



Experiences of Conducting Remote Assessments for People with Disability

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Emma Nicholson

Research Fellow, Centre for Interdisciplinary Research, Education and Innovation in Health
Systems (IRIS), University College Dublin

Michael Walsh

Programme Manager, National Clinical Programme for People with Disability (NCPPD),
HSE

Malcolm MacLachlan

Clinical Lead, National Clinical Programme for People with Disability (NCPPD), HSE

Executive Summary

The Covid-19 pandemic has presented significant challenges to and disruption of health and social care services for people with disabilities. Following our issuing of guidance on *Remote Assessment of People with Disability*, the National Clinical Programme for People with Disabilities (NCPD) committed to capturing and sharing the experience of clinicians conducting remote assessments during the response to Covid-19. This report presents the results from a survey of frontline practitioners' experiences and from a related dissemination webinar, where frontline practitioners also shared their learning.

88 respondents from a range of health and social care professions completed an on-line survey which comprised both open and closed questions. Two thirds of practitioners had not used any form of remote assessment prior to Covid-19, whilst all but two had used some form of remote assessment during Covid-19. Multiple technologies, platforms and assessment instruments and procedures were used and accompanied by a transformation in work practices and digital literacy. Technologies used ranged from telephone and mobile Apps to platforms such as Zoom and Microsoft Teams, and specific health services platforms like Attend Anywhere. Practitioners employed and adapted, and in some cases developed, a wide range of questionnaires, assessment tools and procedures to facilitate online clinical assessment of service users.

Thematic analysis of responses to open questions was conducted independently of the HSE/NCPD, by an experienced researcher, who identified a number of emergent themes.

Barriers & Facilitators

Access to, familiarity with, and successful performance of technology were key facilitators of successful remote assessment, highlighting the need to invest in appropriate technologies and enablers of technology use, such as training and education, broadband, IT and physical infrastructure; and related supports for both service providers and people using services.

Concerns in relation to the validity of using online assessment tools were mentioned by some practitioners; these reduced with increased experience of remote use, and knowledge of emerging evidence of comparability with face-to-face assessments.

Planning & Preparation

Substantial service-level planning was required to initially set up effective remote assessments, but once available, such planning greatly facilitated undertaking assessments in an efficient and effective manner. In addition, policies, procedures and guidelines to support staff and provide assurance were essential. Concerns regarding GDPR compliance continues among some clinicians.

Outcomes of Assessment Experiences

Some aspects of remote assessment were challenging; for instance, where physical hands-on examination is required, where subtle communication cues and social nuances are more easily discerned through in-person interaction, or maintaining the attention of some younger children. However, clinicians also identified elements of assessment that were more easily suited to remote methods, such as history taking, introducing what the services involved, follow up assessments and some types of interventions. Clinicians also reported examples of where remote services offer significant benefits; such as flexibility and convenience for families and the ability to assess a person in their real-world home environment. Remote methods were also reported to promote greater reach for services; facilitating 'attendance' by those who lived far from service centres, or were usually less frequent attenders for other reasons.

Interventions

It is clear that the respondents to this survey had responded to the demands of service provision in the midst of Covid-19 in a flexible, pragmatic and imaginative way, creatively and effectively navigating the many obstacles which Covid-19 presented for conducting assessments. While it was not the focus of the survey; in both the survey and the webinar associated with the dissemination of results, many clinicians also reported undertaking interventions remotely and with satisfaction regarding their perceived impact. Many clinicians also stressed that they intend using remote methods as part of a more a blended and flexible approach to assessments and interventions in the future.

Service Development

The responses also highlighted the important role of management and organisational leadership in supporting and facilitating clinicians to adapt and evolve their remote and blended practice in accordance with service needs and to avail of the opportunities this

modality presents for further service enhancement. This will require on-going review, research and adaptation of emerging practice, as well as supporting structures to facilitate and foster shared learning and communities of good practice.

The digital literacy of both service users and service providers has significantly increased over the last year. New opportunities to augment and enhance traditional services and supports have emerged, particularly for those who found it difficult to attend in-person services. The learning from this work suggests that remote working by practitioners is a legitimate and helpful way of responding to the Covid-19 pandemic; and that there is considerable scope for it to be a component of effective, and more equitable and efficient person-centred services in future.

Recommendations

- *Clinicians should be open to using a blended and flexible approach to assessment which reflects the resources available to service providers and service users, the assessment and intervention needs of service users, and practitioner's clinical judgement. Such judgement may necessarily have to be used in situations where there is no easily identifiable best practice that is relevant to the context of assessment.*
- *The HSE and partners should develop shared policies, infrastructure and practical supports, to facilitate effective assessment, and where appropriate, interventions in a remote environment. Training and guidance documents for parents/families/carers would further strengthen the effectiveness of these remote services and build on their key knowledge and experience.*
- *The HSE should support the development of an evidence base to ascertain the efficacy of remote assessments, for different clients, different professions and different contexts. This work should be undertaken by an independent and external research group in Ireland; who can draw on good practices internationally and suggest how these can be applied to the Irish service context.*
- *Service providers should encourage clinicians to use their own clinical judgment in a creative and flexible way by ensuring that there are supportive management and supervision arrangements in place; especially in relation to the use of remote methods. This may be enhanced by developing service specific communities of remote practice where good practices can be shared between clinicians.*

Acknowledgement

We are grateful to the practitioners who responded to this survey, to those who participated in the dissemination webinar (Damhnait Ni Mhurchu, Muireann Feore, Mary Davis, Brian McClean and Ciara Sheridan) and to the audience and the questions they asked during the webinar. We are also grateful for the research assistance of Ronan Connor and review commentary from the members of the Digital and Assistive Technology Task Group of the NCPPD.

