



Parenting Research Centre



Delivering Telepractice

How to support families
via telepractice services



Funded by the Victorian Government

BACKGROUND

Telepractice is the use of telecommunications to deliver parenting support and other services remotely, from brief to intensive interventions.

Telepractice in the NGO sector is inextricably linked to the COVID-19 pandemic. 'Snap' lockdowns occurred in Australia in response to COVID-19 outbreaks, and were often enacted with very limited notice, creating unpredictability and a lack of continuity for NGOs and their clients.

The cycles of tightening and easing restrictions have been especially challenging for service delivery and problematic for families who experienced ongoing and uncontrollable financial stress, social isolation and mental health impacts.

For some services, the adoption of telepractice may be seen as a temporary response in the hope that 'normal'

in-person activities will resume. The unpredictability of the pandemic, however, highlights the need to work seamlessly within a blended model of care that includes telepractice. A blended model is likely to offer the most protection against service interruptions, but also presents opportunities for enhancing services for all families into the future.

This report presents the main findings from two research studies we conducted:

- a study on building expert consensus on best practice in telepractice
- a study examining parent experiences with telepractice.

The Parenting Research Centre (PRC) [Telepractice Hub](#) provides guidance for professionals in delivering telepractice, and addresses some of the needs identified in these studies. There is an opportunity to build on these resources to increase the effectiveness and value of telepractice for families, practitioners and service providers.

100%
of our expert panel believe practitioners should familiarise themselves with telepractice service and technology before meeting with parents/carers on the telepractice platform



I've found it helpful having telehealth consults about challenges my child is having and how I can help them, without them physically needing to be present in the room.

Parent feedback



Digital exclusion is a major barrier to participation and needs to be addressed for engagement to be possible.

Expert panel feedback



EXPERT OVERVIEW

We conducted research to draw on the knowledge and experience of experts in the child and family support sector, with the goal of building consensus on contemporary best practice in telepractice.

WHO ARE THE EXPERTS?

The panel comprised 17 experts from Australia and the USA, and included academics, researchers, practitioners, service managers and policy specialists. All specialised in telepractice in the family services sector, health and allied health sectors, or in supporting vulnerable families in a telepractice context.

THE RESULTS

The expert panel reached consensus on 119 practices and conditions seen to be essential and/or feasible in the application of telepractice to deliver support services to families experiencing vulnerability.

Strong endorsement overall was found for practices that facilitate and support practitioners and clients in their access to, training in, and use of technology. There was a focus on equitable access, privacy, security and safety concerns as well as appropriate organisational support for practitioners.



AREAS OF ENDORSEMENT

We asked the expert panel what areas are essential to telepractice service delivery:



100%

Agree it is essential that service delivery providers develop an organisational strategy to address common barriers to telepractice



100%

Agree that practitioners need access to readily available technological support (however only 69% believe this is feasible)



90%

Agree it is essential that the practitioner can be flexible with times for contact



92%

Believe that practitioners should ask parents/carers who else is at home when on video and/or audio, and if the conversation could be overheard or intruded upon



100%

Consider it essential that service providers check any specific language requirements/interpreter needs and how these will be addressed



100%

Agree it is essential to have a plan for contacting each other if the session 'drops out' or either party encounters technical issues



85%

Agree it is essential that parents/carers are coached via videoconferencing when relevant (e.g. parent/carer roleplays skills via video)



80%

Believe it is essential/feasible that service delivery providers recruit practitioners from diverse backgrounds to support telepractice for CALD clients



ESSENTIALS

What the experts consider to be priorities in telepractice service delivery

“It is essential that practitioners have a quiet/private space to do telepractice from and where possible they should use headsets to contain sensitive conversations.”

“Initial training, ongoing mentoring and tech support are essential to good telepractice, however, the availability of these elements is limited and the quality of existing training is inconsistent.”

EXPERT FEEDBACK

When planning and conducting telepractice services, the expert panel agreed it is important for agencies to consider the following:

✓ Adapt program/session design to suit practitioner and client

- A blend of in-person and telepractice modes are widely endorsed, dependent on type of service and the needs and preferences of practitioner and client
- Interaction between practitioner and client should adopt synchronous and asynchronous methods of telepractice, including monitoring of engagement in web-based home activities, the use of email to share information, and the use of text-messaging to send agreed goals and actions to the client.

