

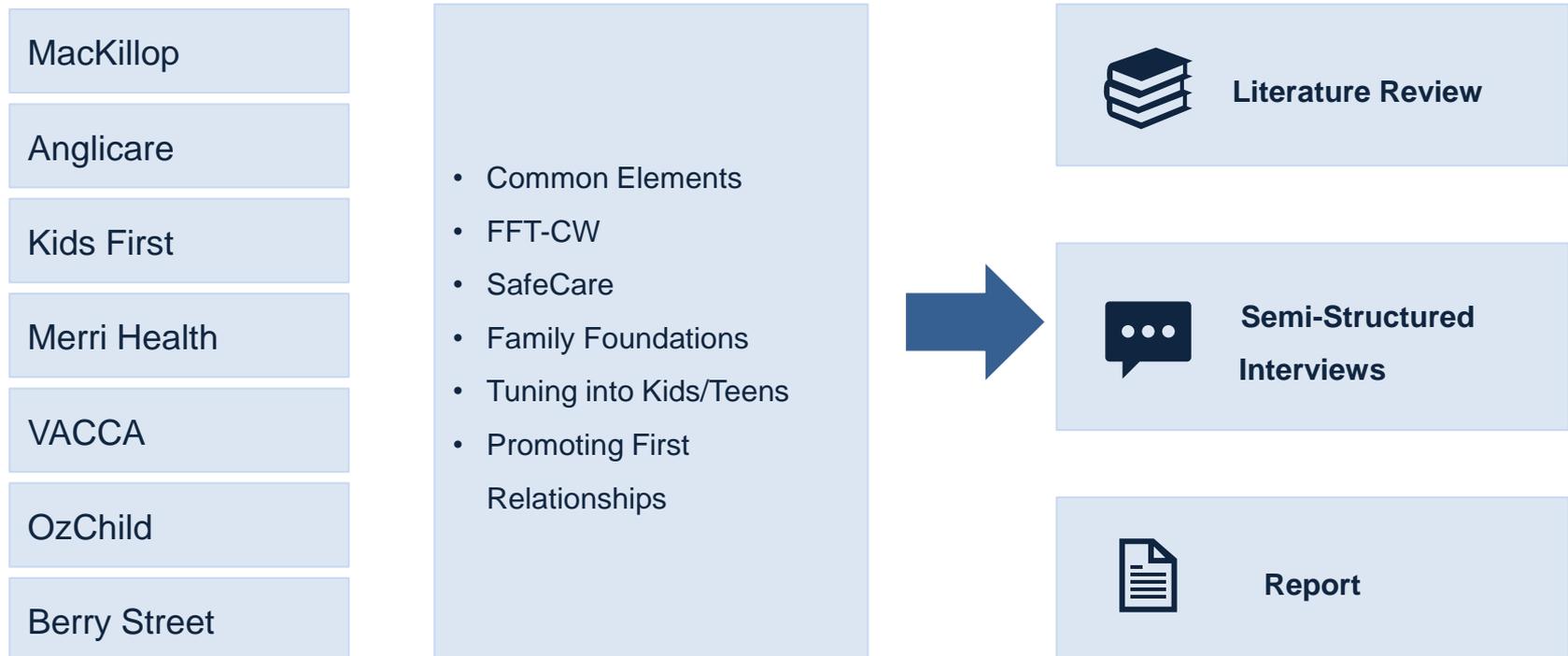


Rapid evaluations of Covid-19 related service and practice changes

Evidence-Based Programs and Common Elements Approach

Centre for Evaluation and Research Evidence

The Rapid Evaluation included multiple agencies from the Evidence Based Programs and Common Elements Trials



CERE are delivering rapid evaluations to capture service and practice innovations and short-term impact

What are we trying to achieve?

Rapid evaluation purpose

- Capturing innovation and changes to practice and service delivery resulting from COVID-19 social distancing measures.
- An opportunity to describe and assess changes.
- An opportunity to describe and assess the benefits of remote delivery.

What questions are we seeking to answer?

