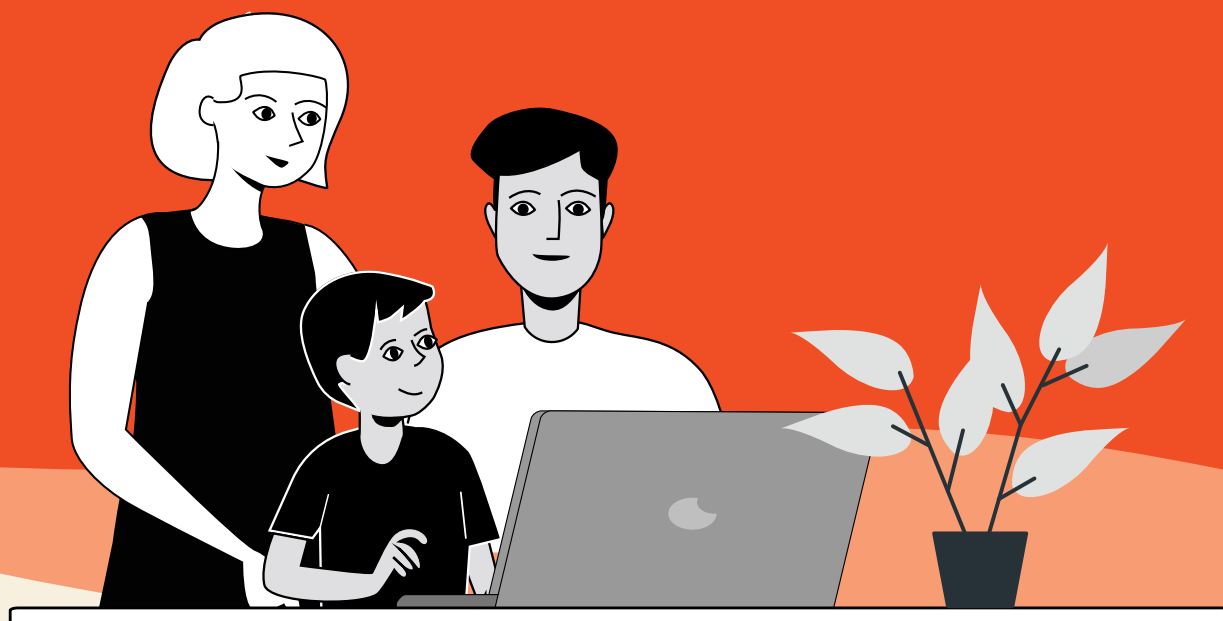


READY TELE GO

Family Centred
Telepractice



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Acknowledgement of Country

We acknowledge the Custodians of Country throughout Australia and recognise continuing connection to the land, sea, waterways and community. We pay our respects to cultural practice and Elders past, present and emerging.

Acknowledgements

We would like to acknowledge **Reimagine Australia** as an active partner in carrying out this research and for their commitment to investigating best practice within this model.

We would like to acknowledge the **University of Sydney Speech Pathology** students who assisted in drafting the survey and the initial literature review.

About the Centre for Disability Research and Policy (CDRP)

The **Centre for Disability Research and Policy (CDRP)** aims to reduce the disadvantage that occurs for people with disability. Our research works to improve the social and economic participation, health and wellbeing of people with disability.

The centre collaborates with a large number of local and international organisations, agencies, governments and service providers to enhance the wellbeing of people with disability. We actively partner with, and employ, people with lived experiences of disability in order to do that.

We aim to provide a strong voice in debates of national importance including the development of the National Disability Insurance Scheme (NDIS), the National Disability Strategy and the Disability Royal Commission. This voice is underpinned by outstanding scholarship led by our stream leaders.

For more information, please visit:
<https://www.sydney.edu.au/medicine-health/our-research/research-centres/centre-for-disability-research-and-policy.html>

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INTRODUCTION

If the Covid 19 pandemic and lockdowns which followed have taught us anything, it is that telepractice is a viable service delivery model for early childhood supports, while remaining family centred.

In fact, the sudden and extensive use of telepractice has forced us to think about what it truly means to be family centred, and how to deliver best practice supports to all children with a developmental difference, delay or disability, regardless of the delivery mode.

As we know, child-focussed therapy sessions delivered one-on-one in the absence of caregivers are not best practice: while children may receive the benefit of a trained early childhood practitioner for 30 or 60 minutes per week, caregivers miss out on ideas for embedding supports across the remaining time they are with their child.

We have heard practitioners saying *"Parents don't want to or don't have time to be a therapist, as well as everything else!"*.

This is our view too.

Parents/caregivers already wear many hats; driver, chief negotiator, and advocate, just to name a few. It is important to remember that parenting a child with a disability may also involve wearing a therapist hat, a specialist educator hat, or a nurse hat... so working in collaboration with a team may assist the caregiving needs and lead to better outcomes both for the child and for the family.

Family centred practice meets the family 'where they are at': literally, in terms of where they would like to meet (in their home, in the community, or in a service centre), as well as with an understanding of where they are in their journey.



