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EVALUATING A RURAL-BASED EARLY CHILDHOOD INTERVENTION SERVICE

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ABSTRACT

This article describes the evaluation of an early childhood intervention centre operating in a rural location. The centre had adopted an integrated model of service delivery to address issues of cost, staffing, and service to families in both centre-based and outreach settings. The evaluation gathered information from key stakeholders (including parents, centre staff, and other practitioners in the field) and used a variety of research methods. The results of the evaluation are discussed, recommendations are made, and insights shared for the benefit of those conducting future evaluative studies in this area.

INTRODUCTION

There have been few evaluations in the field of early childhood intervention services in Australia reported in the research literature. This article attempts to fill such a void by discussing what a team of researchers learnt from their involvement in a recent evaluation of an early childhood intervention service in rural Australia. The evaluation was informed by an extensive literature review and involved the use of a mix of inquiry methods (e. g., surveys, interviews, and discussions) with a range of key stakeholders. Many of the questions asked of the stakeholders were drawn from the 1998 Evaluation Guidelines established by the New South Wales (NSW) Chapter of the Australian Early Intervention Association.

A literature review, based mainly on materials either identified in the Australian Education Index or the ERIC database, revealed six main issues that need to be considered when evaluating an early childhood intervention service in a rural location. These issues are referred to as constraints, family-centred practice, social support, a paucity of relevant local research, evaluating rural-based services, and bench marking, and are summarised below.

1. Constraints

There are always significant constraints that apply to the evaluation of early childhood intervention programs due, in part, to the great diversity of programs that has made uniform and meaningful bench marking difficult. Early childhood intervention programs can encompass such diversity as educationally-based programs, therapy-based programs, family support-based programs or more commonly, a blend of some or all of these features. The lack of appropriate measurement instruments for early childhood programs operating in different locations, such as the city and rural or remote areas, has continued to make effective

evaluation of early childhood intervention programs difficult. Moreover, professionals working in early childhood intervention services have been limited in the resources that they have to evaluate their services as most of the staff time is allocated to direct service delivery. Nevertheless, Fallon (2000) pointed out, no matter how difficult evaluations of early childhood intervention services are, there is a strong need for well-planned evaluations to be used as a key management tool.

2. Family-centred practice

In evaluating the effectiveness of early intervention services, there has been much written about the importance of family-centred practice as it has been a principal component of early childhood intervention services in Australia and elsewhere for more than a decade. Rosenbaum et al. (1998), as cited in Moore (2001), considered efficiency studies of family-centred practice and found that all of the studies reviewed demonstrated considerable evidence of the effectiveness of a family-centred approach to service delivery in terms of positive outcomes for both the child and the family. However, Dunst, Trivette, and Jodry (1997) have found that services differ in the degree to which these services implement all the components of family-centred practice. They also found that these variations are significantly related to a wide range of parent and family outcomes including the parents' satisfaction with the services received and family empowerment.

In reviewing family-centred practice from an Australian perspective only, Moore (2001) concluded that:

- early childhood intervention services should continue to be based upon the philosophy of family-centred practice; and,

- all professionals working with families of young children with disabilities should be trained in the proper use of family-centred practice, incorporating three basic elements of effective helping (viz., technical skills, personal qualities and attributions, and participatory involvement).

3. Social support

Research has shown another important factor to be taken into account when evaluating the effectiveness of early childhood intervention programs is how well services provide social support to families of young children with disabilities. Dunst et al. (1997) define social support as a complex, on-going transactional process that involves the exchange of resources between an individual and his or her social network members. These co-workers proposed that because social support influences child, parent and family functioning that social support is a form of early intervention. Crnic and Stormshak (1997) studied the effects of social support and found that the majority of studies of 'at risk' families have shown that social support directly influences the well-being of children and families.

Sloper (1999) reviewed the British evidence regarding social support and found that for professionals working in early childhood intervention that there were three primary features for providing effective support for families: providing families with a key worker; training workers in basic counselling skills; and, parent-partnership service delivery models.

