



How can research inform NDIS policy and approaches to community participation?

Bridging the gap between what we know and what we do

A: Only by effectively mobilizing the best available research to evidence end users in ways that connect meaningfully to their policy and practice challenges...

Outline:

- Why should we care?
- Establishing the imperative...
- Understanding ‘evidence’, barriers and enablers to evidence utilisation, and
- The case for developing research infrastructure and approaches to ‘knowledge mobilisation’ that are suited to the disability policy agenda in Australia.

Research evidence is a driver of
and a product of innovation (where
appropriately rewarded) will lead to
better outcomes / higher quality support
provision.

Evidence-based (or informed)
practice is important to providing the
necessary quality of services and
supports.

Evidence based practice is:

A problem solving or decision making approach to practice that incorporates the conscientious, explicit and judicious use of current best research evidence, along with a ~~clinician's~~ expertise, and service user values and preferences

Where's the evidence, what type, and **how much**?

Experience: Stories

YouTube

Lots, goes way back...

“Grey” Literature

Policy pilots and action research

Some, more recently

Academic

**Peer reviewed, first “tier” journals.
(Longitudinal, RCT)**

Not enough

The imperative : in the NDIS context...

**A new market of researchers
and research consumers.**

Supply:

Service providers offering effective and efficient services

Demand:

Empowered and informed consumers

Preparing for the New World

Australia is an inclusive country where people with disability, their families and carers have the same opportunity to participate and contribute as other citizens

People with disability have access to information to make informed choices

A range of services that are responsive, innovative, high quality, financially sustainable and cost effective

A strong focus on supporting people with disability in the community

Genuine partnership between governments, non-government organisations, the community and people with disability, their families and carers

People with disability at centre of service delivery

Understand and be responsive to the preferences of existing and potential consumers

People with disability are living the lives they choose

Have strong connections with local communities
Work with family carers (where appropriate) as partners

People with disability receive support from a skilled workforce

Be an employer of choice
Have access to an adequate supply of appropriately skilled workers

NGOs are efficiently operating in a competitive market

Know the costs of providing services and manage costs effectively
Have sound risk management systems and policies
Have effective operating systems
Have the skills to manage change well

NGOs are effective and accountable

Be well-governed and have good leadership
Be accountable to stakeholders

Base service practice on evidence

Measure and communicate the benefits provided

New entrants....greater innovation?



“Reasonable and necessary” supports

- assist the participant to pursue the goals, objectives and aspirations included in the participant’s statement of goals and aspirations
- assist the participant to undertake activities, so as to facilitate the participant’s social and economic participation
- represents **value for money** in that the costs of the support are reasonable, relative to both the **benefits achieved** and the cost of alternative support
- support **will be, or is likely to be, effective and beneficial for the participant, having regard to current good practice**
- takes account of what it is reasonable to expect families, carers, informal networks and the community to provide
- not more appropriately funded or provided through other general systems of service delivery or support services

So what?

The NDIS requires effective and efficient services (scheme logic)

Consumers need to make informed decisions

Service providers need to make a difference and for the difference they make to achieve market recognition

Researchers want to do good research , have impact

Practitioners want to improve their practice

Implementing evidence based practice is challenging

1. Research evidence is often inaccessible and isolated
2. Research knowledge competes with practice and experiential wisdom
3. The NDIS, service individualisation and low pricing

1. Accessibility of evidence

- Language
- Pay walls
- A local evidence base that is not fit for purpose and inadequate

2. Research knowledge has competition

Often the evidence that is most quickly at hand is not academic literature...

- experiential wisdom,
- complex interactions,
- local knowledge,
- organisational cultures...

3. The NDIS

- Climate of constant change
- The limits to time and money
- The need to be efficient

Better bridges between
knowledge, policy and
practice are needed.