Introduction

The COVID-19 pandemic has had a substantial impact on people with disabilities and their families due to the closure of schools, disruption to services and provision of supports. People with disabilities and their families are particularly vulnerable to changes in service provision, as disruption to these services and supports can result in regression in some people and distress due to disrupted routines and daily activities in others. Such disruption may also place excessive demands on the supporters and carers of people with disabilities.

During the first wave of the pandemic in March 2020, those providing services to people with disabilities responded to ensure the continuation of services in line with public health restrictions, by moving some services to a remote online format, where possible. This allowed a variety of services; such as speech and language therapy, physiotherapy, occupational therapy, psychology, social work, nursing and dietetics to continue to provide assessments and deliver interventions to service users during this challenging time. Nevertheless, this shift to a remote format brought with it many challenges, but also created opportunities for remote working to facilitate service users and families in a novel way.

In June 2020, the National Clinical Programme for People with Disabilities (NCPD), with support and expertise from a multidisciplinary panel of clinicians, developed “Interim Guidance on Conducting Assessment in Disability Services” to support health and social care practitioners who sought to adapt their practice for conducting assessments, in order to facilitate the need for remote working

<https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/interim-guidance-on-conducting-assessments-in-disability-services.pdf>). This document provided information on how to approach assessments, including Assessment of Need and it provided some examples of work processes. It also outlined challenging scenarios that may emerge during remote working and how they could be addressed, while also providing resources to support clinicians.

The NCPD guidance was issued along with a commitment to follow-up with a survey to capture the experience and learning from clinicians conducting remote assessments during the pandemic. The results of the survey should inform and support the continuation of services remotely, and may offer possibilities for enhancing service provision beyond the pandemic. Even before the Covid-19 pandemic, the use of digital and telehealth working was increasing globally (Donaghy 2019). The COVID-19 pandemic has accelerated the use of

remote and online consultations via digital and telehealth modalities, yet findings related to the experiences of those delivering such assessments, especially in Ireland, are scarce.

Within three months after providing the “Interim Guidance on Conducting Assessment in Disability Services”, in October 2020, the NCPDD conducted a national survey of health and social care practitioners to capture their experiences of delivering remote assessments during the pandemic. This report outlines results from this survey.

Methodology

Survey Design

The survey was designed by the NCPPD, with input from multidisciplinary members of the programme’s Digital and Assistive Technology (DAT) Task Group. It sought to capture respondent’s experiences of using remote assessments, their main learning from remote assessments, the barriers and facilitators of remote assessments, and how the guidance for assessments during the COVID-19 pandemic might be improved. A copy of the survey can be found in Appendix 1.

Data Collection

The survey was distributed through the HSE’s National Disability Operational system to all disability service providers in Ireland. Surveys were returned by email to a dedicated email address established by the NCPPD.

