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Arts & Social Sciences

Social Policy Research Centre

Implementation of the NDIS in the early childhood intervention sector in NSW

Project plan

Prepared for:

Early Childhood Intervention Australia NSW/ACT

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1 Research background and scope

1.1 Background

The introduction of the National Disability Insurance Scheme (NDIS) is an extensive restructuring of the disability support system in Australia. In the past, most disability services were funded by government through block funding to service provider organisations. Under the NDIS, access to services will instead be through information and referral, short-term intervention supports, or an individualised funding package provided to a person with disability to make choices about which services best meet their needs. Through the package, reasonable and necessary supports will be provided to people with disability for early intervention and social and economic participation.

As part of the disability service system, early childhood intervention (ECI) will be provided through the NDIS. In the ECI context, children with disability and their families will receive support through information and referral, short-term intervention supports, or through individualised funding and personalised, trans-disciplinary services.

While under trial since July 2013, the NDIS began its full roll out in New South Wales (NSW) and around Australia on 1 July, 2016. In February 2016, the National Disability Insurance Agency (NDIA) announced its Early Childhood Early Intervention (ECEI) approach. The NDIS ECEI approach will help all children with developmental delay or disability and their families to achieve better long-term outcomes through support services in their local community, regardless of diagnosis.

In October 2016, the NDIA announced that it had worked collaboratively with the NSW Government and Early Childhood Intervention Australia (ECIA) NSW/ACT to determine a transitional approach to the implementation of the ECEI approach in NSW. This transitional approach means that until June 2018, current NSW Early Childhood Intervention (ECI) providers who provide supports consistent with elements of the NDIA's ECEI approach will be contracted through the NSW Government.

These providers will continue to deliver early childhood intervention, referral and information support to families. They will also develop and recommend reasonable and necessary supports to be funded under the NDIS. This aims to retain referral pathways, maintain capacity for short-term support and

information provision, minimise disruption to children and families, and support the transition of ECI to the NDIS.

The ECI sector is therefore currently in transition to the full NDIS, with the arrangements for the ECEI approach forming a key part of the transition. The transition to the NDIS full scheme requires families to make new choices about which services best meet their child's needs. It also requires ECI service providers to begin to deliver services under the NDIS, using its core approaches of maximising choice and control and individualised service provision.

The quality of the transition to the NDIS has important implications for children, families and ECI service providers. Previous research in the Hunter region (an NDIS trial site), and the Nepean Blue Mountains (an early roll out site), indicates key transitional issues as ECI service provision moves to the NDIS (Meltzer et al. 2016). These issues can include managing the service level provided to children and families with different entry points to the NDIS or different service entitlements; managing a renewed focus on trans-disciplinary collaboration, often with new providers in the market; and learning how to fund different types of work, as well as cancellations, under a billable-hours system (Meltzer et al. 2016). In the Nepean Blue Mountains, where the NDIA's ECEI approach was first implemented before its national roll out, ECI service providers found this approach useful for enabling them to continue to provide services to children who might not access NDIS individualised packages. They felt it was one of the key aspects of policy that eased the transition (Meltzer et al. 2016).

In this context, there is a need to further understand what happens as more children, families and ECI service providers shift to the NDIS, what transitional issues they experience, and how these issues can best be addressed. It is important to understand the benefits, challenges and unintended consequences that different groups of families and providers may be experiencing over time. While some study of these issues has taken place as the NDIS has been trialled and in the early roll out phase, there is a need for more thorough study of the transition as the full roll out takes place (including the ECEI approach). This will ensure a range of key transitional issues can be identified and addressed as the roll out occurs, in order to best achieve good practice ECI for children and families, and innovation and sustainability for ECI service types.

There is also a need for research into how different groups experience the transition. Families will have different levels of experience of the NDIS and of

ECI service provision; those who have had experience of ECI services pre-NDIS, those who have only had NDIS ECI services, and those who have no NDIS experiences yet. Service providers also come from different backgrounds; those directly providing ECI services, and those who work closely with ECI, but come from education, health, allied health and other mainstream services. Each will have a different experience of the transition that needs to be understood and any issues for them addressed.

Therefore, ECIA NSW/ACT has commissioned the Social Policy Research Centre to conduct research into the experiences of families and ECI service providers in the transition to the NDIS in NSW. The research will identify issues in the transition to the Scheme and assist in addressing these issues for the full NDIS roll out. The purposes of the research will be to:

1. Add to the evidence base about the transition to the NDIS in the ECI sector
2. Understand the experience and implications in NSW of the transition to the national ECEI approach
3. Inform practice change
4. Improve outcomes for children and families (by providing the information necessary to address transitional issues as they arise).

