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# Telehealth Parenting Education Program

Initiative Type

Model of Care

Status

Sustained

Added

10 June 2019

Last updated

12 June 2023

URL

<https://test.clinicalexcellence.qld.gov.au/improvement-exchange/ellen-barron-family-centre-virtual-parent-education-program>

## Summary

The Ellen Barron Family Centre (EBFC) Telehealth Parent Education Program is an early parenting and support telehealth service. This service is designed to partner with consumers by providing an avenue to access support from EBFC either directly to the home or in partnership with the nearest health service.

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## Key dates

Dec 2018

Jun 2019

## Implementation sites

Throughout Queensland, Northern New South Wales and the Northern Territory

## Partnerships

Royal Flying Doctors Service - Qualified Queensland Section

## Key Contacts

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## Aim

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Improve consumer access to specialist child health services and provide services closer or directly to home.

## **Benefits**

- Cost benefits for health service and consumer.
- Improved service access.
- Better patient experience.
- Enhanced capabilities of local service provider.
- Building and enhancing the skills of EBFC clinicians in providing virtual care.

## **Background**

The EBFC is the only residential early parenting centre offering tertiary multidisciplinary level services to Queensland, the Northern Territory and Northern New South Wales. Due to the large geographical footprint of this service, access to the centre is difficult and costly for consumers and places continual strain on the service to continue meet demand and wait times.

## **Solutions Implemented**

A six-day multidisciplinary, telehealth parenting program was developed to increase access and provide services closer or directly to home.

## **Evaluation and Results**

The project has demonstrated that the delivery of tertiary child health services via telehealth direct into the consumer's home is a feasible and appropriate model of care for families experiencing significant parenting challenges. The telehealth service was experienced by families positively and has been shown to be an effective method of health care delivery for parenting education and support.

## **Lessons Learnt**

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- Working creatively to choose the right client for the right program and the right time.
  - What may be predicted to be a challenge or an issue in project planning often eventuates to be fine, and unanticipated issues inevitably arise.
  - Not aiming for perfection, delaying commencement on the misguided intention to be perfect is never wise providing the frameworks are present. The falling can occur as the project rolls out.
  - Simulations are useful in preparing for 'go live'.
  - Creating interconnected tools which support a seamless program is worthwhile.
  - The ability to involve other service providers in real time in the client's care is useful for continuity of care and improved outcomes.
  - Great things can be achieved in a short amount of time.

## References

Bradford, M., Caffery, L., & Smith, A. (2015). Awareness, experiences and perceptions of telehealth in a rural Queensland community. *BMC Health Services Research*, 12, 1-10.

Davis, H., & Day, C. (2010). *Working in Partnership: The Family Partnership Model*. London: Pearson Education Ltd.

Davis, H., Day, C., & Bidmead, C. (2002). *Working in Partnership with Parents: The Parent Adviser Model*. Pearson Assessment, 80 Strand, London WC2R 0RL.

Dorsey, E., & Topol, E. (2019). State of Telehealth. *The New England Journal of Medicine*, 375(2), 154-161.

Phillips, J., Sharpe, L., & Nemeth, D. (2010). Maternal psychopathology and outcomes of a residential mother-infant intervention for unsettled infant behaviour. *Australian and New Zealand Journal of Psychiatry*, 44, 280–289.

## Further Reading

[Children's Health Queensland - Ellen Barron Family Centre](#)