

**Using technology to improve access to
Early Parenting Services
across NSW:
A case study of “Child and Family Health Virtual Home Visits”**

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A bit about Karitane

- Karitane have been a lead provider of parenting services across NSW since 1923.
- Karitane is an Affiliated Health Organisation, registered charity and not-for-profit
- Karitane receives diverse funding support from the NSW Ministry of Health, Department of Family & Community Services, Department of Social Services, Corporate Partnership Programs and philanthropy & fundraising.

Our service delivery models



Bondi Early Parenting Store



Parenting Centres



Residential Services



Toddler Clinic



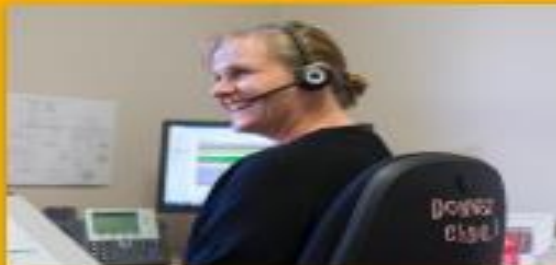
Internet - PCIT



Virtual Home Visits



Mental Health Services



Careline



Community Programs

What We Do

Support and Education for parents with children from birth to 5 years of age.



Sleep and Settling



Crying Babies



Feeding



Toddlers



Development



Adjusting to Parenthood

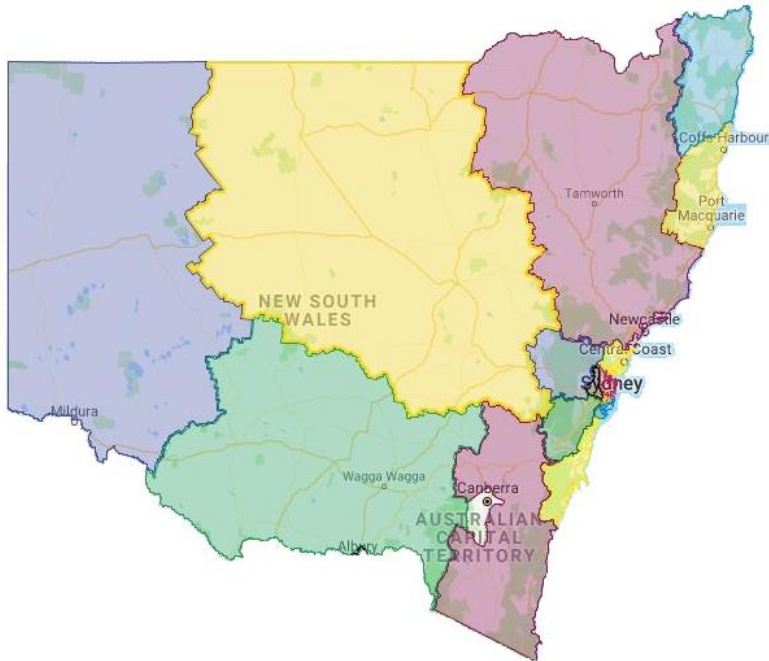
NSW Health - The First 2000 Days

Research demonstrates the potential life changing impact of early intervention, and the importance of the first two thousand days of a child's life to their future wellbeing, (*NSW Health First 2000 Days Framework, 2019*).



Case for change

Accessing Parenting Support services across NSW can be challenging due to limited available services, travel and waiting times, particularly for families who live in regional and remote areas.



Parent feedback indicated that 80% would prefer in the home parenting support by qualified professionals (2016).

Families with multiple children have a 20 week wait for Residential services at Karitane

Referrals have increased by 236% over the last 5 years increasing waiting times

30% of (level 1) low risk families are being referred into tertiary services like the Residential Units.

Getting Started



- Pilot program commenced in August 2017 for 1 year, trialling Virtual Home Visiting (VHV) service, with 22 families seen during the pilot phase

Eligible parents

- Live in regional and rural areas
- Referred/on waiting lists for parenting support
- Unable to access Karitane /other local provider parenting centers and Residential services
- Have transport challenges

Delivery of The Virtual Home Visit

- An initial video call consultation undertakes a comprehensive assessment of parent and child/ren
- This 2 ½ hour consultation works in partnership with the family to create a plan with achievable goals.
- Strategies are demonstrated and observed in real-time as the clinician provides the family with role modelling, education, support and resources.
- Follow up video call consultations over a 6-week period to revise strategies & achieve the family goals

- Increase access for families across NSW to secondary level parenting support service
- Ensure families receive the level of service that best meets their needs
- Wait list pre-admission support
- Follow up care for Residential Unit families