4. A paucity of relevant local research

In Australia, there has been limited research into the area of early childhood intervention with much of the work being done in a more informal way. The research findings tend to have been described in papers presented at early childhood intervention conferences. One such

paper "Early childhood intervention: What we need to know" was presented by Moore at the Early Childhood Intervention Australia (NSW) August 2001 conference. Moore considered the evidence regarding the short and long term effects of early childhood intervention services on 'at risk' youngsters and the disability population.

In his paper, Moore emphasised that support to families of young children with disabilities should include services designed to relieve four potential sources of stress: the need for information about their child's health and development; interpersonal and family distress that can result from having a child with a disability; threats to parenting confidence in their ability to meet their child's needs; and, additional resource needs resulting from having a child with a disability. Moore also stressed that professionals working with families of young children with disabilities should seek to help parents mobilise informal support networks and resources.

5. Evaluating rural-based services

There does not appear to be much research into the evaluation of early intervention programs in rural areas either in the United States of America (USA) or Australia. One of the few Australian studies undertaken was a review by Linfoot (1997). In his paper, entitled "Early childhood special education: Recent trends in service delivery", he explored recent trends in the delivery of early childhood intervention services in Australia and also took into account the research into the needs of children with disabilities in isolated areas. He drew on some research by Brentnall and Dunlop (1985) that had implications for service delivery in rural and isolated areas. These researchers had surveyed the extent, the characteristics, and the needs of families of children with disabilities in isolated areas of Australia. The recommendations from their study were for the provision of services, especially those

involving communication/counselling services, to parents and the availability of therapy services to children. An issue of some concern that the Brentnall and Dunlop national survey identified was that best use may not have been made of the services that were available in rural areas. As highlighted by Linfoot (1997), poor coordination between various service providers and a lack of communication between professionals could have contributed to the problems identified by Brentnall and Dunlop.

Linfoot (1997) also noted that in some cases families in rurally isolated areas have not accessed early childhood intervention services. The reasons given were that there was often a limited range of early childhood intervention services or, in some cases, that families were unaware of the services available to them.

6. Bench marking

Kempner (1993) defined bench marking as an on-going, systematic process for measuring and comparing the work processes of one organisation with those of another, and by bringing an external focus to internal activities and functions. Organisational performance indicators can form an important part of the bench marking process. Therefore, when evaluating an early childhood intervention program, it is important not only to measure the satisfaction levels of the clients (and the families), but also to look at broader measures such as the overall health of the organisation that offers the services.

While recognised bench marks are useful in evaluating an organisation's climate and performance (Owens, 2003), suitable standards are not always available. In such circumstances, the relative well-being of an organisation can be appraised by using a range of performance indicators. These include rates of staff absenteeism, the number of work

disputes or complaints, staff turnover, and staff satisfaction levels. Some specific benchmarking criteria for early childhood intervention services include such things as staff-children ratio and floor space per child.

One of the greatest difficulties in early childhood intervention services operating in rural areas is attracting and retaining therapists in country areas. A lack of therapists affects the effective functioning of an early intervention team in providing services that meet the needs of families with young children with disabilities. Therefore, one suitable benchmark of success in evaluating the effectiveness of early childhood intervention services, is the ability of the service to attract and retain therapists in the service. As the Review of Therapy Services for the NSW Department of Ageing and Disability stated: "[t]herapists regard disability as a specialist area and lack peer support and professional development to support them in their role" (Mather and Associates, 1998, p.32). For early childhood intervention services operating in rural areas, this difficulty of attracting and retaining therapists is compounded - "[m]ajor gaps in services exist, particularly in rural areas, due to difficulties in recruitment and retention" (Mather and Associates, 1998, p.18).

Beamish and Bryer (1999a) carried out a research project in Queensland and found that the evaluation practices for early childhood intervention services in Australia have been largely based on work and standards from overseas, mainly from the USA. They noted that, while recommendations from these evaluations may apply to the Australian setting, there is a need to adapt the knowledge to our own specific contexts and establish our own reference points. As Ashman noted "[t]here is nothing wrong with basing our efforts on the accumulated knowledge. The error (if there is one) is not validating this knowledge in our own political, legal and service provision structures" (1990, p.180).

