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Delivering interventions remotely through teletherapy during the Covid-19 pandemic: Evaluating the experiences of Cope Foundation therapists

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CARL Research Project

in collaboration with

Cope Foundation.

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Date completed:	25th April 2022

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- provide their services on an affordable basis;
- promote and support public access to and influence on science and technology;
- create equitable and supportive partnerships with civil society organisations;
- enhance understanding among policymakers and education and research institutions of the research and education needs of civil society, and
- enhance the transferrable skills and knowledge of students, community representatives and researchers (Living Knowledge Network).

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Author (year) *Dissertation/Project Title*, [online], Community-Academic Research Links/University College Cork, Ireland, Available from: https://www.ucc.ie/en/scishop/rr/ [Accessed: date].

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I hereby declare that this dissertation titled 'Delivering interventions remotely through teletherapy during the Covid_19 pandemic: Evaluating the experiences of Cope Foundation therapists. Submitted to the Department of Social Work, University College Cork is my own work. Where contributions of others are included, I have indicated and cited this accordingly. In addition, I have submitted this work through Turnitin prior to final submission to ensure all work has been referenced in accordance with UCC plagiarism procedures.

Signed: Emer O'Sullivan   Date: 25th April 2022

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Abstract

This research dissertation evaluates the experiences of Cope Foundation therapists who delivered tele-therapy throughout the Covid-19 pandemic. It identifies the advantages, opportunities, challenges, and barriers which the therapist's faced. This research is part of the CARL initiative and is in partnership with Cope Foundation. The research is underpinned by social constructivism and uses an interpretivism lens as well as a community-based approach.

This primary research dissertation used a survey to gather data. The survey was sent to therapists at Cope Foundation via email. 22 responses to the survey were gathered and analysed using mixed methods. The research identified the advantages, opportunities, challenges, and barriers of tele-therapy. The findings indicate that a blended approach of therapy is the method preferred by therapists. The researcher has listed a number of recommendations in the concluding chapter.

GLOSSARY OF TERMS

Cope Foundation: an organisation based in Cork who support persons with disabilities.

HSE: Health Service Executive

OT: Occupational Therapist

SLT: Speech and Language Therapist

Tele-therapy: The use of technology to deliver services and supports at a distance

Therapist: Refers to members of the multidisciplinary team.

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Chapter One: Introduction

1.1 Introduction

In this chapter the reader will be provided with the title, background, and rationale of the research. The aims and objectives will be outlined followed by the research questions. A brief overview of each chapter will also be provided.

1.2 Research Title

Delivering interventions remotely through tele-therapy during the Covid-19 pandemic: Evaluating the experiences of Cope Foundation therapists.

1.3 Background and rationale of the research

Cope Foundation is a non-profit, HSE funded organisation which supports people with intellectual disabilities and autism. Cope Foundation has 65 locations in Cork and supports close to 3000 adults and children. Cope Foundation offers a range of services such as residential care, progressing disability services, education services, respite services and day services. Cope Foundation have multi-disciplinary teams which support their service users. Multi-disciplinary teams consist of psychologists, speech and language therapist's, dietitians, nurses, occupational therapists, physiotherapists, and social workers. Multi-disciplinary teams offer a range of services from diagnosis and interventions to support.

These services were delivered face to face prior to the Covid-19 pandemic. Due to the government restrictions and the spread of Covid-19 Cope Foundation therapists had to adapt to different methods of delivering services. Cope Foundation therapists quickly implemented the use of tele-therapy. The therapists of Cope Foundations have been chosen as the participants of this study as they have first-hand experience of switching from face-to-face services to online services during the Covid-19 pandemic.

This research is part of the Community Academic Research Links programme. A partnership between University College Cork (UCC) and the community group Cope Foundation was established. This research provided the researcher with an opportunity to take part in a partnership and to give back to community organisation. The researcher completed her first-year work placement on the Early Intervention Team in Cope Foundation at a time where the majority of services were delivered via tele-therapy. The researcher noted that this method of

delivery of services was a new experience for the staff and service users of Cope Foundation. The Cope liaison person was interested in examining Cope Foundations staff experiences of using tele-therapy. By engaging in a CARL project it allowed the researcher and Cope Foundation liaison person to come together in order to conduct research which can provide valuable data for the future services within Cope Foundation.

The Covid-19 pandemic had a major effect of the delivery of services on the already overrun disability sector. By examining the experiences of Cope staff, it is possible to identify factors which may improve the future of the service.

1.4 Research Aims and Objectives

Since the beginning of the Covid-19 pandemic the roll out of services in the disability sector has dramatically changed. Therapists at Cope Foundation have been forced to adapt by providing services and interventions through an online platform. The aim of this study is to evaluate the experiences of providing online services to clients from a therapist's viewpoint.

The use of tele-therapy is a relatively new concept in the delivery of services within Cope Foundation. The opportunities and advantages as well as the barriers and challenges of delivering therapy and interventions via tele-therapy compared to in person therapy is the focus of this study. By identifying the opportunities and challenges an insight is obtained which provides data. The data may inform the future roll out of services. This study focuses on the view of the therapist's captured by a survey to determine their experience of engaging with tele-therapy.

1.5 Research Question:

Q1. From a therapist's perspective, what are the opportunities, advantages, challenges, and barriers of delivering interventions via tele-therapy?

Q2. What role might tele-therapy play in future service delivery within Cope Foundation?

1.6 Research Project Outline

Chapter 1: Introduction:

Chapter one describes the background and rationale of the study. The aims and objectives are outlined. The research questions are listed. The chapter concludes by providing the reader with a description of each chapter of the study.

Chapter 2: Literature review:

In this chapter the literature relating to the use of tele-therapy is explored. The chapter providers the reader with a background into the disability services in Ireland. It also examines the advantages, opportunities, challenges, and barriers of tele-therapy identified in the literature.

Chapter 3: Methodology

The third chapter begins with an overview of the epistemology and theoretical frameworks which inform the study. This will be followed by an explanation of the methodology and research methods which the researcher used. The community based participatory aspect of the project is explained. The ethical considerations and reflective positioning of the researcher will be conveyed before concluding the chapter with an exploration of the challenges and limitations of the study.

Chapter 4: Findings and Analysis

The findings of this research dissertation are presented using graphs, charts, and thematic analysis. The chapter consists of 5 themes.

Chapter 5: Conclusions and recommendations

The concluding chapter summarizes the research. A list of recommendations is also provide

2.1 Introduction

This research examines the therapist's experience on the delivery of services via tele-therapy. In order to examine this, it is important to understand the background of the disability services available in Ireland. This chapter will begin by providing the reader with a background to the disability services and legislation around disability in Ireland. The chapter will then examine the impact Covid-19 had on the disability sector. Tele-therapy will be defined, and its opportunities and barriers will be examined.

2.2 Disability Services in Ireland

Prior to the Covid-19 pandemic the public disability services were overrun and under resourced. This is important to note when considering the use of tele-therapy in future services. The Disability Act 2005 under section 2 defines disability in the following way 'disability, in relation to a person, means a substantial restriction in the capacity of the person to carry on a profession, business or occupation in the State or to participate in social or cultural life in the State by reason of an enduring physical, sensory, mental health or intellectual impairment'. This description of disability coincides with the medical model of disability. A definition of disability from a social perspective is that a disability is an interaction between a person with an impairment and their environment (WHO,2022).

In the 2016 census 643,131 people stated that they had a disability in Ireland (CSO,2016). There are a number of public and private services available to support the needs of people with disabilities. For the purpose of this study the researcher will focus on public services within the disability sector. Children and adults with disabilities often require support from therapists in order to promote their development and wellbeing. Multi-disciplinary teams (MDT) including psychologists, speech and language therapist's, physio therapist's, occupational therapists, nurses, and social workers provide services, assessments, and interventions.

However, people who avail of public disability services face challenges in accessing services such as long waiting lists due to a lack of services. This point was highlighted by Moloney et al (2021) in the 'Mind the Gap report'. The report highlighted the need for improvement particularly around assessment of need and early intervention services as well as the services in the Child and Adolescent Mental Health Services (CAHMS).

Inclusion Ireland (2022) released a report concerning children's progressing disability services. The report found that the biggest issues experienced by families included a lack of services, communication, and the quality of the service (Inclusion Ireland, 2022). The report found that 83% of the families who took part in the study noted that a lack of services was a major problem with 95% of children being placed on a waiting list for 6 months and 85% of children on waiting lists for up to 12 months (Inclusion Ireland, 2022).

Lack of services is also an issue in the adult disability sector. The National Federation of Voluntary Service Providers NFVSP (2019) conducted a study on adult disability services which revealed that adult disability service users found waiting lists and lack of services to be a problem. The lack of services available to services users in the public sector force people with disabilities to avail of the private sector which is expensive and creates an biased access to services (NFVSP,2019). The study also conveyed the service users experience with delayed intervention. When service users get the first appointment, they are then put on a waiting list and can be waiting for long periods of time before the next available appointment, thus the service user cannot make progress (NFVSP,2019).

