



**Editorial for Feb 2021 issue**

Journal:	<i>Developmental Medicine &amp; Child Neurology</i>
Manuscript ID	Draft
Manuscript Type:	Editorial
Date Submitted by the Author:	n/a
Complete List of Authors:	Mayston, Margaret; University College London, Physiology;
Keywords:	Not required, ., .., ..., ....

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### Telehealth for disability management: What really matters?

The last 12 months have changed the world permanently. History will record this period as a major turning point in how we live and work. There are implications for the field of neurodisability as a new typical way of living and working is being discovered. The need for isolating and distancing has presented a major challenge to a profession for which interaction has been a key element, resulting in most services being transferred to telehealth consultations during lockdown. Does this way of working fill an enduring need and what can be learnt from it? The question of 'What really matters?' should be uppermost, whether it be about service delivery for those in the education and health sectors, or the basics of life, family and work practices.

Remote delivery of services has longevity in my home country of Australia. School Of The Air, inspired by the Royal Flying Doctor Service which used radio as its contact medium, was the way in which children were educated in the far-flung communities of outback and rural Australia, over millions of square kilometres. In recent times technology has replaced radio to enable online schooling and has extended to health service delivery with online consultations and advice routine process for remote areas<sup>1</sup>.

The challenges are numerous in the field of neurodisability. Ways to deliver therapy services online have had to be found, and professionals grapple with the need to adopt Personal Protective Equipment (PPE) in their face to face sessions. For the new parent of a high-risk infant there could be heightened anxiety on receiving bad news from professionals in head to toe PPE, where the empathy so often conveyed by facial expression and body language is absent. For the families of children with neurodisability, telehealth might simply seem too hard as they are juggling the needs of home schooling, social issues, and mental health. Therapists at KidsPlus Foundation (<https://www.kidsplus.org.au/>) report that 80% of the families embraced telehealth during lockdown, and that therapists appreciated being able to easily access the home environment in real time to best optimise functional goals. Telehealth has given those families flexibility and choice in how they receive services and will now be an integral part of service delivery.

Discussion has also centred on the identification of the essential skills required by therapists to deliver this type of remote service. There has been ongoing conversation over the last 10 or more years about what therapy works best for children and young people with cerebral palsy- there is no one answer to that. Clearly a combination of strategies that address the objective of what really matters for each child and family to ensure optimal participation in life is needed. The greatest lesson I learnt from my Bobath training in London, was that *what* you do is *not* the most important thing, but *why* you do it, the core element of Bobath training. Equipped with an analytical 'how and why' approach to typical development and the framework of the ICF, the therapist applies critical powers of observation, analysis and interpretation, to what the person can do and wants to do but finds challenging. From that decisions are made about what is possible and essential to enable optimal participation in daily life now and in the future, always in partnership with the child and family. For effective telehealth this analytical collaborative approach is essential.

Telehealth is here to stay and will be an option for families in their choice of how they receive services<sup>2</sup>. There are many positives to telehealth that merit its continuation, while at the same time recognizing that it is not the answer for some families. What works best and for whom is an ongoing quest, and whichever mode of delivery is offered the question of '*What Really Matters*' for the child or young person and their family is key to the achievement of best outcomes.

Margaret Mayston. Associate Editor, DMCN

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3 *With thanks to Sarah Foley of KidsPlus Foundation, Melbourne, and Prof Alicia Spittle, University of*  
4 *Melbourne for their helpful discussion on this topic.*  
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- 6 1. Edirippulige S, Reyno J, Armfield NR, Bambling M, Lloyd O, McNevin E (2016) Availability,  
7 spatial accessibility, utilisation and the role of telehealth for multi-disciplinary paediatric  
8 cerebral palsy services in Queensland. *Journal of Telemedicine and Telecare*, 22(7):391-6  
9
- 10 2. Ben-Pazi H, Beni-Adani L, Lamdan R. (2020) Accelerating Telemedicine for Cerebral Palsy  
11 During the COVID-19 Pandemic and Beyond. *Frontiers Neurology*. 11:746  
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