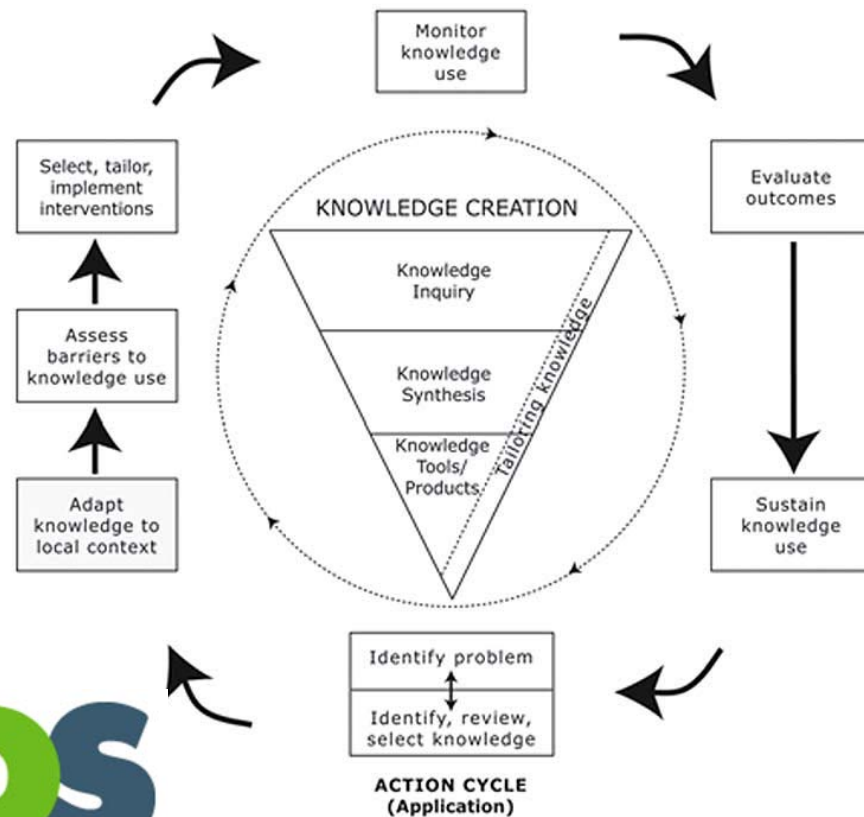
"the multidimensional, active process of ensuring that new knowledge gained through the course of research ultimately improves the lives of people with disability, and furthers their participation in society"

The Centre for Applied Disability Research (CADR) approach to knowledge mobilisation

Research to Action: bridging the gap between what we know and what we do.

Mobilising existing research evidence by creating usable, practical information.

The Centre for Applied Disability Research (CADR) approach to knowledge mobilisation



NICE
National Institute for
Health and Care Excellence

scie social care
institute for excellence

The Centre for Applied Disability Research approach

STAKEHOLDER ENGAGEMENT AND PRIORITY SETTING

TRANSLATING PRIORITIES INTO RESOURCES AND OPPORTUNITIES

IMPACT THROUGH EFFECTIVE KNOWLEDGE MOBILISATION

1. Discovery: end user evidence requirements and priorities

Engagement through regular
survey & other methods
to determine research
utilisation priorities,
barriers & enablers.

2. Commissioning: making sense, planning and engaging of expertise

Subject matter experts in
priority topic areas are
commissioned to develop
adult learning materials/
information products.

Head, B. W. (2015) *Toward more
“evidence-informed” policy
making?* Public Administration
Review, 76:3