The reflection of poor services outlined in the named reports is in contradiction with the United Nations Convention on the Rights of the Child (1989) and the United Nations Convention on the Rights of Persons with Disabilities. According to the UNCRC (1998) Article 23.3 children with disabilities have the right to access health care services and interventions. Furthermore, the United Nations Convention on the Rights of Persons with Disabilities which was ratified into Irish legislation in 2018 states under article 25 that people with disabilities have the right to access health care, interventions, and support services (UNCRPD, 2018).

The main piece of legislation which sets out standards for disability services is the Disability Act 2005. The Disability Act 2005 places a statutory requirement on public organisations to provide services and supports for people with disabilities. According to the Disability Act (2005) people with disabilities are entitled to assessments concerning their health and educational needs.

2.3 Covid-19 Pandemic

On the 11th of March 2020 the World Health Organisation declared Covid-19 as a pandemic. The Covid-19 pandemic put additional pressure on the already under resourced disability

services. McMahon et al (2020) notes that people with disabilities are at a higher risk of contracting Covid-19 due to underlying health conditions. Although Covid-19 can affect everyone in society it is clear that people with disabilities are more at risk from the disease. McMahon et al, (2020) states that at the peak of the Covid-19 outbreak in the United Kingdom people with disabilities were 5 times more likely to die from Covid-19 than those who do not have disabilities. People with disabilities were placed in the high-risk category and were advised by the HSE to cocoon. This in turn led to face-to-face therapy services to stop and therapists on MDT to adapt to using tele-therapy as a means of providing services.

2.4 Tele-therapy

Tele-therapy has been described by the HSE (2020, p3) as 'the use of technology to deliver services and supports at a distance. Methods of delivering tele-therapy may include, but are not limited to, email, telephone, video-conferencing and pre-recorded materials. Tele-therapy can be used by all members of the MDT and a wide range of services can be provided through tele-therapy. The Covid-19 pandemic caused the professionals working in the disability sector to begin providing services via tele-therapy. The HSE (2020, p11) provide a list of services which include;

- 'Individual work with the child and family
- Small groups of children in their natural environments with their parents or carer 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)'.

It is also noted by HSE (2020) that tele-therapy should not be second best to face to face services but should provide the same quality of services. Tele-therapy has been used in many settings prior to the Covid-19 pandemic. In remote areas of Australia tele-therapy has been used to provide psychotherapy to people who could not access services due to rural living (Simpson & Reid, 2014).

However, it is noted by Camden & Silva (2020) that prior to Covid-19 the number of clinicians who provided tele-therapy was low according to a survey which examined the use of tele-therapy in 76 countries. According to Camden & Silva (2020) out of 1133 participants surveyed prior to the pandemic 4% had used tele-therapy. When the survey was retaken during the pandemic the number of participants who engaged in tele-therapy had rose to 70% (Camden & Silva, 2020). In Ireland there was also a low number in the use of tele-therapy prior to the pandemic. It was reported by the HSCP (2020) that 3% of health professionals used tele-therapy until Covid-19.

2.5 Opportunities and Advantages

The rapid increase in tele-therapy services has led to the identification of the advantages and opportunities for its future use. The introduction of tele-therapy has shown the adaptably of therapist's and service users. From reviewing the literature on tele-therapy, the researcher has outlined key themes. One such theme was that the use of tele-therapy may shorten waiting lists. A qualitative study carried out by Bayati & Ayatollahi (2021) found that an advantage of using tele-therapy for speech and language therapist's (SLT) was it allowed for the SLT to spend less time traveling and more time with patients.

This is mirrored by HSCP (2020) who state that an advantage of tele-therapy is it can combat the lack of therapist's available to provide services. Johnsson, & Bulkeley (2021) carried out a study examining practitioners and service users' experiencers of adapting to tele-therapy. It was found that a major advantage of the use of tele-therapy was that the time which practitioners had previously spent driving could now be spent providing services to their clients (John & Bulkeley,2021). The shortening of waiting lists would be a major advantage given the issues highted by NFVSP (2019) and Inclusion Ireland (2022) around the long waiting lists for children and adults awaiting services in Irish disability services.

Bayati & Ayatollahi (2021) also note that the decrease in time spent traveling allowed for a more flexible working environment for the therapist's which led to higher levels of

communication between therapist's resulting in better inter agency communications. Camden & Silva (2020) also notes that when working in an online environment teamwork is increased as documents can be shared over online platforms between the MDT. The benefits of not having to travel also impact the service users. Bayati & Ayatollahi (2021) highlight the challenges and stress which traveling can bring about for clients who have motor limitations. By reducing travel to access appointments, it is possible to reduce the stress for the service user.

The introduction of tele-therapy has allowed the therapists to gain an insight into the client's home and day to day life and increase family centred practice. Family centred practice has been defined as providing services which are focused around the individual and family, decision making and planning are inclusive and the family are active decision makers (Brody et al, 2020). Family centred practice has many benefits such as empowering families and more inclusive care plans. A family centred approach has been noted as an advantage of tele-therapy. Eguia & Capio (2022) conducted a study examining the perspectives of practitioners and parents of children who have intellectual disabilities use of tele-therapy. Eguia & Capio (2022) found that both practitioners and the family members noted that tele-therapy allowed for more interaction and more involvement for families and therapists. This then empowered the families to get more involved in therapy sessions and increased the family members understanding of the therapeutic interventions.

It was noted by the therapist's that using tele-therapy increased the parents understanding of the therapist goals which increased their involvement, resulting in goals to be achieved faster (Eguia & Capio, 2022). Rosenbaum et al, (2020) acknowledge family centred practice as a key benefit of tele-therapy stating that families have been given an opportunity to collaborate with therapist's and improve their understanding of supports and interventions. It is also noted that the therapist gets an opportunity to see their clients home environment and get a better understanding of their everyday routine. This allows the therapists to enhance their person-centred practice.

A study conducted by Farren et al (2022) examined the perspectives of Speech and Language Therapist perspective of using tele-therapy. Out of 173 SLT's 31% noted that an advantage of using tele-therapy was getting to see the client in their home environments. Other benefits of tele-therapy include saving money. As the therapy can be done from home there is no travel or childcare expenses. Tele-therapy also provides a more balanced work-life balance for therapist's as they spend less time traveling.

Tele-therapy can provide many benefits and opportunities to practitioners and service users. However, the literature conveys a divided response with regards to its use in the future. A hybrid approach of using tele-therapy and face to face services appears to be the most popular approach. It is worth noting that using tele-therapy also brings about challenges and barriers which will be discussed in the next section.

2.6 Challenges and Barriers

The increased use of tele-therapy has highlighted the challenges and barriers which it brings for therapist and service users. Common challenges and barriers which are consistent throughout the literature are issues with technology or internet access. A study carried out by Tambyraja, et al (2021) conveyed internet issues as a major barrier of tele-therapy with 70.4% of participants reporting WI-FI as being the number one issue. Problems with WI-FI are also reported by Rosenbaum, et al (2021) who noted that therapist's and service users both identified WI-FI as a barrier. Furthermore Bayati & Ayatollahi (2021) highlight that a poor quality of internet infrastructure can result in poor quality assessments and therapy sessions.

 It is worth nothing that depending on good quality internet and up to date technology for the provision of services can create an inequality for therapist's and service users (Rosenbaum et al, 2021). If therapist or service user's live in an area with poor WI-FI signal it will not be possible to engage in tele-therapy via video links. A challenge which is associated with tele-therapy is therapist's and service users not having experience with technology.

Johnsson & Bulkeley (2021) note that therapist's and service users lacked confidence using technology. Many therapists require face to face interaction and physical touch with their client when making assessments. This is not possible via tele-therapy and has been noted as a barrier for some therapists. Bayati & Ayatollahi, (2021) revealed in the study that SLT's required physical touch in order to make an accurate assessment. The SLT in the study noted that they needed to touch the client's neck in order to assess the client's needs.

Furthermore Camden & Silva (2021) convey the need for a hybrid approach of therapy, particularly when providing therapy for physical disabilities such as occupational therapy and physiotherapy. Occupational therapists in Johnsson & Bulkeley (2021) study noted that much of their work required face to face interaction. An example being one occupational therapist noted that a goal helping a client achieve the physical task of dressing independently could not be achieved via tele-therapy. It was also noted that tele-therapy posed as a challenge to clients

who had difficulty concentrating. Bayati & Ayatollahi, (2021) states that clients with Attention Deficit Hyperactive Disorder (ADHD) found it challenging to engage in tele-therapy.

A significant challenge which was identified in the research is GDPR and privacy concerns. Therapist's providing services and sharing information on online environments put additional pressures on the therapist to protect their client's information, however there is little guidance or legislation surrounding his in relation to tele-therapy. Bayati & Ayatollahi, (2021) note that therapist's felt worried about the legality of providing services via tele-therapy. Therapists were worried about their sessions being recorded and reused in other sessions. Rosenbaum, et al (2021) also noted therapist's having concerns about breaches of information and lack of legislation surrounding online services.

Another common challenge with the delivery of tele-therapy is the lack of engagement from the clients. Tambyraja et al, (2021) notes that this was an obstacle cited by therapist's who engaged in the study. This may also result in extra pressure on carers to encourage engagement (Rosenbaum et al, 2021). Other challenges include therapist's lack of training in tele-therapy, therapists, and service user's resistance to change and engagement with tele-therapy.

