

Guidance on working remotely with children, young people and families

This document provides guidance on remote working.

First written in 2020 when the COVID-19 pandemic started, it has been updated in the light of experience since then, and in line with amended guidance from NHSE's Psychological Professions Workforce Group.

Working remotely is likely to continue beyond the pandemic as part of a more flexible, blended approach that is responsive to service user needs and choice.

The Psychological Professions Working Group of NHS England states:

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.

Recognising that access to remote therapy is not possible for everyone, consideration should be given to collecting and collating evidence about who cannot access remote therapies and interventions and why, to ensure that disadvantage to these individuals and families is minimised.

The Association of Child Psychotherapists (ACP) agrees that research is needed to address this question and to determine in a broader sense what remote working offers and what its limitations are. A survey conducted by the ACP in 2020 gathered initial data on ACP members' experience of working remotely during the first wave of the COVID-19 pandemic. This can be seen [here](#).

In summary, the survey found that the most beneficial and appropriate uses of online working were:

- Improving access such as where families find it difficult to reach a clinic.
- For regular 'checking in' e.g., when a child is on a waiting list.
- Where circumstances change such as a young person moving away to university.
- Brief treatment of some adolescents and others with less complex presentations.
- Online work with parents and carers.
- Online team and network meetings and supervision.

Factors that may preclude online work included:

- Lack of a private or confidential space to speak to the therapist.
- Child is too young.
- Child or young person is too ill.
- Lack of suitable IT equipment and toys.
- Parent or carer not supportive of the therapy.
- Complexity of family circumstances & safeguarding concerns.

Importantly, clinicians needed to take into account the impact on them of online work, with many finding it more tiring than working in-person.

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1. Introduction

NHS Trusts and other service providers will have their own guidelines for remote therapy. If you are employed in such a service, you should follow your employer's guidance in addition to that offered here.

Offering to work remotely with children, young people and families involves weighing up a great many considerations and should not be undertaken lightly but it does allow for the possibility of therapeutic work with children when in-person work is not possible, and in some circumstances, for treatment to be more accessible to some patients and parents/carers. When appropriately supported by adults, children can adapt and respond. However, there are risks and practical issues to consider, and it is unlikely that the setting will provide the level of emotional contact and containment for both patient and therapist offered by in-person work.

Careful consideration must be given to:

- the suitability of remote work for the particular child and family
- the level of competence of the therapist
- the adequacy of the technology
- the level of risk
- the capacity of the team or network around the child to function remotely
- the capacity of supervision to adequately support the work.

2. Assessing the suitability of offering online therapy

In all cases, the meaning of offering remote therapy should be considered and addressed with the patient and or parent. The setting is very different and will impact on children and families in a wide range of ways.

Not all children and young people will be able to make use of online work. Factors which need to be thought about include:

- Are the parents/carers supportive of the idea? Do they have the capacity to support the work, including an understanding of their child's need for a reliable and confidential space?
- Can the child or young person access remote support? You need to consider age, the nature of their difficulties, their capacity to engage and to use an online platform or the phone.
- Some children and young people sit and talk, whilst others play and move about a lot. The practicality of remote working with each child will need consideration.
- Has the child or young person been seen already in an in-person setting and has a working relationship with the therapist already been established? Longer term therapy might move over to new medium more easily than something that has just started up.
- Assessment and starting treatment will in some respects be more difficult on video-link or the phone but in the main they will involve the same considerations as with in-person work. You may find it helpful to extend the period of assessment to gauge whether the level of risk can be managed, and whether the child, young person and family will be able to make use of remote treatment.
- Where video link or phone does not seem possible, consider whether alternative forms of intervention such as work with the parent/carer or network consultations may be more appropriate. It may be best to have extra supervision to consider these questions.
- Is the level of risk too high, or not possible to assess online? Risk can be:
 - External (from the environment, during or between remote contacts)
 - Internal (risk of self-harm, during or between remote contacts)
 - Is there a risk of not offering an intervention? In such cases referral to another agency may be more appropriate

- Is there a private space at home (family or friends may intrude into the room or the phone/internet connection)?
- Is the risk of the online setting being used inappropriately too high (e.g. consider risk of session being recorded)?

