Telepractice

A practical guide for children's disability teams

June 2020

Contents

Introduction

Telepractice refers to the use of technology to deliver services and supports at a distance. Methods of delivering telepractice may include, but are not limited to, email, telephone, video-conferencing and pre-recorded materials.

Evidence tells us that telepractice can support family-centred approaches consistent with best-practice. Using telepractice, children's disability teams can deliver services in the child's natural environment, such as the family home, and parents are supported to take the lead with their child.

Telepractice services should be equivalent in quality to those delivered in-person, not considered as a 'Plan B', but seen as one of the 'Plan A' options for children's disability services. There will of course be occasions when face to face intervention is essential.

Many different approaches to supporting children and families can be delivered through telepractice; individual therapy support, groups for children and for teenagers, parent support groups, parent skills development, siblings groups and much more. It can also be used for team meetings or meetings with other services. Information sessions for parents can be delivered by webinar, either live or recorded to be viewed at a time to suit the family.

Children's disability teams continually demonstrate their flexibility and innovation. They will embrace the endless possibilities telepractice offers.

Advantages of telepractice

Children's disability teams work to support families in meeting their goals to achieve best possible outcomes for their child. Telepractice is simply a mode through which intervention can be delivered. It is not an 'all or nothing' option. It can be combined with other means for children's disability teams to deliver services and supports to children with disabilities or developmental delay, and their families, in a way that suits their needs.

When it comes to receiving services through telepractice, the first question for families will usually be whether their child will receive the same quality of support as they would with face to face intervention? Research shows that the outcomes achieved through telepractice are similar and sometimes even superior to face to face delivery (see bibliography).

Family centred practice
Family centred practice promotes the strengths of the family through a partnership approach. In a therapy session delivered by telepractice the parent or carer takes a more active role than they might in a centre based therapy session. This co-production approach ('do with' rather than 'do to') significantly expands the family's capacity to support their child's development and empowers them to take the lead.

Integrating into daily life
Telepractice fits into the everyday life of the child and family and encourages the team in family centred practice. For an individual session the child and family will be at ease in a familiar environment and led by their own routines. As another example, parent skills programmes can be delivered through an information webinar, viewed at a time to suit the family, followed by group video conference meetings or individual meetings to share experiences and talk through issues.

Family friendly
Telepractice may reduce the time parents have to take off work to attend appointments. If parents and carers have more than one child, bringing siblings to appointments can become stressful for the whole family. Telepractice allows everyone to remain in their own home, reduce pressure on parents and promote family harmony!

Travel
Telepractice cuts out transport issues for families, which can be significant especially if they don't own a car or have easy access to public transport. Travel time is also saved.

Reducing cancellations
Telepractice can reduce the number of cancellations due to bad weather, a member of the family being unwell, lack of transport and other reasons.

Allows for professional collaboration
Telepractice allows for two or more team members to join a session or bring in others from outside the team. In some cases one joint online meeting could avoid several appointments in different venues, multiple letters or phone calls.

MYTHS ABOUT TELEPRACTICE

You need to be a technology wizard

Telepractice is not as effective as face to face therapy

You can't develop good relationships with the child and family via telepractice

Technology

To engage successfully through telepractice, both team members and families need to access technology and feel comfortable using it. The potential uses are so wide that it is well worth time and effort to get the best possible technical solutions.

The technology required is broken into three areas - hardware, software and internet connection. You need to check all these aspects with the support of your IT department and management.

Hardware:

There are several hardware options for telepractice:

- Headset with microphone
- Laptop with built-in webcam
- Tablet device
- Webcam
- Ethernet Cable
- Smart phone

Software:

There are many software programmes to support use of the internet to facilitate telepractice sessions.

In choosing the most appropriate platform each organisation will consider the following:

- Reliability
- Ease of use
- Functionality (such as screen sharing and recording)
- Capacity
- Privacy
- Security
- Support

It is the responsibility of team members to use the software approved by their organisation.

Internet speed

Having sufficient internet speed is essential for a successful telepractice session. Internet speed describes the maximum data transfer rate of a network or internet connection. It measures how much data can be sent over a specific connection in a given amount of time.

