ACP
Association of Child Psychotherapists

Report of a Survey of Child and Adolescent Psychotherapists Providing Services During the COVID-19 Pandemic and Lessons for the Future

Technology-Assisted Mental Health Services for Infants, Children, Young People and Families

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Executive Summary

- **The NHS Long Term Plan makes important commitments to the development of more personalised therapeutic options and person-centred care**. This should include when and where treatment is provided, and the Long Term Plan commits to the expansion of digital technology to provide convenient ways for patients to access advice and care.

- **Under the Long Term Plan, the NHS will continue to invest in expanding access to community-based mental health services to meet the needs of more children and young people**. By 2023/24, at least an additional 345,000 children and young people aged 0-25 will be able to access support via NHS funded mental health services and school or college-based Mental Health Support Teams. Over the coming decade the goal is to ensure that 100% of children and young people who need specialist care can access it.

- **The use of digital technology will be one element in service development towards meeting these goals**. The aim of this report from the Association of Child Psychotherapists, based on a survey of members working on the frontline, is to contribute to the safe and effective roll-out of digital communication technologies within child and adolescent mental health services by learning from the experience of remote and online working during the COVID-19 pandemic.

- **The rapid uptake of digital technologies by frontline professionals, including Child and Adolescent Psychotherapists, in response to the pandemic, has facilitated the continued provision of critical mental health services for children and young people**. 89% of respondents to the survey had moved to working remotely and online with patients across the 0-25 age range, though the evidence is that this was less possible with younger children.

- **Some respondents identified the advantages of working remotely as including improved work/life balance and communication with colleagues**. Others identified improved communications with some patients and parents, and also gains in the therapeutic alliance and benefits for specific patient groups. Details are provided in this report.

- **Respondents also noted the disadvantages including increased workload and stress and a negative impact on work-life balance.** Some felt there had been more difficulties in communicating with colleagues and isolation from their team meant they were feeling less supported around difficult aspects of the work. A proportion of clinicians identified a negative impact on the therapeutic process and relationships with patients.

- **The most beneficial uses of online working were seen to include improving access to services such as where families found it difficult to reach a clinic or, for example, where a young person moved away to university**. There were particularly positive findings about work with parents and carers and also online network meetings and supervision. Other specific areas that were seen to be appropriate for online access included brief interventions, and the treatment of some adolescents and others with less complex presentations.

- **Importantly, several factors were identified that may preclude patients from accessing online treatment.** A lack of a private or confidential space in which to speak to the therapist was a significant issue for many and also a lack of suitable technology. Some patients do not want to work in this way as they prefer in-person contact and for others the severity of their illness or the complexity of their family circumstances precluded online treatment.

- **There is a significant proportion of children and young people who might suffer or receive a poorer service if a move to more online delivery is not implemented carefully.** The survey demonstrates that this may include children living in poverty or with dysregulated families unable to support online access. There are specific groups of service users where the severity, complexity or level of risk requires in-person communication.

    - Children living in poverty
    - Children living in dysregulated families
    - Children and young people who are looked after
    - High levels of trauma and disturbance
    - Where use of video is part of the trauma
    - Younger children/Under 5s and infants
    - Where high levels of risk need to be assessed, including self-harm and substance abuse
    - Where there are specific safeguarding concerns
    - Certain physical conditions or disabilities
    - Learning and communication disabilities and ASD
    - Attention deficit disorder/ADHD
    - Difficulties with language including English as second language

- **These findings indicate the importance of basing services on individual needs analysis and not imposing a one-size-fits-all approach.** We need to understand when and where new technologies can help us with the primary task of health services – to care for the specific needs of individual service users. This is a responsibility for managers and system leaders as well as frontline staff.

- **The expansion of digital technologies has many potential benefits and can contribute to safe, effective and efficient services for children, young people and families in line with the ambitions of the NHS Long Term Plan.** However, the evidence in this report demonstrates that these gains may be lost if developments are technologically-determined rather than clinically-led. The starting point must be ensuring a needs analysis for each patient, good safeguarding procedures, and systems which enable supportive team working and the health and safety of staff.

About the ACP

The Association of Child Psychotherapists (ACP) is the main professional body for Child and Adolescent Psychotherapists in the UK and is an accredited register of the Professional Standards Authority (PSA). Child and adolescent psychotherapy is a core NHS profession with members completing a six year training including four years full-time clinical training to doctorate level in NHS child and adolescent mental health services.

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Introduction

The COVID-19 pandemic and responses to it including guidance on physical distancing and lockdown have had an acute and dramatic impact on the provision of services for children, young people and families. This included the temporary shift in many services from in-person meetings with patients to virtual contact via video and telephone. The rapid take-up of information and communication technologies facilitated the continued provision of critical mental health services for children and young people. The Association of Child Psychotherapists' own response to COVID-19 needed to be swift in order to support members working on the frontline with vulnerable children, young people and families but it also needed to be considered because of the severity and complexity of the needs of those service users. We issued practical guidance to enable Child and Adolescent Psychotherapists to continue, as best as possible, to maintain the provision of services alongside their fellow multi-disciplinary professionals. The ACP set up discussion groups for those members supervising others with the aim of offering a space to help them to keep thinking during these difficult times. The groups were offered free of charge by the ACP as an additional support to current supervision arrangements.

This has been an important learning experience for Child and Adolescent Psychotherapists as for many in CAMHS and wider health and care services. In order to support this learning the ACP undertook a detailed survey of its membership on the experience of working during the COVID-19 pandemic. The results are presented in this report with the aim of informing the planning and actions of service leads, policy makers and practitioners as we move into the second phase of the pandemic with a relaxation of aspects of lockdown but with ongoing concerns about the spread of coronavirus in the community.

Summary of Findings

1. Survey Completion

- The survey was completed by 376 members of the ACP including 45% of full working members and 34% of trainees.
- 58% of respondents work mainly in the NHS or other public sector and 37% mainly in independent practice or the third sector.

2. Reasons for continued face to face (in-person) work

- Only 11% had continued to provide face-to-face (in-person) contact for patients.
- The main reason for continued in-person contact was the patient's high levels of clinical risk (56%), and also due to the nature of the service (18%) and because patients were not able to use remote access (15%).

3. Personal safety at work

- Those people who had needed to work in-person reported that the necessary support and safety arrangements were in place with only 10% reporting they were not able to access adequate PPE and most people saying they were able to observe physical distancing guidance and that sufficient attention was given to patient safety such as hand-washing and cleaning rooms.
- However, a quarter of respondents who had worked face-to-face had not been able to access coronavirus testing.

