

URBIS

YOUNG PEOPLE'S EXPERIENCE OF FAMILY WORK VIA TELEPRACTICE

Final Plan

Prepared for
FAMS
21 July 2022

URBIS STAFF RESPONSIBLE FOR THIS PLAN WERE:

Director	Poppy Wise
Associate Director	Christina Griffiths
Expert Advisor	Linda Kurti
Research Assistant	Matthew Boyd, Helen Zhang
Project Code	P0037150
Report Number	Final Plan

Urbis acknowledges the important contribution that Aboriginal and Torres Strait Islander people make in creating a strong and vibrant Australian society.

We acknowledge, in each of our offices, the Traditional Owners on whose land we stand.

All information supplied to Urbis in order to conduct this research has been treated in the strictest confidence. It shall only be used in this context and shall not be made available to third parties without client authorisation. Confidential information has been stored securely and data provided by respondents, as well as their identity, has been treated in the strictest confidence and all assurance given to respondents have been and shall be fulfilled.

© Urbis Pty Ltd
50 105 256 228

All Rights Reserved. No material may be reproduced without prior permission.

You must read the important disclaimer appearing within the body of this report.

urbis.com.au

CONTENTS

1.	Introduction	1
1.1.	Research aims and objectives	2
1.2.	Research question	3
2.	Research participants	4
2.1.	Ethics	4
3.	Data collection	5
3.1.	Phase 1: Research development	5
3.2.	Phase 2: Research data collection	7
3.3.	Potential extensions to research	10
4.	Research timeframe	11
5.	Research costs	13
	Disclaimer	14
	References	19

Appendix A Literature scan

1. INTRODUCTION

This document outlines a plan for proposed research to explore young people’s experience of telepractice to support the delivery of family work.

Telepractice has been defined as “the delivery of assessment and therapy services at a distance by linking clinicians to clients, carers, or others, via technology such as internet-based videoconferencing” (Early Childhood Intervention Australia, 2020).

Family work is defined as “a program of intervention with children, young people and families committed to enhancing the quality of life for children and families, and to promoting physical, cognitive, social, and emotional development, as well as positive attitudes toward self, family, and society” (Reimer & Nixon, 2021).

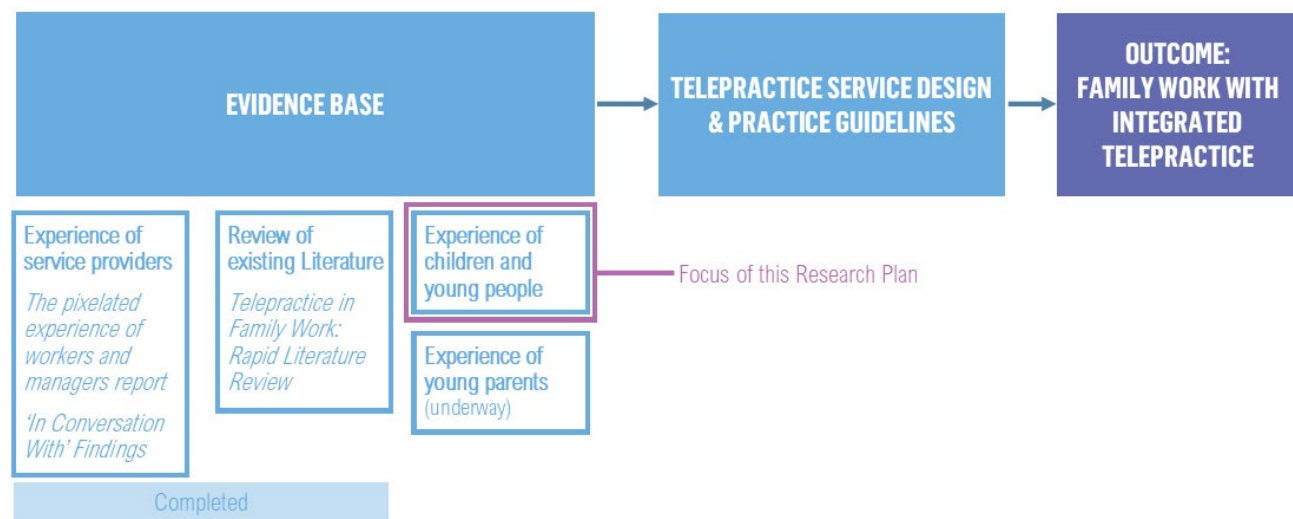
While there is considerable literature examining the implementation and effectiveness of online service delivery for health and medical services, less is known about the provision of telepractice for family work. Those studies that are available suggest that online services may be as effective as face-to-face service delivery, although not necessarily more effective (Martin, et al., 2020). Rather, online services may be more effective compared to receiving no services at all (Brothwood, Baudinet, Stewart, & Simic, 2021).

There is a gap in the literature regarding the experience of children and young people of telepractice (as distinct from the perspectives of parents and providers). The evidence that is available suggests that young people are able to engage with telepractice but that they generally prefer face-to-face consultation, although online interaction can make it easier to talk about sensitive topics (Brothwood, Baudinet, Stewart, & Simic, 2021; Sweeney, Donovan, March, & Forbes, 2017).

