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| **Definition(s)** |
| **Tele practice - A model of service delivery which allows children, young people and their parents carers to receive services remotely using telephone or video call from a different location to the therapist.****Zoom – a video conferencing platform which is the selected product for telepractice at Seashell Trust.****CYP – Child or young person receiving Seashell Trust services****Client - Professional purchasing Seashell Trust services delivered by the outreach team** **Parent/carer – Parent or carer of CYP receiving Seashell Trust services** **Session – Service delivered via telepractice. Could be training, coaching, supervision, assessment or intervention.** **Assessment – Evaluation of child or young person’s skills or health status using specialist formal or informal clinical tests****Intervention – Delivery of therapeutic support aiming to develop skills or improve or maintain health status in specialist clinical area****Supervision – Requirement for all AHPs by HCPC and professional bodies to promote learning and development. To be delivered in line with the SST Supervision policy** **AHP – Allied health professional. Includes Speech and Language Therapists, Occupational Therapists, Physiotherapists and Audiologists.** **Mime cast – Secure platform for sharing digital files**  |
| **Purpose** |
| There is an increased requirement for flexible models of service delivery to promote continuation of service to children and young people and their families, and other professionals/care providers during the Covid 19 pandemic. In line with social distancing, telepractice will be used to deliver some therapy services including training, coaching, assessment and intervention. The purpose of this procedure is to provide clear guidelines to staff to and ensure standards relating to confidentiality and professionalism are maintained when providing remote services either onsite or from the staff members home environment.Tele practice sessions may be provided via zoom or telephone, to :* Ensure the continuity of services to children and young people receiving Seashell Trust services
* Offer clinical services via outreach
* Provide training, coaching or supervision remotely to Seashell Trust staff or external participants.
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| **Responsibilities**  |
| **Head of Clinical services** – responsible for updating this procedure to ensure it reflects national guidance **Managers** - responsible for ensuring that staff follow the procedure.**All AHPs** - responsible for ensuring that they deliver sessions using telepractice in line with the procedure. **IT** - responsible for supporting therapy staff with troubleshooting of hardware or software issues and advising around IT security.  |
| **Procedure**  |
| Clinical guidelines should be followed by therapists throughout tele practice consultations in the same way they would during face to face consultations. AHPs must maintain professional behaviour and follow professional codes of conduct at all times.**Clinical support for CYP/outreach clients and their families** 1) **Gaining consent and setting up secure session with parent/carer** * AHP to have phone conversation/ email correspondence with parent carer to support relationship building and agreeing structure of support
* Email correspondence to be saved in CYPs clinical notes. Resources to be shared via mime cast and copies saved on CYP sharepoint page under relevant clinical library.
* AHP to share terms and conditions and consent form with parent/carer prior to session (including information relating to data retention).
* For CYP over 16 AHP to consider whether individual has capacity to consent to participate in session delivered via telepractice and AHP to document decision making within clinical notes and consent form relating to capacity and best interests decision making where relevant.
* Parent/carer to provide consent by returning completed form for children under 16 years old.
* For parent/carer / client sessions – receipt of terms and conditions (read receipt to be used) and acceptance of call to be taken as parent/carer/client consent to participate in the session
* AHP to provide information to parent/carer/client relating to recommended environmental set up for session to include minimising visual and audio distractions where possible, trying to sit in a comfortable seat in a well let location
* AHP to agree a date and time for the first session. AHP to send zoom invite

**2) Preparing CYP for direct assessment/intervention session** AHP to share accessible resources appropriate to CYP to promote understanding. May include:* Visual timetable
* Social story
* How can I prepare my body for learning
* When things go wrong

AHP should try to maintain routine wherever possible to support anxiety which may be experienced by CYP. Resources may be used to promote routine: * Use of visual timetable
* Mindfulness together (supported by parent)
* Similar activities to those typically used in therapy sessions but presented differently
* Use of zones of regulation to consider readiness for learning (if appropriate)
* Plan activity for CYP if technology does go wrong to support them to cope with the change