The quality of your teleconferencing experience is only as good as the internet connection available to you. This is impacted by several factors, including:

- Time of day - High use periods will impact the speed available to you
- Network capacity - The number of other devices using the internet or network connection will significantly impact the speed
- Wired vs Wireless: If your connection is wired (plugged in) or wireless (wifi) connection. A wired connection will be more stable than a wifi, or wireless connection. It is good practice to use a wired connection wherever possible for telepractice sessions.
- Data: Consider using the data provided by your phone provider but be aware of data limits and cost implications.

Tip: You can check your upload speed (the speed that data travels from your device to the internet) and the download speed (speed at which you are receiving data from the internet) by using an internet speed test site, which you can find through a Google search. For everyday use at home the download speed is what we usually look for because we are concerned about downloading films or games. For videoconferencing the upload speed is also very important.

Technology issues

See the HSE guide to troubleshooting https://healthservice.hse.ie/filelibrary/staff/attend-anywhere-troubleshooting-guide.pdf

Data protection and record keeping

Normal record keeping and record retention policies will apply to the processing and storage of any data obtained through telepractice (see Record Keeping and Information Management in the Policy Framework for Children's Disability Network Teams[1]). Ensure that you are compliant with your organisation's GDPR and record-keeping policies.

Consent

Families will already have given consent for services under service policies (see section on Consent in Policy Framework for CDNTs[2]). Consent forms should be reviewed and if necessary revised to ensure they cover telepractice records such as video recordings.

A leaflet explaining telepractice should be given to parents before they take part in any telepractice session (see Appendix 2 for a sample)

Before the first telepractice session team members should contact families by phone to explain how it will work and answer any questions. By logging into the system implicit consent is inferred, but verbal consent should be obtained and documented.

Ensure a parent or guardian is present at the start of the session and that issues of consent are addressed.

See Appendix 1 for further information from the Data Protection Commission.

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[1] Policy Framework for Children's Disability Network Teams. HSE 2020.
https://www.hse.ie/eng/services/list/4/disability/progressing-disability/pds-programme/documents/
[2] ibid

Preparation for telepractice

Private location:

Choose a quiet room to conduct the session, which is private and secure and where there will be no interruptions.

Lighting and background:

Make sure you will be distraction-free and quiet for the duration of the video call. Switch off any computer notifications and put your phone on silent.

Consider the room background and environment beyond your video. Do you look professional? Be aware if you are using the system outside an office, e.g. in a living room or bedroom. Are there photographs/books/posters visible that you would not have in a clinical room? Specifically, the clinician may need to check that there is no information visible that may breach data governance guidelines or, if working from their home, their location or identity of other members of the household.

Is there anyone else in the room who cannot be seen on camera, such as a student with the team member or a member of the family who is out of camera view? It is good practice to begin by establishing who is present but not visible in both venues to help manage the interaction and ensure confidentiality. For example, allow others present to introduce themselves and clarify the purpose of the consultation with them. Ask them to move in front of the camera if they are taking part in the session or they may not be audible.

Consider the positioning of the camera to help improve eye contact.[3]

Acoustics:

For the best quality of sound, consider the room's acoustics. A room with furniture and soft furnishings will provide less echo and background noise than a room with tiled floors and granite countertops. Consider the volume of loudspeakers.

Test the technology in advance:

- Set up your device, ensuring that it is fully charged and connected to a power supply. Ensure that your headset is functional
- Make sure that you are completely familiar with the technology you are using.
- Ensure that your internet connection is strong. Where possible use a wired connection.

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[3] Adapted from Clinical Governance Guidance on Secure Video and Audio Consultations during the Emergency Measures to address Covid 19. HSE. 2020

Preparation for families

There are several important steps you can take with a family prior to their initial telepractice session to help them prepare. You could send them the checklist in Appendix 3 p.23.

Family technology and internet inventory:

Ask what technology devices the family has access to. The larger the screen size on the device they can use for the session the better i.e. a tablet is better than a phone and a laptop even better. Check access to the internet, and facilitate access where required. If internet access is present, determine the internet speed and, if necessary work with the family on ways to improve it.

