Remote Practice Guidelines

1. **Context**

   This guidance is provided to help you decide if working with us remotely is suitable for your or your child's circumstances. We will first set out the evidence we have consulted in identifying the benefits, risks, and parameters within which remote practices are offered. Then, we will provide an overview of our *considerations* and encourage you to consider what remote assessment might mean for you. This guidance ends with an overview of what we will *do* and recommended actions you should take before deciding if remote working is suitable for you.

2. **Decision-making**

   a. In deciding whether to work together remotely, we will consider the following:

      i. The referral route and nature of the request.

      ii. Risk versus benefits analysis of the information made available to us.

      iii. Any inhibiting factors (e.g., particular needs or focus that might make remote assessment inaccessible, unsafe, or where risks outweigh benefits).

      iv. Professional judgement, experience, and training parameters.

      v. The wishes of the client (child, young person, parent/carer, setting staff, etc.) or their legal representatives. We will only work with a person under 18 years old, where there is expressed parental permission.

      vi. The local context includes but is not limited to, the availability of resources, the physical location of the professional and the client (e.g., if they are not local to each other), and so on.

vii. We can reasonably 'see' the client, particularly when we are asked to work with a child. In this case, 'seeing' a child includes remote direct work, remote observation, photographs, and videos that can be made available to us. If we cannot 'see' the child, we cannot undertake a remote assessment.

viii. All parties, including parents/carers, children/young persons, and others directly involved with the person's support or care plans (e.g., teachers, social workers, etc.), can make themselves available for consultation via remote means. This consideration can only be discarded with express, written permission from the client or their legal guardian. In any case, the final decision on whether to proceed will be with the psychologist.

3. **The nature of our work, referrals, and client's responsibilities**

   a. The nature of our work varies considerably, but includes:

      i. Direct privately commissioned assessments (locally and nationally).

      ii. Third-party commissioned assessments (e.g. by local authorities or solicitors).

      iii. Direct privately commissioned therapy and mental health support (locally and nationally).

      iv. Individual and group professional supervision.

      v. Psychological consultation.

      vi. SEND Tribunal and Family Court proceedings.

   This is a non-exhaustive list. But it means we have several referral streams.

   b. It is important that everyone we work with, where remote assessment will or may form part of our approach, has access to this document. With this in mind, it is available on our website at www.papps.org.uk

and, where relevant, is explicitly signposted during initial discussions (or as soon as its relevance becomes explicitly known).

c. We have identified several areas of risk and benefit and some cautionary points of note. In this respect, we ask clients or their legal representatives to:

   i. Read and understand this guidance and inform us in advance of any questions or concerns you might have regarding remote practices in your circumstances.

   ii. Recognise that whilst we carry out our due diligence, we will only be privy to some nuances of a case prior to our work together. If, at any time, we become aware of a reason why remote assessment is unsuitable, we will let you know. However, we rely on a collaborative approach to ensure remote working remains suitable. So, if you have any concerns relating to the information in this guidance or that you become aware of later, you must tell us immediately.

   iii. Where necessary, alternative approaches will be used, or arrangements made. Where this involves a third party, this may include returning the request to the original referrer, offering an in-person assessment at our offices (at the client's own expense), or otherwise signposting to alternative services.

4. **An introduction to current practices**

a. Remote practices have become a significant modus operandi since the global pandemic of 2020. In recent years there has been an influx of private sector services exclusively offering telepractice. Perhaps one of the most well-known is the online therapy service, Better Help.

b. Yet, test publishers have also developed remote versions of many standardised assessments. For example, Pearson – which publishes leading test kits such as the WISC, Raven's, and Vineland, now have a remote assessment platform called Q-Global. The Feuerstein Institute – a world leader in dynamic assessment development – has launched a fully digital version of the Learning Propensity Assessment Device

([LPAD-D](#)). Many public health and local authority services also use a hybrid model. That is part remote and part in-person service delivery.

   c. Remote practices are here to stay. Despite this, remote practices are not always suitable for all clients. The decision to work remotely is multi-faceted. It is part of clinical judgement, but also client preference and the availability of resources.

