Our plan for returning to a blend of remote and face to face work

At Recolo, we are planning to move out of lockdown restrictions at a measured and careful pace. Please be aware that the dates given are subject to review and possible change, as the government has stated that four conditions must be met at each stage, before proceeding to the next one (see https://www.bbc.co.uk/news/explainers-52530518). We will confirm to our psychologists as we move into each change.

1. 23rd February until 29th March 2021

National lockdown law remains in place until 29th March. Even though schools are re-opening on 8th March 2021, it is *government legislation that people must continue to work from home and that the conditions of national lockdown remain in place until 29th March 2021.*

- Therefore, there is no change to our current position of full remote clinical working for this time. (The only reason for a face-to-face visit during this period is for severe mental health risk and/or safeguarding risk)

2. 29th March – 16th May 2021

National lockdown restrictions are due to be lifted as of 29th March 2021.

A blended approach to working will now apply (subject to national lockdown restrictions being lifted):

- Our default position will be for remote clinical work, with face-to-face visits carried out only as clinically required. All proposed face to face visits will be subject to continued risk assessment completion and agreement of all parties involved. This is in line with our clinical rationale and guidance detailed in our risk assessment process.

3. 17th May – 20th June 2021

It is the government's hope for two households/six people to be allowed to meet indoors from 17th May 2021. This step will take place subject to the successful attainment of the government's four tests for easing restrictions.

- We will continue to use a blended approach for clinical working, but with the significant change that remote working will no longer be the default position. However, all proposed face to face visits will be subject to continued risk assessment completion and agreement of all parties involved.

4. 21st June 2021 onwards

It is the government's hope that from this date onwards, all restrictions can be lifted on social interaction. This step will take place subject to the successful attainment of the government's four tests for easing restrictions.

- We will continue to use a blended approach to clinical working. Although remote working will no longer be the default position, it will continue to be used as a clinically validated and efficient way of working, if it is in the best interests of the case.

The Recolo rationale for combining remote and face to face 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 are now 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 how 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 experience additional levels of anxiety due to the pandemic. Nationwide, anxiety levels are raised due to the resultant adjustments that are 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).

   In clinical circles concern has been expressed about an inequity in access to remote technology Some families do not have access to adequate resources to participate in videoconferencing. Sometimes the default is telephone in these cases. We are working on collecting data on this in Recolo.

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. The evidence shows that many people DO prefer remote delivery of therapy using telephone, videoconferencing etc.

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. We are currently working on a service evaluation within Recolo to look at (clinical and cost) effectiveness or remote versus face to face working.

What does this mean for clinicians and practitioners at Recolo?

We can 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.

Tele-rehabilitation can be viewed as a tool to be used selectively by a practitioner taking into consideration research findings available to date.

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 possibly, 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. It promotes geographical efficiency by allowing clients and families to receive clinical input and support, regardless of their location.

To summarise, our approach to remote or face to face working is as follows:

✓The clinician/practitioner agrees that the work is best done face to face/remotely/hybrid and is happy to do so

✓The family must have a (strong) preference for that option

✓From a technology point of view, that the work can be carried out in the way that is chosen (i.e. that the family have access to the technology if that's wanted, or the clinician is safe to go face to face) and that this does not miss any important clinical issues such as safeguarding assessment

✓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.

For any further queries regarding how Recolo is combining remote AND face to face working, please contact Lois Shafik-Hooper, COO, for a conversation. She can be reached on 07715 104802 or lois.shafikhooper@recolo.co.uk