



# Blended practice

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How frontline services  
are embracing digital

**June 2021**



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## Acknowledgements

We would like to express our sincere thanks to the practitioners who gave up their time to help us undertake this research by attending our webinar and focus groups and completing a survey. Without their valuable contributions we would not be able to gain such detailed understanding of how blended practice is being used to support families, and the potential it holds to make a positive difference in the future.

## Introduction

We have been working in what we call a 'blended' way since 2011, meaning we blend the specialist face-to-face support from practitioners with the empowering skills development support from digital interventions.

When Covid-19 hit, we experienced a 200% increase in demand for our digital services from both practitioners and parents. We felt fortunate to have a range of resources available which could provide support when many families were experiencing stressful times. These included articles offering relationship advice, digital interventions to support relationship skills, and support for separating parents. However, we are a curious bunch of people, and we wanted to learn more from practitioners about how they were actually using our digital

resources in practice and how we could improve this experience.

Given the pressures on frontline services during the pandemic, we knew practitioners would be supporting an increasing number of families and that they would want to continue to provide the highest quality service they could. During periods of lockdown, much face-to-face contact was restricted, adding further pressure to those working to support families at a time when it was needed most. A blended approach, where practitioners use digital resources alongside face-to-face support, is an alternative method that can be used with parents and families. It becomes an efficient, effective, and empowering way of working. But what does 'blended practice' mean, in practice?

## What is blended practice?

### Initial survey

In December 2020, OnePlusOne hosted a webinar for practitioners to demonstrate our Me, You and Baby Too digital resource. Given the interest in the digital resource from practitioners, we took the opportunity to send a survey to attendees to gain a better understanding of how practitioners viewed blended practice and how they used digital resources in their daily practice.

We asked practitioners whether they used digital in their daily practice and presented them with specific examples of how digital can be used in blended practice (eg using digital to deliver a specific intervention, or using pure digital alongside remote practitioner support). We asked them to rate

the extent to which the examples reflected their current practice (where 1=not at all, and 5=to a very great extent). We also asked practitioners what they understood the term 'blended practice' to mean.

### Survey findings

A total of 73 practitioners responded to the survey, 78% of whom stated that they used digital in their daily practice, and 22% of whom did not.

As shown in Table 1, respondents generally only used digital resources in the ways described to some or to a moderate extent (51%), with an average of 22% of practitioners using digital in the ways described to a great or very great extent

and 26% not using these approaches at all (1% missing data). This may mean that practitioners are only using digital in the ways described to some or moderate extent OR that the examples weren't representative of how they used digital.

**TABLE 1** PARTICIPANTS' USE OF DIGITAL IN THEIR DAILY PRACTICE

	Not at all	Some extent	Moderate extent	Great extent	Very great extent
Using digital resources alongside face-to-face contact to deliver a specific intervention.	8 (11%)	25 (35%)	16 (22%)	12 (17%)	11 (15%)
Using digital resources alongside face-to-face contact to encourage users to practice new skills.	17 (23%)	20 (28%)	18 (25%)	9 (12%)	9 (12%)
Initially using digital resources alongside face-to-face interactions, then moving to pure digital with remote support if needed.	30 (42%)	24 (33%)	9 (12%)	7 (10%)	2 (3%)
Using a full digital approach but offering users ongoing access to remote practitioner support.	24 (33%)	23 (32%)	11 (15%)	11 (15%)	4 (5%)
Using a digital resource to enhance users' skills and knowledge so that they get more out of their interactions with me as a practitioner.	15 (21%)	26 (37%)	14 (20%)	11 (15%)	5 (7%)

The example that was most used by participants was the 'Use of digital resources alongside face-to-face contact to deliver a specific intervention' with 32% using it to a great or very great extent and 57% using it to some or to a moderate extent. The least used was 'Initially using digital resources alongside face-to-face interactions, then moving to pure digital with remote support if needed' with a total of 42% not using it at all.