5. **Evidence-based risk-benefit analysis of remote practices**

   a. In 2023, we undertook a thorough review of the available evidence. Below outlines the benefits and limitations to remote practices:

Benefits	Limitations
Time efficient[1, 2]	Accessibility issues, such as technological literacy and equipment[1]
Geographically flexible[1, 2]	Possible reduction in therapeutic alliance particularly in cases of severe mental health disorders[1]
Clients reported feeling comfortable with their clinician would be happy to complete future telehealth assessments and had no concerns about the inaccuracy of remote assessment[3, 4]	Confidentiality, data protection, privacy, and secure digital connections require specific attention[4]
Consultations and assessments with those not accessing or unable to access traditional spaces were more accessible[4]	Standardised assessment of achievement and intelligence testing should only take place in-

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[1] Witteveen, A.B., Young, S., Cuijpers, P., Ayuso-Mateos, J.L., Barbui, C., Bertolini, F., Cabello, M., Cadorin, C., Downes, N., Franzoi, D. and Gasior, M., 2022. Remote mental health care interventions during the COVID-19 pandemic: An umbrella review. *Behaviour Research and Therapy*, p.104226.

[2] Galvin, E., Desselle, S., Gavin, B., Quigley, E., Flear, M., Kilbride, K., McNicholas, F., Cullinan, S. and Hayden, J., 2022. Patient and provider perspectives of the implementation of remote consultations for community-dwelling people with mental health conditions: a systematic mixed studies review. *Journal of Psychiatric Research*.

[3] Gibbs, V., Cai, R.Y., Aldridge, F. and Wong, M., 2021. Autism assessment via telehealth during the Covid 19 pandemic: Experiences and perspectives of autistic adults, parents/carers, and clinicians. *Research in autism spectrum disorders*, *88*, p.101859.

[4] Greenblatt, R., Gumbs, S., Lemboye, S., Blanchard, J. and Bunn, H., 2021. Educational Psychology in the Virtual World: A Small Study on Practice Adaptations During the COVID-19 Pandemic and Potential Benefits for Future Services. *Educational Psychology Research and Practice*, *7*(2), pp.1-11.

	person unless the test has been specifically designed for remote delivery[5].
Psychologists are able to fulfil their role without the standard or quality of work being negatively impacted[4].	The British Picture Vocabulary Scale (BPVS) may underestimate need when delivered remotely[6].
The Raven's Coloured Progressive Matrices (RCPM) can be delivered in-person or remotely without loss of accuracy, particularly when computer automated[6].	Parents may unintentionally influence a child's performance, rather than allow them to make mistakes[6].
There is minimal differences between delivering Video Interactive Guidance (VIG) in-person or remotely[7].	Can take longer to build rapport, practitioner and client need to have technological skill and confidence, both client and practitioner are at home (framing of the environment and separation of home/work), need for breaks, cannot work with clients remotely if experiencing paranoia, specific anxieties, and 'live' domestic violence concerns, and post-meeting support[7].
Cost-effective, reduces carbon footprint, flexibility in adjusting meeting times, promotes better multi-disciplinary working, convenient, reduces anxiety of attending clinic, improved attendance, can be easier to invite extended family members to join or those who do not live (or cannot physically be) in the same place as the client, potential space for informal observation of home conditions, remote working is not a poor substitute for in-person practices – it is just different[7].	Limited comparative studies on client outcomes between remote and in-person services, thus remote practices are not suitable for all people, all the time[2, 8, 9].
Can be a satisfactory form of service delivery when preferences and circumstances are considered. Improved access to services for particular populations[8].	Appropriateness needs to be determined on a case-by-case basis and guided by both the professional and client[12].

