Telepractice in family work study:

The pixelated experiences of workers and managers

Summary discussion paper

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Acknowledgement of Country

Fams acknowledges the Gadigal of the Eora Nation as the custodians of the land on which our office is located. We pay respects to all Aboriginal Elders, past and present, and to the children of today who are the elders of tomorrow.

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Introduction

There is a growing body of evidence of the acceptability and feasibility of telepractice in specialist service provision[1]. Research across a range of child and family practice contexts has found telepractice to be a valuable tool for improving outcomes for service users receiving interventions. However, the current state of empirical knowledge of telepractice across the wide range of family work practice consists of many gaps in knowledge. This includes gaps in knowledge regarding strengths and limitations, and the nature, of telepractice within the family work context[2].

The bulk of the research on telepractice in child and family practice has focused on prevention and early intervention, and parenting programs[3]. For example, parent training implemented with videoconferencing technology had been found to be an effective way of delivering evidence-based services to families with specialised needs[4]. However, research is limited regarding telepractice with family work participants who are considered to be experiencing high risk circumstances, such as child maltreatment, domestic and family violence, and trauma[5]. Some have further noted that online parenting programs that are self-referring and self-directed programs are likely to be more suitable for parents whose children exhibit mild behaviour problems, rather than for parents requiring specialist information and support[6]. A problem with this is that possibly only those whose issues do not reach at-risk levels have sought to participate in the studies, so knowledge of telepractice in family work may be somewhat skewed[7].

The consensus arising from the literature is that more research is required on family work service delivery in an online context. In response, NSW Family Services Inc (Fams), the peak body for organisations in NSW that work to keep children and families safe, worked with the author to develop a suite of empirical studies to develop understanding of family work using online technologies. This was in order for Fams to develop an evidence-informed, sustainable, and secure model of family work using telepractice methods. As the third publication in that suite of studies, *Telepractice in family work: The pixelated experiences of workers and managers* complements a rapid review of the empirical and grey literature into family work using telepractice[8], and a secondary analysis of chat sessions of workers' discussing their experiences of using telepractice to conduct family work[9].

The aim of this third study, of which this is *Summary discussion paper*, was to explore, in-depth, the experience of family workers and managers engaged in telepractice. The study was guided by the following research questions:

- What key issues arose for family workers/managers in making the shift from face-to-face support to telepractice?
- How did family workers/managers adapt their practice to address these issues?

[1] Emezue 2020
[2] Jensen and Mendenhall 2018; Martin, et al. 2020; Wrape and McGinn 2019
[3] Baker, et al. 2017; Behl, et al. 2017; Hall and Bierman 2015; Martin, et al. 2020; Reese, et al. 2012; Sourander, et al. 2016
[4] Reese, et al. 2012
[5] Emezue 2020; Hassija and Gray 2011; Martin, et al. 2020
[6] Owen and Hutchings 2017; Reese, et al. 2015; Russell, et al. 2016
[7] McGoron and Ondersma 2015
[8] Reimer and Nixon 2021
[9] Reimer 2020

- What do family workers/managers perceive would help improve the transition to effective telepractice?

This study aimed to fill some of the gaps in the telepractice in family work research by discussing with family workers and managers their experience of using telepractice to deliver family work with people considered in need of secondary and tertiary level child protection intervention; that is, families receiving assistance to reduce the risk of harm to children related to some form of child abuse and neglect, domestic and family violence, or some other experience that has placed children at risk of harm to their safety, welfare and wellbeing. Furthermore, while some of the workers and managers involved in the study discussed experiences of conducting group work using telepractice methods, the bulk of what was discussed related to one-on-one work with individual family members, mostly conducting casework with parents and carers. In addition to previous research of family work using telepractice methods, this study includes the reported experiences of workers and managers providing family work focused on challenging parents to critically reflect on their parenting, and work towards personal and parenting change to improve their families' circumstances. As such, this research contributes to building empirical knowledge of telepractice with family work services beyond the current extent of knowledge regarding prevention and early intervention group work with parents and carers.

This study of the experiences of workers and managers delivering family work using telepractice records aspects of a pivotal historical moment in the long tradition of family work practice – working during the Coronavirus pandemic during 2020. By empirically documenting this unplanned experiment to conduct family work differently, the research establishes a reference point for future consideration of telepractice in family work. However, the study also records how traditional ways of conducting family work have evolved to meet people's changing needs as our lives become increasingly reliant on digital technologies. As such, this study contributes to knowledge of family work practice.

This summary paper presents the study findings in light of current knowledge. It concludes with the main points of the study and recommendations for relevant stakeholders in the family work sector that have arisen from the findings. The purpose of this paper is to help generate discussion of best practice in family work using telepractice methods.

Impacts of telepractice on clients

A notable idea the research participants discussed was related to their perceptions of how telepractice interacted with the needs of clients. Three main themes emerged from this idea and include how telepractice impacted clients' equitable access to services, safety and support needs, and empowerment.

Equitable access to services

The research supports others' findings that telepractice can improve the equitable access to services for some client groups who may be unable to attend services face-to-face[10]. It likewise found that telepractice is helping services overcome some of the access issues that arise during face-to-face work. For example, the study supports the findings of others who have noted that telepractice provides a convenient method to reach a large number of parents[11], as well as greater choice and flexibility for services users regarding the kinds of services they can receive[12].

Regarding access and equity, this study found that telepractice can be positive for clients receiving services where other ways for them to access services is limited; in particular, a specialist service. According to the interviewees, telepractice did make some services more available than face-to-face delivery does, and can eliminate some barriers to a service that exist when services are only delivered face-to-face. This was considered particularly relevant to clients who were geographically isolated, prohibited from travel, and socially anxious. For example, as others have done, this study found a reported perception that telepractice increased access for people to attend services outside their geographic community[13], and was good for people who are isolated. As others have reported, this included those geographically isolated, those for whom financial insecurities make travel difficult, or who have other vulnerability and needs, for example, when experiencing social isolation and mental health issues that make socialising difficult[14]. As also found by others, interviewees involved in this study reported a perception that telepractice was beneficial for people for whom the health and social care systems are not resourced and equipped well enough to meet their needs[15].