Further information on how the research will be conducted reflecting these purposes, together with its research questions and focuses, is provided in the following sections.

1.2 Research questions and focus

Reflecting the sector background and current transition of the ECI sector to the NDIS, the research questions for the study will be:

1. What are the family, ECI service provider and mainstream provider experiences of the current transition to the NDIS in NSW?
2. How can ECI service types be delivered, including under the ECEI approach, to best achieve:
 - a. good practice for children and families?
 - b. innovation and sustainability of ECI service types?
 - c. an effective interface with other service types?

These research questions are based on the consolidation of information provided by ECIA NSW/ACT about the research focuses that are important in the current ECI sector and the information to be analysed, if available. As

shown in Table 1, the research focuses and information to be analysed map to both the research purposes and research questions, providing a framework for understanding how the research will achieve its purpose.

In examining these research questions through this framework, the research will consider the market context of the NDIS, recognise the different waves of children, families and service providers entering the NDIS, and the different levels of experience they may have of the NDIS and disability support.

Table 1: Research framework

Research purposes	Research questions	Research focus	Information to be analysed, if available
<p>1. Add to the evidence base about the transition to the NDIS in the ECI sector</p> <p>2. Understand the experience and implications of the national ECEI approach</p>	<p>RQ 1: What are families', ECI service providers' and mainstream providers' experiences of the current transition to the NDIS in NSW?</p>	<ul style="list-style-type: none"> Understand family and provider experiences of the transitional ECEI arrangements. Understand opportunities and challenges in the implementation of the NDIS for providers and families. 	<ul style="list-style-type: none"> Family and provider expectations and experiences of the transitional ECEI arrangements. The support choices families make and the extent to which families utilise ECI services, including under individualised funding packages. Support for children and families at risk. Changes to practitioner roles (e.g. educators).
		<ul style="list-style-type: none"> Provide insights into families' service choices and experiences of mainstream access and ECI services, and identify where children with a disability are not accessing NDIS or mainstream services [qualitative]. Document the changes to children's and families' access to ECI services and mainstream services during the ECEI period, including referral pathways [quantitative]. 	<ul style="list-style-type: none"> Children/parent experience of inclusion in mainstream services, of specialist disability services and at key transition points. Changes to referral pathways for families and communities, including the impact of any potential 'drop off points' for children and families. Changes to waiting lists/times for mainstream services. Key statistics on the ECI sector. For example, the number of children and families supported in NSW.
<p>3. Inform practice change</p> <p>4. Improve outcomes for children and families (by providing the information necessary to address transitional issues as they arise)</p>	<p>RQ 2: How can ECI service types be delivered, including under the ECEI approach, to best achieve:</p> <p>a. good practice for children and families</p>	<ul style="list-style-type: none"> Understand how ECI best practice is implemented under the NDIS, from practitioner and family perspectives. 	<ul style="list-style-type: none"> Family perspectives on quality of supports and information. ECI provider perspectives on implementing best practice. Support for children and families at risk.
		<ul style="list-style-type: none"> Review the outcomes being achieved by children and families. 	<ul style="list-style-type: none"> Outcomes being achieved for families in relation to the NDIS Outcomes Framework.
	<p>b. innovation and sustainability of ECI service types</p>	<ul style="list-style-type: none"> Identify the service and operational changes being made by providers in response to the NDIS, including efficiency measures, quality safeguards, workforce changes, opportunities to innovate and measures to increase the sustainability of services. 	<ul style="list-style-type: none"> Innovation, efficiency and service sustainability in delivering ECI best practice in a competitive market. Workforce changes, including relationships with community health.
	<p>c. an effective interface with other service types</p>	<ul style="list-style-type: none"> Outline the changing nature of the ECI sector in NSW. 	<ul style="list-style-type: none"> ECI practice in a fee for service environment (in a regulated market). Pricing and the direct and indirect service costs of the NDIS.
		<ul style="list-style-type: none"> Identify how effective collaboration occurs between ECI services and mainstream services 	<ul style="list-style-type: none"> Local partnerships/collaboration networking between mainstream services and ECI services. Mainstream and ECI support access for children not funded by the NDIS, including Continuity of Support arrangements.

2 Methodology

2.1 Research approach

The research will be a two time-point study with surveys, interviews and longitudinal case studies. The project will operate in three phases. The first phase will be planning and project set up and the following two phases will involve data collection and analysis. The phases are outlined in detail below.