[5] Farmer, R.L., McGill, R.J., Dombrowski, S.C., McClain, M.B., Harris, B., Lockwood, A.B., Powell, S.L., Pynn, C., Smith-Kellen, S., Loethen, E. and Benson, N.F., 2020. Teleassessment with children and adolescents during the coronavirus (COVID-19) pandemic and beyond: Practice and policy implications. *Professional Psychology: Research and Practice*, *51*(5), p.477.

[6] Ashworth, M., Palikara, O., Burchell, E., Purser, H., Nikolla, D. and Van Herwegen, J., 2021. Online and face-to-face performance on two cognitive tasks in children with Williams syndrome. *Frontiers in Psychology*, *11*, p.594465.

[7] Yuill, N., Dasgupta, Z., and Glass, D. (2023). The digital divide: How has the move to online intervention affected accessibility to psychological support and what can we learn? *National Institute for Health Research*.

[8] Paterson, N. (2021). *The use of telepractice in the family and relationship services sector.* Australian Government, Australian Institute of Family Studies.

Remote practices are not new or particularly 'experimental'[9].	Technology can be unreliable and expensive, static camera view can reduce personability and non-verbal communication[10].
Effective for running support groups[11].	
Specialist assessments and access to professional expertise where these are not otherwise available locally[12].	
Automated computer software is more effective in bringing about mediated change than examiner only delivery of dynamic assessment[13].	
It is possible to provide young children with a favourable computer experience while enhancing their understanding of an educational concept including mathematics[14, 14.1]. This is increased further when a trained examiner is present to ensure a mediated learning experience (MLE)[13, 15]	
Findings into the use of digital forms of dynamic assessment have been shown in multiple papers. Including supporting children experiencing	

[9] Law, J., Dornstauder, M., Charlton, J. and Gréaux, M., 2021. Tele-practice for children and young people with communication disabilities: Employing the COM-B model to review the intervention literature and inform guidance for practitioners. *International Journal of Language & Communication Disorders*, *56*(2), pp.415-434.

[10] Bice-Urbach, B., Kratochwill, T. and Fischer, A.J., 2018. Teleconsultation: Application to provision of consultation services for school consultants. *Journal of Educational and Psychological Consultation*, *28*(3), pp.255-278.

[11] Banbury, A., Nancarrow, S., Dart, J., Gray, L. and Parkinson, L., 2018. Telehealth interventions delivering home-based support group videoconferencing: systematic review. *Journal of medical Internet research*, *20*(2), p.e25.

[12] Luxton, D.D., Pruitt, L.D. and Osenbach, J.E., 2014. Best practices for remote psychological assessment via telehealth technologies. *Professional Psychology: Research and Practice*, *45*(1), p.27.

[13] Tzuriel, D. and Shamir, A., 2002. The effects of mediation in computer assisted dynamic assessment. *Journal of Computer Assisted Learning*, *18*(1), pp.21-32.

[14] Wang, T.H., 2011. Implementation of Web-based dynamic assessment in facilitating junior high school students to learn mathematics. *Computers & Education*, *56*(4), pp.1062-1071.

[14.1] Wang, T.H., 2010. Web-based dynamic assessment: Taking assessment as teaching and learning strategy for improving students'e-Learning effectiveness. *Computers & Education*, *54*(4), pp.1157-1166.

[15] Poehner, M.E. and Lantolf, J.P., 2013. Bringing the ZPD into the equation: Capturing L2 development during computerized dynamic assessment (C-DA). *Language Teaching Research*, *17*(3), pp.323-342.

difficulties with mathematics[16], English language learners[17, 18], reading comprehension[19, 20], writing skills[21], amongst others with a long history of efficacy exploration[22].

b. Remote therapy and assessments are not suitable for all people, all the time. It is important to recognise the fundamental differences between paper-pen and computer-based assessments. But this is a matter of difference rather than better or worse.