However, while telepractice improved access for some clients it was also found to make receipt of a family work service more difficult for others. In this study, this included people with complex disability, some CALD communities, some experiencing financial hardship, some experiencing domestic and family violence, and some experiencing certain mental health issues. For example, this study found, similarly to Cook et al.[16], that some mental health challenges, such as high anxiety, and feelings of being unsafe, can be exacerbated over telepractice, especially when a traumatic experience is triggered by some aspect of the mode of delivery. For example, this study reiterated findings of others regarding some difficulties that clients with complex disability, and clients from CALD backgrounds experienced when using telepractice. However, in contrast to the findings of Jones et al.[17] that CALD clients may experience improved service access over telepractice, this

[10] Owen and Hutchings 2017; Russell, et al. 2016
[11] Owen and Hutchings 2017; Russell, et al. 2016
[12] Chan and Holosko 2016; Love, et al. 2016; McCarthy, et al. 2019; Traube, et al. 2020
[13] Jensen and Mendenhall 2018; Parker 2011; Reese, et al. 2015
[14] Antonini, et al. 2014; Hassija and Gray 2011; Jones, et al. 2014; Peck, et al. 2015; Tse 2015; Traube, et al. 2020; Parker 2011; Cook, et al. 2019; Owen 2020
[15] Antonini, et al. 2014; Hassija and Gray 2011; Jones, et al. 2014; Peck, et al. 2015; Tse 2015; Traube, et al. 2020; Parker 2011
[16] Cook, et al. 2019
[17] Jones, et al. 2014

research found that generalist family workers, who were able to meet CALD families' needs when meeting face-to-face, were unable to meet CALD clients' needs using telepractice (because of communication difficulties and poor digital literacy issues). Furthermore, counter to others' findings that telepractice reduces language and other cultural barriers[18], this research found that telepractice exacerbates barriers for some clients, and that workers perceived clients preferred face-to-face practice. This was in part perceived because of having experienced clients with complex disability, and CALD clients, disengage from telepractice when they would ordinarily have continued engaging in face-to-face interventions. These findings need further research, with clients themselves, to explore in greater depth exactly what occurs for clients with complex disability, and CALD clients, when receiving family work via telepractice.

A number of studies have discussed issues pertaining to the technical dimensions of telepractice, in particular, considerations workers and organisations must make regarding additional issues with face-to-face practice that occur over telepractice, such as access to internet and having secure working hardware for themselves and clients[19]. This study found reported perceptions that telepractice hindered family work when costs related to using telepractice for many people using family services was prohibitive. The interviewees discussed that the majority of the people using family work services experience financial hardship and that requirements to resource themselves for telepractice contributes further financial strain on already stretched resources. Impacts include that families, where they can afford anything at all, can only afford low- and poor-quality hardware, internet data access and bandwidth, all of which increase the risk of unreliable delivery of telepractice service.

Regarding the perspectives of workers working with clients with social anxiety, it was noted that some clients with social anxieties were able to ease into receiving support better when they were able to develop working relationship and trust at a distance from workers. This finding is similar to that of other research into telepractice with families, which has reported that the privacy and anonymity provided by videoconferencing services may supply a helpful alternative for those who are uncomfortable opening up in a face-to-face situation. This is reportedly because engaging via telepractice may be considered less confronting than being visible in a public place when seeking help, particularly if there is shame associated with seeking such help[20]. However, this study also found that privacy and anonymity cannot be assured over telepractice, as became obvious when a passer-by in one family saw, and recognised, parenting group participants from another household. As such, this study argues that privacy and confidentiality over telepractice is not foolproof, and that ensuring it is requires active management, and in some cases, specialist knowledge.

These findings highlight that telepractice should not be considered a fix-all for access and equity issues, and that overcoming such barriers to receipt of a service is more nuanced than simply plugging clients into a service via telepractice. The professional sector, and governments, need to consider which of the noted barriers can be easily overcome through additional resourcing, and resourcing differently. An obvious example relates to considering the needs of people with poor access to telepractice, due to financial hardship, and inadequate and prohibitively costed access to digital hardware, software and data. Consideration is also needed for how the services sector can

[18] Jones, et al. 2014; Stewart, et al. 2017
[19] Banbury, et al. 2018; Stewart, et al. 2017
[20] Cook, et al. 2019; Martin, et al. 2020; Love, et al. 2016; McCarthy, et al. 2019; Traube, et al. 2020

draw on the most effective elements of telepractice to create the conditions for flexibility to service delivery, and thereby choose those that best intersect with clients' needs.

Safety and support needs

The interviewees in this study were clear that the provision of emotional, concrete and social support is a common and integral component of family work practice. Where this usually occurs mostly face-to-face, this study found telepractice does facilitate support in family work, to a point. These findings will be discussed below.

Similar to other research on telepractice, this study also found telepractice can increase opportunities for some clients to receive social support[21], and help clients overcome isolation[22]. However, this research extends these findings by providing additional details about social support when family services are delivered using telepractice.

This study found that family work delivered via telepractice provided social support when everybody in the community was socially isolated, but that face-to-face service delivery is perceived to be more effective at helping people overcome social isolation. Workers and managers in the study reported this perception, as well as reporting a perception that clients generally felt the same way. For example, in this study, some interviewees reported perceiving that clients already receiving a service were less positive about the extent to which telepractice met their needs for support compared to face-to-face family work practice. Further examples given include that workers and managers reported clients saying they were grateful that workers delivered some form of family work face-to-face.

Interviewees also reported that it was more difficult over telepractice than face-to-face to meet clients' concrete and emotional needs. The study found that telepractice increased difficulties related to meeting clients' concrete needs. This concerned interviewees because they considered provision of concrete needs to be an important and common feature of family work, where family work services provide things like household goods, clothing, and needs for babies. The study found that practical and concrete needs could be achieved when using telepractice, albeit requiring convoluted and time-consuming logistical arrangements. The study also found that, in some cases, not being able to easily provide for clients' concrete needs over telepractice was empowering for clients because the clients needed to find solutions themselves to meet their own needs. However, the study also showed that some needs could only be met when workers could meet face-to-face, for example, supporting families without transport and delivering necessities, such as food and medicine, and supporting clients who were geographically isolated.

Furthermore, some argued that telepractice can contribute emotional harm because the types of issues being discussed. This is because some issues, about which clients are being challenged, lead to strong emotional responses in clients within a context in which workers are not physically present to emotionally 'hold' the person. Moreover, the study found that some clients who cannot communicate their issues, concerns and emotions well over telepractice may experience further harm because they feel they are not being heard, consequently leaving them feeling further frustrated in the process of receiving a service. This supports findings of others who found that telepractice did not adequately enable workers to manage crisis from a distance and provide the

[21] Chi and Demiris 2015; Paterson, et al. 2013; Reese, et al. 2015; Tse 2015; Burgoyne and Cohn 2020
[22] Cook, et al. 2019; Martin, et al. 2020; Nieuwboer, et al. 2013

necessary support required[23], and that some clients who have experienced trauma may be triggered by things they read online[24].

This study found a strongly reported perception that an aspect of meeting clients' needs relates to them requiring a level of intimacy with another human being, and that achieving this aspect is only possible over face-to-face practice. The interviewees reported perceiving that that telepractice relieved some sense of isolation in extreme cases, but did not provide the fullness of intimacy required for workers to meet clients' needs for human connection beyond a certain point. While this will be explored further below, supplementary research is required to unpack this more, and to examine the differences in perception regarding the extent to which telepractice increases opportunities to receive social support and feel less socially isolated for people who have not previously received a family work service face-to-face compared to those who have. Furthermore, since these findings are based on the reported perceptions of workers and managers, they need to be tested with family services clients.