✓ Adapt the service to telepractice

- Modify existing evidence-based in-person programs for telepractice based on feedback from the intended audience (e.g. by focus group or similar)
- Provide practitioner training in the use of telepractice for service delivery

- Upgrade practitioner equipment to be suitable for telepractice (e.g. good quality microphones, headsets)
- Use software that families can access for free.

✓ Ensure client is prepared for telepractice

- Plan for possible need of live translation services during session
- Provide client training in the use of devices and software
- Ensure client has access to high-speed internet and relevant devices (essential but not always feasible).

✓ Technology is used to supplement the session when relevant

- Use screen-sharing, video-based coaching and role-modelling
- Provide clients with online modules related to the telepractice service
- Provide feedback to clients on their progress via telephone or video.

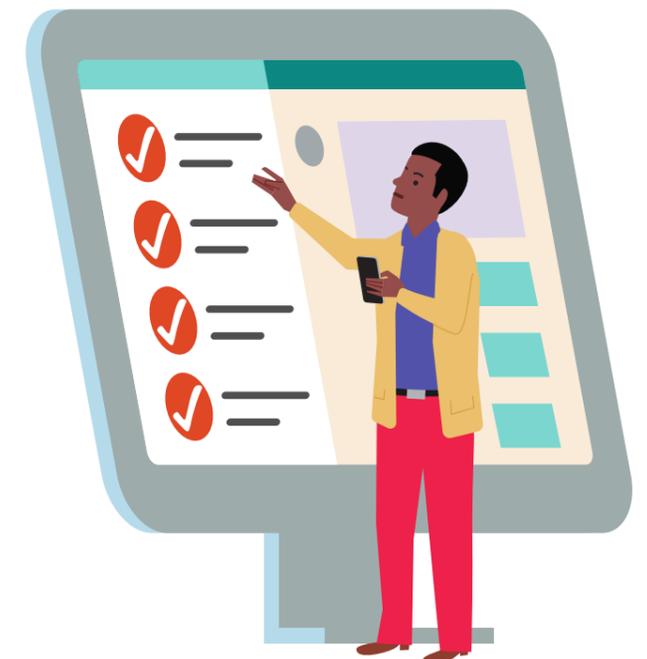
✓ Protect privacy

- Practitioners set up in an area away from other people with a background that ensures their own privacy
- Security and safety of the client and their family is protected (e.g.

involve the child in the session only where necessary; ensure client data is captured and stored securely and ethically; enquire who else is in the vicinity during sessions and whether sessions can be intruded upon).

✓ Resources are available to practitioners

- Agencies and practitioners require sufficient funding, training and ongoing technological and peer/supervisor support in setting up and delivering services via telepractice
- Widely viewed that while these supports are essential, they are not broadly feasible due to insufficient funding.



PARENTAL POINT OF VIEW

We consulted with a small sample of parents to explore their experiences of telepractice when receiving family support services.

We wanted to gain a broad understanding of the aspects of telepractice that are acceptable and useful in meeting families' needs, and to explore some of the barriers and facilitators to engagement with telepractice with a view to expanding on these early findings in the [Parenting Today in Victoria](#) survey in 2022.

THE RESULTS

Overall, telepractice is well received by parents in terms of satisfaction, usefulness, likeability and helpfulness.

- Telepractice acceptance may be impacted by type of service, being less acceptable where physical assessments about their child's functioning and development are required, or in services where social interaction may be a primary purpose, such as playgroups.
- Parents have expressed that telepractice may be more acceptable if privacy is strengthened and there is adequate support using and accessing technology, with resources and guidance on suitable home set-up for

telepractice participation.