4. Provision of remote and online working

- The majority (89%) of respondents had moved to working remotely/online.
- A lot of work has been undertaken by telephone with contact also via email and texting.
- The most popular video platform was Zoom (80%) followed by Microsoft Teams (39%).
- Whilst nearly everyone had access to suitable IT equipment to work online over half (53%) had to provide their own IT equipment which raised concerns about data protection.
- The majority (72%) reported that technical issues had affected the quality of communication with patients.
- A small but significant number of respondents (13%) said that they did not have a suitable space to work clinically from home.
- A very high proportion of respondents (85%) had continued to provide therapy online for existing patients and also to undertake consultations with parents/carers (81%).
- Assessments for starting work with new patients was more limited but still possible with some patients.
- A lot of work was done online consulting to the network (63%), holding team meetings (75%) and providing supervision (67%).
- The majority of members have worked remotely/online with patients aged 12 to 18 (82%) or with parents and carers (86%) but a large proportion also maintained work with young children aged 6 to 11 (63%) or 0 to 5 (29%) which will include parent/child and parent/infant work. 34% saw patients older than age 18, reflecting the fact that CAPPTs work up to age 25.

"Families have really pulled together with us, valuing the therapy and appreciating our attempts to support their child(ren) and find the right way of engaging each of them."

5. Factors that precluded or made it more difficult for patients to access online treatment

- The characteristics of the child or young person may preclude them from accessing treatment online or make this more difficult. Respondents indicated that some patients did not want to work in this way as they prefer in-person contact. For others, their level of disturbance or the complexity of their family circumstances precluded online treatment.
- The child may be too young (41%) or too disturbed (37%) to make use of online treatment or their parent/carer may not be sufficiently supportive (31%).
- A lack of a private or confidential space in which to speak to the therapist is a significant issue for many (60%).
- Other issues include lack of suitable IT equipment and even toys to play with (34%) or lack of technical knowledge (23%).

6. The advantages of working remotely/online

Data on the advantages of working remotely/online were summarised into three themes:

6.1. Convenience and benefits to practitioners including improved work/life balance and communication with colleagues

- Many respondents reported significant benefits and convenience to themselves from home working including:
  - Not having to commute to work
  - Improved work/life balance
  - Financial benefits
  - Greater flexibility

    - Lack of distractions
    - Learning experience
    - Improved communication with team/colleagues
    - Improved communication with wider network

6.2. Improved communications with patients and parents

- There is evidence that in some circumstances and for some patients, or parents, the move to remote working has improved communication and the connection to the therapist:
    - ‘Distance’ allows greater openness for some patients’ especially adolescents
    - Maintaining or improving connections with patients
    - Working alliances with parents
    - Better attendance due to patients not having to travel
    - Maintaining contact

6.3. Gains in the therapeutic alliance and benefits for specific patient groups

- For some, the move to working with patients via telephone and video has led to perceived improvements in therapy:
    - Connecting in different ways
    - Greater flexibility and creativity
    - Benefits for specific patient groups

> *“There is nothing joined up with our multi-agency partners. For instance, the apps that social services are allowed to use that we are not and vice versa.”*

7. The disadvantages of working remotely/online

Data on the disadvantages of working remotely/online were summarised into six themes:

7.1. Increased workload and stress and negative impact on work-life balance

- A lot of respondents reported that working from home and using online technology was more difficult, increased their workload and led to greater stress.
    - Increased workload for the practitioner
    - Difficulties in managing the boundaries between work and home life
    - Problems with providing an appropriate environment for difficult and confidential work
    - Tiredness and strain caused by online working
    - Problems with IT making the work more difficult

7.2. Impact on the therapeutic process and relationships with patients

- A lot of data indicate significant difficulties in providing the same level of therapeutic communication and engagement with children and young people compared to being in the same room as them.
    - Some young people not wanting or not able to attend online
    - Patients not having a suitable environment in which to speak to the therapist
    - Not being in the room leading to missed or poorer communication
    - Not being able to use all the senses meaning that full emotional connection is missing

7.3. Undertaking assessments and starting work with new patients is much harder

- Specific difficulties are identified with undertaking complex assessments via online media and in starting work with new patients with whom the therapist has only met online and not in person.

- Difficulties in undertaking complex assessments via online media
- Difficulties in starting work with new patients only meeting online

7.4. Difficulties in communicating with colleagues and isolation from team

- Some respondents are experiencing a loss of connection with their team and colleagues which is especially important when there is a need to discuss difficult and complex work including safeguarding concerns.
  - 20% found that it had not been possible to liaise with staff in other services when necessary
  - Less team support on complex cases
  - Loss of informal connections and support from colleagues
  - Feelings of isolation
  - Difficulties connecting with the wider network

7.5. Difficulties in relation to specific groups of patients

- Some respondents mentioned difficulties or disadvantages in relation to specific groups of patients, particularly young children, that mean online work is less likely to be accessible or effective for them.
  - Younger children
  - Under-fives and infants
  - Difficulties with language
  - ASD and learning difficulties
  - Attention deficit disorder
  - Where there are specific safeguarding concerns

7.6. Problems with maintaining confidentiality, privacy and boundaries when the clinician is not able to manage the clinical setting.

- A range of problems are identified with the patient being in a different setting and only connected by phone or video which means they may not have the right environment in which to have sufficient privacy to talk in confidence.
  - Problems with maintaining confidentiality and privacy
  - Difficulties with practitioner not being able to manage the clinical setting
  - Harder for clinician to manage own boundaries
  - Harder to maintain boundaries with patients

> *"It is more difficult to support a client who is distressed. Other clients are unable to cope with seeing themselves in a video call. Some are too worried about confidentiality when in the home."*

8. Staff wellbeing, support, liaison and safe practice

- There was a strong indication from 90% of respondents that they have found online work to be more tiring than in-person work.
- The majority of respondents (80%) found that it had been possible to liaise with staff in other services when necessary, however this means that 20% weren't able to which raises concerns about safeguarding.
- The majority of respondents (85%) found it had been possible to liaise with members of their team/service when necessary, e.g. for case discussions. Again, this means that 15% weren't able to liaise which may raise concerns about the capacity to work safely and effectively.

- Despite early concerns about redeployment in fact only 6 respondents had been redeployed to another service as a response to COVID-19.
- A small number (12) had been asked to work beyond their competences, which is concerning.
- It is of concern that 24 respondents indicated that they have been asked to work in ways that they do not feel are clinically safe.
- The ACP has emphasised the importance of regular supervision during this period and it is encouraging to see that the vast majority of members (94%) have been able to access this.
- A significant proportion of respondents (55%) reported that the pandemic and responses to it have affected their own mental health.
- There was a broad range of additional comments about the experience of working during COVID-19. These covered many positive experiences but also reflections on increased strain, concerns about risk and organisational issues.