c. The principles outlined below are based on the following guidance and papers:

   i. American Psychological Association, 2013. *Guidelines for the practice of telepsychology*. American Psychological Association, Washington [available online: www.apa.org/practice/guidelines/telepsychology, accessed 10.23]

   ii. Association of Educational Psychologists (AEP), 2020. *Working remotely with children, young people, and their families: Staying safe, maintaining data security, upholding professional standards, and using technology.* Association of Educational Psychologists, Durham [available online: www.aep.org.uk, accessed 09.23]

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[16] Peltenburg, M., Van Den Heuvel-Panhuizen, M. and Doig, B., 2009. Mathematical power of special-needs pupils: An ICT-based dynamic assessment format to reveal weak pupils' learning potential 1. *British Journal of Educational Technology*, *40*(2), pp.273-284.

[17] Ebadi, S. and Bashir, S., 2021. An exploration into EFL learners' writing skills via mobile-based dynamic assessment. *Education and Information Technologies*, *26*, pp.1995-2016.

[18] Wei, J., 2019, March. Research on Application of Dynamic Assessment in Foreign Languages Teaching. In *2018 8th International Conference on Education and Management (ICEM 2018)* (pp. 345-348). Atlantis Press.

[19] Ünal, A. and Yuksel, D., 2022. Computerized Dynamic Assessment as a Potential Inclusive Assessment Tool for Reading Comprehension. In *Handbook of Research on Policies and Practices for Assessing Inclusive Teaching and Learning* (pp. 360-384). IGI Global.

[20] Wang, J.R. and Chen, S.F., 2016. Development and validation of an online dynamic assessment for raising students' comprehension of science text. *International Journal of Science and Mathematics Education*, *14*, pp.373-389.

[21] Rezai, A., Naserpour, A. and Rahimi, S., 2022. Online peer-dynamic assessment: an approach to boosting Iranian high school students' writing skills: a mixed-methods study. *Interactive Learning Environments*, pp.1-19.

[22] Giannetti, R.A., Klingler, D.E., Johnson, J.H. and Williams, T.A., 1976. The potential for dynamic assessment systems using on-line computer technology. *Behavior Research Methods & Instrumentation*, *8*(2), pp.101-103.

iii. British Association for Counselling and Psychotherapy (BACP), 2023. *Working online in the counselling professions: Good Practice in Action Factsheet 047*. British Association for Counselling and Psychotherapy, Lutterworth [available online: www.bacp.co.uk/media/17386/bacp-working-online-in-counselling-professions-fs-gpia-047-feb23.pdf, accessed 10.23]

iv. British Psychological Society (BPS), 2020. *Guidelines on psychological assessment undertaken remotely*. British Psychological Society, Leicester [available online: https://cms.bps.org.uk/sites/default/files/2022-06/Psychological%20assessment%20undertaken%20remotely.pdf, accessed 10.23]

v. Division of Clinical Psychology Digital Healthcare Sub-Committee, 2020. Effective therapy via video: Top tips. Clinical Psychology Forum, 329, 37-39. British Psychological Society, Leicester [available online: https://explore.bps.org.uk/content/bpscpf/1/329, accessed 10.23]

vi. Education Endowment Foundation, 2020. Remote learning, rapid evidence assessment. Education Endowment Foundation, London [available online: https://educationendowmentfoundation.org.uk/guidance-for-teachers/covid-19-resources/best-evidence-on-supporting-students-to-learn-remotely, accessed 10.23]

vii. Galvin, E., Desselle, S., Gavin, B., Quigley, E., Flear, M., Kilbride, K., McNicholas, F., Cullinan, S. and Hayden, J., 2022. Patient and provider perspectives of the implementation of remote consultations for community-dwelling people with mental health conditions: a systematic mixed studies review. *Journal of Psychiatric Research* [available online: www.sciencedirect.com/science/article/pii/S0022395622006033, accessed 10.23]

viii. Hassard, J., 2022. Exploring educational psychologists' perceptions of changes to assessment practice throughout the COVID-19 pandemic. *Educational Psychology in Practice*, *38*(2), pp.214-231.