When we asked practitioners to describe their own understanding of what blended practice means, 57% of respondents described using digital or online resources alongside face-to-face or using a combination of methods to engage and communicate (eg 'Blended practice means communicating with people virtually and in person'; 'Using a range of methods to support which can include face to face, technology based- such as text, telephone call, video chat, observations, and video

work with play-back and reflection, self-guided work, routine outcome'; 'using both online learning, materials and tools, alongside traditional face to face practice. or at the moment virtual meetings!'; 'the use of two or more teaching tools to aid understanding and practice').

One fifth (20%) discussed collaborative working both across multidisciplinary agencies and with parents (eg 'Delivering a service to families at their own learning level and including their thoughts feelings and opinions following progress'; 'Practice that blends with other services and thinking'; 'smooth and transitional practice between services and families'; 'I am assuming it means multi agency working.'). Just under a fifth of respondents (17%) stated that they didn't have any understanding of what blended practice is. The remaining 6% of respondents shared differing views of blended practice, including 'true inclusion' and 'sharing experiences.'

# Practitioners' experience of blended practice

## Follow-up focus groups

Once we had interpreted the findings from the online survey, we realised that it was important to know more about what practitioners understood blended practice to mean and how they used it – specifically digital – in their daily practice. To delve deeper into these questions, we put out a call to practitioners to be part of a 'blended practice working group' and asked them to attend focus groups.

We carried out four remote focus groups via Teams with 10 practitioners from several local authorities across England. Their roles ranged from training and development leads to service delivery and support workers (see Appendix A for topic guide). The aims of the focus groups were:

1. To explore what practitioners mean by blended practice.
2. To understand how practitioners use a blended practice approach, included preferred resources and programmes.
3. To identify and explore challenges and facilitators that are present for practitioners in using a blended practice approach.
4. To explore what is missing from existing provision and what practitioners need to work in a blended practice approach going forward.

## Current practice

Practitioners discussed their current practice and the ways this had changed since the onset of the Covid-19 pandemic. They talked about the existing resources that they use and have adapted to digital, and how they have managed the needs of their service users. Not many of the practitioners who completed our December survey reported using digital to a great or

very great extent. However, it was obvious from the focus groups that practitioners had been using digital blended practice with parents in a variety of ways since the onset of the Covid-19 pandemic, from whole interventions, to signposting, to supplementary information.

## Changes since Covid-19

The onset of the Covid-19 pandemic required that practitioners make a significant number of changes to the way they supported parents and carried out their roles. Although the core change was a move from face-to-face interactions with parents to remote interactions – both in groups and one-to-one sessions – the changes that they had made to their practice were more complex with several aspects of practice impacted, including the dynamics between practitioner and parents.

*"It is a different experience. We're used to almost controlling everything as practitioners... And, actually, it's a much more, potentially, empowering experience to say to someone, you have choice over all of that now and I can't do anything about it as a practitioner. It's a very different starting point, which is much more person-centred."*

### Focus group 4

Practitioners also reflected on the fact that Covid-19 has challenged them to change the way that they engage with parents, particularly around difficult conversations and ethics, and how to keep service users safe when you aren't able to be in the same room.

*"I think it has made us challenge ourselves about how we have those challenging conversations, in a way."*

### Focus group 4

*"... there are some brilliant insights from this last... we seem to know more about what we should be asking ourselves with ethical considerations and the change in agency."*

**Focus group 4**

*"...we've had to learn about how we'll make sure we're keeping people safe in different ways when doing online work. We've had to bear all those sorts of things in mind."*

**Focus group 2**

Practitioners discussed the shift from face-to-face to a digital offering. Most of the local authorities have rolled out versions of face-to-face interventions and programmes that they had adapted for digital delivery, which has allowed practitioners to continue to deliver vital offerings to parents. It is worth noting that due to restrictions still in place at the time we spoke to practitioners (March-April 2021), much of the blended practice work was still remote, with practitioners using teleconferencing tools to engage with parents alongside digital programmes and offerings.

*"... we've adapted all of our resources that we would normally use face-to-face. So, we've adapted them all for online working which has really helped."*

**Focus group 2**

However, these changes were not immediate. Some practitioners noted that the sudden shift from face-to-face to digital delivery took some time to get used to, but they had found ways to adapt and were now used to working in a remote way.

