

Changing experiences of virtual, physical and hybrid service delivery across the social care (child and family services) sector

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Changing experiences of virtual, physical and hybrid service delivery across the social care (child and family services) sector

CHANGING EXPERIENCES OF VIRTUAL, PHYSICAL AND HYBRID SERVICE DELIVERY ACROSS THE SOCIAL CARE (CHILD AND FAMILY SERVICES) SECTOR



A rapid evidence review

9 November 2021

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1 Executive summary

This rapid evidence review was conducted to inform a study on how place-based services evolve in a world of virtual, physical and hybrid service delivery. It involved keyword searches of academic databases and other online resources.

Key findings:

- Although there is a vast body of literature on place-based, area-based or community-based initiatives, and some literature on virtual service delivery in the child and family services sector, the literature search did not find a crossover between the two.
- The limited use of technology in child and family services to date is partly attributable to a long-held belief that technology-based service delivery is substandard compared with in-person services, although this perception is changing.
- Most of the limited literature on the use of technology in child and family services describes online programs and phone or videoconferencing service delivery options. There was little evidence of hybrid service delivery.
- The review identified an emerging body of literature on service adaptations in response to the COVID-19 pandemic. This involved offering clients online or phone-based consultations/check-ins when face-to-face consultations were not an option to ensure continuity of service and support.
- The sudden shift to online/remote service delivery options due to the COVID-19 pandemic proved challenging for many practitioners in the child and family sector due to limited prior experience with these modes of service delivery, problems with technology, and Internet access for clients.
- The pre-COVID literature on the use of technology in the delivery of child/family interventions generally emphasises the benefits of technology for increasing access to services for populations in rural/remote regions.
- The review includes examples of remote/online/hybrid service delivery in the child and family service sector, including social work practice; parenting programs, family and relationship services; and domestic and family violence services.
- The review includes examples of remote/online/hybrid service delivery in the allied health and health service sector, including services for people with autism spectrum disorder (ASD); speech and language services; general health services; mental health services; youth opioid treatment services; and youth sexual health services.
- Some of the literature reviewed addressed the service access and health equity implications of shifting to remote/online/hybrid modes of service delivery.

2 Introduction

2.1 Aim of the review

The aim of this rapid evidence review was to explore the literature addressing the changing experiences of virtual, physical and hybrid service delivery relating to place-based initiatives in the social care (child and family services) sector, with reference to key outcomes including safer, healthier and more inclusive communities. The review sought to identify innovations and attempted enhancements facilitated by changing technologies, and unplanned changes brought about by COVID-19 and the responses of different agencies and services. The term “place-based initiative” (PBI) has a number of different applications and can be used to describe a range of different types of interventions. Wilks, Lahausse, and Edwards (2015) describe five types of place-based initiatives:

- Major focus on place in order to impact place. These often have a regional development and sustainable infrastructure focus.
- Major focus on place in order to impact person. These improve local infrastructure explicitly to enhance the lives of current and future residents.
- Major focus on person in order to impact place. These enforce improvements in individuals' behaviours for the benefit of the neighbourhood.
- Major focus on person in order to impact person. These provide universal delivery of services, irrespective of location.¹
- Simultaneous major focus on place and person in order to impact both. These exploit synergies between the twin goals of place and person, and recognise that the separation of place and person is not feasible.

In addition, the concept of ‘place’ in relation to PBIs is very variable and can range from small areas such as city blocks or villages through to larger areas such as cities or regions (Beer et al. 2020, Improvement Service, 2016).

2.2 Scope (countries and timeframe)

The search strategy focused on English language articles, prioritising literature from Australia and New Zealand, in the period 2017 to the present. The rationale for this timescale was that the development of virtual services has been rapid, and articles published before 2017 are likely to have limited relevance to the current service context.

¹ These services are located in a place but focus on people not the community.

2.3 Databases

The search strategy included searches of two relevant academic databases:

- Scopus: international literature from science, technology, medicine, arts and humanities and social sciences, approximately 25,000 journals included.
- Proquest: international coverage of sociology and sociological issues. Social Sciences selected from the subject areas for relevant databases.

Searches of Google Scholar (<https://scholar.google.com.au/>) and Australian Policy Online (apo.org.au) were also conducted.