ix. Health and Care Professions Council (HCPC), 2021. *Adapting your practice in the community*. Health and Care Professions Council, London [available online: www.hcpc-uk.org/covid-19/advice/applying-our-standards/adapting-your-practice-in-the-community, accessed 10.23]

x. Health and Care Professions Council (HCPC), 2021. *Providing care and treatment remotely*. Health and Care Professions Council, London [available online: www.hcpc-uk.org/standards/meeting-our-standards/scope-of-practice/providing-care-and-treatment-remotely, accessed 10.23]

xi. Health Service Executive of Ireland, 2020. *Telepractice: A practical guide for children's disability teams*. Health Service Executive, Dublin [available online: www.hse.ie/eng/services/list/4/disability/progressing-disability/pds-programme/documents/telepractice-guide-for-children-s-disability-teams.pdf, accessed 10.23]

xii. Mind, 2021. Trying to connect: The importance of choice and remote mental health services. Mind, London [available online: www.mind.org.uk/media/8575/mind-20582-trying-to-connect-report-aw2-welsh-recommendations-lr.pdf, accessed 10.23]

xiii. Joshi, A., Paterson, N., Hinkley, T. and Joss, N., 2021. *The use of telepractice in the family and relationship services sector*. Child Family Community Australia, Australian Institute of Family Studies [available online: https://apo.org.au/node/312207, accessed 10.23]

6. **Our approach**

An American study found that pre-pandemic, 7% of all psychological services were delivered remotely. During the pandemic, this rose to 85%, with psychologists believing that a third of future services will occur via remote means post-pandemic[23]. This trend has been seen throughout the world, including in the United Kingdom:

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[23] Pierce, B.S., Perrin, P.B., Tyler, C.M., McKee, G.B. and Watson, J.D., 2021. The COVID-19 telepsychology revolution: A national study of pandemic-based changes in US mental health care delivery. *American Psychologist*, *76*(1), p.14.

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Registered Company (14602051)
Registered Office: 54 Thorpe Road, Norwich, NR1 1RY

Version 2 (January 2024)

More and more of us are working remotely, whether that be online or over the phone. Remote working brings many opportunities and advantages for healthcare professionals, services, and service users. However, it also brings risks and new challenges for practice… Here at HCPC, we are really supportive of registrants taking advantage of new technologies and ways of working in their practice. We know this has huge potential to advantage everyone you work with.[24]

Digital technologies offer new and life-changing opportunities. They ensured that both personal and professional connections could be maintained throughout the pandemic and have literally saved countless lives. They have become an integral tool for practitioners, bringing with them significant new and additional professional responsibilities.[25]

We are proud to offer remote therapy and assessments in the context of recognising that this mode of service delivery will not always be appropriate for people all the time. Based on the papers noted in section 5c, on a case-by-case basis, we will:

At all times …

a. Work in the best interests of the child, young person, and parents/carers, within the parameters of factors within our control.

b. Be happy to answer any questions about different working modes for your circumstances. We can provide information in writing or orally and additional or different explanations you might require to make an informed decision.

c. Ensure your data is kept safe. In this respect, we will ensure we are in a quiet and private location, use headsets so our conversations cannot be overheard where necessary, where we are the data controller, we will hold your data on secure networks accessible only by us, use up-to-date spyware and anti-virus protection, and destroy all data using a

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[24] Health and Care Professions Council (HCPC), 2021. *Providing care and treatment remotely*. Health and Care Professions Council, London [available online: www.hcpc-uk.org/standards/meeting-our-standards/scope-of-practice/providing-care-and-treatment-remotely, accessed 10.23]