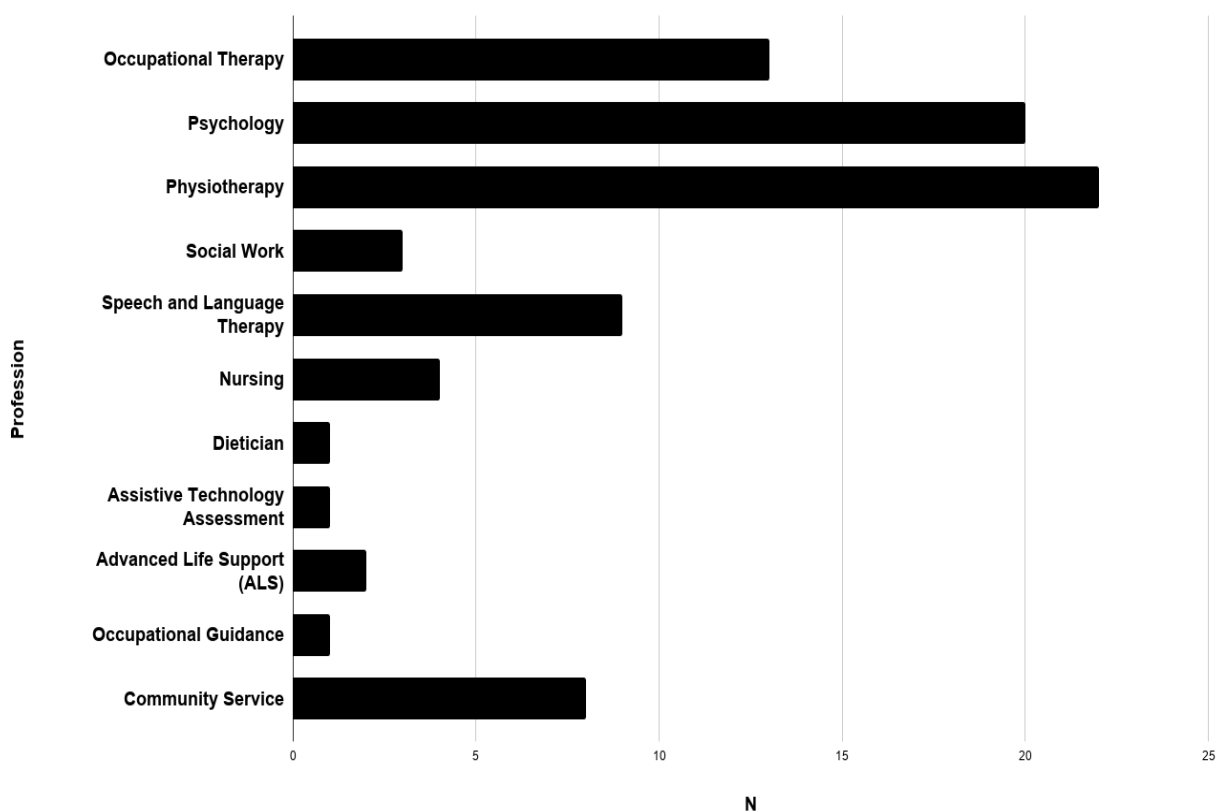
Data Analysis

Data was anonymised upon receipt and entered into an Excel spreadsheet for analysis. Descriptive statistics were used to collate quantitative findings. Thematic analysis (Braun & Clarke, 2006) was used to analyse the qualitative responses in the survey. This is a systematic method used to analyse qualitative data in order to develop an analytical narrative of the data (Braun & Clarke, 2006). The process involves line-by-line coding of the data which were then collapsed to provide descriptive themes. Further analysis generated higher order analytical themes. This process of primary analysis was independently undertaken by EN, in order to ensure that any possible implicit or explicit expectations of the NCPPD did not frame or bias the interpretive process. The emergent themes were then further developed through discussion with the wider research team.

Participants

Participants (N = 88) from multiple professional backgrounds who are responsible for assessments of persons with disabilities completed the survey. Professional backgrounds of those who responded, in numerically descending order included; physiotherapists, psychologists, occupational therapists, speech and language therapists, nurses, social workers, and others (see Figure 1).

Figure 1. Distribution of survey respondents by profession



Results

Previous experience with remote assessments

The majority of respondents (67%) had never used any form of remote assessments before the COVID-19 pandemic, while some had used them to some extent (27%) and only two respondents had used them a great deal. Since the onset of the COVID-19 pandemic, 47% had used remote assessment 'a great deal', 48% to some extent and only two respondents had never used remote assessment.

Tools and Instruments Used

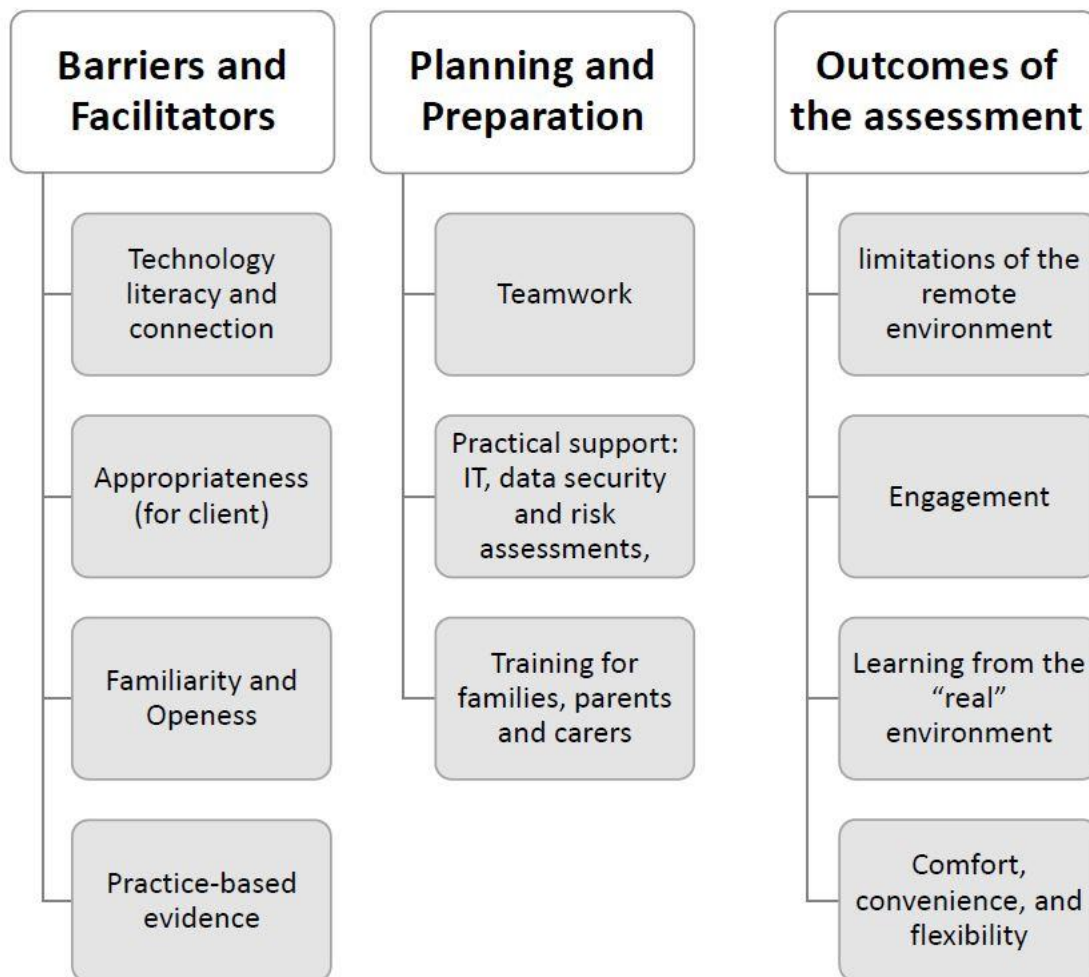
Respondents utilised multiple technologies and devices to facilitate remote assessments with the majority reporting the use of the telephone (n = 30) and email (n = 7), while also using platforms such as Attend Anywhere (n = 25), Microsoft Teams (n = 21), Zoom (n = 19) and WhatsApp (n = 14).

