Guidance for moving to remote working with existing child clients during the Covid-19 crisis

The following guidance has been written by the College for Children and Young People to support UKCP members who work with children and who are facing unprecedented changes in work settings due to Covid-19. Further guidance for taking on new child clients is being developed and will involve the provision of further specific training in this area.

This Guidance will be reviewed and updated regularly.

For the purposes of this document 'Child' refers to everyone up to the age of 18. While remote working may be possible with older children and adolescents, younger children are likely to find the transition to remote working challenging if not impossible. This guidance is not differentiated by age. The decision to undertake remote therapy with children must involve close collaboration between all concerned with the care of the child, careful consideration of the issues outlined in this document and the age and competence of the child client.

Where children remain in school, therapists may be able to arrange to continue working with them there, subject to Public Health England advice on social distancing. This is only recommended where rigorous disinfection protocols have been instituted, and all sand, soft toys and difficult to clean objects are removed from the therapy room and the room and all toys are able to be thoroughly disinfected after each session.

Primary considerations for remote working with children:

1) Trauma informed thinking can facilitate an understanding of the potential of the current social, cultural and domestic situation to heighten the effects of developmental trauma and attachment needs in young people. Ongoing contact with a therapist can be a balm in highly enflamed situations, but poorly managed can further inflame existing difficulties.
2) Deciding whether to work remotely with children is a complex process and must include a consideration of general therapist competence and comfort with the proposed medium combined with client safety, age, competence, and their comfort with the proposed medium.
3) Careful consideration must be given to the suitability, safety and integrity of the technology used for remote working.
4) It must be decided if it is in the best interests of both the child client and the therapist to continue with therapy by switching to remote working. Each case must involve careful consideration and collaborative decision making.
5) There must be a thorough risk assessment carried out before remote working (see below).
6) The transition to remote working cannot involve a simple continuation of previous work, regardless of the previous length of contact or depth of the relationship. The change of context necessitates a new therapeutic agreement or contract and a re-evaluation of the therapeutic intention in the short and medium term. In the first instance the emphasis needs to be on safety, signposting and resilience building.

7) No transition to remote working must be made without supervisory support (which is most likely to be provided and accessed remotely).

8) The nature and management of therapeutic boundaries in the context of remote working is very different to that in a contained clinical space. A thorough understanding of the impact of this, and a different level of skill is needed in the transition to remote working. Even experienced therapists can easily find themselves alone and unsupported if they begin this work without careful prior consideration of all issues.

The child's relative powerlessness and lack of autonomy, with which child therapists are trained to work and manage during face-to-face contact, assume even greater relevance when considering remote working.

Whereas adults can be exhorted to ensure that they are in a safe and confidential space prior to online or telephone therapy, this capacity in children will be age, competency and context dependent. The inability of the therapist to provide the degree of containment needed for safe therapeutic work, combined with the limited capacity of the child client to provide the necessary compensations means that the therapist must draw on the support of others for this process. Depending on a range of factors, this may involve training organisations, parents, in some cases schools, support services, intermediary therapy agencies, safeguarding personnel, social workers and most crucially the clinical supervisor. Collaboration – a key component in child psychotherapy – is thus extremely important, and the higher the risk the wider the collaboration needs to be.

Therapists considering remote working need to have a way of assessing and managing these factors to ensure client safety. To date none of the UKCP accredited courses have included the development of these skills as part of the training process and therapists need to balance their concern for vulnerable child clients with the ethical imperative of working within the bounds of their professional competence.

Boundary considerations in respect of remote working are vastly different, and therapists will need to be able to manage the complexity of this extended therapeutic frame within the bounds of safety, confidentiality and data management and therapeutic intention.

It is also important to evaluate the potential impact of the loss of the therapeutic contact on the child, and to work closely with the agency or school within which the therapy was being delivered. While it is not desirable to simply 'disappear' from the child's life as a result of this crisis, cessation of therapy within for example the school context will for some children be automatically subsumed into the wider impact of school closure. The decision to enter the child's home via remote means may disrupt the coherence therapy seeks to foster, and may therefore not be as helpful as intended.

The considerations below may be helpful in aiding decision making.

SHOULD REMOTE THERAPY BE CONSIDERED?

Is there risk to the child that remote working may mitigate? This may include situations where the home is overly chaotic or may not be experienced as safe.

Child age, competence and the nature of the difficulty:

- What is the impact of the child's context on their presenting difficulty? (For example, social isolation may increase a risk of neglect or abuse, whereas the risk of bullying may be reduced.)
- Is there a remote medium with which the child is comfortable (eg telephone, video, text)?
- What factors should be considered when deciding which of these remote media to use?
- To what extent does the child have the capacity to manage the safety of their environment without adult support or intervention?
- To what extent does the child have exclusive control over the equipment (telephone, computer, tablet, etc.) and what is the risk that someone else will take, record or view the child's or therapist's communication?
- Are both the therapist and the child comfortable and fluent with the proposed medium?
- What level of intervention does the medium support?

Contextual Issues:
(This incorporates a consideration of parental authority, agency and clinical responsibility and safeguarding issues, as well as the therapist's own context.)