[25] British Association for Counselling and Psychotherapy (BACP), 2023. *Working online in the counselling professions: Good Practice in Action Factsheet 047*. British Association for Counselling and Psychotherapy, Lutterworth [available online: www.bacp.co.uk/media/17386/bacp-working-online-in-counselling-professions-fs-gpia-047-feb23.pdf, accessed 10.23]

digital shredding process where it is no longer needed and, in respect to care records, has reached the retention period (typically, ten years, though please note, any third party may retain this information for a longer period). Please see our data protection policy for details. However, despite our best endeavours, there are likely to be limits to confidentiality. Whilst some of these are shared with in-person practices (e.g., others may see, hear, or otherwise be aware we are talking), other risks will be specific to remote practices, such as evolving and unpredictable cyber-attacks. We will use technology that reduces this risk as far as possible, including but not limited to UK government-approved secure email platforms (i.e., Egress) and password-protected documents.

d. Ensure candour, that is be promptly open, honest, and frank when anything has gone wrong. We will take immediate action to limit or prevent any harm, repair any harm caused as far as reasonably possible, offer an apology when appropriate, record the incident on our systems and alert any third parties as necessary (e.g., third parties who may have commissioned our work on your behalf or governance organisations, such as the ICO, HCPC, or similar). We will initiate an immediate investigation, identify what has gone wrong, why it went wrong, and make any necessary changes to ensure it does not happen again. We will write to you following our investigation to inform you of the outcome.

e. **Never** make any unexpected, frequent, or out-of-hours contact (unless otherwise arranged in advance). Occasionally, we offer an out-of-hours service (e.g., evenings and weekends). These are provided to give maximum flexibility, but you do not have to accept an appointment offered 'out of hours' if you do not wish to.

f. **Never** communicate with you directly on social media sites under any circumstances. This includes, but is not limited to, Facebook, Instagram, X (formally Twitter), WhatsApp (or any other text-based service), and similar. You can follow us on these platforms if you wish, but we will not directly communicate via these means.

Before we work together …

g. Offer a choice of remote or in-person service delivery (where possible). We will explain where either option is unavailable and why. In this case, you may choose not to work with us. We will do our best to signpost you elsewhere, or if you have been referred to us, we will return your information to this third party (e.g., if we are undertaking work on behalf of a local authority, school, solicitor, or similar).

h. **Review available information** provided to us at the point of referral and new information as it is made available to us. We will be transparent about whether remote assessment, therapy, or other services are unsuitable at the start and review this periodically.

i. **Always** triage requests for remote services and, for example, ask ourselves, you, or the original third-party referrer the following questions:

  i Does the client have any need that might significantly restrict their participation in online services? For example, particular sensory impairments and developmental, emotional, or language needs that would prevent inclusion.

  ii Does the client need an assessment or other service that cannot be completed remotely?

  iii Does the remote service hinder our ability to make an informed decision in the best interests of the client?

  iv Is the client safe to talk freely?

  v Does the client have appropriate means to access remote services?

We encourage you to ask yourself the same questions and let us know immediately if you have any concerns.

j. **Inform you of any limitations** of working remotely, such as signposting to this policy. We will work with you and others to overcome any inherent barriers where necessary. This might include, for example, asking others to conduct observations, complete checklists, or

questionnaires, meet with us remotely more than once, or do something similar. If you or we believe that something has or could reasonably be missed by remote working despite taking additional or different steps as described, we will arrange for a follow-up, face-to-face appointment. This may or may not be with us (e.g. if you have been referred by a third party, such as a local authority, we will make both the third party and you aware this is the case and that our advice is for follow-up in-person appointment. Please note the third-party referrer is not obliged to act on this advice.).

k. **Outline what technology you require** before we agree to work with you remotely. This will typically include a laptop, desktop, or tablet with a screen size of no less than 10 inches, with the capability to receive and send audio and video, typically including a secure internet connection, speakers, and webcam. Where necessary, we can adapt what technology we use, which may include, for example, secure text chat (such as that available via MS Teams), telephone, or similar. Please be aware there are restrictions on these alternative methods that are beyond our control (e.g., the use of WhatsApp, Facebook Messenger, iMessage, text messages, and similar are not secure forms of communication, and we strongly advise against using these).

