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COVID-19 Implementation Plan: Solution to providing greater virtual support to Vulnerable Families across Australia:

The Virtual Continuum of Care for Vulnerable Families (VCCVF) Project

Proposal to Federal Minister Health, the Hon. Greg Hunt, Office of the Minister for Health

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OUR PROPOSAL: VIRTUAL CONTINUUM OF CARE FOR VULNERABLE FAMILIES (VCCVF)

We request $12.7m from the federal government for Karitane, Deloitte and Parenting Research Centre (PRC) to deliver a capacity and capability building project of telehealth and virtual home-visiting and interventions.

The project's aim is to support parents and prevent a spike of acute clients in mental health, child protection, domestic violence and drug and alcohol areas by ensuring a scalable, consistent approach for virtual services and maintaining service continuity to vulnerable clients during the COVID-19 pandemic.

Building on proven evidence-based programs we will train existing health and welfare staff in the delivery of telehealth and virtual services to vulnerable families and children, including those in care and foster carers. This project has already been successfully established in NSW with the support of NSW Departemnt of Communities and Justice, the Association of Children's Welfare Agencies and seven large NGO providers.

WHAT IS THE SOCIAL NEED AND CURRENT SITUATION THAT IS ADDRESSED BY THIS COVID-19 PROJECT ?

Since the outbreak of COVID-19, both globally and locally, early data and professionals are reporting increased:

- **Deterioration in mental health** of adults and children, including older children;
- **Ongoing Parenting difficulties**, for example in the number of new parents experiencing complex issues like breastfeeding difficulties, sleep & settling and child behaviour issues; and
- **Family crises** with more pressure and tension, drug and alcohol consumption, anxiety, child protection and family violence incidents.

In its current form, nearly all of the evidence-based services designed for vulnerable families require (physical) home-visiting or centre-based services. These families often need holistic, wrap-around supports but this support is increasingly challenging to provide under COVID-19, thereby threatening the continuum of care for many of these vulnerable families. Furthermore, the wider workforce is largely untrained and unfamiliar with delivering virtual services and often the client groups may not have reliable technology to engage in this manner.

Without a clear strategy to ensure **continuity, quality and consistency of these services**, we will see further pressure on the already stretched acute end of the health and social services continuum.

One of the key challenges ahead of us as a sector is to **re-invent our standard service delivery models**, to effectively and rapidly transition from face-to-face service modalities to **telehealth and virtual service delivery models.**

AS A TRUSTED PROVIDER OF ESTABLISHED TELEHEALTH AND VIRTUAL HOME-VISITING, KARITANE HAS ALREADY BEEN APPROACHED FOR IMMEDIATE ASSISTANCE BY SERVICE PROVIDERS FOR OUR EXPERTISE, SERVICE MODELS, RESOURCES AND TRAINING. WITH YOUR SUPPORT, WE ARE READY TO SCALE UP OUR ABILITY TO ASSIST THE BROADER SECTOR AND LIMIT THE NEGATIVE IMPACT ON VULNERABLE FAMILIES.

OUR PROPOSED SOLUTION

Our project will help to transition face-to-face services to telehealth and virtual services by skilling existing health and welfare workforce to become proficient in the delivery of telehealth and virtual services. We will focus on delivering a contemporary virtual service, to a consistent and quality assured standard, in collaboration with up to forty organisations over a twelve month period.

In our first six weeks, we will focus our immediate attention to supporting twenty already engaged large health and social services organisations, who currently support thousands of families, children and carers. Over the subsequent four to six months, we will focus on scaling our support to up to forty organisations, including those in rural, remote and regional settings.

The twenty organisations already engaged are very concerned that the opportunity cost of not proceeding with a consistent and integrated approach will see a short-term increase in incidents that will require an immediate intensive response and a long-term increase in acute issues for families in at-risk populations.

Under our project, our trained workforce delivering telehealth and virtual home-visiting, and a consistent 'joined-up' virtual continuum of care will :

- Enable the continuity of support for all vulnerable families during this time of increasing demand
- Maximise the productivity of the existing workforce who are now largely unproductive
- Provide organisations with access to already-designed telehealth and virtual service models
- Enable organisations to access a telehealth and virtual services coordinator and data support resource
- Support the provision of technology and associated resources for organisations and clients where needed/possible
- Enable the effective, rapid transition of service delivery from face-to-face to virtual modes

The project partnership has strong innovation and capability with Karitane, as the Lead Clinical Agency and Expert Delivery agency; Deloitte, as the Project Management Advisor and Operational Project Developer and the Parenting Research Centre, as specialists in Parenting Practice Design, Practice Improvement and Implementation & Evaluation.

