



Ready, Set...Go!

Therapy Pilot Project

Mudgee, NSW

Evaluation Report

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Wobbly Hub and Double Spokes Research Team

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## Executive Summary

In early 2013, a consortium of private therapists and early childhood educators in Mudgee received funding from New South Wales (NSW) Family and Community Services, Ageing, Disability and Home Care (ADHC), (then) Western Region to conduct a therapy pilot project funded under the *Strengthening Children 0-8 Years Strategy*. This therapy pilot project built on and extended the previous Ready, Set...Go! model rolled out in 2011 and 2012. The consortium's proposal was to work with a broad range of mainstream services to provide therapy services to children (0-8 years). In seeking to align with the National Disability Insurance Scheme, the RSG model utilised a tiered funding approach with children allocated to one of three funding tiers (intensive, targeted, universal), according to the needs of the child and their families. The aim was to deliver therapy supports in community settings to enhance the inclusion and participation of children within their family and community life.

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 RSG model using a formative evaluation approach. Collaboratively, the Wobbly Hub team, RSG consortium representatives, and ADHC Western Region staff agreed on the best ways to measure the outcomes of the pilot project against the aims. The pilot project and evaluation ran for 12 months. The evaluation involved the collection of quantitative and qualitative data. An aim of the evaluation was to build capacity within the consortium to engage in ongoing service evaluation.

### Child and Family Demographics

Twenty children (male  $n = 9$ ; female  $n = 11$ ) participated in the 12 month therapy pilot project across Rounds 1 and 2 with 10 children in each round. The carers of six children in Round 1 and five children in Round 2 consented to participate in the evaluation of RSG. Across both rounds, children with consent ranged in age from 4 to 7 years with a mean age of 5 years. In Round 1, four children received support at a universal level, five at a targeted level and one at an intensive level. In Round 2, six children received support at a universal level, none at a targeted level and four at an intensive level with two of these children splitting an intensive package.

### Therapy hours spent with children/families

The number of hours spent by therapists according to the activities undertaken was available only for the consenting children in Round 1. In Round 1, a total of 50.5 hours was spent by all therapists working with the six children. The number of hours spent per child ranged from 4 – 16 hours with a mean of 8 hours. The majority of hours (18.5 total hours) were spent delivering therapy in preschools and schools, followed by administration (16.5 total hours), and case conferences (10 total hours). Only 1.5 hours were spent on community activities and this was for one child only. These data were not available for Round 2.

### Development and assessment of individual child goals

Individual goals were identified using the Canadian Occupational Performance Measure (COPM). There were considerable differences in the COPM scores between the two rounds with children in Round 1 achieving clinically significant changes in both performance and satisfaction with performance. In Round 1, the overall mean value for performance before the program was 3.75, and after the program 7.2. For satisfaction with performance, the overall mean value before the program was 4.3, and after the program 8.0. In Round 2, the overall mean value for performance before the program was 4.5, and after the program 4.7. For satisfaction with performance, the overall mean value before the program was 4.6, and after the program 5.0.

### **Views of stakeholders**

Semi-structured interviews were conducted with 17 key stakeholders including private therapists ( $n = 4$ ), carers ( $n = 7$ ), and panel members ( $n = 6$ ). Multiple interviews were conducted with each of the stakeholders.

*Greatest Benefits* included the flexibility of the RSG model with locally-based private therapists working in collaboration with community services; the good fit with carers' concerns and that the consortium model, supported by the specialist expertise available through ADHC, facilitates private therapists' professional development to work effectively within the capacity building model and with children with developmental delay and disability.

*Biggest Challenges* were around a lack of clarity in communication with carers; challenges in communication between therapists; lack of leadership and clarity around the panel's role; challenges in matching funding and identified needs and evidence-based practice; and the fluctuating availability of therapists.

### **Therapy Pilot Project Evaluation Recommendations**

The recommendations relate to building on the flexibility of the model to address the challenges. Acknowledgement is given that those involved in the RSG project have already taken steps to address some of the challenges identified through the formative evaluation feedback. Based on the quantitative and qualitative data collected during the evaluation there are recommendations for building on the pilot project in three key areas:

1. Overhauling the administration of RSG by streamlining the panel membership so there are fewer people involved in the process of deciding funding allocation;
2. Ongoing support and training for private therapists and educators through development of an orientation and induction kit for new members of the consortium, specific training on goal setting, and a coaching model to enhance community capacity-building;
3. Building community inclusion focus through the establishment of partnerships with community organisations such as sports and leisure clubs, and the employment of a number of part-time 'key worker' or 'therapy support worker' positions with a focus on facilitating inclusion of individual children into mainstream, community-based leisure, recreation and sport activities.