System setup:

Provide the family with details on how to access and install the software that you plan to use. Provide them with information and training video links so that they have the opportunity to familiarise themselves with the system.

Lighting and sound basics

Talk with the family about how to optimise the sound and light at their end, using the same guidance as in the previous section on team member preparation.

If there are light or sound issues, ask the family where they are and advise on moving to a different location if necessary.

Conduct a Test Session

A test session with the parent can help to work out all the kinks and allow them to feel comfortable with the technology and the process involved with telepractice. During the test session:

- Assess the technology and internet speed
- Check the sound and video quality
- Ensure all background computer programmes not needed for the session are closed
- Review the quality of the live interaction
- Check for lighting and background noise issues

Communicate with the family via email, text, or phone call several days before the session to confirm the time and date, and to provide them with a session plan.

Examples of telepractice sessions

Telepractice can be used to deliver a wide range of services and supports, such as:

- Individual work with the child and family
- Small groups of children in their natural environments with their parents or carers e.g. SLT, play, fine motor, gross motor
- Information webinars with families, both live and recorded to be viewed at a time to suit the family
- Parent support groups
- Family forums for teams to get feedback on services
- Parenting skills development
- Teens social support groups
- Counselling for parents and for children
- Buddy programmes: linking children with others of their own age in the community who may offer support around leisure activities (online gaming, music, photography, etc)
- Service improvement initiatives (e.g. service user/parent/family consultations or surveys)

Teams will discover and develop many other innovative ways to use this medium once they become familiar with using telepractice.

Here is how a couple of these examples might be planned and carried out.

1. Individual early intervention session

There are several things that team members can do during an individual telepractice session to help families get the most out from them:

Build family capacity:

During the sessions it is important that the family understand the goals of specific strategies that can help support their child's development.

Use family routines:

Identify family activities and routines to use as learning opportunities for children and strategies for development.

Engage all family members, where possible:

A telepractice session offers a unique opportunity to involve the whole family. It may be possible to schedule sessions at a time when both parents are home. Siblings and other family members are a real part of the child's home environment and can join in the sessions.

Record sessions:

Record sessions if and when possible, and with consent. It can be helpful for other family members to watch recorded sessions to learn strategies. Recorded sessions also provide opportunities for reflection of what went well, and what could change for the next session.

At some stage during a telepractice session you may experience issues with internet connection or the teleconferencing system. Make sure you keep a mobile phone and the family's phone number handy so that you can coach the family through any issues that arise.

When your session has finished, it is important to ensure that your connection has ended and that you have logged out of the teleconferencing platform.

Structuring a successful telepractice session:

- Review goals & activities
  - Discuss goals from the previous session.
  - Share an update on progress and issues.
  - Review the goals for the current session.
- Conduct activities
  - Work directly with the child as appropriate to their age.
  - Provide coaching to the parent to perform an activity with the child, if they are too young to perform it independently.
  - Observe the child's or parent's demonstration of new or ongoing strategies and techniques with appropriate activities.
  - Discuss integration of goals into the daily routines of the home.
- Debrief and wrap-up
  - Reflect on session goals, success and opportunity and gauge parent and child's comfort level with the session.
  - Highlight how the child and family used strategies to facilitate outcome and provide concrete next steps for them to try
  - Discuss continuation of goals or selection of new goals based on present performance.

Ask questions about the next steps, goals, and short and long-term outcomes to jointly determine environment, activities and strategy for next session

Schedule next session

When your session has finished, it is important to ensure that your connection has ended and that you have logged out of the teleconferencing platform. If necessary provide follow-up progress notes to the family.

Reflection and follow-up for individual telepractice sessions[4]

Ensuring that telepractice sessions run smoothly and effectively is all about learning, looking, practicing, reflecting, and revising. Just as with anything new, there will be a learning curve as you begin to implement telepractice. Over time you and the family will establish an efficient routine of modeling, observing, coaching and reflecting with the family.

It will take hard work and dedication by you and the families you support, but research has shown that families who receive teletherapy can be more engaged during sessions and practitioners can be more responsive to families.