The study added to knowledge of safety related considerations when telepractice is used as a mode of service delivery[25]. The study found cyber safety issues do not simply relate to user safety in the online/virtual context, but also physical and emotional safety when the home environment is abusive, or an abusive person is in the home, and the worker cannot access the home to assess or ensure safety when undertaking family work. Telepractice was reported to severely limit workers' capacities to assess the home environment and the interpersonal dynamics for safety concerns, and to ensure a safe working environment for clients, or to protect people. While there were empowering elements of this related to clients learning to manage their own safety, the perceived risks to safety were considered greater than the benefits.

Other safety issues found relate to telepractice hampering workers from seeing the fuller situation or environment, which was reported to raise the safety risk to children and young people being potentially unsafe over telepractice. Reasons given include that parents and workers may be unaware of what is happening online, and also that children and young people can overhear conversations between parents/carers and family workers. However, such concerns may only be of concern for family work delivered via telepractice with families above a certain child protection and domestic and family violence risk level, and may not present as big an issue for family work with families deemed less vulnerable or at risk.

Empowerment

This study found workers and managers perceived that some aspects of family work delivered via telepractice may increase clients' empowerment. Although, as this was the reported perception of workers and managers, further research with family work clients to test this is required. In line with other research, the study found workers and managers perceived increased client empowerment through offering greater choice and control regarding service delivery[26]. This study also found, similarly to others[27], that some clients prefer telepractice to occur over telephone rather than using videoconferencing, and that this seems to be empowering for clients due to giving greater choice and

[23] Hassija and Gray 2011
[24] Cook, et al. 2019
[25] Emezue 2020; Stewart, et al. 2017
[26] McCarthy, et al. 2019; Paterson, et al. 2013; Chan and Holosko 2016; McGoron and Ondersma 2015; Nieuwboer, et al. 2013
[27] Reese, et al. 2012

control over service delivery. In addition, counter to some who have found that workers have reported concerns that excessive engagement with digital technology could disrupt connections between parents and their children[28], this study found examples of telepractice being seen to improve parent/child relationships and empowering the children/young people at the same time.

A number of examples were given to illustrate how telepractice increased empowerment of family work clients that mostly related to some form of clients taking control of the conversation and the way in which the service was received over telepractice, which workers reported they have less power over than when working face-to-face with a client. Other examples given for increased client empowerment over telepractice were mostly related to the digital mode of delivery creating the conditions where clients were somewhat forced to take more responsibility than during face-to-face family work for their change process because workers were not physically present.

The findings show examples of how telepractice provided opportunities for clients to practice agency, which, while this can occur during face-to-face practice, it seemed that the nature of telepractice made this easier to achieve than for face-to-face practice. This was particularly evident due to the asynchronous nature of some methods of telepractice, in which some families were reported to be more responsive to telepractice rather than face-to-face practice, and subsequently took more responsibility for aspects of the casework, and their progress, than when working face-to-face. The study showed that, over telepractice, clients had to rely on themselves more than when working face-to-face with a family worker. This created a positive condition for workers to encourage clients to improve their situation themselves, because the worker safety net that can be applied when working face-to-face was not present, so onus was on the clients to do more to manage and progress their situation. Drawing on this, and findings that have been outlined in the previously sections, this is suitable when clients are ready to take a positive stance to improve their circumstances, but can be even more harmful to clients' sense of agency if expected to do things unsupported before being ready to.

Furthermore, the study found that empowerment is more likely to occur when users (clients and professional alike) are familiar with, and/or comfortable using digital technologies, including telepractice methods. Otherwise, conditions can be disempowering for the kinds of reasons noted previously in this section. The study found that when family work was delivered via telepractice, power shifted to those who know how to use digital/telepractice technology and methods, and have quality access. This includes a finding that, in some cases, clients had more power than workers. While some workers felt uncomfortable about this, others who discussed it were able to see how increased power to clients relates to one of the goals of family work. While these workers cited how greater power to clients became problematic regarding their work role, and potentially worker and client safety, they conceded the positive aspects this provides for clients' empowerment over face-to-face practice.

Impacts of telepractice on family work practice

The findings of this study reiterate the findings of others who have reported that while similarities exist between face-to-face and telepractice related to how family work is undertaken, important differences are also present and need further exploration[29]. As found elsewhere[30], this study found

[28] Cook, et al. 2019

[29] Ekstrom and Johansson 2019; Holmes 2011

[30] Cook, et al. 2019; Bengtsson, et al. 2015; Lopez 2015; Sucala, et al. 2013; Parker 2011

resounding preference amongst workers to continue to deliver some family work face-to-face. All of the workers and managers involved in the study reported feeling initially positively geared, but worried, about providing a family work service via telepractice. Despite having reservations, they still thought positively about attempting to deliver family work using telepractice and sought to provide effective interventions using the methods. While this supports the findings of Parker[31], who found practitioners have shown mixed support and caution about the appropriateness of online parenting resources for vulnerable clients, in this study, most workers and managers reported how they pivoted back to face-to-face work as soon as they could, or adapted face-to-face practice to fit the changed social policy related to the public health crisis.

Hence, this study provides additional nuanced understanding to findings of others that workers report telepractice sessions to be as good as in-person sessions[32], showing in this case, that workers hold mixed views on the differences. This study found aspects of family work to be limited by telepractice, such as comprehensive assessment and review, and relational and experiential features of family work that are a necessary element of facilitating purposive change. More specifically, the study found a perceived centrality of the human connection and intimacy to facilitating change, and the extent of nuance in communication techniques family workers use, including relying on sensory modes of communication when working with families. These will be explored further below.

Assessment

This study has extended knowledge of aspects of family work practice that involve assessment and review. Where other research on telepractice has found workers to be satisfied to the extent that they are able to see families interacting in the home environment[33], this research has strongly found the workers involved in the study have a contrary perspective. This study found that when family workers conduct assessment and review, they rely on observing interactions, interpersonal dynamics, and the living and social environment of the families with whom they are working. The workers reported that they also require being able to critically assess clients' progress, which requires them to have multiple perspectives on progress. In this study, telepractice was reported to hinder what workers needed to do to fully understand families' issues and needs. Interviewees reported they could not see everything they need to see to make a thorough assessment, and review of progress.

Risks were reported to emerge when workers had to rely on the client's perspective alone, and were unable to incorporate information from a comprehensive observation. Drawing on alternative perspectives was reported to be necessary during initial assessment, and review of progress, and for building a comprehensive, accurate and tailored case plan. Hearing multiple perspectives was also considered important when testing stakeholders' judgement and assumptions about what was occurring during intervention (including that of other professionals). Telepractice hampered being able to see family members in situ, and in their interpersonal relationships. It also hampered being able to dig deeper into, and challenge, clients' and others people's perspectives of what is going on in the family, and of what is their progress. However, as reported, when working face-to-face, workers could gain insight, add multiple perspectives, seek answers to questions, see what needed

[31] Parker 2011
[32] Stewart, et al. 2017
[33] Burgoyne and Cohn 2020

to be questioned and challenged, and keep people accountable in ways telepractice was reported as failing at.