Best practice is not about providing therapy sessions once a week. It is about embedding strategies and supports into everyday routines and activities, so children can participate to the best of their ability, whether in person or online.

Family centred practice works within the child and family's everyday routines and embeds early childhood supports throughout the day.

Setting aside a therapy space or therapy time at home is not part of typical childhood routines. It is best to incorporate strategies into everyday environments, such as the child's home or childcare, or shopping centres, or even the local swimming pool. Family centred practice means considering the child as well as family members and the community surrounding the child.

Over the last three years, more and more telepractice methods have been used as a way of providing early childhood services. We wanted to find out whether it was possible to deliver family centred practice principles via telepractice services.

The information presented here is based on a research survey that captured the experiences of 259 early childhood practitioners using telepractice as part of their service delivery.

We analysed the data to explore practitioner's experience of telepractice and to create some recommendations. The project was led by researchers at The University of Sydney, in collaboration with researchers from Monash University and Western Sydney University.

One of the strongest themes from our early childhood survey was that **family centred practice is the foundation of a successful telepractice approach**. Time and time again, when asked about their advice for new practitioners starting in telepractice, practitioners said that a family centred approach was pivotal.

Here is what the responses of practitioners have taught us about implementing family centred telepractice for children and their families:



- Building telepractice skills
- Preparing for telepractice sessions
- Elements of family centered telepractice
- Supporting positive interactions
- Monitoring progress

BUILDING TELEPRACTICE SKILLS

Whether practitioners are just starting in the world of telepractice or are now experienced telepractitioners, there is always more to learn about delivering quality, family centred services.

In our survey, practitioners discussed several ways to build their skills and become tele-ready. Some of the themes from our findings are presented below.

PROFESSIONAL ATTRIBUTES

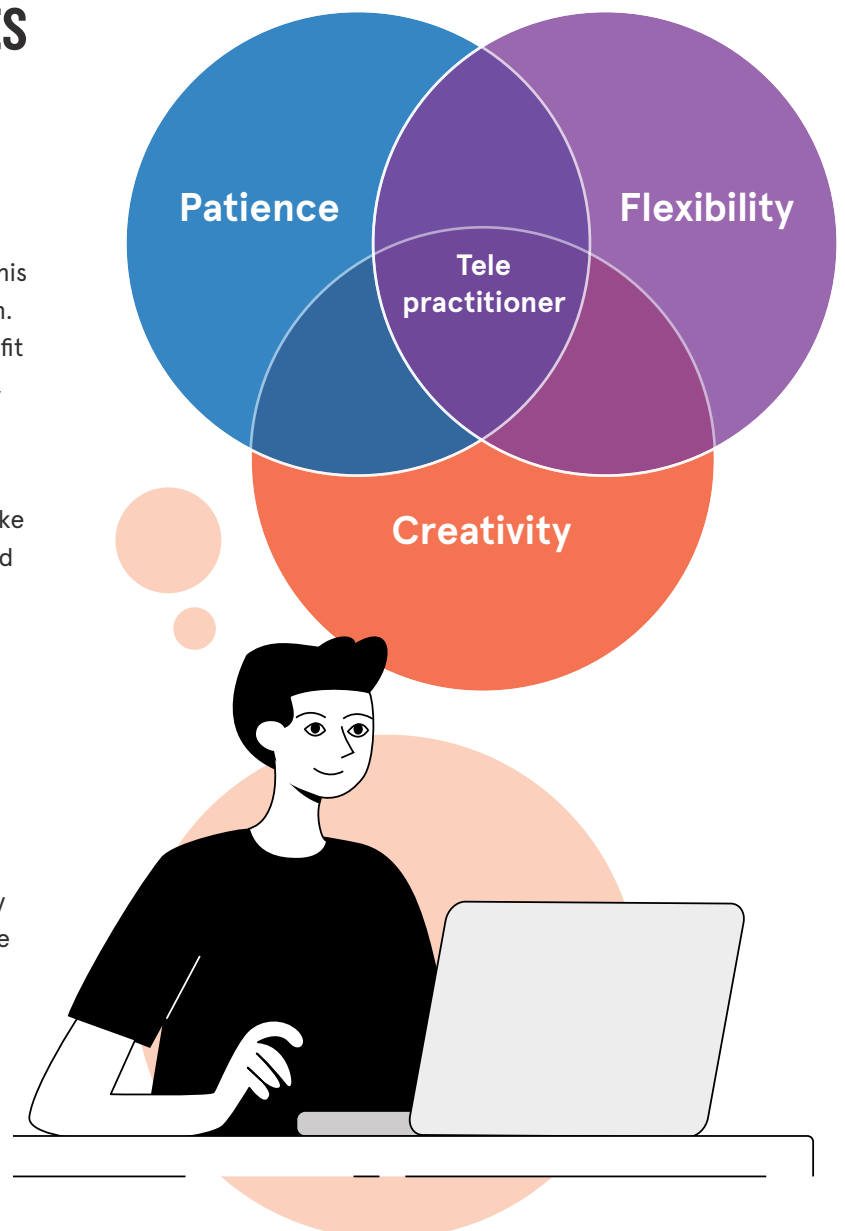
Three key words were identified as a theme by the practitioners – **Patience. Flexibility. Creativity.**

While telepractice models have existed for over 30 years, many practitioners reported this was a new way of delivering services for them. Some new graduates may now have the benefit of learning about telepractice while studying, however many practitioners in the workforce have to learn skills on the job.

