



Guidance on working remotely with children, young people and families

This document provides general guidance on remote working in ordinary circumstances, starting on page 4.

In addition, the first section provides additional guidance that we hope is helpful to members in managing the particularly challenging circumstances presented by the Covid-19 pandemic.

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Guidance specific to the Covid-19 pandemic

ACP members in the COVID-19 pandemic

The ACP and its members are concerned about the impact of COVID-19 on the most vulnerable children and young people. Self-isolation and high levels of anxiety and stress for adults may be resulting in increased levels of child and domestic abuse. Services which serve to protect children are over-stretched and focussed on the medical emergency. It is essential that we draw attention to this risk and work to ensure that services continue in some form to protect and support vulnerable children and families.

Members of the ACP work therapeutically with children and young people and their families with a wide range of difficulties, the work often involving multi-disciplinary and multi-agency interventions. Nearly all their work is carried out face-to-face with patients and families, which, following government guidance, is now to be avoided where possible.

Working in the NHS and other services

Members who work in the NHS and other services (third sector, education or social care provision) need to follow the guidance issued by their employer. The ACP is working with other psychological professions to issue guidance to the NHS system as a whole on the appropriate use of members of the psychological professions in this situation. This will be published shortly.

The ACP's union representatives have asked that members who are worried about being asked to work outside their level of competence or unsafely, or with other concerns, to let them know. Contact Julia Mikardo or Danny Goldberger (email addresses below). Members worried about a particular local issue can ask their HR department for details of their local union rep.

Working remotely

The context

Members working in services and in independent practice will be thinking about whether some or all of their work can be transferred to remote working. The safety and well-being of patients is always the main priority. Working in this way is not currently included in the training programme to become a Child and Adolescent Psychotherapist, and in ideal circumstances we would recommend that members undertake a training as there are many practical as well as clinical issues to consider. However, we recognise that many patients and members currently have no alternative and members are balancing their concern for their patients with the ethical imperative to practice within their level of competence.

The Psychological Professions Workforce Group is working on an overarching framework for guidance in relation to remote working in these exceptional circumstances, which will provide an overarching framework for remote working in the context of COVID-19.

The PSA Accredited Registers Collaborative has 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.”

NHSx has issued revised guidance from the Information Commissioner on GDPR compliance in the context of the COVID-19 pandemic which can be viewed here: <https://www.nhs.uk/key-information-and-tools/information-governance-guidance>

On consent, the PPWG and Royal College of Psychiatry guidance concur:

“Consent to digital delivery is implied through a patient accepting the invitation or engaging in the communication through the requested channel, although practitioners should endeavour to discuss the implications of digital delivery with service users at the outset.”

ACP advice

However, these relaxations of usual standards do not mean that anything goes, and members should pay close attention to the ACP Guidance for Working Remotely provided below for guidance on good practice, and the particular issues that may come up in work with children and young people.

The first thing to say is that it will be more complex and potentially risky to work with children and young people remotely, and we would recommend that you don't rush to start phone or online therapy until you have the proper practical arrangements in place (outlined in the sections below), and have thoroughly considered the suitability of this form of treatment for your patient. You can think of putting 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 once the difficult business of managing daily life has settled down a bit, 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 very important that an ongoing relationship is maintained, and this could be just keeping in touch, 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. Contact could even be by email.

Risk

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 this highly unusual and constantly evolving situation there are going to be circumstances when members will only have remote working as a way of staying in touch with such patients. It is important to make sure that you are clear about how and where to refer very unwell children and adolescents in your local area and to keep updated about these as services may change. It is also important to only work within your competence and seek supervision if you are unsure.

Remote working may make it more difficult to assess safeguarding risk as it may be more difficult to pick up clues. 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 link in with any networks and to make referrals to social care where you do have concerns about a child or young person's welfare. Again supervision will be essential in thinking through some of the complexities you may be dealing with.

Each case will need to be carefully considered. Maintaining individual and peer supervision will be a vital part of managing all this safely.