If remote working with the child individually is counter-indicated and meeting in person is not indicated, it may be possible to offer an alternative intervention, as an interim measure, such as parent review meetings or sessions, intermittent email or phone contact with adolescents, or sessions with the child and parent together.

3. Competence and good practice

You need to consider together with your supervisor your level of competence and what support you may need to do on-line work. Do you need training to manage the technological issues? There are also practical considerations - do you have a suitable space to work in?

Whilst working remotely involves different technology and some specific challenges, the underlying therapeutic approach and stance remains the same.

- As with all practice, follow the [ACP Code of Professional Conduct and Ethics](#) and the [ACP's Independent Practice Guidelines](#).
- You also need to comply with the principles of General Data Protection Regulations (2018) – *see below p.4.*
- As with all practice use clinical supervision to discuss your work.
- Check your insurance covers remote working. If you are working remotely from home, check that your insurance covers you for this.
- If you are working privately, check you have Clinical Trustees with up-to-date information.

4. Setting up the technology

NHS Trusts and other service providers will have chosen appropriate platforms which you should use if employed. If working independently, you should choose an appropriate platform for yourself. Things to look out for include:

- Whether the platform is end-to-end encrypted.
- Whether video sessions are recorded, and if so where they are stored. Some video platforms record sessions and use them in an anonymised form for big data collection, and these should be avoided.
- For greater security video links that are part of a paid for service are usually better. Some specialist healthcare services have higher levels of security. It is important to ensure the platform offers optimum security and workability.
- You also need to set up a work email account, and a work phone number.

5. Competence in using technology

Make sure you feel competent in the medium you are offering the therapy. If you have not practiced online therapy before, practice using the platform with a friend or family member first. Make sure you know what all the 'buttons' do. Allow extra time before a session to log on and to ensure your broadband connection is working.

6. Working remotely

The ACP would recommend that members undertake training in working online and has run training for its members. Further suggestions are given at the end of this document.

7. Clinical supervision

Make sure you have regular supervision and/or seek peer supervision from colleagues. If you are adapting to a new way of working this might initially indicate a need for more frequent supervision.

8. Setting up the sessions

Remote working is complex and should be undertaken with supervisor support. It is important you conduct your online work in a safe, private and confidential therapeutic space: a room free of distractions, noises and intrusions. Ensure that you have no personal details in the background when you are on video link. Some platforms have a function which enables you to blur or 'green-screen' the background – you may want to think about using this. You could suggest to the patient that they also do this, to protect the private space they may be speaking to you in.

Other factors:

- You need to make sure before every session that your device is plugged in or charged and that you have a good signal.
- It is essential that you are able to focus on the interactions of the session only without distraction.
- Some patients may not want to use a video call in which case you can conduct sessions with the camera switched off or on the phone.
- Conducting sessions via instant messaging is a specific skill and should only be considered after exploration in supervision.
- You need to be aware that using a mobile phone to text is not necessarily private or secure. If communication in writing is needed, then a secure email account is more secure.

9. Consent

PPWG guidance states that:

Initial consent to digital communication is implied through a patient/carer accepting the invitation or engaging in the communication through the requested channel. However, explicit and meaningful consent to digital delivery of services should be sought from each patient/carer at the earliest opportunity and regularly reviewed. Services and members in private practice may need to amend their agreements and consent procedures with patients and families to include working digitally, including outlining the nature of the digital medium used.

It is best to obtain meaningful and explicit consent from your patient and where needed from their parents/carers:

- Whichever remote method of working you are using, be sure that your client has consented to being contacted using this medium and that you have recorded their consent.
- For patients using their parents' phone or online platform, the parents/carers must consent to the use of their phone/online platform.
- Be clear with the patient or parents/carers about the limitations on what can be done remotely.

- Be able to explain to your patient the security of the platform you are using.
- Consider being explicit with your patient that you are not allowing recording of the session and will not be doing so yourself.