Just as team members should reflect and evaluate sessions to ensure continuous improvement, so should the families they work with. Below is a simple five step outline for families to use as a tool to reflect on their telepractice sessions:

LEARN more about technology and be willing to try new things. Ask questions. Understand that any feedback from the team member is meant to be constructive and support the development and realisation of goals for your child.

REFLECT on the telepractice sessions and whether the process is comfortable for you, your family and your child. Inform your practitioner if you are not comfortable.

PRACTICE the strategies that are modelled and discussed during the session. Think about how skills can be used at a different time of day and try it out.

LOOK for activities, strategies, learning opportunities, and practices that will enhance your child's learning and development. Take ownership of your goals and your child's progress.

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[4] Telepractice for Early Childhood Intervention Practitioners. Early Childhood Intervention Australia. 2020 https://www.flipsnack.com/earlychildhoodintervention/ecia-telepractice-for-eci-practitioners-april-2020.html

REVISE strategies if they are not working for your child or family. Discuss frustrations with the team if and when they occur.

Telepractice works best when the team supports meaningful interactions between parents and their children. To do this they can help families select materials that are enjoyable and used in everyday routines. The team can observe and comment on the interactions that take place during a session. It is important to check in with families about their child's responses to a certain activity or strategy to ensure that the information is helpful and can be used throughout the day.

To collaborate with parents, the team members should:

- Discuss the goals
- Model the activity
- Provide clear communication
- "Hand-over" the activity
- Provide feedback

Follow up with the family

After you've completed a telepractice session, following up as soon as possible after the session is a good idea - especially when you and the family are new to telepractice. Call the family if:

- Parent was distracted during 'wrap up'
- Child behaviors interfered with interaction
- There was a concern about equipment or sound and visual quality

Email and/or mail the family the following:

- Summary of session
- Recommendations for carryover
- Parent support/coaching information
- Any new materials
- Date and time of next session

Self-Evaluation[5]

<u>Setting and Presentation</u>
- ❖ Was my setting optimal (lighting, uncluttered)
- ❖ Was I close to the camera?
- ❖ Did I look at the family?
- ❖ Did I make any distracting movements/facial expressions?
- ❖ Did I use a conversational volume?
- ❖ Did I appear overly calm/anxious?

<u>Preparation</u>
- ❖ Was I/the family prepared for the session?
- ❖ Did I plan jointly with the family?
- ❖ Did I have materials prepared/on hand?
- ❖ Had I provided the family with appropriate materials/instructions?
- ❖ Did we have enough/too many activities?
- ❖ Did the family understand strategy?

<u>Session structure</u>
- ❖ Was the session structured?
- ❖ Did we use natural/home routines?
- ❖ Did I demonstrate strategies?
- ❖ Did we address the child's goals?
- ❖ Did parents use strategies to meet goals?
- ❖ Did I facilitate appropriate pacing?
- ❖ Did I summarise the session?

<u>Interaction</u>
- ❖ Did I build rapport with the family?
- ❖ Was I a good listener?
- ❖ Did I allow the family time to comment?
- ❖ Did I appropriately respond to parents' questions/concerns?

<u>Parent feedback</u>
- ❖ Did I demonstrate/explain what and why of strategies?
- ❖ Did I provide positive commentary/feedback?
- ❖ Did coaching interfere with parent/child interaction?
- ❖ Did I enable parents to participate in discussion?
- ❖ Did I coach parents to adjust strategy?
- ❖ Did I plan jointly with my parents, and carry over activities?

<u>Technology</u>
- ❖ Did technical issues take up too much time?
- ❖ Did I appropriately communicate minor technical issues to the family?
- ❖ Did I become overly distracted with technical issues?

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[5] Telepractice for Early Childhood Intervention Practitioners. Early Childhood Intervention Australia. 2020
https://www.flipsnack.com/earlychildhoodintervention/ecia-telepractice-for-eci-practitioners-april-2020.html

2. Parent support group

Many parents of children with disabilities find support groups helpful. They can voice their concerns in a safe place, share experiences and discuss suggestions for strategies with other parents. However, often they find it difficult to attend due to issues with child care, travel or simple exhaustion. Facilitating a group via a video-call can mitigate these challenges and make it much less stressful for parents.