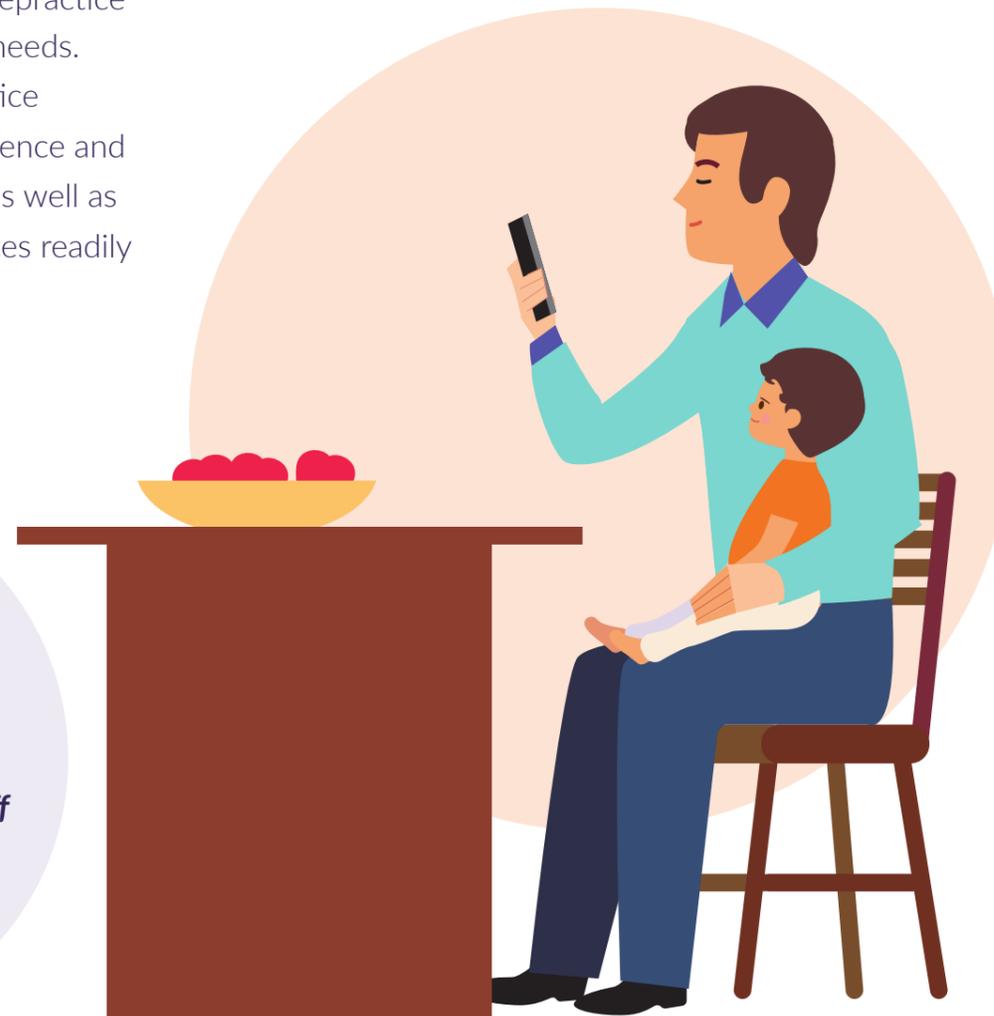
- Family characteristics may also impact telepractice acceptance, for example some children may be easily distracted or find it difficult to maintain attention and engagement in online consultations.

For many families however, telepractice is acceptable and meets their needs. Factors that facilitate telepractice acceptance include its convenience and the reduced travel and costs, as well as having technology and resources readily available.

“
Not having to travel with [my] child reduced a lot of family stress and so did not having to take so much time off work and pay parking.

Parent feedback

Many parents indicated a preference for a blended model of care, including options to choose their mode of service delivery, or a combination of telepractice and in-person services.



WHAT PARENTS TOLD US

Parents were asked about their relationship with the service provider when accessing services via telepractice compared to when they attend in-person services.



Six out of 10 parents describe their relationship with the service provider in telepractice as the same as in-person services.



Three in 10 parents found in-person relationships to be much better.



SUGGESTIONS FOR IMPROVING TELEPRACTICE

When asked what would support them to take part in telepractice delivered services and supports in the future, parents said:

- greater availability of telepractice
- better home equipment
- greater security in telepractice
- free access
- having an evening time slot so partner can watch children (or while child is in bed)
- more access to video appointments rather than phone call.



PARENT FEEDBACK

Parent feedback is critical in understanding how beneficial telepractice services can be. Here we explore some of the responses and feedback obtained over the course of our telepractice projects.

Feedback from parents about telepractice experiences tell us that parental acceptance of telepractice may be influenced by the following:

✓ Positives

Convenience was the most helpful and valued aspect of telepractice

- Technology (access to internet and technology, and previous experience and confidence in using technology) supported parental participation in telepractice
- Forming positive relationships and connections with service providers enhanced acceptance
- The capacity for telepractice to maintain continuity of care.