Respondents also reported the administration of specific questionnaires and assessments remotely including (but not limited to) the Child Behaviour Checklist (CBCL), the Dementia Questionnaire for People with Learning Disabilities (DLD), the Diagnostic Interview for Social and Communication Disorders (DISCO), The Paediatric Evaluation of Disability Inventory - Computer Adaptive Test (PEDI-CAT), and the Weschler Intelligence Scale for Children (WISC).

Thematic Analysis

Three main themes were conceptualised from the qualitative data. The first main theme was *barriers and facilitators* which included 4 sub-themes a) technology literacy and connection, b) appropriateness for client, c) familiarity and openness, d) practice-based evidence. The second main theme was *planning and preparation*; which included three subthemes, a) Teams, b) practical support: IT, data security and risk assessments, and c) training for families, parents and carers. The third main theme was *outcomes of the assessment*; which in turn had four sub-themes including a) limitations of the remote environment, b) engagement, c) learning from the "real" environment, and d) comfort, convenience, and flexibility. These themes are represented in Figure 2.

Figure 2. Themes and sub-themes from the thematic analysis



Barriers and Facilitators

Technology literacy and connection

“Some families unable to use/do not have access to the technology or may not have another person present to hold the phone during the video call as, generally, you need at least two people plus the service user - one person to hold the phone and one to support the service user” (Physiotherapist)

One of the most commonly cited barriers to remote assessments were the challenges posed by poor access to, or failure of, technology and associated poor internet connection. While technology was a key facilitator for conducting assessments remotely, a lack of appropriate

equipment, such as laptops and cameras, created substantial barriers to the success of an assessment. This was salient for both the service providers and service users. Poor internet connection had caused disruption to assessments, which in turn resulted in stress for service users and families; and this is a particular challenge for those in rural locations where broadband connection is poor. Moreover, levels of IT literacy varied greatly across service users and families which had a marked impact on the success of the assessment. These issues seem to affect some groups disproportionately compared to others as barriers such as cost to mobile data and cost of equipment disadvantaged those with fewer resources.

“Some parents do not have the technology skills to engage or possibly cannot access the appropriate equipment” (Psychologist)

Another barrier faced by families, particularly during the severe public health restrictions, was a lack of private and quiet space in home in which to carry out the assessment. This was compounded by the fact that other children and family members were also in the home, however, once children returned to school, the assessment was facilitated by more privacy and quiet. It is worth noting that this was not only an issue for service users and families, as staff also cited a lack of appropriate space to conduct assessments as being problematic.

“Parents being able to find quiet time and space to talk when they are caring for children, easier now the schools have returned” (Senior Clinical Psychologist)

Appropriateness (for client)

It is important to note that not all technology is accessible for people with disabilities to use during an assessment. It was noted by one Senior Psychologist, *“Very few children within disability networks can access the cognitive component of the assessment using the WISC V app”* (Senior Psychologist). Moreover, the services may not have appropriate assistive technology to support certain groups, a lack of *“....adequate technology to assist the person with an intellectual disability”* (Director of Nursing) was noted. Finally, older service users, or those with more severe intellectual disabilities, may not have the capacity to effectively engage in a remote assessment.

Familiarity and openness

Service user and family buy-in was an important facilitator in conducting a successful remote assessment, including *“parent’s willingness and comprehension of telehealth”* (Physiotherapist). This buy-in and willingness to engage appeared to be dictated by personal

preference for remote assessments that may be influenced by a myriad of factors; such as a preference for the flexibility and convenience offered by remote assessments, access to equipment and their IT literacy.