Also, as noted previously, workers reported implications of telepractice being missing information they would usually observe, which they ordinarily incorporate into professional decision making when challenging people to critically self-reflect, and seek transformative change. They described how the reduced capacity to take in sensory information resulted in missing knowledge, which created risks related to conducting a comprehensive intervention. In this study, interviewees reported that the difficultly lay in shorter session times when family work occurred over telepractice (compared to face-to-face). This was considered problematic because it led to more gaps in workers' knowledge about families' issues, and clients being less responsive to being challenged to change. However, these are exploratory findings that require these facets of change practice to be further tested.

Casework to achieve change

The three managers and eight workers involved in the study reported that the ways in which workers could help clients, and barriers impeding their capacity to respond, seemed different when delivering a service via telepractice. Participants reported both limitations and successes of family work delivered via telepractice.

Interviewees gave multiple examples of where family work delivered using telepractice benefited some aspect of practice, and meeting families' needs, more effectively than when services are delivered face-to-face. An important element of practice focused on working towards changed attitudes and behaviour includes establishing mutually agreed tasks and goals for workers and clients to work together towards. This has been found to be the case for family work delivered via telepractice, where recent research posits that it may be mutual agreement on therapeutic tasks and goals that drives success in family work delivered via this mode[34]. For example, interviewees described how telepractice facilitates some elements of casework to an acceptable degree, such as certain types of goal setting and task completion, where the tasks were not too complex. However, this finding has also been challenged in this study, where workers reported finding it more difficult over telepractice than during face-to-face practice to work with clients to set an agenda related to something clients found difficult to face, work on, or change. The study found that, when conducted using telepractice methods, casework tended to be focused more on meeting immediate needs and goals, especially more likely when practical in nature, rather than goals focused on emotional needs and deep behavioural change, especially those requiring more deeply critical self-reflective response.

In this study, the consensus was that while there were many benefits to providing casework over telepractice, the deep change work of casework related to improving the wellbeing of vulnerable families is more effectively achieved face-to-face. Family work focused on client change was reported to consist of difficult conversations that create an emotionally scary and uncomfortable experience for people. Face-to-face practice was reported to allow workers to comfort, or emotionally hold clients through their strong emotions and emotional distress in a way telepractice could not. While it was possible to provide some small degree of responsive holding over telepractice, it was greatly limited when compared to that which is possible when working face-to-

[34] Martin, et al. 2020

face. The study found that when it is not possible for workers to provide the emotional support clients need when undergoing work that is challenging them to change, clients respond by disengaging, or only engaging to a shallow degree. This study found that a major issue with trying to undertake change work over telepractice is that it may not fulfil what face-to-face family work traditionally does through creating an emotionally safe and supportive working environment to support clients through a difficult change process.

In this respect, these findings support that of other studies that have found improved outcomes are more likely when services are provided with worker support, rather than when entirely self-directed by clients[35]. The study further supports findings of others that critical-reflection leading to transformative change is most successful when done via a process that involves being challenged, and held accountable, by others[36]. Despite some of the positives, all of the managers, and three of the workers, reported that telepractice resulted in more cursory work, where it was harder to challenge people to change. Some reported that it took longer time to arrive at underlying concerns related to family wellbeing for which the family is attending the service, because this is difficult to talk about. This supports findings of others who have found that help seeking can be a long process[37]. Those interviewees discussed in this reported a perception that casework took longer over telepractice methods, and that it was easier for families to avoid going into depth and reveal what was actually at the core of their wellbeing concerns.

Hence, in this study, a reported perception was that deep change work was more difficult over telepractice, and was generally only effective when clients were fully committed to the change process themselves. While this could be considered the same when working face-to-face, the difference found with telepractice lay in the extent to which the physical/proximal contact supported clients to go to, and stay in, an emotionally challenging position during the change process. It seemed that people undergoing an emotionally challenging process responded better when there was some proximal support (or, intimate stance) from another human being. It was considered possible to demonstrate empathy and care over telepractice (through being responsive to what clients were saying and how they were behaving) but the experience of empathy (or at least being empathic) was considered stunted over telepractice when compared to face-to-face. This was because it was considered easier to show care and connection when working face-to-face compared to working via telepractice. However, these findings are based on the perceptions of workers, and need further testing and exploration in family work interactions where change is measured as part of the study.

Engagement

A sizeable barrier to participation in web-based service delivery appears to be engagement, which also includes issues related to attrition. This study supports findings of other research that practitioners are concerned about the extent to which telepractice negatively affects service user engagement[38]. As an exploration of a completely guided model of family work, while this study does not contribute to further knowledge on family work provided over telepractice in a self-directed manner, it does contribute knowledge on family work over telepractice that is worker-guided. This

[35] Day and Sanders 2018; Martin, et al. 2020
[36] Hendrickson 2004; Kögler 2005; Kögler 2013; Reimer and Whitaker 2019
[37] Helton 2003; Traube, et al. 2020
[38] Henry, et al. 2018; Ştefan and David 2013

includes providing insights into reported issues of engagement that were experienced over telepractice, including ideas related to the client-worker relationships, communication, and how to motivate clients to engage over telepractice.

The findings of this study concur with that of other research that has found support for interventions over telepractice resulting in greater parental engagement when the way in which services are delivered over telepractice can be tailored to families' needs[39]. This was evident in this study through reported examples of parents resisting engagement, or disengaging, when their preference for face-to-face practice was unmet, or when the way telepractice was delivered did not seem to adequately meet their needs for communication and support. Furthermore, enhanced engagement was reported when workers could meet families' needs through adopting an approach combining telepractice and face-to-face service delivery.

Reported perceptions of difficulties with engagement over telepractice in this study were mixed. While the study did somewhat support others' findings that some clients were more responsive to engage when services were delivered over telepractice[40], it did not find that workers were more responsive to families when using telepractice compared to when working face-to-face. As reported in this study, the overall perception of interviewees was that engagement did not work as well as when working face-to-face. This was reported to be because people found it difficult over telepractice to focus on aspects of the interaction or families' needs beyond what was immediately obvious. Furthermore, in this study, those who discussed why telepractice did not provide an optimal experience of family work argued that a sense of falseness and remoteness when engaging over telepractice was an underlying factor for the interviewees' negative experiences of engagement and the client-worker relationship.

While some workers reported finding it difficult to engage, others reported that new forms of communication, such as SMS, resulted in better accessibility and engagement for some families. Further to this, some managers and workers reported that it was possible to build rapport over telepractice, but that rapport building over telepractice happens differently, that is, to a different depth and in a different amount of time. The consensus was that family work via telepractice had many of the same characteristics, but engagement occurred in a different way, and stakeholders needed to learn some new ways of communicating, or to use ways of communicating they were familiar with in different ways. While telepractice resulted in improved engagement for some clients who felt particularly vulnerable engaging face-to-face, other clients reportedly disengaged when telepractice was the only available option for engagement. This was found to be exacerbated when there was no working relationship established prior to using telepractice methods.