2.1.1 Phase 1: Planning and project set up

The project will commence with a planning phase. This will include a planning meeting with ECIA NSW/ACT to confirm the research focus, questions and methodology. It will also include setting up and consulting with a Reference Group and updating an existing literature review to inform the project context. These planning activities will feed into finalisation of the project plan, design of the research instruments, and application for and receipt of ethics approval.

Reference Group

A Reference Group will guide the project. Membership of the Group will be determined in consultation with ECIA and may include ECIA staff and Board members, ECI service providers and sector experts. The Reference Group will meet up to six times during the project, either face-to-face or by phone. The first meeting will be early in the planning phase in order to consult with the sector, enable a partnership approach to the research, and allow the Group to inform the research focus and design.

Literature update

The research team completed a recent literature review of service transition and integration in ECI, incorporating both ECI service providers' and families' perspectives (see Appendix C in Meltzer et al., 2016). This review will be updated during the planning phase and throughout the project, with any new literature added to inform the current project.

2.1.2 Phase 2: Data collection 1 and preliminary analysis

Data will be collected twice throughout the project, mainly from different participants at the first and second time-points; however some participants from the first time-point will contribute data again at the second time-point to

be used for longitudinal case studies. This design has been chosen to collect information at the aggregate level, while still exploring individual level longitudinal change, as well as to gain the perspectives of families and ECI and mainstream service providers who are entering the NDIS in Years 1 and 2 of the transition.

Interviews

In Round 1 of data collection, in-depth semi-structured interviews will be conducted with up to 15 family members and up to 15 ECI service providers. In order to accommodate diversity of experiences, attention will be paid to the circumstances and characteristics in Table 2 in selecting the sample.

Table 2: Sampling characteristics

Family	Service providers
<ul style="list-style-type: none"> - Families with pre-NDIS experience, only NDIS experience and no NDIS support yet, but may enter later in the study - Geographic and socio-economic location within NSW - Cultural and linguistic diversity, including Aboriginal background - Age and support needs of the child - Whether or not the child has a diagnosis. - Which key transition points the child may be experiencing 	<ul style="list-style-type: none"> - ECI providers (ECEI and other) - Mainstream providers - ECEC providers

Family members and service providers will not necessarily be connected to each other, but may be recruited through the same organisations.

The purpose of the interviews will be to gain in-depth exploratory data about experiences in the transition to the NDIS during the ECEI period. Family members will be asked about their experiences of using services, while service providers will be asked about their changing experience of their work and their perception of changes in the structure and system they are working within. The interview topics (see Table 3) map to the 'information to be analysed, if available' in Table 1:

Table 3: Interview topics

Families	Service providers	
<i>Own experience of using services:</i> <ul style="list-style-type: none"> - Transition to the NDIS during the ECEI period, including what they expected and what actually happened - Referral and information 	<i>Own changing experience of their work:</i> <ul style="list-style-type: none"> - Working under the ECEI approach - Renewed partnerships and collaboration 	<i>Perceptions of changes in the structure and system they are working in:</i> <ul style="list-style-type: none"> - Systemic implications of the ECEI approach - Changing referral pathways

<ul style="list-style-type: none"> - received - Supports received and support choices - Support for at-risk families - Perspectives on quality supports - Inclusion in mainstream services and use of specialist disability services - Support at key transitions - Outcomes being achieved 	<ul style="list-style-type: none"> - Experience of supporting at-risk families - Working under a fee for service model - Changes to roles - Workforce changes - Delivering innovation, efficiency and service sustainability 	<ul style="list-style-type: none"> - Service access for children not funded by NDIS - Market regulation - Workforce changes - Pricing - Requiring innovation, efficiency and service sustainability - Outcomes framework
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The specific interview questions will be set in consultation with ECIA and the Reference Group.

Interviews with family members in Sydney will be face-to-face, unless they request otherwise. Interviews with families outside Sydney and service providers will be by telephone, unless a Sydney service provider interview coincides with a family interview. Each interview will take approximately 45 minutes and will be arranged for a time, date and place suitable for the participant. Question options will be built into the interview schedules to accommodate diversity in families' experience of the NDIS and in the types of service providers participating; conceptually consistent questions will be asked for all, but additions or variations will accommodate their different experiences and roles.

ECIA will assist in accessing and facilitating contact with potential interview participants. This may include setting up contact with service providers who can then facilitate contact with families.

Family member participants will be given a \$30 gift voucher for their time and effort in participating.