2.4 Keyword search combinations

Scopus

The following keyword combinations were used to identify relevant literature in Scopus:

- 'Place based' OR 'area based' OR 'community based' AND
- 'Human services' OR 'family services' OR 'community services' AND
- 'Online services' OR 'virtual services' OR 'hybrid services'.

The search produced 197 results, but these were not relevant to the 'place-based' focus of the review, they did not address family or community services, and they made little reference to service delivery.² Consequently, alternative keywords were trialled. These were:

- family services OR community services OR human services AND
- service access OR technology OR service delivery AND
- place OR community

This produced 59 results. One paper was downloaded for review, but later excluded because it was not relevant to the topic.

A further keyword search was trialled using the following:

- Family services OR community services OR human services AND
- Service access OR technology OR service delivery AND
- Place OR community AND
- Online services OR virtual services OR hybrid services.

This search yielded 119 results and 11 papers were downloaded for review.

² These search findings included the following journal titles: *Anonymous online cognitive behavioral therapy for sleep disorders in shift workers—a study protocol for a randomized controlled trial*; *Characterizing Emergent Behaviors in Twitter Telehealth Communication during the COVID-19 Pandemic*

A fourth keyword search of Scopus was conducted using the following keywords:

- Family AND services OR Community AND services OR human AND services AND “remote service delivery”

This yielded four results and one paper was downloaded for review.

ProQuest

Four keyword searches were conducted in Proquest (Note, ‘place’ and ‘community’ were excluded because adding them resulted in zero results):

- human services delivery child AND family services
- child and family services AND online
- child and family services AND hybrid
- delivery of human services AND models

Twelve papers were downloaded for review from these searches.

Google Scholar

The following keyword searches were conducted in Google scholar:

- “service access” child family technology since 2017 – 3170 results
- “service access” child family technology "place based" – 193 results – 1 paper downloaded
- “service access” child family technology "community based" hybrid – 225 results
- "service delivery models" "Child and family services" hybrid technology – since 2021 – 7 results.

After reviewing the results of the literature searches, papers that appeared relevant were downloaded for review. A template with the following headings was used for this initial review:

- Study reference and notes
- Service type or treatment focus (family, children, social services)
- Modes of engagement (e.g. face-to-face, online, telehealth, app)
- Strength of evidence (including qualitative, quantitative, sample size)
- Australian or international

Any papers that were not relevant were excluded from the review. After the initial screening process was completed, findings from the 23 relevant papers were analysed and synthesised.

It is important to add the caveat that this rapid review does not claim to be exhaustive as it was conducted in accordance with project time constraints.

3 Findings

Accessibility has long been a challenge for many people who struggle to engage with family or community services for a variety of reasons, such as disability, distance, being time-poor, or having limited transport options. The COVID-19 pandemic, however, marks a watershed moment in how human services have had to evolve in order to continue providing support, with many services doing so out of necessity, not choice. Public health orders, including the requirement to stay at home orders or social distance, meant that services had to reduce face-to-face contact and adapt how they provide support and assistance by using phone consultations, teleconferencing, social media, apps, and other digital technology. Some services had been offering these alternative modes of engagement for some time, albeit on a more limited scale, while others only made these adaptations when face-to-face service delivery was no longer an option. There are pros and cons associated with the shift to the various service delivery modalities; however, it is expected that some of these adaptations will endure in a post-COVID-19 world.

This review identified literature on service adaptations unrelated to COVID-19, where services traditionally delivered face-to-face were also offered online or using a hybrid approach. The review also identified an emerging literature on service delivery adaptations in response to COVID-19 for a range of human services. Where available, outcome data is reported.

3.1 Place-based service delivery modalities

The review explored the literature on changing experiences of virtual, physical and hybrid service delivery across the social care (child and family services) sector, with a particular focus on place-based services. Few examples of changing service delivery in the social care sector were found and none were described as adaptations of place-based services. It has been noted that there is limited scholarship on technology-mediated social service delivery (Cortis et al. 2021). This is partly attributable to enduring legacies in human services that frame technology-mediated services as 'substandard' compared with in-person services (Burgoyne and Cohn, 2020). In their review of the use of telepractice in the family and relationship services sector, Joshi et al. (2021) acknowledge that compared to the medical and health care sectors, the family and relationship services sector has under-used technology in service delivery and that there is limited evidence on the topic. The literature suggests that in non-crisis driven times (i.e. pre-COVID-19), many child and family services did not offer clients a choice of engagement options (i.e. face-to-face, virtual or hybrid); however, the reality on the ground may be very different, particularly since the pandemic, and many of these initiatives may not yet be documented in the literature.