Impacts of telepractice on the client-worker relationship

Empirically derived knowledge of the experience of engaging in a working relationship over telepractice is limited. However, this study begins to fill this gap in knowledge by describing insights into the experiences of family workers doing so. This study found a reported belief that much client instruction in family work occurs through the experience of clients relating with workers, and through workers using the working relationship to teach, and provide opportunities for clients to practice, many of the concepts they are trying to teach. Achieving this was reported to occur much more successfully when workers and clients were in the same place (proximal). Despite this, little is

[39] Day and Sanders 2018; Martin, et al. 2020
[40] Behl, et al. 2017

known of the nature of the working relationship in family work delivered over telepractice. Hence, this study contributes to the limited knowledge of the working relationship when family work is delivered using telepractice methods.

Findings on the working relationship in other telepractice research have reported that telepractice does not threaten the therapeutic bond[41]. These finding are not supported in this study, where interviewees described the working relationship developed over telepractice to be diminished to some degree when compared to the working relationship developed face-to-face. For example, this study found developing a working relationship over telepractice, while possible, lacked the depth of trust of a working relationship developed face-to-face. Another way the difference was described was that the working relationship developed over telepractice was considered to be 'flat', that is, not as rich or deep a connection, and more like a business-like relationship. The working relationship developed over telepractice was reported to lack the feelings of human connection and intimacy which have been described previously of the face-to-face family work working relationship[42].

Furthermore, research on the working relationship in telepractice in social work have found that workers are comfortable providing services to clients solely through telepractice, without having a prior face-to-face relationship, but that screening interviews over the phone or telepractice are necessary prior to agreeing to provide services solely over video[43]. This study expands on findings such as these through reported perceptions that a working relationship developed exclusively over telepractice did not support the change process as well as those when intervention occurred over telepractice but a working relationship was developed prior. However, this is based on the workers' perceived experience of the change process, and change was not measured. Also, the study yielded little account or explanation of why this may be the case, and of the details of how working relationship, engagement and service delivery differed when working relationship developed prior to working over telepractice compared to working relationship developed exclusively over telepractice. Further research is required to ascertain the differences.

All the interviewees were clear that, while telepractice can support family work practice to some extent, it cannot replace working alongside clients. This mainly came down to a strongly held belief that a central feature of the change process in family work is due to the intimacy of the working relationship that exists, and how workers use the working relationship as part of the experience to facilitate change. In this sense, the study found that workers use the working relationship to demonstrate, and involve clients in simulating, the kinds of relationship and communication skills that go to the heart of why the client is attending the family service, which is to develop and improve positive and life enhancing relationships with other people in their lives, including their children. This study found there seems to be something about the depth of bonding of the working relationship when it is face-to-face, and the connection is proximal, that supports a deeper experience facilitating client change more than when the working relationship is developed from a distance. However, this requires further exploration and testing through the perspectives of clients on the difference between the working relationship conducted face-to-face compared to conducted via telepractice.

[41] Burgoyne and Cohn 2020; Martin, et al. 2020; Wade, et al. 2011
[42] Reimer 2013; Reimer 2014
[43] Parker 2011

Features of working relationships

There appear to be some similarities between features of the working relationship developed during face-to-face practice compared with telepractice. For example, there are similar findings in telepractice that certain worker attributes known to indicate a strong working relationship[44] exist in working relationships delivered via telepractice. This includes workers displaying warmth, attentiveness, responsiveness, expertise, active listening and genuine concern for clients[45]. It also includes working relationships where workers demonstrate flexibility, patience, trustworthiness, and collaborative approach[46]. This study supports the findings of such research, having found the features of effective working relationships to include workers adopting an inviting and friendly approach, demonstrating empathy, care and warmth, as well as flexibility, patience and perseverance. However, the study expands upon what others have reported of the role trust plays in effective working relationships in telepractice[47]. For example, this study found that, when building the working relationship over telepractice, trust is established through workers and clients discovering some similarities in their life experiences, interests, and worries. Workers in this study also reported that building trust when using telepractice was much more emotionally taxing than when in a face-to-face working relationship. They attributed this in part to the nuanced form of communication, including unspoken communication, that occurs when working face-to-face, which was hampered over telepractice, and that they considered assists building the working relationship. However, more research is required to understand why this was the case. While it is possible to posit that the reasons might relate to intimacy and stakeholders' capacity to test trustworthiness, ideas mentioned in passing, this is speculative and more focused research is required of the nature of the working relationship over telepractice. Furthermore, the study expands previous research on the working relationship in family work delivered via telepractice by further describing and discussing the impact of telepractice on the human connection and intimacy.

Human connection and intimacy

The findings of this research point to a role that being physically present may play in purposeful family work practice, going some way to help explain what others have said about worker resistance to adopting new technologies. This resistance may arise because they perceive the medium will depersonalise client interactions, leading to the clients feeling further alienated, which, they argue, is antithetical to the mission of social work[48]. In this study, workers and managers clearly perceived proximity, even to a level of intimacy, as necessary to achieving purposeful family work practice that supports the client change process. There was a reported perception that clients sought intimacy in the professional work, becoming hesitant to engage when told the work would be conducted over telepractice.

The sensory aspect of engagement was described in a way that made it seem very important to interviewees. For example, engagement was described as "real" when face-to-face and "fake" when over telepractice. The physical proximity between workers and clients, which is only available through face-to-face service delivery, was valued over physical distance. While a working relationship delivered at a distance over telepractice was said to lessen clients' sense of isolation to

[44] Reimer 2013
[45] Behl, et al. 2017; Russell, et al. 2016; Henry, et al. 2018
[46] Love, et al. 2016; McCarthy, et al. 2019; Traube, et al. 2020
[47] Carolan and de Visser 2018; Russell, et al. 2016; Wade, et al. 2011
[48] Parker 2011

an extent, the study found that only a working relationship delivered face-to-face satiated a hunger the interviewees reported people have for human connection. This was described to be mutually felt between clients and workers. The notion of human connection and intimacy that was described as coming through working face-to-face was considered integral to supporting clients to engage in the change process to the extent they push beyond being challenged and through to the point of working on changing their behaviour to improve their families' circumstances.

While it is not possible through this study to say so definitively, as an exploration of the experiences of these family workers and managers, there was clearly a perception that the intimacy and present human connection that is evident in face-to-face work, but not when working over telepractice, is considered integral to achieving purposeful family work practice. While it was considered possible to achieve some degree of intimacy over telepractice (for example to acknowledge shared humanness) the interviewees were clear that working relationships developed over telepractice were lacking a depth of connection necessary for deep change work to occur, compared to when work is carried out face-to-face. The consensus was that, while it was possible to build a trusting connection over telepractice, one that could support some level of purposeful change practice, only through working face-to-face did the working relationship achieve the depth of connection deemed necessary for clients to respond positively when they were challenged to critically assess, and change, deeply ingrained values, beliefs and behaviours related to parenting in a way that puts their children at risk of harm or reduced wellbeing.