Many family work providers in NSW were required to make significant changes to service delivery during extended periods of COVID-19 lockdowns in 2020 and 2021, including the utilisation of telepractice. While this occurred under the exceptional circumstances of a global pandemic, this does provide an opportunity to collect evidence on the experience of children and young people who undertook (and may, in some cases still be undertaking) family work via telepractice.

This research will help inform the development of telepractice service design and practice guidelines for the family work sector. These will ensure that family work undertaken via telepractice is informed by evidence on best practice as detailed in Figure 1

Figure 1 – Strategic context of Fams’ research into use of telepractice in family work



1.1. RESEARCH AIMS AND OBJECTIVES

As detailed above, there is an opportunity to address the lack of available evidence on the experience of telepractice in family work for children and young people by undertaking research following significant changes required within the sector to provide services via telepractice due to COVID-19 related restrictions.



Expected benefits of further developing knowledge of telepractice in family work include tailoring family work practice to online contexts, thus ensuring the delivery of safe, high quality, evidence-informed practice that is specifically designed for online contexts. Additional evidence-informed knowledge of telepractice in family work is required in order to develop best practice guides for family work in an online context, which is important for improving the experiences and outcomes for families, children and young people who find themselves needing to access family work delivered through telepractice.

Telepractice in family work study: Rapid literature review (2021), Page 18

This research will build on the other research commissioned by Fams including:

- [Findings from the 'In Conversation With' sessions with service providers](#)
- [Telepractice in family work study: Rapid literature review](#)
- [Telepractice in family work study: The pixelated experiences of worker and managers](#)
- In-depth interviews with young parents regarding their experience of family work via telepractice (currently in progress).

This Research Plan details an approach to collecting, analysing and reporting on the experience of young people accessing family work via telepractice. The objectives of this research are to learn:

- what works best for young people accessing family work using telepractice
- what are the barriers and enablers for young people to accessing services via telepractice
- the outcomes for young people accessing family work via telepractice, and how this compares to face-to-face family work
- the implications of findings to the development of telepractice service design and guidelines.

The findings of this research will be combined with the other research undertaken by Fams to inform the development of service design and practice guidelines for family work via telepractice. This will include guidance on when delivery of family work telepractice may or may not be appropriate and the risks associated with this method of service delivery and ways that these should be mitigated.

The translation of this evidence into the design of telepractice services and guidelines will be a vital task that will require involvement from all parts of the family work sector including government, Fams and services providers. This work will support safe, appropriate and effective delivery of family work via telepractice.

1.2. RESEARCH QUESTION

The research question for research with young people was agreed during a research planning workshop held in February 2022, with representatives of Fams and the Advocate for Children and Young People.

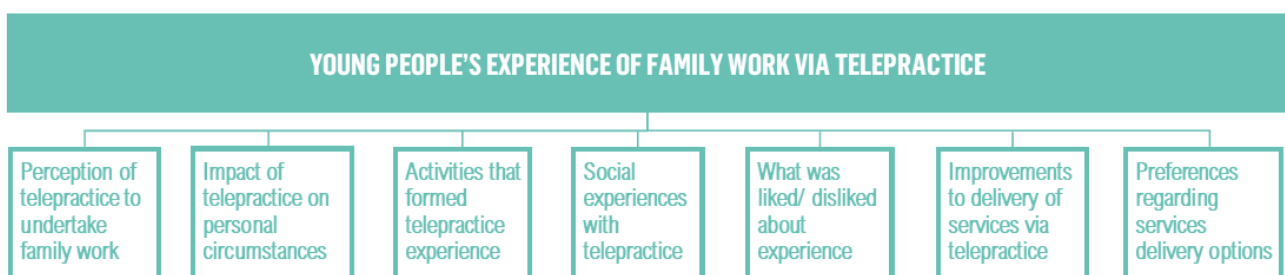
After a wide-ranging discussion of telepractice in family work, the following key question was agreed on as the focus for this research project:



What has been the experience of young people engaging in family work via telepractice?

Several aspects to young people's experience will be investigated. These are outlined in Figure 2 following and detailed further in Section 3.2 of this Plan.

Figure 2 – Overview of research questions



2. RESEARCH PARTICIPANTS

The research project will consult with young people from the ages of 12 – 24. Following advice received from the Office of the Advocate for Children and Young People, children under the age of 12 have not been included for two reasons: 1) it was considered that it would be difficult for children under the age of 12 to provide meaningful input to questions regarding the experience of an online service and 2) their inclusion in the research was likely to place undue burden or risk on this age group.

Other stakeholders for the project include Fams and its members services, and the NSW Office of the Advocate for Children and Young People.

2.1. ETHICS

This research will require ethics approval due to the age of some proposed participants and the potential vulnerability of young people who are receiving family support.

The research plan proposes two phases of data collection:

1. exploratory focus groups with young people to design the research questions
2. the substantive interviews and surveys.

We assume that ethics approval will be required before the exploratory focus groups, and a subsequent amendment will be required to gain approval for the research instruments for the main consultation.

The timeframe for the project (detailed later in this Plan) provides for the time required to receive ethics approval from a Human Rights Ethics Committee (HREC); however, the exact timeframe will depend on the HREC selected.