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 at chair-ethics@childpsychotherapy.org.uk.
- For help with **employment issues** please contact Eve Grainger at evegrainger@aol.com
- For help from our Unite the **Union representatives** please contact either: Danny Goldberger at dgoldberger@londonpsychotherapygroup.co.uk or Julia Mikardo at julia@mikardo.co.uk. 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 will be setting up remote supervision groups to help members think about remote working.
- **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 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

Guidance on working remotely with children, young people and families

Introduction

The sections below provide guidance for members considering remote working with children, young people and their families. If you are working as part of a Trust or other service, they will have their own guidelines for remote therapy provision which should be followed in addition to this guidance.

This guidance for will be amended as we gather more knowledge from members' experience.

Deciding whether to work remotely with children or young people 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 face-to-face work is not possible. When aptly supported by the adults, children can adapt and respond. However, there are risks and practical issues to consider, and it is unlikely that the setting provide the level of emotional contact and containment for both patient and therapist that is present in face to face 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.

Assessing the suitability of offering online therapy

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

Not all children and young people will be able to make use of online work, and not all therapists are suited to this form of 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 – they need to understand their child's need for confidentiality and be able to provide a reliable and confidential space for children to use.
- Can the child or young person access remote support? You need to take into account 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 a face-to-face 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 in face-to-face 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, or whether alternative forms of intervention such as work with the parent/carer or network consultations may be more appropriate in the

circumstances. It may be best to have extra supervision with new and complicated adaptations to our more normal experience. Further guidance will be issued.

- 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 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 perversely too high? (For example the risk of sessions being recorded and broadcast online).
- Is the child too young to manage the setting even with parental support?

If remote working with the child individually is counter-indicated, it may be possible to offer an alternative intervention, perhaps 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.

Competence and good practice

The therapist also needs to consider their level of competence to work remotely, and whether they are suited to this form of work. This will include consideration of personal factors as well as practical ones: do you have a suitable space to work in, and will you be able to manage the technological and practical issues?

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): <http://gdpr-legislation.co.uk/principles>

NB - There is helpful guidance on how the framework governing Information Governance will be interpreted in the particular circumstances of Covid-19 provided by the NHS/ICO here: <https://www.nhsx.nhs.uk/key-information-and-tools/information-governance-guidance>

- 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.
- Check you have Clinical Trustees with up to date lists of your patients.

Setting up the technology

Choose an appropriate platform if you are making video calls. 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. Who owns any recordings made? 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. We don't endorse any particular platform but some worth looking into include Doxy, Zoom Pro, VSee, Skype for Business, and Microsoft Teams. There are also others. What's important is optimum security and workability.

You also need to set up a work email account, and a work phone number.

Competence in using technology

Make sure you feel competent in the medium you are offering therapy in and make sure you know what all the functions/'buttons' do. Detailed guidance on the use of zoom is attached [here](#). If you need to, take an online course in using the medium you choose (see further resources below).

If you haven't 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.

Working remotely

The ACP would recommend that members undertake training in working online, and is looking into offering remotely delivered CPD for this: please enquire at admin@childpsychotherapy.org.uk

The BACP has a useful set of competences for working remotely, which you can view here: <https://www.bacp.co.uk/events-and-resources/ethics-and-standards/competences-and-curricula/telephone-and-e-counselling/>

Look for training sessions in managing online therapy. A list of resources is gathered together at the end of this document.

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.

Setting up the sessions

No transition to remote working should be made without 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 – be familiar with how to enable this. You could suggest to the patient that they also do this, to protect the private space they may be speaking to you in.

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. You may find it more tiring concentrating on your patient in the new medium.

If you have worries about levels of risk, conduct sessions during the working day so that you can reach other services if needed.

Consent

You need to establish meaningful consent from your patient and where needed from their parents/carers:

1. 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.
2. It is essential also that for patients using their parents' phone or online platform, the parents/carers have also consented to the treatment method, and the use of their phone/online platform.
3. Be clear with the patient or parents/carers about the limitations on what can be done remotely.
4. Be able to explain to your patient the security of the platform you are using.
5. Consider being explicit with your patient that you are not allowing recording of the session and will not be doing so yourself.