3.2 Service delivery engagement options by sector

The aim of this review was to identify examples of virtual, physical and hybrid service delivery in the social care (child and family services) sector, with a particular focus on place-based services. In short, there is a vast literature on place-based initiatives and some literature on virtual/hybrid service delivery in the child and family services sector, but no apparent crossover between the two bodies of literature. Consequently, few of the services included below are described in place-based

terms. Additionally, some of the services are allied health-based, which is not the core focus of this review. However, they are included because they have some overlap with child and family support services and some of the service delivery principles could be applied to them. Further, many place-based initiatives include social services as well as health, education, crime, disability, age care, etc. It is also worth acknowledging that the vast telehealth and telemedicine literatures were not included in this review.

This section is divided into two sub-sections: child and family services and allied/health services. The child and family services section includes services in the following fields:

- Social work practice
- Parenting programs
- Family and relationship services
- Domestic and family violence services

The allied health and health section includes services in the following fields:

- Services for people with autism spectrum disorder (ASD)
- Speech and language services
- General health services
- Mental health services
- Youth opioid treatment services
- Youth sexual health services.

3.2.1 Child and family services

Social work practice

There is an emerging literature on the impact of the COVID-19 pandemic and associated public health directives on social work practice.

Alston et al. (2021) present findings from a content analysis and online survey of Australia and New Zealand-based social workers (n=208) about the impact of COVID-19 on social work practice. They refer to the practice and ethical dilemmas faced by social workers as they adopted digital technologies in order to provide continuity of care to clients. These digital technologies were often adopted with limited training or experience. Their survey found that:

- 60% of respondents were working from home during lockdown periods
- 78% were using technology to deliver services and hold meetings
- 32% reported that this was the first time their practice had used online technologies
- 44% reported that online technologies were not at all suitable or that they had experienced problems with technology and internet access.

Ashcroft et al. (2021) present findings from a survey of Canadian social workers (n=2470) about the Impact of COVID-19 on social work practice. They describe the transition to virtual care including the pros and cons for clients and social workers.

The challenges associated with the sudden shift to virtual care included:

- A learning curve with respect to transitioning to virtual care
- A lack of technological infrastructure to support high speed internet
- Decreased access for some client populations including children, homeless populations, some older adults
- A lack of face-to-face contact which created challenges for conducting assessments and therapeutic alliance.

Reported benefits of the shift to virtual care included facilitating access for some clients and an enhancement of some treatment modalities. Challenges of the shift to virtual care included the view that some practice activities were not suited to virtual delivery, and providing group interventions online created confidentiality challenges. The paper makes no mention of hybrid services or how service delivery might evolve in non-pandemic times.

Ferguson et al.'s (2021) paper examines the social work practice changes necessitated by the COVID-19 pandemic, describing how "social workers creatively 're-made' key aspects of their practice, by recognising inequalities and providing material help, through digital casework, movement and walking encounters, and by going into homes and taking risks by getting close to children and parents". The paper describes a 'temporal shift' in practice where "instead of one relatively long home visit, time spent was often shorter, more frequent and spread out across various in-person and digital media. This enabled the achievement of a hybrid of digital and in-person intimacies". The paper refers to 'the limits of the digital' and the importance of in-person contact in child protection in particular, but emphasises the importance of sustaining many of these practice adaptations post-pandemic: "where hybrid digital and in-person casework and walking interviews, for instance, become routine".

Despite the optimism about the widespread adoption of digital practices in social work, Sen et al.'s commentary (2021) refers to the 'digital poverty' that continues to limit the reach of technology-mediated modes of service delivery for many clients.