✗ Negatives

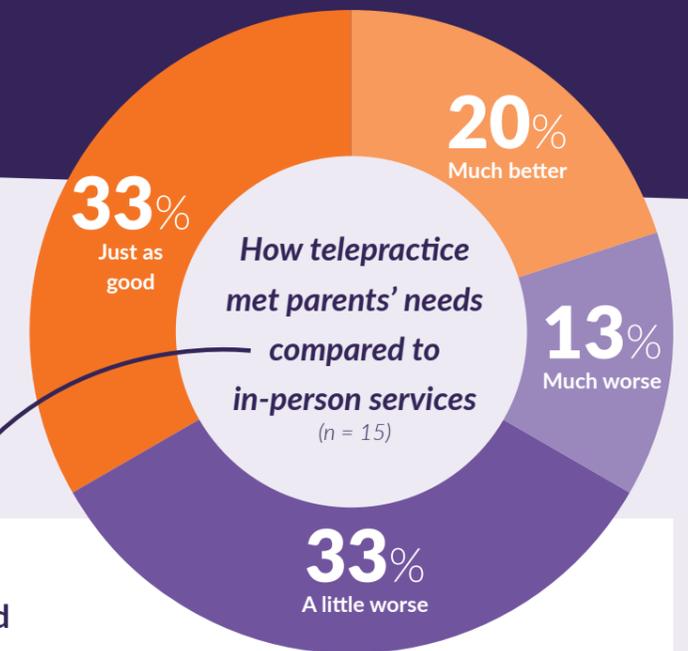
Relationships were the most reported barriers to telepractice

- Difficulty establishing a rapport with the service provider and difficulty engaging children in online sessions
- Lack of any physical assessment component (e.g. of the child's development)
- Having children present at home and the lack of a private space to discuss confidential issues with the service provider
- Access to technology.



Some [sessions] were only on the phone so it's hard when you wish the practitioner could see what is happening with your child.

Parent feedback



Parents gave these reasons for how and why telepractice services did or did not meet their needs:

✓ Positives

- No travel time
- Saving money
- Less stressful not having to take their child out for a short appointment.

✗ Negatives

- Some assessments are not possible via telepractice
- Quality of service impacted by decreased ability for people to relate over the videocall
- [When participating in group programs it is] very impersonal having so many people on one videoconference
- [Child] engagement in therapy is more difficult to manage
- Had to attend child's counselling session with them so may not be as effective
- Unable to find a private space to take part in the session.

TELEPRACTICE HUB

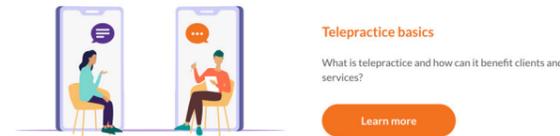
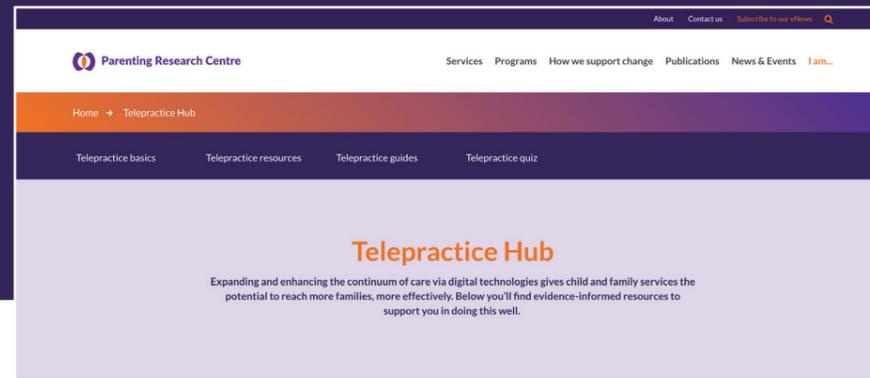
PRC designed an online [Telepractice Hub](#) to support the adoption of telepractice within the family services sector.

The development of the site was informed by multiple sources, including:

- our experiences supporting Supported Playgroup providers in Victoria to transition to telepractice
- survey data collected from multiple NGOs participating in a Community of Practice facilitated by PRC and partner Karitane
- feedback on draft resources from various agencies.