Profile of families referred to VHV - NOV 18 to JULY 19

212 referrals-183 families seen

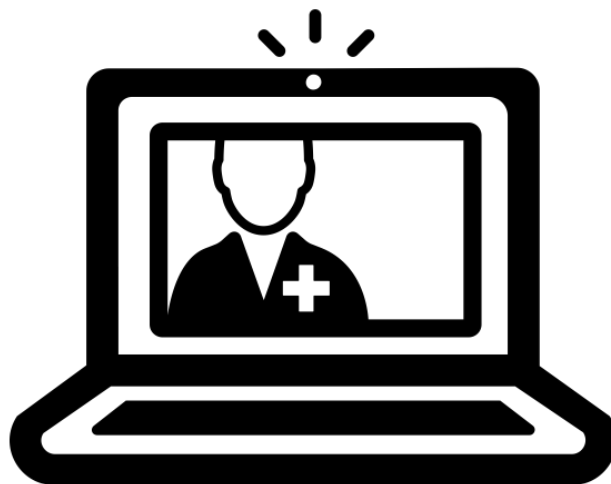


Double families n=40



Double Family=Family with two or more children referred

Father participation sessions n=15



TOTAL=351 Virtual Home Visits delivered

Average 2.1 Follow Up sessions for families

families with one child n= 143



Aboriginal and Torres Strait Islander people n=23

Emerging Cost Benefits



21 Double families on a wait list for the Residential Unit admission avoided an admission (admission avoidance)

Received 300k p.a.
in funding



115 families avoided an admissions into the Residential unit or a face to face appointment at a parenting Centre (63%).