Beamish and Bryer (1999b) did not adopt recommended practices from other established communities but developed a relevant listing of program quality indicators based on the early childhood intervention context for Queensland. Significant differences between the ratings of staff and parents occurred for seven indicators, namely, family support networks, professional competencies, ascertainment categories, staff training and feedback, community service information, personnel solution, and case management.

THE EVALUATION PROCESS

As alluded to in the literature review, any evaluation of an early childhood intervention service needs to address a number of issues, involve a range of stakeholders, and be exhaustive. Such an approach needs to be adopted so that its findings can be used, not only by the specific service under review, but by a wider audience such as the research community.

The early childhood intervention centre evaluated was based in a regional NSW city with a population of 55 000 persons and offered outreach to the surrounding region. The centre falls under the umbrella of a charitable organisation that relies mainly on government funding to support the delivery of its services. The market for such services in regional Australia is thin with the need to travel to outlying areas, which makes it difficult to achieve the same level of services as in metropolitan areas with equivalent funding. The centre has responded to this challenge by developing an integrated service delivery model in which teams of professionals in the fields of both health and education work with client families. This particular model is a viable alternative to the ubiquitous separate services model. In this latter model, speech

pathologists, psychologists, physiotherapists, occupational therapists, family support workers, and educators work out of different offices.

The evaluation was conducted over a period of ten months and set out to:

- determine the level of satisfaction client families felt with the services they received;
- ascertain the level of satisfaction of staff involved in the delivery of these services;
- describe the perceptions of the early childhood intervention program held by others who provide services to the same clients;
- compare the centre with other regional centres with some common features; and,
- provide findings that can be used in making informed decisions relating to future directions for the centre.

This evaluation employed a number of research methods to gather and analyse data. These methods are summarised below.

1. A survey of 120 client families using items based on the 1998 Evaluation Guidelines established by the NSW Chapter of the Australian Early Intervention Association was adapted to meet the purposes and needs of this evaluation. These surveys were posted to families at their home address. Several weeks after the closing date for the return of the completed surveys a telephone call was made to those who had not responded. This improved the response rate to approximately 50% and provided additional information from client families. A copy of the survey can be found in Appendix A.
2. A survey of all centre staff, except three who had recently been appointed, was conducted. This survey also drew on items from the 1998 Evaluation Guidelines. In addition to these items, a number of open-ended questions were framed so that staff

members could offer comments about their responsibilities and workplace. The return rate was about 70%. See Appendix B for a copy of the staff survey.

3. A series of two staff discussions that took the form of focus groups with pre-circulated discussion questions. The centre's manager was not involved in these discussions. This decision was made to eliminate the possibility that the presence of the manager might have a significant influence on the staff discussions. Two of the members of the research team acted as facilitator and recorder for the two hour-long sessions. The discussion questions can be found in Appendix C. Staff members were given a summary of the findings of both the Family and Staff Surveys before the discussions were held. The field notes were analysed to identify themes and issues that relate to the purposes established for the evaluation.
4. A survey of comparable regional early intervention services seeking information on a limited number of performance indicators was conducted by post with responses returned anonymously. An indicator, such as staff turnover or absenteeism rate, points to or provides limited evidence about the work situation. When some of these indicators point in the same direction, it can be assumed with greater certainty that inferences made about the performance of an organisation or group tend to have greater validity. It needs noting that it was difficult to identify comparable centres.
5. A survey of other providers of services to the children associated with the centre. This survey was conducted by telephone and included paediatricians, pre-school directors, and staff from relevant agencies in the local area. Those surveyed were selected on the basis of having: (i) a detailed understanding of the centre and the early intervention services it provides; (ii) regular contact with centre staff members; and, (iii) a shared responsibility for some clients. The three questions asked in the survey were: How would you rate the services provided by the centre [1. Excellent 2. Good 3. Satisfactory

4. Poor]? What led you to give the services provided by that centre that rating? Are there any other comments you would like to make about your experience with the centre?
6. Analysis of relevant documents concerned with the history, procedures, information to client families, and other matters to gain insights into the way in which the centre had developed its operations and communications with stakeholders. The centre's manager acted as the conduit for this information flow.

FINDINGS

This section outlines the main findings obtained from the data collection described previously.