Throughout the literature therapists revealed that tele-therapy could not be the sole method of providing therapy going forward and face to face sessions are needed. Rosembaum, et al (2021) notes that none of the therapist's in the study wanted to continue to use tele-therapy as the main method of delivery. Camdem & Silva (2020) suggest a hybrid model will be the most popular method of service delivery in the future. However, services will have to ensure that there are sufficient resources such as technology and training provided to tackle the barriers and challenges which arise from using tele-therapy. HSCP (2021) also note that lack of evidence on the long-term use of tele-therapy and the cost of providing appropriate training and improving technology is a challenge for services.

2.7 Conclusion

In this chapter the literature surrounding tele-therapy was explored. The researcher provided a background of disability services in Ireland and examined how the Covid-19 pandemic affected persons with disability and rollout of disability services. The chapter also defined tele-therapy and examined the advantages, opportunities, challenges, and barriers outlined in the literature.

3.1 Introduction

This chapter will start by outlining the epistemology and theoretical foundations which inform this study. The methodology and research methods which have been applied to this research will then be explained. This research is part of the Community-Academic Research Links (CARL) program therefore this chapter will include a description of community based participatory research which framed this research. The chapter will continue by exploring the ethical considerations and the reflective position of the researcher. The challenges and limitations of the research will be the concluding segment of this chapter.

Epistemology : Social Constuctivism. → Theoretical Perspective: Interpretivism. → Methodology : Mixed Methods. → Method : Survey.

3.2 Epistemology.

Epistemology allowed the researcher to comprehend that there are different ways of understanding reality and the world (Ritchie et al,2003). Carey (2009) describes epistemology as being a key component to social research as it allows the researcher to acknowledge the different ways of acquiring and understanding knowledge. The epistemology which underpins this research is social constructivism. Social constructivism is described by Ritchie et al (2003, p39) as the notion that "knowledge is actively constructed by human beings, rather than being passively received by them". By taking a social constructivism perspective the researcher's aim was to understand how the participants construct knowledge and to gain an insight into the experiences of participants.

Different people and groups have different experiences due to specific events or interactions which shape their construct of knowledge. This is a useful viewpoint as the research aims to examine the experiences of different groups of professionals, thus the researcher aims to gain an insight of the specific events and interactions which shape the participants viewpoints.

3.3 Theoretical Perspective.

This research incorporates an interpretivist theoretical framework to examine the experiences of Cope Foundation therapy staff. Interpretivism aims to gain knowledge and understanding of

people's experiences (Carey, 2009). Using an interpretive lens allowed the researcher to "understand the opinions, emotional responses and attitudes articulated by participants" (Carey,2009, p.53).

Interpretivism is an appropriate theoretical perspective to frame this research as it coincides with the aim of the study. By incorporating an interpretive perspective, the researcher aims to gain an insight into the experiences of Cope Foundation therapist's using tele-therapy. Interpretivism examines cultures and acknowledges that cultures can change due to certain situations and events (Crotty, 1998). This research examines the changing culture within the disability sector specifically Cope Foundations workplace culture. The researcher aims to examine how it has changed due to the Covid-19 pandemic.

3.4 Methodology

Methodology refers to the process and frameworks which the researcher uses in order to generate their research (D'Cruz & Jones, 2004). In this dissertation the researcher used primary research. Primary approach was chosen as the researcher and the Cope Foundation liaison person noted there was a gap in the knowledge base and felt that using a primary methodology was the most effective method of capturing the experiences of the participants.

At the beginning stages of the research a quantitative approach was the planned method of use. Due to subsequent limited numbers of participants the researcher decided that a mixed method approach would be more suitable in portraying the participants' feedback. Furthermore, the participants provided descriptive qualitative answers which the researcher felt should be included in the findings. Another reason for choosing the approach stemmed from Creswell & Creswell's (2018) description of using a mixed method's approach to allow the researcher to draw on the strengths of both methods and reduce the limitations of each.

A mixed methods approach combines both qualitative and quantitative approaches and provides further insight than the singular use of one method (Creswell & Creswell (2018). Quantitative methods are connected with numbers with structured questions and the data which is collected is often represented with graphs and charts (D'Cruz & Jones,2004). Qualitative methods are described by D'Cruz & Jones (2004) as methods which are concerned with the quality of the data and focus on the language and values of the participants. The research used closed questions which coincides with quantitative methods, as well as open questions which coincides with qualitative methods.

Onwuegbuziea et al (2009) note that the researchers who take a constructivist epistemological stance in their research tend not to use quantitative methods as these may lead to a generic representation of the population and a simplification of the findings may occur. However, it is also noted that the combination of methods can allow for a more accurate representation by using descriptive statistics (Ibid). Using a quantitative diagram followed by a qualitative description would depict the participants experiences more accurately than using a purely quantitative or qualitative approach.

3.5 Research Methods

Research methods refer to the tools or method which the researcher uses to collect the data (Denscombe,2003). The method which was used in this research was a survey. A survey is defined by (D'Cruz & Jones,2004) as a data collection tool which gathers data by asking specific questions. It was decided between the Cope Foundation liaison person and the researcher that a survey would be used to collect the data as the participants professions varied and a survey would be an appropriate method to capture the experiences of different professions. Furthermore, it was expected that the survey would gather a larger number of responses (this will be discussed in future detail in the "Challenges" section). Due to the Covid-19 pandemic it was agreed that a method which could be delivered online was an appropriate method as many potential participants may be working from home.

The survey was designed by the researcher and the Cope Foundation liaison person. The questions were formed with consideration of identifying the opportunities and challenges of delivering therapy and interventions through an online platform.

3.5.1 Participant recruitment

It was agreed by the researcher and Cope Foundation liaison person that the survey was open to social workers, speech and language therapist's, occupational therapists, psychologist, physiotherapist's, nurses and dieticians working within the Cope Foundations adult teams and all therapist's working in the three Cope Foundation led Children Disability Network Teams (CDNT-6, CDNT-8, CDNT-9). The number of participants who completed the survey was 22.

3.5.2 Data Collection.

A survey was conducted on Microsoft teams, the survey consisted of 18 questions. The Microsoft teams account was a secure account which used UCC credentials to login. The account was only accessed by the researcher. When the survey was piloted by the researcher it was estimated to take 5-10 minutes to complete. The Cope Foundation liaison person provided the researcher with the email addresses of the managers of children and adult teams within Cope Foundation. An email which outlined the purpose of the research and who the survey was targeted at was sent to the managers. Attached to the email was an information sheet. The information sheet outlined in detail the purpose of the research, the participants cohorts invited to take part, the research ethical approval and the participant consent protocol. The information sheet outlined that the survey was to be completed anonymously and taking part in this indicated the participant consented.

The email containing the information sheet and link to the survey was sent to the Cope Foundation managers in early February ,2022. A reminder email was sent on approximately one week later. The Cope Foundation liaison person also circulated the email to staff within the organization. A final reminder email was sent to Cope Foundation managers in mid-March 2022 and the survey closed a few days later.

3.5.3 Data Analysis

Data analysis has been described by D'Cruz & Jones (2004) as an exercise which helps the researcher make sense of and gain a better understanding of the data which was generated. For the purpose of this research two analysis methods were used. The quantitative data collected was analysed on Microsoft forms software on the researcher's UCC account. The closed ended questions in the survey are represented by graphs and charts which can be seen in chapter 4.

A thematic analysis was chosen to analyse the qualitative responses to the open-ended questions. A thematic review aims to identify and establish the main themes within the data (Carey, 2009). The different themes which emerged will be outlined and discussed in chapter 4. Whittaker (2009) notes that a thematic analysis tends to be an adaptable approach and can be applied to a variety of epistemological frameworks including social constructivism.

3.6 Community Based Participatory Research.

This research is part of the Community-Academic Research Links initiative (CARL) and was conducted in partnership with Cope Foundation. A community-based research approach was used to carry out the research. Bate's & Burn's (2009) describe community-based research as a collaborative approach where the researcher, university tutor and a community group work together to examine an issue or situation within the community organization which is affecting that organisation.

The researcher, Cope Foundation liaison person, and academic tutor worked in partnership in developing the aim's, objectives, and the research questions which are outlined in the first chapter. The collaboration between the researcher and Cope Foundation liaison person was ongoing and together the questions for the survey were framed. The Cope Foundation Liaison person assisted the researcher with accessing participants for the study. Branom, (2012) notes that communication between the researcher and community group is a vital aspect of community based participatory research. In order for the researcher and the community group to work in partnership regular contact was kept between the researcher and the liaison person assisted the researcher with accessing participants for the study.

3.7 Ethical Considerations

Ethical consideration was a vital component to the research as it can prevent and minimise any harm to participants. In order to take part in primary research it is a requirement that the researcher submits an ethics application approval form to the UCC Social Research and Ethics Committee (SREC). The researcher summited the completed application form in early November 2021. The application granted approval in mid-January 2022. Cope Foundation also approved the research on ethical grounds in mid-September 2021.

