

How Recolo is working remotely to support our families

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 we move through these next months, we are once again in a full national lockdown (05/01/21). As per the March 2020 lockdown, schools are open only to vulnerable children and those of keyworkers and so we are pleased to advise that **all** Recolo case work is being carried out fully remotely.

We are conscious however, that there may be exceptional and extenuating circumstances, where a face-to-face appointment needs to be considered. We are mindful of our duty of care to both our clients and our psychologists and so, these requests will be considered on a case-by-case basis.

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 are now able to embrace remote working and understand better as to how it really can be a valuable tool in delivering therapeutic support.

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.

In summary

Our working preference

As an organisation, our on-going preference and expectation will be for 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.

Our business team are happy to discuss any queries you may have and in the first instance, please contact Lois Shafik-Hooper, COO, directly on 07715 104802 or lois.shafikhooper@recolo.co.uk