Family survey

The average time that the children encapsulated by the survey had been involved with the centre was just over two years. The majority of children had regular contact with the centre either once per week or once per fortnight. Three quarters of the children visited the centre and one quarter saw staff members elsewhere. The majority of parents were quite satisfied with their contacts with the centre and indicated that staff members gave them the support and information needed. A significant number of respondents provided additional comments indicating just how much they valued the service offered by the centre. There appeared to be some differences among families in understanding the development of an individual family service plan (IFSP). However, only a minority of respondents was not satisfied with the process of their plan. These tended to be first-time parents or parents new to the centre who

were not familiar with the goal-setting process and the associated jargon. The centre now provides parents with suitable information to overcome this problem.

Parents were generally happy with the way in which centre staff members implemented a program for their children. They considered that these programs were beneficial for the children, parents and family with the greatest benefit to the child and the least to the family.

Group sessions were seen as valuable by the majority of families but as less valuable than individual services. Almost all of the parents surveyed indicated satisfaction with individual services. Some parents commented that they would like to see groups on a more regular basis e.g., weekly not fortnightly. Two typical comments follow.

“Group sessions were great to meet other parents and to see the children interact and make friends. Individual sessions are absolutely essential for the child and are worth their weight in gold.” “I believe individual sessions are more beneficial to my severely disabled child as some parts of the group session she finds it difficult to participate.”

Eighty percent of parents of children moving on to school in 2002 felt that the centre had helped prepare their child to make this transition. However, there was a level of concern as to how families would cope without the centre’s support with families indicating that they would like services to continue on in the school years. This is illustrated in the quote below.

“Our child would not be where they are today without [the centre]. Thank you! We wish there was a service for the 5+ group as we now feel we are on our own.”

Overall, the results of this survey indicate a high degree of satisfaction with the service by most parents. However, a few respondents did indicate dissatisfaction with particular aspects

of their experience of the service. The dissatisfaction usually centred around particular incidents such as an unfortunate misunderstanding, a change in staffing, a lack of information about their child's specific disability, and unrealistic expectations concerning the amount of contact and support.

Staff survey

Overall, the responses to the staff survey were predominantly positive as reflected in the points below. These staff members:

- were well satisfied with their work;
- valued the transdisciplinary team approach;
- were challenged by some aspects of the work they do;
- felt they need and do get support;
- recognised the value of the outcomes achieved;
- would like additional staff development;
- were relatively inexperienced and had not worked in a similar centre; and
- perceived that aspects of the service could be further improved.

Staff members, in general, indicated a desire to develop their own professional practice in a number of areas including teamwork, working with families, counselling, and accessing community resources. Many of the comments made by staff members resonate with the issues identified in the literature. Some representative comments by staff to the open-ended questions are included below. The positive and negative comments are noted separately.

Positives

“Good support system.” “Team commitment to the service and families.” “Everyone working for the same purpose.”

Negatives

“Not enough time to implement new ideas.” “Financial restrictions in terms of equipment, case loads.” “More therapy staff – the case load at certain times (generally terms 2, 3, and 4) is too large to provide a comprehensive therapy service for the families.” “The current award for payment [is generally low but more so for therapists].”

Staff discussions

The two groups were somewhat different in terms of the views expressed. Group one tended to focus directly on the pre-circulated questions and overcoming perceived difficulties while some in group two tended to be more critical and less constructive. However, this analysis will not dwell on such differences but sought to identify themes and issues that relate to the purposes established for the evaluation which are essentially utilitarian.

The themes and issues that emerged from the analysis of the staff discussions are as follows.

1. Staff members agree that present workloads are such that it is difficult to achieve all of the stated aims of the centre. Staff members currently give priority to the needs of the children and pay less attention to their families. While staff members wish to empower families, current resources do not always allow this to happen to the extent they see as appropriate.