92%

Of the expert panel agreed that practitioners should be able to direct clients to relevant websites to review content or strategies that relate to their telepractice session



FEATURES OF THE TELEPRACTICE HUB

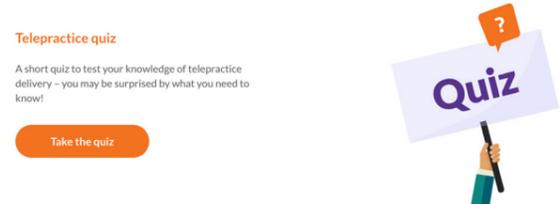
A series of [telepractice 'basics'](#), comprising brief content to address frequently-asked questions regarding telepractice



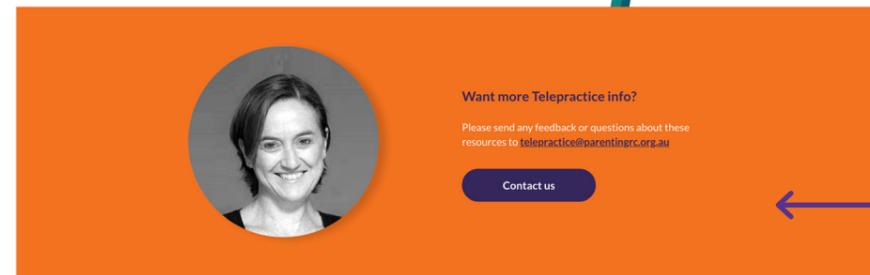
[Telepractice guides](#) – to help practitioners design and deliver telepractice



A catalogue of [curated resources](#) published by trustworthy sources both local and international, that have passed a set of criteria to ensure quality and applicability to the family services context

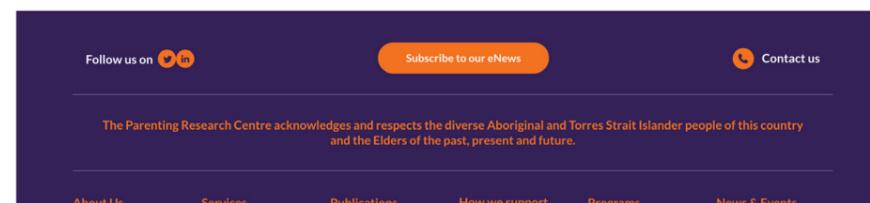


A [telepractice quiz](#), designed to be fun and informative and motivate practitioners to seek out further telepractice- and technology-related information



A place to reach out and [contact us](#)

This work is supported by the Victorian Government Department of Families, Fairness and Housing.



https://www.parentingrc.org.au/telepractice_hub/

CONCLUSIONS & IMPLICATIONS

The research studies summarised in this report present information about acceptable ways of interacting with families using telepractice. These insights help fill gaps in knowledge about the best ways to provide parenting support via telepractice, especially as we adjust to a post-COVID reality of increased reliance on telepractice in family support.

PARENT STUDY

Conclusion: The family services sector could seek to improve parent acceptance of telepractice by addressing barriers associated with privacy concerns and use of technology, including by providing technological resources and guidance to parents on suitable home set-up for telepractice participation.

Our findings suggest that telepractice is well-received by parents in terms of satisfaction, usefulness, likeability and helpfulness, however, the type of service being delivered may be a key determinant of parent telepractice acceptance.

In some services, parents prefer the service provider to make physical assessments about their child's functioning and development in an in-person setting. Parents also view some services (e.g. playgroups) as less conducive to telepractice, where social interaction is perceived as more effective in person.

Factors identified as key to the acceptance of telepractice include its convenience and the reduced travel and costs for families associated with this delivery mode, as well as having technology and resources readily available.

Many parents also indicated a preference for a blended model of care, including options to choose their mode of service delivery, or a combination of telepractice and in-person services.

EXPERT PERSPECTIVES

Conclusion: Practices that facilitate and support practitioners and clients in their access to, training in, and use of technology, were widely endorsed.

There was also a focus on equitable access, privacy, security and safety concerns as well as appropriate organisational support for practitioners.