The researchers undertaking this project will be responsible for developing the research protocol, research materials and managing the HREC application.

All research will be conducted in accordance with the National Statement on Ethical Conduct in Human Research with specific reference to Chapters 4.2 (Children and young people) and 4.3 (People in dependent or unequal relationships).

3. DATA COLLECTION

The research will be undertaken in two phases, incorporating focus groups, surveys, and interviews with young people.

- **Phase 1:** Initial focus groups with young people 14-18 to design the research questions.
- **Phase 2:** Surveys (n=2) of young people (aged 12-15 and 16-24), including both young people who have accessed services, and those who haven't; and interviews (n=20) with young people (12-15 and 16-24) who have accessed family work via telepractice.

Details of the research process are outlined below.

3.1. PHASE 1: RESEARCH DEVELOPMENT

Once ethics approval has been received for the first phase of the research, the research team will liaise with Fams and its members to arrange two focus groups as part of a co-design process. The two focus groups, each of 4-6 young people aged 14-18, will ground the research in young people's lived experience.

Recruitment for focus groups

Fams' member services will be asked to identify eligible young people to participate, using the following criteria:

- the young person is 14-18
- the young person has taken part in at least one online family work telepractice session; OR the young person has been involved by a service to take part in family work telepractice and has not participated
- the young person is deemed to have the capacity to consent to take part in the research; or their parents, carers or legal guardians are able to give consent
- the young person is not at immediate risk of harm and is expected to be able to safely take part in the research.

The age range of 14-18 has been chosen to include participants of school age who have sufficient maturity to engage with the research and are not too far away from either the oldest or youngest end of the proposed cohort. Participants should be recruited from families who have participated in telepractice, or who have been invited but have not participated.

Consent forms to take part in the research will be provided to Fams' member services to distribute to young people and, where appropriate, their parents, carers or legal guardians. Young people (and their parents, carers or legal guardians if appropriate) who agree to participate will be asked to sign a consent form. The consent form will be returned directly to the research team, to ensure the confidential participation of research participants. The research team will then contact the young person (or parent, carer or legal guardians, if appropriate) to confirm participation in the focus groups and to answer any questions.

Purpose

The purpose of these exploratory focus groups will be twofold. Firstly, the discussions will provide insight into the various research questions that should be explored within the main research data collection and secondly, they will provide an opportunity to gain insights into young people's experiences of telepractice to help provide background to the further research that will be undertaken.

The focus groups will be 1-1.5 hours and are expected to be held online. Young people will be provided with a cash voucher (or similar) in recognition of their contribution to the research. The following topics should be explored in the focus groups:

- the nature of the telepractice engagement, whether offered as a choice or as the only option
- best ways to engage with young people for family work
- best ways to engage with young people online
- preferences for accessing services in the future
- appropriate lines of questioning for this research.

The focus group questions will be finalised by the research team in consultation with Fams. An indicative set of questions is outlined below.

Research topic	Potential research questions
<p>The nature of the telepractice engagement, whether offered as a choice or as the only option</p>	<ul style="list-style-type: none"> ▪ During Covid, have you met with a doctor or any other type of service provider online? ▪ Did you have a choice to see someone face-to-face or online, or was online the only choice? Did that make you more or less likely to meet with that person? ▪ What was the online service experience like? ▪ What did you like or not like about it? ▪ How helpful was it to engage with a service provider online? ▪ If you were offered the choice, would you prefer to meet with a person face-to-face or online? Why or why not?
<p>Best ways to engage with young people for family work</p>	<ul style="list-style-type: none"> ▪ If you are asked to engage with a service provider for the first time (say, a doctor, counsellor, or other therapist), what would be the most important aspect of that first meeting? What would you want out of that meeting? ▪ What do you think would be the best way to engage people in your age group for help with family issues? ▪ What would make it easier or harder for you to talk to someone about issues with your family?
<p>Best ways to engage with young people online</p>	<ul style="list-style-type: none"> ▪ Based on what you have said about engaging with a service provider online... ▪ What would make it easier or harder for you to talk to a service provider online? ▪ What makes you feel most comfortable when talking to a service provider online? ▪ What makes you feel less comfortable when talking to a service provider online?
<p>Preferences for accessing services in the future</p>	<ul style="list-style-type: none"> ▪ If you were designing services for people your age, what would they look like? ▪ What could the service do to make it attractive to you to meet online? ▪ What types of services do you think are suited to being able to be offered online?

Research topic	Potential research questions
Appropriate lines of questioning for this research	<ul style="list-style-type: none"> ▪ We are trying to find out about the experience of young people accessing family work via telepractice. What are types of questions that we should be asking to help people tell us about their experience? ▪ What questions should we ask around the type of family work services for young people that might be helpful or not helpful to offer online? ▪ What questions should we ask around how different telepractice family work services could be designed to make them better?

Following the focus groups, the research team will use this feedback provided by the focus group participants to design the substantive research instruments, which will need to be approved by the HREC before fieldwork begins.

