

## How Recolo is combining remote AND face to face working

As an organisation, Recolo is keen to proactively respond to the developments relating to Covid-19, so that we can continue to work with our clients and families in the best way possible.

As of September 2020, we are moving to a mixed method of working, which will combine face to face appointments as appropriate, alongside continued remote working.

### How remote working has developed at Recolo

Prior to the Covid-19 pandemic, remote working as an acceptable, effective and viable way to deliver neuropsychological rehabilitation therapy, had not been fully investigated. However, like so many organisations, we have now been able to embrace remote working and understand better as to how it really can be a valuable tool in delivering therapeutic support.

### Collaborative decision making with client and family

Very importantly, at Recolo, we want to allow our clients and families to have choice as to where they receive support – be it via remote means or face to face. It is important not to make assumptions in this, nor to exert social pressure upon the family, the case and the clinician/practitioner.

Many of our clients and families daily experience additional levels of anxiety. Nationwide, anxiety levels are raised due to the pandemic and the adjustments required by everyone. We recognise that for some, allowing an initially unknown clinician into the family home, to conduct an assessment, could increase anxiety levels and become counterproductive.

We are continuing to carefully analyse the clinical evidence that is being published about the provision of remote neuropsychology. We are listening to our clients and their families to understand what works well for them and aids engagement, particularly in a wider context of a national health emergency.

### What does the clinical evidence from published literature tell us about remote working?

The evidence is not clear cut as each person's preferences and circumstances will be taken into account. The literature tells us that:

- I. **Acceptability:** Online/remote working is *acceptable* to many clients, and young people especially, show a preference (Wade et al., 2020). There are cultural and age differences in acceptability and these factors need to be considered. Families often show a greater preference to remote working than clinicians. However, much of this research was done when remote working was less common.

Risk benefit ratio for virtual healthcare massively shifted seeing 1000% increase in use of telehealth since COVID-19 (Webster et al. 2020).

## **What does this mean for clinicians and practitioners at Recolo?**

Our experience indicates that for some young people, remote sessions are preferable to face to face meetings.

Our experience is that as our practitioners have gained confidence, their ability to work remotely has improved. Our practitioners have found creative and engaging ways to work with younger children.

Sessions can be tailored to account for remote working, e.g. conducting shorter and more frequent sessions seems to work well. Often, more preparation time is required to ensure a remote session is well planned and runs smoothly. This will/may be reflected in costings.

- II. **Efficacy:** A systematic review of studies (Corti, 2019) demonstrated that interventions delivered remotely can be efficacious. There was variability in how effective, depending on the type of intervention, but most showed a positive effect size.

## **What does this mean for clinicians and practitioners at Recolo?**

We have been able to conduct remote assessments, gathering information that is both sufficient and useful, in order to make recommendations for intervention (educational and clinical).

We can deliver most of our interventions remotely. Where this is not possible, we work closely with the case manager to devise alternative plans and to refer to appropriate local statutory services should there be safeguarding concerns.

Our clinicians and practitioners continually assess how remote delivery is working on a case by case basis and adjust their practice accordingly.

- III. **Environmental sustainability:** Thota et al (2020) describe how in three years a telehealth oncology service for 119 patients reduced carbon emissions by approximately 150,000 kg

## **What does this mean for Recolo?**

As an organisation that seeks to operate as ethically as possible, being able to minimise our impact upon the natural environment is important to us. By delivering assessments and ongoing intervention input remotely, wherever possible, this enables us to work in a way that is environmentally caring. Remote working substantially reduces CO2 emissions and particulates, and positively improves the sustainability footprint.

## Our approach to face to face work

As of September 2020, we are pleased to confirm our approach to face to face visits as follows:

- We will be able to carry out face to face visits in schools, subject to and led by the risk assessment at the individual school, including PPE.
- We will be able to offer face to face home visits, by *exception only*.

It is important to note that face to face visits are offered with the caveat of full adherence to government guidance and direction regarding localised hot spots of Covid-19 infection, local lockdowns and secondary spikes, plus completion of a risk assessment.

A face to face visit will be arranged based on certain criteria:

- ✓ The clinician/practitioner agrees that the work cannot be done remotely and is happy to carry out a face to face visit
- ✓ The family must have a strong preference for a face to face visit
- ✓ From a technology point of view, that the work can only be carried out face to face i.e. that the technology cannot facilitate this specific input.
- ✓ A Recolo risk assessment is completed by the clinician/practitioner and the findings are verified and agreed in supervision – to be shared with the MDT as needed.

## In summary

### Our working preference

As an organisation, our on-going preference and expectation will be for the majority of our work to be carried out by remote methods, for the following reasons:

- Minimising risk of exposure to and spread of Covid-19
- Keeping our clients and families safe
- Geographical efficiency – remote working allows clients and families to receive clinical input and support, regardless of their location
- The evidence shows that many people DO prefer remote delivery of therapy using telephone, videoconferencing, etc
- It dramatically reduces the carbon footprint of our organisation and the case.

Where face to face visits are needed, as identified above, we will be glad to arrange this. We are continuing to monitor the situation and will update our guidance as necessary, in response to further developments.