



Educational Psychology  
Programme Directors

***Guidance for Educational Psychologists providing advice  
and information for Education, Health and Care Needs  
Assessments***

**Joint Professional Liaison Group (JPLG)**

**June 2020**

## Acknowledgments

The Joint Professional Liaison Group (JPLG), comprising representatives from the Association of Educational Psychologists (AEP), the (BPS) Division of Educational and Child Psychologists (DECP), the National Association of Principal Educational Psychologists (NAPEP) and the Programme Directors for Initial Training (PDs) formed a task and finish group between the period of May 2019 and May 2020 to produce this guidance.

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A workshop event was held in London in October 2019 and was attended by representatives from over 100 EP services in England covering every region. Presentations were made by a number of EP services who were implementing and evaluating their practice in relation to contributions to EHCNA.

JPLG wishes to express thanks to all those who presented and attended the workshop or contributed in other ways.

# Contents

## Table of Contents

1. Executive summary	4
Glossary.....	5
2. Introduction	6
3. Principles	8
PERSON CENTRED, HOLISTIC AND FAIR .....	9
REFLECTIVE OF BEST PRACTICE .....	10
Graduated approach.....	11
EP advice and information .....	11
COLLABORATIVE.....	12
TRANSPARENT AND ACCESSIBLE.....	13
COMPLIANT.....	13
Outcomes.....	13
Provision .....	14
Specificity.....	14
4. Quality Assurance	16
5. Conclusion	17
6. Looking forward	17
References	18

## 1. Executive summary

- 1.1 The Special Educational Needs and Disability (SEND) reforms arising from the Children and Families Act 2014 and the associated Code of Practice (2015) introduced the new statutory Education, Health and Care Needs Assessment (EHCNA) process which could lead to the production of a statutory Education, Health and Care Plan (EHCP). This was underpinned by a strong commitment to improve the way in which the needs of children and young people (CYP) with SEND were assessed. Key principles included enhancing the involvement of parents/carers through processes such as co-production and the voice of CYP ensuring that the aspirations of parents/carers and CYP themselves were fully embedded within all processes.
- 1.2 Educational Psychologists (EPs) have a unique and statutory role to play in any EHCNA and so the Joint Professionals Liaison Group (JPLG) has now updated its previous guidance on EPs' contribution to those statutory assessments to provide further advice for the profession and other stakeholders.
- 1.3 This updated guidance is based on the following eight principles and applies to all EPs who may be involved in an EHCNA, regardless of employment status. These principles were informed by the discussions that took place at the workshop event held in November 2019.

Holistic

Fair

Person-Centred

Transparent

Reflective of best practice

Collaborative

Accessible

Compliant

## Glossary

APDR	Assess, Plan, Do, Review
BPS	British Psychological Society
CoP	SEND Code of Practice (2015)
CYP	Child and Young Person
EP	Educational Psychologist
EHCP	Education, Health and Care Plan
EHCNA	Education, Health and Care Needs Assessment
HCPC	Health Care Professionals Council
HoS	Head of Service
JPLG	Joint Professional Liaison Group
PEP	Principal Educational Psychologist

## 2. Introduction

- 2.1 The aim of this document developed by the JPLG, is to issue guidance to Educational Psychologists (EPs) when providing advice and information for Education, Health and Care Needs Assessments (EHCNAs) and is intended to update former guidance, most recently published in 2015. Its purpose is not only to support practising EPs but also to inform service users of the standards expected of the profession.
- 2.2 EPs are regulated by the Health and Care Professions Council (HCPC) and must comply with its standards at all times.<sup>1</sup> This guidance will inform good practice for EPs and help them to uphold these standards. It may also be particularly helpful, if and when EPs may be faced with any professional challenges identified within the SEND system<sup>2</sup>
- 2.3 Following the introduction of the Children and Families Act 2014 and SEND Code of Practice (2015) (CoP), it is important to reflect on how the implementation of that Act has influenced practice. In the period 2010-2018 there has been both a reduction in EP workforce capacity within local authorities (LAs) and an 11% increase in the number of children and young people (CYP) with an EHCP or Statement of Special Educational Needs (SEN)<sup>3</sup>, with research concluding that, "overall, the EP profession currently shows many of the features of a profession where there is an imbalance between supply and demand"<sup>4</sup>. This has led to a significantly greater proportion of EP work on behalf of LAs being spent contributing to statutory EHCNAs.
- 2.4 The SEND Reforms and the EHCNAs arising from the Children and Families Act (2014) have reinforced the emphasis on CYP and their families being at the heart of the assessment process, the importance of co-production and the 'golden thread' linking aspirations, outcomes, needs and provision and the specificity of the advice being provided.
- 2.5 The CoP 9.51 states:

*"The evidence and advice submitted by those providing it should be clear, accessible and specific. They should provide advice about outcomes relevant for the child or young person's age and phase of education and strategies for their achievement".*

In addition, "*Professionals should limit their advice to areas in which they have expertise*". There are instances where LAs have interpreted this to mean that it is unnecessary for EPs to make any comment at all on areas of the CoP that will be covered by other professionals, such as Speech and Language Therapists regarding

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<sup>1</sup> The standards of proficiency for practitioner psychologists (2015)

<sup>2</sup> House of Commons Education Committee Special educational needs and disabilities First Report of Session 2019

<sup>3</sup> <https://www.gov.uk/government/statistics/statements-of-sen-and-ehc-plans-england-2018>

<sup>4</sup> The Institute for Employment research, University of Warwick Research on the EP Workforce research report March (2019).

communication and interaction. However, EPs, and all other advice providers, must make their own careful, professional and measured judgements about what is within scope for them to comment on.

## 2.6 In short:

EPs must be free to exercise professional judgement on what they feel is appropriate to include in any advice that they provide during the process of an EHCNA.

That judgement will take into account the strengths of each CYP and the barriers to learning for each CYP and the particular circumstances of each EHCNA.

Any EP involvement should aim to provide advice which will help the CYP to have improved outcomes following the implementation of that advice.

These issues and more have been considered and have led to the development of this guidance. EPs may be involved in EHCNAs in a range of different ways to support good outcomes for CYP who are undergoing those assessments.

### 3. Principles

The following are the principles which should underpin any work carried out by EPs:

1. PERSON CENTRED

CYP and families will lie at the heart of the process, with their views fairly represented.

2. HOLISTIC

Able to demonstrate a holistic assessment of the CYP and the contexts in which they learn and live.

3. FAIR

Provide a balanced and informed opinion of the CYP, their strengths, views and needs.

4. REFLECTIVE OF BEST PRACTICE

Underpinned by current thinking and knowledge of educational psychology, approached with a critical and reflective attitude, demonstrating an ability to use psychology in original and creative ways.

Ideally EP involvement should form part of an 'Assess, Plan, Do, Review' (APDR) cycle of support for the CYP as outlined in the CoP.

5. COLLABORATIVE

Involve CYP, parents/carers and all relevant professionals.

6. TRANSPARENT

Present a clear statement of the information gathered and sources. The evidence will inform a psychological formulation, which in turn results in an underpinning rationale for the outcomes and recommendations produced.

7. ACCESSIBLE

Report (whether verbal or written) in clear, concise language, sharing psychological perspectives such that they can be understood by all, with explanation of terminology.

8. COMPLIANT

Conform to all relevant legislation and professional codes of ethical practice.

Further elaboration of these principles is provided within the following sections.



## PERSON CENTRED, HOLISTIC AND FAIR

3.1 CYP and families lie at the heart of the process, with their views fairly represented.

3.2 EPs are skilled at eliciting the views and preferences of CYP and their parents/carers, which may include specific aspirations articulated during any assessment contact, consultations and/or discussions with them. There is a diversity of approaches which may be used to achieve this, addressing contextual aspects of any individual CYP and family, including access to specific tools, technology and support from third parties e.g. interpreters.