The research instruments for the project will include:

- Participant Consent and Information Forms (PCIFs) for young people and, where appropriate, their parents, carers or legal guardians
- survey for ages 12-15 regarding their experience of telepractice, or why they have not accessed telepractice
- survey for ages 16-24 regarding their experience of telepractice, or why they have not accessed telepractice
- interview guide for ages 12-15 regarding their experience of telepractice
- interview guide for ages 16-24 regarding their experience of telepractice.

3.2. PHASE 2: RESEARCH DATA COLLECTION

Consent process

Participants will be recruited from Fams members' client base. The research team will design two PCIFs – one that will be provided to young people 16 and over and another that can be provided to parents, carers or legal guardians of young people under the age of 16. The PCIF for young people will provide details of the research including the risks of being involved, what topics will be covered and how data will be used and stored. The PCIF for parents of young people will provide details of the research, and an information sheet to support a discussion with the young person.

Both versions of the PCIF will have a web link and QR code to an online version of the Consent Form and a paper version of the Consent Form that will include a prepaid, self-addressed envelope that will be returned directly to the researcher.

Fams member organisations will be provided with the PCIFs for distribution to young people or their parents, using the following criteria:

- the young person is within the identified age groups
- the young person has taken part in at least one online telepractice session
- parents or legal guardians are able to give consent, where the young person is under the age of 16
- the young person is not at immediate risk of harm and is judged to be emotionally stable at the time of interview.

Where possible, young people from metropolitan and regional areas and across different family work providers should be invited to take part in the research to provide as broad a range of experience as possible.

Once the research team receives a Consent Form, they will then contact the parent and/or young person directly to confirm participation in the interviews and to answer any questions. The recruitment and consent process is summarised in the table below.

Data collection	Consent required	Research engagement
Interviews with young people aged 12-15 (n=10)	Parent and young person	Once the consent form is received, the research team will contact the parent to arrange a time for an interview with the young person. Consent from the young person will be retaken at the time of the interview. The interview will last no longer than 20 minutes.
Interviews with young people aged 16-24 (n=10)	Young person	Once the consent form is received, the research team will contact the young person to arrange a time for an interview. Consent will be retaken at the time of interview. The interview will last no longer than 30 minutes.
Survey for age 12 -15 (unlimited number)	Parent or young person	Information and the consent form are provided to the parent, including the web link to the online survey. Consent is taken at the time of entry to the survey. Survey contains closed and free text questions and is no longer than 10 minutes.
Survey 16-24 (unlimited number)	Young person	Information and consent form is provided to the parent or directly to the young person if contact details are known. Consent is taken at the time of entry to the survey. Survey contains closed and free text questions and is no longer than 10 minutes.

Survey consultation

Two 10-minute online surveys will be developed. The purpose of the surveys is to explore respondents' attitudes towards telepractice. The survey will be distributed as widely as possible in order to capture the viewpoints of as many young people as possible. In order to encourage participation in the survey, young people will have the opportunity to put their names into a draw to win a prize (to be decided by the researchers in consultation with the service providers).

The survey will open with information from the PCIF and will screen respondents by confirming they are over 11 and under 25. A second screening question will also ask if they have participated in a telepractice session. If the answer to this question is no, the respondent will be diverted to a separate set of questions that explore the respondent's perceptions of telepractice and service access more widely.

The survey questions will be based on those designed by the initial focus groups, and should cover the following topics:

- the nature of the telepractice engagement, and whether it was offered as a choice or as the only option
- what worked well with telepractice, and whether they met their goals
- what was challenging with telepractice
- barriers and enablers to participating in telepractice for family support
- what they would prefer for accessing services in the future.

The questions will be broad to avoid triggering any emotional sensitivity, and explore young people's engagement with online service delivery, their levels of satisfaction and their preferences for future engagement. Contact details for support services will be provided at the conclusion of the survey in case a respondent does feel upset by any of the questions and wishes to talk with someone.

Interviews

Interviews with young people can be conducted either in-person or via teleconference and should last no longer than 20 minutes (for ages 12-15) or 30 minutes (for ages 16-24). Consent will be retaken at the time of interview.

The purpose of the interviews is to delve more deeply into participants' experience of telepractice. For this reason, questions will explore the following (guided by the questions designed by the initial focus groups):

- the young person's perception of telepractice (positive or negative)
- the impact of telepractice on the young person's personal circumstances
- the types of activities that formed their telepractice experience
- extent to which young people were able to exercise choice in engaging with telepractice
- social experiences with telepractice
- preferences regarding modes of engaging with service providers, face-to-face or online
- what young people liked (or didn't) about telepractice
- what could be improved, particularly any barriers to accessing telepractice.

Consent will be sought to have the interviews recorded and confidentiality will be assured. All interviews should be undertaken by researchers with appropriate training or experience in undertaking consultations with young people. Young people will have the opportunity to have a support person in the interview with them should they choose.

Analysis and reporting

Following the consultation, the survey data and interview data will be analysed using appropriate methodology, which is to be developed by the research team. A briefing to Fams, providing preliminary findings and emerging priorities, should be conducted once the analysis has been undertaken. The purpose of this briefing will be to inform the key findings and implications to be included in the research report.

The research report should be written with reference to the findings of the previous research undertaken by Fams in this area, including *The pixelated experience of workers and managers* report and the research being undertaken into the experience of young parents.