In New South Wales, the Department of Communities and Justice (DCJ) initiated virtual service delivery options for a range of services due to the COVID-19 pandemic. These included:

- Virtual client service visits (CSV) by Housing using video calls over FaceTime or WhatsApp Messenger instead of visiting clients in-person.
- Forbes Community Corrections used the LiViT video conferencing platform to enable offenders to participate virtually in psychology services and group programs on dedicated laptops or computer booths, to help reduce the risk of reoffending.

Services to children and families included:

- Practice Guidance for Virtual Home Visits on the NGO Learning website
- Factsheet: Talking to children and families about COVID-19
- Factsheet: Supporting children and families through the restoration process
- Factsheet: Restoration assessment and planning during the COVID-19 pandemic
- Factsheet: Support for parents and carers to respond to children's needs
- Factsheet: Keeping kids connected during the COVID-19 pandemic
- Factsheet: Responding to families or carers who advise that they have COVID-19
- Factsheet: Implementing the OOHC Health Pathway during the COVID-19 pandemic

Parenting programs

A new NGO, Telepractice Venture, was established in 2020 to ensure that Australian families could continue to access services and supports during the COVID-19 pandemic and the associated lockdowns, (Parenting Research Centre, 2021). It is led by Karitane and the Parenting Research Centre along with other NGOs and peak bodies. The aim of the venture is to build the capacity of the NGO sector to deliver telepractice services. They define telepractice as: "The use of telecommunications to deliver parenting support and other services remotely. It draws upon experiences in the delivery of telehealth and can include synchronous (e.g. virtual home visits) and asynchronous (e.g. email, text) approaches". No mention of hybrid service delivery was found.

The online telepractice hub includes a range of resources to support services that wish to expand the range of service engagement options they can provide (a continuum of care). The hub includes information under the following headings:

- What is telepractice and how can it be delivered?
- How does telepractice benefit clients and services?
- How can I help clients access our online services?
- How can I maximise privacy and confidentiality when working with parents via telepractice?
- How do I minimise disruptions during telepractice sessions with families?
- How do I facilitate interactions in online video-based group sessions?
- What evidence-based parenting programs are available online?
- Who might be suited to telepractice services and programs, and under what circumstances?
- How can I maximise safety in telepractice sessions?
- How can I respond when concerns about risk arise in a telepractice session?

A US paper by Stormshank et al. (2021) describes a parenting program for parents with substance use problems. It describes the online program components but does not report any program or outcome data. The Family Check-Up (FCU) program was originally (and continues to be) delivered in-person in the home, in a community setting, or in school, and was later adapted for online delivery prior to COVID-19. Although published in the COVID era, the paper does not explicitly refer to COVID-19's impact on service delivery. The FCU is an evidence-based program that aims to reduce risk behaviour, enhance parenting skills, and prevent the onset of substance use. The rationale for developing the online platform and telehealth model of the program was to allow for

wide-scale dissemination, to ease the training of local providers, and to increase reach and accessibility for families in rural and remote areas.

A US paper by Czymoniewicz-Klippel et al. (2019) presents findings from an implementation evaluation of a parenting program delivered in-person and online (Grow Face-to-Face and Grow Online). The Grow program is “a universal, health-promoting parenting program” targeting families with 5–10 year olds. It was originally developed for in-person delivery and subsequently adapted for online delivery to improve access. The paper reports that recruitment was more difficult for the in-person program, but that retention was more difficult for the online program. Additionally, parents who engaged in the online program “expressed a desire for more interpersonal interactions, which suggests a possible need for hybrid programs that combine online technologies with traditional face-to-face modes of delivery”.

Vander Stoep et al. (2017) present outcome data for a parenting program for children with attention deficit hyperactivity disorder (ADHD). The study design involved a randomised control trial of two service delivery models, comparing caregiver outcomes. One model was a hybrid model involving six sessions of telepsychiatry and six in-person sessions of caregiver behaviour management training. The other model involved management in primary care and a single telepsychiatry consultation. The study findings indicated that parents of children in the hybrid model showed statistically significantly greater improvements on a range of measures leading the authors to support the use of the hybrid model.

A small qualitative Australian study (n=24) looked at the use of video conferencing for parent counselling within health services (Owen, 2020). Drawing on pre- and post-satisfaction survey data collected from parents (n=9) and clinicians (n=13), Owen found comparable satisfaction with video conferencing as in-person support. However, when asked what their preference would be, the majority chose a hybrid approach combining video conferencing and in-person counselling.