*"We were so used to it working seamlessly that it took a long time for us to adapt and change to what we now see as normal."*

**Focus group 3**

*"... it was quite challenging. We were all Googling stuff on Teams and how to put it together. I think it's better now than when we started off."*

**Focus group 5**

Most of the practitioners that we spoke to hadn't used a digital blended practice before Covid-19, but the changes they have had to make have generally been positive. They are keen to continue using a blended approach going forward and to implement the things that they have learnt.

*"Yes, it's given us some options. But not to replace, but just to complement."*

**Focus group 4**

*"The other pressures of the pandemic have, obviously, impacted on families' stress levels and ability to engage. But in terms of the work and the offer and how we engage families, we've learned so much and I want to keep some of that moving forward."*

**Focus group 2**

**Existing resources**

Practitioners discussed a range of resources that they used with parents and had adapted from a face-to-face delivery to digital blended practice delivery. These services ranged from parenting courses to domestic abuse programmes, to child support offerings, and included Cygnet, Solihull, Triple P, and Caring Dads. Most of the local authorities had adapted the face-to-face resources themselves such as by putting the PowerPoints online, emailing worksheets to parents, and running the courses via Teams. One local authority used a 'made for digital' resource provided by Barnardo's, and another used the free digital resources offered by organisations such as the BBC and government initiatives.

*“Quite a lot of the BBC stuff, they’ve come out with loads of childcare things recently, and they’ve all been approved. Obviously, all the government initiatives. And then the websites that are approved, like, for example, the National Autistic Society.”*

### **Focus group 2**

To reduce the strain on practitioners having to adapt and develop digital versions of face-to-face resources, organisations may benefit from developing made-for-digital blended practice resources or adapting existing resources for rollout to practitioners.

### **Service users**

Practitioners noted that since the shift to a digital blended approach they have had to consider how they engage with hard-to-reach parents, and the additional support that vulnerable families may need in order to engage with a resource, when compared to universal families.

*“So, then we looked at, okay, how do we make connections with parents who perhaps want support but find it difficult to come forward.”*

### **Focus group 4**

*“The more vulnerable families you might set them a task to do at home, but that doesn’t get done quite often. Whereas your more universal family, they might well go out and they’ll do the learning, and they’ll do extra learning on top, and they’ll bring that learning back to the session. It just depends on what you’re dealing with and the families. People have a lot of things going on in their lives, don’t they?”*

### **Focus group 5**

Service user need is the main consideration in how practitioners use blended practice, with more in-need families requiring a more hands-on approach or more support.

*“The parenting programmes are things that you can do together, but it would depend how severe that need is. If it was, for example, for a child protection case, then you possibly would sit with them, in a one-to-one basis, explaining every little bit.”*

### **Focus group 3**

*“For a vulnerable family, that maybe wasn’t able to... We’d sit and make them together, so that they could understand what went into it, but also so that they could take it away and use it.”*

### **Focus group 3**

Digital resources to be used in blended practice need to afford practitioners the flexibility they require to engage with families at different levels of need.

## **Blended practice**

Practitioners expanded on the changes that had been put in place since the onset of the Covid-19 pandemic. They discussed how they use blended practice in their day-to-day interactions with service users and the benefits and facilitators to a digital blended practice as well as challenges, and what they have done to overcome them.

Something that was evident from these focus groups is that most of the practitioners consider blended practice to mean a practitioner supporting service users not just with a combination of digital and face-to-face work, but also using a variety of formats, such as telephone calls or leaflets, depending on the needs of the family. This supports the survey findings.

## **Benefits and facilitators to digital blended practice**

Practitioners were overwhelmingly positive about the use of a digital blended approach and offered several examples of what had allowed them to use that approach effectively, and the benefits that it had for their service users and themselves.

A key benefit of a digital blended practice approach was being able to engage with service users who they may otherwise have not been able to reach. These could be those who couldn't attend face-to-face sessions due to geography, work, or childcare, or those who may struggle to come forward due to mental health concerns or a reluctance to seek help.

