Guidance on Working Safely with Children, Young People and Families in the COVID-19 Pandemic

This document provides guidance about what to take into account when deciding how to work with patients, families and colleagues under changing COVID-19 restrictions.

1. Complying with COVID-19 restrictions

The level of risk continues to change, so it is essential that you continue to keep up to date about the severity of the pandemic and if there are any restrictions or additional measures in place in your locality. Details of areas where there are additional measures currently in place can be found here.

Up to date government guidance on COVID-19 restrictions in England, Scotland, Wales and Northern Ireland can be seen here.

The NHS guidance on Coronavirus continues to provide information on what you can do to prevent the spread of the virus and actions to take if you have any symptoms.

2. General advice

In all circumstances, the safety and well-being of patients is the main priority, as well as your own and that of your colleagues. You need to decide how to work and what additional measures are needed, taking into account your concern for your patients and balancing it with what is possible practically to ensure the setting is safe and the ethical imperative to practice within your level of competence.

Even if you have received the vaccine you should continue to work in an ethical and COVID-safe manner, for your own safety and the safety of your patients.

3. Regulatory frameworks

In addition to the advice in this document, you should be mindful of guidance issued by the following bodies which can be seen in full on the ACP website under "Resources for Professionals":

- Professional Standards Authority (PSA) as the regulator of the ACP.
- Psychological Professions Workforce Group (PPWG), an NHS body of which the ACP is a member.
- Information Commissioner's Office (ICO).
- Employing Trusts or service providers which will have their own guidance.

3.1. Guidance from the PSA

Early in the pandemic the PSA Accredited Registers Collaborative issued a statement acknowledging the challenges to registrants posed by the crisis:

"Registrants and your co-workers should be sure you have the best information, environment and equipment to do your job. You should be ready to give clear and helpful advice to your patients, clients and service users.

We recognise the challenges that this outbreak brings for registrants in maintaining high-quality services. Our regulatory standards are designed to be flexible and to provide a framework for decision-making in a wide range of situations.

Registrants need to work cooperatively with colleagues to keep people safe, to practise in line with the best available evidence, to recognise and work within the limits of your competence, and to have appropriate indemnity arrangements relevant to your practice.

Where a concern is raised about a registrant, it will always be considered on the specific facts of the case, taking into account the factors relevant to the environment in which the professional is working. We would also take account of any relevant information about resource, guidelines or protocols in place at the time."

3.2. *Guidance from the Psychological Professions Workforce Group*

The Psychological Professions Workforce Group has produced guidance which is particularly helpful in setting out the support that should be in place for NHS staff. For example, there is useful guidance about redeployment and about support for trainees. This guidance can be found here.

All psychological professionals are considered to be keyworkers for the purposes of receiving special services such as access to schooling for their children and receiving vaccines (a letter confirming key worker status can be found here).

3.3. *Guidance from the Information Commissioner's Office*

The ICO has issued a range of advice for individuals and organisations operating in the pandemic. This can be seen here.

3.4. *Working in the NHS and other services*

If you work in the NHS or other services (third sector, education or social care provision) you need to follow the guidance issued by your employer.

NHS managers in particular may be under some pressure to 'get back to normal' and start clearing waiting lists etc, but ACP members should understand that patient and staff safety is a priority.

Employers should be conducting individual risk-assessments with staff in order to reach a decision about whether it is safe for them to return to in-person working.

PPWG guidance states that "where continued face to face working is necessary and appropriate, services must enable staff to implement current Government guidance on social distancing and use personal protective equipment to protect staff, service users, families and carers."

The ACP's union representatives are available to advise members who are worried about being asked to work outside their level of competence or unsafely, or with other concerns. Contact details are given below. Members worried about a particular local issue can ask their HR department for details of their local union rep, or the regional full-time officer if no rep is in place. Members who are concerned about their health in the context of work can also contact their Occupational Health Department for advice.

3.5. *Working in schools*

Members working in schools can also look at the Government guidance for schools:

- Guidance for providers of school and community based counselling services in Wales
- Coronavirus (COVID-19): guidance on reducing the risks in schools in Scotland
- Guidelines for schools and educational settings in Northern Ireland
- Department of Education (DfE) guidance for schools opening

4. Deciding how to work with patients

This guidance integrates previous ACP guidance with the latest PPWG and government guidance.

4.1. *ACP professional standards framework*

When deciding on the best way to work with a particular patient or family, members should use their professional judgement and assess risk in order to fulfil their duty of care to patients and themselves.