Practice-based-evidence

One barrier which was more complex for service providers to overcome was the lack of practice-based-evidence regarding the efficacy of conducting assessments remotely. There were concerns regarding the “*validity, specificity and sensitivity of remote assessment tools*” (Clinical Psychologist) and that they should only be used when in certain circumstances where in-person assessments were not safe due to COVID-19. Insufficiently clear results from a remote assessment were felt to often require further follow up assessments, ultimately requiring more time. On balance, the experience from other respondents, coupled with their knowledge of available evidence, was that the findings from remote assessments were consistent with findings from face-to-face assessments.

“My own experience and recent research suggest that test results on assessments conducted remotely are consistent with those obtained from face to face settings. There are limitations in the range of tests that can be effectively administered remotely” (Clinical Neuropsychologist)

Planning and Preparation

“Cross agency data and IT infrastructuresthat support consistency in models of services for PWD [persons with disabilities]. There are national strategies that outline expectations, however, managers and leaders do not seem in a position to enforce them, which leaves room for local, individual and discipline specific interpretation” (Occupational Therapist)

Teamwork

A substantial amount of service-level planning was required to set up functional remote assessments, however, once this was available then it facilitated the deployment of assessments in an efficient manner. Ensuring that all members of a service team are familiar with plans and procedures; and are fully aware and understand any policy changes were vital “*in order to lead team in trying a new assessment or way of working.*” (Occupational Therapist).

“The need to be ultra-organised and prepared, more challenging to ‘change direction’ in virtual than in live situation. Be on time! Can’t wave to somebody in a waiting room to say ‘be with you in a minute’. People can still forget/DNA [did not attend] virtual appointments!”

(Speech and Language Therapist)

Practical Support: IT, data security and risk assessments

Practical support was also highlighted as a critical on-going feature to support staff struggling with IT challenges to ensure problems were addressed swiftly. Risk assessments were deemed an important element of remote assessments with one psychologist noting that they were *“not sure who else is in the room, possibly influencing the assessment”* (Psychologist). Moreover, concerns were raised about data security when conducting remote assessments as well as ensuring all assessments are in compliance with the General Data Protection Regulation (GDPR). The benefits of adequate infrastructure and policies to support remote assessment were also seen as key in facilitating greater team working across sectors as it was *“easier for joint working with clinicians from other agencies. Can timetable more easily as don’t have to factor in travel time to be physically present”* (Speech and Language Therapist).

“If all disability teams /acute settings were supplied with the necessary technology and training to use telehealth it would assist us to use it where appropriate to enhance our family centred approach and improve interdisciplinary/agency communication” (Senior Physiotherapist).

Training for Families, Parents and Carers

Training and up skilling parents was necessary for some assessment as they were required to take on a more active role during the assessment itself. Additionally, more than one person may have been required for the assessment to ensure that it could be carried out successfully *“one person to hold the phone and one to support the service user”* (Physiotherapist), and often an extra support was unavailable. Moreover, this extra reliance on parents may have been a source of stress for some, and indeed *“parents have commented that it was stressful at times, as they had to administer the assessment”* (Clinical Psychologist). Adequate training and support for parents was cited as an important component to support remote assessments as well as the development of materials outlining *“standard demo videos for active and passive movements that are licensed to be used by therapists for this purpose”* (Physiotherapist).

Outcomes of the Assessment

Limitations of the remote environment

“Formal norm based assessments are a significant challenge to administer remotely as formal license agreements and research on the efficacy of same has not been conducted as yet” (Speech and Language Therapist)

The success of the assessments varied depending on the nature of the assessment taking place at any given time, as well as on the service user and their families. For instance, some elements of the assessments worked very well in a remote setting (e.g., taking histories, completing forms) while others were more challenging (e.g., PT assessments, missed non-verbal cues, social nuances). Some respondents argued that *“It can be a challenge to engage the full social nuances that are usually deciphered from a face to face interaction”* (Speech and Language Therapist). Furthermore, assessments such as those related to physiotherapy and occupational therapy can be particularly challenging with one occupational therapist stating *“It doesn’t work well for assessing clients we need to see directly i.e., physical assessments, movement assessments, not many standardised assessments are standardised to be done remotely”* (Occupational Therapist). Finally, there was a risk that certain needs may be overlooked in a remote environment, as non-verbal communication can be difficult to decipher and *“some assessments require a visit to visually interpret the unspoken communication and get a real picture of the persons needs beyond what has been verbalised”* (Case Manager).

I would like to see the focus come off the use of multiple tools and the focus move on to using a tool/approach/framework that elicits participation strengths and deficits that informs what service best meets the child’s needs. (Occupational Therapist).

Many noted that remote assessments would work best for follow up appointments when there is an existing relationship with the service user and that *“a limited number or “once off” direct contact would allow more reliability via telehealth, e.g. a safe clinic assessment to review aspects not possible remotely and then a return to telehealth for future sessions* (Physiotherapist). On balance, some argued that there was an inherent benefit to an initial remote assessment to take a history, build a relationship with service users and their families and utilise face-to-face where remote assessments were not possible. This reflected the challenges that emerged in the previous sub-theme, practice-based-evidence, whereby

uncertainty regarding the evidence on the efficacy of remote assessments led to a requirement for further follow up in a face-to-face setting.