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.

1. 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.
2. 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.
3. Be sure you know you are talking to the right person before you start, and especially before giving out any information.
4. It is important that you know where they are, and think about their need to know that you are in a place where their confidentiality is protected.
5. 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.
6. 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?
7. 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).
8. Try to keep the usual boundaries in place. You need to think how your patients and/or their parents/carers will contact you – 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. As with the platform for sessions, 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. The boundaries of communication between sessions need to be clear so that the patient is clear that you may not be able to respond immediately.

Conducting sessions with children

Some considerations for conducting remote sessions with younger children:

1. Before embarking on remote individual sessions with the child, make a careful assessment of the suitability of this form of work for this child and family, taking into account factors such as those listed above (see “Assessing the suitability of offering online therapy”). There may be other ways to support the family and the child, such as working with the parent or carer, or joint sessions.
2. 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.
3. Before starting work, set up a contract with the parents/carers that covers the issues listed above (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.
4. Before starting, meet with the parents/carers – and where possible the child as well (this is not always possible or wanted by the child or young person) - to set up clear parameters for the work. It is important to think together about the new way of working and also 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 very upset, hurts themselves or puts themselves in danger.
5. Consider the frequency of sessions - it may or may not work to keep the same frequency as before
6. 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.
7. 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.
8. As with face to face 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.

Conducting sessions with adolescents

1. 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 in face to face work, it is important this is discussed with the young person.
2. As in face to face work, separate parent sessions may be indicated. For very vulnerable adolescents joint sessions with parents/carers might also offer a more containing space.
3. In addition to this you might want to discuss parental involvement during the sessions, for example if they became very upset or it emerged you felt there was a risk of suicide.
4. As in face to face work, you will need to be clear about the limits of confidentiality - when there are safeguarding or other issues in relation to risk. Where there are concerns, access to a multi-disciplinary team or colleagues to discuss risk issues is essential.
5. 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.
6. Young people might also struggle more than adults to understand the boundaries of the session. And so they might use other ways of communicating (e.g. emails, messaging) to do 'therapy'. It requires skill to shape this behaviour to answer messages between sessions without them becoming a mini therapy session.

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. Remember that the patient and therapist are relating to the media 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 – plain, darker 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 helpful 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 and/or instances of peak affect dysregulation that requires asking the parent to intervene.

You need to be able to manage these or where appropriate interpret their meaning.

Risk management and safeguarding

As in face-to-face work, having the contact details of the patient's GP and other professionals involved with the child/family is essential. You can then get in touch with other professionals when needed.

However, 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 face-to-face, 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.

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.

Risk assessment and management is a continuous process throughout therapy. Please seek extra clinical supervision if you have doubts, urgently if need be.

Online presence

Online sessions might mean it's 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.

Further resources

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

BPC <https://www.bpc.org.uk/news/covid-19-update-online-and-telephone-sessions>

UKCP <https://www.psychotherapy.org.uk/ukcp-news/midweek-mindset/information-about-coronavirus-covid-19/>

BPS <https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/Effective%20therapy%20via%20video%20-%20top%20tips.pdf>

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

Catherine Knibbs – Privacy 4

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

BPS <https://www.bps.org.uk/responding-coronavirus>

HELPFUL READING

Clinical issues in analyses over the telephone and the internet:

https://telehealth.org/manual-uploads-webpage-attach/Clinical%20Issues%20in%20Analyses%20over%20the%20telephone%20and%20the%20internet%202012%20Scharff_Jill_Savege.pdf

Whereof One Cannot Speak: Conducting Psychoanalysis Online:

https://www.researchgate.net/publication/221860484_Whereof_One_Cannot_Speak_Conducting_Pschoanalysis_Online

ONLINE TRAINING

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

A BACP webinar ‘Can I Work with Children and Young People Online’ took place this week (week commencing 23rd March 2020) provided by <https://www.onlineevents.co.uk> which has been recorded and will be available on the BACP website.

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