9. Provision of services post-lockdown

- A good proportion of members (44%) indicate that they will definitely continue to use online working after lockdown with a lot expressing uncertainty (48%) and only 7% responded negatively to this question.
- The main reasons that respondents gave for their intention to continue online working were to increase access to child psychotherapy (39%) and because it is better for some patients (36%). However, other reasons included pressure from employers (22%) and pressure from patients/families (15%).
- Additional reasons identified by respondents for their continued use of online technology including a recognition of the positive benefits, ongoing concerns about their own health and to increase flexibility and access to services.

> *"There has been an increase in safeguarding concerns involving my contact with other professions such as the police."*

10. Patient groups who could receive a poorer service in a move to greater online delivery

Data on those patients who might suffer or receive a poorer service if there is a rapid move to greater online delivery that did not take account of their needs were summarised into two themes:

10.1. Children living in poverty or with dysregulated families unable to support online access

- There was a strong consensus that children living in poverty or with dysfunctional families would struggle to access services delivered only online due to cramped living conditions, lack of private space and lack of equipment. In addition, a lack of private space in which to communicate with the therapists, either due to poverty or because of intrusive parents, raises concerns about risk and safeguarding. Those whose first language is not English were also identified as a particular concern, including asylum seekers.
    - Poverty leading to a lack of appropriate space and/or equipment
    - Asylum seekers and refugees
    - Home or family environment precludes a safe space, leading to concerns about confidentiality, risk and safeguarding.
    - Family dysregulation precludes capacity to access or sustain therapy.

10.2. Specific groups of service users where the severity, complexity or level of risk requires in-person communication

- Several specific groups of children and young people with particular needs were identified as likely to suffer from a move to greater online delivery. This indicates the importance of basing services on individual needs analysis and not imposing a one-size-fits-all approach:
    - Children and young people who are looked after
    - Where use of video is part of the trauma
    - Where high levels of risk need to be assessed, including self-harm and substance abuse
    - Certain physical conditions or disabilities
    - Learning and communication disabilities and ASD
    - High levels of trauma and disturbance
    - Younger children/Under 5s

"The sudden push by service managers to make permanent many of these changes, often to the detriment of our patients' needs, but with the support and encouragement of colleagues who may not work with such disturbed children and who feel that working online is no different to working in a room."

11. The most appropriate or beneficial uses of online working

Respondents identified that the most beneficial uses of online working were improving access to services, work with parents and carers and also online network meetings and supervision. Data were summarised into three themes:

11.1. To improve access to services

- Respondents identified that there are groups of patients whose access to service would be improved through the use of online technology and who otherwise might not receive adequate support.
    - Access difficulties due to distance and travel problems
    - Access difficulties due to family situation
    - When situation changes including moving to university

11.2. Work with parents/carers, network meetings and supervision

- A lot of work has been undertaken with parents during the pandemic, both to support ongoing therapy with the child but also where therapy was not possible. This is felt to be a beneficial and effective use of technology that should continue. Similarly, arranging and attending meetings with the team or network has been easier and improved communication.
    - Work with parents
    - Network and team meetings
    - Supervision and teaching

11.3. Specific areas of work or groups of patient

- Several different types of clinical work or engagement with service users were identified as benefitting from online working including brief interventions, for those where attending the clinic was difficult and some adolescents and others with less complex presentations. Other respondents felt it had been useful during the pandemic but only as a temporary measure.
    - For 'checking in' rather than ongoing therapy and perhaps for some emergency situations.
    - For some, mainly young people, who prefer a more 'distant' connection and are able to manage better online.

  - Service users with mobility difficulties
  - Adolescents and young adults
  - Patients with less severe or complex presentations
  - Primarily as a temporary measure during the COVID-19 pandemic

12. The ACP's response to the COVID-19 pandemic

- The majority of ACP members felt that their professional body's response to the pandemic had been excellent (32%) or very good (41%).
- 85% had used the guidance on remote working provided by the ACP and 72% found it to be either extremely helpful or very helpful.

Presentation of Data and Analysis of Findings

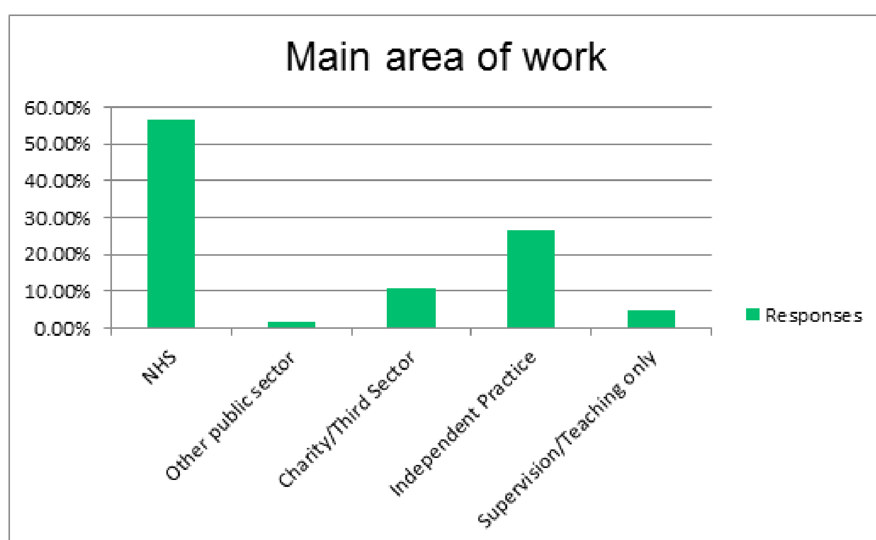
PART 1: COMPLETION OF THE SURVEY

1. Survey Completion

The survey was produced by the ACP's COVID-19 Response Team and sent to all 991 ACP members. The survey was open from 19th May to 1st June 2020 and was completed by 376 members. Of the total 303 (81%) were full working members and 57 (15%) were trainees. This means that there was a 45% completion rate among full working members.

2. Sectors Represented

Respondents were asked to identify their **main** area of work. Many CAPPTs hold more than one role. 58% work mainly in the NHS or other public sector and 37% mainly in independent practice or the third sector.



PART 2: QUESTIONS ABOUT FACE-TO-FACE (IN-PERSON) WORK

3. Have you continued to provide face-to-face (in-person) contact for patients?

The vast majority of respondents had not continued to see service users in-person.