You should do so in a way that is informed by the relevant guidance and the values and principles of the profession and our professional standards. The ACP's Code of Professional Conduct and Ethics states that "patients' welfare and best interests are paramount", and this includes their mental as well as physical wellbeing. Questions relating to member conduct will always be considered in the context of the situation.

ACP members need to work cooperatively with colleagues to keep people safe, to practice in line with the most up to date guidance from government, to recognise and work within the limits of their competence, and, if in independent practice, to have appropriate indemnity arrangements.

4.2. *Assessing on a patient by patient basis*

Clinical judgments about the best method of treatment should be based on balanced individual assessment of the risks of infection, efficacy and need, taking into account available measures to reduce risks. When you are clear what the restrictions are in your locality, you must decide how to work with each patient on a case-by-case basis. Factors to take into account include:

- The needs and safety of your patient and their family.
- Your needs and safety and those of your household/ dependents.
- The needs of your colleagues at work.
- The context of the service including patients, other professionals and premises.
- Whether other options are possible and the ethical and practical risks of any decision.
- The known risk factors of age and any pre-existing health conditions for both yourself and your patient and their family members.
- Patients with particular needs who may not be able to engage using online platforms.
- If your patients could be putting themselves at risk during the journey to and from your premises, and if this may apply to you too.
- Whether any risk to your patient, either from themselves or from others, can be managed remotely.
- Your supervisor's feedback.
- Your insurance cover.
- That under the government's track-and-trace system, if you develop symptoms of the virus, you will be obliged to provide details of your patients as "contacts", and vice versa.

You should work through the ethical decision-making process with your manager, team or case holder, and seek supervision as deciding how best to help patients is complex and many factors need to be taken into account.

Decisions about whether to work in person or remotely should be made in collaboration with patients and where appropriate their families and carers, with clear information being provided about the options. Patients' and carers' preferences should be recorded.

4.3. *Preparing to work in-person*

It is important to realise that while the pandemic endures, working in-person will not feel 'normal'. Anxieties about risk will remain, the context of the work will be radically different, and there will be many safety measures needed for in-person work to be safe, some of which we list below.

Guidance about close contact services the steps all business and work places need to follow to remain COVID-19 safe. This new guidance can be found here. The guidance for Wales Northern Ireland and Scotland can also be found on this link.

Members working in NHS Trusts must follow their Trust guidance for face-to-face work but all members should take into account the advice given below.

Before starting:

- ***Conduct a risk assessment***
  - It is a legal requirement for all businesses to complete a COVID-19 risk assessment. If you have fewer than five workers, or are self-employed, you don't legally have to provide a written risk assessment, but this might be a helpful exercise and a useful document to have if asked by insurers or concerned patients.

- In addition to the guidance given in section 4.4, advice on how to carry out a risk assessment is included on the government regulations for close contact services given above and HSE guidance can be found here.

- *In addition, consider:*
  - Is the risk to the patient of working remotely greater than the risk of working face to face?
  - Does the space you plan to work from allow distancing of 2m or more, including in entrances, waiting areas, corridors?
  - Will you need to wear a visor or mask?
  - Will others sharing the premises comply with your measures?
  - If working from rented premises, has your landlord undertaken a risk assessment or are there any measures in place you need to follow?
  - Does your indemnity insurance cover face to face work?
  - Does your supervisor support your decision?

- *Ensure you have your patient's explicit agreement to the conditions for meeting in-person, including any practical arrangements (see below) and that:*
  - If they have symptoms of the virus, however mild, they must stay at home and notify you.
  - If they or anyone else attending the premises contracts the virus, you will have to share contact details with the government's Track and Trace system.
  - A plan for the possible eventuality that you are unable to continue to provide in-person therapy.

- *Additional guidance for members seeing patients in their own home:*
  - If you undertake any in person work at home you need to ensure that your premises are registered as your business address and that you are able to offer a COVID-19 safe setting. If you are unsure, we would advise that you contact your insurers about this.

4.4. *Practical safety measures for working in-person*

Therapy with children, young people and families involves face to face interaction, sometimes at close quarters. This type of exposure puts you and your patients at risk. We recommend you read the government guidance for close contact services (see section 4.3 above).

- **Government guidance includes the following measures for reducing the spread of the virus:** Wash your hands before and after seeing patients.