Planning the group

Purpose

Is the group for parents of children with particular needs, or a specific age range, or stage of education? Do you want to focus on certain issues and provide information as well as discussion? Or is this to be a free flowing session with parents dictating the topics discussed and the pace?

Size

Optimal size for a group with the purpose of providing mutual support is probably between six and ten. It is likely that one or two people will not be available each time and too small a group changes the dynamics and may make it unbalanced. If the group is too large it becomes more like a discussion forum than a support group.

The platform you use may dictate the maximum number at the meeting. It is best if all the participants, including the facilitators, can be seen on the screen at the same time. This enables the parents to relate to each other and helps the facilitators to see if anyone needs some encouragement to join in or is showing signs of discomfort or distress.

Time of day and frequency

Some parents will find the morning when children are at school more convenient for meetings, others that they are freer in the evening. Conducting a group via a video-call has been shown to have less problems with attendance, which is understandable when child care and travel issues have been eliminated. If feasible, alternative group times should be offered. Or if that's not possible, the timing can be guided by responses to a request for preferred times.

Facilitation

It is best to have two facilitators for greater responsiveness during the session and sharing of reflection and learning after the group. Facilitators will use standard group work skills, for example:

- Prepare for each session with topics to introduce if the discussion is slow to start or flags
- Make sure everyone is included as they wish
- Don't allow one member to dominate the discussion

- Know when to allow a discussion to flow and when to step in
- Keep an eye on the time and allow for 'winding down' and a short recap on what was discussed

Ground rules

The facilitators should establish ground rules and go through them briefly at the start of each session, for example:

- Creating a safe space for sharing thoughts and feelings
- Confidentiality
- No recording of the session
- Respect for each other's opinion

Evaluation

Ask those who took part to complete a short evaluation form in tick box format at the end of each session to help you prepare for the next one and make any adjustments necessary.

Review

Similarly to the review of an individual telepractice session, take time to consider how the session went under the following headings:

- Setting and Presentation
- Preparation
- Session structure
- Interaction
- Parent feedback
- Technology

Bibliography and additional resources

Policy documents and guidelines

- Telepractice for Early Childhood Intervention Practitioners. ECIA. 2020
  https://www.flipsnack.com/earlychildhoodintervention/ecia-telepractice-for-eci-practitioners-april-2020.html
- Clinical Governance Guidance on Secure Video and Audio Consultations during the Emergency Measures to address Covid 19. HSE. 2020
  https://healthservice.hse.ie/staff/coronavirus/working-from-home/virtual-health/virtual-health.html
- Policy Framework for Children's Disability Network Teams. HSE. 2020
  https://www.hse.ie/eng/services/list/4/disability/progressing-disability/pds-programme/documents/
- State Claims Agency guideline
  https://stateclaimsagency.newsweaver.com/icfiles/4/83122/239283/544619/5edf20 38e348dfe92c6c617e/risk%20advisory%20notice%20-%20telehealth.pdf

Academic articles

- A Multisite Study Evaluating the Benefits of Early Intervention via Telepractice; Behl, Diane D. MEd; Blaiser, Kristina PhD; Cook, Gina PhD; Barrett, Tyson BS; Callow-Heusser, Catherine PhD; Brooks, Betsy Moog MS; Dawson, Pamela MEd; Quigley, Suzanne PhD; White, Karl R. PhD. Infants & Young Children: April/June 2017 - Volume 30 - Issue 2 - p 147-161

- Delivering Quality Allied Health Services to Children with Complex Disability via Telepractice: Lessons Learned from Four Case Studies; Monique Hines, Kim Bulkeley, Simone Dudley, Sue Cameron & Michelle Lincoln; Journal of Developmental and Physical Disabilities 31, pages 593–609(2019)

- Telepractice for Pediatric Dysphagia: A Case Study
  https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4352995/

- Parent perspectives of an occupational therapy telehealth intervention;
  Anna Wallisch, Lauren Little, Ellen Pope, Winnie Dunne; International Journal of Telerehabilitation; 2019

- A Multisite Study Evaluating the Benefits of Early Intervention via Telepractice;
  Behl, Diane D. MEd; Blaiser, Kristina PhD; Cook, Gina PhD; Barrett, Tyson BS; Callow-Heusser, Catherine PhD; Brooks, Betsy Moog MS; Dawson, Pamela MEd; Quigley, Suzanne PhD; White, Karl R. PhD; Infants & Young Children: an Interdisciplinary Journal of Early Childhood Intervention April/June 2017 - Volume 30 - Issue 2 p147-161

Resources for upskilling

AOTI

- Recorded webinar on telehealth for OTs https://www.aoti.ie/events/Webinar:-Telehealth-for-Occupational-Therapists-

Speech Pathology Australia - Comprehensive series of webisodes on telepractice.