“It is frustrating that I am unable to work with the child in a natural manner. I know that the quality of the observations I am making, and consequently the impressions of the child’s ability, are inferior and do not give a true picture of where the child is at. I am fearful that I am missing important information and that this may have a negative impact on therapy outcomes for the child” (Occupational Therapist)

Engagement

“People with ASD have provided more information than in previous years when compared to meeting face to face. Their own environment appears to be more comfortable for them”
(Social Care worker)

Engagement was raised as a key issue across service types as working remotely can enhance or hinder engagement with an assessment and/or a service more broadly. For some groups, such as children, greater direction and clear turn taking were required to reduce the likelihood of communication breaking down online, when other communication cues are lost. Additionally, children were sometimes inclined to lose interest in a session and there is little to prevent them from abandoning the assessment altogether.

“Learning a different style of interaction/register – clear turn taking, may need to be quite directive as greater scope for communication breakdown/misunderstandings as other communication cues are reduced” (Speech and Language Therapist)

“The challenge of working with small mobile clients who might be inclined to wander around their house as they normally would” (Speech and Language Therapist).

On balance, the greater level of engagement and involvement required by parents and carers was noted and fostered a sense of self-reliance and confidence in their ability to support their child during assessments. *“I have found for some established families it has enhanced their engagement and been an opportunity for them to become more self-reliant and build up their confidence”* (Senior Physiotherapist).

Moreover, in cases where there was poor engagement with a service to date, the remote assessments have improved the relationship between service providers and families. One physiotherapist noted *“The therapeutic relationship has definitely evolved more in terms of*

engagement particularly people who would have DNA [did not attend] previously, they are happy to engage through a [remote] forum as it's more convenient for them"
(Physiotherapist).

Learning from the "real" environment

There was a noted advantage in some circumstances of being able to view a client in a real-world environmental setting. Moreover, the move to remote assessment provided opportunities for assessment in alternate environments where the client could be observed in environments that the assessor would not typically have access to in traditional assessments, such as respite care. Indeed, a speech and language therapist noted, *"The ability to observe in the 'real' environment. Also the potential to 'attend' in other environments (e.g.,) respite, that would never have been available in the traditional formats"* (Speech and Language Therapist). Children were found to be more relaxed in their own home and some felt that they could gain more from observing interaction with the home environment than in an office setting. Remote assessments provided not only the potential for achieving ecological validity not often possible in a face-to-face office setting, but the greater involvement of parents may have fostered a sense of empowerment in the process.

"I get a much better sense of the child's participation in their home environment...I feel that there is more working in partnership with parents – empowering them more" (Occupational Therapist).

Comfort, convenience and flexibility

In addition to the home environment providing further insights not always available elsewhere, children were often more comfortable in their own home, in a familiar space, with their own toys around them. This environment fostered a relaxed environment for the assessment while also providing unexpected benefits to the outcome of the assessment itself, as discussed above. On balance, this needs to be managed to ensure good communication and adequate engagement where there may be more distractors in the home.

"In the case of children, they are often more comfortable, but if over stimulated, can easily take a time out in their own environment" (AT Assessor/Clinical AT Specialist)

The convenience and flexibility offered by remote assessments was clear as time is saved with less travel, parents can take less time off work and there was no need to find

alternative childcare. Additionally, the remote assessment provided an opportunity for both parents to attend the session, as they can attend from their work environment, if necessary.

“The ability for both parents to join, especially if one is in work, may be able to ‘beam’ in for some or all of session without leaving their desk (depending on their work)” (Speech and Language Therapist)

It was stated that it worked well when there was a relationship with the families, however, some found that remote assessments can be a useful way to support families new to the service and this may be a more comfortable introduction to the service.

“It may have been a more comfortable way for the person referred, to have a first introduction to the [...] Service” (Service Manager - community based service)

Dissemination Webinar

On 3rd February 2021 the NCPPD hosted a webinar to provide feedback to service providers regarding the results of the survey. As part of the initial survey participants were asked if they were willing to further discuss their responses in order to identify good practices and difficulties. A significant number of respondents expressed their willingness to do this and from them five people – from a range of professions involved – were invited to share their experience as part of the feedback webinar. This webinar also presented the independent analysis of the results by EN. Almost nine hundred people joined the webinar live, and with almost 1300 registering for it, we expect others to follow up with viewing the recorded proceedings; (see <https://www.hse.ie/eng/about/who/cspd/ncps/disability/webinars/>)

Overall, the webinar authenticated the extent of interest, as well as concerns, about using remote assessment methods. The webinar also highlighted, as did the responses to the survey, that many clinicians are conducting not only assessments, but also interventions, though remote methods.

Discussion and Recommendations

Respondents were drawn from a myriad of professional backgrounds which demonstrates the breadth of service provision that was and continues to be delivered remotely in the sector. The majority of respondents had no experience in conducting remote assessments before the onset of the COVID-19 pandemic, whereas all participants but two, stated that they had

gained at least some experience by October 2020. It is clear that there has therefore been a significant shift, in at least some assessment services, into using remote means of assessment.