- **Clean more often**:
  - Clean surfaces touched such as doorknobs, light switches, toilet flush (if used) at the start and end of every session; provide sanitiser and masks for use by yourself and/or patients and use them when needed.
  - Ensure that patients do not touch anything in the premises outside the treatment room, and that they wash/sanitise their hands when they arrive, and when they move between rooms in the premises (sanitiser may have to be available in every room).
  - Consider whether it is realistic for patients or parents/carers to use the toilet safely?
  - Reduce the risk of transmission through surfaces that can be touched, including temporary suspension of shared, or possibly any toys, and cleaning or changing covering of soft furnishings between patients, or their replacement with wipe-clean furnishings.
  - Consider shortening sessions to allow time for cleaning between patients.

- **Maintain distancing**:
  - Make sure that patients, parents/carers, and staff can all always stay an appropriate distance (2m or more) from each other.
  - Consider whether it is realistic for patients or parents/carers to wait in the premises? Can they wait outside and be called/texted when the session is to start?
  - Consider re-scheduling sessions to reduce the risk of patients being less than 2m apart.

- **Ventilate the premises** with fresh air as much as possible.

- **Ensure you and your patients wear masks**:
  - Current regulations for England have been relaxed and can be found on the government page above. The ACP would suggest that members consider continuing to follow previous guidance which stated that where a distance of 2m is not possible, a type 2 surgical mask and visor should be worn by the therapist; patients are required to wear a mask in an indoor space unless they are exempt. Exemptions might include children age under 11, those not able to put on or wear a mask, for whom wearing a mask will cause severe distress and those relying on lip reading.

  - Even if you and your patient can maintain a distance of 2m, you are both at higher risk if not wearing a mask. If you cannot maintain a distance of 2m and cannot reduce the risk by wearing a mask, you should consider working online.

- **Keep accurate records** of who has attended the premises and the time and date they did so for 21 days.

4.5. *Working online*

It can be more complex and potentially risky to work with children and young people remotely.

You should ensure you have thought through the implications and practical arrangements.

The ACP's "Guidance on working remotely with children, young people and families" can help with this and is available on the ACP website here.

When considering a shift from in-person to remote working, it may be appropriate to put in place a holding arrangement whilst you think through what is needed for the longer-term. Interim measures might include increasing parental support.

Some young patients may be unable or unwilling to maintain contact digitally or their parents/carers may not initially want to move to online working, but it may be possible to leave the door open, so that patients can come back to therapy.

Where it is not clear that it is suitable to see children remotely, working with parents or carers either without or with their children might be more appropriate.

For families that are not able to manage this, it may be particularly important that an ongoing relationship is maintained, and this could be just keeping in touch, even if only by email, so that they have a chance to speak at less frequent but nevertheless regular intervals. In this way they can be reassured that you are still there and keeping them in mind.

4.6. *Managing risk in online work*

In ordinary circumstances guidance might indicate that patients who are feeling suicidal or at risk of self-harm might not be suitable for remote working. In the highly unusual and constantly evolving situation of the pandemic there are going to be circumstances when this may be the only way of staying in touch with such patients. It is important to make sure that you are clear how and where you can refer very unwell children and adolescents in your local area and to keep updated about this as services may change. It is also important to work within your competence and to seek supervision if you are unsure.

Remote working may make it more difficult to assess safeguarding risks. It may be more difficult to pick up signs of risk. Being at home, children and young people may also disclose less and the risks (for example, from domestic violence) may increase. It is important to maintain links with relevant professionals and to make referrals to social care where you do have concerns about a child or young person's welfare.

Each case will need to be carefully considered. Maintaining individual and peer supervision will be a vital part of thinking through the complexities you may be faced with and managing this safely.

5. Changes to training arrangements during the pandemic

The ACP has issued guidance on changes to standards for entry into and qualification from the training in child psychotherapy that it accredits. This can be seen on the ACP website here.

6. Support from the ACP

- Your usual individual and group supervision will be a vital source of support.

- For help with ethical issues please contact Jo Goldsmith, Chair of the Ethical Practice Group at chair-ethics@childpsychotherapy.org.uk.

- For help with employment issues, Eve Grainger, Lead of the Employment Standards Group, please email the ACP office at admin@childpsychotherapy.org.uk who will put you in touch with them.

- For help from our Unite Union representatives, either Danny Goldberger or Julia Mikardo, please email the ACP office at admin@childpsychotherapy.org.uk who will put you in touch with them.

