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**Centre of Excellence - Deafblind**

**RESEARCH PLAN 2023 - 2026**

# **BACKGROUND**

This document explains Able Australia’s research plan for 2023 – 2026. It is Able Australia’s first Research Plan. This plan considers research work completed over the past three years. This is the time when research commenced at Able Australia. It builds on major projects completed to date.

The document has several influences. These include:

* current policy
* operating environment
* business environment

These are detailed in Able Australia's Strategic Plan (2023 - 2026).

The document is also informed by:

* The United Nations Convention on the Rights of Persons with Disabilities (2007)
* The National Disability Research and Development Agenda (2011)
* The Audit of Disability Research in Australia (2015)
* The National Disability Insurance Scheme objectives
* Australia’s Disability Strategy 2021 – 2031, and
* The Australian Research Council’s Science and Research Priorities

Able Australia’s partnerships play a central role in this research plan.

The research plan focuses on Able Australia’s research activities. These are distinct from evaluation and related activities. There is no agreed definition of research. In saying this, The National Health and Medical Research Council, The Australian Research Council, and Universities Australia define research as:

“[Research] includes the creation of new knowledge and/or the use of existing knowledge in a new and creative way so as to generate new concepts, methodologies, inventions and understandings. This could include synthesis and analysis of previous research to the extent that it is new and creative” (p. 5).[[1]](#footnote-1)

For an activity to be considered research or a research and development activity, five criteria must be satisfied. This is according to The Organisation for Economic Co-operation and Development (OECD)[[2]](#footnote-2). The criteria are:

1. Novel – the activity must aim to produce new findings or knowledge.
2. Creative – the activity must be based on original, not obvious, concepts and hypotheses.
3. Uncertain – the final outcomes are unknowable at the outset.
4. Systematic – the activity is undertaken in a planned and logical manner.
5. Transferable and/or Reproducible – the activity leads to results that could be possibly reproduced.

The lines between research, evaluation and quality assurance are blurred. Distinctions are often made based on the primary purpose of the activity. Also, on whether or not the testing, data collection and analysis are general purpose or routine[[3]](#footnote-3).

# **THE AIM OF ABLE AUSTRALIA’S RESEARCH**

The main aim of Able Australia’s research is to **improve life outcomes for people with disability.** Able Australia’s research will:

* Improve outcomes for people with disability.
* Inform service design and development.
* Influence internal policy.
* Influence Government policy.
* Help develop the broader disability sector
* Help develop advocacy campaigns.
* Make a positive contribution to academic knowledge.

The following will guide Able Australia’s research:

* People with disability
* Families and carers of people with disability
* Practice experiences
* Sector needs
* Peer-reviewed research
* Academic literature

People with disability, their families/carers and other stakeholders will have opportunities to be involved in all aspects of research. This includes creating research questions through to sharing the results (i.e., as co-producers of the research).

As far as possible, Able Australia’s research will focus on understanding what works and does not work, and for who. This will make sure we are well placed to deliver evidence-based practice.

# **RESEARCH PRIORITY AREAS**

The research priority areas were chosen through an adapted Delphi method. The Centre of Excellence – Deafblind ran a focus group to determine key themes. Focus group participants received information about:

* Able Australia’s strategic plan
* Past research conducted by Able Australia
* Current issues stated in deafblind research literature

A survey was developed based on analysis of the focus group discussion. The survey was sent to Centre of Excellence – Deafblind Reference Group members and other key stakeholders. The survey asked participants to rank their preferred research priorities. They were also welcome to make any further suggestions. Based on survey results, a final survey was created. This second survey included new suggested themes from the first survey.

People who participated included:

* people with deafblindness
* family members of people with deafblindness
* service providers
* advocates

Based on the above consultation process our research priority areas are:

* NDIS and deafblindness

Topics could include:

* What are the most typical services required by people with deafblindness?
* Is the NDIS meeting the interpreting needs of people with deafblindness?
* Are NDIS assessments meeting the needs of people with deafblindness?

Case studies of assessments and outcomes may be undertaken.