3.3 Consent, capacity, confidentiality and safeguarding are key ethical considerations

- EPs must consider what constitutes 'informed consent', ensuring CYP and their parents/carers understand the role of the EP and the nature/purpose of any work done, as well as an appreciation of the possible implications of decisions arising from the EHCNA process. If there is any doubt about consent, then an EP should seek appropriate professional advice before agreeing to any involvement. The understanding and significance of 'informed consent' may be understood differently by different parties involved in the EHCNA process. It is essential that this is clarified within any local procedures agreed between LA commissioners and EPs.
- Capacity and competence need to be considered when there is direct involvement with CYP and their parents/carers, as well as wider group discussion about a CYP. The process of assessment and planning may also be used to develop the capacity and competence of CYP to be able to express their views, enhance their self-awareness and influence their own learning e.g. helping CYP to express their aspirations and then develop an awareness of the skills and knowledge that may be required in order to achieve those aspirations so that their contribution provides invaluable information for the decision makers in articulating desired outcomes and planning provision to meet those outcomes.
- Confidentiality The parameters of confidentiality must be established at the beginning of any contact with CYP and their parents/carers. There may be occasions when the CYP and their parents/carers welcome the opportunity to have a 1:1 discussion with an empathetic professional and may provide personal information which has not been previously shared but is relevant in planning approaches and provision for the CYP. The HCPC standards and safeguarding principles must be borne in mind with regard to confidentiality.
- Act in the best interests of CYP It is important that the views of the CYP's and their parents/carers' are articulated, heard and respected when decisions are being made about the future of an individual CYP (United Nations Convention on the Rights of the Child). There is also a professional requirement that all

recommendations are in the best interests of the CYP. When the CYP and parents/carers have differing views on the CYP's aspirations, how the CYP's needs might best be met in the future and what might be the most suitable provision, the EP must explain why they believe that the recommendations they are making are in the best interests of the CYP.

- Safeguarding When an EP has prior knowledge of the CYP, they must reflect upon how to share this knowledge with the CYP and their parents/carers and discuss how it has influenced their consultations, assessments and recommendations. If an EP is contributing to an EHCNA without prior knowledge of the CYP, they must ensure that they are aware of the possible impact of any environmental and family factors on the CYP's development, including Early Help support, whether or not the child has a Child in Need Plan or a Child Protection Plan. Safeguarding is 'everyone's business' and all EPs must be fully familiar with local Early Help and safeguarding processes and procedures.

### REFLECTIVE OF BEST PRACTICE

3.4 An EHCP must always be informed by advice and information from an EP. The EP is uniquely placed, by virtue of their skills and overall psychological perspective, to provide a holistic, strengths-based picture of the CYP and their performance within their educational context. Any advice from an EP must be professionally independent, promoting the best interests of the CYP and will be "from an educational psychologist who should normally be employed or commissioned by the local authority" (CoP Para 9.49) It should be considered in conjunction with educational and other advice.

In providing any psychological advice, EPs should:

- Apply their psychological knowledge and expertise
- Have access to, and take account of, relevant background information about the CYP, including other previous psychological reports, health, education and social care reports
- Consult any other psychologists known to be involved with the CYP
- Have direct contact - this may be carried out using a range of different methods/platforms - with the CYP to gather views and complete any assessment activities as deemed appropriate within professional judgement.
- Consult with parents/carers and all educational provider(s)
- Utilise a range of information sources to develop a better understanding of the barriers to success
- Oversee and / or have access to records demonstrating an 'Assess, Plan Do Review' (APDR) period of intervention as part of a graduated response to need.
- Employ professional judgement when considering information about the CYP's performance in a range of contexts
- Ensure the sources of any evidence gathered are clearly identified and evaluated.
- Describe the limitations of any evidence gathering process with discussion about the implications of these
- Triangulate information from the above to inform a hypothesis, leading to a formulation of the CYP's needs

- Exercise caution about the use and reporting of norm-referenced or standardised assessments to ensure clarity about the uses and limitations of such tools.
- Communicate a summary of involvement and recommendations to the CYP, parents/carers and professional partners

### Graduated approach

3.5 The importance of the graduated approach is outlined in Chapter 1 'Principles' of the CoP. It is built around a four-part cycle of Assess, Plan, Do, Review to provide SEND support to CYP with a wide range of additional needs in educational settings.

There are many strengths to the employment of a graduated approach, these include:

- Opportunities for a contextual, extended and holistic view of the CYP
- An ongoing process of individualised assessments that allow for a gradual understanding of the barriers to and gaps in the pupil's learning
- Learning from reflection on different approaches to meeting the pupil's needs
- Construction of a psychological formulation and recommendations that are based on evidence that has the robustness of a depth and breadth of assessment and outcomes arrived at from the use of a wide range of interventions and strategies

The involvement of an EP in the graduated approach for the CYP ensures the best context to enable an EP to provide advice that is current, specific and of high quality.

A graduated approach is a key component of best practice for EPs as recommended by the CoP, although it is acknowledged that there will be occasions when an EHCNA is initiated and EP advice requested without this having been possible.