Communication

In support of others[49], this study also found that telepractice created a different way for workers and clients to communicate than when working face-to-face. For example, as noted previously[50], SMS also emerged in this study as a surprise success story that supported engagement with families who had previously been difficult to engage. The interviewees noted this is because clients consider asynchronous forms of communication non-threatening, familiar, safe and comfortable.

However, the study further found that family workers greatly rely on forms of communication other than verbal and written, and that telepractice hampers much of the nuanced communication modes family workers use. For example, the study provided insight into increased appreciation for the role workers' senses play in engagement in family work. The unplanned experiment to provide family work using telepractice methods has led to greater awareness of some characteristics of communication in family work, as well as new modes of communication for practice additional to verbal and written. However, what was unacknowledged was the potential problems that can arise when workers rely on body language and their senses, due to aspects of communication such as assumptions and unconscious bias that underpins how people filter and make sense of what others are communicating. Emerging from this were reports that workers were frustrated because they had to conduct much more double checking for meaning and understanding than when working face-to-face. Workers who discussed this argued that communication over telepractice took longer than when working face-to-face, due to the absence of much sensory-based knowledge. Perhaps a positive from the telepractice experience was that practicing this way can separate people from the experiential plane, so they are not reacting to each other's emotions or assumed / habitual ways of responding to each other. No longer having access to sensory-based knowledge seems to have

[49] Burgoyne and Cohn 2020; Mishna, et al. 2012; Reese, et al. 2015
[50] Mishna, et al. 2012

created a kind of circuit breaker for workers where they could not automatically respond to a situation. This, in turn, created a new learning environment that helped workers and clients think and respond to the situation differently to the way they usually would have when engaging face-to-face. Despite this, the interviewees reported holding a clear belief that telepractice could only go so far to help their clients experience and practice the relationship and communication skills they needed to learn, and that working face-to-face optimises attitudinal and behavioural change in that regard. It came down to intimacy with another human being and the experiential nature of that the client needed to learn, and of family work practice.

Furthermore, in agreement with the findings of others, the study found that when workers engaged more often with families, but for shorter periods of time, they kept progressing the work[51]. Increased frequency of contact possibly helped families engage with workers because workers could demonstrate they were genuine about meeting families' needs more often than they do when working face-to-face, when time between sessions is more spread out. In this sense, telepractice could be considered an effective way to engage for many aspects of family work, in particular, aspects of practice focused on practical and concrete outcomes, and those that do not require supporting people through a difficult change process.

Engagement reportedly worked better when structured and organised, and workers were clear about what to expect of clients when engaging; that is, when workers created firm boundaries around communication, and the purpose of the work, and how they were going to work together to achieve change. These ideas have been reported previously[52]. This study also found that being clear about expectations came down to workers needing to take more time to communicate with clients about what was going on, and how it might be different to what they were used to, that is, educating families about, and supporting them through, the different approach. Also, positively, workers having to spend more time that usually communicating expectations and being more transparent about the work provided new opportunities for workers to role model responsible and effective communication and interpersonal relationships techniques.

Creative techniques

Some in family work research have found that creative techniques applied over telepractice can improve client engagement when services are delivered using telepractice methods[53]. This might include using digital technologies that apply social networking and gaming attributes to service delivery[54]. Other creative techniques that have been found to facilitate engagement over telepractice include using interactive and interesting content and design features, such as progress trackers and automated alert-based reminders[55].

This study found similarly that using creative techniques helped workers overcome some of the limitations of telepractice. This involved finding digital technologies that helped workers overcome the dearth of sensory information, access to body language and limited perspective upon which to draw that occurred due to simply using videoconferencing, and phone modes of telepractice.

[51] Helton 2003; Irvine, et al. 2020; Burgoyne and Cohn 2020
[52] Burgoyne and Cohn 2020; Mishna, et al. 2012; Reese, et al. 2012; Wrape and McGinn 2019
[53] Love, et al. 2016
[54] Love, et al. 2016
[55] Baker, et al. 2017; Carolan and de Visser 2018; Day and Sanders 2018; Owen and Hutchings 2017

Overcoming barriers due to telepractice required workers to listen to clients, be solution-focused and try different forms of telepractice, be flexible and adjust, and for everyone to be patient.

A key finding from this study regarding using creative techniques to enhance family work telepractice is that being forced to use alternative methods for intervention has created new opportunities for creating a better fit between what the organisation is trying to achieve and what is the more effective way to complete the task, rather than taking a blinkered approach and doing things the way they have always been done. This finding could also be applied to face-to-face family work practice, and to further integrate the kinds of creative techniques used during telepractice into face-to-face practice. Doing so may further help some clients be more motivated to engage in face-to-face family work.

Tailoring interventions by adopting a hybrid approach

Traditionally, family work has relied on face-to-face delivery[56]. However, as also shown in this study, recent research has found that aspects of family work can be delivered effectively using telepractice methods. Indeed, this study, as also shown by others, found some family work clients respond very well when receiving family work services delivered, at least, in part, using telepractice methods[57]. Furthermore, this study found similarly to that of research in psychological services that service delivery via telepractice at the earliest stages of an intervention can prepare clients for receipt of services, providing a helpful and non-threatening 'soft entry' to an intervention[58]. As per other research, this study also found evidence to support services such as family services adopting an approach to service delivery that combines face-to-face with telepractice models[59].

Interviewees argued that the experience of using telepractice demonstrated they have new service delivery options to add to their suite of practice methods, rather than replacement. Hence, the interviewees ending up advocating a hybrid model that increased their options and flexibility to tailor service delivery to the needs and capacities of families. The finding from this study that flexibility to select from the newly augmented suite of service delivery options, depending on the unique needs and capabilities of the families attending the service supports findings of others about how telepractice can increase empowerment[60]. It also supports findings of others regarding personalised[61], and client-centred[62], practice. However, this is going to mean that services, the workforce, and families are equipped with high quality hardware, software, data access, and the knowledge to use these.

While, in this study, there was a clear preference for face-to-face service delivery, the workers and managers described genuine curiosity and a willingness to use telepractice and see how it worked. Their reservations arose from beliefs about the experiential and relational nature of family work, and assumptions telepractice could not accommodate these characteristics. That said, by the end of the focus groups, interviewees seemed balanced in their perspectives of using telepractice methods in family work. They showed this by acknowledging benefits of telepractice over face-to-face delivery

[56] Cook, et al. 2019; Martin, et al. 2020
[57] Burgoyne and Cohn 2020; Chan and Holosko 2016; Nieuwboer, et al. 2013
[58] Owen and Hutchings 2017; Reese, et al. 2015; Russell, et al. 2016
[59] Baker, et al. 2017; Martin, et al. 2020; McGoron, et al. 2018; Owen 2020
[60] McCarthy, et al. 2019; Paterson, et al. 2013; Chan and Holosko 2016; McGoron and Ondersma 2015; Nieuwboer, et al. 2013
[61] Martin, et al. 2020
[62] Edvardsson 2015

in various instances, including how adding telepractice to the suite of service delivery options aligns well with client-centred practice, depending on client preference[63]. As such, the study has found that effective elements of face-to-face practice can be combined with the effective components of telepractice to create a hybrid approach to family work that is better tailored to the unique circumstances of families.