*"And those that perhaps are better at hiding it, can't access services, or find it very difficult. Some of those may be working, it's during working hours. Some may not want to go out there. So, I think that blended approach does enable more people to access."*

#### **Focus group 4**

*"They've said they would normally have been anxious about going to a group. Potentially getting on the bus, going into the town centre where they don't go very often by themselves, walking into a room full of people they don't know to talk about personal things around their family. We've taken away a lot of that by doing the work online."*

#### **Focus group 2**

*"One mum said to me, if I'd had to do this face-to-face, I just wouldn't have done it. And so, she wouldn't have got all that value out of that that she got around her co-parenting relationship and how it needs to look for her children. There are definitely quite a few parents who I think would say that working on a screen has helped it be more accessible than we might have thought before Covid."*

#### **Focus group 2**

A digital blended approach was considered particularly beneficial for encouraging dads to engage with programmes and interventions. One practitioner reflected that this may be because parenting programmes are often hosted in children's centres, which can often be viewed as a 'mothers' domain'. Another noted that dads in their groups preferred a digital approach

as it was less confrontational, and if they became overwhelmed, they could remove themselves by turning their camera off, until ready to join again.

*"They were very anxious about, they said they would be going into a group full of strangers and they felt safer there. And they felt if things got, because it could get quite intense, they felt they could just press the button and then take themselves out and in."*

#### **Focus group 5**

Many of the practitioners discussed the fact that, despite the sessions being remote and parents not being able to meet each other face-to-face, there was still a sense of bonding and cohesion within the groups – creating a supportive atmosphere that they may not have had the resource to if they had to attend face-to-face.

*"It's been really powerful, that support. And the parents have benefitted from that... they come up with lots of ideas and solutions themselves, and they share some really intense things sometimes. Every session, people come up with new things. That is really powerful. And they're not having to spend the extra time with trying to get to places and arrange childcare and things."*

#### **Focus group 5**

*"We have had some really positive feedback where people say that they feel part of a group and they look forward to seeing the others in the group."*

#### **Focus group 5**

Digital blended practice offered other direct benefits for parents, such as an opportunity to practice the materials and learning between sessions, being able to pick up the resource as and when they need it, and taking time out when feeling overwhelmed, simply by turning the camera off. This means service users are not missing out on sessions when they feel overwhelmed.

*"In some ways it works better, now that we're virtual, than it did, especially, we work with quite vulnerable families and so, giving them a leaflet, or giving them something concrete, it gets put in a bag, never to be seen again. Whereas, if we give them a link, it's something they can click on, and save, and go back to when they need it, so, it kind of works."*

### **Focus group 3**

Another benefit of a digital blended practice approach is the ability to bring together multidisciplinary teams more easily, offering service users support from all aspects of their care in a joined-up manner.

*"One of the huge benefits has been, in those situations, when you talk about multiagency, is that we've had attendance from those very people that are really important to be there and so often would not be there because they were busy doing other things. So, being able to get consultants, for instance, into Child Protection conferences, because you're doing it online."*

### **Focus group 4**

Overall, practitioners viewed a digital blended practice approach as a beneficial tool in their box of resources to support parents. It allowed them to engage with otherwise hard-to-reach service users and offered alternative means of support.

## **Challenges of digital blended practice**

As well as the many benefits to a digital blended practice approach, practitioners also discussed the challenges and drawbacks to a digital blended practice approach. This included accessibility issues such as low literacy levels, access to devices and internet, and English as another language.

*"Additional needs of the parents including dyslexia, general learning needs, money, whether they've got the equipment, English as an additional language."*

### **Focus group 5**

*"The only other thing was, I suppose, was people's access to data, laptops, a good enough screen and that type of thing."*

### **Focus group 5**

Although engaging harder-to-reach parents was seen as a benefit of a digital blended practice approach, some of the practitioners felt that too much reliance on digital without any practitioner intervention was a negative aspect of engaging with parents remotely. Reasons for this included not being able to identify those key moments where a parent may be struggling (ie, the 'turn to' moment) and safeguarding issues. Practitioners discussed concerns that when one is not in the house with a service user, they may miss key warning signs as only engaging through the camera means that service users can show only what they want the practitioner to see.