In order for the research to gain ethical approval a number of ethical issues had to be considered. Informed consent was achieved by providing the participants with an information sheet which outlined the details of the study. It was outlined in the information sheet that by participating in the study the participants were giving their consent. The information sheet also outlined that participation in the study was voluntary and all participants had the right to withdrawn up to the point of data collection. The survey was anonymous, no names or identifying factors were collected in the data. The raw data was stored on a UCC Microsoft account and was not shared by the researcher in order to protect the participants confidentiality.

In accordance with the UCC Research Code of Conduct, the data will be stored on a Microsoft account for 13 months. The Microsoft account is accessed using the researchers UCC credentials.

3.8 Reflective Position of the researcher

It is difficult for a researcher to be completely unbiased when engaging in social research. Sword (1999) acknowledges that researchers often bring in their personal values and emotions when conducting research. Although it is natural for the researcher to have feelings and values attached to the research it is vital that these feelings and values are noted and managed by the researcher. Reflectivity has been described by Finlay (2002) as the process of the researcher becoming self-aware of their bias and their positioning within the research. Reflecting upon their position in the research it was acknowledged that the researcher has had a history of working within the disability sector. Throughout the research process I utilised supervision with my tutor. I also kept a reflective research journal as a means to identify, monitor, and address potential bias which arose throughout the research process. It is also worth noting the researcher undertook a college work placement in Cope Foundation. From working in the organisation, I developed a negative view on delivering social work interventions through tele-therapy as it limited my learning opportunities on work placement. This will be monitored throughout the research project.

3.9 Challenges and Limitations

The main challenges and limitations in this study are concerned with participant response rate. The response to the research was lower than originally expected from the researcher and the Cope Foundation liaison person. The limited number of responses to the survey resulted in the research methods changing from quantitative to mixed methods in order to mine the available data and enrich the findings. As therapist's working within the disability sector are extremely busy it is possible that the limited response rate may be an implication of the therapist busy schedules.

A further limitation of the research is the uneven number of participants from each profession. As can be seen in graphs in chapter 4 the number of participants who are social workers and speech and language therapists are significantly higher than the other professions. This creates an unequal analysis of the experiences of all therapists. It is unclear why the response rates

from professions differed however the researcher notes a high level of research available on SLT's responses to tele-therapy

. It is also noted that as this research is being conducted by a social work student perhaps it was more relatable to social workers.

3.10 Conclusion

The purpose of this chapter was to covey the journey of conducting the research to the reader. The Epistemology and theoretical positioning of the research was explained with respect to the aims and purpose of the research. It was also conveyed to the reader that community-based research underpins this dissertation. Reasons for choosing a mixed methods methodology were explained to the reader. Details of methods, ethical considerations and the reflective position of the researcher were also examined before concluding with an account of the challenges and limitations of the study.

4.1 Introduction

In this chapter the findings of the survey will be presented using a combination of a thematic analysis, graphs, and charts. The chapter consists of five themes which are outlined below

Theme One: Clinical Advantages and Oppourtunites	Theme Two: Non Clinical Advantages and Oppoutunities	Theme Three: Clinical Barriers and Disadvantages	Theme Four: Non Clinical Barriers and Disadvantages	Theme Five: Future Services
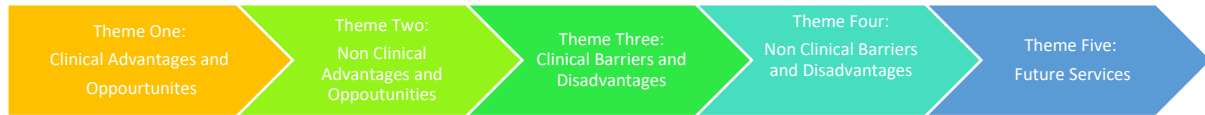
4.2 Demographic of participants

The demographic of the participants will be outlined in this section. The backgrounds of the therapist's will be explained. The number of therapists from each profession and their experience of using tele-therapy prior to the pandemic will be presented. Aspects of their work will also be conveyed. Practicalities such as where the work was carried out and record keeping will be presented.

4.2.1 Professions of Participants.

The survey had a response of 22 participants from various different health or social care backgrounds. The graph below represents the participants professions.
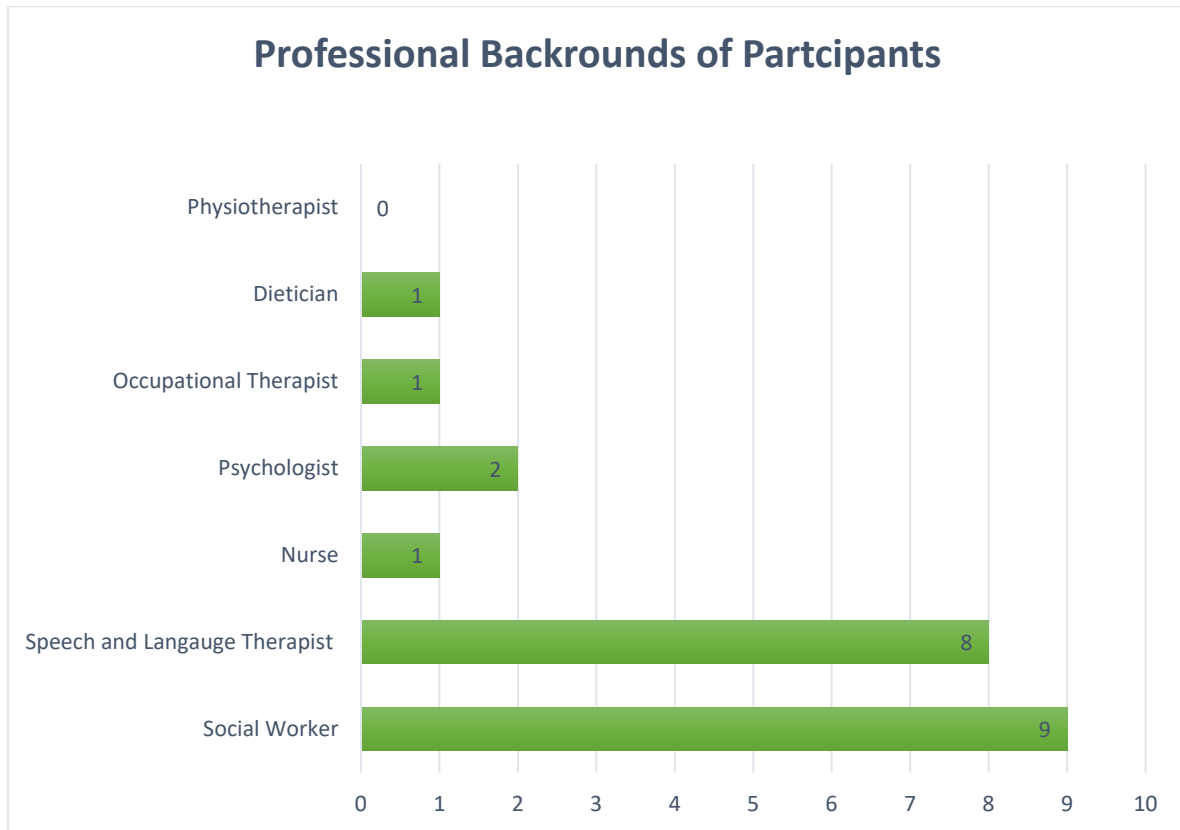
FIGURE 1 PROFESSIONAL BACKGROUNDS OF PARTICIPANTS

The response from the Social Work and Speech and Language department is significantly higher than the other professions. The findings show that the therapist's work with adults, children, or both. A total of 9 therapist work only with children including Social Worker (2), SLT (4) and Nurse (1), OT (1) and Psychologists (1). 8 stated they worked only with adults including Social Worker (4), SLT (3), Psychologist (1). A total of 5 therapist's work with both adults and children including Social workers (3), SLT (1) and dietitian (1).

4.2.2 Experience of Tele-therapy

Prior to the Covid-19 pandemic the concept of Tele-therapy was not as widely used amongst Cope Foundation Therapy staff. Staff were asked if they had experience of using tele-therapy and 68% of participants had no previous experience with 32% stating they had experience engaging in Tele-therapy. This data coincides with the finings in chapter 2 which depict low levels of tele-therapy being used prior to the pandemic. Camden & Silva (2020) found a very low engagement with tele-therapy prior to Covid-19, followed by a sharp increase in use during the pandemic.

Did you have experience of using teletherapy prior to the Covid-19 Pandemic?

