



**Rapid  
Response**

**RAPID RESPONSE™**  
IN A COVID ENVIRONMENT



# What is Rapid Response?

Rapid Response™ is an evidenced based program which was designed by Anglicare Victoria. Rapid Response is a four-week intensive placement prevention model that acts as a direct alternative to Child Protection intervention when a decision to remove a child from the home is imminent. The program aims to prevent children being placed in Out of Home Care (OoHC) by providing families with short-term and intensive (up to 15 hours per week) of face to face support. Each Practitioner holds a maximum of 2 families.



## What is Rapid Response cont....

Rapid Response Practitioners focus on addressing the protective concerns utilising a strengths-based approach that incorporates coaching and role modelling to build on parental strengths, skills, knowledge and resources to increase the levels of safety within the home.



# What is Rapid Response cont....

## **The primary target cohort are children aged 0-16 where:**

1. Families are at imminent risk of a Protection Application by Emergency Care and placing the child in OoHC (priority1).
2. Families who are Case Managed by Child Protection and are at risk of a Breach to their current order, and the child being placed in OoHC (priority 2).



# Research undertaken by Monash University

A recent research was undertaken by Monash University in regards to the effectiveness of Rapid Response, with the following snapshot result:

251 families received support from Rapid Response, and at the end of the 4 week intervention were assessed by Child Protection regarding their ability to remain in the parents care. The families were visited again three months after finishing the program, and again after six months to see if the children remained in the care of their family, or if they had since entered the OoHC system.



- At the completion of Rapid Response, 215 of the 251 families (**85.7%**) had their children at home in their care.
- Three months after the program's completion, 207 of the 251 families (**82.7%**) were still caring for their children at home.
- 170 of the 251 families (**75.6%**) were still caring for their children at home six months after they had started the Rapid Response program.

By comparison 42 families at risk of having their children enter the OoHC system did not participate in the Rapid Response program. When these families were visited, only 21 children from 42 families (**50%**) were able to stay in the care of their parents.

# The impact of COVID-19

What did this mean  
for Rapid Response?



# Rapid in a COVID environment - our new model

## Rapid in a COVID environment:

- can work with families for up to an 8 week intervention period.
- each Practitioner will hold a maximum caseload of 4 families at any one time allowing them to provide intensive (up to 7 hours per week), innovative and flexible support.
- referrals will continue to be received directly from Child Protection.
- the focus of the intervention is to reduce the presenting crisis for a family and to increase levels of safety within the home.



# Program Comparison

Rapid Response	Rapid in a COVID Environment
<b>Locations and structure:</b> North, South, East, West, Ballarat 1 Team Leader, 3 Practitioners per site	<b>Locations:</b> All regions remain active and same composition.
<b>Eligibility:</b> Families where children are at imminent risk of a Protection Application and placement in OoHC.	<b>Eligibility:</b> Families that are identified as 'at risk' by Child Protection who are in need of additional case support.
<b>Response Time:</b> Within 24 hours of referral acceptance	<b>Response Time:</b> Within 2 days of referral acceptance
<b>Child Protection Partnership:</b> Must attend key meetings with RR and the family at Start-up, Mid and Closure points.	<b>Child Protection Partnership:</b> CP continue to maintain working in partnership with families and RR by attending some of the key meetings which are held, whether this be via phone or in person. Cases remain open with CP throughout the intervention and readily available for consultation.
<b>Service Duration:</b> 4 weeks	<b>Service Duration:</b> Up to 8 weeks
<b>Case Load:</b> 2	<b>Case Load:</b> Up to 4
<b>Service provision:</b> Up to 15 hours face to face contact in the family home.	<b>Service provision:</b> Due to COVID circumstances fluctuating, enforced suburb hotspot closures, CRT updates and DHHS updates RR continues to adjust what 'contact' with families looks like. This has included short visits utilising safe practices and social distancing, Skype/Zoom meetings, phone calls. Hours vary with families, however RR continues to provide an intensive service at key times as required (from early morning 7am to evening 7pm).



# Support in a remote environment – what does this look like?

## **Home Visits**

- Guided by DHHS and Anglicare Victoria Guidelines
- Practising Social Distancing
- PPE equipment
- Purposeful and targeted

## **Barriers/Obstacles**

- PPE equipment
- General health

# Support in a remote environment

## **Use of Technology and phone calls**

- Zoom, Skype, Facetime.....
- Purposeful and Planned
- Acknowledging impact
- Thinking outside the box

## **Barriers/Obstacles**

- Internet
- Access to, and Understanding of Technology
- Avoidance
- Selective visual access

# Support in a remote environment

## **Contact with Professionals and Care Teams**

- Use of Technology

## **Barriers/Obstacles**

- Internet

# Practitioner feedback regarding the new model

## Strengths:

- Allows for regular visits/contact with families in light of COVID restrictions.
- Some people are more comfortable talking on the phone.
- Flexibility in meeting with families and individuals.
- Still able to provide coaching and role modelling in real time.
- This level of flexibility has allowed parents (especially fathers) to communicate via phone in places where they feel more comfortable.  
i.e. from in the shed or in the car.
- Accessibility of other professionals has increased which has resulted in a more communicative care team.
- Less travel.
- Allows for Child Protection to still be present for key meetings.



# Practitioner feedback regarding the new model

## Limitations:

- Less ability to role model and coach....to be there in the 'moment' and at those key times. Some people learn better via visual and 'doing'.
- Less 'eyes and hands on' by relying on phone/tablet and at times being limited to what the family want you to see.
- Relying on phone/Zoom presents some barriers to engaging with those with a disability and those that are of CALD background.
- It can be difficult to get children to talk on the phone or via Zoom.
- Time to develop trust and rapport by the family takes longer.
- Zoom fatigue.
- Gaining signed consent for referrals – some services require signatures, this delays referral and allocation time.



# Feedback from Parents

Father - *“it (the service) has been great, it has brought ‘calm’ ‘better communication’ and without this the family would have fallen apart, we feel stronger as a family”*

Mother - *“the worker was attentive and supportive and easy to work with”*

Mother – *“she (Practitioner) is a breath of fresh air during this time, I cannot speak highly enough of her and the support she provided”*

Father - *“this program has helped me so much. I have learnt that I need to be my children’s parent and not their best friend and that I am an alright dad after all”.*

Mother - *“the best service we have received...(Rapid Response) showed great tenacity even during a crisis”...*



# Feedback from Professionals

*Child Protection Practitioner - 'I just wanted to share with you that the parents today described their experience with Rapid Response as "life-changing." They were so grateful. The atmosphere in the house felt worlds away from how it felt 8 weeks ago'.*

*Child Protection Practitioner - 'It's clear that you've had an incredibly positive impact on the family'.*



## In summary

The findings have indicated that there is indeed a place for Rapid Response in a COVID environment. We have adapted our model and continued to provide a flexible and intensive support service to those families in need and supported parents, carers and children to achieve some some amazing outcomes.

There are some identified restrictions to the model which prevent practitioners to undertake specific tasks and roles; those specific to and which underpin Rapid Response in its organic form. However we continue to be creative about how we can support families achieve.

Along this journey we have learnt new ways in which we can continue to work alongside parents and children that can be incorporated into our 'tool kit' for all current and future work.





Rapid  
Response

**Thank you**

