# Using Video Consultations for Autism first assessments

Interviewee: Helen Leonard, Paediatric Consultant, Newcastle Upon Tyne Hospitals

**The diagnosis of Autism in children requires observation of the child and interviews with parents. The COVID-19 pandemic led to these observations and interviews being conducted virtually instead of face to face.**

## Approach/Methodology

Newcastle Upon Tyne Hospitals (NuTH) use the Starleaf Platform for virtual consultations and the team checked with the Trust’s internal governance to ensure it was appropriate for the intended use. Once approved, the team approached families to opt into the virtual assessment process.

Information was provided to families regarding the modified observations and instructions on how to use the Starleaf app.

After diagnosis, Speech and language sessions were run via video. The North East Autistic Society (NE-AS) have also been running webinars on an introduction to Autism, emotional wellbeing/behavioural advice.

## Impact

The team were able to make a diagnosis over video of autism or another developmental disorder in 34/48 (71%) of children assessed.

Staff found being able to assess the child in their own home provided some insights they didn’t always get when assessing in the hospital setting. E.g. seeing their toys and behaviour in a familiar setting.

The team found that sometimes by using the video assessment, that the interview and observation could be done at the same time on a single session.

A family survey was completed with 28/48 families who accessed video assessments. 20 families felt that the communication with them was the same (16) or better (5) over video. 20 families felt the experience for their child was the same (11) or better (9) over video than it would have been at the hospital.

Comments on the advantages included not having to take time off work or arrange childcare for other children or prolonging the long waiting time for assessment even more. Some expressed frustration with the technology, forgetting to ask things or expressed a preference for face to face contact.

## Next Steps

The team would like to continue with a blended approach of both video and face to face assessments. Video assessments are not wanted or are not accessible to some families. There are some children whose diagnosis is more complex and need additional face to face assessments to agree a diagnosis.

The team regularly use interpreters during face to face assessments and are going to trial using them during the video assessments. This presents new challenges for the team as it has not been attempted before.

The team are applying for funding to support the continuation of the NE-AS webinars which have been viewed as invaluable during this period. They are also looking to produce some professional videos about common post- diagnostic issues and adding subtitles.

## Key Learning Points

Initial attempts at scheduling by next on the waiting list led to missed appointments and we moved to an opt in system. Some families were unfamiliar with logging in to video calls and it was realised they needed to provide more instructions to families. We also provided clearer information about items they may need for the assessment such as specific toys.

This process is likely to have widened health inequalities as families without access to devices or the internet or who need an interpreter have, so far, not been able to access video consultations.