Answer Choices	Responses	
Yes	10.96%	41
No	89.04%	333
N/A	0.00%	0

Those who had continued to provide face-to-face (in-person) contact with patients were asked a series of follow-up questions.

4. What was the reason for this (continuing face-to-face contact)?

The most significant reasons for continued in-person contact were the patient's high levels of clinical risk, the nature of the service (e.g. inpatient) and because patients were not able to use remote access.

Answer Choices (tick all that apply)	**Responses**	
Personal choice	7.69%	3
Required by employer	10.26%	4
Due to patient's level of risk	56.41%	22
Necessary due to type of service (e.g. inpatient)	17.95%	7
Necessary because patients not able to use remote access	15.38%	6
Other (please specify)		10
	Answered	39

Additional comments included:

- On urgent CAMHS rota in clinic covering duty and hospital liaison service, have to see patients face to face if needed. All pre-COVID routine psychotherapy cases continue to be seen remotely, with option of Teams video or telephone calls.
- Only those patients who could social distance and no symptoms
- It is a way of seeing separated adoptive parents in crisis.
- Almost entirely remote working but with urgent assessments now face to face in PPE

5. Were you provided with or able to access adequate personal protective equipment?

Only a small proportion (10%) say they were not able to access adequate PPE.

Answer Choices	**Responses**	
Yes	58.97%	23
No	10.26%	4
N/A	30.77%	12
	Answered	39

6. Were you able to observe physical distancing guidance?

Most people were able to observe physical distancing guidance.

Answer Choices	**Responses**	
Yes	69.23%	27
No	2.56%	1
N/A	28.21%	11
	Answered	39

7. Was there sufficient attention to patient safety such as hand-washing, cleaning rooms?

There were only limited problems with attention to patient safety.

Answer Choices	Responses	
Yes	71.79%	28
No	5.13%	2
N/A	23.08%	9
	Answered	39

8. Have you been able to access coronavirus testing?

A quarter of respondents who had worked face-to-face had not been able to access coronavirus testing.

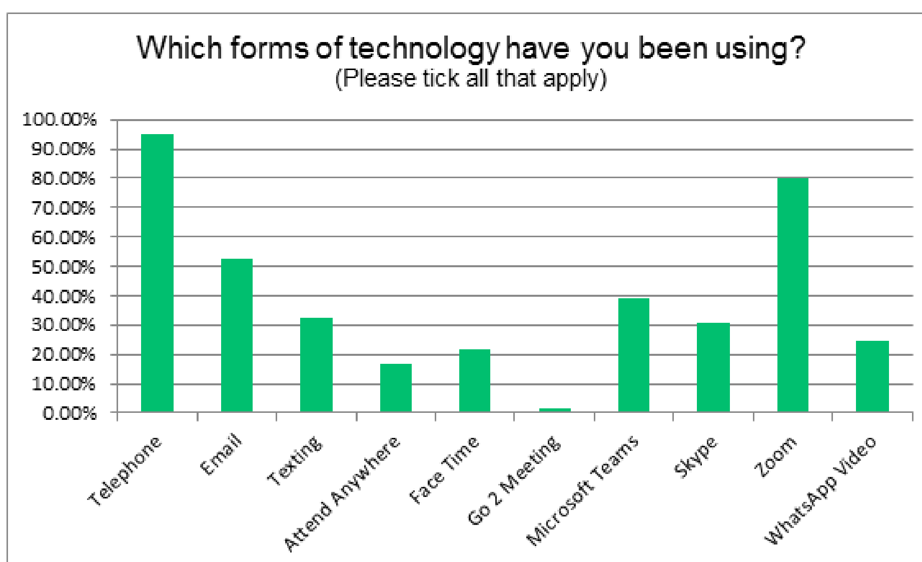
Answer Choices	Responses	
Yes	38.46%	15
No	25.64%	10
N/A	35.90%	14
	Answered	39

PART 3: QUESTIONS ABOUT REMOTE AND ONLINE WORK

For the majority of respondents who had moved to working remotely/online we asked a series of follow-on questions.

9. Which forms of technology have you been using?

A lot of work has been undertaken by telephone with contact also via email and texting. The most popular video platform was Zoom (80%) followed by Microsoft Teams (39%). There were a large number of 'other' platforms used with many mentioning WebEx and AccuRx.



10. What forms of work have you used remote working for?

A very high proportion of respondents (85%) had continued to provide therapy online for existing patients and also to undertake consultations with parents/carers (81%). Assessments for starting work with new patients was more limited but still possible. A lot of work was done online consulting to the network (63%), holding team meetings (75%) and providing supervision (67%).

Answer Choices (Please tick all that apply)	Responses	
Therapy with an existing child or young person	85.39%	263
Generic assessments	25.00%	77
Child psychotherapy assessments	21.43%	66
Consultations with parents/carers	81.49%	251
Parent/child therapy	32.47%	100
Network consultations	62.66%	193
Team meetings	75.32%	232
Supervision of others	66.56%	205
Lockdown related check in calls	50.97%	157
Other (please specify)		31
	Answered	308

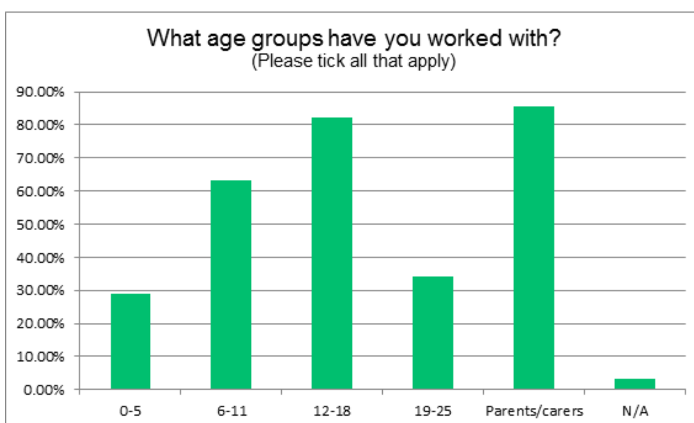
Additional areas of work undertaken online included:

Teaching, staff support, consultations, reflective practice groups, receiving supervision, CPD.

- School calls relating to safeguarding and updating of contact.
- Discussions with referrers; assessment of newly referred late adolescent patients
- Assessing for Parent Infant Psychotherapy via video.
- Group treatment
- Under 5 choice appointments
- I run a mother baby group
- State of mind assessments/internal world assessments
- Perinatal Work Group Discussion

11. What age groups have you worked with?

The majority of members have worked remotely/online with patients aged 12 to 18 (82%) or with parents and carers (86%) but a large proportion also maintained work with young children aged 6 to 11 (63%) or 0 to 5 (29%) which will include parent/child and parent/infant work. 34% saw patients older than age 18, reflecting the fact that CAPPTs work up to age 25.



