



PALMER & PALMER

PSYCHOLOGY SERVICES

## **Remote Services Guidance**

These were updated and effective from 25<sup>th</sup> January 2025

## Context

This guidance is provided to help you decide if working with us remotely is suitable for your and/or your child's circumstances. It is not suitable for all situations or all services. This guidance is based on available empirical evidence and our current knowledges, training, and experiences at the time of writing.

## Guiding Principles

### Definition

1. Remote services should be taken to mean any action taken by us in delivering services to you, where we are not together, in-person, typically within the same room. This means, remote services may include email, interaction through our website or a third-party website (e.g., completing questionnaires on a test publisher's website), telephone or video calls, supply of photographs or videos, and so on.

### Limitations

2. Any work we undertake must be ethically and legally compliant. We may refuse to undertake any form of remote working if we do not believe it is in the client's best interest.
3. We generally **do not** recommend that 'high stakes' assessments are completed remotely. High stakes might include, reports for statutory processes (e.g., EHCPs applications, annual reviews, capacity, or other psycho-legal assessment). If you choose to continue against our advice, we will deem this as acceptance of risk outlined in this guidance. In some cases, such as where we can foresee the service could reasonably cause harm, we may refuse to deliver the service to you (or your client, if different).
4. We will **not** agree to any form of remote assessment if we believe, for any reason, that the person cannot access our service in private.
5. We will **not** agree to any form of remote assessment if we believe, for any reason, that the person may be at risk of harm. This includes, for example, in cases where domestic violence, abuse, or similar, are known features, or where the person is at increased risk to themselves or others.
6. We *may* insist that you have your camera on and do not use digital backdrops or screen filters during our conversation.
7. We will always try to accommodate the wishes of the client or their representative if they are a legal guardian. We **only** work with a person under 18-years old, where there is express parental permission, and a responsible adult is in attendance too.

8. 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.
9. Before deciding whether remote services are right for you, please consider:
  - a. Accessibility issues, such as technology literacy, available equipment, audio and lighting conditions.
  - b. That most communication is expressed and received non-verbally (i.e., through body language).
  - c. Issues of confidentiality such as nuanced issues of privacy and security of the digital connection.
  - d. Limitations of test material. Not everything that can be done in-person is possible remotely.
  - e. The assessment conditions, such as unplanned interruptions in signal, others coming and going, pets, and similar. This may impact on assessment outcomes.
  - f. Remote assessments will require more regular ‘screen breaks’, thus, elements such as focused attention can be difficult to establish.
  - g. The assessors view can only be from one static position. This means contextual factors, which are usually critical in certain assessments, will be missing. Your psychologist will advise you further if they are concerned this will invalidate any of the assessment or conclusions.
  - h. There remain limits to comparative studies between remote and in-person assessments. However, consultations and questionnaires, for example, do not appear to present the same barriers as more specific assessments of cognition or emotional wellbeing, for example.

## Opportunities

10. Remote practices have become a significant modus operandi since the global pandemic of 2020. Some psychology services now work exclusively on a remote basis, with many test publishers developing online versions of materials to be used specifically for this purpose.
11. We generally take the position that consultations can take place remotely. Other services such, pre-assessment questionnaires and similar tools are also designed to be used remotely. In some cases, this will not be suitable. In these cases, we will explain the reasons why.

12. Evidence has shown that remote practices are:

- a. Time efficient.
- b. Flexible and convenient when coordinating attendees from different locations.
- c. Cost-effective.
- d. Accessible to those who cannot or prefer not to access traditional spaces (e.g., assessment or therapy offices).
- e. Require specific services that show similar efficacy between in-person and remote delivery (e.g., some dynamic assessments, video interactive guidance, training, etc.).
- f. Reduces carbon footprint.
- g. Improves attendance rates.
- h. More enjoyable for some children and young people.

## Expectations of Remote Service Delivery

### Joint Expectations

This is what you should expect from us, as much as we expect it from you:

13. The service will take place in a quiet and private location. Where this cannot be guaranteed, for whatever reason, headsets should be used so our conversations cannot be overheard by a third-party.
14. Ensure that we are speaking, as far as reasonably possible, on a secure network. This is typically the case if you require a password to access your Wi-Fi service. However, you should also check local security settings, such as those on the hardware and software that you use to connect with us. We must both tell the other party if either of us become aware of evolving or unpredictable security breaches. This might include, for example, cyber-attacks or computer viruses or other listening or recording devices being used without permission.
15. Ensure we are suitably dressed, appropriate to the local weather conditions and of a standard that we would work with you in person, or you would be visiting us in person.
16. Ensure the call is taken in an appropriate location. For example, *in bed* is not an appropriate place, however, *in a bedroom* may be in order to facilitate privacy.

17. Screen breaks can be requested at any time, by either party, and certainly if the conversation lasts for 60-minutes or longer.