Yes	7
No	15

■ Did you have experience of using teletherapy prior to the Covid-19 Pandemic?
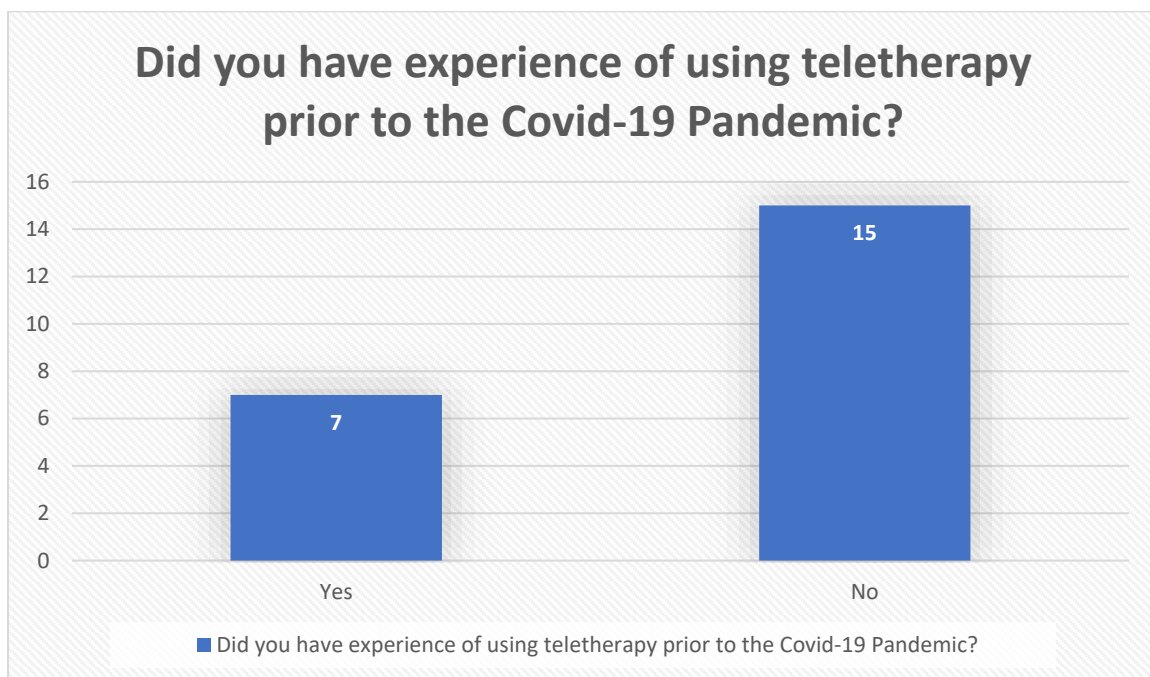
FIGURE 2 EXPERIENCE OF TELE-THERAPY

The experience of using tele-therapy varied. Prior to the pandemic tele-therapy was used to increase productivity with one psychologist stating

"Over the last ten years or so, due to increasing workload, I have increasingly been using teletherapy in order to support as many clients as possible" (P 8)

A number of participants stated they engaged in therapy via phone calls prior to the pandemic. The lack of experience of tele-therapy conveys the need for training of therapists.

4.2.3 Aspects of work delivered

The research examined aspects of work the therapists were delivering via tele-therapy during the covid-19 pandemic. It is noted that 16 of participants delivered one to one intervention using tele-therapy. Discipline specific assessments were conducted using tele-therapy by 11 participants. The research found that multidisciplinary assessments were completed by 6 participants. 7 participants noted they delivered tele-therapy to groups. The research also reviled other aspect of work which was delivered online such as staff training.

"I provide training, mostly to staff, in groups and to individuals on child and adult protection and on the paperwork required to comply with the HSE Safeguarding Vulnerable Adults Policy 2014" (P 7).

It was also noted in the research that all aspects of work could be delivered via tele-therapy. The data collected shows that therapists across a variety of professions have delivered a number of different aspects of their work via tele-therapy.

4.2.4 Where was the work carried out?

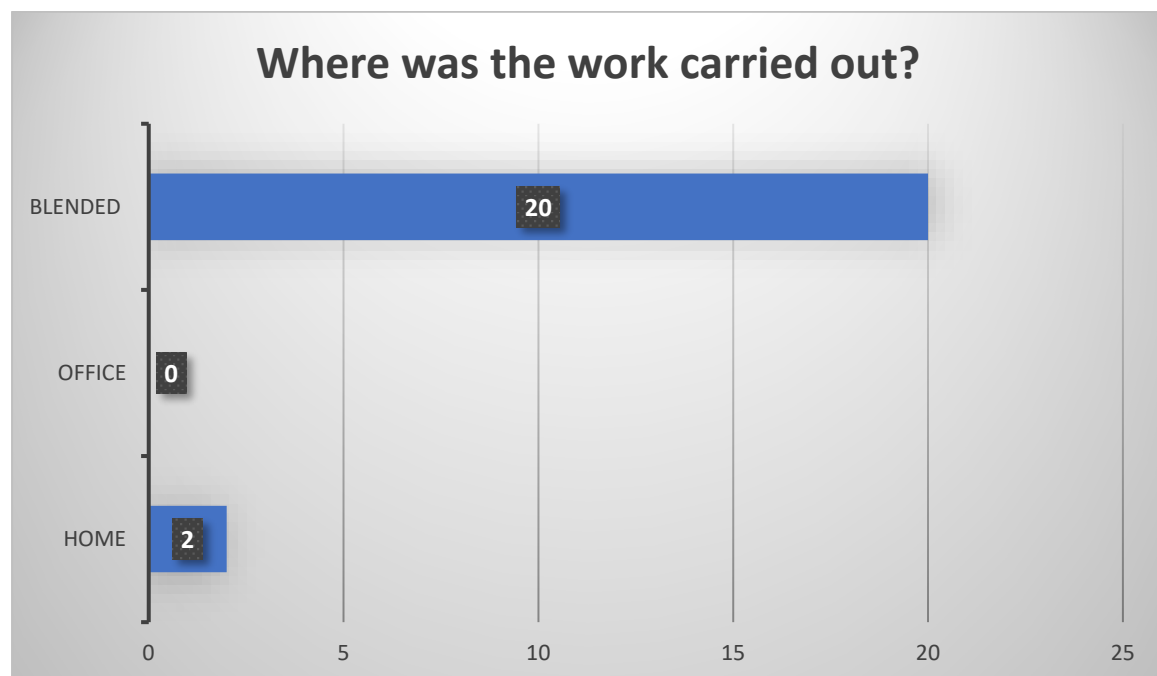The chart below represents the responses regarding where the participants were based.

FIGURE 3 WHERE WAS THE WORK CARRIED OUT?

4.2.5 Data Collection

Data collection regarding the clinical outcomes of using tele-therapy are important to measure the effectiveness of providing services via tele-therapy. The data shows that 77% of the participants are not keeping data regarding the outcomes of tele-therapy services. It was found that 14% of participants were keeping records and 9% were sometimes keeping records.
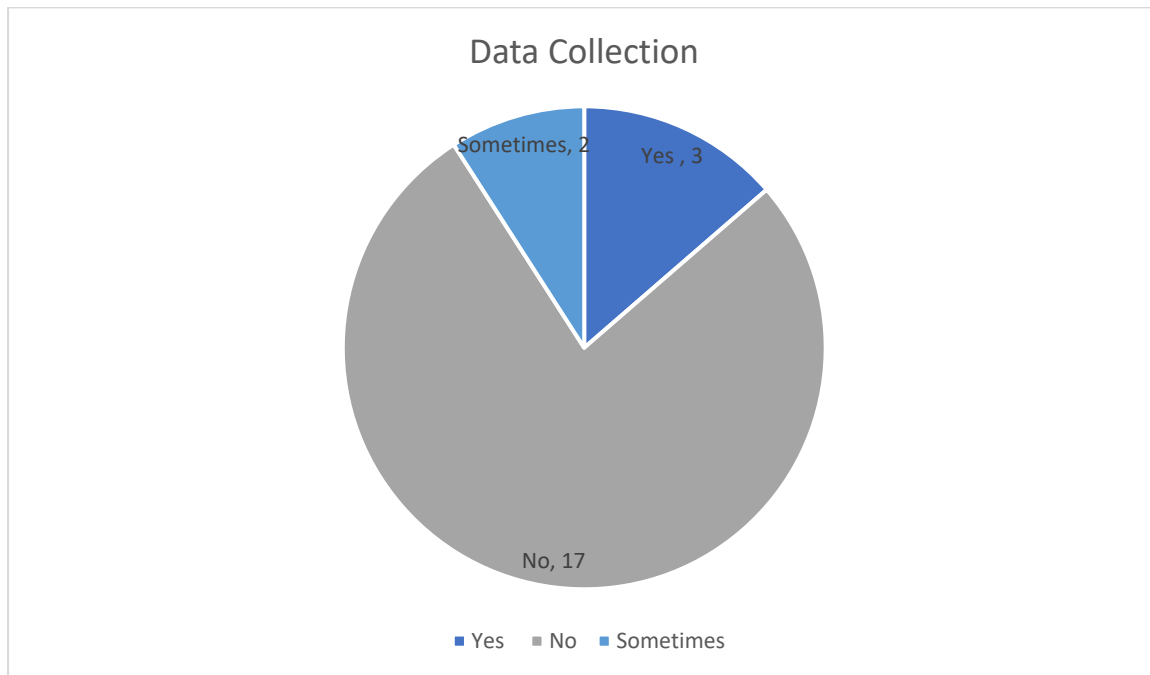
FIGURE 4 DATA COLLECTION

4.3 Theme One: Clinical Advantages and Opportunities of Tele-therapy.

The findings gathered reveal the clinical advantages and opportunities of tele-therapy from the therapist's perspective. The data was thematically analysed by the researcher from the responses of open-ended questions on the survey. Clinical refers to work related advantages and opportunities which the therapist encountered.