- What was the context in which therapy was originally offered?
- What has the agency/school or other context decided or been required to do, and what have they instructed the therapist to do?
- What is the extent of parental authority and control, and may they be supportive of continuing therapeutic support?

Therapist Factors:

UKCP Child SETs specify that trainees are not normally permitted to work in private practice. Remote working involves many of the competencies needed for private practice. The best interests of the child must be carefully balanced with the trainee capacity and placement providers, trainers and supervisors must work very closely with trainees when they are required to work remotely with existing children in any capacity.

Accredited child psychotherapists and psychotherapeutic counsellors should consider:

- whether the therapist has a safe and uninterrupted space from which to work
- their own resources and the impact of the crisis on themselves and their personal context
- their capacity to sustain contact once initiated remotely.

CONSIDERATIONS IF IT IS DECIDED TO UNDERTAKE REMOTE WORK

Remote working Risk Assessment:

Platform and equipment security:

- Where is the platform hosted?
- Is content routinely monitored and possibly recorded by the administrators?
- Is it possible for local third-party access (for example, are parents/carers or other individuals able to monitor/hack or record communications)?
- To what extent does the child have control of the physical equipment (for example, what is the risk of confiscation or third-party access)?
- What is the level of confidence in the robustness of the platform (consider the impact of service interruption at sensitive points during remote work and provision that may need to be made)?
- Is the platform GDPR compliant?

Clinical risk:

- Does the child have current or pre-existing risk?
    - Is the risk external in origin, (e.g. originating in the environment) and could on-going contact with the therapist exacerbate this?
    - Is the risk internal (i.e. risk of harm to self and is a safety contract in place?
- Will social distancing or self-isolation increase or decrease the risk?
- Does the therapist have 'live' support processes in place in the event of needing to escalate safeguarding concerns? (Consideration should be given to the fact that the therapist is isolated themselves, that technology may fail, and that they may struggle to get into contact with necessary support services.)
- Does the therapist have the means to contact the parent if they need to intervene within the room for the safety of the child (for example, the parent's mobile number)?

Risk to the therapeutic space:

- Does the child have their own room or a space where they can engage without interruption?
- What is the risk that siblings might overhear, disrupt of make fun of the child?
- What is the overall level of household order or chaos, and how might this impact on remote contact?
- Is it possible to enter into a dialogue with parents/carers – either to support the contact and ensure confidentiality or to support the parent/carer to manage the home situation?

Data security and confidentiality:

- Remote working necessitates changes to policies and protocols, as well as the ways in which data is stored and retrieved. Where work was taking place within agencies, protocols for the storage of session notes needs to be articulated. This may necessitate changes to therapists' data

management status and registration with the Information Commissioners Office (ICO).

- In the case of private practice, data security arrangements may need to be reviewed.
- The security of therapist contact details needs to be considered, especially where these may provide access to social media and other online spaces not normally available to children.

Collaboration

Therapists working remotely under the current circumstances are extremely vulnerable for a range of reasons, some identified in this document, and others including personal anxieties as a result of the situation and fears for their own livelihood. As mitigation, therapists should, as a minimum ensure that the following are in place:

- confirmation of insurance cover and professional body support for remote working
- work only in accordance with agency and placement guidelines where this applies
- ensure a higher level of supervision support than usual
- identify and ensure fingertip access to the full range of support services – including the names of individuals where relevant - in advance of any session
- consider the extent to which it is appropriate to collaborate with parents – in the case of younger children this will be essential.

THERAPEUTIC CONTRACT AND AIMS

- Re-contract with the child and where relevant with parents, and reiterate the contract at the start of each session
- Prepare a safety and boundary management checklist to go through at the start of each session (for example, where in the house are you, who else is in the room, where are any animals, what will be do if we are interrupted, etc.)
- Focus on resilience building, resourcing and facilitating well-being in the first instance
- Remain aware of the risks while working, and 'check out' and concerns as they arise (for example, query unusual noises, ask who else is in the room etc. as relevant)
- Involve and support parents to manage and be with the child in different and more useful ways
- Identify and work with the positives in the situation
- Schedule sessions during 'working hours' (to ensure the availability of support services)
- Consider whether it is possible to keep timing as regular and consistent with 'normal' therapy sessions. When working with child clients alone (rather than child and parent), agree to a shorter period of contact as relevant to the content and purpose of the session.

LINKS

https://playtherapy.org.uk/Home/COVID-19-Advice-from-PTUK

www.bacp.co.uk › media › counselling-minded-online-counselling-pr..

https://youngminds.org.uk/blog/what-to-do-if-you-re-anxious-about-coronavirus/

https://youngminds.org.uk/blog/looking-after-your-mental-health-while-self-isolating/

https://youngminds.org.uk/blog/talking-to-your-child-about-coronavirus/

https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/talking-with-children.html

https://www.unicef.org/coronavirus/how-talk-your-child-about-coronavirus-covid-19

https://www.bacp.co.uk/media/2162/bacp-working-online-supplementary-guidance-gpia047.pdf

BACP and UKCP have many practitioners who are dual registered.
https://www.bacp.co.uk/media/2162/bacp-working-online-supplementary-guidance-gpia047.pdf

The BACP webinar 'Can I Work with Children and Young People Online' which took place this week (week commencing 23 March 2020) provided by https://www.onlinevents.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