The qualitative analysis of survey responses found three overarching themes with multiple sub-themes. Access to appropriate and accessible equipment and adequate internet connection play key roles in facilitating successful remote assessments, however, they are significant barriers when unavailable. Other barriers identified include a lack of quiet space to carry out assessments, however, this was improved once restrictions were eased and children returned to school. A key facilitator was parental buy in and preferences for remote assessments. Learnings from the experience of conducting remote assessments included the importance of addressing practical concerns regarding equipment, data security, risk assessments and supporting families through local-level planning and preparation. While there are inherent limitations in the remote environment which create challenges for certain types of assessment, it also provides opportunities for service providers to see clients in settings which were previously out of reach and empowered parents and families as they became more engaged in the process. The response to the Covid-19 pandemic has provided considerable insights, not only in Ireland, but internationally too (Smith et al, 2021) regarding how we may be able to strengthen and increase the reach of disability services and supports.

We now provide a number of recommendations based on the results of the survey, the presentations of our panel members during the webinar; and the questions and answers stimulated by it.

Key Recommendations

- 1. Clinicians should be open to using a blended and flexible approach to assessment which reflects the resources available to service providers and service users, the assessment and intervention needs of service users, and practitioner's clinical judgement. Such judgement may necessarily have to be used in situations where there is no easily identifiable best practice that is relevant to the context of assessment.*

The success of remote assessments appeared to be dependent upon multiple factors such as individual circumstances, personal preferences, IT literacy, access to appropriate equipment and technology, and the type of remote assessment taking place. Therefore, a blended or

flexible approach to remote assessments may enhance effectiveness by recognizing when it is more appropriate and when it is less appropriate. For instance, if a service user and their family/carers have recently been referred to a new service, an initial meeting in a remote environment may be a more comfortable way to introduce them to the service and this could be followed up with face-to-face assessments in future. This would be particularly helpful if they were nervous or hesitant about attending a new service. On balance, services such as physiotherapy may benefit from initial in-person sessions which could be followed up with remote assessments. Remote assessments in physiotherapy are a viable alternative to in-person assessments, and a high level of agreement between both formats has been demonstrated with regard to the clinical management of chronic musculoskeletal conditions (Cottrell et al., 2018). A blended and flexible approach would assist clinicians in not having to make all-or-none type choices about modes of assessment.

2. The HSE and partners should develop shared policies, infrastructure and practical supports, to facilitate effective assessment, and where appropriate, interventions in a remote environment. Training and guidance documents for parents/families/carers would further strengthen the effectiveness of these remote services and build on their key knowledge and experience.

National strategies and policies to support consistent models across sectors, but which also allow for flexibility at local level, are needed to enable remote assessments and to facilitate inter- and multi-disciplinary learning and cooperation. Given the sudden onset of the public health restrictions related to Covid-19, services were required to adapt quickly, and thus differing policies and protocols may have necessarily been adapted in different ways by different service providers; resulting in differing service delivery. For instance, lack of certainty around data security and compliance with data protection laws, such as General Data Protection Regulation (GDPR), resulted in the adaptation of different policies and procedures which required a balance between ensuring the secure transfer of data with meeting clients' needs during a very challenging time.

Overall, remote assessments are facilitated by access to appropriate technology with as little interruptions as possible. This can exclude certain groups, such as people with fewer economic resources, poorer IT literacy, rural service users with poor internet connection, those lacking the appropriate hardware, or the space to use it at home. These circumstances

require practical solutions to address them. Suggestions included an equipment bank where people could be loaned tablets or laptops if needed. Also, those in areas of poor internet connection could be provided with space in a primary care centre, local library or other community organisations. This could also be used for those who do not have access to quiet space in their home. Many of the barriers that emerged were as a result of the sudden shift in working arrangements and have since been addressed; yet many challenges remain to allow for the needs of all service users and families to be met. The accessibility of the available technology remains a cause for concern for some groups and greater investment here is warranted.

In consideration of the greater role that parents, families and carers are required to take on during remote assessments, some form of standardised training programmes and/or guidance documents should be established. There has been a growing body of evidence in the literature which has assessed the feasibility and efficacy of training programmes for parents to support the delivery of, for example, applied behaviour analysis for children with ASD (Heitzman-Powell, Buzhardt, Rusinko, & Miller, 2014), behavioural interventions for children with Prader-Willi Syndrome (Zyga, Russ, & Dimitropoulos, 2018), and imitation interventions and early intervention for children with ASD (Pickard, Wainer, Bailey, & Ingersoll, 2016; Vismara et al., 2018; Wainer & Ingersoll, 2015) – all in a remote format. While such training programmes would not be suitable for all families/carers and specialities, additional specialised support could be offered on an individual basis to take individual circumstances into account.