* Defining populations of people with deafblindness

This includes:

* people with visual and auditory processing issues
* people with vestibular dysfunction
* children with deafblindness who are 5 years old or younger

Research may include:

* World Health Organisation, International Classification of Functioning Disability and Health Core Set - Deafblind
* Case studies
* Deafblind identity
* Perceptions of deafblindness
* Deafblind communication

Topics may include:

* tactile Auslan
* social haptics
* pro-tactile communication
* accessible information
* Skill development of people with deafblindness

Topics may include:

* developing skills for independent living
* learning braille
* technology
* leadership
* advocacy
* parenting

* Training outcomes

Training may be general or specific to family members or professionals. Some examples may be:

* early intervention
* educators
* interpreters
* communication guides
* parents
* other family members

Able Australia will also conduct research in other critical areas. This may include priorities in the context of the National Disability Insurance Scheme. These will include research activities undertaken with other partners.

# **RESEARCH, OUTCOMES & INFORMATION SHARING (INFLUENCING)**

Able Australia’s research will influence both policy and practice. To make sure this happens, it is important that research is relevant. There needs to be clear benefits for:

* people with disability
* their families
* staff, and
* the disability sector.

Able Australia will use and share research in different ways to target a range of audiences. This includes using academic strategies, such as:

* publishing research in journals
* presenting research at academic conferences

It is important that Able Australia contributes to the academic knowledge base. This also shows that Able Australia have a good record with research. This can create more opportunities for research in future. It also builds Able Australia's reputation as a contributor to disability research. This will help Able Australia to create new relationships with other stakeholders.

We will also share our research beyond academia. This will ensure the research reaches a broad and relevant audience. This includes:

* people with disability
* their families
* government
* service providers
* community

Some ways that we will share and update research information include:

* The [Centre of Excellence – Deafblind](https://ableaustralia.org.au/services/centre-of-excellence) section on the Able Australia website
* The Deafblind Connect newsletter, published every 2 months
* Able Australia social media platforms, including [Facebook](https://www.facebook.com/ableaus), [LinkedIn](https://www.linkedin.com/company/ableaustralia), [Instagram](https://www.instagram.com/ableaustraliaservices/) and [Twitter](https://twitter.com/AbleAus)

These activities will make sure we keep our reputation as experts in disability and deafblind research. This will also improve our ability to influence.

To help with research influencing, Able Australia will:

* Do research together with others and give them the support that they need.
* Publish research in academic and practical journals.
* Build research culture.
* Talk to people with deafblindness, staff and other non-academic groups about research.
* Present research at conferences / forums.
* Take part in relevant research.
* Be involved in relevant committees (e.g. funding bodies, research committees).
* Respond to government, consultations and inquiries in areas where we have expertise.
* Advocate for greater investment in disability research.
* Continue to build on Able Australia’s existing partnerships.

# **RESEARCH FUNDING AND PARTNERSHIPS**

Able Australia funds research in many ways. One of these ways is through competitive funding sources. Able Australia will keep looking for funding through government and non-government sources.

To fund research activities, the Centre of Excellence – Deafblind will:

* Submit grant applications
* Develop our partnerships with:
* deafblind-led organisations
* service providers
* philanthropic organisations
* universities
* Work with Able Australia’s fund raising team. This will make sure that research funding is targeted and coordinated.
* Explore other business funding opportunities

# **MORE INFORMATION**

For more information on The Centre of Excellence – Deafblind and what we do, visit our webpage on Able Australia’s website: [Centre of Excellence – Deafblind – Able Australia](https://ableaustralia.org.au/services/centre-of-excellence)

For all other enquiries, please email [deafblind@ableaustralia.org.au](mailto:deafblind@ableaustralia.org.au)

1. National Health and Medical Research Council, Australian Research Council, and Universities Australia. (2018). *Australian Code for Responsible Conduct of Research.* Author: Canberra. [↑](#footnote-ref-1)
2. OECD. (2015). *Frascati Manual 2015: Guidelines for Collecting and Reporting Data on Research and Experimental Development.* OECD Publishing: Paris. [↑](#footnote-ref-2)
3. National Health and Medical Research Council. (2014). *Ethical considerations in quality assurance and evaluation activities.* Author: Canberra. [↑](#footnote-ref-3)