12. Do you have access to suitable equipment to work online?

Over half (53%) of respondents who had been working remotely have had to provide their own equipment to do so.

Answer Choices	Responses	
Yes – supplied by employer	46.10%	142
Yes – provided my own	52.60%	162
No	1.30%	4
	Answered	308

13. Have technical issues (e.g. image freezing, sound quality) affected the quality of communications with patients?

The majority (72%) reported that technical issues had affected the quality of communication with patients.

Answer Choices	Responses	
Yes	72.08%	222
No	28.25%	87
	Answered	308

14. If working from home do you have suitable space to work clinically?

A small but significant number of respondents (13%) said that they did not have a suitable space to work clinically from home.

Answer Choices	Responses	
Yes	82.47%	254
No	12.66%	39
N/A	4.87%	15
	Answered	308

15. What factors have precluded or made it more difficult for patients to access online treatment?

The characteristics of the chid or young person may preclude them from accessing treatment online or make this more difficult. The child may be too young (41%) or too disturbed (37%) to make use of online treatment or their parent/carer may not be sufficient supportive (31%). A lack of a private or confidential space in which to speak to the therapists is a significant issue for many (60%). Other issues include lack of suitable equipment (34%) or lack of technical knowledge (23%).

Answer Choices (Please tick all that apply)	Responses	
Lack of suitable equipment	33.77%	104
Lack of technical knowledge	22.73%	70
Lack of suitable/confidential space	60.06%	185
Parents/carers not supportive	30.52%	94
Child too disturbed	37.34%	115

Child too young	40.58%	125
N/A	9.74%	30
Other (please specify)	24.35%	75
	Answered	308

Additional comments included:

Theme 1: Factors that have precluded or made it more difficult for patients to access online treatment

Respondents indicated that some patients did not want to work in this way as they prefer in-person contact. For others their level of disturbance or the complexity of their family circumstances precluded online treatment.

Finding	Sample Data
Choice of patient	• Not all children want to work online but prefer face to face.
Levels of disturbance	• Particularly difficult for some children who ordinarily find talking difficult or who would use play as their principal form of communication
Family context/complexity	• Lack of understanding and supportive parental work probably the main obstacle to establishing some level of therapy even with highly disturbed children

16. What have been the advantages of working remotely?

Theme 2: Convenience and benefits to practitioners including improved work/life balance and communication with colleagues

Many respondents reported significant benefits and convenience to themselves from home working including:

Finding	Sample Data
Not having to commute to work	• No long commute, and also I work across different sites so travel is a major factor to my job, so my time is used more wisely.
Improved work/life balance	• Much better work life balance.
Financial benefits	• Financially not needing to pay for room rental and petrol costs.
Greater flexibility	• More freedom in arranging mutually convenient sessions/meetings
Lack of distractions	• I miss my team I work with but am not so distracted by the workings of the clinic
Learning experience	• Hope I will have learned additional skills to enhance my practice, the experience is generating a great deal of thinking

Improved communication with team/colleagues	• It has allowed our team to connect far more frequently than is usual and for a level of flexibility around linking up with other colleagues.
Improved communication with wider network	• Network meetings have been easier to attend and there has been more time for real thinking between professionals.

Theme 3: Improved communications with patients and parents

There is evidence that in some circumstances and for some patients, or parents, the move to remote working has improved communication and the connection to the therapist:

Finding	Sample Data
'Distance' allows greater openness for some patients	• Some young people seem more able to say what they are thinking more on the phone and there have been less sessions missed.
Maintaining or improving connections with patients	• I happened to have two patients who had undergone surgical procedures, and therefore, would have missed their sessions altogether. It had not occurred to me to offer remote sessions.
Working alliances with parents	• Families have really pulled together with us, valuing the therapy and appreciating our attempts to support their child(ren) and find the right way of engaging each of them.
Better attendance	• Some patients have found the need not to travel has enabled them to attend more regularly (attendance has been best I have seen for a long time, almost 100% every week)
Maintaining contact	• Being able to continue with 90% of patients during this crisis. providing continuity and ongoing support.

Theme 4: Gains in the therapeutic alliance and benefits for specific patient groups

For some, the move to working with patients via telephone and video has led to perceived improvements in therapy:

Finding	Sample Data
Connecting in different ways	• It has been interesting to see how a range of technologies have permitted quite in depth work
Greater flexibility and creativity	• I am find working remotely fascinating; it has brought out so much creativity in them / me. • Some new potential for projections have emerged through patients' control of the contact between us- eg they can turn off sound or camera, move the screen thus 'picking up' the therapist. This has been a powerful experience.
Benefits for specific patient groups	• There are a few advantages: some of the patients with ASD traits sometimes feel more able to share their experiences when on the phone, without eye contact.

17.What have been the disadvantages of working remotely?

Theme 5: Increased workload and stress and negative impact on work-life balance

A lot of respondents reported that working from home and using online technology was more difficult, increased their workload and led to greater stress.

Finding	Sample Data
Increased workload for the practitioner	• Workload feels it has increased due to having to learn about technology and harder to maintain boundaries/ separation between work and home. Lots of work in the home feels intrusive.
Difficulties in managing the boundaries between work and home life	• Work comes into your home; it's harder to switch off; more fearful about the state of mind of patients and possible risks.
Problems with providing an appropriate environment for difficult and confidential work	• Having to adjust to working in a not-ideal situation, e.g. noisy neighbours, sharing space with family members, internet connection going. This can be stressful and anxiety provoking which can impact on space to think freely and be tiring.
Tiredness and strain caused by online working	• Working remotely from home has been very much more tiring, intense and isolating than I had anticipated
Problems with IT making the work more difficult	• Technological hitches such as freezing of images or temporary pauses or disconnections impose significant disruptions to fluidity of communication. • There is nothing joined up with our multi agency partners. For instance, the apps that social services are allowed to use other very apps that we are not and vice versa.

Theme 6: Impact on the therapeutic process and relationships with patients

A lot of data indicate significant difficulties in providing the same level of therapeutic communication and engagement with children and young people compared to being in the same room as them.