3. Reality Testing: engaging practice and lived experience

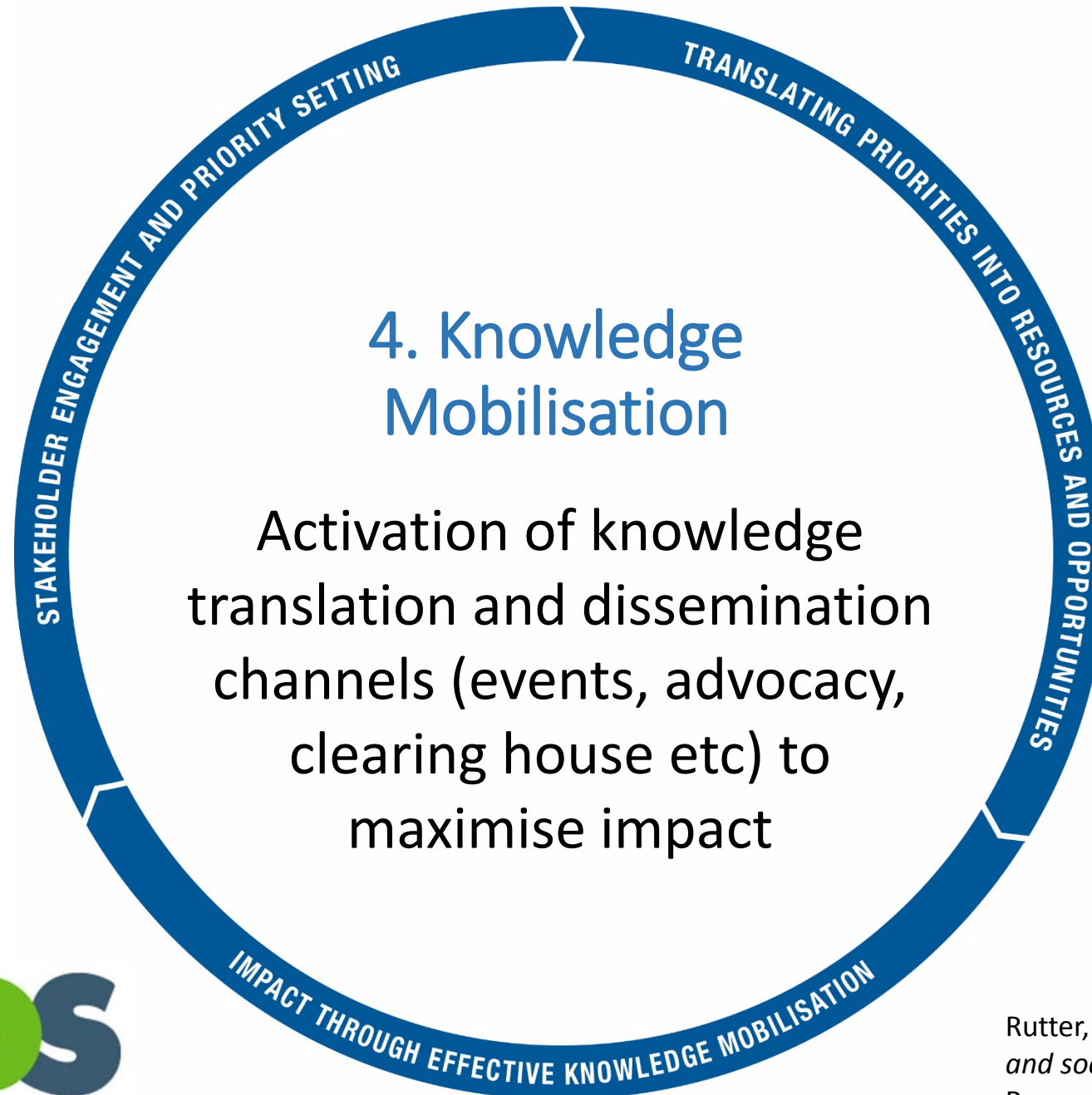
Communities of practice comprising (lead) practitioners, consumers and other experts inform gap analysis between best available evidence and realities of service/support environment.

Barwick, M., Peters, J. & Boydell. (2009)
'Getting to uptake: do communities of practice support the implementation of evidence based practice?' Canadian Journal of the Academy of Child and Adolescent Psychiatry, 18:1