Access to the right supports early on can make a big difference when building confidence and competence as a telepractitioner.

For families, telepractice offers another choice for how they can receive support. For practitioners, it offers another location for delivering services, i.e. school, home, community, clinic, telepractice.

Changing the mode of delivery does not change the foundation and principles of early childhood developmental supports. These are still focussed on child and family outcomes, and evidence-based, family centred, early childhood supports. But telepractice also requires patience, flexibility and creativity.



"By adopting these professional attributes, keeping an open mind, accepting the difficulties, and walking alongside families on this journey, you may find that you've got nothing to lose and everything to gain."

(Speech Pathologist)



COMMUNITY OF PRACTICE

Practising with colleagues, supervisors, and mentors was identified as critical for building skills before starting to deliver services online to families.

Many practitioners established communities of practice to develop their skills, learn from each other and gather resources.

For example, some practitioners asked more experienced colleagues to join one of their online sessions to observe an assessment or support session.

Other practitioners set up mock sessions with a colleague to practice their own set-up and delivery.

INFORMATION GATHERING

Practitioners said they looked to the internet for information and guidelines on developing their telepractice knowledge and skills.

Guidelines are available from several discipline-specific peak bodies, including:

- [Allied Health Professions Australia Telehealth Guide for allied health professionals \(2020\)](#)
- [Australian Health Practitioner Regulation Agency Telehealth guidance for practitioners \(2022\)](#)
- [Australian Psychological Society Psychological services via telehealth \(last reviewed 2020\)](#)
- [Early Childhood Intervention Australia Telepractice Guidelines \(2020\)](#)
- [Occupational Therapy Australia OTA Telehealth Guidelines \(2020\)](#)
- [Speech Pathology Australia Telepractice in Speech Pathology \(2022\)](#)

Practitioners also emphasised the value of reading about the software being used and understanding its features.

Finally, telepractice blogs and social media pages were reported as a source of ideas and inspiration.