*"Because you can miss something really critical, which we have done in the virtual world. You can put a nice background on, and the home conditions could be horrendous. And people can paint a picture, can't they?"*

### **Focus group 4**

Another safeguarding concern was whether it was possible to have emotionally difficult conversations with service users via remote settings and build a trusting relationship between practitioners and service users.

*"But certainly... there's a reluctance to do that and all the neighbouring local authorities, because they feel that asking couples to open up, I suppose, about themselves and their relationship on a digital platform, wouldn't be appropriate."*

### **Focus group 4**

While practitioners viewed digital as beneficial, all of those that we spoke to were very clear that digital was useful as part of a blended practice approach and not as a means to replace face-to-face work with parents. Building trusting relationships

and practitioners as experts who could engage with parents were important themes repeated throughout.

*"I think that is not the purpose of [digital] blended practice, it's not meant to replace that work. It's supposed to complement it."*

#### **Focus group 5**

### **Overcoming challenges**

When asked how they had overcome some of the challenges identified above, the practitioners we spoke to mentioned several approaches to getting the most out of a digital blended practice approach.

To overcome access to resources and ensure that parents could engage with remote delivery, one local authority loaned tablets with pre-loaded data to parents, so that they could work independently rather than relying on a practitioner being present.

*"We have loaned out tablets with pre-loaded data on which has certainly helped. Because even if it's a couple piece of work, two parents sat around one smartphone with a small little practitioner. It's very different. So, in order to just try and enhance that a little bit, we do that. We loan out tables, and that seems to work quite well."*

#### **Focus group 2**

To overcome concerns about building a trusting practitioner-service user relationship, practitioners found other ways of connecting with parents before they started remote group work.

*"I think it's about how people are made to feel... Regardless of the intervention, we would always connect with them first via a telephone call... I suppose if you're not used to working in this way, it could be slightly less intimidating to just have a phone call with someone and start building the relationship that way before the sessions would start online via Zoom."*

#### **Focus group 2**

In terms of safeguarding, practitioners attempted to ensure that service users were able to engage with the sessions in a secure manner, without their conversations being overheard. However, they acknowledged that this was not always possible.

*"They had to ensure they were in a quiet place at home and not interrupted because of confidentiality. You can't police that, because if someone comes into the room. Not necessarily, it depends on background, so you have to have that trust. But we do stress that."*

#### **Focus group 5**

It was evident that practitioners had to work flexibly and adapt quickly to the challenges of a shift to working in a digital blended practice way. They had found ways to overcome the challenges that this had presented.

### **Going forward**

Finally, practitioners reflected on how they saw themselves using blended practice in future and what would be needed for them to continue to offer a blended practice service to their users. The capacity to make digital resources accessible to parents was of key importance in the success of future digital blended practice work.

*"I think it's about... making sure that there are some specific resources for parents to use in terms of that digital work, and making that very accessible, making that parent-informed design. It's got to be very accessible for a range of parents, not just those who would happily go and pay for a service, but a real range of parents."*

#### **Focus group 2**

One practitioner felt that going forward digital blended practice should be used to help separated and separating couples to work on their co-operative parenting relationship.

*"I think if you can offer the same resource to two co-parents who are separated, and they can both take part in that and get some value from it in terms of their child's needs, then you're really doing something valuable there. There's a big gap to fill."*

**Focus group 2**

A blended approach that not only allows practitioners to use face-to-face and digital resources with parents, but also has parents accessing the same programme digitally or face-to-face depending on their needs was also discussed by practitioners across the four focus groups.