85 single families didn't require an admission

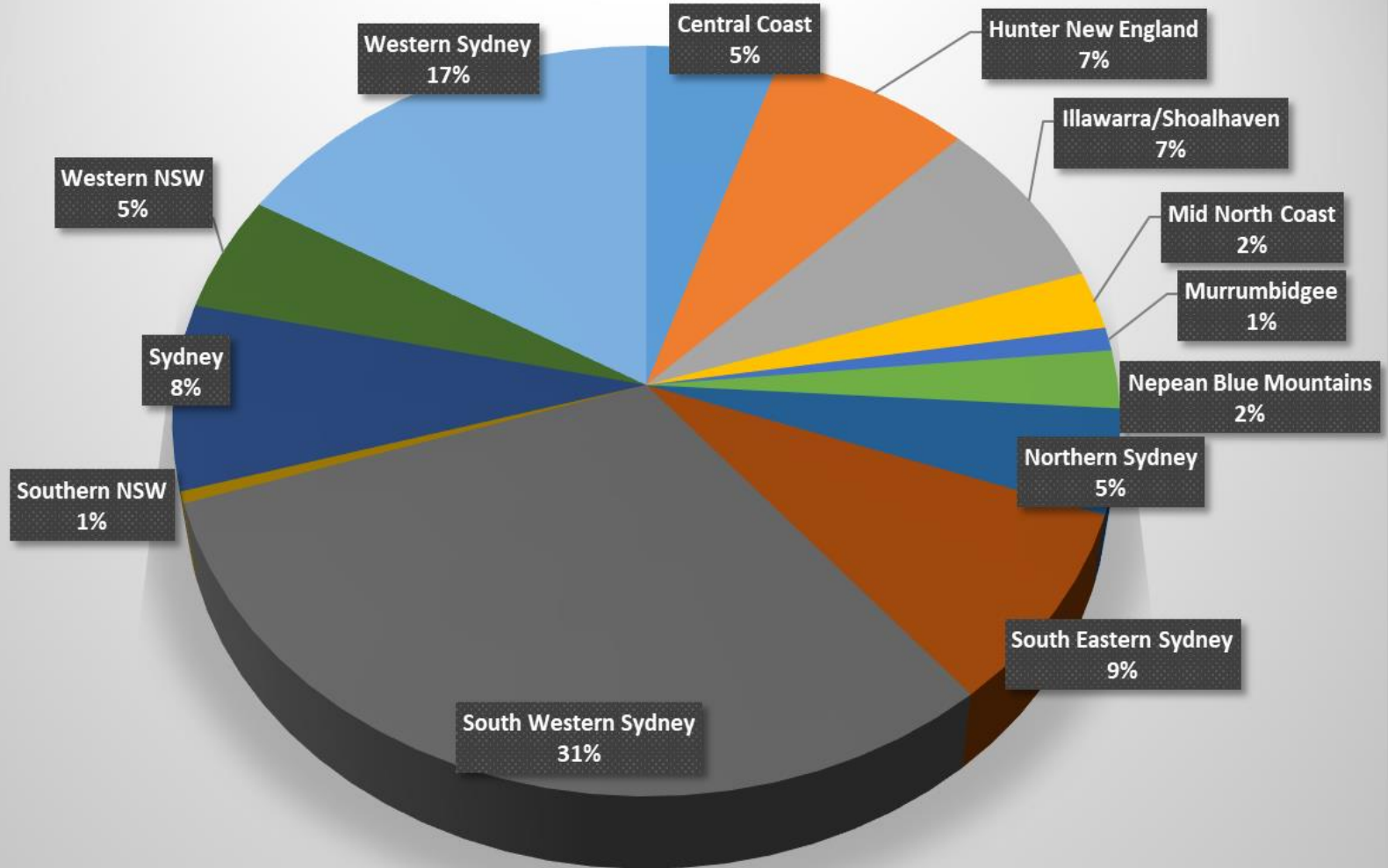


Healthcare savings \$205,000 in 9 months
(Residential Unit admission avoidance)

9 Single families on a wait list for the Residential Unit avoided an admission

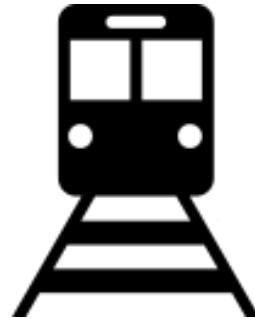
Referral Patterns by NSW Local Health District

Referral breakdown of NSW Local Area Health District



Savings in client Travel

19563 km saved in
travel distance



531 hrs of travel
time saved



Case Study # 1 Family with 2 children NSW, regional (Manaya)

Family Background:

“Zoe” (mother) & “Will” (14 months) “Adam” (4 years).

Presenting problem:

- ‘Will’ Night waking (NW)
- Adam’s NW caused by brother
- Will’s poor day routine with Short day sleep
- Toddler tantrums increasing
- Maternal exhaustion
- Lack of confidence
- Lack of support
- Relationship conflict
- ‘No secondary service. Wait list for Residential unit= 20 weeks.

Zoe’s goals:

- Strategies to learn how to settle and resettle Will in cot, for day/night sleep
- Implement an age appropriate routine that family and Day care can follow
- Learn toddler management strategies
- Increase parents confidence

Outcomes:

- Parents able to settle/resettle ‘Will’ in cot.
- Day sleep re-established.
- Night waking reduced for both boys
- Acceptability of Internet service delivery
- 374 km saved-admission avoidance

Technical Issues

- Drop outs and loss of internet connection managed by trouble-shooting by telephone.
- Calling eHealth support team

Case Study # 2 Family with one child, metropolitan Auburn

Family background Sezen and Mohammad with Abdul 5 month old

Presenting problem:

- Breastfeed or rocked in arms to sleep
- No routine
- Night waking every 1-2 hours
- Maternal exhaustion
- Sezen suffering back/neck pain
- Lack of confidence
- No secondary service in local area

Sezen's goals:

- Strategies to learn how to settle baby in cot without feeding to sleep
- Implement a feed/play/sleep routine that both parents can follow
- Increase parents confidence

Technical Issues:

No loss of connection.

NBN connection and laptop.

"It was becoming physically exhausting, mentally, emotionally," said Sezen

Outcomes:

- Increase confidence.
- Strategies to learn how to settle baby in cot without feeding to sleep
- Implement a feed/play/sleep routine that both parents can follow



“I took the laptop into the bedroom as she guided us with how to encourage my son to sleep in his cot....From then on, we have applied this to his naps and at bedtime..... This has been an amazing improvement and he feels happier and more relaxed in the mornings.

I am very happy that I went ahead with the Telehealth Consultation.”

CHALLENGES

- Internet Drop outs and loss of internet connection for some
- Slow uptake of triaging referrals by our Centralized Intake team
- Retraining Staff on new IT delivery platform
- Clinicians learning to trouble-shoot technical issues
- Creating community awareness of the Telehealth Parenting centre for families in all LHD

FUTURE DIRECTIONS

- Offer after hours consultations to increase partner participation
- Integrate f/u visits via VHV to all Karitane services
- Increase access for Aboriginal and Torres Strait Island families
- Collaboration with LHD interpreter services to improve accessibility for multicultural families
- Implementation of Digital Family outcomes and evaluation tools
- Further promotion of VHV to districts underrepresented in referrals
- Scale service nationally and internationally

THANK YOU

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