- 3. The HSE should support the development of an evidence base to ascertain the efficacy of remote assessments, for different clients, different professions and different contexts. This work should be undertaken by an independent and external research group in Ireland; who can draw on good practices internationally and suggest how these can be applied to the Irish service context.***

The COVID-19 pandemic necessitated the move to providing services remotely, however, concerns regarding the efficacy of delivering assessment in this environment was expressed by some of our respondents. Previous research into the efficacy of the remote delivery of two commonly used tools; the Wechsler Abbreviated Scale of Intelligence (WASI) and the Beery-Buktenica Test of Visual- Motor Integration (VMI), found that scores generated from the in-person and remote formats were largely similar (Temple, Drummond, Valiquette, & Jozsvai,

2010). Remote online delivery of the Wechsler Intelligence Scale for Children (Fifth Edition) (WISC-V) has been found to produce comparable score as the traditional in-person delivery; however children performed more poorly on the Letter-Number sequencing subtest in the remote environment (Wright, 2020). Regarding assessment for children with autism spectrum disorder, evidence on live video observations, recorded video observations, online tools, and phone interviews has demonstrated promising results during the pandemic (Dahiya, DeLucia, McDonnell, & Scarpa, 2021). Consistency of responding across remote and in-person assessments may be affected by factors such as the age of respondents and the speed of the internet connection (Brearly et al., 2017).

A systematic review and meta-analysis found that there was greater homogeneity in responses for adults between the ages of 65 and 75 compared to older samples, and for studies reporting high speed internet connection (Brearly et al., 2017). While it has been argued that results from remote assessments are similar to those from face-to-face assessments (Brearly et al., 2017; Temple et al., 2010; Wright, 2020), there are limitations in the range of tests that could be adequately administered in the remote environment.

While the use of remote assessments during the COVID-19 pandemic were a valuable means to continue service provision during this time of crisis, further research and evidence is needed to establish their effectiveness. Reviews of existing evidence for specific sub-groups and specialities would assist with developing guidelines for future good practices in this area.

- 4. Service providers should encourage clinicians to use their own clinical judgment in a creative and flexible way by ensuring that there are supportive management and supervision arrangements in place; especially in relation to the use of remote methods. This may be enhanced by developing service specific communities of remote practice where good practices can be shared between clinicians.***

The NCPPD developed the remote guidance document to support clinicians in thinking through decision making regarding disability assessments in the context of Covid-19. This guidance considers different elements of assessment and how these can be navigated either remotely, or using Personal Protective Equipment (PPE) and applying Infection Prevention and Control (IPC) procedures. Using clinical expertise and a flexible approach, assessments can be legitimately undertaken and provide a quality of evidence sufficient to effectively

guide intervention. Practitioners may adopt a blended and flexible approach to assessment and interventions in line with the needs and preferences of people using services and in accordance with their own clinical judgement. This approach is supported by the NCCP.

Conclusion

Covid-19 has presented a considerable challenge to the effective provision of disability and other health and social care services in Ireland. The sector has responded well, in a variety of imaginative and innovative ways, effectively confronting an array of challenges in doing so. The greatly enhanced use of digital technology has been a distinctive feature of the response. The digital literacy of both service users and service providers has significantly increased over a short period of time. This has allowed for the recognition of new opportunities to augment traditional services and supports, as well as to enhance their scope and their reach – particularly for those who found it difficult to attend in-person services. The learning from the current study suggests that remote working by practitioner is a legitimate and helpful way of responding to the Covid-19 pandemic; and that there is considerable scope for it to be a component of more efficient and person-centred services in future.

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Appendix 1 – Remote Assessments Survey

Experiences of Conducting Remote Assessments for People with Disability (ECRAD) - Survey

We would like this survey to be completed by frontline professionals involved in conducting assessments in disability services. Remote assessments are where assessments were conducted online and where assessor and service user were not in the same location.

(Please return this survey by email to the National Clinical Programme for People with Disability (NCPD) ncp.disability@hse.ie by Friday 6th November)

CHO Area:	
Brief Description of your Service:	
Name of person completing survey (optional):	
Profession:	
Date:	
<i>Office Use Only (Survey Code):</i>	

**1. Prior to Covid-19 had you previously conducted some form of remote assessment?
Not at all/ To some extent /A great deal (please underline answer that applies)**

**2. Since the Covid-19 pandemic have you conducted some form of remote assessment?
Not at all/ To some extent /A great deal (please underline answer that applies)**

3. If you have conducted remote assessments which elements of assessment have you conducted remotely?

4. If you have conducted remote assessments what assessment instruments/tools and technologies have you used?

5. What has been your main learning from conducting (or trying to conduct) remote assessments?

6. What have been the main barriers to remote assessment?

7. What have been the main facilitators for remote assessment?

8. What feedback have you received from service users?

9. Are you aware of the “Interim Guidance on Conducting Assessments in Disability Services” document issued by the National Clinical Programme for People with Disability? Y/N

10. If you are aware of these guidelines what changes/additions/subtractions would you like to see to them?

11. “What other local / national supports would assist you in undertaking more assessments remotely?

12. Is there any other comment you would like to make regarding the use of remote assessment for people with disability?

13. Would you be willing to share your experience in a learning forum (e.g. webinar)? Y/N
If yes please fill in your contact details here including email address and phone number:

Please return this survey to ncp.disability@hse.ie by Friday 6th November