The research report could include:

- Executive Summary including key findings and recommendations
- introduction, methodology and research limitations
- insights from young people's experience of telepractice
- strengths and weaknesses of family work via telepractice for young people
- discussion of the findings against the other research undertaken
- implications for development of service design and practice guidelines.

The research report should be made publicly available on Fams' website.

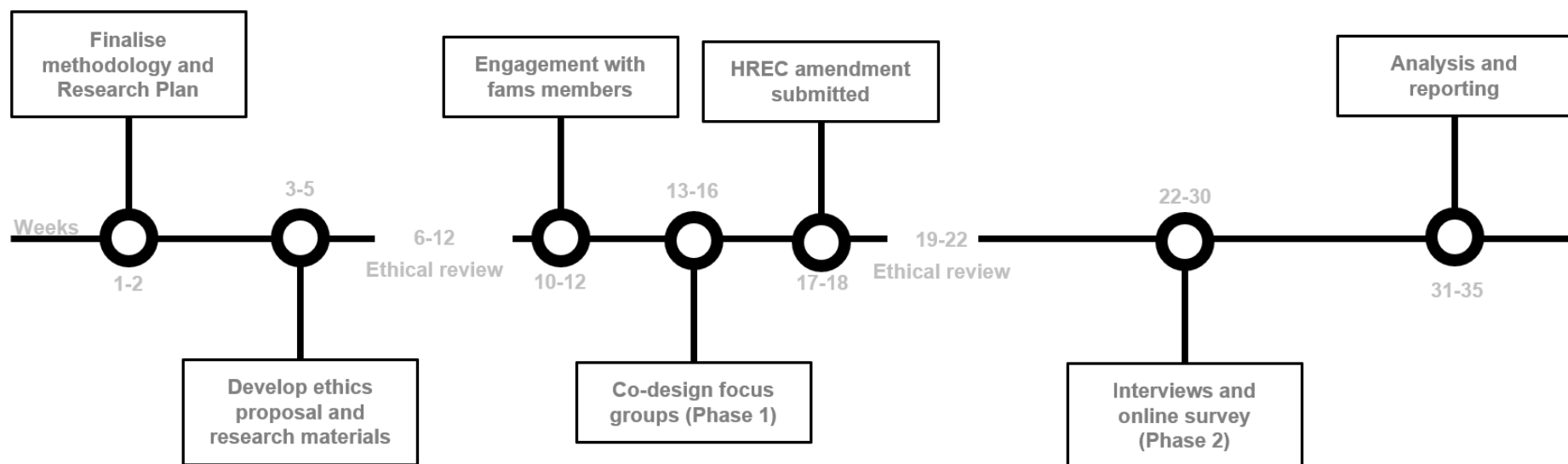
3.3. POTENTIAL EXTENSIONS TO RESEARCH

There are several opportunities to undertake additional extensions to this research should Fams believe that the insights gained will be valuable and the additional cost is within Fams' budget. These are outlined in the table below.

Additional research	Potential areas of insight	Resourcing required (approx.)
Interviews (n=5) with young people aged 16 and over who have not engaged with telepractice	These interviews could provide greater depth of understanding regarding the experience of young people who have not accessed telepractice and the factors that they identify would be barriers or enablers to them accessing family work via telepractice. This information could be triangulated with the feedback from interviews with young people who have used telepractice to identify similarities or differences in their feedback and experience.	Additional recruitment = 1 day Interviews = 1-1.5 days (depending on virtual or face to face) Analysis = 0.5 days
Expanded literature review on the evidence regarding the experience of children, young people and parents undertaking family work via telepractice	A literature scan was undertaken in order to inform this research plan. However, there is an opportunity for a more extensive review of existing literature and guidance to be undertaken. This review could focus on the experience of the family unit undertaking family work via telepractice, including children, young people, and parents. The key findings from this review should be included within the key findings and implications of the final research report. This could assist in providing a comprehensive picture of the client experience of telepractice and the considerations that may need to be made when developing guidelines, taking into account the differences between children and young people and parents.	Development of literature review = 6-7 days Integration of findings into research report = 1.5 days
Survey of family work providers identifying level of telepractice service provision	While this research does not specifically focus on the experience of young people, a short survey asking providers how many families (including young people) they are working with and the level of access to telepractice would help provide an understanding regarding the way that telepractice is currently being used and a baseline on the extent to which telepractice is currently being accessed.	Additional recruitment = 1 day Survey development and administration = 1 day Analysis and reporting = 3.5 days

4. RESEARCH TIMEFRAME

The research timeframe will need to be negotiated between the researchers and Fams, but the section below provides a high-level summary of a potential timeframe.