Finding	Sample Data
Some young people not wanting or not able to attend online	• Losing contact with patients who don't want to have clinic session remotely. Job has become more about seeing patients who are in crisis. Less psychotherapy work.
Patients not having a suitable environment in which to speak to the therapist	• For some, they don't have a private space to talk in and we make assumptions that all young people have access to technology to be able to talk through.
Not being in the room leading to missed or poorer communication	• The impact on the therapeutic process, particularly with younger children - i.e. what is missed in terms of the full range of communication in not being in the room together, the difference in being with someone virtually rather than 'live company' (particularly when many of my clients are

	working on their understanding of nuanced social communication)
Not being able to use all the senses meaning that full emotional connection is missing	• Loss of the live situation in which emotional atmosphere, close observations, and sensory aspects of one's intuitive capacity can inform one's understanding of the patient's communications.

Theme 7: Undertaking assessments and starting work with new patients is much harder

Specific difficulties are identified with undertaking complex assessments via online media and in starting work with new patients with whom the therapist has only met online and not in person.

Finding	Sample Data
Difficulties in undertaking complex assessments via online media	• Very difficult to offer assessments with children with complex difficulties so only offering assessments to more 'straightforward' cases.
Difficulties in starting work with new patients only meeting online	• Starting work with new patients feels harder because of the difficulty of building a relationship with someone you have only met virtually or on the telephone.

Theme 8: Difficulties in communicating with colleagues and isolation from team

Some respondents are experiencing a loss of connection with their team and colleagues which is especially important when need to discuss difficult and complex work.

Finding	Sample Data
Less team support on complex cases	• More isolated from clinical team and therefore feeling less supported around difficult cases.
Loss of informal connections and support from colleagues	• Working without colleagues to talk easily to makes the work very different
Feelings of isolation	• It can be lonely and at times overwhelming without having the availability of colleagues to discuss cases with or share an experience just to help you process things. • Sometimes I wonder if I'm just working in a call centre
Difficulties connecting with the wider network	• Different services used different systems so for some complex cases, it has been difficult to coordinate the work.

Theme 9: Difficulties in relation to specific groups of patients

Some respondents mentioned difficulties or disadvantages in relation to specific groups of patients, particularly young children, that mean online work is less likely to be accessible or effective for them.

Finding	Sample Data
Younger children	• Some children cannot manage or do not have appropriate home support or do not have capacity to make use of zoom working. In the cases I am supervising, usually with younger children, the therapists are adapting to the new contact but having very mixed outcomes, some children are managing well and others are really struggling to find anything helpful for themselves. This group also communicate via play which is harder online.
Under-fives and infants	• It has been especially challenging to work with under-fives, or to continue parent-child work when I have on-going concerns about the volatility of the relationship and safety of having a session which could raise emotional temperature and then be abruptly terminated by the patient. This worried me significantly
Difficulties with language	• English as second language sessions are difficult.
ASD and learning difficulties	• For me it has been harder to maintain the psychotherapy work I had, one was struggling to engage even before lockdown; the other because the family doesn't have computers or internet at home and it is not possible on the phone with a fairly young child with ASD and LD.
Attention deficit disorder	• More difficult to engage and hold children with ADD and concentration problems.
Where there are specific safeguarding concerns	• Being unable to work directly with children and young people due to potential safeguarding and confidentiality concerns - not being able to ensure child has safe private space to access online therapy at home.

Theme 10: Problems with maintaining confidentiality, privacy and boundaries when the clinician is not able to manage the clinical setting.

A range of problems are identified with the patient being in a different setting and only connected by phone or video which means they may not have the right environment in which to have sufficient privacy to talk in confidence.

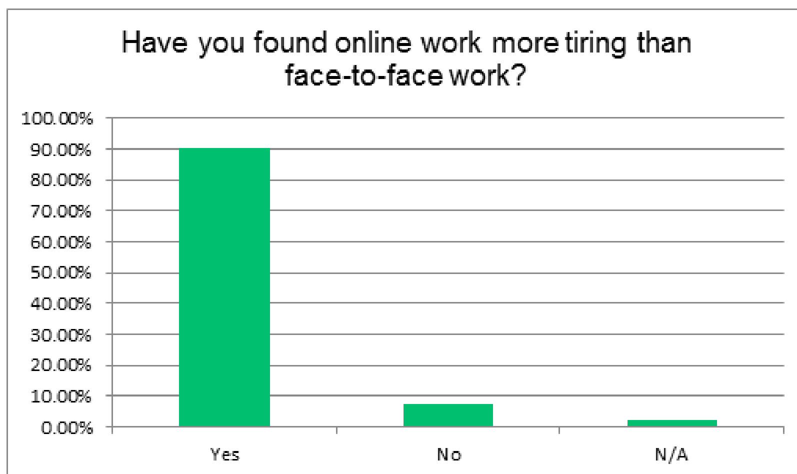
Finding	Sample Data
Difficulties with practitioner not being able to manage the clinical setting	• Some young people are not in the right setting when I call and therefore it does not always feel appropriate to have a session. You cannot always know where they are and if the session is confidential. It is harder to maintain the clinical boundaries.

Harder for clinician to manage own boundaries	• Blurring of boundaries between family and work when caring for own children at home.
Harder to maintain boundaries with patients	• Some patients have been provoked by the online platform used, responding to it in a more disturbed and perverse way which is more of a struggle to get hold of. • It is more difficult to support a client who is distressed. Other clients are unable to cope with seeing themselves in a video call. Some are too worried about confidentiality when in the home.

PART 4: QUESTIONS ABOUT STAFF WELLBEING AND SUPPORT

18. Have you found online work more tiring than face-to-face work?

There is a powerful indication that members have found online work to be more tiring than in-person work.



19. Has it been possible to liaise with staff in other services where this has been necessary?

The majority of respondents (80%) found that it had been possible to liaise with staff in other services when necessary. However, this means that 20% weren't able to which raises concerns about safeguarding.

Answer Choices	Responses	
Yes	80.19%	247
No	3.25%	10
N/A	16.56%	51
	Answered	308

20. Has it been possible to liaise with members of your team/service e.g. for case discussions?

The majority of respondents (85%) found it had been possible to liaise with members of their team/service when necessary. However, this means that 15% weren't able to liaise which may raise concerns about the capacity to work safely and effectively.

Answer Choices	Responses	
Yes	84.74%	261
No	0.32%	1
N/A	14.94%	46
	Answered	308

21. Have you been redeployed to another service?

Despite early concerns about redeployment in fact only 6 respondents had been redeployed to another service as a response to COVID-19.

Answer Choices	Responses	
Yes	1.95%	6
No	75.65%	233
N/A	22.40%	69
	Answered	308

22. Have you been asked to work beyond your competences?

This has not been a problem for most members but even the small number (12) who been asked to work beyond their competences is concerning.