10. Consent to data processing

Data processing can be carried out during remote working in the same way as it would be for in-person work. Guidance is given by the [Information Commissioner's Office](#) (ICO) which also has [a toolkit](#) for working through the lawful basis for your processing of data.

11. Clear expectations and boundaries

You need to establish clear expectations and boundaries with your patient or their parents/carers.

Consider having a specific therapy contract for patients adapted for online working, including the following arrangements:

- Patients need a quiet and private room, free of intrusions and access to a phone line free of others intruding, or access to an online platform with a good signal. This may have to be arranged with parent/carer.
- You need to think about the beginning and ending of sessions: usually patients arrive, and they leave the room at the end of the session, when told that it is time. You may wish to replicate this by telling your patient/the parent that they should ring you at the start of the session and waiting for them to ring off when told that it is time to stop. Some online platforms have a “waiting room” where a patient can arrive and be let into the meeting room at the appointment time.
- Be sure you know you are talking to the right person before you start, and especially before giving out any information.
- It is important that you know where your patient is and think about their need to know that you are in a place where their confidentiality is protected.
- In case the signal on your phone or online platform breaks up, it is essential to have a backup means of contact, e.g. another phone number or an email address that the patient/parent will see during the session if need be. Agree who will contact whom in this situation.
- You need to think what you will do if they don't ‘come’ to the session. Will you make contact in case it is a technical problem, or assume that it is a DNA?
- You also need to make arrangements for how contact will be made between sessions and in what circumstances. (For example, if you become ill, or they do).
- Where remote appointments are repeatedly missed these should be considered in the same way as missing face to face appointments as this may flag up increased risk or safeguarding issues.
- There is a risk of boundaries such as gaps between sessions, breaks and ending therapy disappearing: you need to be alert to this risk. Also, there is a danger that online sessions can be easily substituted for in-person sessions that might be missed: again, you need to be alert to the possibility of this boundary becoming blurred – it is important to think about the meaning of this.
- Try to keep the usual boundaries in place. Agree how you will be contacted – and vice versa – between sessions, for example about practical arrangements. You need to keep this separate from the therapeutic work, so that the patient is clear that you are not offering the possibility of therapy through this medium and that you may not be able to respond immediately.

- As with the platform for sessions, such communications this needs to via be a phone number or email address reserved for work, which does not give access to personal contact details which could be hacked.

12. Conducting sessions with children

Some considerations for conducting remote sessions with younger children:

- Before embarking on remote individual sessions with a child, make a careful assessment of the suitability of this for the child and family, taking into account factors such as those listed above (see “Assessing the suitability of offering online therapy”).
- It is essential that you establish a reliable and cooperative commitment from the child’s parents/carers. When the parents/carers receive support from a colleague a three-way close liaison needs to be in place before embarking on remote working.
- Before starting work, set up a contract with the parents/carers that covers the issues listed above (see “Setting up the sessions”). This should include an agreement that you will review with the parents/carers whether the arrangement is working. If remote sessions seem not to be working, a review may need to be held very quickly.
- Before starting, meet with the parents/carers – and where possible the child as well - to set up clear parameters for the work. It is important to think together about the new way of working and to establish:
 - a safe space and time for the child to have sessions
 - how can the privacy of the sessions can be protected?
 - who will set up the laptop / PC desktop before the session time and check that the Wi-Fi connection is working?
 - how the sessions will start/stop?
 - what happens if child turns off the phone/internet connection?
 - what happens if internet connection is weak or breaks off?
 - what happens if the child needs the toilet?
 - will there be specific toys the parent can put aside or not? Is that a good idea in the context of this family? If so, how will they be kept safe between sessions?
 - How the therapist will contact the parent/carer during sessions if the need arises, for example if the child becomes upset, hurts themselves or puts themselves in danger?
- Consider the frequency of sessions - it may or may not work to keep the same frequency as before:
 - a calendar to record the change of setting can be clarifying and containing whilst the new setting is unfamiliar to both the child and the parent.
 - remember the importance of keeping the psychoanalytic frame - same time, same place, same length of time each week and the need to keep thinking psychoanalytically about the relationship.
- As with in-person work, ensure you are linked with the network around the child, especially where there are safeguarding concerns. Make sure you have a plan as to how to report safeguarding concerns or risk that emerges as you ordinarily would and let the parent and child (depending on age) know that although the sessions are confidential there are limits to confidentiality.