### EP advice and information

3.6 The psychological advice given by an EP during the EHCNA process may be provided in different ways which could include one or more of the following:

- Written psychological report which provides a brief summary of EP involvement focusing primarily on recommendations, supported by details recorded within the EP file
- Written psychological report which provides a comprehensive overview of EP involvement, formulation, interventions, progress over time, and recommendations
- Participation in a person-centred, co-production meeting, supported by key information and evidence recorded within the EP file or one of the above written formats.

3.7 LAs may provide templates for EPs and other professionals to use when submitting written advice. These templates should be produced following discussion and negotiation with relevant professionals. The use of commercially produced, generic

software has not always been found to be conducive to the production of individual and person-centred psychological advice so caution is recommended in such cases, to ensure that principles of best practice are adhered to. EPs may provide supplementary information through the use of appendices.

- 3.8 Any advice and recommendations provided by the EP will be time-limited and should be monitored and reviewed on a regular basis, including contributions to Annual Reviews as required.

### COLLABORATIVE

- 3.9 The SEND CoP (2015) specifies that the planning and assessment process for the production of an EHCP should, among other things, “bring together relevant professionals to discuss and agree together the overall approach” (Para 9.22).

- 3.10 In terms of best practice, co-production is seen to be second only to partnership, and better than simply informing or consulting with families, according to Hart’s (1992) ‘Ladder of Participation’.<sup>5</sup>



Ideally, EPs will be participants in the co-production process to support a truly collaborative process and may play a number of different roles as they:

- Are skilled in facilitation, including being able to manage multi-disciplinary meetings, knowing how to use problem solving, mediation and other techniques to reach consensus and resolve differences of opinion
- Have first-hand knowledge of the CYP through the assessments they have conducted.
- Are able to ensure that everyone understands the information which has been gathered, and any misunderstandings are clarified

<sup>5</sup> Hart, R. A. (2008). Stepping back from “The ladder”: Reflections on a model of participatory work with children. Springer.

- May enable CYP, parents/carers and educators to contribute to the process and create a sense of ownership of their EHCP
- Understand the legislative framework and local context

### TRANSPARENT AND ACCESSIBLE

3.11 There is an onus on an EP to explain the sources of information gathered, the details of their advice and thus the rationale for recommendations, in a manner that can be clearly understood by CYP and parents/carers. Reports should be written in clear, concise language, sharing psychological perspectives such that they can be understood by all, with explanation of terminology. The content of any written report should be carefully considered in terms of its audience and the level of detail that is appropriate and necessary.

### COMPLIANT

3.12 Any advice provided by an EP needs to conform to all relevant legislation and professional codes of ethical practice, including requirements regarding outcomes, provision and specificity.

### Outcomes

3.13 The aspirations of CYP should be a primary consideration in informing outcomes, recommended strategies and provision.

It is expected that EP advice will be connected and coherent, with explicit links, 'a golden thread' between all elements including aspirations, outcomes, needs and provision.

Section 9.66 of the CoP:

*"An outcome can be defined as the benefit or difference made to an individual as a result of an intervention. It should be personal and not expressed from a service perspective; it should be something that those involved have control and influence over, and while it does not always have to be formal or accredited, it should be specific, measurable, achievable, realistic and time bound (SMART)."*

3.14 Outcomes underpin and inform the detail of EHCP, they are not a description of the strategies and interventions to be provided. The number of outcomes provided is a matter of professional judgement for individual EPs, but they should be restricted to those derived from the specific needs of the CYP, and avoid generic recommendations that would be expected for all CYP.

3.15 In keeping with the principle that EHCNAs are person-centred, outcomes should clearly belong to the CYP, reflecting what is important to them and their family. Thinking about what is important to and for the CYP is a helpful approach.

3.16 Co-constructing outcomes is good practice. It can be helpful if an adult who knows the CYP and family well is involved in considering outcomes. The knowledge and expertise of EPs places the profession in a strong position to use psychological skills and knowledge and, as part of the assessment process, to co-construct outcomes that are

relevant and fit for purpose. EPs should, whilst considering individual outcomes, also be alert to the opportunity to influence systems-wide learning and development.