*"So, is there an option, I don't know, for some people to be in the room, again, and some people to choose to join remotely? There's going to be a whole load of new considerations."*

**Focus group 4**

*"Being able to merge them together, to create a super-group, of offering some virtual and some face-to-face, I think, we'll be able to encompass more families. I don't think you'll ever encompass everybody. But encompass more..."*

**Focus group 3**

Overall, practitioners were positive about the things they had learned since the onset of the Covid-19 pandemic and hopeful of a continued use of digital blended practice in the future.

*"... in terms of the work and the offer and how we engage families, we've learned so much and I want to keep some of that moving forward."*

**Focus group 2**

*"I think the blended-ness of using everything we've learned in a pandemic, plus everything we used to do, and blending that together, will hopefully create an even better service than we were before... And that's what I hope, anyway."*

**Focus group 3**

*"It'll be really interesting to see if everything we've learned can be made into some sort of merged, of our new reality."*

**Focus group 3**

## Conclusion

When speaking about blended practice, we tend to mean the use of multiple formats to engage with and support service users. However, since the onset of the Covid-19 pandemic, the formats have tended to be digital. Practitioners have had to adapt quickly to working in a remote world, where their face-to-face engagement with service users has largely been via teleconferencing platforms (eg Teams), making the need for digital versions of existing programmes or new digital resources that they can share with parents of utmost importance.

Despite the challenges of a purely digital approach, practitioners were overwhelmingly positive about a digital blended practice, where they could combine their expertise in face-to-face settings with digital resources that would allow them to reach a wider range of parents

and offer different ways of supporting them. Practitioners used digital versions of existing programmes such as Solihull and Cygnet, whilst also using made-for-digital resources such as those provided by the BBC and government initiatives such as OnePlusOne's digital interventions.

Practitioners saw the future of their service as a digital blended practice, taking the learnings from the last 18 months and continuing to support parents in flexible ways that provide them with the best possible support in ways that suit them.

We are looking forward to working with practitioners in the year ahead, harnessing this experience gained through working with more digital resources and collaborating on the design of a blended approach for the future.

## Appendix A

# Blended practice focus group sessions topic guide

The overall aim of the blended practice work that we are carrying out, is to better understand what practitioners understand by the term 'blended practice' approach and how they use it. This is so we can develop better resources in future that are useful and relevant to practitioners, and therefore parents. This will be achieved through the following four focus group aims.

### Focus group aims

1. To explore what practitioners mean by blended practice.
2. To understand how practitioners use a blended practice approach, included preferred resources/ programmes.
3. To identify and explore challenges and facilitators that are present for practitioners in using a blended practice approach.
4. To explore what is missing from existing provision and what practitioners need to work in a blended practice approach going forward.

#### **Background info (to be emailed?)**

- a) Job role (title, description, types of people they work with, whether usually F2F or remote or both)
- b) How long been in that role?

#### **Practitioner understanding of blended practice**

1. To start off, we just want to understand what the term 'blended practice approach' means to you.

**Probe:** *do they use blended practice? Is it a mixture of interaction with parents alongside other things', eg leaflets, info given direct to parent, recommendation to visit a specific site/ app, watch a video etc., do they specify*

*specific resources? Do they suggest or offer feedback once the parent has accessed the resource?*

#### **Practitioner experience of blended practice**

2. What is your experience of using a blended practice approach?

**Probe:** *How they use it; when they use it; did they use it before Covid? has this changed since Covid? longevity of changes?*

3. What digital programmes for parents are you using?

**Probe:** *free; pay for; how do they get them? Championed by a manager? Email etc. How are parents accessing resources? Smartphone/ laptop etc.*

4. Over and above technical challenges, what do you think the challenges of a blended approach are for you?

**Probe:** *for practitioners? For parents? why are these challenges? Have they overcome them? If so, how do they overcome them? If not, what would allow them to/ what skills have they relied on? How do they build relationships with parents that they have not met face to face? Are there families better suited to it?*

5. And what do you think is beneficial about working this way?

**Probe:** *for practitioners? For parents? What can we learn from this? What do they see as the value to parents?*

#### **Future improvements**

6. What might be missing from existing provision?

**Probe:** *access to resources; management structures; training.*

7. Going forward, what do you need to work in a blended practice way? (if not covered above)



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