' outcomes.

Little research has been conducted about the provision of ECI in this new NDIS context or about how it can best translate to best practice for children and families. As such, ECIA has commissioned the Social Policy Research Centre (SPRC) to conduct research into the delivery of ECI services in the context of the NDIS roll out in NSW. The research will focus on the recent NDIS roll out site in the Nepean Blue Mountains (NBM), also including examination of experiences in the Hunter region, where the NDIS has been operating for a longer time. This aims to develop an understanding of how ECI practice is currently changing in each site, what ECI best practice could be under the NDIS and how ECI best practice develops under and is influenced by the NDIS roll out. This understanding will be formed through research into the experiences of ECI service providers and representatives of community, mainstream and specialist support services, who are both newer to and further through the NDIS implementation.

1.2 Research questions and focus

Reflecting the research background outlined above, this research will seek to answer two research questions:

1. How is current ECI provision changing with the introduction of NDIS?
2. How could ECI services be provided under the NDIS to develop best practice? What opportunities does the NDIS present to develop best practice?

In answering these research questions, the research will focus on NBM where the NDIS roll out is recent, with examination of experiences in the Hunter region also included, where the NDIS have been operating for longer. The two sites will facilitate an understanding of how ECI practice has developed and evolved as ECI service providers have more experience working within an NDIS service landscape and as the NDIS develops.

The research will also focus on a number of areas identified by the ECIA as priorities. These will include:

1. Current practices, services, partnerships and collaboration in ECI services;
2. Referral pathways within ECI, both through ECI work in the community ('soft entry') and through NDIS assessment;
3. ECI inputs, activities, outputs and outcomes that are linked and not linked to the NDIS, including the experience of providing ECI where children and families are not eligible for NDIS packages;
4. Best practice in ECI within the context of the NDIS roll out, referencing the ECIA National Best Practice Guidelines.

Overall, the purpose of the research is to enhance capacity building and sector development in ECI services, by providing more evidence and documented assessment of what is currently changing in these services and what could be happening to develop best practice in the context of the NDIS. Capacity building and sector development may involve supporting ECI services in a number of areas, including:

1. Building sustainability in organisational and professional practice, including identifying and supporting sustainable organisational/planning approaches;
2. Building knowledge of referral pathways and of how to navigate the NDIS and related service systems;
3. Raising knowledge in the community of the importance of inclusion and ECI;
4. Promoting collaboration and consistency in the ECI sector and reducing duplication of services and supports;
5. Developing and trialing capability for an outcomes driven model (Results Based Accountability Support Card).

Overall, the aim is for the research to result in enhanced capability for ECIA members, the ECI sector and community sectors more broadly to assist in achieving desired best practice outcomes for children with developmental delay or disability and their families as the NDIS rolls out, including with regard to choice and control. It will also build understanding of how the NDIS is likely to impact on or change current ECI practice.

2 Research methods

2.1 Phase 1: Planning

The research will begin with a planning phase. The planning will involve consultation with and a briefing by ECIA to determine the details of the research focus and capacity. A reference group and literature review will then also inform that planning phase of the research, as detailed in the sections below.

2.1.1 Reference group

A reference group will inform the research. The group will first be consulted early in the project to inform the research methodology, key considerations needed in refining the research design, key contacts for/potential participants in the research and understanding of the key concepts and capacity considerations involved in undertaking the research. It will be consulted a second time at the conclusion of the data collection to aid in interpreting the implications for the final report. Comments on draft documents will be sought throughout the project.

Membership of the reference group was determined in consultation with ECIA. It includes key ECIA staff and board members, ECI service providers who are ECIA members, representatives from the NSW government (ADHC) and the National Disability Insurance Agency (NDIA).

2.1.2 Literature review

A brief literature review will be conducted to inform background information for the research, feeding into the research design. Information from the literature review will be used to inform the scope and focus of the research framework, design the fieldwork methods and instruments and to help interpret the research findings.

Using national and international data (as available), the focus of the literature review will include families' and service providers' perspectives on effective ECI services, previous research on how ECI operates in other service contexts similar to the NDIS (e.g. individualised funding packages and/or personalisation) and how ECI has transitioned between and integrated with other service models. SPRC researchers will use internet and database search strategies to cover both academic and 'grey' (web published) literature, including government reports.

2.2 Phase 2: Data collection

Several forms of data collection will be included as a second phase of the project, overall informing a comprehensive and thorough understanding of the delivery of ECI services in the context of the NDIS roll out in NSW. The data collection will involve two forums, telephone interviews, case studies and the analysis of program data. Each of these data collection methods are outlined below.

2.2.1 Forums

Two forums will be held, one at the beginning of the data collection and one at its end. The forums are opportunities for change leaders in the field of ECI to come together to listen to each other and generate new ideas for sector development. The first forum will be to gain an understanding of the profile of the current state of ECI sector internally, externally and future opportunities in the context of NDIS change. It will inform the approach to other stages of the data collection (i.e. telephone interviews and case studies). The second forum will be to reflect on sector change during the project, discuss the preliminary findings, interpret the implications and contribute to preparing the final report.