4.3.1 Flexibility for parents.

An advantage of tele-therapy identified in the data is that it is a flexible method of therapy which allows for more engagement from parents of children who are engaging in therapy services. Of the 22 participants 7 noted that parents were able to engage in sessions more because tele-therapy was more suitable to the busy schedules of parents.

"There is less travel and more flexibility for clients for their appointments, e.g. they can attend an online appointment before or after school/work without less disruption to family/work" (P 10)

As noted by Eguia & Capio (2022) parent involvement is crucial in intervention and therapy sessions for children with disabilities. The flexibility of Tele-therapy allows for a family centred approach to therapy. Family centred therapy can empower parents and allows for a positive relationship between parents and therapist (Eguia & Capio, 2022). It is noted in the data that parents are able to engage in training and workshops online, thus empowering parents. The flexibility allows parents and children to attend more sessions and reduces the stress of organising childcare, education, or travel.

4.3.2 Reduction in travel.

Unsurprisingly the findings show that therapists identified the reduction in travel as an advantage. The reduction in travel allowed therapist to be more productive and see more clients.

"Teletherapy is time-saving; less travel time to different locations can result in higher numbers of clients receiving service" (P21)

The reduction in travel creates an opportunity to provide more therapy sessions thus reduce the number of clients awaiting services. Shortening waiting lists was noted as an opportunity of tele-therapy in Bayati & Ayatollahi (2021) study. The opportunity to shorten waiting lists in disability services is a major advantage given the large number of service users awaiting services within Irish public disability services as outlined in chapter two. The reduction in travel not only saves time but also money. Spending less time traveling saves therapist on fuel costs and is more environmentally friendly. The decrease in travel also benefits the service user as clients with mobility issues do not need to travel to appointments.

4.3.3 Communication between Multidisciplinary teams and Training

Technology allows for instant communication between groups of people. Camden & Silva, (2020) state that technology can improve the communication between teams. This is also reflected in the findings of this research. 5 participants identified improved communication

between teams as an advantage as well as opportunities for training to be delivered easier through online platforms. It is noted by participants that the quality of meetings was improved.

"Very useful for MDT meetings in relation to individual clients; much easier to agree dates/times when travel time does not need to be factored in, meetings can tend to get started quicker and are more focused when conducted via telehealth methods" (P21)

"Training opportunities have increased and can be conducted and accessed in easier ways for all relevant stakeholders; Meeting efficiency has been enhanced with less travel required" (P17)

4.4 Theme 2 Non-Clinical Advantages and opportunities.

Non-clinical refers to the personal advantages and opportunities which the therapist experienced. The survey consisted of open-ended questions regarding the non-clinical challenges faced by therapists. The responses were analysed thematically.

4.4.1 Work Life Balance

Work life balance has been described by Karaman & Karaman ,(2022) as the relationship between a person's work life and personal life. Achieving a balance can often prove difficult causing people to overwork. The findings of the study indicate the positive effects that tele-therapy bring to the therapist work life balance.

"Its has been life changing. I've reduced my need for childcare, I can work in evenings if I need to as I have technology in my home. I am much happier with my work life." (P 8)

The findings suggest that saving time on travel has been linked to an improvement to work-life balance. Less stress and organisation are required for factors such as childcare or housework. The flexibility that working from home brings allowed participants to engage in work at a time which suited them. Although the findings indicate a largely positive response to their work life balance it is worth noting that small number of participants noted a negative effect which will be discussed in theme four.

4.5. Theme 3 Clinical Challenges and Barriers

The clinical challenges refer to the challenges therapists faced in their work. The responses from the open-ended questions were thematically analysed.

4.5.1 Engaging with clients

Therapists at Cope Foundation support clients with a variety of needs. The data indicated that therapists found it challenging at times to engage with clients using tele-therapy.

"Managing attention to the task at hand- caregivers and children can find it difficult to step away from other items needing their attention: children, visitors etc." (P1)

Difficulty engaging with clients is also noted by Bayati & Ayatollahi, (2021) who state that tele-therapy is particularly difficult for children with ADHD who have difficulty with concentrating. Lack of engagement from the client make providing services challenging for therapist's and may lead to poorer quality of services. Face to face interaction may be required to fully engage clients who have difficulty interacting via tele-therapy.

4.5.2 Physical interaction

For therapist's such SLT's, OTs or Dietitians physical touch is required in order to make an assessment. Not being able to carry out a physical assessment is a barrier for therapist's who cannot make an accurate assessment without touch. The findings represent the barrier.

"An integral part of a nutrition & dietetic assessment is the physical assessment element. Observations re: where weight is dispersed / muscle wasting / skin integrity / etc are not easily facilitated via tele-health methods." (P21)

This barrier suggests a need for face-to-face interaction and physical touch for accurate assessments to be carried out. The findings indicate this barrier is significant to SLT's who require physical touch to make assessments and monitor progress. Bayati & Ayatollahi, (2021) note that this has negative implications on the quality of SLT's assessments. As physical

interaction is such a vital element of assessment the researcher acknowledges that tele-therapy is not suitable as the sole method of service delivery.

4.5.3 Building Rapport

The findings indicate that building rapport via tele-therapy proved challenging for therapists. As the nature of the work between clients and therapists can be personal and sensitive it may be harder to build thrust via tele-therapy. This theme was common among psychologists and social workers, who depend on having a thrusting relationship between clients.

"It is more difficult to engage on the topic of abuse remotely as it is a difficult topic which can trigger people due to the topic. It may bring up difficult memories for the participants which are difficult to gauge online." (P 11).

It is difficult to build a relationship over a screen. Challenges with building trust and rapport with clients will have a negative impact on the outcome of service being offered as face-to-face interaction is needed to engage in sensitive conversations.

4.5.4 Confidently and GDPR

Providing services via tele-therapy raises questions and concerns on the topic of confidently and GDPR. As the widespread use of tele-therapy is new there is little legislation or guidelines on confidentiality and GDPR. The findings suggest that this is a challenge for therapists at Cope.

"Confidentiality can be an issue, difficult to control the space. "(P14)

Therapists cannot guarantee confidently when providing therapy via tele-therapy. This challenge was echoed by therapists in Rosenbaum, et al (2021) study who shared concerns regarding data breaches. The researcher notes that Cope Foundations policy on GDPR protection should include guidance on protecting confidentially when working via tele-therapy.

4.6 Theme four: Non-clinical challenges

Non-clinical challenges refer to the personal challenges therapists faced. The responses from the open-ended questions were analysed thematically.

4.6.1 Screen fatigue and back pain.

Screen fatigue has been described by Sharma et al, (2021) as a tiredness or exhaustion experienced by those who spend long periods of time engaging with work via technology. The Covid-19 pandemic has seen an increase in screen fatigue due to a large number of workers adapting to online work environments. The findings of this study convey that screen fatigue was a challenge for Cope Foundation therapists. 13 participants listed screen fatigue as a challenge.

"Screen fatigue: headaches, tired eyes, sitting too long, etc" (P15)

Screen fatigue was also associated with headaches and migraines. Tele-therapy requires less physical movement from therapists, when engaging in face-to-face practice therapist engage in movement breaks. Participants conveyed the discomfort they experienced sitting at a desk for long periods of time. The findings suggest that back pain was a challenge that arose from tele-therapy. Underdown et al (2022) highlights that the sedimentary lifestyle associated with working from home can have negative effects on workers' health, however engaging in self-care techniques such as movement breaks can prevent negative health implications.

4.6.2 Boundaries

Working from home may also bring about negative work-life balance. Some therapist's revealed they found it difficult to switch off and were working at times when they were off due to how accessible meetings are from laptops.

"Bringing work home 4. I take a parental leave day on a Thursday but have found that I can at times end up attending meetings on these days despite being 'off'. I can almost feel guilty for not attending when it is so easy (eg. via MS Teams on my work mobile)." (P21)

Tele-therapy allows easy access to therapist. The findings indicate that some clients are not respecting boundaries can be a challenge.

"Sharing mobile numbers with clients who may not be boundaried was problematic." (P 15).

4.6.3 Technical issues

Technical issues are a common barrier associated with the use of tele-therapy. The findings of this study indicate that therapists at Cope Foundation were faced with technical barriers .7 participants identified technical difficulties as a barrier to tele-therapy.

"We do not have the IT infrastructure or systems to fully support working online and this has been a huge barrier to the clinical opportunities for teletherapy being optimised. E.g. we did not get work laptops for months into the pandemic, some record systems can still only be accessed while in the office, lack of relevant training." (P 10)

It is worth noting that service users experiencing technical difficulties presents as a barrier to therapy sessions also. It is not surprising technical difficulties have been identified as a challenge within the data. Since the beginning of the Covid-19 pandemic the digital inequality in Ireland has been highlighted. It was reported by Mohan et al (2020) that inequalities are caused by insufficient broadband and those who do not have up to speed internet access or IT equipment are disadvantaged.