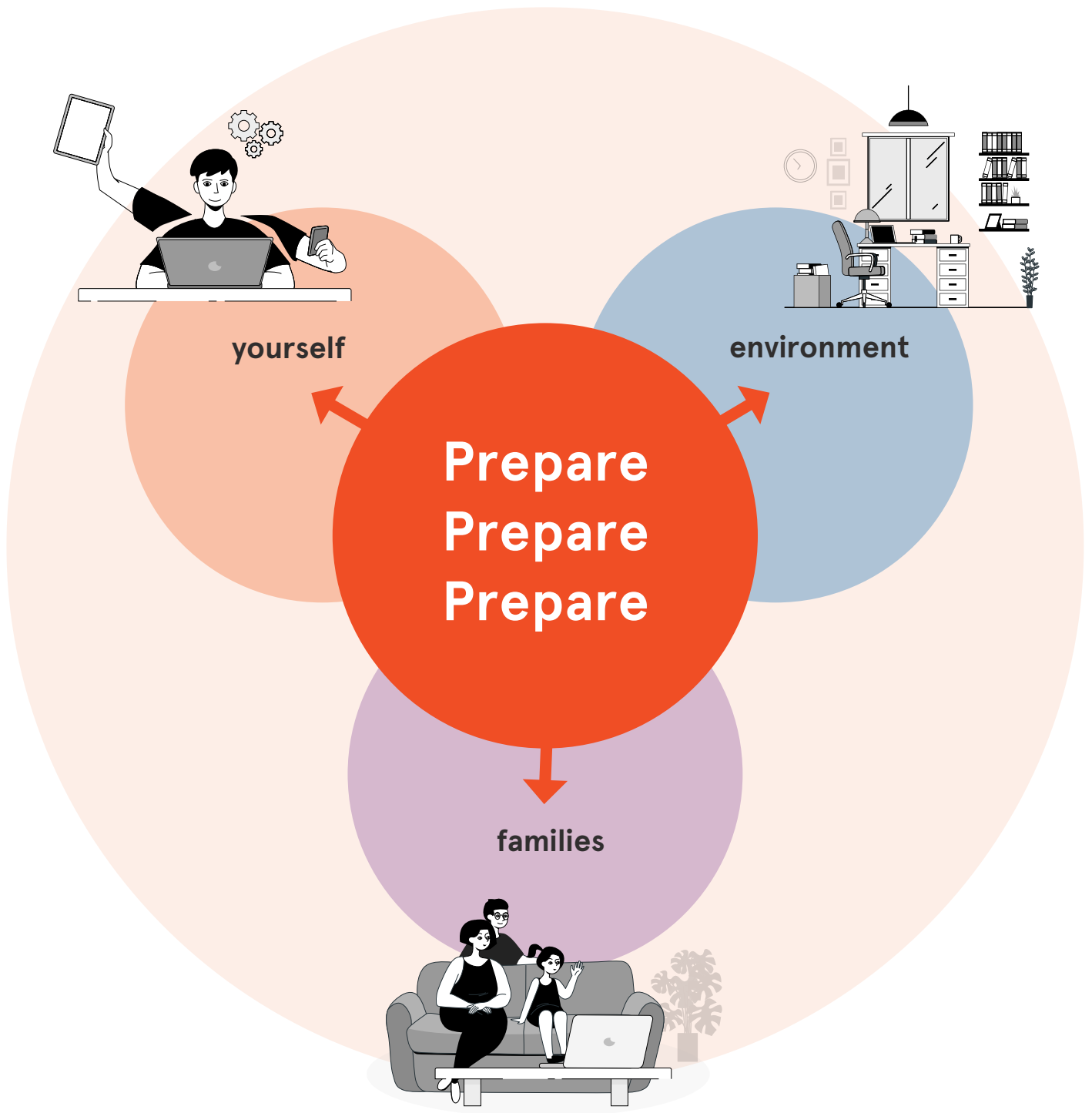
TRAINING IN FAMILY COACHING

Practitioners reflected, from their own experiences, that a coaching model of practice was essential for supporting families via telepractice.

As a result, they suggested that training in coaching would help build up skills in a telepractice model of support.

PREPARING FOR TELEPRACTICE

When asked to give advice to new practitioners starting to provide telepractice, the message was loud and clear:



Prepare yourself



HAVE A PLAN B (AND C, AND D)

Practitioners discussed the need to prepare for technological challenges and failures, and the importance of having multiple back-ups.

While many used video-conferencing as part of their regular telepractice sessions, they also made sure they were ready to use their phones, and had family details handy before the session in case of any technology malfunction.

PREPARE ACTIVITIES

Practitioners reported needing to invest time in preparing and adapting resources for online sessions.

Extra preparation time included scanning, photographing or downloading materials, and embedding them into online documents or programs.

Practitioners generally found that the extra preparation time reduced over time as they started to build up their repertoire of 'go-to' activities. Many had developed a library of tasks for their sessions that could be quickly and easily adapted to suit a variety of clients with a variety of goals.

Practitioners recommended having links to online resources and local resources on their computer in one place, using a word document or a PowerPoint, referring to it as a "**Virtual Therapy Room**" that was just one click away.

Practitioners recommended that child focussed activities could also be used as a way to build rapport and for rewards between different goal-oriented tasks.

Practitioners also discussed the need to prepare backup activities. They recommended activities that are child-led, focused on child's interests, suitable for their developmental age, and motivating for the child.

We have prepared a list of ideas and resources practitioners told us about in our research. You can find it on our webpage under our project titled [Telepractice in early childhood: A family centred approach](#).

Reminder!!