Another area of strong consensus was the use and implementation of

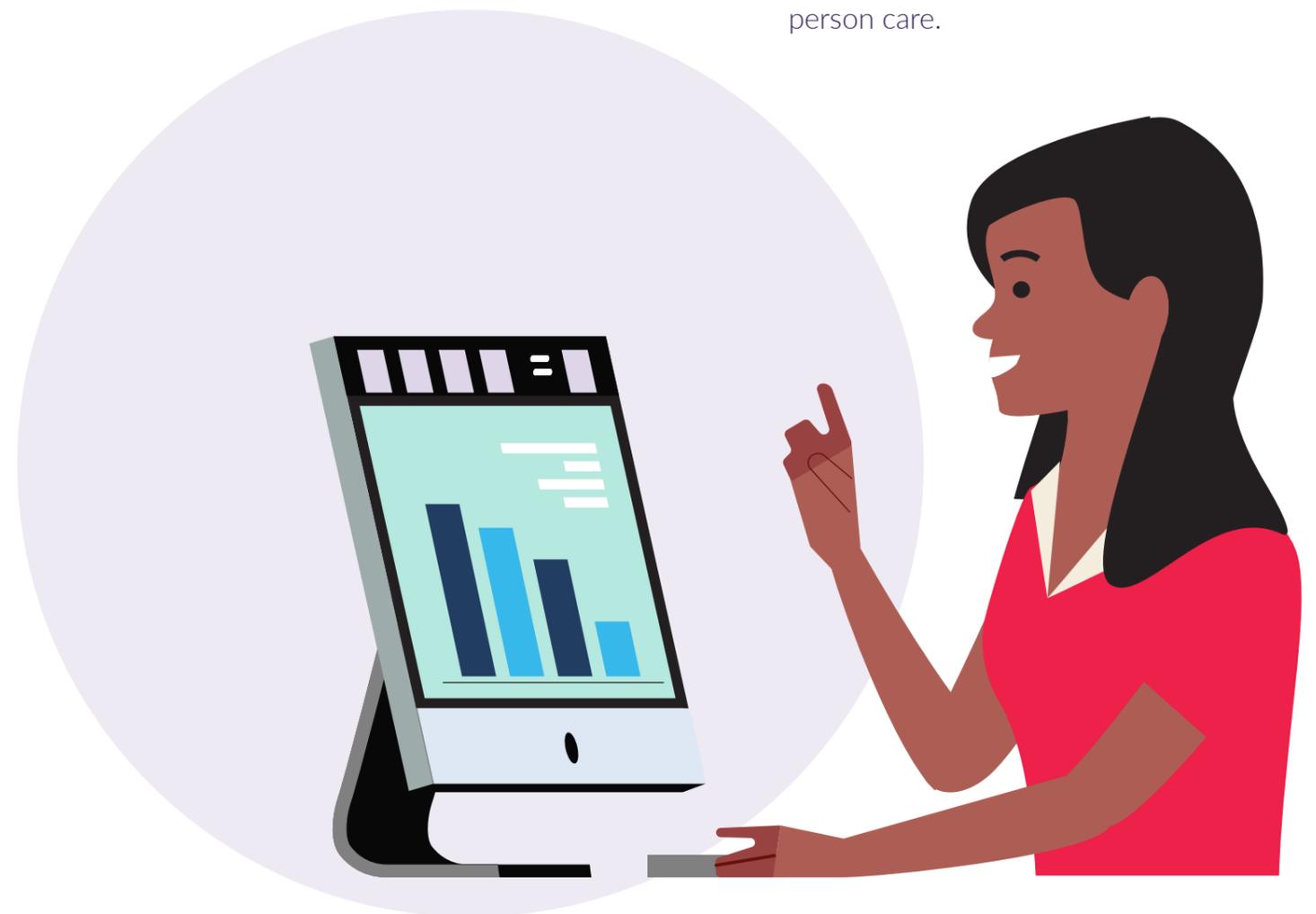
synchronous and asynchronous services as a hybrid model of delivery, and that websites, videos and online activities be embedded within the session or made available as additional home-based strategies.

Methods to support engagement and access to telepractice services for culturally and linguistically diverse communities also found wide consensus.

IMPLICATIONS

These findings show that parents would like options for accessing family services via both telepractice and in-person delivery, and that these preferences are dependent on service type, but also on convenience and increasing familiarity with computer-assisted communication.

This has implications for designing and implementing family support services via a blended model of telepractice and in-person care.





Funded by the Victorian Government.

We would like to thank the experts who participated in the Delphi study for their time and for sharing their expertise.

A special thanks to the parents who shared their experiences of telepractice, and to the service providers who helped share information about this study with families.



Parenting Research Centre

For more information about the project, please email the project team at telepractice@parentingrc.org.au