

# Telepractice in family work study: Summary interim findings of worker focus groups

## Background

Since the onset of the coronavirus (COVID-19) outbreak in early 2020, the Australian Government has implemented a social distancing policy to limit the spread of the virus throughout the community. While necessary to protect the health of Australians, this policy has substantially changed the way family workers have worked with families.

Out of necessity, family workers have been required to experiment with alternative modes of service delivery. This includes being required to conduct the bulk of service delivery online and over the telephone. While this has created new opportunities for service delivery, noted concerns include that there is much that remains unknown regarding delivering family work using online technologies, not the least of which pertains to issues of privacy, safety, and efficacy, of providing interventions to vulnerable people in this manner.

In response, Fams' *Telepractice in family work study* has started to explore how the early intervention and prevention sector can develop some of the changes to service delivery necessitated by COVID-19 into an evidence-informed, sustainable, and secure model of family work, that will result in improved outcomes for families, children and young people.

The full suite of commissioned research is available [here](#).

## Summary interim findings

The following presents a brief summary of the main themes found to date from a qualitative study exploring the experience of family workers and managers engaged in telepractice. This is a summary of key themes found after an initial cursory analysis of the raw data. These themes, and what has emerged as meaningful for the study participants regarding telepractice in family work, have been discovered so far. However, the final report may show that deeper analysis has revealed different ways to make sense of what is written in the following summary.

This summary of interim findings reports the participants' ideas, thematically analysed in light of the research questions. These are:

- What key issues arose for family workers in making the shift from face-to-face support to telepractice?
- How did family workers adapt their practice to address these issues?
- What do family workers perceive would help improve the transition to effective telepractice?

The findings are exploratory, rather than generalisable, and are drawn from the perspectives of eight family workers and three managers, from nine family service organisations throughout metropolitan and regional New South Wales.

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*I think it's been really helpful in a lot of situations [to use telepractice methods]. And I think, given what was happening in our world [regarding COVID-19], we had to*

*100 per cent adopt them. But, I don't know whether it's really possible to obviously 100 per cent adopt them, certainly in my role, in the future.*

*Because there were still some difficulties. There were teenagers we just couldn't communicate with. There was some stuff we just couldn't do. We had at least one instance of our work where we couldn't trust that we could see clients one-on-one...it became pretty clear that a parent was sitting behind the computer watching despite acting like they weren't.*

*So, there were a few kinds of those things that I just don't think would always work. And that we certainly weren't set up to deal with those issues. And had to deal with them a lot as they happened. So, in the moment we just tried to - the best we could.*

*Taylor (Worker)*

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The three main themes that emerged in the data relate to reported experiences of:

1. Vulnerabilities that arose for children, young people and families when undertaking family work via telepractice;
2. Family work practice using telepractice methods, including comparisons with face-to-face methods; and,
3. Workforce issues.

In summary, key findings include that there was a perception, in the nine organisations represented, that family work was partially successfully delivered using multiple telepractice methods.

Telepractice was reported to deliver a faster and more focused approach to working with families than face-to-face practice can achieve at times. Additionally, some parents who were initially hard to engage in service delivery using face-to-face methods were happy to engage using telepractice methods. However, ultimately the intervention was reported to fall short of the depth of client change usually experienced when working face-to-face with families. Furthermore, certain aspects of family work delivered via telepractice was found to be much more emotionally exhausting for workers than when delivered face-to-face.

There were some reported similarities between telepractice and face-to-face modes of delivery of family work, and telepractice methods were found to support flexible delivery to meet families' needs. However, family work delivered face-to-face was found to be the preferred mode of delivery for the workers and managers, as it enabled practitioners to provide a holistic family work intervention to families in ways telepractice alone could not.

The nine family work services represented in the study reported adopting a hybrid approach to service delivery, which involved mixing face-to-face and telepractice methods. Going forward, the workers and managers involved in the study recommend policy makers and organisation consider the adoption of mixed service delivery model; where intervention can be delivered via both face-to-face and telepractice methods. However, they argued that adopting such an approach will require additional resources, flexibility and specialist training so workers and managers can use the best aspects from both modes to meet families' and workers' needs.

Following publication of the final report on worker experience, this research project will move its focus to interview children, young people and parents/carers to explore their experiences of family work that was delivered using online technologies during the pandemic.

Finally, and taking account of both worker and client perspectives, research partners will develop a best-practice model of online practice with children, young people and parents/carers that will:

- Develop a training package for the workforce;
- Develop resources that support children, young people and families to be able to participate in services delivered via digital means; and
- Disseminate the knowledge to managers, policy makers and academics.

Fams  
Suite 401 Level 4, 52 William Street  
Woolloomooloo NSW 2011

Southern Cross University  
PO Box 157, Lismore, NSW 2480

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Prepared by: Dr Elizabeth C Reimer, Senior Lecturer, School of Arts and Social Sciences, Southern Cross University