A paper drawing on Australian and New Zealand qualitative data reports practitioners’ perspectives on using digital technologies for delivering parenting/child and family services in metropolitan and rural settings. (Bennett et al., 2020). It highlights a range of benefits and challenges with respect to implementation and service delivery of digital technologies. It also draws on a participant account of their organisation using a hybrid model that offered rural parents a choice to engage in face-to-face consultations, participate in a series of digital consultations, or participate in a mixed program of face-to-face and digital consultations.

Barnett et al.’s (2021) US study presents survey data on practitioners’ (n=223) perspectives on the transition to internet delivered parent-child therapy in response to COVID-19 social distancing measures. The program, Parent-Child Interaction Therapy (PCIT), aims to prevent and treat child disruptive behaviours (e.g. tantrums, aggression, defiance) and prevent child physical maltreatment. The program had been adapted prior to COVID-19 so that it could be delivered via telehealth in order to increase access to the program. However, the telehealth version had not been widely implemented before the pandemic reduced in-person service delivery. In their survey, Barnett et al. found the majority of practitioners (82%) switched to delivering the Parent-Child Interaction Therapy (PCIT) via telehealth (iPCIT) due to COVID-19 and the majority (82%) expressed interest in continuing to provide the program via telehealth after the pandemic. The majority of practitioners reported that half or more of the PCIT caseload made the transition to

telehealth due to COVID-19, with just six practitioners reporting that none of their caseload transitioned. Reasons for not transitioning included client preference (e.g. client being uncomfortable with remote services) and a lack of childcare for other children. Benefits of iPCIT included greater accessibility and the ability “to practice skills within the naturalistic home environment”. Another key benefit was the ability to continue providing the program in a safe manner during the pandemic. Disadvantages were primarily issues with technology as well as other logistical barriers, which could limit engagement for some families.

Garcia et al. (2021) also present data on the same parenting program in their paper titled ‘*Rapid, Full-Scale Change to Virtual PCIT During the COVID-19 Pandemic*’ (the program reported in the Garcia paper is based in Florida, whereas Barnett et al. are California- based academics). Prior to COVID-19, the program was offered as an in-person, clinic-based intervention or virtually with families self-selecting into these options. The paper describes this approach as a hybrid model, that is either in-person or virtual, as opposed to a combination of in-person and virtual. Almost one-third of families (29.1%) opted for virtual services prior to COVID-19; however, with COVID-19, all service delivery shifted from in-person to virtual. The paper describes the virtual service training model and presents an analysis of caregiver outcomes over a two-month period. They found that virtual PCIT (I-PCIT) “reduced child externalizing and internalizing problems and caregiver stress, and increased parenting skills and child compliance with medium to large effects even in the midst of the COVID-19 pandemic”. Additionally, the paper reports that “locally and collaboratively developed strategies (e.g. online communities of practice, training videos and guides) had the strongest association with child and caregiver outcomes”. The paper concludes by emphasising the importance of using technology to increase access to much needed interventions.

Family and relationship services

Although published in the COVID-19 era, the scoping review by Joshi et al. (2021) does not focus explicitly on service delivery adaptations in response to COVID-19, but rather at the use of telepractice in the family and relationship services sector more generally. It defines family and relationship services as encompassing child and family services, mental health, and family law services. The review highlights the limited use of telepractice in the family and relationship services sector compared with the medical and health care sectors.

Key findings from the review were:

- Telepractice is a valued form of service delivery for clients and practitioners when client preferences and circumstances are taken into account.
- Enablers of telepractice include service providers being skilled in their use and services and clients having access to and the skills to use the necessary technological resources.
- Barriers to using telepractice include difficulties engaging clients, digital inequities, privacy risks, practitioner resistance, and organisational environments that do not support telepractice.
- Benefits of telepractice over in-person services include improved access to services for some clients, and practitioners’ ability to get insight into clients’ family life through videoconferencing technology.

- There is limited evidence comparing client outcomes from telepractice versus in-person service delivery (few studies or poor quality evidence).
- There is some evidence to suggest that telepractice may work better in some fields of service delivery than others, such as mental health related early intervention compared to other family and relationship services.