- If you are a UNITE member and have a specific local issue you want advice on you can also contact your HR department to ask for the contact details for the local rep.

- The ACP has also set up remote supervision groups and other events to help members think about remote working and working in the pandemic – see the ACP website for current events

- There is a range of resources and links for support for children, young people and families as well as professionals on the ACP website.

- ACP Facebook group. The ACP's Facebook page is also a resource in this situation, where members can ask other members for advice. Members of the ACP's COVID-19 Response Team are joining this online forum, to give advice where we can, and to hear your concerns so that we can respond to them when possible.

- The page is a closed community of ACP members. To join:

  - Create a Facebook account at www.facebook.com. You don't have to use your real name and if you use a different-from-usual email address no-one can search for you. See instructions on how to create a Facebook account here.

  - You then need to join the ACP group. You won't find us by searching for it – you need to email us at socialmedia@childpsychotherapy.org.uk, giving the email address you used to create your account and we can then send you an invitation to join

7. A wider lens on the pandemic from the PPWG

7.1 *Supporting the wellbeing of health and care staff*

- Many psychological professionals have been working to support wellbeing in their organisations, teams and individual staff. Psychological professionals should demonstrate compassionate leadership and management in their organisations. It is important that this continues during the pandemic and beyond

- There have been national and local responses to support the welfare of health and care staff and psychological professionals have played a significant role in supporting staff wellbeing. This includes providing evidence- based psychological responses wherever they work, recognising that intervening in the wrong way at the wrong time may be harmful. It is important this work continues as the impact of dealing with the pandemic over a prolonged period takes its toll. Many are developing innovative ways of supporting teams and individuals, and psychological professionals should work to ensure these innovations are based on the best available evidence.

- Psychological professionals will need to take care of themselves and each other physically, emotionally and psychologically as they respond to a high level of need and the different waves of the pandemic. Regular supervision, taking annual leave, taking regular breaks from digital technologies and other self-care strategies will be more important than ever, to allow psychological professionals to continue to serve effectively.

7.2 *Maintaining a psychological approach to prevention, care and treatment*

- During the pandemic the need for a biopsychosocial approach to prevention, care and treatment continues, even whilst we tackle the immediate biomedical needs. Chief Psychological Professions Officers and all psychological professionals should play a leading role in maintaining this focus.

- For the reduction of COVID-19 transmission rates to be effective, prevention and public health interventions (including the vaccination programme) need to be designed and delivered by professionals with appropriate psychological knowledge and based on the latest evidence. Any guidance produced for the public or healthcare professionals should be behaviour specific and avoid ambiguity.

- Psychological approaches must take into account the needs and profiles of different population groups. Families and individuals in our most disadvantaged communities will have been disproportionately affected by the pandemic. Across society there has been an increased risk of domestic and child abuse at this time, and it is important to maintain services to prevent this and support victims. When working with service users at home with families, practitioners should consider the wellbeing of all those in the setting

7.3 *Looking to the future*

- Over coming months and beyond, we expect psychological and social needs to grow very significantly as people deal with the loss, trauma, anxiety, depression and other forms of distress associated with a global pandemic. Psychological professionals should focus on alleviating this distress and plan for meeting these needs.

- It should be assumed that in future face to face delivery will resume, as part of a more flexible, blended approach that is responsive to service user needs and choice. Appropriate buildings should be maintained to allow this return. Services will need to maintain flexibility in how therapies and interventions are delivered to be able to respond to local outbreaks of COVID-19 where they occur.

- Long term adaptations to how psychological therapies and interventions are delivered may support the expansion in access to psychological therapies, as well as enable better continuity of care for some service users, such as students and looked after children. Learning from the pandemic, psychological professionals and services will need to adopt a flexible and responsive approach that puts service users' and carers' needs and choices at the heart of how psychological therapies are delivered. Where remote delivery is adopted for the long-term as part of a blended approach to delivery, services should be co-produced, trauma informed and developed using a range of perspectives, including those from vulnerable and marginalised groups.

8. Further resources

BACP   https://www.bacp.co.uk/news/news-from-bacp/coronavirus/

BPC   https://www.bpc.org.uk/?s=covid

UKCP   https://www.psychotherapy.org.uk/ukcp-members/standards-guidance-and-policies/coronavirus/

RCPsych   https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/digital-covid-19-guidance-for-clinicians

BPS   https://www.bps.org.uk/coronavirus-resources

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