2. The value of IFSPs is questioned in terms of the staff time and effort required and the degree to which families are able to have significant input compared to the actual outcomes where follow up and parent support is often difficult.
3. Families have established preferences about what they want from, and they how wish to relate, to the centre. Staff members have to respect these preferences and to respond sensitively and flexibly in a counselling role. This can create a dilemma for staff where it appears necessary to seek to change these preferences in the interests of the children concerned. Some families do not have the capacity to identify and access the services they need or to apply the strategies that the centre's staff members suggest when the children are in the home environment. This situation is exacerbated when families chose not to participate in group activities and contact, as a consequence, is minimal.
4. The role of the family support worker is seen as critical to the success of the programs. However, at the time the position was only a part-time one and the outcomes were less than optimal. The family support worker could have a role in helping prepare families for assessment and for sharing relevant information with other staff members on a regular basis.
5. Group two participants were concerned with the level of staff turnover, particularly in the year 2000, and the subsequent discontinuity for families. Staff turnover was seen as a consequence of a number of individual and organisational factors such as the current award for payment of therapists and lack of infrastructure for promotion within the organisation.
6. Staff members feel valued and trusted in their workplace. They are able to work flexibly and productively in teams with appropriate delegation of responsibility, sharing of relevant information, and mutual support.

- 7 Staff members would like to see some extension of services in the future such as in assisting children in their transition to school. However, extra funding would be necessary to enable this to occur.

Comparative survey

The results of the survey of eight similar regional early interventional centres revealed a number of important points and these are highlighted below.

1. The eight centres that responded are similar and can be legitimately compared.
2. All centres work in teams that include a mixture of disciplines.
3. Centres are staffed in two ways with three having only part-time staff members and five with a mix of full-time and part-time staff members.
4. The rate of staff turnover is low.
5. Staff absenteeism is variable with the average of 3.3 days per annum per staff member for the five centres that provided data. This figure must be interpreted with caution as the total of full-time and part-time staff was used in the calculation and it was assumed that staffing levels were similar across the four-year period. The latter assumption holds true for all but the centre being evaluated where staff numbers increased. For this centre the absenteeism rate is 1.5 days per person per annum.
6. The official complaint rate at all centres was very low with five centres, including this centre, having zero complaints.

Survey of other local service providers

Three paediatricians, six pre-school directors, and three workers in other agencies, who were surveyed, rated the centre very highly. The reasons given for this rating included:

“Reports clear and easily understood by all.” “[Centre] staff are happy to help with information, visits and resources.” “Responsive to our needs”. “Good case follow up”. “Very well run and efficient service”. “Family-centred practice at its best”. “Very proactive in terms of identifying and addressing future needs”. “Generally poor access to EI services in rural and regional areas and so [this centre] stands out.” “Wait time with [the centre] is short but elsewhere there are long waits”. “Very good compared with other providers in the region.”

These findings are significant as the survey involved all the paediatricians and outside agency representatives who were associated with the centre and half of the pre-school directors. It needs pointing out, however, that these other local service providers did provide some additional comments worthy of noting. For example, one stakeholder reported that the centre needs to demonstrate greater caution in not over-extending its outreach and country travel. A different respondent argued that the centre would be improved if it had a psychiatrist as part of its designated staff profile. Several other stakeholders commented on the real constraint of funding and its implications.

DISCUSSION

This evaluation study has fulfilled the basic aims set out at the beginning and which guided the conduct of the work. In short, the results gleaned from the surveys, staff discussions, and document analysis support the following claims:

1. there is a high level of satisfaction felt by client families with regard to the service they receive;
2. generally speaking, staff members employed by the service are well satisfied with their work roles and responsibilities;

3. other stakeholders offering services to the same clients as the centre see the centre in a very favourable light;
4. indicators such as absenteeism, staff satisfaction, and complaint rate suggest that the service has an above average performance as an organisation; and,
5. the centre has established an excellent reputation but needs to address a series of issues that pertain to staffing, funding, family involvement, and programming if it is to move forward as a service provider.