Impacts of telepractice on the workforce

Performance pressure and increased emotional load

This research is predominantly about workers. However, in this study, changed expectations added pressure to workers and managers, but it seems to have related to different aspects of practice more than previously found. Where prior research found workers delivering services over telepractice experienced additional workplace stress due to clients expecting workers to be available at any time, difficulties limiting client access, and perceived need to respond quickly to any communications (which are exacerbated by asynchronous modes of communication extending a working day[64], this study found different types of aspects of the work to lead to changed expectations, which subsequently increased stress for workers. Workers need to adjust the way they practice in order to accommodate the differences required for providing services over telepractice[65].

Telepractice was reported to create added pressure on managers and workers who felt responsibility to meet families' need, but could only deliver services via telepractice. For example, clients reportedly had changed expectations of service delivery, and a preference for one over another, but workers were limited to delivering family work via telepractice despite clients preferring face-to-face. This required adjustments over a variety of facets of professional practice, which was found to increase stress and anxiety in family work staff trying to adjust personal space and boundaries to professional space and boundaries to satisfy professional requirements. Required adjustments related to all facets of work, as well as, safety, using telepractice methods, boundaries, and communicating realistic expectations. However, a positive finding was that the necessity to be creative with service delivery helped staff realise the extent of their resourcefulness and knowledge, although this was reported to be less positive for novice professionals.

Furthermore, the study found that delivering family work via telepractice was more emotionally taxing on workers than delivering family work face-to-face, and required extra work to adjust practice and delivery services in newly creative ways. Interviewees reported that family work over telepractice was different to how they usually worked, counter intuitive to their previous experience of supporting people, and left workers feeling anxious they were not fully meeting their clients' emotional needs. As reported, the study found that telepractice was perceived to limit the source of information about families, which meant workers were unable to conduct a comprehensive assessment of families' strengths and needs. This concerned workers because they subsequently felt unable to tailor an appropriate intervention. Another reason for increased emotional load on workers related to the finding that clients expressed their agency in new ways, which in some cases led to workers feeling increased chaos when working with the families, both in family groups and parenting groups. This led to some workers expressing a sense of loss of control over family work processes and sub-optimal engagement. A further finding related to increased emotional load on

[63] Baker, et al. 2017
[64] Mishna, et al. 2012
[65] Gros, et al. 2013; Jones, et al. 2014; Tse 2015; Wrape and McGinn 2019

workers is that the changed way of working led workers to question their preferred skills, competencies and professionalism. This required effort for workers to reflect critically on their self, as professional, adjusting based on what they had realised, as well as adjusting their home/personal space to turn it into a professional work environment.

This study has contributed to the scarce knowledge of the impact of telepractice on supervisors and managers. The study found that telepractice created a new set of roles, expectations and anxieties for the three managers interviewed. While they were generally positive about the experience of managing family work over telepractice, they described a number of negative consequences to the mode of service delivery. Key findings were that the managers felt less effective in their role over telepractice, which they described as feeling less useful and of less value to staff than when working face-to-face, and that they lacked support and guidance themselves. As they reported, in the same way workers said they missed collegial support and guidance, so did the managers.

The managers' concerns were mostly a result of team members being spread over different locations, and managers needing to find alternative ways to monitor their workers, and provide support, guidance and professional development regarding the new service delivery mode. Further to this, what exacerbated their concerns was they the mangers themselves had limited knowledge of services delivery over telepractice, and were also working under isolated work conditions. These concerns contributed to increased stress levels and feelings of fatigue. However, as reported, the managers described ways in which they adopted a positive approach to the challenges, and worked hard to remain hopeful and calm, although, as they noted, this was fatiguing. As the study found, the managers attempted to overcome their concerns, anxieties and stress by developing new strategies for teams to connect (formally and informally) over digital technologies. However, as they reported, while doing this worked better when it was formalised within the organisation's systems, it did not attend to people's needs as well as when workers and managers meet incidentally in the workplace, and spontaneously discussing work matters.

This study found that delivering family work via telepractice adds a conspicuously new set of work practices and requirements for family workers and managers. As is the case with the workforce requiring instruction and knowledge development in face-to-face techniques, the research showed this is the same regarding telepractice methods. While people may be familiar and competent with using telepractice methods, because they do so in their personal lives, and are competent at providing family work face-to-face, the two areas of competence do not necessarily easily integrate when using telepractice to deliver family work professionally. The research showed workers and managers need training, guidance and support to use telepractice methods professionally in family work.

Sector-wide

Financial considerations

This study contributes additional insights to sector-wide considerations regarding delivering family work over telepractice, that could be used for future policy decisions and decision-making regarding funding family work service delivery. This includes findings related to financial costs and benefits of telepractice compared to face-to-face practice, policy developments, and professional considerations. For example, the study provides a counter argument regarding previous findings that providing services over that telepractice is less costly than providing services face-to-face, which are

mostly related to lower costs to professionals and clients due to reduced travel expenses[66]. In this study, the workforce was found to be impacted by poor resourcing that underpinned staff practices, and by the need to address changes from a policy perspective, but without the resources to do so. As reported, interviewees discussed the main impacts of telepractice in organisational required structural adjustments, in particular related to resourcing service delivery and support of service delivery, and updating organisational policies and procedures to account for telepractice. These organisational-level changes were considered necessary to support the professionals providing telepractice services, to enable them to develop their practice, and to preserve their own sense of wellbeing. This amounted to family work services delivery over telepractice having many hidden costs, partly because, as shown, casework and change processes reportedly take longer over telepractice than when working face-to-face.

Furthermore, the study found that telepractice costs are more than the costs required to set the organisation up to provide telepractice, but also involve ongoing technology upgrade budgets, and resourcing clients to enable them to access appropriate technology. As reported in this study, key facets of practice require quality digital technology resources in order to ensure equitable access to service delivery, assessment, review, casework and engagement that leads to client change. As also shown, where access to quality digital technological is lacking, clients disengage from services. Additionally, amongst the many threats to staff wellbeing, reference was made to the ways in which workers altered they home workspace, or how they worked within their home space. However, no mention of financial costs was made in any of the interviews. The key learning is that it is dangerous to assume that just because people do not have to travel for work, that telepractice is cheaper than face-to-face practice. This study found that telepractice is costly, and that governments need to conduct a thorough cost analysis of the hidden as well as obvious costs to service delivery when compared to face-to-face practice. The gist is services need help from government to be properly equipped to provide the most effective services

Very little research is publicly available examining policy development and application regarding telepractice, and what has been done is in the health context[67]. In particular, policy-related research on telepractice has not adequately analysed the merits of implementation, or how to do it[68]. This study generated some new findings regarding telepractice that may be useful for policy development. For example, the study found that structural changes are required within organisations delivering family work services that relate to costs, and practical requirements, of resourcing the workforce for telepractice. This includes needing to develop policies and procedures relevant for providing a service over telepractice, including amending current policies and procedures to be reflective of how telepractice impacted family work practice and organisational responsibilities.