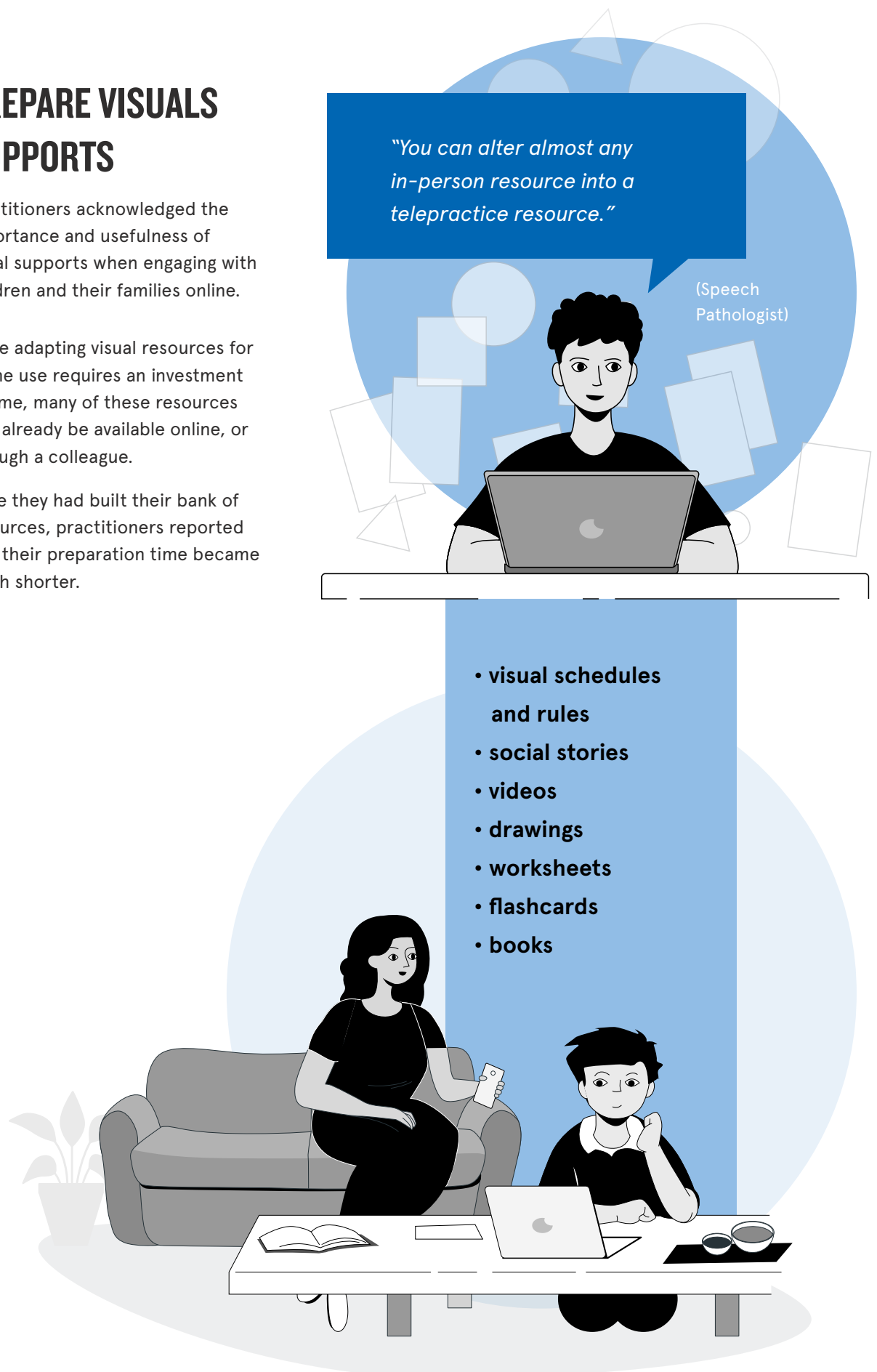
Many websites host games, such as Mr Potato Head and Pictionary. Be aware that these are often open source, not secure, player-created platforms. Always check beforehand for anything inappropriate being displayed, and load the game before entering a telepractice session to avoid ads or unexpected pop-ups.

PREPARE VISUALS SUPPORTS

Practitioners acknowledged the importance and usefulness of visual supports when engaging with children and their families online.

While adapting visual resources for online use requires an investment of time, many of these resources may already be available online, or through a colleague.

Once they had built their bank of resources, practitioners reported that their preparation time became much shorter.





Prepare the environment

THINK AHEAD ABOUT YOUR SPACE AND SCHEDULE

Practitioners acknowledged that telepractice meant they spent much more time in a sitting position. They highlighted the importance of thinking ahead about their physical space and schedule, to ensure their own health and wellbeing.

Practitioners considered the following when setting up for telepractice:

- Do I have enough space to model play or physical activities?
- Does my space allow for privacy from co-workers or family members?
- Have I scheduled screen-free breaks during my day?
- Do I have a self-care plan, including strategies to support my own wellbeing?

Practitioners reported that setting up the environment and technology took time.

For example, when choosing the location of their session, they considered factors such as privacy and lighting, placements of toys and tools for easy access, yet not too distracting for the person on the other end.

SET UP THE TECHNOLOGY

When thinking about setting up the technology, practitioners talked about the importance of having digital resources *'one click away'* and closing anything not needed for the session.

Long transition times often results in loss of attention. Navigating between resources, including videos, websites, and documents, quickly and easily helps everyone to stay engaged.

For sessions requiring the implementation and monitoring of physical movements and activities, practitioners suggested joining the session on an additional device such as a phone, to capture practitioner movements from different angles to show the family. They also encouraged families to do the same to show the child's movements from different angles.

TEST THE TECHNOLOGY

It was considered important to explore and test the features of the technology intended to be used. Understanding how the technology works and what it can do supports connection with families in multiple modalities.

Practitioners noted that testing the technology multiple times was essential.

Checks included:

- Is my device charged?
If not, do I have my charger nearby?
- Is my laptop working?
- Are my camera and microphone working?
- Is the internet signal clear?
- Am I logged into all programs I intend to use?
- Do I have my backup charged and ready to go?
- Do I have the parents' phone number in case the internet disconnects?

Prepare families

Many families may be experiencing telepractice for the first time, or re-engaging in telepractice after previous positive or negative experiences.

Regardless, preparing families for telepractice is essential. Practitioners have the opportunity to lay strong foundations with the child and family as they enter the telepractice journey together.



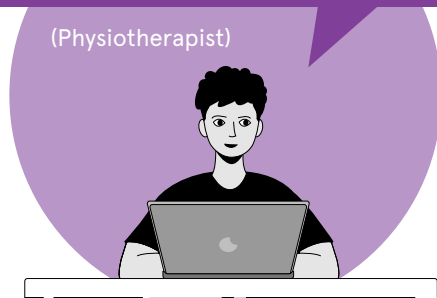
"During the pandemic, I've changed my view of telehealth to not be seen as a secondary option, but as an interaction with a family that has lots of potential."