The forum participants will be determined in consultation with the ECIA and reference group. The focus will be on bringing together ‘change leaders’ – people who are active in navigating the new context of ECI delivery within the NDIS and who can look towards improving future outcomes. The change leaders will include ECI service providers and representatives of other wider community, mainstream and specialist support services who work closely with ECI services. A selection of change leaders from the Hunter and NBM will be selected, as well as a combination of people who are members and non-members of the ECIA.

2.2.2 Interviews

Informed by the information gained in the first forum, approximately 15 interviews will be conducted. The purpose of the interviews will be to understand how ECI practice is currently changing, what ECI best practice could be under the NDIS and how ECI best practice develops under and is influenced by the NDIS roll out, as well as to inform the composition of a number of case studies for the report about best practice in ECI service provision in the context of the NDIS (see below for further details on case studies). The interviews will be semi-structured, conducted by telephone and will take 30 to 45 minutes. A topic guide for the interview questions is attached.

The interview participants will be ECI service providers and representatives of other wider community, mainstream and specialist support services who work closely with ECI services. There will be a focus on including people working in both the Hunter and NBM sites, as well as people at different levels of service provision – for example, a selection of change leaders, managers and direct staff working with children and families. This selection will offer a thorough view of what is happening on the ground in ECI services. ECIA will assist in accessing and facilitating contact with potential interview participants.

2.2.3 Case studies

Using data drawn from the telephone interviews and other evidence provided by stakeholders to the research (e.g. documented evidence or otherwise – as available), two case studies will be conducted. The case studies will add depth to the qualitative data and will be used to further illustrate the transition to best practice

in ECI in the NDIS context. Each case study will tell the story of an instance where the transition to ECI best practice is occurring effectively in the NDIS context. The criteria for determining best practice will be based on the findings of the literature review and the ECIA National Best Practice Guidelines.

The case studies will be selected based on examples emerging from the telephone interviews, forums and reference group. Where a best practice example is mentioned, the research team may request to further follow up on it as a case study. Depending on the availability of examples in both sites, one case study will be from NBM and the other could be from the Hunter region, in order to illustrate good practice in the context of both newer and more established NDIS sites.

2.2.4 Program data

Where available, program data will also be descriptively analysed to understand who is served by ECI in the NBM and Hunter regions and the extent to which and how this is occurring (e.g. characteristics of the children, families, location, service type, service providers). This will involve descriptive analysis of program data to identify current service use, gaps and possible future change. Where it is available, ECIA program data will be used, but, if available, data from the ABS, AIHW, ADHC and the NDIA may supplement the analysis.

2.3 Phase 3: Analysis and reporting

Data will be analysed against the research questions outlined in Section 1.2. The qualitative data will be thematically analysed and synthesised with the literature review, while the quantitative data will be analysed descriptively. Feedback about the interpretation of the preliminary findings from the second consultation with the reference group and second forum will be used in the analysis and to prepare the final report. The analysis and reporting will include the implications for developing the capability of ECI service providers to implement an outcomes driven model, including implications for developing and trialling a Results Based Accountability Report Card (RBARC) for the NDIS in the ECI sector.

A draft final report of the research findings will be submitted to ECIA for comment, after which the final report will be completed. A public version of the final report will be published online to provide feedback to the participants, continue to engage stakeholders and to add to the national and international evidence base in ECI.

3 Project management

3.1 Research team

Professor Karen Fisher (SPRC) will lead the project as Chief Investigator. Her research expertise is in the organisation of social services in Australia and China, including disability and mental health services and community care; inclusive research and evaluation methodology; and social policy process.

Dr Ariella Meltzer (SPRC) will serve as project manager and do some data collection and analysis. Ariella is an experienced social researcher and works on a range of evaluations and research projects about the experiences of and service provision to people with disability, children, young people and families.

Dr Christiane Purcal (SPRC) will be responsible for data collection and analysis. Christiane is a researcher and project manager on evaluations that focus on disability and mental health policies, child and family services, child care, and informal carer policies. She uses an inclusive research approach and participatory action research methods.

Rosemary Kayess (SPRC) will advise on the research methodology, fieldwork and analysis. Rosemary has expertise in human rights and disability, community engagement and inclusive research methods.

3.2 ECIA team

Key ECIA contacts for the research will be **Margie O'Tarpey** (CEO, ECIA) and **Lorraine Heywood** (Manager Sector Development, NDIS Implementation NSW/ACT, ECIA). Lorraine will act as ECIA's Project Manager for the research.