The findings of this evaluation have important implications for the service as an organisation. To begin with, it is important that new staff members have an induction program that helps them understand the history, philosophy, purposes, policies, and practices of the centre. This is essential as most new staff members have not had previous professional experience in an early childhood intervention service and those who had would not have worked in a similar setting. It is also important that the issues raised at the time of induction are subject to ongoing dialogue and review. Second, it is essential to consider and develop the understandings, generic skills, and dispositions needed for staff to work effectively in teams in family-centred practice as these are critical to the quality of services offered by the centre. This has particular implications for staff recruitment, staff development, and for staff appraisal and performance review procedures. Third, it is crucial to consider and develop the understandings and skills needed by families to participate effectively in the development of their children. This should be achieved in a variety of ways and at different times. In particular, parents need to know the purpose of group sessions and the opportunities they present in terms of demonstrating a range of useful strategies that promote learning and development. Fourth and last, the service must seek to maintain and enhance its reputation as a regional centre of best practice and to ensure that this reputation is widely recognised. Such

an effort will not only assist in gaining further funding and support but also make working for and with the centre more rewarding for those concerned.

Although this evaluation study was limited and exploratory, it has made a contribution by adding depth to the available data on Australian early childhood intervention services and filling an obvious gap in the research literature relating to rural services. There is need for further Australian-based research in the area of early childhood intervention services in general and the evaluation of centres employing an integrated approach to the delivery of such services in particular. As a consequence, it is recommended that future researchers:

- further refine the instruments used in this evaluation study but continue to draw on the 1998 Evaluation Guidelines established by representatives of the NSW Chapter of the Australian Early Intervention Association;
- adopt a case-study approach in which legitimate comparisons between services can be made in a variety of aspects including stakeholder satisfaction and cost of service delivery;
- identify a greater number of appropriate bench marks; and,
- consider including the service evaluated in this study in their investigation.

Future researchers should also keep in mind the following points - points highlighting further insights gained by the current researchers during the course of this study.

1. The value of using a variety of data gathering methods and triangulating the information obtained from different stakeholders. This evaluation demonstrated that such an approach gave a complete and well-grounded account that underscored where improvements could be made that would meet with approval from key stakeholders. It

should be noted that the recommendations made in the final evaluation report have, to a large extent, been acted upon by the appropriate Board of Management. This action is testimony to the credibility of the current findings.

2. The advantage of an external evaluation where the various stakeholders could express opinions and share experiences in confidence in an environment of trust and anonymity and avoid the embarrassment that may be involved in discussing controversial or personal issues and concerns with those directly involved with the delivery of the services concerned.
3. The need to customise evaluation instruments to suit the various stakeholder groups. It was found that although the 1998 Evaluation Guidelines recommended the use of the same questionnaire items to stakeholders – staff and parents – this was not appropriate as there were considerable differences in the nature of concerns, depth and breadth of understanding of the issues, motivation, and general appreciation of the organisation, purpose and function of early intervention services.
4. The difficulty of avoiding some response bias on the part of stakeholders – particularly parents. Many parents in this study seemed to be over-burdened by the additional care needed by one or more children with very special needs, particularly in one-parent families or families in which one parent took little responsibility for childcare. These parents saw little personal return in completing the parent survey. These aspects came to light in the telephone follow-up that was conducted to improve the response rate. The parents who coped best tended to be the ones who returned surveys. Formal checking for response bias was not possible as responses were anonymous.
5. The importance of a detailed understanding of the environment (i.e., cultural, political, financial and professional aspects) in which the organisation operated was

crucial when interpreting the findings and making recommendations. In particular, the options available to organisations operating in ‘very thin market’ and the consequences of taking up specific options had to be fully appreciated. The chances of people being satisfied with the choice of services, level of service, or cost of services in thin markets are less than those in more densely populated areas. In regional and rural locations, where the number of clients is small and/or relatively scattered, there have been attempts to deliver services in a manner that overcomes these problems. Examples can be found in the areas of communication, health, welfare, transport, education and training. Drawing from these examples, it is obvious that the delivery of individual services, in some rural settings, by separate agencies is neither cost-effective nor viable. The successful solution to the problem of service delivery in the areas nominated above involved bringing together a range of services that could be delivered by a small staff ‘under one roof’, whereby the fixed and variable costs are shared. The solution is not only an economic one but one that provides a focus for the community and facilitates interaction and fosters community spirit. However, the situation in early childhood intervention services even in a regional centre, is somewhat different. Here the incidence of children with significant disabilities in the community is very low. Additionally, early childhood intervention service providers usually work only with children in the 0-5 year range and only with those with multiple disabilities. This means the market for such services is very much thinner than in the fields listed above. The development of an integrated service delivery model in response to the very thin market created its own difficulties not the least of which was the development of the competencies needed for effective teamwork among professionals with very different orientations. The centre, like most regional centres, was only able to afford to attract and hold relatively inexperienced

and less costly staff. That means the centre has to bear the responsibility for initially training staff to work in this particular way and for keeping staff abreast of developments in both their own specialist disciplines and in the broader field of early childhood intervention.