Evaluation questions

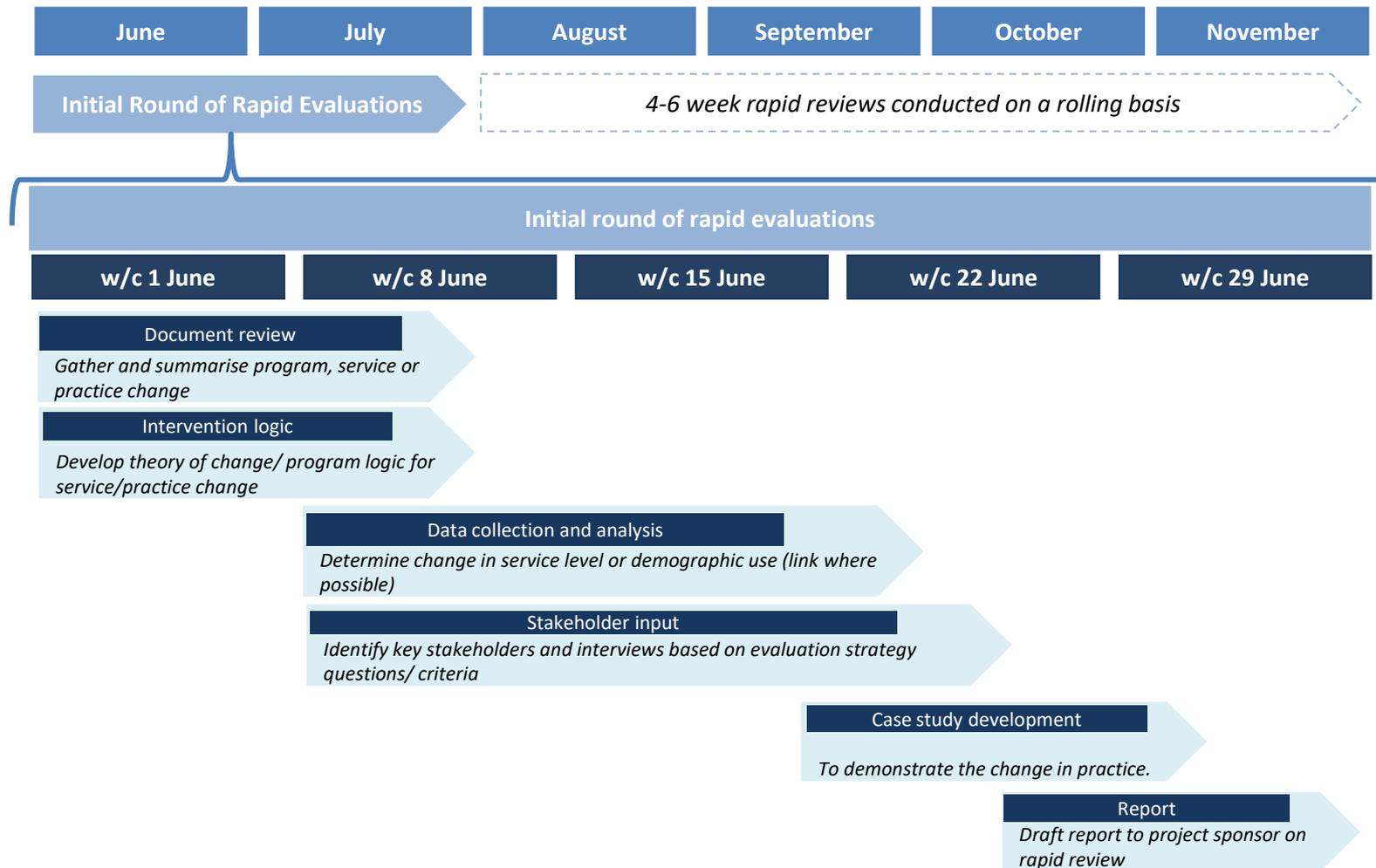
- What are services doing differently in practice or service delivery as a result of the COVID-19 response?
- What are some of the impacts of these changes? What worked well? What were the main challenges?
- Are there aspects of the changes that could be kept or extended?

How will we assess?

Aspects of change considered

- a. Ability to demonstrate measurable impact/outcomes;
- b. Reduced risk and/or increased safety;
- c. Increased efficiency and cost effectiveness of delivery;
- d. Increased empowerment or flexibility for frontline staff;
- e. Increased empowerment for partners and community (including Aboriginal communities) to drive reform and service improvements;
- f. Improved client service experience;
- g. Ability to be sustained over the longer term;
- h. Ability to be scaled up or rolled out to additional locations or services.

This rapid evaluation was conducted as part of the first tranche of projects in June and July



Findings have been developed for the first three rapid evaluation projects



Health:

Use of telehealth for perinatal services



Homelessness:
Temporary extension of
the Housing
Establishment Fund



Children and Families:
Move from face-to-face to
remote delivery for Evidence
Based Programs and the
Common Element Approach

Key findings: What worked well

Speed of implementation

- Demonstrated the **agility and responsiveness** of family services agencies delivering the evidence based programs and common elements remotely.
- Delivery was **quickly adapted** to remote delivery options with **strong collaboration** between agencies, program purveyors and implementation advisors

Service continuity

- Service and practice changes during Covid-19 have been **effective at ensuring service continuity** while physical distancing requirements are in place.
- **Remote delivery appears to be more suitable for some programs** (such as group based or early intervention programs) than others with a more therapeutic approach.