Domestic and family violence (DFV) services

An Australian paper by Cortis et al. (2021) examines how DFV services responded to the cessation of face-to-face service delivery options due to the COVID-19 pandemic. It reports the findings of an online survey of DFV practitioners (n=100) that found the majority of services adopted a range of technology-mediated modes of engagement to ensure they could continue to support clients when in-person services were no longer an option. These alternative modes of service delivery included phone calls, emails, video calls and chat apps. Overwhelmingly, practitioners considered the changes made in response to COVID-19 to be positive. Some services had been using some of these technologies prior to the pandemic, whereas others began using these for the first time. The paper highlights the value of hybrid models of service delivery for post-COVID/ongoing service delivery, and emphasises the need to establish the evidence base to work out what modes of service delivery work best and for whom.

3.2.2 Allied health and health services

Services for people with autism spectrum disorder (ASD)

A small Australian qualitative study (Johnsson et al., 2019) reports on the findings of an evaluation of the use of video-conferencing technology to deliver allied health services to families with a member with ASD. The paper discusses the challenges of attracting and retaining allied health staff in regional and remote areas of Australia which affects the support that can be provided to families with members with ASD. The project involved recruiting and training a multidisciplinary team (speech pathologist, occupational therapist, psychologist and a special educator) to deliver tele-therapy services to 16 participants on the autism spectrum, in collaboration with their families and local support teams. The qualitative interviews were conducted with 11 parents, 6 local support team members (3 educators, 2 learning support coordinators, 1 speech pathologist), and 4 tele-therapists. Findings included:

- Investment in staff training and support is vital for delivering a competent tele-therapy team and successful teletherapy services.
- Collaboration between families and team support members was regarded as a strength.
- Access to autism-specific knowledge and support was novel and regarded as beneficial for families and support teams living in regional and remote areas.
- Views about the inclusion of in-person support as part of a teletherapy service were mixed – some families felt it was unnecessary, while others felt that at least one in-person session would help build rapport.

- Technology was not seen as a barrier in this study.

The authors conclude that tele-therapy should not replace in-person services, but that it is necessary when no other comparable service options are available locally. They also suggest that the study findings support “a need to investigate a blended model of online and in-person services and the optimal ratios for success”.

A US paper by Corona et al. (2021) compared outcomes across three models of service delivery for children with ASD and their caregivers. They report data gathered from 115 families with toddlers aged 16–33 months who participated in a six-session behavioural intervention and support service model either in-person, through telemedicine, or through a hybrid service model involving both in-person and telemedicine. Caregivers, behavioural consultants and early intervention providers reported satisfaction regardless of the service delivery model. Caregivers and consultants reported slightly less improvement in child outcomes for children in the telemedicine only group.

Taking COVID-19 and stay at home public health orders as its starting point, a commentary by Amies et al. (2020) makes the case for expanding support and service delivery options for individuals with autism. It promotes the use of video-based observation and virtual platforms when face-to-face service delivery is not an option, but also to expand service accessibility outside of pandemic-imposed constraints. Reported advantages of virtual service delivery include the fact that some people with autism may prefer it to in-person service delivery and be able to communicate more effectively. Conversely, it may be less well suited to non-verbal individuals. An advantage for clinicians is that they can see individuals in their home setting and observe interactions with other family members. Additionally, virtual platforms can facilitate the delivery of coordinated care by teams who are not all based in the same location. Other reported benefits of virtual care are that they can address “the issues of long waitlists, limited access in remote locations, restricted hours of service, and “no-show” rates”. While supportive of virtual care, the paper also highlights the potential for health inequities if technology-facilitated modes of engagement supplant in-person engagement.

A US paper by White et al. (2021) presents findings from a survey of caregivers (n=70) of children with ASD about their views of service delivery adaptations in response to COVID-19. When children and parents could no longer access their normal services, services responded by implementing telehealth. At the time of the survey, the majority of caregivers reported that they had not used telehealth (presumably due to a preference for in-person services), with just 41% (n=29) reporting that they used telehealth as a result of the pandemic. Among those using telehealth due to COVID-19, half had no preference for in-person versus telehealth, over a third preferred in-person services, and 5 preferred telehealth. None of the caregivers first using telehealth as a result of COVID-19 were raising non-verbal children. The authors note that the pandemic was the impetus for some caregivers to try telehealth for the first time and while first-time users were generally positive, the majority appear to prefer in-person services. Telehealth was noted to have limitations for supporting children with ASD with social communication problems.