4.6.4 Lack of Social Interaction

The switch from face-to-face therapy sessions to working from home led to an increase in isolation for therapist. Lack of social interaction between colleagues was noted as a challenge for therapist.

"Sometime feelings of isolation from colleagues and miss the informal aspects of office working and shared lunches." (P 10)

4.7 Theme Five: Future services

As part of the survey the participants were asked to share their opinions on the future of tele-therapy. When asked their preferred way of working in the future the majority of participants chose a blended approach. The chart below depicts the findings.
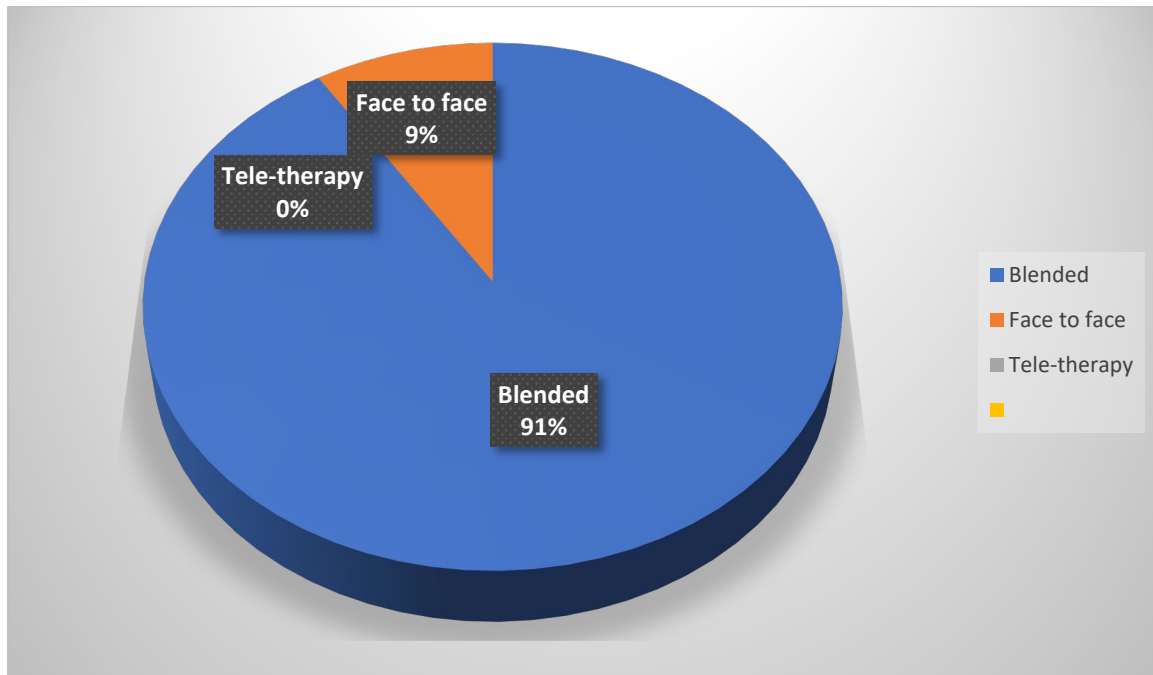
FIGURE 5 FUTURE SERVICES

The data reveals that tele-therapy is not suitable for every aspect of work.

"I like the idea of blended working. My work will always require a face-to-facer element, however the administration side of my role can certainly allow for telehealth methods to be utilised. Training is another area which I think can be facilitated very well through telehealth methods." (P,9)

A blended working style allows therapists to overcome the challenges and barriers while benefiting from the advantages and opportunities which tele-therapy provide. The data findings suggest that face to face interaction is an aspect of work which will always be used. Furthermore, as outlined in the previous section professions such as SLT's require physical touch for assessment.

The services user's response to teletherapy is an important factor to include when considering the future roll out of services. If the services users are having negative experiences using tele-therapy, then the outcomes of the services will too be negative.

The below chart represents the responses therapists received from their clients regarding the use of tele-therapy.

What response have you experienced from clients to the use of teletherapy?

41%

59%

0%

Positive

Negative

Mixed

FIGURE 6 CLIENTS RESPONSES

Due to the large number of mixed responses from clients it would be valuable for research focusing on the clients' perspectives to be conducted.

The findings represent the majority of therapist's see a need for the tele-therapy in their future work. The below chart represents the findings. Interestingly no participants disagreed with the need for tele-therapy in their future services suggesting tele-therapy will be used within Cope Foundations services.

Do you see a need for tele-therapy as part of your professional role in the future?

FIGURE 7 DO YOU SEE A NEED FOR TELE-THERAPY IN THE FUTURE?

4.8 Conclusion

This chapter presented the findings of the survey. Five themes were identified and analysed in this section using thematic analysis, graphs, and charts.

5.1 Introduction

The final chapter will provide the reader with the conclusions of the research. The researcher's recommendations will be outlined in this chapter followed by a reflection of the process of engaging in research and the CARL initiative.

5.2 Conclusions

This research aimed to get an insight into the experience of using tele-therapy from a therapist's perspective. The advantages, opportunities, challenges, and barriers were examined by collecting data via a survey. The study also aimed to examine the therapist's opinions on the future role of tele-therapy at Cope Foundation. The data was analysed using a mixed method approach and presented by using charts, graphs, and thematic analysis.

Prior to identifying the advantages and challenges it was essential to gain an insight into the backgrounds and practicalities of the participants. The participants of the study mainly consisted of social workers and speech and language therapist. The response from other professions was limited. Perhaps the limited response to the survey conveys the high workloads of the therapists. It is worth nothing that the literature portrays a large number of research on tele-therapy from speech and language therapists, however the researcher noted a gap in research examining teletherapy from a multi-disciplinary perspective when conducting the literature review.

The findings of this study showed that therapist's delivered tele-therapy to adults, children, or both during the covid 19 pandemic. A limited number of therapist's had experience of using tele-therapy prior to Covid-19. The majority of therapist's worked from a mixture of home and the office when delivering sessions via tele-therapy. Only a small number of therapist's were collecting data regarding the outcomes of the tele-therapy sessions.

The advantages and opportunities which the findings conveyed coincide with findings of the literature review. These findings are presented in chapter two. Saving time on travel was an advantage which created opportunities for therapists to see more clients. The reduction in travel allowed service users, parents, and care givers to attend sessions without the stress of organising time off work, childcare, or the stress of traveling. Tele-therapy allows for easy communication between multidisciplinary teams and is a suitable platform to provide training.

Work life balance is also a common theme which arose in the literature and the findings. Therapists reported a significant improvement to their work life balance as a result of tele-therapy.

The barriers and challenges of using tele-therapy found in the data were presented in chapter four. These findings also mirrored findings in the literature review. Technical issues such as Wi-Fi problems pose as significant barriers to tele-therapy. Moreover, therapist's specifically identified Cope Foundations IT infrastructure as a barrier to tele-therapy services. The lack of physical interaction was identified as a barrier particular for therapist's who required physical touch to make assessments. It was also noted that engaging with clients via a virtual space proved challenging with the client often getting distracted.

Although tele-therapy has made communication easier and instant, it has also brought challenges concerning confidentiality and GDPR, many therapists revealed that conditionality boundaries were broken during sessions. Tele-therapy involves delivering services via video conference. Spending long periods of time looking at screens was a major challenge for the therapists in this study reportedly having effects on their health causing sore eyes, headaches, and migraines. Therapist also noted back pain from a sitting too long.

The findings convey that therapist at Cope Foundation see a need for tele-therapy services in the future, however face to face services are still required therefore a blended approach is the most desirable for future services.

5.3 Recommendations

The recommendations based on the findings will be presented below.

5.3.1 Recording Data

As previously noted, the findings of this study found that 17 of the 22 participants were not keeping records of the outcomes of therapy sessions delivered via tele-therapy. From the findings of this research, it is recommended that Cope Foundation therapy staff acknowledge the importance of record keeping in relation to the outcomes of Tele-therapy. Keeping records on the outcomes of tele-therapy would provide a clear indication of the effectiveness of tele-therapy.

5.3.2 Technology

This research found a major barrier of tele-therapy was internet and IT problems. It was also noted that Cope Foundations IT infrastructure caused challenges to therapists. Therefore, a recommendation of this study is that IT infrastructures are examined and improved to better support therapist's when engaging in tele-therapy.

5.3.3 Blended services

The findings of the study indicate a blended approach of services is the most suitable approach for the future. Although the findings highlight many negatives, using a blended approach can reduce the challenges and barriers while keeping the positive. For example, therapists who require physical touch to complete assessments would conduct the assessment face to face and conduct follow up sessions via tele-therapy. The findings indicate that therapist's wish to use a blended approach of work going forward. It is therefore a recommendation that a blended work model is developed for staff at Cope Foundation.

