Intereach, Deniliquin, NSW

Therapy Pilot Project

Evaluation Report

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Wobbly Hub and Double Spokes Research Team

Faculty of Health Sciences, University of Sydney

Angela Dew, Rachel Mayes, Jo Ragen, Kim Bulkeley, Anita Bundy.

Executive Summary

In mid-2013, Intereach received funding from New South Wales (NSW) Family and Community Services, Ageing, Disability and Home Care (ADHC), (then) Western Region to conduct a 12 month Therapy Access Project (TAP) funded under the *Strengthening Children 0-8 Years Strategy*. Intereach employed a manager, three part time Key Workers and an Inclusion Support Officer to engage with children living in Deniliquin and surrounding towns aged 0-8 years who were not meeting their developmental milestones. The key workers worked in conjunction with Community Health, non-government organisation and private therapists, within mainstream children's services and community recreation services. The stated dual aims of the TAP pilot were to promote the inclusion of the children in mainstream, community settings and, through individual goals, work towards a smooth transition of the children to early childhood settings and school.

The Wobbly Hub and Double Spokes research team at the Faculty of Health Sciences, University of Sydney, was engaged by ADHC Western Region to evaluate the TAP pilot using a formative evaluation approach. Collaboratively, the Wobbly Hub team, Intereach management and ADHC Western Region staff agreed on the best ways to measure the outcomes of the pilot project against the aims. An aim of the evaluation was to build capacity within the organisation to engage in ongoing service evaluation. The pilot project and evaluation ran for 15 months. The evaluation involved the collection of quantitative and qualitative data.

Child Demographics

Twenty three children (male $n = 20$; female $n = 3$) commenced in the TAP pilot project. Non-identifying background data were collected on all children. Children ranged in age from 2 – 8 years old with a mean age of 6 years. Four children dropped out of the pilot project in the first three months. Of the remaining children, 17 were attending school and two preschool. Nine carers of 12 children consented to participate in the evaluation of the TAP pilot.

TAP pilot staff hours spent with children/families

The total number of contact hours by TAP pilot staff with all children was 1,646 with a range of 9 – 219 hours, a median of 78.5 and a mean of 82 hours per child. Of these, 1,040 hours occurred in community locations and the remaining 606 hours at a centre. Given the focus of the project to enhance inclusion of children in mainstream community settings, the significant number of hours spent in these locations is indicative that this was occurring.

Development and assessment of individual child goals

The TAP pilot team sought the most effective method for identifying, recording and measuring individual child goals. Three different approaches were trialled each for three months before deciding on the Routines-Based Early Intervention (RBI) approach[1]. As the RBI was only introduced in September 2014, no data were available at the time of writing this report on the achievement of goals set using this tool.

[1] The RBI is an approach emphasising child engagement and support to families using functional interventions. For more information see www.siskinresearch.org

Individual Family Service Plans (IFSPs) were developed by TAP pilot staff, carers and other professionals involved with the child. The total number of goals recorded on IFSPs across eight of the consenting children (four consenting children dropped out of the pilot) was 41. The number of goals per individual child ranged from 2 – 14 with a mean of 3.5 goals.

Views of stakeholders

Interviews were conducted with 28 participants including carers (*n* = 9), TAP staff (*n* = 5), other Intereach staff (*n* = 4), therapists (*n* = 4), educators (*n* = 3), community sports representatives (*n* = 2), and a child welfare organisation employee (*n* = 1).

Greatest Benefits included creating a 'team around the child' that included carers, therapists, educators and others; adopting a community capacity-building model to address individual child/family desires to be engaged in sport and leisure activities; and integrating the range of Intereach services with the TAP pilot.

Biggest Challenges were around early "teething" problems with staff and communication difficulties; issues with IFSPs and goal setting including the way goals were written and were implemented; evolving relationships with therapists to expand the range of therapists involved with the project; engagement with schools to recognise the value offered by the TAP pilot staff; and getting technology to work for carers living in outlying areas due to access issues.

Therapy Pilot Project Evaluation Recommendations

Based on the quantitative and qualitative data collected during the evaluation, there are recommendations for building on the pilot project in four key areas:

1. **Accessing goal setting training** to develop goals that are relevant, functional, achievable and measureable over time so that carers and professionals identify and prioritise what needs to be worked on with the child and can assess when goals are achieved and new goals required. Specific goal setting training will ensure that the information gathered through the RBI and IFSP meeting process is translated into high quality goals for implementation.
2. **Bringing in technology expertise** to problem-solve difficulties encountered in using technology to deliver therapy support in rural and remote areas by providing cost effective and workable solutions to access issues.
3. **Further developing relationships with schools** to highlight the value TAP staff can add to the successful transition of children with developmental delays and disabilities to school. Assistance with developing these relationships could be provided through interdepartmental (ADHC to Education) communication around the NSW *Strengthening Children 0-8 years* reform strategy and a forum held in Deniliquin involving school principals, ADHC Murrumbidgee, and TAP staff.
4. **Developing evaluation capability** within the TAP team (and their community partners) to monitor the ongoing effectiveness of the early intervention and community inclusion programs with children, families and communities. Ongoing evaluation adds to sustainability as benefits and challenges are identified and changes made as needed.