(Physiotherapist)



"I discuss with families initially that we are going to try telehealth to reduce risk for all; and then we will reflect at completion of session about how it went and limitations. I think often it's the clinician building barriers to telehealth, not families."

(Physiotherapist)



MANAGE EXPECTATIONS

Families need clarity on several aspects when considering a telepractice service for their child. Practitioners suggested discussing the following during the initial stages to manage families' expectations:

- **Level of family involvement**
 - While this differs depending on the child's age, development and goals, families need to understand that they (or another support person) will need to be involved in their child's session each time.
- **Coaching**
 - Explain what coaching is about, why it is helpful during a telepractice session and how it will be used as part of their service. This helps families understand they will be the ones implementing strategies. It also clarifies that their child will not be expected to pay attention to the therapist on the screen for whole sessions.
- **Session plans**
 - Send information in advance on what a telepractice session will look like, what you will do, and what the session goals will be.
- **Distractions**
 - Provide a list of how families can reduce distractions during sessions, such as: minimising background lighting; turning off all other devices to maximise internet connectivity; having a regular location for sessions away from distractions; closing down other apps if they are on a device...
- **Shorter sessions**
 - Offer the option of shorter and more frequent sessions to maintain parents and child participation during the start-up phase.
- **Nothing is perfect**
 - Talk about the usefulness of telepractice and reassure families that they don't have to "make it go perfectly". This is where the families' involvement is vital as they can make the most of a session regardless of their child's level of participation.

PREPARE SUITABLE GOALS

Considering the high degree of parents' involvement associated with telepractice, it is important that families and practitioners are clear on the goals being addressed.

Goals should be developed and continually reviewed with families, and fit a telepractice model of support. Some goals may need a hybrid service model, including face-to-face and online coaching sessions for families.

When establishing goals, it is important to take baseline data on the child's current skills and development level, and the parents' confidence in implementing strategies.

ASK THE FAMILY TO GATHER ITEMS AND RESOURCES

Practitioners often emailed families about the types of activities they will be doing, and provided a list of items to gather before a telepractice session. Equally, families may have favourite toys or resources they think would work well.

Keep in mind that some families have fewer resources available. Talk with them about everyday items around the house that can be used, including kitchen utensils, pots and pans for fine motor activities, and furniture for gross motor activities.

Other items to gather may include snacks if working on feeding goals, or an Alternative and Augmentative Communication (AAC) device if working on AAC goals.

Practitioners also prepared families by emailing or posting resources to them, including fine motor activity packs, assessment items, links to online resources, and visual supports.

ELEMENTS OF FAMILY CENTRED TELEPRACTICE

Our research explored practitioners' experience of implementing family centred practice as part of their telepractice delivery.

Based on the Measure of Processes of Care for Service Providers¹, we explored practitioners' experience in implementing the following family centred practices:

- Establishing rapport with parents and children
- Suggesting activities that fit with each family's needs and lifestyle
- Helping parents to feel competent in their roles as parents
- Providing advice on how to get information or to contact other parents
- Communicating clearly about roles and responsibilities within a telepractice session.
- Tailoring intervention sessions using the child and family's strengths and preferences.
- Helping parents to feel like a partner in their child's early childhood intervention.
- Collaborating with other service providers to ensure consistency of implementation.
- Making sure parents have opportunities to have input into their child's intervention goals.
- Trusting parents as the "experts" on their child.

Practitioners shared feedback on their experience across a range of these practices as follows:

"Stick to your usual therapy principles: child-centred, strengths-based, parent coaching models"

(Physiotherapist)

COACHING

One of the strongest themes identified in this research was the value and importance of coaching. Coaching is an essential component in the success of using telepractice as a service delivery mode.

One of the biggest benefits of coaching is that it is a way of involving parents, rather than having them observe, be disengaged or distant from therapy sessions. Coaching shifts the focus of expertise from the practitioner to the families. It encourages them to think of what they do well, what they can improve, and what those improvements might look like.

Early childhood support delivered via telepractice also involves parents through:

- Collaborative goal setting and planning
- Live modelling followed by parent practice
- Live observation with immediate or delayed feedback
- Session reflection and feedback using coaching techniques such as active listening and reflective questioning
- Watching parent-recorded videos and providing feedback. Watching and reviewing videos was reported as a useful way for practitioners to track progress between sessions and observe implementation techniques.

In terms of coaching frameworks, **Routines-based Intervention** and **Occupational Performance Coaching** were suggested by practitioners for further exploration.

1. Woodside et al., 1998



PARENTS AS EXPERTS

Practitioners identified that it is important to remember that families are experts in their and their children's lives.

They know what will work and what won't, and this expertise should be valued and built upon.

Many families appear to be engaged, understand concepts, and able to implement strategies well within the sessions, but what happens beyond the telepractice environment is what counts.