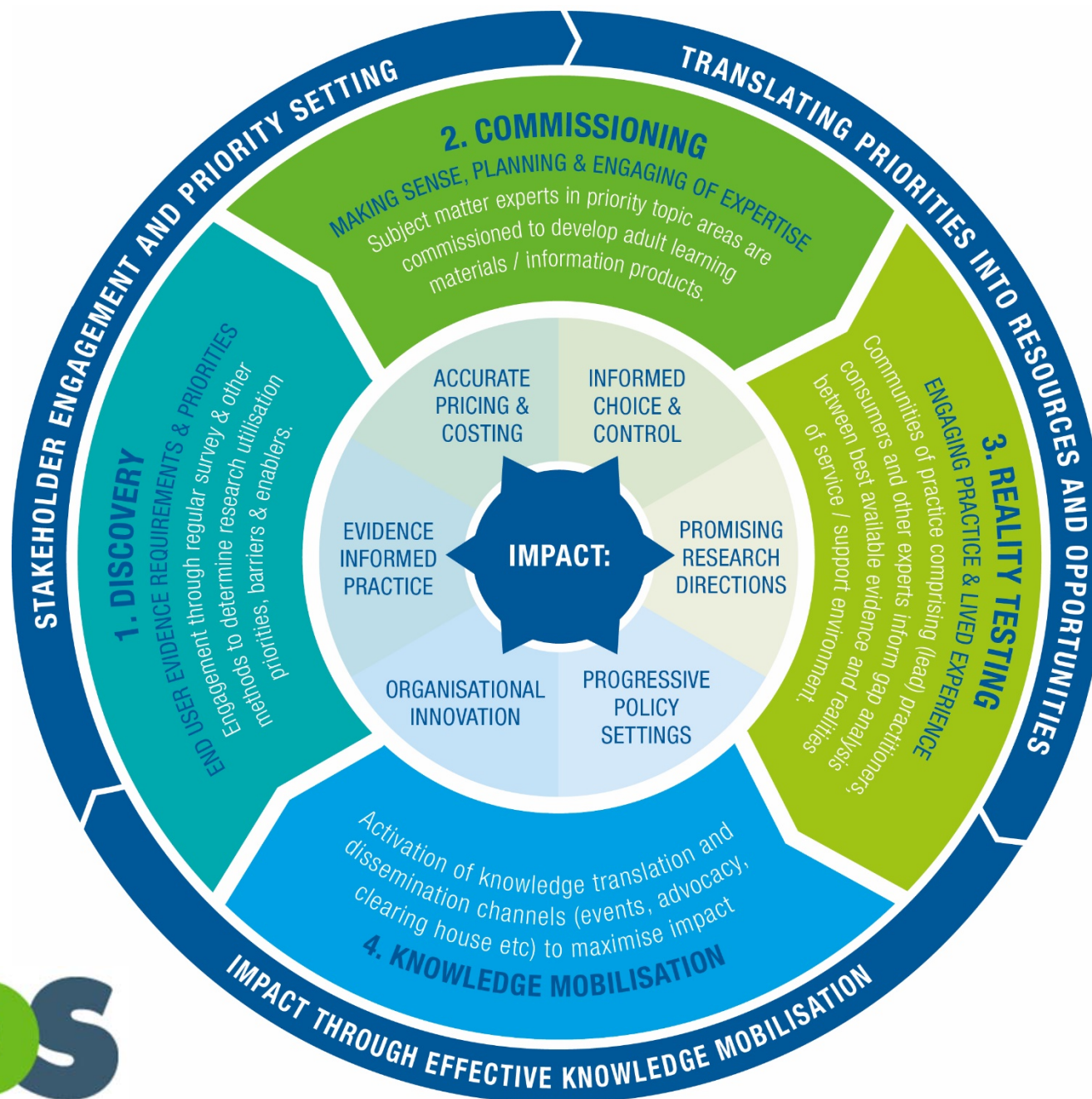
R2A Communities

Taking knowledge into the disability community,
and feeding 'reality' back into relevant policy and
research communities.

R2A Communities have guided online discussions.



- Rapid Review
- Practice Guides



Research to Action Guides

Our objective is to build a comprehensive online collection of disability research and translational resources for the Australian context.

Research to Action Guides:

- the best available local and international evidence
- put together by subject matter experts
- efficient and practical resources
- support research end users to engage with the evidence

YEAR

LOCATION

- Select an Option -

DOMAIN

DISABILITY GROUP

SUPPORT CATEGORY

Search

Reset

LATEST FROM THE DISABILITY KNOWLEDGE CLEARING HOUSE

- Influencers in the participation of Aboriginal people in disability support services
- Decision-making support: Building Capacity within Victoria
- Community Inclusion Initiative
- Individual funding: Building community capacity through action research
- Person-Centred Approaches to Private

National Disability Services



COMMUNITY AND
CIVIC PARTICIPATION



EDUCATION



ECONOMIC
PARTICIPATION



HOUSING AND BUILT
ENVIRONMENT



HEALTH AND
WELLBEING



SAFETY AND
SECURITY



SECTOR DEVELOPMENT
AND SUSTAINABILITY



SOCIAL
RELATIONSHIPS



TRANSPORT AND
COMMUNICATION

Community Participation

1. One of the biggest areas of \$NDIS spend
2. Lacks a policy framework
3. Capacity building (unlike 'capital' or 'core') amenable to payment by results