Speech and language services

An Australian paper by Zingelman et al. (2021) presents findings from an online survey of speech pathologists (n=48) about the delivery of speech and language services for Aboriginal and Torres

Strait Islander children. The survey findings highlighted the need for flexible practices, including home visits, group programs, and telehealth, to facilitate culturally responsive services.

General health services

In February 2020, the Sydney Local Health District (SLHD) launched the RPA Virtual Hospital initiative. The aim of Virtual RPA was to offer hospital level care in the community. In its first 15 months, RPAvirtual delivered virtual care to over 13,000 patients, including COVID care, antenatal and paediatric care, a minor fracture clinic, mental health care, medication, and symptom monitoring. The SLHD commissioned Mistry et al. (2021) to undertake a review of the literature to examine the health equity impacts of delivering virtual care. The review included 41 studies. Key findings included that participants in most of the studies were adults, often with chronic conditions (e.g. diabetes, cardiovascular disease, and mental health problems). The modalities of care covered in the review were video conferencing, teleconferencing, message, emails, health apps, patient portals, personal health records, and eHealth service use on the internet. Several health equity issues were identified in the reviewed literature:

- cultural and ethnic minorities were less likely to access virtual care services
- older age was a significant barrier to accessing and using virtual care services
- females were less likely to use virtual care services
- a lack of digital/eHealth literacy was a significant barrier to accessing virtual care services
- digital devices and access to the internet can increase access to virtual care services.

The review concludes with a list of recommendations to monitor and address equity issues for services intending to launch virtual care initiatives.

Mental health services

An Australian paper by Hickie et al. (2019) argues for the importance of integrating online health information technologies with face-to-face services. They describe the development of new models of mental health service and support for young people. Their research – *Project Synergy* – involved the development of an online platform that supports users to decide what may be suitable care options. Hickie et al. note that until recently “the most common drivers for developing and promoting online support have been economic and access based”. However, they point to emerging evidence that suggests that care is enhanced when in-person and online health information technologies are integrated. The listed benefits of an integrated approach to youth mental health service delivery are that they can:

- promote universal access to services, regardless of location, vulnerability or socio-economic status
- increase disclosure to facilitate a stepped approach to help-seeking
- reduce burden on the face-to-face system by using technologies to promote self-management and prevention where possible

- increase effectiveness of face-to-face services by augmenting traditional mental health support with technologies that promote shared management
- improve the identification of people at risk of suicide by using online assessment before face-to-face appointments to enable an appropriate and timely response from service providers
- facilitate rapid identification of individuals at risk of progressing to more severe mental illness.

A US article describes the service adaptations made by a mental health and social services centre for immigrant and refugee youth and families in response to COVID-19 (Endale et al., 2020). The service operated as a community-based service until COVID-19 forced it to suspend in-person services and adapt to remote service delivery. These service delivery adaptations included providing the following:

- Information: Staff identified languages of the refugee families and distributed them via text messages and WhatsApp. This included information about COVID and stay at home directives. Families were also given information about food pantry programs, school lunches, and rent relief.
- Active outreach: Clinicians checked in with all families and initiated more frequent regular check-ins with families via text, phone, or video conference to assess well-being.
- Extensive case management: this involved expanding case management support to include facilitating access to health insurance; public and unemployment benefits; and coordinating with schools, English as a second language, and other service providers.
- Telemedicine and online communication: Staff used exercise videos, guided relaxation and meditations, educational activities, and guides for caregivers on how to talk to their children about the pandemic and processing emotions. Other activities included group video calls for youth of similar age and language, and online story time with children.

Additionally, some clinicians began using online platforms to continue delivering treatment/therapy, previously delivered in-person. However, this was not feasible for all clients due to limited access to the internet or technology, or having limited technology proficiency. Clinicians also used phones to connect with clients, but this presented other challenges including difficulties maintaining attention, difficulty assessing affect and functioning, and difficulties with respect to language interpretation. While the article highlights the capacity of the service to adapt quickly, it does not include any discussion about whether these service adaptations would be maintained in a post-COVID-19 world.