Under this partnership, we will :

1. **Develop leading practice** across three integrated areas, including**:**
   - Developing a rapid review of 'leading practice' for parenting support and perinatal infant and child mental health services using evidence-based telehealth and virtual service models,
   - Developing leading practice for more vulnerable and at-risk parents, children and carers, and
   - Developing a "virtual continuum of care" so families access the right services at the right time

2. **Build capacity and capability** in discrete parts of the system along the continuum of care:
   - *Using Leading Practice 1(a*) we will work with the Australasian Association of Parenting Child Health (AAPCH) to transition all member organisations to telehealth and virtual service delivery. By diverting their current inpatient activity to virtual care, we will be able to deliver up to 24,000 bed days to the Government during the COVID-19 peak. The rapid review of 'leading practice' will guide the methodology for telehealth and virtual service, guided by an Expert Reference Group and the AAPCH members.

- *Using Leading Practice 1(b)* we will coach/train and build capability with Early Intervention and Child Protection diversion services in welfare agencies, peak bodies, and specialist Aboriginal agencies.

3. **Create a Virtual Continuum of Care** – virtual triaging, no falling through the cracks, building a caring networked system:

   - Using networks of trained health and welfare workers in 1(a) and 1(b) we will build a networked stepped model of care from less vulnerable to high-risk families and their service providers.

OUTCOMES

The project will mean vulnerable and at-risk populations get the additional help that they need and new parents continue to receive early intervention support, thereby preventing a spike of acute clients in mental health, child protection, domestic violence and drug and alcohol areas that we anticipate.

The key outcomes of this project are:

- Reduced anxiety of parents with the application of evidence-based parental support
- Sustained child development due to parents attunement to children's needs
- Maintaining safety for at-risk parents, children, foster children and carers by addressing anxiety
- Developing strengths despite isolation and mental health stress with at-risk cohorts

RETURN ON INVESTMENT: 1:3 – FOR $12.7M A $39.1M GAIN IS ACCRUED

Upskilling practitioners and building a virtual continuum of care will have immediate and long-lasting productivity impacts, with an ROI of $12.7m expenditure delivering a minimum of $39.1m gains over 12 months. This is broken down as follows:

1. Over 500 practitioners will learn to deliver virtual home visits in a six-month period increasing their effectiveness in terms of families visited.
   500 @ $10k pa productivity gain = $5m

2. Over 1,000 families will have received a service that they would either not otherwise have received or have received in limited circumstances:
   1,000 families at reduced future service need; conservative estimate @ $10,000 per year = $10m

3. Increase the workforce capability and reach during times of service limitation (estimates are that early intervention and family support services are minimal with new parents, foster carers and children in out of home care receiving less than half of the monthly visits normally scheduled:)
   Minimum 400 children @ $3,000 value from virtual home visit = $1.2m

4. Halve the 40% service attrition (currently occurring in specialist projectprojects) to 20% by increasing client engagement with the country's most hard-to-reach and vulnerable children and families.

5. Increased service engagement improves client servicing at efficiency gain:
   $7,000 per family per annum of approx. 200 families = $1.4m

6. Application of future telehealth service delivery to vulnerable families in rural, regional and remote locations increases intervention take-up and reduces future demand:
   @ 20k bed days @$1,000 per bed day =$20m

7. Increased telehealth and virtual home visiting reduces staff turnover and vacancy rates:
   100 staff @ annual vacancy and recruitment action @ $15k per staff member = $1.5m

The project has the potential to save $39.1m, not including savings from time, travel, worker safety issues nor the avoided costs in relation to immediate and long-term use of intensive services at the acute end of the service continuum. We have also secured in-kind co-investment valued at over $100m from NSW Department of Communities & Justice (DCJ) and support from many large NGOs throughout Australia and Norfolk Island.

CONCLUSION – THE NEED TO ACT NOW, AND ACT TOGETHER

Your commitment and investment in this project will ensure that our consortium of service providers can maintain service continuity to vulnerable clients during the COVID-19 pandemic. Together we can support the early intervention and prevention services for families aligned to the First 2000 Days and help to minimise the spike of acute clients in mental health services, child protection, domestic violence and drug and alcohol areas thereby reducing the societal impact of COVID-19 on Australia.