5.3.4 Movement breaks and Screen breaks.

Therapist's reported experiencing negative health effects due to engaging with tele-therapy. Headaches, migraines, and back pain were experienced by therapist's which they noted was caused from spending long periods of time sitting and looking at the screen. Sedimentary lifestyles are associated with working from home and can lead to a number of health issue as noted by Underdown et al (2022). It is a recommendation of this study that Cope Foundation acknowledge the negative health effects associated with sedimentary lifestyle. Introducing guidelines and on movement breaks and providing staff with suitable equipment such as chairs may reduce the negative effects of a sedimentary lifestyle, The pharmaceutical company Eli Lilly introduced strategies around supporting staff to reduce sedimentary lifestyle. This involved providing staff with an ergonomic assessment and providing chairs and workstations which were suitable for standing or sitting (Eli Lily Company, 2006). The company also introduced software which encourages staff to take breaks from the screen.

5.3.5 Service user's perspective.

It is recommended that the perspective of the service user is examined. Although the current research is valuable in terms of gaining an insight into the use of tele-therapy from the viewpoint of the therapist the service users' perspective is required to ensure a comprehensive analysis of tele-therapy. If the service user does not benefit from tele-therapy, then it will not be a useful method of therapy. Johnsson, & Bulkeley (2021) carried out a similar study which examined the perspective of the service user and the therapist. It is recommended that a study examining the service users and the therapist's perspective is carried out. The researcher recommends carrying out a longitudinal study in order to monitor the effectiveness and outcomes of tele-therapy over time.

5.4 Limitations

This research dissertation has a number of limitations. The limited response rate from the survey proved as a limitation as it only represents a small cohort of therapist. Another limitation was the uneven responses from therapists. Despite efforts it was challenging to gain an equal number of responses from different professional backgrounds. The majority of responses in this research came from Social Worker's and SLT's therefore the data largely represents the experiences of these professions. Another limitation of the research is it did not capture the experiences of the service users. Without the experiences of the service user the data cannot provide comprehensive findings regarding tele-therapy. Future research including the perspectives of service users would be beneficial in gaining a comprehensive insight into tele-therapy services.

Chapter Five: Conclusions and Recommendations

Reflective Piece

This was my first experience engaging in research and overall, it proved to be a positive experience. As the findings of the research suggest technology made communication easier. Having support from my tutor and having online drop-in classes was a huge benefit!

Looking back on the beginning of the research I feel that my research skills have improved. Engaging in readings and attending the research classes taught me the importance of preparation. Originally, I was overwhelmed with the thought of the research dissertation, and I doubted my ability in writing the dissertation. However, once I started to engage with the topic, I became passionate about it and became determined to overcome my anxiety around research.

As I choose a CARL project, I had an opportunity to engage in a partnership. This provided me with a learning opportunity on the importance of communication. At the beginning of the project, I found this challenging. However, going forward I established good communication with my CARL liaison person which allowed for the dissertation to progress.

The process of the data collection was a stressful time. The survey received a low response rate. However, this was a learning experience for me. I decided to change to a mixed methods approach which I felt would better represent the research. The low responses forced me to be adaptable and consider other options. Looking back although at the time it was a stressful experience, I feel that changing to a mixed method approach was a positive aspect of the research.

The research topic was of interest to me as I completed my first work placement in Cope Foundation. I had first-hand experience of delivering social work services via tele-therapy. The use of tele-therapy is a relatively new topic therefore engaging in this research was an exciting opportunity. Overall, I was not surprised at the desired outcomes of the study. While on my work placement I saw the opportunities which tele-therapy can provide. However, from working on multidisciplinary teams I was aware that face to face therapy will always be required.

Completing this research dissertation has been challenging, interesting, and rewarding! I have learned so much about the world of research!

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Appendices

Appendix One: Ethical Approval

Mary Desmond <Desmondm@cope-foundation.ie>   Jan 24, 2022, 11:06 AM

to me

Hi Emer,

I wish to inform you that Cope Foundation has granted approval for your CARL project regarding *the experience of therapist's delivering interventions through teletherapy* to proceed. Wishing you success with this project and we will look forward to hearing of your findings.

Kind regards,

Mary Desmond
Principal Psychologist

Appendix Two: Ethical Approval

Sara Kelleher <notifications@instructure.com>

<div style="text-align: right">Wed, Jan 26, 3:24 PM</div>

to me

REC Application

MSW Research Ethics Committee

School of Applied Social Studies

Applicant:

Emer O'Sullivan, MSW2, 2021/2022

Committee Date:

26th January 2022

Tutor(s):

Caroline Shore

Reference:

2021-13

Dear Emer

Thank you for your resubmission to the MSW research ethics committee.

The committee has granted approval for your study. You do not need to reply to this letter.

We wish you the best of luck with your study. If you have questions, please contact your MSW tutor.

Best wishes,

Dr Kenneth Burns

On behalf of the MSW Research Ethics Committee

Appendix Three: Information Sheet

Cope Foundation & UCC CARL Project Survey
Survey Information Sheet:

Understanding the opportunities and challenges for therapy staff working in Cope Foundation's Children and Adult services in using teletherapy as part of their professional role

Thank you for considering participating in this research project. The purpose of this document is to explain what the project is about and what your participation would involve, to enable you to make an informed choice.

About: This UCC CARL research project is a collaboration with Cope Foundation. The research idea is Norma O'Sullivan's, Senior Psychologist working in Cope Foundation Children's Services, and I, Emer O'Sullivan am carrying out the research as part of my Masters in Social Work.

Purpose: To understand the opportunities and challenges for therapy staff working in Cope Foundation's Children and Adult services in using teletherapy as part of their professional role since Covid-19.

Ethical Approval: This study has obtained ethical approval from the UCC Social Research Ethics Committee and from Cope Foundation's Executive Team.

Participants Invited: Therapist's working in Cope Foundation's Adult Services and Therapist's working in the 3 Cope Foundation led Children Disability Network Teams (CDNT-6, CDNT-8, CDNT-9) from Psychology, Occupational Therapy, Speech and Language, Physiotherapy, Social Work, Nursing, and any Other Therapist role.

What's Involved: Should you choose to participate, you will be asked to complete a brief questionnaire (5-10 minutes), which focuses on gaining an insight into your experience of using teletherapy. Questions on the survey will include questions about the challenges, barriers, strengths and opportunities you have experienced while using teletherapy in your professional role.

Participation is Voluntary & Anonymous: Participation in this study is completely voluntary. There is no obligation to participate, and should you choose to do so, you can refuse to answer specific questions, or decide to withdraw from the study prior to completing the survey. All information you provide is completely anonymous and your anonymity will be protected throughout the study. IP addresses will not be collected at any point, meaning the data you provide cannot be traced back to you.

You maintain the right to withdraw from the study at any stage up to the point of data submission. At this point, your data will be collated with that of other participants and can no longer be retracted.

The anonymous data will be stored on a University College Cork supported cloud storage platform Microsoft One Drive. The data will be stored for minimum of ten years. The information you provide may contribute to research publications and/or conference presentations. By completing the survey, you are giving consent to participate.

We do not anticipate any negative outcomes from participating in this study, however, should you experience distress arising from participating, please contact Cope Foundation's Employee Assistance Programme (EAP).

Questions: If you have any questions about this project, please contact either:

Emer O'Sullivan at 114321941@umail.ucc.ie

Norma O'Sullivan at OSullivanN@cope-foundation.ie

Appendix Four: Survey

Cope Foundation & UCC CARL Project Survey

The focus of this survey is to understand the opportunities and challenges for therapy staff working in Cope Foundation Children and Adult services in using teletherapy as part of their professional role.

1.Which Health and Social Care Professional are you?

☐ Psychologist

☐ Occupational Therapist

☐ Speech and Language Therapist

☐ Social Worker

☐ Physiotherapist

☐ Nurse

☐ Other-Please answer in question 2.

2.If you selected other in question 1 please state your profession below.

[ ]

3.Which client group do you work with in Cope Foundation?

○ Children

○ Adults

○ Both

4.Did you have experience of using teletherapy prior to the COVID-19 pandemic?

○ Yes

○ No

5.If you answered yes to the previous question, please specify how much experience you had (e.g. years, trainings, etc)?

[   ]

6.What aspects of your work have you delivered using teletherapy?

○ Discipline Specific Assessments

○ Multidisciplinary Assessments

○ 1:1 Intervention

○ Groups

○ Other

7.If answered other in question 6 please specify below.

[   ]

8.Please describe the clinical challenges you face in using teletherapy?

[   ]

9.Please describe the clinical opportunities which have arisen in using teletherapy?

[   ]

10.What clinical challenges specific to your discipline do you face in using teletherapy?

[   ]

11. At present, are you gathering data on the clinical outcomes of your work using teletherapy?

○ Yes

○ No

○ Sometimes

12.What response have you experienced from clients to the use of teletherapy?

○ Largely Positive

○ Largely Negative

○ Mixed

13.Do you see a need for teletherapy as part of your professional role in the future?

○ Agree

○ Strongly agree

○ Disagree

○ Neutral

14.Where are you based when completing your work using teletherapy?

○ Home

○ Office

○ Blended

15.Please describe the non-clinical challenges you face in using teletherapy (e.g. screen fatigue, difficulty switching off from work, etc)?

[ ]

16.Please describe the non-clinical opportunities which have arisen in using teletherapy (e.g. work-life balance, childcare, no commute, etc)?

[ ]

17.What is your preferred way of working in the future?

○ Teletherapy

○ Face to face

○ Blended

18. Any other comments?