Practitioners often talked about using a coaching approach to put parents in control, and empower them to develop or adapt strategies that will work best for them in their everyday lives and routines.

"Do the same things you would do if you were there in person, but ask the parent to do it. It may feel like more work for the parent, but it puts them in charge and supports the message that the therapy is occurring continuously, and that they are the expert on their child."

BUILDING RAPPORT

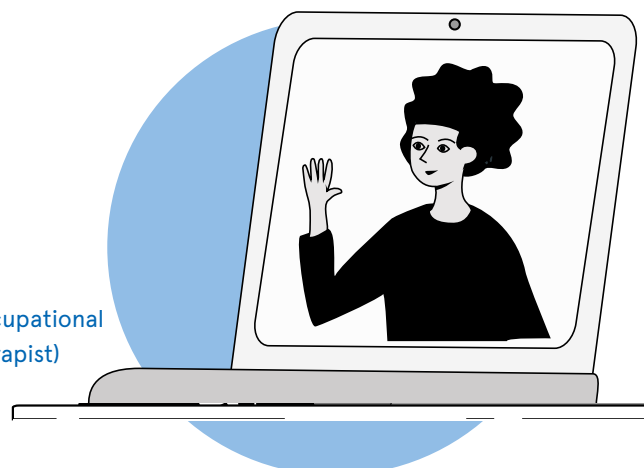
Developing positive rapport and engagement with families was viewed as an important first step towards building the confidence, capability, and capacity of the families we work with.

Practitioners suggested to keep things simple to start with, and focus on developing rapport rather than jumping straight into goals and strategies.

For many families, telepractice offers an opportunity for services they may have never received before, so practitioners discussed the need to take time for families to share their story and feel heard.

Try to have open and honest conversations with families about how telepractice is working for them, and remind them that *"we are working together to give this a go"*.

(Occupational Therapist)



REVIEWING TELE SESSIONS

Telepractice is not a 'one size fits all' approach. There are many ways of using technology to connect children and families to practitioners, including – but not limited to – video conferencing, phone calls, messaging, emails and video feedback.

It is important to ensure that families are informed of all the ways they can connect, and that they are part of the decision making on what works for them and their situation. This might include a hybrid approach, with a mixture of in-person and telepractice sessions.

In practice, in-person sessions can also not go as planned, similar to telepractice sessions. Practitioners discussed the importance of having open discussions with families about what worked or didn't work for them, and coming up with solutions together on how to improve the sessions.

Be prepared to reflect, review, and evaluate sessions collaboratively, and be open to trying different approaches.

TEAM APPROACH

Family centred practice emphasises that parents are equal partners in their child's early childhood intervention program.

Practitioners discussed the need to ensure families and support people have the opportunity to contribute to session goals and planning as part of a telepractice service.

It was also reported that being on a computer screen or phone helped to level out the power balance between practitioner and families as both had to engage equally in sessions to support the child.

USING FAMILY RESOURCES

Telepractice allows practitioners to see the natural environments of the children and families they support (if they haven't already been engaging in this environment).

Practitioners reported that they were challenged to think about what families had in their natural environment they could utilise in therapy.

They also reflected that this extended to other family members and pets. Using the child and families' available resources and focusing on implementation in their natural environment create more opportunities for spontaneous intervention and support within their natural routines and interactions.



SUPPORTING POSITIVE INTERACTIONS

For many young children, engaging with a practitioner for extended periods via telepractice is challenging. This can result in disruption or avoidance behaviours, and a poor perception of telepractice as a delivery mode.

To help reduce and prevent in-session challenges, practitioners found several strategies. Some of these strategies are included below, with further information in the Ideas and Resources document on our webpage under our project titled [Telepractice in early childhood: A family centred approach](#).

PLANNING FOR SUCCESS

VISUALS SUPPORTS

Structure and predictability: two words that are critical in many children's and families' worlds. Visual supports help children and families understand the who, what, when, and how of a telepractice session, which helps with engagement and reduces the likelihood of challenging behaviour.

The only difference with telepractice is that practitioners can adapt the visuals in a few ways. Many of the following visuals were created on Microsoft PowerPoint or Word and emailed, posted or shared on screen with children and families.

- **Expectations (rules) for sessions in a social story**
- **Visual timetable**
- **First – Then (using non-preferred – preferred activities)**
- **Timer (online or physical)**
- **"I need a Break" or "I need help" cards**
- **Choice boards**
- **Rewards charts**
- **Checklists**
- **Emotional regulation charts**

"We never want the child to sit in front of a screen unless they wish to engage this way – we work with parents and children in their natural environment doing natural things they like to do – it becomes more of creative interaction, and parents' stress is reduced, and children get to know us and begin to want to engage in fun exercises and often with chats."

(Counsellor)

MOVEMENT BREAKS

While movement breaks are a regular part of any early childhood support session, practitioners reported including them as a structured part of every telepractice sessions.

These can be part of their visual schedule and include snack time, physical games such as treasure hunt or Simon Says, physical exercises, or sensory play.