APPENDIX ONE: SCOPE OF WORKS

PROPOSED SCOPE OF WORKS

Karitane

1. **Develop Expert Telehealth Reference Group** e.g. Karitane, Beyond Blue, Royal Far West, Ngala, and Ellen Baron, Emerging Minds, Parenting Research Centre
2. **Stakeholder Engagement** – Engage with key stakeholders – services and parents - through online focus sessions, workshops and interviews, to ensure collective alignment and engagement, critical for the successful implementation of the project over the long-term
3. **Confirm Design Implementation & Evaluation Framework**
   - Piggyback on Karitane's PEXIP model (NSW-ehealth) or replicate using organisations' existing platforms e.g. Skype / Zoom etc
   - Utilise Parenting Research Centre's extensive practice design and implementation expertise with selected agencies & NGOs building Evaluation and Practice Improvement frameworks.
4. **Build Capacity & Capability**
   - **Establish Lead Telehealth Coordinators** to support over twenty organisations already engaged to create an internal sustainable national workforce & community of practice and transition beyond COVID-2019 period.
   - **Establish Data Management coordinators to support agencies** ensure robust activity and outcomes data collection from all service providers to monitor volumes, impact and outcomes
   - **Develop L&D & Change Management Resources** - use Karitane's experience, expertise & resources for transitioning our own service delivery to telehealth and virtual modes of delivery to support other service providers with their journey.
   - **Refine Intake & Triage Pathways** – Karitane's centralised intake and online self-referral system is now live and will be used to create Intake and triaging pathways to stop families falling through the cracks. Support all organisations and ensure families can self-refer to access timely and appropriate virtual care e.g. using the state-based homelessness services, domestic violence services, Family Referral Services.
   - **Establish & Maintain a Register of Telehealth Resources for this cohort -**e.g. centralised child and family telehealth help HubSpot to support onboarding organisations
   - **Publish a "Getting Started" Telehealth Resource Starter Pack Bundle** – Develop and Share & coordinate Digital Health resource packs for staff training, coaching and supervision.
   - **Develop 'Work from Anywhere/Home" Resource & Enablement Packs** for staff. Ensure continuity of virtual services if staff are required to work off premises
   - **Ensure client capability** through maximising use of existing devices and interfaces (e.g. mobile phones and facetime, access to data packages (e.g. Optus/Smith Family support of vulnerable families) and low bandwidth options such as Google Hangout)

5. **Establish Communication Networks, Communities of Practice & Protocols**
   - Enable virtual spaces for collaboration including Multidisciplinary Team meetings to discuss & manage complex and at-risk families and communities of practice
6. **Establish and deliver/scale appropriate evidence-based interventions/resources/Apps**
   - e.g. Karitane Roll out Virtual Breastfeeding Support Clinics with "Help me Feed" clinician-led coaching app for new mums;
   - Karitane Virtual Home Visits & Virtual Residential Unit Intensive support for parents
   - Karitane delivery of I-PCIT evidence-based telehealth treatment of young children with behaviour & conduct problems (existing wait list 22 weeks)
   - Delivery of secondary/tertiary comprehensive multidisciplinary Perinatal anxiety and depression telehealth services for men and women with moderate/ severe perinatal mental health issues, including screening via iCOPE platform

Deloitte (specifically, Deloitte's Social Impact Consulting team) will support the project management of this project. Key activities they will be leading with us include:]

7. **Project Management** – Running the day-to-day project management for the initiative, ensuring strong project management discipline, effective stakeholder engagement and collaboration, and supporting Karitane to ensure delivery of intended outcomes.

8. **Project Design** – Working with PRC in defining, shaping and designing the project to deliver on the intended social impact, in an efficient, effective, and scalable manner.

9. **Project Establishment and Mobilisation** – Standing up the project and setting it up for success, in line with the agreed project design.

Parenting Research Centre (PRC), including **Raising Children Network**, will partner with Karitane and key activities will include:

10. Develop rapid review of effective telehealth models and Documenting for Evidence Briefs

11. Adapting Raising Children Network 's evidence-based parenting support content to the needs of vulnerable families during COVID.

12. Implementation methodology for AAPCH (1a) and support roll-out to organisations servicing at-risk children and families (1b).

13. Monitoring, evaluation and learning project support to Karitane and agencies involved, including capture and aggregation of minimum data on all interactions of virtual service delivery by engaged organisations.

APPENDIX 2 – PROPOSED BUDGET

ITEM	First 6 months	Second 6 Months	Year 1 Total
A. INCOME			
Funding Requested	7,192,224	5,509,224	12,701,447
NSW DCJ Co-contribution- in-kind			*$100,000,000*
Total	7,192,224	5,509,224	12,701,447
B. STAFF SALARIES			
Salaries and Wages & on cost	1,246,863	1,002,013	2,248,875
			0
Total	1,246,863	1,002,013	2,248,875
C. OPERATING COSTS			
Deloitte Consultancy Cost	1,200,000	500,000	1,700,000
Breast Feeding APP	350,000	350,000	700,000
IT Infrastructure	1,100,000	850,000	1,950,000
Staff Training & supervision costs	385,000	385,000	770,000
Parenting Research Centre - rapid review, practice design, implementation & evaluation	500,000	500,000	1,000,000
Recruitment costs - IT staff	320,000		320,000
Data Support Coordinators x10 FTE	600,000	600,000	1,200,000
Telehealth Coordinators- x 20 FTE	1,000,000	1,000,000	2,000,000
Communications	120,000	120,000	240,000
Audit Fees	1,000	1,000	2,000
Management Fees	369,361	201,211	570,572
Total	**5,945,361**	**4,507,211**	**10,452,572**
Total Budget	**7,192,224**	**5,509,224**	**12,701,447**