Timing	Research activity	Outputs
Weeks 1-2	Finalise research methodology and research plan	Final version of research plan
Weeks 3-5	Develop ethics proposal, information and consent forms Develop information resources for Fams and Fams' members	Ethics proposal submitted Information resources and process ready for Fams' members

Timing	Research activity	Outputs
Timing for the activities below assumes ethical approval will require 6 weeks		
Week 10-12	Initial engagement with Fams members (pre-ethics approval) Engagement with members once ethics approval has been received	Online forum Briefing communications
Weeks 13-14	Recruitment for co-design focus groups	Focus groups arranged
Weeks 15-18	Two co-design focus groups conducted Data analysed and research instruments developed Research tools are provided to HREC for approval	Research instruments for primary research developed
Timing for the activities below assumes approval of ethics amendment will require 4 weeks		
Week 22-25	Recruitment begins for primary research: information disseminated through Fams' members to potential participants	Consent forms are received
Week 23-27	When consent forms are received, the research team will contact potential participants directly to arrange time for an interview, or to receive a survey (or both, in some instances)	Interviews are arranged, surveys are distributed
Week 27-30	Interviews are conducted	Interview data is collected
Week 30-32	Data is analysed and draft report is prepared Research team meets with Fams to present draft findings	Draft report submitted
Week 33-35	Fams provides feedback to the research team Research team finalises report	Final report submitted

5. RESEARCH COSTS

The table below provides a high-level estimate of the resourcing required to complete this research. Based on the number of days identified, it is expected that the research (excluding the additional items) is likely to require around \$75,000-\$85,000 to complete.

Research phase	Estimate of time required
Research planning	2 days
Development of ethics application and research materials ¹	6 days
Engagement with Fams members and project management	3 days
Co-design focus groups	1 day
Design of research materials and submission of HREC amendment	4 days
Online survey development and management	5.5 days
Interviews (n=20) ²	4 days
Analysis and reporting	14 days

The budget should also include allocation for at least \$50 gift vouchers for each focus group and interview participant and around \$500 for the survey prize draw.

¹ Any potential HREC application costs have not been included.

² The time allocated to interviews will depend on whether they are conducted virtually and face to face. Any potential travel expenses have not been included.

DISCLAIMER

This plan is dated 21 July 2022 and incorporates information and events up to that date only and excludes any information arising, or event occurring, after that date which may affect the validity of Urbis Pty Ltd (**Urbis**) opinion in this report. Urbis prepared this report on the instructions, and for the benefit only, of Fams (**Instructing Party**) for the purpose of research planning (**Purpose**) and not for any other purpose or use. To the extent permitted by applicable law, Urbis expressly disclaims all liability, whether direct or indirect, to the Instructing Party which relies or purports to rely on this report for any purpose other than the Purpose, and to any other person which relies or purports to rely on this report for any purpose whatsoever (including the Purpose).

In preparing this report, Urbis was required to make judgements which may be affected by unforeseen future events, the likelihood and effects of which are not capable of precise assessment.

All surveys, forecasts, projections and recommendations contained in or associated with this report are made in good faith and on the basis of information supplied to Urbis at the date of this report, and upon which Urbis relied. Achievement of the projections and budgets set out in this report will depend, among other things, on the actions of others over which Urbis has no control.

In preparing this report, Urbis may rely on or refer to documents in a language other than English, which Urbis may arrange to be translated. Urbis is not responsible for the accuracy or completeness of such translations and disclaims any liability for any statement or opinion made in this report being inaccurate or incomplete arising from such translations.

Whilst Urbis has made all reasonable inquiries it believes necessary in preparing this report, it is not responsible for determining the completeness or accuracy of information provided to it. Urbis (including its officers and personnel) is not liable for any errors or omissions, including in information provided by the Instructing Party or another person or upon which Urbis relies, provided that such errors or omissions are not made by Urbis recklessly or in bad faith.

This report has been prepared with due care and diligence by Urbis and the statements and opinions given by Urbis in this report are given in good faith and in the reasonable belief that they are correct and not misleading, subject to the limitations above.

APPENDIX A

LITERATURE SCAN

CONTEXT

The coronavirus (COVID-19) pandemic which began in 2019 has changed the lives of children, young people and families in many and varied ways; for many people this has included a significant negative impact on the mental health and wellbeing of children and young people (Gadernann, et al., 2021; Levy, Mason, & Russon, 2021; Shah, et al., 2021; Martin, et al., 2020). Globally, an immense and unexpected social experiment has taken place as countries, communities, families and individuals have navigated the new environment of diminished social interaction. Health and community services in every country have had to find new ways to engage with clients in the context of lockdowns and other restrictive public health practices (Burgoyne & Cohn, 2020; Wrape & McGinn, 2019). As Gadernann, et al. (2021, p. 1) have noted, “These shifts have profoundly interrupted the systems and structures that previously operated to both support the mental health and well-being of families and mitigate the risks that contribute to health and social inequities.”

Online service delivery is not new (Levy, Mason, & Russon, 2021). For the past two decades, health and community services have experimented with online service provision. For some providers, online service provision has been viewed with scepticism, although teletherapy has been shown to be ‘a viable treatment option’ for psychotherapy, including family therapy (Burgoyne & Cohn, 2020). There has been greater acceptance and uptake of online consultation within health and medical services, particularly for people living in rural and remote locations when the alternative is not to receive services at all (Martin, et al., 2020).

Several terms are commonly used to denote the provision of services at a distance via electronic communication means (Spiker, Kelley, Shepherd, McCullough, & Greer, 2021), including telehealth, telemedicine, teletherapy, telepractice, and remote or online service delivery. The term preferred by Fams is ‘telepractice’. Early Childhood Intervention Australia (2020) defines telepractice as “the delivery of assessment and therapy services at a distance by linking clinicians to clients, carers, or others, via technology such as internet-based videoconferencing”.