Limitations

This study explored reported perceptions of the experiences of undertaking family work using telepractice, and how this compares to experiences of face-to-face family work practice. It did not measure outcomes of practice delivered using telepractice. Hence, the research does not contribute knowledge of the relationship between telepractice and client outcomes. However, the findings of

[66] Enebrink, et al. 2012; Reese, et al. 2015; Baker, et al. 2017
[67] Meurk, et al. 2016
[68] Meurk, et al. 2016

the study do contribute knowledge to deepen understanding of the nature of family work practice delivered over telepractice.

A caveat needs to be made that it is difficult within the data to separate which elements of what participants reported were related to experiencing a public health emergency, which placed very unique and universal restrictions on people's lives, or to delivering and receiving services by telepractice, rather than face-to-face. It must further be acknowledged that none of the participants delivered family work services during this period of time solely using telepractice methods, and for all, some element of face-to-face practice remained at some point in the service delivery process under discussion. Furthermore, it is important to consider that managers' and workers' reported perceptions of telepractice, and its impact on clients and service delivery, were based on higher than usual distress and feelings of vulnerability themselves. This is because they also lived through the public health crisis when delivering service via telepractice during the timeframe for the study. These factors were discussed in detail in the section on workforce issues.

Furthermore, the findings of this research are exploratory, based on the perspectives of the three managers and eights workers of NSW-based family services involved in the study. Consistent with qualitative methodology, from a descriptive phenomenological philosophy, the data is rich in detail about the experiences of these important stakeholders. However, the voices are few, are of a homogeneous sample demographically, and the data was collected with limited time available to more fully explore the participants' experiences of delivering family work over telepractice. Furthermore, while this research contributes much regarding the experiences of clients receiving family services via telepractice, these stories are not told with clients' voices.

While what the research participants have shared of their experiences of family work delivered via telepractice is valid and instructive, more research is required to both test and explore to greater depth the findings of this study. For example, more research is required where telepractice is being utilised under calmer circumstances, and where people are familiar with the media, to better understand how telepractice impacts session duration, and how this subsequently impacts how deep workers can go into challenging clients to change. In addition, more research is required of the perspectives of other stakeholders, in particular families receiving family work services, need to be added to the perspectives of managers and family workers.

Conclusion

This qualitative empirical study of the experiences of workers and managers delivering family work using telepractice records, concretely and in-depth, aspects of a great "unplanned experiment." This is beneficial in that the research establishes a reference point for future consideration of telepractice in family work. However, the study also records the way in which traditional ways of working have successfully evolved, out of necessity, rather than design, to expand to meet people's changing needs as our lives become increasingly reliant on digital technologies. As such, this study contributes to knowledge of family work practice by recording the evolution of practice in a historically significant way for the profession.

Exploring family work that was delivered using telepractice methods has shown how adopting a hybrid approach to family work, where more telepractice methods are included, could enhance services for some families for whom the experience of face-to-face family work may exacerbate their vulnerabilities. Depending on the unique combination of what a family may have been experiencing, telepractice was perceived to both exacerbate and ameliorate a variety of vulnerabilities, such as,

feelings of isolation, anxiety, stress, safety and agency. The findings also raised questions about how telepractice without a face-to-face option can become a safety, equity, and justice issue for some clients.

Being faced with a situation where the use of telepractice may, or did, cause further harm to the client required workers respond in a flexible and adaptive manner; that is, in a way that enabled them to adapt the response they could give to fit the family's needs. Obviously, it is not ideal that the mode of engagement used is (at least) not meeting needs or (at worst) harmful. This possibility must be a consideration when deciding on the type of client engagement strategy, including whether or not telepractice is the most appropriate to use for some individuals. Clearly, different communication media works differently for different people. More research is required to understand the experience of using telepractice for family work from the perspective of service users with different vulnerabilities, as well as what it is about the different mode of engagement that helps and / or limits engagement and purposeful practice.

This study found aspects of family work to be limited by telepractice, such as comprehensive assessment and review, and relational and experiential features of family work that are a necessary element of facilitating purposive change. More specifically, the study found a perceived centrality of the human connection and intimacy to facilitating change, and the extent of nuance in communication techniques family workers use, including relying on sensory modes of communication when working with families. However, the findings of this study have only scratched the surface of what physical presence means for those involved in delivering family work using telepractice methods. These findings have raised many questions related to the notion of intimacy in family work practice, not the least of which is whether or not the responses are simply a case of professionals projecting their beliefs, values and assumptions onto clients, or if we really do need the intimacy and human connection that working face-to-face was reported to being, and that telepractice is as limited at it as participants argued. More research is required to more fully explore the nature of human connection and intimacy in family work practice, and to further consider to what extent it can be replicated when working via physical distance, such as when working via telepractice, including hearing from clients about their experiences of these ideas.

These findings show how being compelled to use telepractice as the only alternative in family work practice has led to some of the managers and workers realising that it is not necessarily about the way workers engage that is different in telepractice. A conclusion is that what may be more beneficial for improved social outcomes than choosing face-to-face over telepractice in family work is to combine the best elements of both to deliver a service better tailored to the unique needs of children, young people, and families. Increased understanding about the benefits and limitations of the use of telepractice in family work, developed through this study, can be used to develop an approach to family work that can be better tailored to meet families' needs.

Recommendations

An aim of research underpinned by descriptive phenomenology is that the findings can contribute knowledge to, and enhance further development of the discipline within which the phenomena being studied is located. To fulfil this second aim, the following recommendations arising from the newly generated knowledge of telepractice in family work are proposed:

For the profession

- That a tailored approach to family work becomes the focus of providing family work over telepractice, opening up acceptance and opportunities for a hybrid approach.
- That organisations workshop scenarios that might impact the standard operations, based within the model of a centralised, office-based service, and establish policies that will be enacted in the event of significant social upheaval.
- Best practice guidelines should be directed to address the needs of the sector, and individual organisations.
- That the profession addresses the inequity in the sharing of the burden of risk when delivering family work over telepractice, where the research showed that staff on the front-line bore the risks in greater proportion than the organisation.

For policy makers

- Recommendation is to specifically investigate if there were any financial burdens faced by managers and workers as a result of the practical changes they made so as to continue in their service delivery.
- That a cost / benefit analysis of telepractice is completed, to the level of detail that encompasses all obvious and hidden costs to stakeholders (including clients, workers, managers, organisations, the wider health and human services profession, the community, and government).
- That governments fund research to better understand the experience of service users, such as children, young people and parents, using telepractice for family work.
- That governments fund research to better understand what it is about the different mode of engagement (that is, telepractice) that impacts family work engagement, the client-worker relationships, and purposeful change.

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