**3) Preparing for session** AHP should:* Ensure have all equipment require (and spare if needed) including external webcam if required to share screen of communication device. Ensure have appropriate equipment to hear and to be heard by CYP/parent/carer/professional e.g. microphone or head set if required.
* Ensure all physical items required to model during session are available and organised
* Consider dress as would for face to face session and in line with SST Dress Policy
* Sit in clear and clean space with minimal visual distractions, plain wall as backdrop if possible
* Arrive at session 10 minutes early to ensure audio and video are working and have all documents up on desktop ready for session
* Limit distractions and background sound as much as possible
* Shut down applications not needed e.g. Outlook alerts for emails so do not get alerts during session
* Ensure any videos to be used are ready and that a signed declaration has been returned for any staff featuring in the video including the AHP delivering the session

**4) During session**AHP must ensure wherever possible that there are no distractions or disturbances during the session AHPs should utilise software features within zoom to promote engagement:* Share screen as required to show resources. Ensure pause share screen if switching between documents.
* Use of white board to create joint goals, illustrate points within training or complete collaborative planning
* Use chat feature to clarify a point if the audio quality becomes unreliable
* Break out rooms can be used to promote participation in different activities during group training

If sharing videos (consent must be sought as detailed above) ensure:* Share computer sound
* Optimise screen sharing for video clip
* Ensure no other children, young people or staff are shown in the video clip (unless staff shown have given consent)

Consider factors shown to predict success: * Clinician’s ability to manage self and own anxieties when things go wrong
* Need to build therapeutic relationship
* Consider sensory processing needs and sensory regulation

NHS England and Boot, K. (2020) **Safeguarding and information security** A password should always be used for session over Zoom to avoid any uninvited participants joining the meeting e.g. through the AHPs outlook calendar. Outlook appointments should be set as private to ensure others cannot view details required to enter meeting. A waiting room should be set up within zoom settings and the meeting locked once all participants have entered. This avoids other participants being able to join the meeting. All AHPs should follow IT guidance relating to use of passwords and encryption of their laptop/iPad. Wherever possible Seashell Trust hardware should be used for tele practice. Terms and conditions provided prior to commencement of support via telepractice would detail the method of data collection to be used including clinical case notes for the CYP or supervision records for outreach clients and relevant retention periods. Sessions will not be recorded. ICO guidance (2020) will be followed:*You should be clear, open and honest with people about what you are doing with their personal information. Tell them why you need it, what you’ll do with it and who you’re going to share it with.*All staff are required to follow the Data Protection and Caldicott policy for confidentiality and Acceptable usage policy and information security for use of software and hardware to deliver the service.HCPC standards highlight that all AHPs have a professional and legal responsibility in relation to protecting and maintaining confidentiality of service users at all times. Information relating to sessions delivered via tele practice should only be shared with colleagues working with the CYP to promote collaborative and holistic care or during the AHPs clinical supervision. AHPs should consider using headphones during calls and ensure that conversations cannot be overheard. Any confidential paperwork containing personal information should be stored securely when the AHP is not conducting work to ensure no other members of their household have access to confidential information. **Record keeping** Clinical notes should be written following all sessions on the CYP or outreach client’s sharepoint page in a timely fashion and within 48 hours in line with HCPC and professional bodies’ guidance on record keeping. AHPs should use progress demonstrated during telepractice sessions to inform Local Authority reports which are required on an annual basis. Tracking document to be established including a summary of the session so that family can refer back to information shared during each session. **Outcome measurement** Where possible/appropriate outcome measures should be used to measure the effectiveness of the intervention. A baseline on parent/carer knowledge and confidence should be gained prior to commencing training or coaching to allow evaluation of the impact of the training/coaching.Published outcome measurement tools including Goal Attainment Scaling (GAS), Therapy Outcome Measures (TOMs) and Malcomess Care Aims should be considered to capture change in CYP presentation as a result of therapy support provided via telepractice.Bespoke goals or SMART targets may be set by the AHP. However, pressure should not be put on parents and carers to work towards specific targets within the home environment unless these are requested by the parent/carer. **Provision of supervision to SST staff / outreach clients** All AHPs must access regular clinical supervision. Clinical supervision may need to be delivered via telepractice, particularly during the Covid 19 pandemic for SST AHPs along with ongoing delivery of supervision for outreach clients as outlined in the Telepractice Pilot project brief. Appointment time and dates should be confirmed through the agreement of a mutually convenient time via email followed by the supervisor sending a calendar invite via outlook to the supervisee. The supervisor and supervisee should consider the environment within which they are working in line with recommendations for clinical sessions above. The clinical supervisor is responsible for recording minutes of the meeting using the SST template in most instances. The supervisee is responsible for ensuring they have prepared for the meeting by reviewing objectives set at their last supervision and preparing any clinical issues they would like to discuss. For outreach clients a contract will be completed prior to the commencement of the clinical supervision via telepractice.  |
| **Related Document(s)** |
| **HCPC guidance on record keeping and confidentiality** <https://www.hcpc-uk.org/registration/meeting-our-standards/information-on-record-keeping/>https://www.hcpc-uk.org/registration/meeting-our-standards/guidance-on-confidentiality/**Professional Bodies practice standards**:https://www.rcslt.org/<https://www.rcot.co.uk/practice-resources/rcot-publications/downloads/rcot-standards-and-ethics><https://www.csp.org.uk/>https://www.baaudiology.org/**Information governance** Ico.org.uk/about-the-ico/news-and-events/blog-community-groups-and-covid-19/https://www.nhsx.nhs.uk/key-information-and-tools/information-governance-guidance/health-care-professionals<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0044-Specialty-Guide-Virtual-Working-and-Coronavirus-27-March-20.pdf>**Resources** Storylineonline.net – resources for shared reading, language and literacy development Education.com Boom cards **Internal Links**Guidance to support use of Zoom  |