6. The need for appropriate performance indicators in the area of early childhood intervention. It would be useful, as Griffin and Gillis (2000) have suggested, that performance indicators be organised in ascending order from least demanding to most. This would simplify the task of assessment of performance. The availability of an appropriate rubric (i.e., scoring guidelines) for the delivery of early childhood intervention services would have been very helpful in this evaluation.

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APPENDIX A: Family Survey

This survey is being conducted by Dr XXXXX from XXX University. He is working with xxxx to help find out about the quality of the service you and your child have received from xxxx. The survey will take you about 7-10 minutes to complete. Please take the time to give us your feedback. This feedback will help us improve our service to your child, your family and the community. The information on your survey will remain confidential.

Instructions

Please do not write your name on this survey.

Fill in the spaces marked like this

If there are several alternatives listed, circle the one which best fits with your opinion.

About you and your child

1. How old is your child?
(i) 0-1 year (ii) 1-2 years (iii) 3-4 years (iv) 4+ years
2. How long has he or she been involved with xxxx?
.....yearsmonths
3. How often does your child have contact with xxxx?
(i) once per week (ii) once per fortnight (iii) once per month
4. Does your child?
(i) come to xxxx at xxxx (ii) see xxxx staff outside xxxx

About your contact with xxxx

5. After your **first** contact with xxxx did you feel you knew what would happen next?
(i) yes (ii) to some extent (iii) no
6. Does xxxx give you sufficient information to allow you to make informed choices?
(i) yes (ii) to some extent (iii) no
7. Does xxxx offer information which helps you to better understand your child's disability?
(i) yes (ii) to some extent (iii) no
8. Does xxxx help you to be more aware of how to access community resources which are available to assist you and your child?
(i) yes (ii) to some extent (iii) no

Please add any comments that you would like to make about your contact with xxxx.

.....
.....

About assessment

9. When your child was last assessed did xxxx staff:
- a. inform you about the assessment ?
(i) yes (ii) no
 - b. explain what would happen during the assessment ?
(i) yes (ii) no
 - c. discuss the results of the assessment with you?
(i) yes (ii) no
 - d. give you an opportunity to express your point of view?
(i) yes (ii) no
 - e. take notice of what you said?
(i) yes (ii) no

Please add any comments that you would like to make about assessment.

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About developing an Individual Family Service Plan (IFSP)

10. When your IFSP was developed at the assessment were:
- a. you asked about what you wanted for your child?
(i) yes (ii) to some extent (iii) no
 - b. your child's achievements discussed?
(i) yes (ii) to some extent (iii) no
 - c. your child's needs discussed?
(i) yes (ii) to some extent (iii) no
 - d. your values and beliefs respected?
(i) yes (ii) to some extent (iii) no
 - e. you confident that the plan was what you wanted?
(i) yes (ii) to some extent (iii) no

Please add any comments that you would like to make about developing a program.

.....

.....

.....

About implementing the program for your child

11. When xxxx staff are working with you to implement your program:

a. do staff really listen to your family's concerns?

(i) yes (ii) to some extent (iii) no

b. are these concerns taken into account ?

(i) yes (ii) to some extent (iii) no

c. are other services you use taken into account?

(i) yes (ii) to some extent (iii) no

d. are arrangements sufficiently flexible for you

(i) yes (ii) to some extent (iii) no

12. Are the programs developed beneficial for:

a. your child

(i) yes (ii) to some extent (iii) no

b. you

(i) yes (ii) to some extent (iii) no

c. your family

(i) yes (ii) to some extent (iii) no

13. Has your child attended group sessions?

(i) yes (ii) no

14. Are group sessions valuable?

(i) yes (ii) to some extent (iii) no

15. Has your child received individual services?

(i) yes (ii) no

16. Are individual services valuable?

(i) yes (ii) to some extent (iii) no

Please add any comments that you would like to make about implementing programs.