Of course, parents and support people need breaks too! Practitioners suggested talking with parents about their preferences during these times, and whether they would also like to have a movement breaks, or prefer to use the time to reflect with the practitioner.

KEEPING MOTIVATED

Practitioners often used a range of tasks to keep kids motivated during telepractice sessions.

More challenging tasks were often paired with motivating games or activities that embedded learnt strategies, or were a way for children and families to keep engagement levels up throughout the session.

Possible games and activities include watching YouTube clips, reading online books, online drawing and games using whiteboard functions, or show and tell.

Practitioners said they also focussed on and incorporated a child's interests throughout the session to keep up engagement, and as a way to redirect the session if required.

RETHINK TIMING AND FREQUENCY

It is good practice to have open and honest conversations with families about the benefits of telepractice and the challenges they may experience.

Many practitioners found that rethinking session timing improved children and families' engagement and regulation.

This may mean shorter and/or more frequent sessions initially, before extending to longer sessions where children and families can engage for more extended periods in activities and coaching.

Having a plan with families increases predictability for when things go wrong and how they will be managed, rather than ending the session early on negative terms.

When a session needs to be terminated, it is important to reflect with families on what worked and what didn't so that the plan can be reviewed.



RESPONDING TO BEHAVIOUR

PARENTS SUPPORT CO-REGULATION

Parents' support is vital in all telepractice sessions, and it is paramount where behaviours of concern may arise. This is important not only for session engagement but also for the child's safety.

While practitioners may not initially know if a child may engage in behaviours of concern, establishing expectations with families early sets the tone and the roles of both parents and practitioners in telepractice sessions, and helps to manage behaviour expectations.



COACHING PARENTS AND ROLE MODEL STRATEGIES

Practitioners reported supporting parents in different ways when behaviour escalates, including:

- **Have an immediate movement or chill-out break when the behaviour starts to show signs of escalation.**
- **Ask parents to support their child's regulation by implementing pre-discussed and practised strategies, including deep pressure and breathing.**
Practitioners may also be able to role model and join in the strategies via telepractice.
- **Provide verbal guidance and coaching parents through the challenging behaviour as it is happening.** Parents may also prefer practitioners to observe and provide feedback at the end.
- **Provide gentle reassurance as parents actively work to reduce and redirect the behaviour.** Practitioners can remind parents that they will all work together to develop the best strategies, which will help in their everyday routines too. Safety and recovery are their only priorities now.
- **If the parent requests to end the session early, follow up with a phone call or messaging as soon as the parent is able to reflect on management strategies, and coach parents to think of new ideas.** Remember to be flexible and creative in the approach, and listen to the families as experts in theirs and their child's lives.

MONITORING PROGRESS

Practitioners can monitor goals and progress for all the children and this is no different in telepractice.

PROGRESS ASSESSMENTS

Practitioners used a range of goal assessment processes and tools, including:

- risk assessments,
- functional assessments,
- behaviour plans,
- goal attainment scales,
- the Canadian Occupational Performance Measure (COPM),
- Australian Therapy Outcome Measures (AusTOMs), and
- the Ages and Stages questionnaire.

Practitioners found all of these could easily be conducted via telepractice.

Movement-based assessments were also achievable with appropriate parent and video support.

DATA COLLECTION

Practitioners told us that telepractice provided extra opportunities for data collection.

This includes having the screen in front of the practitioner to record data on a document, having access to an online tracking system, using video (with consent) to record and code later (e.g. physical observations or language samples at baseline and throughout the program), and using screenshots (e.g. before and after, work samples).

Where video conferencing is used in telepractice, practitioners can observe the family and child implementing the strategies in their real-world environment. Without the distraction of the practitioner being in the room and the tendency for families to defer to the practitioner, the observation is more likely to be naturalistic.

NOTES AND FEEDBACK

Practitioners reported that they could engage in regular progress reporting. This was no different to that of in-person services, including taking notes during telepractice sessions, writing up progress notes or case notes at the end of a session, completing regular NDIS reports, and providing feedback to families verbally at the end of sessions or via written feedback emailed at a later time.

PHOTOS AND VIDEOS

While not exclusive to telepractice, being immersed in technology when delivering services via telepractice supports the use of photos and videos to monitor progress between sessions.

For example, families may send photos or videos of their child or themselves implementing strategies for feedback during the next session.

The practitioner may also send recordings of certain parts of the session modelling the strategies for families to practise in their everyday routines.

ACKNOWLEDGMENTS & ONGOING EXPLORATION

We want to thank all the incredible early childhood practitioners who provided insights into their experience delivering telepractice in early childhood intervention.

The results from our survey indicate a willingness from early childhood practitioners to adopt and embrace a telepractice model now and into the future.

There is, however, still so much to learn.

We hope you will keep trialling and innovating in the telepractice space, refining your skills for the children and families you support.

As researchers, we will keep exploring how telepractice can provide quality family centred support to all children and families, especially those with diverse social and cultural backgrounds whose telepractice needs and opportunities may yet be fully realised.

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