The focus of this research will be the provision of family work using telepractice. Reimer and Nixon (2021, p. 902, quoting Zigler and Berman, 1983) define family work as “a program of intervention with children, young people and families committed to ‘enhancing the quality of life for children and families, and to promoting physical, cognitive, social, and emotional development, as well as positive attitudes toward self, family, and society’”.

GUIDELINES TO SUPPORT FAMILY WORK TELEPRACTICE

The COVID-19 pandemic has spurred rapid development of protocols for the delivery of online service delivery for health and social services, including services providing family work. There are few guidelines specifically for family work (Levy, Mason, & Russon, 2021), although there are some guidelines available for the implementation of telepractice for individual therapies such as services that support children with disability or development delay (particularly in the area of speech pathology). As an example, Early Childhood Intervention Australia (ECIA) produced a set of telepractice guidelines in 2020 for providers of early childhood services for children with disability or developmental delay. These guidelines present seven statements describing what telepractice is and what is required for its success, with additional commentary and some ‘case examples’. ECIA’s guidelines were an adaptation of previous guidelines developed to support children with complex disability, produced by the University of Sydney (Hines, Bulkeley, Lincoln, Cameron, & Dudley, undated).

There are a number of publications that are not guidelines per se but do discuss what is necessary for successful telehealth or telepractice engagement (see Levy, Mason, & Russon, 2021; Russell, Donaldson, Pleasant, & Roberts, 2021; Burgoyne & Cohn, 2020; Hall & Bierman, 2015). While some research pre-dates the COVID-19 pandemic, many health services have published their experiences of moving to online service delivery and the lessons that have been learned from this experience. These lessons from lived experience provide a number of key elements that could form the basis of guidelines to inform telepractice for family work in the future. For instance, Russell et al. (2021) report their experience of moving to teletherapy using a framework developed by Stirman et al (2019). While the framework is intended for evaluative and reporting purposes, it suggests the following elements are important to consider in adapting service delivery:

1. When and how in the implementation process the modification was made
2. Whether the modification was planned or unplanned
3. Who determined that the modification should be made

4. What is modified
5. At what level of delivery the modification is made
6. The type or nature of context or content-level modification
7. The extent to which the modification is fidelity-consistent
8. The reasons for the modification: (a) the intent or goal and (b) the contextual factors that influenced the decision.” (Russell, Donaldson, Pleasant, & Roberts, 2021).

WHAT EVIDENCE IS THERE TO SUPPORT FAMILY WORK VIA TELEPRACTICE?

Martin et al (2020, p. 10) have identified six forms of online service delivery:

- remote delivery of programs delivered on a one-to-one basis
- remote delivery of group-based programmes
- digital delivery of guided self-help content
- digital delivery of unguided self-help content
- digital delivery of interactive content
- brief text-based messaging interventions.

There are few empirical studies of the effectiveness of online service delivery for family services. Those studies that are available suggest that online services may be as effective as face-to-face service delivery, although not necessarily more effective (Martin, et al., 2020). Rather, online services may be more effective compared to receiving no services at all (Brothwood, Baudinet, Stewart, & Simic, 2021).

Online or digital interventions are found to be more effective when they are interactive and personalised, and include a level of real-time support from practitioners (Brothwood, Baudinet, Stewart, & Simic, 2021; Martin, et al., 2020). One of the challenges of online service delivery is retaining participation and engagement of both children and young people, and their parents (Baker, Sanders, Turner, & Morawska, 2017). The literature suggests that this is less of a challenge where an ongoing in-person relationship has already been developed. The use of gaming and other interactive strategies can also help to keep children and young people engaged (Martin, et al., 2020).

Retaining participant engagement can be a challenge, whichever form of online service delivery is used. Baker et al (2017) reported the findings of a randomised controlled trial of an online version of a parenting program, the Triple-P Online Brief, which suggested that self-directed online interventions (in this instance, for parents) can be effective at changing behaviour and improving confidence in their own skills (in this case, parenting). The authors point out, however, that a large proportion of participants (38%) did not complete the program. At the same time, self-directed online interventions were positively viewed due to the flexibility they offer.

The literature also shows that parents and young people often view online service delivery differently. Brothwood et al (2021) explored the experience of young people and their parents who participated in an online clinic for eating disorders during the pandemic. Parents rated the online experience more highly than young people, and somewhat surprisingly, parents reportedly felt more comfortable with online service delivery than young people. The authors point out that all participants had an existing engagement with the physical clinic and its therapists, and that in-person interactions remained available, albeit restricted due to COVID-19. Most young people reportedly preferred to return to face-to-face engagement, or to combine face-to-face meetings with online interaction.