- 3.17 LAs will provide their own expectation about the duration for an outcome and it is often the span of a Key Stage and the transition into the next one. Some LAs expect advice on CYP in Yr 6 upwards to contain outcomes for the end of Key Stage 4, using the 'Preparing for Adulthood' outcome areas: Employment, Community inclusion, Independent living, Health. The longer-term the outcome, the more general it may appear. However, it will always be tailored to the needs and aspirations of the CYP and this will be key to the relevance and appropriateness of the outcome. The Revised Edition © 2017 Preparing for Adulthood [www.preparingforadulthood.org.uk](http://www.preparingforadulthood.org.uk) is a helpful resource to support the path towards the longer-term outcomes.
- 3.18 Educational settings will develop shorter-term outcomes, year on year. It is critical that shorter-term outcomes clearly and coherently work towards the achievement of the longer-term outcome and aspirations. EPs will be able to make a useful contribution, directly or through consultation, to the development of shorter-term outcomes.

### Provision

- 3.19 Psychological contributions to EHCNAs must focus on the needs of the CYP, be independent, and not be driven by financial or other constraints. Recommendations should be confined to advice on the approaches required to overcome the barriers to learning that affect the CYP.
- 3.20 EPs should recommend provision in terms of approaches, strategies and interventions to achieve desired outcomes. This may include advice on adaptations to the curriculum, alternative delivery methods, classroom organisation (reasonable adjustments). Care should be taken to propose that, where necessary, further advice might be sought from other professional groups, and to avoid recommendations that are beyond the usual scope of EP practice. Recommendations should be informed by psychological formulation and based on evidence and psychological theory.
- 3.21 Some LAs have set out guidance about what should be 'ordinarily available provision' for CYP in different settings. It may be helpful for EP services to agree a brief paragraph to be used consistently to confirm that the educational provider has clear responsibilities to meet need as determined by the CoP.
- 3.22 Any advice provided by an EP should not be influenced by consideration of specific educational settings.

### Specificity

- 3.23 Section 9.51 of the CoP states:

*"The evidence and advice submitted by those providing it should be clear, accessible and **specific**. They should provide advice about outcomes relevant for the child or young person's age and phase of education and strategies for their achievement."*

Section 9.69 covers what is expected in each section of the EHCP. Section F must describe the provision required by the CYP:

*“Provision must be detailed and specific and should normally be quantified, for example, in terms of the type, hours and frequency of support and level of expertise, including where this support is secured through a Personal Budget. Provision must be specified for each and every need specified in section B. It should be clear how the provision will support achievement of the outcomes.”*

- 3.24 Recommendations for provision should be sufficiently clear and specific so that there can be agreement about whether or not they are being followed. Some interventions will be very prescriptive about who should deliver them and how often, supported by a clear evidence base. EPs need to be cautious of defining levels of specificity where they have not been involved in the previous APDR process or there is insufficient evidence to support recommendations.
- 3.25 Developmental needs can change rapidly; behaviour occurs in a context; changing any element within the CYP’s environment may have a distinct impact upon performance and outcomes. This is particularly pertinent for pre-school children or for CYP moving into a new setting.
- 3.26 Different educational settings are likely to have different ways of organising their staffing and resources which may support good outcomes for CYP. It is important that these differences are acknowledged by EPs within their advice and that attention is drawn to the significance of any particular relationships for a CYP within a context, especially when that context may change e.g. at points of transition.
- 3.27 Thus, there may be tension between levels of specificity and the impact on desired outcomes. Best practice would be the provision of robust advice leading to clear, specific and quantifiable provision. The Upper Tier Tribunal has recognised this position.<sup>6</sup>
- 3.28 In summary:
- Evidence-based practice and practice-based evidence should be reflected in the provision of clear, accessible and specific advice
  - Specificity about provision should be avoided where there could be viable alternatives for achieving the desired outcomes, or where approach and relationship- based factors are of greater importance
  - Guidance should be provided in terms of ‘no less than’, ‘at least’ or ‘always’
  - Stakeholders should be consulted or included in co-production
  - Work should be done to explain, educate and influence at a local level so that stakeholders understand why specificity can be limiting and not liberating in some circumstances

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<sup>6</sup> *SB v Herefordshire CC* [2018] UKUT 141 (AAC)