- https://www.speechpathologyaustralia.org.au/SPAweb/Professional_Education/Learning_to_Use_Telepractice/SPAweb/Professional_Development/Telepractice/Service_Delivery_Telepractice.aspx?hkey=20094f96-5204-4ee5-a744-408f77385f6d#pn06

The Vanderbilt Kennedy Centre

- Series of webinars relating to the assessment of kids under 3; you have to login but you can access the materials and webinars for free from there.
  https://triad.vkclearning.org/My-Courses/LrnrTab1597/myplan/LrnrCtrl1597/myplan/LrnrKC1597/true/FID1597/c2d2637b-eba3-4c5b-b758-b54b641fa851

Early Childhood Intervention Australia

- 'Yes you can!' Routines-Based Intervention and Telepractice with Robin McWilliam and Cami Stevenson' https://youtu.be/LgYt29R4qEo
- 'Plan for success' - early childhood sessions https://youtu.be/M-xKAA_3QGw
- Discussion on Telepractice in Early Intervention; Anna McCracken, ECIA, Dr Kim Bulkeley, researcher & lecturer, Simone Dudley, telepractitioner and Leanne Hill, parent https://youtu.be/lhWVgXs5ZOE

American Speech Language Hearing Association

- Asha Telepractice https://youtu.be/CgxH69CqPbM short clip
- Telepractice from the MDT team https://youtu.be/QIWjLbINl-I
- Supporting Families During the Pandemic: Four Therapists Share Their Wisdom
- Telepractice in action with SLT, parent and child https://youtu.be/AbYgVD4G3vY
- Telepractice guide https://www.asha.org/Practice-Portal/Professional-Issues/Telepractice/

Early Childhood Technical Assistance Center USA

- Useful information and training on using technology and video-conferencing, with videos of early intervention virtual sessions.
  https://ectacenter.org/topics/disaster/ti-service.asp
- https://challengingbehavior.cbcs.usf.edu/Training/Webinar/archive/2020/04-17/2020-04-17_covid19.html
- An early intervention virtual home visit by a physiotherapist
  https://www.youtube.com/watch?v=gXkHD71g-Hc

- Four therapists share their experience https://www.youtube.com/watch?v=QIWjLbINl-I

Sydney University
- https://sydney.edu.au/medicine-health/our-research/research-centres/centre-for-disability-research-and-policy/disability-workforce.html
- https://www.sydney.edu.au/content/dam/corporate/documents/faculty-of-medicine-and-health/research/centres-institutes-groups/cdrp/telepractice-guidelines_final.pdf
- Blog -Tele-intervention and routine based model http://naturalenvironments.blogspot.com/2020/03/tele-intervention-and-routines-based.html

National Center for Hearing assessment and Management, Utah State University
- https://www.infanthearing.org/ti-guide/index.html
- Range of resources including online courses on telepractice.

Other sources
- Association for Talent Development - Virtual training https://www.td.org/newsletters/atd-links/7-tips-for-virtual-training-success
- Catalyst 14 - Supervision and mentoring https://www.catalyst14.co.uk/blog/online-coaching-tips
- And Next Comes L - tips for how to support children with autism on video calls https://www.andnextcomesl.com/2020/04/zoom-tips-for-parents-of-autistic-children.html

Appendix 1 Definition of data

'Personal data basically means any information about a living person, where that person either is identified or could be identified. Personal data can cover various types of information….once it is clear to whom that information relates, or it is reasonably possible to find out.