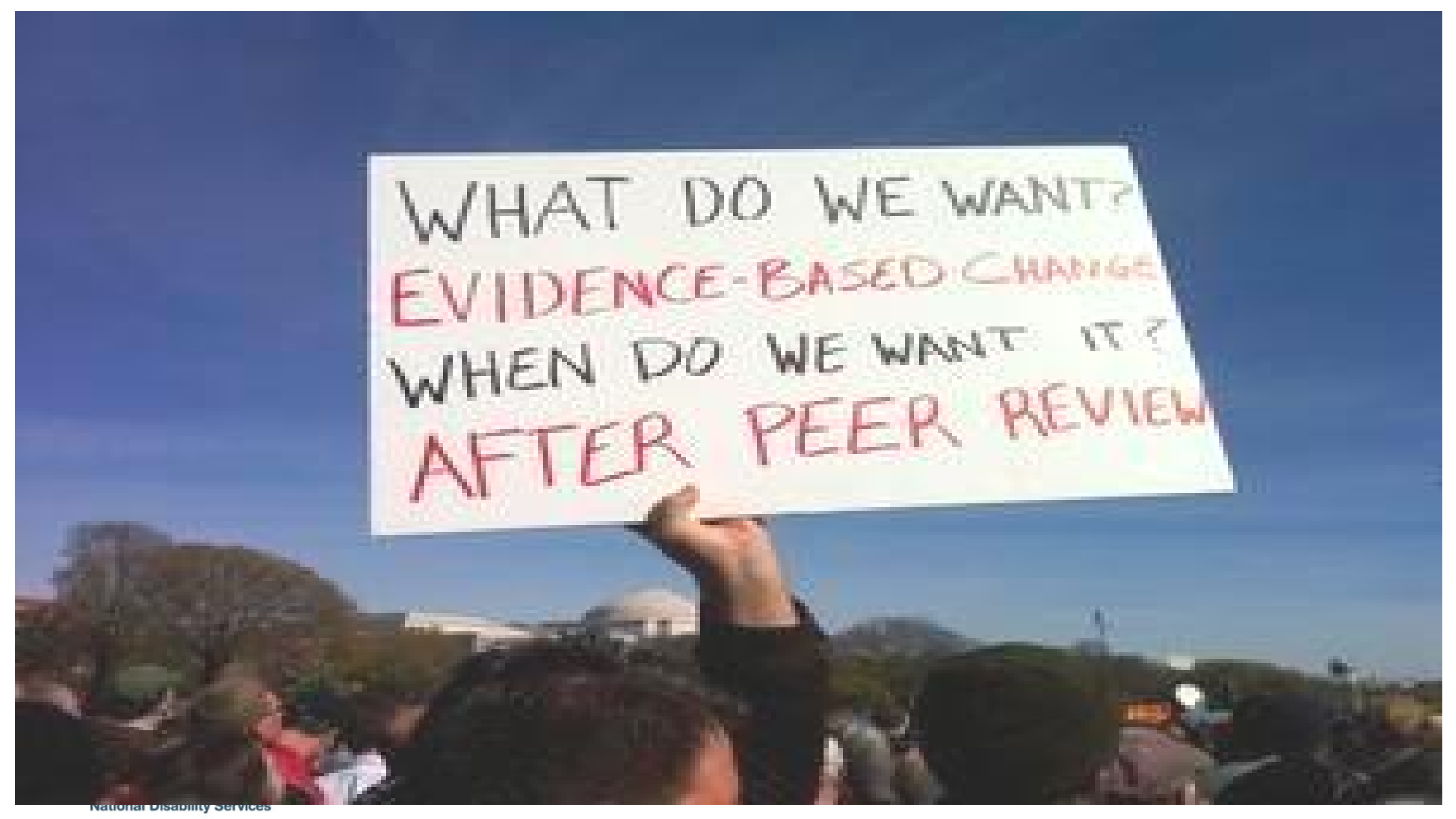
New (collaborative) research infrastructure is required?



- co-ordinate programs of research that stimulate service innovation and build knowledge
- test the efficacy of various support interventions and service practices to help understand what works, for whom, under what circumstances and at what cost
- conduct evidence-based policy inquiry directed at pressing policy questions
- identify effective early interventions which over time reduce the need for supports
- disseminate and promote knowledge of best practice and effective support
- connect researchers to industry and consumers as end users of research.

Indicators of success of a thriving evidence ecosystem?

1. People with disability, their families and carers will have access to a range of high quality, independent resources about 'what works, for whom , under what circumstances, at what cost?
2. Social impact investors will demand more rigour around demonstration of impact and social results
3. Staff will choose to work for organisations that can demonstrate they are having an impact, volunteers too
4. Government will ensure that efficient prices reflect the need for innovation and entrepreneurship

A person is holding a white rectangular sign with handwritten text. The sign is held up against a clear blue sky. In the background, a large crowd of people is visible, and a building with a prominent dome, likely the U.S. Capitol, can be seen in the distance. The text on the sign is written in black and red ink.

WHAT DO WE WANT?
EVIDENCE-BASED CHANGE
WHEN DO WE WANT IT?
AFTER PEER REVIEW

Thank you

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