

## **Service Adaptation and Response to Covid19**

**Axia-ASD Ltd.**

**May 2020**

The Covid19 pandemic and social distancing guidance has meant services have had to temporarily redesign their ways of working. We and our clients consider neurodevelopmental assessments to be an essential service and have therefore adapted how we work within the current climate, rather than postponing assessments. A combination of virtual appointments, social distancing and increased hygiene has allowed us to safely continue with neurodevelopmental assessments and post-diagnostic support in the current climate.

### **Rationale for our response**

Specialist neurodevelopmental input is essential for the biopsychosocial, and educational, wellbeing of individuals who have suspected or confirmed neurodevelopmental difference. Having access to knowledge and understanding about how and why people experience the world the way they do can be crucial to their health, wellbeing, and opportunities. Having a timely assessment of Autism Spectrum Disorder, for example, could be the difference between:

- positive or poor self-identity and mental health
  - positive or compromised physical health (due to the physical ramifications of anxiety and stress within neurodevelopmental difference e.g. sleep, blood pressure, pain, nutrition, bowel health)
  - access, or not, to a meaningful education with Reasonable Adjustments and equity of opportunity
  - access, or not, to meaningful occupation/work with Reasonable Adjustments and equity of opportunity
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- either increased stress, or better shared understanding and harmony within families
  - having adequate financial support or not

Poignantly, as Covid19 lockdown was announced, we received several concerned phone calls from individuals and families, citing fear that if their appointments were cancelled the risk of self-harm and suicide would escalate.

Overall, deferring neurodevelopmental assessments could clearly be extremely detrimental to the lives of many individuals and families, both in the short and longer term. Further, without timely assessment then the financial cost to health and social care services could be larger, as people may be at risk of going into crisis.

For these reasons we have continued to operate, with adjustments, our business as usual.

### **General adaptations**

- Clinicians and administrative staff are physically in the workplace where possible. Some staff have worked from home self-isolating for periods of time. Staff may work from home for health or childcare reasons. They may work from home if their clinic diary does not require them to be in the office (e.g. if seeing adults only via Skype).
- Staff in the workplace follow strict social distancing guidance and hygiene practices at all times. We have specialist cleaners in daily for all staff spaces as well as the clinic rooms.

### **Assessment adaptations:**

- Contacting people who have appointments, inquiring about their situation, any health concerns and shielding. Offering Skype assessments to those at risk, or the choice to postpone assessment until face-to-face is possible. If there are no concerns or shielding needs, offering people the choice of Skype or face-to-face assessment.
- Skype sessions are pre-empted with a discussion that we may not be able to make a conclusion on the day, and a further face-to-face session may need to be arranged.
- Skype sessions with children and families continue to have two clinicians and an MDT. One clinician leads the assessment, with a second joining either in the clinic room or by joining the video call.
- Our model of diagnosis does not require any test materials e.g. ADOS therefore we have not had to adapt these to a virtual format. We do however send by email or post our detailed developmental history questionnaire. People can send this back via email or post if they are having a Skype assessment.
- During face-to-face assessments, social distancing and hygiene precautions are taken seriously. Only one individual/family can be in any of the waiting areas at any one time. People are directed to use hand sanitiser at various points through the building. Toilet facilities have occupied/vacant signs on the outermost doors so they are used by only one person at a time. When clinicians collect clients from the waiting area, a distance of 2m is maintained whilst walking to the clinic room. The clinic rooms are large and have seating that is arranged to maintain social distancing. The clinic rooms are regularly and robustly cleaned. Toys and fidget objects usually in the clinic rooms are reduced. We do have some remaining and these are cleaned after each use.
- It has not been necessary to adapt our liaison with schools. Our Education Lead continues as before to liaise closely with schools to gather all observation information relevant to the assessment process.

### **Post-diagnostic support adaptations**

- Our post-diagnostic support group for adults is postponed, however via virtual means we have continued to signpost people to helpful presentations from earlier groups, or pre-recorded talks from the Axia team

- Post-diagnostic follow-up sessions are continuing, following the same processes as above i.e. people can access these face-to-face or virtually, depending on their circumstances and personal choice. Telephone follow-up appointments are also possible if the person wishes.
- Our Anime Amigos are a group of self-professed 'Nerd Consultants' to Axia, a group of friends, and some are previous service users of Axia. They produce vlogs on all things Anime as a way of connecting together, and with others, on their passion of Anime. They have continued to produce their vlog from home!
- Our Nerd Consultants and Anime Amigos are live streaming playing video games, again as an important way of connecting with people on their specialist interests.
- Daily updates on our website to connect with people, link them in to the work we are doing, further resources and information. The daily updates have been described by one individual as "a lighthouse in a storm".

## Figures

Since the announcement of lockdown on March 23<sup>rd</sup> 2020 we have assessed 113 individuals face-to-face and 116 individuals via Skype. 145 people have received diagnoses of Autism Spectrum Disorder. 75 people have received diagnosis of ADHD. We have seen 163 children and 66 adults.

We have seen 6 for follow-up appointments by skype or phone, and 0 for face-to-face appointments.

We have had 18 DNAs.

## Client experience

The service user experience of the adaptations has so far been assessed informally by verbal means and Facebook. We have had lots of positive verbal feedback about continuing to offer a service in the current climate. People have commented how essential and timely the assessment was, in reference to preparation for education re-opening in coming months. Parents have commented on the utility of us observing their child in their usual environment by Skype, without the challenge of the 'observer effect' by having someone physically in their home. Our usual quality indicators highlight that people continue to experience a positive service from us. There have been no complaints since our current offer has been in place.

**We are currently in the process of formally surveying the experience of those who have accessed our service during Covid19. This data will be collated and can be shared with our relevant partner agencies and forums.**