A US paper by Chakawa et al. (2021) examines how the COVID-19 pandemic affected the delivery of paediatric primary care (mental health services). The study adopted a comparative approach to explore the variability between in-person (pre-COVID-19; n=106) and telehealth (mid-COVID-19; n=120) integrated primary care consultation utilisation among children aged 1–19 years in a large, inner-city primary care clinic. They found significant associations between service delivery modality and attendance, referral concerns, and race/ethnicity. These findings included:

- the odds of non-attendance were greater for children scheduled for telehealth
- the odds of children with internalizing problems being scheduled for telehealth were greater than those with externalizing problems
- the odds of Black children being scheduled for telehealth were less compared to White children.

The study authors emphasise that while the use of telehealth allowed services to continue supporting clients through the pandemic, Black children were disproportionately disadvantaged by this shift.

Youth opioid treatment services

Although published in the COVID-19 era, the paper by Hogue (2021) argues for the importance of expanding telehealth to encourage engagement of families in youth opioid treatment services. This conceptual/theoretical paper does not report any empirical data, but argues for the use of telehealth to engage families in treatment where youth are engaged in face-to face treatment. In this way, telehealth effectively bolsters treatment as usual approaches and is not presented as an alternative to in-person treatment.

Youth sexual health services

A paper by an international team of researchers (Maheen et al., 2021) presents a qualitative evidence synthesis of the literature on the use of sexual health services by young people from migrant and refugee backgrounds. It argues for the need for flexible service delivery options to engage more young people from migrant and refugee backgrounds and cites papers that promote online service delivery for this population, such as online sexual health consultations or telehealth and sending home testing kits by post.

4 Discussion and implications

Although there is a vast body of literature on place-based, area-based or community-based initiatives, and some literature on virtual service delivery in the child and family services sector, the literature searches did not find a crossover between the two. There is some grey literature in this area based on practice advice, but little or no research evidence. Most of the limited literature on the use of technology in child and family services describes online programs and phone or videoconferencing service delivery options. There was little evidence of hybrid service delivery.

The limited use of technology in child and family services to date is partly attributable to a long-held belief that technology-based service delivery is substandard compared with in-person services, although this perception is changing.

The review identified an emerging body of literature on service adaptations in response to the COVID-19 pandemic. This involved offering clients online or phone-based consultations/check-ins when face-to-face consultations were not an option to ensure continuity of service and support. The sudden shift to online/remote service delivery options due to the COVID-19 pandemic proved challenging for many practitioners in the child and family sector due to limited prior experience with these modes of service delivery, problems with technology, and internet access.

The pre-COVID literature on the use of technology in the delivery of child/family interventions generally emphasises the benefits of technology for increasing access to services for populations in rural/remote regions and those who have difficulty accessing service locations.

The review includes examples of remote/online/hybrid service delivery in the child and family service sector, including social work practice; parenting programs, family and relationship services; and domestic and family violence services. However, there are no specific examples of these developments in the context of place-based initiatives or hybrid services. A number of papers recommend a blended or hybrid model of service delivery, but none have evaluated this approach or compared it to fully face to face or virtual delivery.

There are a number of examples of remote/online/hybrid service delivery in the allied health and health service sector, including services for people with autism spectrum disorder (ASD); speech and language services; general health services; mental health services; youth opioid treatment services; and youth sexual health services.

Some of the literature reviewed addressed the service access and health equity implications of shifting to remote/online/hybrid modes of service delivery. Generally, this indicates that for some people virtual services increase access, whereas this creates barriers for others, in particular those who have lower levels of access to technology and/or less familiarity with online services. This exacerbates some existing inequalities and also creates some new inequalities.

In conclusion there is very little direct evidence regarding the implementation of virtual services in the context of place-based initiative. Nevertheless, the research evidence indicates that this is likely to be a growing domain of service development. The literature indicates some of the challenges for service providers who move to virtual service provision, and the consequences for

service users in terms of access, equity and outcomes. However, although growing, the evidence for even these is minimal at this stage.

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