Surveys

The research will also involve a family member survey and a separate service provider survey. The surveys will be designed prior to Round 1 of interview data collection, based on the literature review findings, relevant policy documents, the research questions and focuses for the project, and the advice of ECIA and the Reference Group.

The survey will take approximately 15 minutes to complete and will focus on the same topic areas as the interview questions (Table 3), but will be

designed to collect aggregate rather than individual level data. It will include sorting questions to reflect diversity in families' experience of the NDIS and in the types of service providers participating.

The survey will be distributed primarily online via ECIA and a range of ECI organisations in NSW, concurrently to the interviews taking place. Paper copies will be offered to interview participants at the conclusion of their interview in order to most easily facilitate their inclusion in the survey sample.

Secondary data

Secondary data will be analysed, if available. This may include data from the NDIA, Ageing, Disability and Home Care (ADHC), the Australian Institute of Health and Welfare (AIHW) and the Australian Bureau of Statistics (ABS), as well as from customer relationship management (CRM) systems, such as Echidna or Supportability. ECIA will assist with access to secondary data.

Preliminary analysis

A preliminary analysis will be conducted of the data collected in Round 1. This will include:

- Qualitative thematic data analysis of interview transcripts, using NVivo 11 and a coding framework based on the literature review findings, relevant policy documents and the research questions and focuses.
- Quantitative analysis of the survey data and secondary data, using SPSS, Excel or an appropriate similar program.

The purpose will be to come to preliminary findings that (a) identify immediate NDIS transitional and design issues and implications for action from ECIA and other stakeholders, and (b) identify preliminary themes, gaps and areas to be prioritised for further examination in Round 2.

2.1.3 Phase 3: Data collection 2 and final analysis and reporting

Round 2 of data collection

Round 2 of data collection will repeat the process from Round 1. Adapted interview and survey questions from Round 1 will be used again at the second time-point to examine and measure change. Some new questions will be added to both the interviews and surveys to cover gaps and further explore the preliminary findings.

Consistent with the two time-point design, mostly new participants will take part in the interviews and surveys in Round 2. This will enable new people to join the study who have entered services or the NDIS after Round 1 of data collection (in Year 2 of the NDIS transition), and allow aggregate examination of their experiences. This is important for understanding the transition to the NDIS for people entering at different time points.

In addition, the Round 1 interview participants will be re-approached about participating again in order to explore individual-level change. This will include both the family member¹ and service provider participants. It is anticipated that a small number will agree to participate again. Their repeat interviews will then be analysed together with their Round 1 interview as longitudinal case studies. The purpose of the case studies will be to provide detailed information about individual-level change over time in families' and service providers' experiences of the NDIS. The number of case studies is dependent on how many people agree to participate again in Round 2, but it is anticipated that there may be around five family member case studies and five service provider case studies.

Final analysis and reporting

The final data analysis will use the same process and conceptual framework as in Round 1. The Round 1 and 2 analyses will be added together, forming an overall analysis of the aggregated time-point data. The individual-level case studies will be written up into a de-identified form suitable for the report.

The final report will be written to include qualitative and quantitative data from both Round 1 and 2. The results will be presented in relation to the research questions and focuses and will include implications for policy and practice for NDIA, ECIA, providers, and relevant state and federal government agencies.

¹ Telephone interviews will be offered to family members in Round 2 to increase the number of people willing to repeat participation; they may choose between face-to-face or telephone interviews in Round 2.

3 Project management

3.1 Key personnel

The key personnel for the project will be:

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 be project manager and will collect and analyse data for the project. 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. She is experienced in Plain English fieldwork with families.

Dr Christiane Purcal (SPRC) will collect and analyse data for the project. Christiane is an experienced researcher and project manager on evaluations that focus on disability and mental health policies, child and family services and community care policies.

Professor Ilan Katz (SPRC) will act as an advisor to the project. Ilan has expertise in early childhood intervention and many years of policy, practice and research experience in children and family services in the UK and Australia. He started his career as a social worker and manager, working in several local authorities and non-government organisations (NGOs) in London. He was head of Evaluation, Practice Development and Research at the National Society for the Prevention of Cruelty to Children. After spending some time as a civil servant he returned to research to become Deputy Director of the Policy Research Bureau. He was Chief Investigator of the National Evaluation of the Stronger Families and Communities Strategy and Brighter Futures, NSW Department of Community Services Early Intervention Program.

Key ECIA NSW/ACT 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. ECIA NSW/ACT staff and Board members will also be represented on the Reference Group.