l. **Agree with you** on what tasks or modalities we will use and why, the goals or questions we would like to explore in our work together, and a method by which you or we can switch to in-person services.

m. **Establish a contingency plan** should we be disconnected. This will typically be attempting to reconnect or a telephone call on the number we have for you. In respect of therapy, we will complete a safety plan with you, and ask for your contact phone number, the postal address from which you will be participating, and an emergency contact number. We may alert the emergency services to conduct a welfare check if we cannot reach you via these means.

During our work together …

n. Ensure we are suitably dressed, appropriate to weather conditions and of a standard that we would work with you in person.

o. Schedule screen breaks if our session lasts for 60 minutes or longer. More frequent breaks can be planned on request.

p. Endeavour to have an adult sitting with the child (where applicable) who can support the facilitation of assessments where appropriate. Ideally, this will be with a teacher or teaching assistant familiar with mediating learning experiences for children and young people.

After our work together …

q. Regarding therapy, provide an aftercare follow-up periodically throughout our time together. The frequency of such can be increased or decreased based on your preferences.

7. **What we ask of you**

To ensure our work together goes as smoothly as possible and to ensure everyone's safety and right to privacy and confidentiality, we ask that you:

a. Ensure you have the appropriate technology and have the skill and confidence to use it.

b. Ensure your network connection and devices are secure. We strongly advise password protecting your internet connection, running spyware, anti-virus, and firewall software, and similar precautions when working remotely. You should take measures to ensure, where necessary, that your history and any tracking information (e.g., cookies) are deleted from your system to ensure others cannot inadvertently breach confidentiality. Many browsers now offer *incognito modes* which aim to proactively disable, block, and/or delete temporary files, cookies, and other tracking and browsing histories.

c. Ensure that an adult is present in the same room and within earshot as the child or young person working with us during the assessment. Understand that young people can be afforded privacy and confidentiality away from their parents/carers. In this case, we will apply the *Gillick Competency*. Those aged **16 years or older** will automatically be asked if they are happy for an adult to be present. Those aged **18 years or older** will be contacted by us directly. We will

only communicate with a nominated other where we have been given written consent, or the person has a Deputy appointed by the Court of Protection. If we are concerned about the client's capacity in these situations, we may conduct a preliminary Mental Capacity Act Assessment or refer you to a local Best Interests assessor.

d. Ensure you and those we will be working with are suitably dressed and to a standard you (or they) would dress if we met in person.

e. Let us know if you need us to repeat anything or provide information in a different format. If, at any time, you or the person we are working with, if different, feel uncomfortable working remotely, let us know. We will stop the work immediately and make alternative arrangements.

f. Ensure you have a safe space to work with us, which ensures your privacy and confidentiality. For example, the space will be free from all distractions, in a private and quiet location, where you can take a break after the session (i.e., if having sessions at home, it is important that you have a space that is separate from your day-to-day living this might, for example, be a spare room, home office, or similar. We strongly advise against using your bedroom or similar personal space).

g. Recognise the inherent differences between remote and in-person services. This includes, for example, that we are more likely to miss nuanced non-verbal cues and environmental changes. We will endeavour to manage these risks by working in partnership with you, but this will not eradicate the limitations of remote working entirely.

h. Recognise that moving between remote and in-person working – particularly in the case of therapy – can cause you to become unsettled, which may have a negative impact on any progress made. If you wish to make such a change, you are encouraged to speak with us to assess the risk before making a final decision.

i. **<u>Do not</u>** record any part of our remote work together in any format. This includes, for example, recording or storing images or audio or video or written correspondence (e.g., on-screen text) on the device you are using to access our sessions or another separate device. This will be considered a breach of contract, and we will terminate our work with you immediately.