Answer Choices	Responses	
Yes	3.90%	12
No	82.47%	254
N/A	13.64%	42
	Answered	308

23. Have you been asked to work in ways that you do not feel are clinically safe?

Again, this has not been a problem for most members but it is of concern that 24 respondents indicate that they have been asked to work in ways that they do not feel are clinically safe.

Answer Choices	Responses	
Yes	7.79%	24
No	77.92%	240
N/A	14.29%	44
	Answered	308

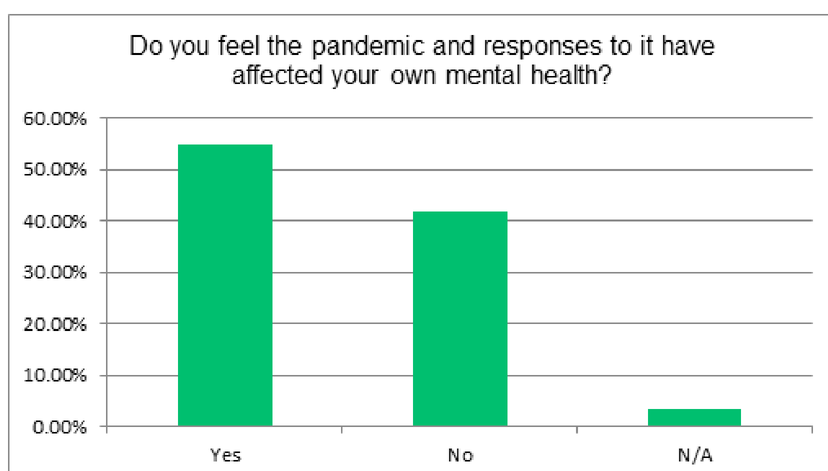
24. Have you been able to access adequate supervision?

The ACP has emphasised the importance of regular supervision during this period and it is encouraging to see that the vast majority of members (94%) have been able to access this.

Answer Choices	Responses	
Yes	94.16%	290
No	3.90%	12
N/A	1.95%	6
	Answered	**308**

25. Do you feel the pandemic and responses to it have affected your own mental health?

A significant proportion of respondents (55%) reported that the pandemic and responses to it have affected their own mental health.



26. Any other comments on working during COVID-19?

Theme 11: Additional comments on working during COVID-19

There was a broad range of additional comments about the experience of working during COVID-19. These covered many positive experiences but also reflections on increased strain, concerns about risk and organisational issues.

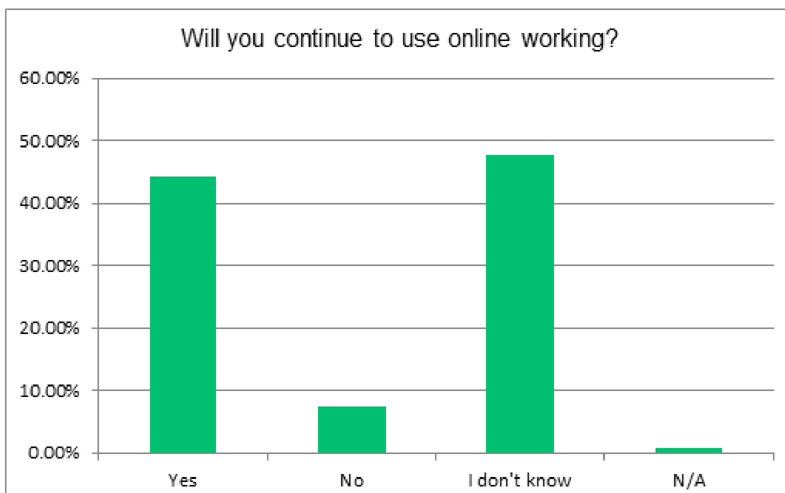
Finding	Sample Data
Strain and mental health	• I got very tired after a few weeks, working at a pre-COVID pace, perhaps more. Getting to grips with technology, continuing to keep in touch with patients and offer treatment where possible.
Positives responses	• I think that CAPTs have had an opportunity to show their flexibility and readiness to adapt to a shared endeavour and I hope this doesn't get lost
Concerns about risks	• I'm concerned about data protection - my trust expects me to use my own laptop.

	• There has been an increase in safeguarding concerns involving my contact with other professions such as the Police
Multi-agency context	• I offer consultations to primary schools and I am very aware of pressures they are now under. Complex to be supporting them remotely when they are moving to being back in school. Lots of strong feelings around this.
Organisational/employer issues	• There is an expectation that we can maintain the same level of work/caseload, as if it is 'easier' working from home, whereas actually it is far more stressful, particularly if also caring for one's own children. • Working for NHS from home required consideration of the physical environment for the clinician. prolonged used of the laptop (not desktop) in non-orthopaedic chairs made for someone to sit 8 or more hours is a handling and moving / health and safety issue.
Training issues	• As a trainee, wondering how this might change training in the future. How can we learn from this to be ready for any future unforeseen ruptures to face to face therapy?

PART 5: QUESTIONS ABOUT PROVISION OF SERVICES POST-LOCKDOWN

27.Will you continue to use online working?

A good proportion of members (44%) indicate that they will continue to use online working after lockdown. Whilst there is naturally a lot of uncertainty (48%), only 7% responded negatively to this question.



28. If you will continue to use online working, what are the main reasons for this? (Please tick all that apply)

The main reasons that respondents gave for their intention to continue online working were to increase access to child psychotherapy (39%) and because it is better for some patients (36%). However, other reasons included pressure from employers (22%) and pressure from patients/families (15%).

Answer Choices	Responses	
Pressure from patients/families	15.31%	45
Pressure from employers	22.45%	66
To increase access to child psychotherapy	39.12%	115
It is better for some patients	35.71%	105
I prefer this way of working	1.02%	3
Other (please specify)	45.24%	133
	Answered	294

29. If you will continue to use online working, what are the main reasons for this?

Theme 12: Main reasons for intending to continue to use online working in the future

There were lots of reasons identified by respondents for their continued use of online technology including a recognition of the positive benefits, ongoing concerns about their own health and to increase flexibility and access to services.

Finding	Sample Data
Due to health reasons or risk	• Due to underlying health problems and my age I may not be able to return to face to face work ever or for a considerable period of time depending on vaccines being available etc.
A positive wish to continue	• I am pleased to have had the experience of telephone working and to discover that it can be effective. It is not the same as working face to face, but I would be happy to use it if needed in future with established patients.
To increase flexibility and access	• More flexibility, good to combine with some face to face with certain patients. Can offer support to wider geographical reach.
Only for specific purposes	• Only for some meetings either with professionals or parents/ carers: when particular logistical problems about meeting in person. However, for I would return to face-to-face for all other work.