On the other hand, Sweeney et al (2017), in a study undertaken before the COVID-19 pandemic, noted that adolescents may prefer online access to therapy as it may be easier to talk about sensitive issues. In a survey of 217 adolescents between 13-18 years, participants reported positive attitudes towards telepractice and endorsed a number of benefits such as “alleviation of embarrassment, ability to track progress, and increased accessibility”. Sweeney et al’s reported that one-third of their survey participants would choose online service delivery over in-person engagement. It was suggested that young people may prefer face-to-face engagement but find online services acceptable, particularly when there is no other option (Sweeney, Donovan, March, & Forbes, 2017; Brothwood, Baudinet, Stewart, & Simic, 2021).

Several authors note that the availability of online service delivery allowed people to make ‘the best of a bad situation’ (Brothwood, Baudinet, Stewart, & Simic, 2021), during a public health crisis that limited personal contact. Overall, the evidence suggests that a combination of in-person and online delivery may be most effective (Brothwood, Baudinet, Stewart, & Simic, 2021; Martin, et al., 2020). However, Levy et al (2021, p. 452) note, more optimistically, that “we find online therapy has the potential for just as much intimacy [as in-person services]”.

It is worth noting the differences between face-to-face and online interactions, as described by Brothwood et al (2021), one of the few studies to include the perspectives of young people:

“When face-to-face, the timings of appointments and structure were described as more fixed and rigid and the conversation more fluid. Conversely, during on-line therapy the opposite was described. The timings and practical elements of treatment, such as requesting an appointment, became more flexible, whereas the relational element became more rigid and stilted with the introduction of a screen. The screen acted as both a literal and also somewhat intangible barrier which disrupted the therapeutic connection for many. Although, it is worth noting, a few young people found the ‘distance’ helpful when trying to open up and talk about their experiences.”

There is a gap in the literature regarding the experience of children and young people in telepractice (as distinct from the perspectives of parents and providers). The proposed research study will add to the knowledge base by engaging with children and young people to learn more about their experiences of telepractice.

REFERENCES

- Baker, S., Sanders, M. R., Turner, K. M., & Morawska, A. (2017). A randomized controlled trial evaluating a low-intensity interactive online parenting intervention, Triple-P Online Brief, with parents of children with early onset conduct problems. *Behaviour Research and Therapy*, doi: 10.1016/j.brat.2017.01.016.
- Brothwood, P. L., Baudinet, J., Stewart, C. S., & Simic, M. (2021). Moving online: young people and parents' experiences of adolescent eating disorder day programme treatment during the COVID-19 pandemic. *Journal of Eating Disorders*.
- Burgoyne, N., & Cohn, A. S. (2020). Lessons from the Transition to Relational Teletherapy During COVID-19. *Family Process*, 974-988.
- Early Childhood Intervention Australia. (2020). *Telepractice guidelines for early childhood intervention*. Early Childhood Intervention Australia.
- Gadermann, A. C., Thomson, K. C., Richardson, C. G., Gagne, M., McAuliffe, C., Hirani, S., & Jenkins, E. (2021). Examining the impacts of the COVID-19 pandemic on family mental health in Canada: findings from a national cross-sectional study. *BMJ Open*.
- Hall, C. M., & Bierman, K. L. (2015). Technology-assisted interventions for parents of young children: emerging practices, current research, and future directions. *Early Childhood Research Quarterly*.
- Hines, M., Bulkeley, K., Lincoln, M., Cameron, S., & Dudley, S. (undated). *Telepractice for children with complex disability*. Sydney: University of Sydney.
- Levy, S., Mason, S., & Russon, J. (2021). Attachment-based family therapy in the age of telehealth and COVID-19. *Journal of Marital and Family Therapy*, 440-454.
- Martin, J., McBride, T., Masterman, T., Pote, I., Mokhtar, N., Oprea, E., & Sorgenfrei, M. (2020). *Covid-19 and early intervention: evidence, challenges and risks relating to virtual and digital delivery*. London: Early Intervention Foundation.
- Reimer, E., & Nixon, K. (2021). *Telepractice in family work study: rapid literature review*. Sydney: NSW Family Services Inc. .
- Russell, M., Donaldson, C., Pleasant, J., & Roberts, K. (2021). Using telehealth to adapt service delivery for children during the COVID-19 pandemic. *Developmental Disabilities Network Journal*, 123-136.
- Shah, M., Rizzo, S., Percy-Smith, B., Monchuk, L., Lorusso, E., Tay, C., & Day, L. (2021). Growing up under COVID-19: young people's agency in family dynamics. *Frontiers in Sociology*.
- Spiker, D., Kelley, G., Shepherd, S., McCullough, K., & Greer, M. (2021). *Telepractice for Part C Early Intervention Services: Considerations for Effective Implementation and Medicaid Reimbursement*. Chapel Hill: Frank Porter Graham Child Development Institute, University of North Carolina at Chapel Hill and SRI International.
- Stirman, S. W., Baumann, A. A., & Miller, C. J. (2019). The FRAME: an expanded framework for reporting adaptations and modifications to evidence-based interventions. *Implementation Science*.
- Sweeney, G. M., Donovan, C. L., March, S., & Forbes, Y. (2017). Logging into therapy: adolescent perceptions of online therapies for mental health problems. *Internet Interventions*.
- Wrape, E. R., & McGinn, M. M. (2019). Clinical and ethical considerations for delivering couple and family therapy via telehealth. *Journal of Marital and Family Therapy*, 296-308.