3.3 Schedule

The research will be completed by June 30, 2016. All deliverables will be presented in draft to ECIA to receive comment, make amendments and a final version agreed. With permission from ECIA, the results will be submitted for national and international publication to contribute to the ECI evidence base in supporting children with developmental delay or disability and families. Table 1 outlines the schedule for the research in more detail.

Table 1 Project schedule

ACTIVITY	TIME FRAME (month)
Project commencement	1 February 1, 2016
Project set up, initial meeting with ECIA NSW/ACT	February 10, 2016
Planning and ethics approval	February-March <ul style="list-style-type: none"> - Ethics application submitted February 19 - Ethics committee meeting March 8
Data collection	March-May
Data analysis	May-June
Draft Report (followed by feedback from ECIA NSW/ACT)	Early June
Final Report	June 30, 2016

3.4 Ethics

Human research activities are governed by the principles outlined in the National Statement on Ethical Conduct in Research Involving Humans (National Health and Medical Research Council, 2007). The Research Code of Conduct sets out the obligations on all University researchers, staff and students to be aware of the ethical framework governing research at the University and to comply with institutional and regulatory requirements. As such, ethics approval from the Human Research Ethics Advisory Panel will be sought and approved for the research before commencement of data collection activities.

3.5 Communication plan

SPRC relies on a close working relationship with clients to maximise utility in the research. This will involve a prolonged planning phase at the outset of the research, including consultation with relevant stakeholders; consultation on preliminary data collection findings before the finalisation of the report; and an iterative report writing and presentation process to incorporate feedback from government and/or stakeholders.

More specifically, the communication plan will include regular weekly contact between the project managers at SPRC and ECIA, with other staff at SPRC and ECIA drawn in as needed. This will be to establish good working relationships, have regular exchanges of ideas, agree on modifications to the research methodology

and maintain timelines. Communication will be more frequent around the time of key deliverables, particularly in the start-up phase.

3.6 Risk management

Potential risks that may impact on the management of the research and collection of data are summarised in Table 2, drawing on the expertise and experience of the research team.

Table 2 Project Risks

Risk	Impact	Likelihood	Remedial Action
Absence of literature	Low	Medium	The research team recognises that the delivery of ECI services in the context of the NDIS is a subject on which there may not be much evidence or literature yet. The literature review has thus been designed to look at ECI delivery in the context other services similar to the NDIS, which will allow a search based on ECI delivery based on the broader principles underpinning the NDIS, e.g. individualised funding, personalisation, rather than the NDIS itself.
Recruitment difficulties/ insufficient sample	High	Medium	Recruitment of busy service providers may be difficult. Telephone contact has been built into the methodology wherever possible to minimise disruption to participants' schedules. Researchers can be flexible about the scheduling of interviews to further minimise disruption and achieve a robust sample.
Research encounters delays	High	High	A tight schedule on a short project can be delayed by a number of events (e.g. delayed availability of participants, delays at the ethics committee). Our data collection methods can be used concurrently to maximise time available.
Research does not adhere to budget	High	Low	Careful planning. The budget represents excellent value for money as the researchers are experts who have prior experience in qualitative research in the disability sector. The budget is based on previous experience of similar projects, all of which have reported on time and within budget. SPRC will work to a fixed budget and manage the risk.
Research findings do not meet policy needs/no robust conclusions	High	Low	The research team is highly experienced in producing accurate and accessible findings, and for producing accessible reports useful for policy and program development. Draft report will be provided for comment, to allow review and feedback to be included.

Appendix A

Preliminary qualitative guide for forums and interviews

Background

- Role and experience in ECI
- Experience of working with other service providers in Hunter/ NBM
- Experience so far of providing services under the NDIS

Current change under the NDIS

Topics to cover Research Question 1: How is current ECI provision changing with the introduction of the NDIS?

- Background to and understanding of NDIS principles and its roll out in Hunter/ NBM
- Past and present ECI provision and changes as the NDIS is rolling in
 - o Changes to ECI practices and services provided
 - o Changes to partnerships and collaboration with other related services
 - o Factors specific to Hunter / NBM and which influence changes under NDIS roll out
- ECI provision inside and outside the NDIS
 - o ECI inputs, activities, outputs and outcomes related to the NDIS
 - o ECI inputs, activities, outputs and outcomes not related to the NDIS
- Key ECI issues in the context of the NDIS
 - o Referral pathways into ECI through the NDIS and separate to NDIS
 - o Provision of services to children and families not eligible for the NDIS
 - o Key issues specific to Hunter / NBM sites
- Perceived influence of NDIS on ECI
- Perceptions of opportunities for ECI to help achieve NDIS outcomes

Developing best practice in ECI under the NDIS

Topics to cover Research Question 2: How should early childhood intervention be provided under the NDIS?

- Best practice in ECI under the NDIS
 - o What best practice looks like – examples [develop into case studies]
 - o Perceptions of how best practice is changing
 - o Support needed to expand the incidence of best practice