30. If there is a move to have more online delivery are there patient groups who might suffer/receive a poorer service?

Theme 13: Children living in poverty or with dysregulated families unable to support online access

There was a strong consensus that children living in poverty or with dysfunctional families would struggle to access services delivered only online due to cramped living conditions, lack of private space and lack of equipment. In addition, a lack of private space in which to communicate with the therapists, either due to poverty or because of intrusive parents, raises concerns about risk and safeguarding. Those whose first language is not English were also identified as a particular concern, including asylum seekers.

Finding	Sample Data
Poverty leading to a lack of appropriate space and/or equipment	• Yes, as it would not reach those who are living in deprived accommodation without access to necessary technology, or those children/adolescents whose parents are not supportive of online therapy.
Asylum seekers and refugees	• Those without technology, or if English not first language could struggle more. We pick up on so much in the room even if there are some language barriers.
Home or family environment precludes a safe space, leading to concerns about confidentiality, risk and safeguarding	• Parents and children where there is domestic violence and emotional abuse and where confidentiality and safe space to speak cannot be guaranteed
Family dysregulation precludes capacity to access or sustain therapy	• Children in more chaotic and deprived families cannot access therapy remotely, as it requires supportive and organised parents/carers. • Families who are very sensitive to being intruded upon - as a result of ongoing or previous social care involvement/scrutiny.

Theme 14: Specific groups of service users where the severity, complexity or level of risk requires in-person communication

Several specific groups of children and young people with particular needs were identified as likely to suffer from a move to greater online delivery. This indicates the importance of basis services on individual needs analysis and not imposing a one-size-fits-all approach:

Finding	Sample Data
Children and young people who are looked after	• Particularly those children with a high level of need (for example looked after children) who need a certain level of acting out to communicate, neither child nor therapist would have the same experience working remotely, they would not be able to "experience each other" sufficiently.

Where use of video is part of the trauma	• The children for whom internet/screen has been part of their abuse (grooming, sexual abuse, pornography, etc)
Where high levels of risk need to be assessed, including self-harm and substance abuse	• I think high risk adolescents need a more secure setting. Also face to face supports therapeutic relationship build up.
Certain physical conditions or disabilities	• Clients with disabilities who struggle to use online applications e.g. hearing difficulties, cognitive difficulties • Body dysmorphic patients who cannot cope with being seen.
Learning and communication disabilities and ASD	• Those who find verbal communication difficult and really rely strongly on the presence of the therapist.
High levels of trauma and disturbance	• Patients who communicate through their behaviour, and need a lot of bodily management in the sessions and containment - extremely traumatised and vulnerable children. • Patients with eating disorders, body image issues, borderline patients. • Yes, those so depressed they retreat even further.
Younger children/Under 5s	• I think so, including the younger ones who ordinarily communicate though play, but some are so terribly in need of a physical presence, and risky children who you want to safeguard in the room during the sessions.
Attention deficit disorder	• More difficult to engage and hold children with ADD and concentration problems.

31.What is the most appropriate or beneficial use of online working?

Theme 15: To improve access to services

Respondents identified that there are groups of patients whose access to service would be improved through the use of online technology and who otherwise might not receive adequate support.

Finding	Sample Data
Access difficulties due to distance and travel problems	• Wider access to patients for whom it is harder to get to the clinic. Saves children from long car/taxi journeys especially when they are alone in a taxi.
Access difficulties due to family situation	• Where it is felt to be a good alternative for children and families unable to attend clinics because of social or financial reasons
When situation changes including moving to university	• If there is a move to another area or transition to university patients could carry on with the same therapist.

Theme 16: Work with parents/carers, network meetings and supervision

A lot of work has been undertaken with parents during the pandemic, both to support ongoing therapy with the child but also where therapy was not possible. This is felt to be a beneficial and effective use of technology that should continue. Similarly, arranging and attending meetings with the team or network has been easier and improved communication.

Finding	Sample Data
Work with parents	• Meetings and parent work where parent support is actively needed to contain the child in therapy. • Fathers can participate in the therapy.
Network and team meetings	• I have found that attending meeting such as child protection meetings a lot more straightforward to arrange and attend.
Supervision and teaching	• I have found online supervision of colleagues and mental health professionals of all kinds, who live at too great a distance to attend in person, can work very well.

Theme 17: Specific areas of work or groups of patient

Several different types of clinical work or engagement with service users were identified as benefitting from online working including brief interventions, for those where attending the clinic was difficult and some adolescents and others with less complex presentations. Other respondents felt it had been useful during the pandemic but only as a temporary measure.

Finding	Sample Data
For ‘checking in’ rather than ongoing therapy and perhaps for some emergency situations	• For ‘checking in’ calls and some parent work (eg holding a case while child is on waiting list).
For some, mainly young people, who prefer a more ‘distant’ connection and are able to manage better online	• Some patients have found the technology less intense than face to face
Service users with mobility difficulties	• Circumstances not allowing children to access otherwise - bed-bound, sickness, parents unable to bring them sometimes, moving away, etc
Adolescents and young adults	• Older children/adolescents after careful assessment, possibly with shorter interventions
Patients with less severe or complex presentations	• Where there is more of a focus on strategies combined with some limited work on understanding patterns of behaviour and where these come from.
Primarily as a temporary measure during the COVID-19 pandemic	• In order to not disrupt ongoing therapy at this extraordinary time, it has been a vital tool to develop working like this.

PART 6: QUESTIONS ABOUT ACP RESPONSES TO THE PANDEMIC

32. In general, how well do you think the ACP has responded to the COVID-19 pandemic?

The majority of ACP members felt that their professional body's response to the pandemic had been excellent (32%) or very good (41%).

Answer Choices	Responses	
Excellent	32.08%	94
Very good	40.96%	120
Good	16.38%	48
Fair	3.75%	11
Poor	0.68%	2
Not sure	6.14%	18
	Answered	293

33. Have you used the guidance on remote working provided by the ACP?

85% had you used the guidance on remote working provided by the ACP and 72% found it to be either extremely helpful or very helpful.

Answer Choices	Responses	
Yes	84.64%	248
No	10.92%	32
N/A	4.44%	13
	Answered	293

If so, did you find it helpful?

Answer Choices	Responses	
Extremely helpful	18.22%	45
Very helpful	53.44%	132
Somewhat helpful	26.32%	65
Not so helpful	1.62%	4
Not at all helpful	0.40%	1
	Answered	247

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Report of a Survey of ACP Child And Adolescent Psychotherapists Working During the Covid-19 Pandemic and Lessons for the Future

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