13. Conducting sessions with adolescents

- It is important to assess before you start therapy the extent to which parents/carers will also need to be involved and supported. The higher the risk and the younger the adolescent the more likely this is likely to be part of the work. Whatever the extent of parent involvement, as with in-person work, it is important this is discussed with the young person.

- As with in-person work, separate parent sessions may be indicated. For very vulnerable adolescents, joint sessions with parents/carers might also offer a more containing space.
- In addition to this you might want to discuss parental involvement during the sessions, for example if they became upset or it emerged you felt there was a safeguarding risk.
- As with in-person work, you will need to be clear about the limits of confidentiality – for example when there are safeguarding or other issues in relation to risk. Where you have concerns, access to a multi-disciplinary team or colleagues to discuss management of risk is essential.
- There will be more scope than usual to break the boundaries of the setting by going on their phone etc, and this will need careful management and interpretation.
- Young people might also struggle more than adults to understand the boundaries of the session. They might use other ways of communicating (e.g. emails, messaging) to do 'therapy.' It requires skill to respond without this becoming an extension of or substitute for the therapy.

14. Questions of technique

Consider how to adapt the way you communicate to the remote setting. It is important to recognise that the context and setting of the therapy is different and that this will impact on the relationship. Techniques will need to be developed that work effectively through these different media. You should not assume that techniques that worked in the room will automatically translate to online or telephone working. Both patient and therapist are relating to the medium as well as each other so there is an additional layer of complexity to consider.

- If using video-link you could try to allow for as much non-verbal communication to be captured as possible. Including your head, neck, upper body and arms may be better than just your head. You can encourage your patient do the same.
- You may need to slow your rate of speech and use clear language to allow for problems with slow connections.
- To establish eye contact, you need to look at the camera, not at the eyes of the person you are working with.
- Lighting and background are important – a plain, static, uncluttered background with light directly on your face may help, particularly where the connection is of lower quality.
- You also need to be aware of aspects of the setting, and their impact on the patient. For example, it will feel strange to be having their session at home, in a room usually used for other purposes; it may feel as though you are intruding into their space, or they are intruding into yours. Your presence may feel more remote, but your face or voice may feel closer than usual.
- With many online platforms, you will have to manage having your own image in the top corner of the screen, and not getting distracted by this. Your patient has the same problem.
- It will be important to think about the impact for some patients of the possibility of the phone or internet connection being weak or liable to break off suddenly.
- The patient may speak or move so that you can't hear or see clearly; there will be silences that have a different quality online; and there may be abrupt, sudden curtailed disconnections brought about by the child or young person to communicate hostility, distress, confusion, boredom etc.
- There may be instances, especially with younger children, of peak affect dysregulation that require asking the parent to intervene. You need to be able to manage these and where appropriate interpret their meaning. Online work can lead to increased disinhibition, which needs to be understood and managed in the context of the setting.

15. Risk management and safeguarding

Where you have a concern about risk, you may wish to schedule sessions during working hours so that other professionals can be contacted immediately. If working outside of these hours, then follow emergency service protocols. In these circumstances, a risk management checklist may be helpful for the start of a session, including establishing where the patient is, who else is in the room or nearby, and what they can do if interrupted. Being aware of risks, explicit or not, and checking them out whenever they arise is essential. Since you are working in a way in which you cannot pick up all the non-verbal cues you would be able to in face-to-face work, and because the patient is in a location far away, the threshold for contacting other professionals may need regular review.