Personal data doesn't have to be in written form, it can also be information about what a data subject looks or sounds like, for example photos or audio or video recordings, but data protection law only applies where that information is processed by 'automated means' (such as electronically) or as part of some other sort of filing system.'[6]

Data in transit is actively moving from one location to another such as across the internet. Data at rest is data that is not actively moving from device to device or network to network such as data stored on a storage device such as hard drive, laptop, USB or remotely.

Principles of Data Protection
The following is a brief overview of the Principles of Data Protection found in article 5 GDPR:

- **Lawfulness, fairness, and transparency**: Any processing of personal data should be lawful and fair. It should be transparent to individuals that personal data concerning them are collected, used, consulted, or otherwise processed and to what extent the personal data are or will be processed.
- **Purpose Limitation**: Personal data should only be collected for specified, explicit, and legitimate purposes
- **Data Minimisation**: Processing of personal data must be adequate, relevant, and limited to what is necessary in relation to the purposes for which they are processed.
- **Accuracy**: Controllers must ensure that personal data are accurate and, where necessary, kept up to date;
- **Storage Limitation**: Personal data should only be kept in a form which permits identification of data subjects for as long as is necessary for the purposes for which the personal data are processed.
- **Integrity and Confidentiality**: Personal data should be processed in a manner that ensures appropriate security and confidentiality
- **Accountability**: Data controllers must be able to demonstrate compliance with all of the above-named Principles of Data Protection.[7]

A record is defined under the Freedom of Information Acts 1997 and 2003 as "any memorandum, book, plan, map, drawing, diagram, pictorial or graphic work or other document, any photograph, film or recording (whether of sound or images or both), any form in which data (within the meaning of the Data Protection Acts 1988 and 2003) are held, any other form (including machine-readable form) or device in which information is held or stored manually, mechanically or electronically and anything that is a part or a copy, in any form of any of the foregoing or is a combination of two or more of the foregoing" (Freedom of Information Act, 1997, 2003).

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[6] Data Protection Basics.Data Protection Commission.
https://www.dataprotection.ie/sites/default/files/uploads/2019-07/190710%20Data%20Protection%20Basics.pdf
[7] ibid

Appendix 2 Sample family leaflet about telepractice

What is telepractice?

Telepractice means connecting over the phone or internet to provide services for children and their families. This may be providing a session for your child by video-conferencing with you in your home.

What are some of the benefits of telepractice?

- Reduce the need to travel to the centre
- Focus on your child's usual environments such as their home or school
- Provide an opportunity for you and other family members to see recordings of interventions afterwards at a time that suits you

What are the challenges?

- There may be technical problems such as internet connections
- It may not feel the same as being in the centre and meeting team members face to face
- It could increase risks regarding privacy and security

Will my privacy be protected?

During the session, video and audio recordings may be made to support the intervention and to let you view it again later. You will be told about this and can refuse to be recorded at any time.

Other materials that could be sent during a session might include assessments and reports as well as other audio or video files.

While the team will meet standards to protect your privacy and security, using video-conferencing may increase exposure to hacking and other online risks. You can decrease the risk through using a secure internet connection and only communicating using secure channels.

Appendix 3 Checklist for families

We want you to have the best possible support from your telepractice session. This checklist will help you prepare.

Prepare your environment

- Choose the best room in your home for the session
- Make sure the device camera isn't experiencing glare coming from uncovered windows/doors
- Have any pre-planned materials for the session nearby
- Mute phones that may interrupt
- Turn off TVs, radios, and limit other noises such as washing machines
- Give your child the opportunity to go to the toilet, or for younger children, change their nappy
- If necessary, feed your child before the session and have drinks handy

Prepare your Equipment

- Make sure your device is fully charged, and where appropriate, connected to a power source.
- Make sure the camera and microphone are connected and working
- Close any other programmes that are open on the device
- Launch the teleconferencing program and log-in
- Make sure other computers and devices in the house are turned off to maximise your internet speed and connection
- Have the phone number for the team available, in case the internet connection fails

Concluding the session

- Discuss any problems with the connection
- Determine the date and time of the next session
- "Hang up" by ensuring that program site is closed down[8]

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[8] Adapted from Technology and Home Environment Tele-intervention Checklist. National Center for Hearing Assessment and Management. Utah State University