## 4. Quality Assurance

- 4.1 EPs are supported in maintaining quality across all aspects of their work through adherence to a range of professional practice guidelines provided by the HCPC, the BPS, and the AEP. Guidance includes ethical considerations; professional conduct and scope of practice.
- 4.2 The CoP outlines statutory requirements for the provision of all advice, including specified timelines; standards for the process of data gathering; analysis and the use of evidence in reaching conclusions and recommendations. It is acknowledged that the process and format for communication and reporting may be subject to local variation and negotiation.
- 4.3 Access to regular supervision is a right and a responsibility for EPs. It provides opportunities to share thinking, to develop skills and practice and to support consistency, coherence and parity for those for whom assessments are carried out.
- 4.4 The key elements in maintaining quality are ensuring adherence to the underpinning psychology and retaining consistency across the profession. To support this, all practitioners should implement quality assurance processes designed to reflect national guidelines and local practice.
- 4.5 LA commissioners should ensure that EPs have enough time and resources to provide advice which meets these elements of quality assurance, and adheres to the principles identified above. Practice-based evidence suggests that this will require, on average, four half-day sessions, where there has not been previous involvement by the EP providing the advice; this is in addition to participation in other tasks such as co-production meetings.

### Recommendations for PEPs or Heads of EP Services

#### Establish systems within a service so that:

EPs have sufficient time and resources to meet the quality assurance elements and principles noted within this document.

Training on any service protocols and practice is included within induction or commissioning of contractual work and as part of ongoing programme of Continuing Professional Development.

Regular supervision opportunities are available to discuss practice-based issues.

A self-evaluation checklist of quality is used.

Quality assurance audits are used.

There is regular dialogue with service users.

An anonymised 'best practice' file is established.



## 5. Conclusion

- 5.1 EPs continue to make a unique contribution to the assessment of needs in accordance with the spirit of the legislation. This guidance sets out the way that this could be achieved.
- 5.2 The EP's primary role in an EHCNA is to provide advice and/or information. Psychological advice is based on psychological knowledge and is underpinned by the core principles of the SEND CoP and its overriding aim is to contribute to EHCPs which will improve life for CYP with SEND.
- 5.3 There is no statutory requirement for any particular manner or format in which psychological advice and information may be provided. However, EPs should provide relevant information which supports the production of an EHCP. They should respect the process of the local authority which is commissioning their services but remain mindful of their professional responsibilities and duty of care to any CYP for whom advice or information is requested.
- 5.4 Whilst acknowledging that the increase in volume of EHCNAs has led to severe pressures in terms of workforce capacity, EPs must be supported and enabled to provide advice and information which meets the principles outlined within this guidance. The involvement of an EP in the graduated approach for the CYP ensures the best context to enable an EP to provide advice that is current, specific and of high quality. Early intervention could also reduce the demand for EHCNAs.
- 5.5 The final version of this guidance was completed during the Covid-19 pandemic and the nature of EPs' service delivery changed dramatically and very suddenly. EP services proved to be resilient, resourceful and creative in the ways in which they continue to support schools, families, children and young people, not least through the EHCNA process. The use of a diversity of platforms to engage with parents/carers, CYP and settings is just one example of new methods of working.

## 6. Looking forward

We anticipate that this guidance will be reviewed and updated as necessary. Further versions will be informed through:

- Collation and sharing of examples of innovative practice from services that adhere to the principles within this guidance
- Seeking the views of service users - CYP and parents/carers and SEND services in local authorities - as part of a continuous cycle of reflection and improvement
- Doctoral research projects

## References

- Association of Educational Psychologists (2004). Guidance to Educational Psychologists in preparing Statutory Advice to Children's Services Authorities. Durham: AEP.
- Association of Educational Psychologists (2012). Code of Professional Conduct - Members' Handbook. Durham: AEP.
- British Psychological Society (2009). Code of ethics and conduct. Leicester: BPS.
- Department for Education/Department of Health. (2015). Special educational needs and disability code of practice: 0 to 25 years (revised). London: DfE. Retrieved from [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/325875/SEND-Code\\_of\\_Practice-June2014.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/325875/SEND-Code_of_Practice-June2014.pdf)
- Hart, R. A. (2008). *Stepping back from "The ladder": Reflections on a model of participatory work with children*. Springer
- Health and Care Professions Council (2008). Standards of conduct, performance and ethics. London: HCPC.
- Health and Care Professions Council (2009). Standards of proficiency: Practitioner psychologists.
- The Stationery Office (2005). Mental Capacity Act 2005: Code of Practice. Norwich. Retrieved from <http://www.justice.gov.uk/downloads/protecting-the-vulnerable/mca/mca-codepractice-0509.pdf>
- UNICEF (1989). The United Nations convention on the rights of the child (UNICEF.). London.doi:10.1093/tropej/fmp024