- As with in-person work, having the contact details of the patient's GP and other professionals involved with the child/family is essential. You can then contact other professionals when needed.
- You need to be confident that the team or network around the child has the capacity to respond remotely.
- Managing risk online or over the phone follows similar principles to in-person work, and if you have concerns you would contact Social Services.
- Keeping linked with the network where there are safeguarding concerns as you would ordinarily is essential. You should have a plan as to how you would report safeguarding concerns or risk that emerges as you ordinarily would and let the parent and child (depending on age) know the limits of confidentiality as well as that the sessions are confidential.
- Risk assessment and management is a continuous process throughout therapy. Please seek extra clinical supervision if you have doubts, urgently if need be.

For more advice, see the NSPCC guidance for remote safeguarding [here](#).

16. Online presence

Online sessions might mean it is more likely for you to be googled. It is important you maintain a professional image in social media. Check your digital footprint.

Don't forget to update your professional sites and referral links to ensure people know you are offering online or telephone options.

17. Further resources

HELPFUL READING

Lemma, A. (2017)

The Digital Age on the Couch: psychoanalytic practice and new media

Routledge and also [available on google books](#)

Russell, Gillian Isaacs (2015)

Screen relations: The limits of computer-mediated psychoanalysis and psychotherapy

Karnac Books

Ehrlich, L. T. (2019).

Tele analysis: Slippery Slope or Rich Opportunity?

Journal of the American Psychoanalytic Association, 67(2), 249–279

Scharff, J. (2012)
Clinical issues in analyses over the telephone and the internet
International Journal of Psychoanalysis 93: 81–95.

Scharff, J. (2013)
Psychoanalysis online: Mental health, teletherapy, and training
London: Karnac.

Bayles M (2012).
Is physical proximity essential to the psychoanalytic process? An exploration through the lens of Skype.
Psychoanalytic Dialogues 22:569–85

Suler, J. (2004)
The Online Disinhibition Effect
Cyberpsychology and Behaviour and also [available at Researchgate.net](#)

Widdershoven, M. (2017)
Clinical interventions via Skype with parents and their young children
Infant Observation, Vol. 20, No. 1, 72–88

Bakalar, N. L. (2015).
A baby saved—a mother made
In: J. Scharff (Ed.), Psychoanalysis: Impact of Technology on Development, Training, and Therapy Vol. 2 (pp. 195-208). Great Britain: Karnac.

Graham Music in conversation with Alice Waterfall
[Confer video](#)

Emergency Conversion to tele treatment: making it work
[American Psychoanalytic Association video](#)

More general – impact of internet

Lemma, A. (2015)
Psychoanalysis in times of techno culture: Some reflections on the fate of the body in virtual space.
International Journal of Psychoanalysis 96:569–582.

Kieffer, C. (2011)
Chapter 4 - Cyberspace, Transitional Space, and Adolescent Development
The Electrified Mind
ed. Salman Akhtar, Jason Aronson, Lanham, Maryland; 43-62.

ONLINE TRAINING

TCR online training in online therapy:
<https://learninghub.tccr.ac.uk/shop/>

Online events working online videos:
<https://www.onlineevents.co.uk/behind-the-screen-event-series-video-replays/>

Privacy 4 therapists on working remotely with children and young people:
<https://medium.com/@catherineknibbs/what-are-the-issues-to-consider-working-online-with-children-young-people-during-covid-19-66cd53254d58>

Youth Access guidance on working remotely with children and young people:
<https://www.youthaccess.org.uk/remote-support-toolkit/remote-support-toolkit>

ONLINE RESOURCES

BACP

<https://www.bacp.co.uk/news/news-from-bacp/coronavirus/archive/working-online-resources/>

BPC

<https://www.bpc.org.uk/professionals/covid-19resources/covid19faqs/>

UKCP

<https://www.psychotherapy.org.uk/ukcp-members/standards-guidance-and-policies/coronavirus/adapting-how-we-work/>

BPS

[Considerations for psychologists working with children and young people using online video platforms](#)

[Effective therapy via video: top tips](#)

[BPS guidance to support psychologists with remote client assessments during Covid-19](#)

Royal College of Psychiatry

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

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