### **What to Expect from us:**

When services or parts of a service is delivered remotely, you can expect us to:

18. Treat you with the same level of respect and dignity as if we were meeting you in person.
19. Make you aware of limitations to the service as a result of remote delivery, as they become known to us and, where possible, offer an alternative.
20. Record, process, store, retrieve, and destroy your data in line with our General Data Protection policy.
21. Use end-to-end encrypted email services when sending through any secure documents and provide you details of how you can do the same. If you ask us, or otherwise choose, not to have your documents exchanged in this manner, this will be at your own risk.
22. Use your child's initial(s) when corresponding with you via email in general. We ask that you do the same, but you may choose not to at your own risk.
23. Establish a contingency plan should we be disconnected. This will typically be attempting to reconnect or telephone the number we have on file 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.
24. If, during our consultation or other service carried out remotely, you become unwell or we are concerned about your welfare, we will alert the emergency services immediately.
25. You can expect us to tell you if we intend to record our work together beyond a typed or written record created by hand. In some cases, this can be helpful, and we may use Dictaphones, AI transcription, screen-record, or similar. If we believe this would be useful, we will first ask for your permission; once to initially agree, and again once the 'recording' has begun. You can refuse without any impact on the service we are delivering to you. If you do agree, the record will be stored and be subject to our General Data Protection policy.

### **What we Expect from you:**

There are certain requests we must make from you to ensure we safeguard everyone involved in the remote delivery of services. These are:

26. Ensure that an adult is present in the same room and within earshot as the child or young person working with us during any assessment (including consultations and remote questionnaires). Ideally, this adult will sit with or close by the child.

27. 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 usually be contacted by us directly unless there is a compelling reason why this should not be the case.
28. 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.
29. You must be able to satisfy basic technological requirements and know how to use the basic functions of these well. Requirements may include:
  - a. A laptop, desktop, or tablet computer with a screen size of no less than 10 inches. This excludes all mobile phones and smaller tablet computers.
  - b. Your device must be able to receive and send audio and video, typically including a secure internet connection, speakers, and webcam.
  - c. You must have your camera on at all times if a video call has been arranged. We cannot work with children remotely if they do not wish to be on camera. If this is likely to be a problem, please let us know, as we can arrange alternative means of communication such as secure text and telephone calls.
  - d. Only use software which we ask you to. We strongly advise against using WhatsApp, Facebook Messenger, iMessage, text messages, and similar, as these typically do not offer the same degree of security.
  - e. 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, if you are concerned. Many browsers now offer *incognito modes* which aim to proactively disable, block, and/or delete temporary files, cookies, and other tracking and browsing histories. By agreeing to us working together remotely, you accept full responsibility for ensuring your online presence is secure.
30. 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.

31. 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, particularly in respect of therapy.
32. 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.
33. Recognise that in therapy contexts, moving between remote and in-person working (or vice versa) can be unsettling, 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.
34. **Do not** 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 services with you immediately. If you wish us to record our work, please make this request, and we will initiate the recording and send it to you in a secure format. In this case, the data will be treated in the same way as any other data we collect for you.

### Social Media and Out-of-Hours:

Social media and electronic communication mean that the world is constantly switched on. To manage this, we are guided by the following principles:

35. Our normal working week is 8am – 6pm Monday to Thursday, and 8am – 4pm Friday. However, we often work outside of these hours as this fits with our other commitments. Thus, we may send correspondence outside of these hours or otherwise schedule it to arrive between these hours.
36. Correspondence may be exchanged between us outside of these hours, but there is no expectation that these will be responded to immediately.
37. We endeavour to reply to existing clients within 48 hours (Monday-Friday) and to general enquiries or prospective clients within 72 hours.
38. We occasionally offer out of hours services to fit the schedules of our clients. However, this is at our sole discretion and should not be assumed possible without our express agreement. Equally, if we offer an out of hours service, you do not have to accept it.
39. We use Instagram and Facebook, on which we have official profiles. We do not use any other form of social media. We welcome follows, likes, and other interactions. However,

we do not communicate with clients or prospective clients on social media sites under any circumstances. This includes ‘following’ or ‘liking’ profiles of those we do not otherwise have a professional interest in. Please do not take offence if we do not ‘follow’ you or ‘like’ your posts.

## Evidence-based & Ethical Practice

We have consulted the following guidance when considering our position on the provision of remote services, alongside a more thorough literature review:

American Psychological Association, 2013. [\*Guidelines for the practice of telepsychology\*](#). American Psychological Association, Washington [accessed online, 10.23]

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 [accessed online, 09.23]

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 [accessed online, 10.23]

British Psychological Society (BPS), 2020. [\*Guidelines on psychological assessment undertaken remotely\*](#). British Psychological Society, Leicester [accessed online, 10.23]

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 [accessed online, 10.23]

Education Endowment Foundation, 2020. [\*Remote learning, rapid evidence assessment\*](#). Education Endowment Foundation, London [accessed online, 10.23]

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\*](#) [accessed online, 10.23]

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.

Health and Care Professions Council (HCPC), 2021. [\*Adapting your practice in the community\*](#). Health and Care Professions Council, London [accessed online, 10.23]



Health and Care Professions Council (HCPC), 2021. [\*Providing care and treatment remotely\*](#). Health and Care Professions Council, London [accessed online, 10.23]

Health Service Executive of Ireland, 2020. [\*Telepractice: A practical guide for children's disability teams\*](#). Health Service Executive, Dublin [accessed online, 10.23]

Mind, 2021. [\*Trying to connect: The importance of choice and remote mental health services\*](#). Mind, London [accessed online, 10.23]

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 [accessed online, 10.23]