.....
.....
.....

About transition from xxxx

17. Is your child moving or expecting to move to school next year?

- (i) yes (ii) no

18. Has xxxx helped to prepare for this move?

- (i) yes (ii) to some extent (iii) no

Please add any comments that you would like to make about transition to school.

.....
.....
.....

Please add any further comments on how the service could be improved.

.....
.....
.....

Thank you for taking the time to complete this survey.

Please return your survey in the envelope provided.

APPENDIX B: Staff Survey

Introduction

The purpose of this survey is to find out how satisfied you are in working at xxxx and obtain your ideas on our strengths and weaknesses. This information will be used in future planning.

1. Have you experienced another early intervention model other than the integrated one at xxxx?
Yes No

2. If you have experienced working in an early intervention model that differs from the one used at xxxx what significant differences did you notice when you began working at xxxx?

3. How **comfortable** are you now in working within the xxxx Model?
 - a. very comfortable
 - b. quite comfortable
 - c. comfortable
 - d. not very comfortable

4. How **satisfied** are you with the way the xxxx Model operates?
 - a. very well satisfied
 - b. well satisfied
 - c. satisfied
 - d. not satisfied

5. How would you **rate the success** of the xxxx model as it currently operates?
 - a. excellent
 - b. good
 - c. satisfactory
 - d. unsatisfactory

6. What **aspects of the model**, as it currently operates, do you think
 - i. contribute to its success?

 - ii. reduce its effectiveness?

7. How could the model and its operation be improved?

8. How **satisfied** are you that you are learning and developing professionally in your current position?
 - a. very well satisfied
 - b. well satisfied
 - c. satisfied
 - d. not satisfied

9. What additional support do you need to help you operate more effectively in your present role?

10. How competent do you feel in working with your families in setting goals?
 - a. most competent
 - b. moderately competent
 - c. just competent
 - d. not yet competent

11. How competent do you feel in working with your families in developing and reviewing comprehensive family service plans?
 - a. most competent
 - b. moderately competent
 - c. just competent
 - d. not yet competent

12. How well do you think you address the issues of the whole family as well as the child?
 - a. extremely well
 - b. very well
 - c. fairly well
 - d. not very well

13. How satisfied are you with the child/family progress made over the last year?
 - e. very well satisfied
 - a. well satisfied
 - b. satisfied
 - c. not satisfied

14. To what extent are you satisfied that you give each family most of the information they require on:
 - (i) Child's progress
 - a. very well satisfied
 - b. well satisfied
 - c. satisfied
 - d. not satisfied

 - (ii) Disability
 - a. very well satisfied
 - b. well satisfied
 - c. satisfied
 - d. not satisfied

 - (iii) Other services
 - a. very well satisfied
 - a. well satisfied
 - b. satisfied
 - c. not satisfied

15. Do you feel comfortable in working in a team situation?
 - a. very comfortable
 - b. quite comfortable
 - c. comfortable
 - d. not very comfortable

16. From your perspective what are the main advantages/disadvantages in working in a team environment?

17. How satisfied are you with the support you receive from:
 - (i) your team members?
 - a. very well satisfied
 - b. well satisfied
 - c. satisfied
 - d. not satisfied

- (ii) your manager?
 - a. very well satisfied
 - b. well satisfied
 - c. satisfied
 - d. not satisfied

- (iii) the service e. g., training/development?
 - a. very well satisfied
 - b. well satisfied
 - c. satisfied
 - d. not satisfied

18. What aspects of your job responsibilities and working conditions are

a) positive?

b) negative?

19. Please add any further comments that you feel would be useful.

APPENDIX C: Staff Discussion Questions

The following pre-circulated questions were discussed with staff over a period of approximately one hour.

1. What factors make our service work for:
 - * Families
 - * Staff?
2. What are your areas of key concerns?
3. What aspects of family-centred practice are working well?
4. What aspects of family-centred practice can be improved?
5. How can the IFSP be made more meaningful?
6. How can we ensure that families are provided with all the information and are linked in with community resources?
7. What directions would it be beneficial for xxxx to move in the next few years?