Access improvements

- Remote delivery may also **overcome geographic barriers to service delivery**, for example in enabling group programs to be delivered where participants are geographically dispersed.
- There have been some reported **increases in participation of hard to engage service users** (such as fathers) in programs.

Key findings: What are the main challenges?

For safety and risk

- Harder to 'hold a safe space for families' in remote environments:
 - Lack of visual cues
 - Harder to read a virtual room
 - Sometimes harder to have the difficult conversations
 - Can be much harder to assess emotional and physical safety

For practitioners

- Tiring for practitioners who reported feeling both exhausted and over stimulated
- More difficult to establish relationship with families through remote platforms

For families

- Access to technology, data, safe private place within the home presented barriers for some families

Lessons learned – where to from here?

- The findings are based on a **limited sample of evidence-based programs and approaches** and a **short period of observation** and may not be generalisable across all services and clients.
- Evidence suggests remote delivery could be retained in the longer term as an **adjunct rather than a replacement**
- **Innovative mixed models** involving both physically distanced face-to-face interactions and remote delivery elements could be feasible.
- **Ongoing access/capacity to deliver services remotely could be helpful** in making up for missed face-to-face appointments, some between appointment check-ins, or reaching out to clients who are at risk of disengaging or face practical barriers to participation.
- There would be value in **establishing some trials** to build evidence base on remote delivery.

Key findings – service and practice changes for Evidence-Based Programs and Common Elements



What happened?

- EBPs and Common Elements delivery was quickly moved to remote delivery options with strong collaboration between agencies, program purveyors and implementation advisors.
- The service and practice changes during Covid-19 have been **very effective at ensuring service continuity** while physical distancing requirements are in place.
- Specific changes implemented have varied between programs, service providers, locations and clients but have generally involved a move from face-to-face service delivery to a combination of phone, videoconferencing and email provision. Some innovative models have been identified by the sector.
- The findings are based on a limited sample of evidence-based programs and a short period of observation and may not be generalisable across all services and clients.

What impact?

- Fully remote delivery appears to be more appropriate for some group-based evidence-based programs (for example Tuning into Kids) than intensive family interventions delivered in the home.
- Remote delivery may also overcome geographic barriers to service delivery, for example in enabling group programs to be delivered where participants are geographically dispersed.
- There have been some reported increases in participation of hard to engage service users (such as fathers) in programs.
- There do not appear to be significant efficiency, worker empowerment or client satisfaction gains in remote delivery for evidence-based programs and practices.
- Staff report that the screen-based approaches are tiring and make it harder to establish rapport and assess emotional and physical safety.

What next?

- In general, EBPs and the Common Elements approach should be returned to face-to-face delivery as soon as possible to provide the best chance of client engagement, relationship building between client and practitioner, and risk identification and assessment.
- **Innovative mixed models** involving both physically distanced face-to-face interactions and remote delivery elements should be shared within the sector while restrictions remain in place.
- **Ongoing access/capacity to deliver services remotely could be helpful** in making up for missed face-to-face appointments, some between appointment check-ins, or reaching out to clients who are at risk of disengaging or face practical barriers to participation.
- There would be value in **documenting the process for activating remote service delivery** so it can be quickly deployed in emergency situations in the future.

Cross-cutting findings are emerging and will be tested in the next tranche of rapid evaluations



Telehealth for peri-natal services



Remote delivery of Evidence Based Programs and the Common Element Approach



Extension of the Housing Establishment Fund

Mode of delivery

Video conference delivery is superior to telephone-based services where possible but relies on IT availability for both service provider and service user.

Telephone based services are most appropriate for transactional interactions such as booking appointments and exchanging basic information.

Cohort

Remote delivery is best suited to low risk clients and practitioners across sectors raised concerns about their ability to undertake risk screening for mental health or FV using telephone

Service flexibility is most valued by those with competing responsibilities such as inflexible work hours and caring roles

Place

Services in rural and regional areas serve to benefit the most from reduced travel times that can be achieved through remote delivery.

Service disruptions and increasing demand create the opportunity for better service connections but are limited by wraparound service availability in local areas

Questions and comments