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| **Equality Impact Screening** |
| **Stage 1: Initial Screening** |
| 1. Briefly describe the aims and objectives:
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| To support therapy staff who are delivering service via telepractice and ensure quality of provision  |
| 1. Who is intended to benefit from it and in what way?
 |
| Therapists and the recipients of the support e.g. parents/carers/CYP  |
| 1. Are other departments involved, what will be their involvement and responsibilities?
 |
| Support from IT around any trouble shooting  |
| 1. What outcomes are expected?
 |
| Continued progress made by CYP. Increased knowledge and understanding of parents and carers and ability to embed therapy strategies into home environment. Promote wellbeing for CYP during Covid 19 pandemic. |
| **Stage 2: Gathering data and analysis** |
| 1. Have you consulted on this policy / procedure / guidance document in the last 12 months?
 |
| **No**  |
| Details of consultation: |
| 1. What evidence has been used for this assessment?
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| **Assessment of Potential Impact** |
| 1. Could a particular group be differently affected in a negative way?
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| **Protected Characteristic** | **Negatively affected (Yes / No)** | **Evidence** |
| Age | Yes | IT literacy may be impacted dependant on use outside of this purpose/ inclusion within education of IT.  |
| Disability | Yes | Deaf/partially sighted participants may require alternative communication methods. Alternative access may need to be established for those with physical impairments.  |
| Gender Reassignment | No |  |
| Marriage and Civil Partnership | No |  |
| Pregnancy and Maternity | No |  |
| Race  | No |  |
| Religion or Belief | no |  |
| Sex | no |  |
| Sexual Orientation | no |  |
| 1. If you have entered YES against any of the protected characteristics above please complete section 10. If not, please proceed to full impact assessment
 |
| **Are there any other policies / procedures / guidance documents / functions that need to be assessed alongside this screening?**  |
| **Yes**  |
| If **yes**, please identify which groups are affected:Consideration that CYP, family members or clients may not have relevant hardware or wifi to enable them to access services in this way. SST should consider how it can promote participation within these circumstances.  |
| **Should this policy / procedure / guidance document proceed to a full Equality Analysis?** |
| **No** (delete as appropriate) |
| If the answer is **no** please give reasons for this decision:SST will ensure that all families have equitable access to this service by couriering out equipment to families who are not able to receive services in this way due to not having relevant equipment. Full training and support will be offered to parents/carers/CYP in accessing the service in this way to reduce the impact of any gaps in IT literacy.  |
| **Date by which the full Equality Analysis is to be completed** |  |
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**Declaration**

1. I / We are satisfied that an initial screening has been carried out on this policy / procedure / guidance and a full Equality Impact Assessment is / is not required.

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| **Completed by** | Kate Duggan  | **Date** | 29.04.20 |
| **Role** | Head of Clinical Services  | **Date for Review** | 29.08.20 |

Please forward an electronic copy to the relevant Head of Department. The original signed hard copy should be kept with your team for audit purposes.

**Contributions from / checks by:**