3.2 Communication

SPRC relies on a close working relationship with our clients, involving clear project management and communication processes. Project management and communication in this project will involve:

- A designated project manager from both SPRC and ECIA, who will be in regular contact with each other
- Fortnightly teleconferences for the duration of the project
- Agenda setting and minute taking by the SPRC project manager
- Close consultation on the research context, questions, focus and approach and data collection methods with ECIA and the Reference Group.

3.3 Ethical considerations

As a project including human research participants, our research will comply with ethical standards. 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.

3.4 Reporting

The research team will provide four reports staggered throughout the research process, as detailed below.

Table 4: Reports

	Deliverable date	Content
Report 1	November 18, 2016	Project Plan with finalised research questions and methodology
Report 2	July 31, 2017	Preliminary findings report after Round 1 of data collection
Report 3	December 31, 2017	Progress report after Round 2 of data collection
Report 4	April 30, 2018	Final report incorporating data and analysis from Rounds 1 and 2 of data

3.5 Timeline

The overall project timeline is detailed below:

Table 5: Project timeline

Project phase	Tasks	Responsibilities	Deliverables	Time
Planning and project set up	Planning meeting	SPRC – attend planning meeting and Reference Group meeting, arrange and attend fortnightly teleconferences, update literature, finalise methods in consultation with ECIA, design instruments and apply for ethics approval. ECIA – attend planning meeting, attend fortnightly teleconferences, consult on Reference Group membership and attend Reference Group meeting, consult on methodology requirements.	Report 1 by November 18, 2016	October 3–December 2016
	Reference Group set up			
	Literature update			
	Finalise methodology			
	Instrument design			
	Ethics approval			
Round 1 of data collection and preliminary analysis	Recruitment	SPRC – arrange and attend fortnightly teleconferences, meet with Reference Group, recruit, collect data. ECIA – attend fortnightly teleconferences, meet with Reference Group, assist with recruitment, assist with access to Echidna and/or Supportability data.		January – April, 2017
	Interviews			
	Surveys			
	Secondary data analysis			
	Preliminary data analysis	SPRC – arrange and attend fortnightly teleconferences, analyse and report on data, adjust research instruments for Round 2 (and apply for any necessary ethics approval modifications). ECIA – attend fortnightly teleconferences, provide comments on draft report.	Report 2 by July 31, 2017	May-August, 2017
	Instrument adjustments for Round 2			

Project phase	Tasks	Responsibilities	Deliverables	Time
Round 2 of data collection and final analysis and reporting	Re-contact participants and new recruitment	SPRC – arrange and attend fortnightly teleconferences, meet with Reference Group, recruit, collect data.	Report 3 by December 31, 2017	September-December, 2017
	Interviews	ECIA – attend fortnightly teleconferences, meet with Reference Group, assist with recruitment, assist with access to Echidna and/or Supportability data.		
	Surveys			
	Secondary data analysis			
Final data analysis and reporting	SPRC – arrange and attend fortnightly teleconferences, analyse and report on data. ECIA – attend fortnightly teleconferences, provide comments on draft report.	April 30, 2018	January-April, 2018	

3.6 Risk management

Risk will be monitored throughout the project. Anticipated risks and mitigating actions are noted below.

Table 6: Project risks

Risk	Impact	Likelihood	Remedial Action
Recruitment difficulties/ insufficient sample	High	High	<p>Recruitment of family members may be difficult. Facilitating contact through service provider organisations is a proven method for contact. Time has been built into the methodology for a prolonged recruitment process.</p> <p>Recruitment of busy service providers may also be difficult. Telephone contact has been built into the methodology to minimise disruption to participants' schedules. Researchers can be flexible about the scheduling of interviews to further minimise disruption and achieve a robust sample.</p> <p>New recruitment in Round 2 may be difficult due to saturating interest in the research in Round 1. The phrasing of Round 2 recruitment will ensure that it is clear that participants are contributing to the continuation</p>

Risk	Impact	Likelihood	Remedial Action
			of the same study, not repeat research.
Difficulty re-engaging participants in Round 2 / risk of attrition	Low	High	Difficulty re-engaging participants is a risk in any longitudinal study. The longitudinal case study design means that only a small number of repeat participants are needed in this research. This will minimise the impact of attrition.
Research encounters delays	High	High	Delays are a risk in all longitudinal projects, as a delay in one part of the project will have flow on effects for the rest of the timeline. The time allocation has been planned to accommodate this risk. Some project activities can also happen concurrently, if needed (e.g. preliminary analysis concurrent to end of data collection).
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 in producing accessible reports useful for policy and program development. Draft report will be provided to ECIA NSW/ACT for comment, to allow review and feedback to be included.