



Association of Educational Psychologists

Working remotely with children, young people and their families:

*Staying safe, maintaining data security, upholding professional standards
and using technology.*

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Background

The survey conducted by the AEP in April 2020 - looking at how EP services are responding to Covid-19 - suggests that most AEP members working within services are continuing to carry out much of their usual work, albeit remotely, and are using their skills, knowledge and commitment to adapt to these unprecedented circumstances. This is not, however, without its challenges, and questions have been raised about a number of issues, including how to ensure safety, maintain data security, uphold professional standards and use technology appropriately.

This paper seeks to address these issues, and to provide links to further relevant sources of information. It is likely to be helpful to read the HCPC and BPS guidance (references and links below) in conjunction with this.

Whilst the paper offers guidance and links to additional information, it is recommended that the first step for any EP considering these issues should be to seek their own service and / or employers'/commissioners' policy documents and to be familiar with their contents.

Many of the recommendations made in this paper reflect existing good practice, modified to ensure that current health advice is taken into account and that safeguarding children, young people and their families, and ourselves, is given the highest priority.

Preparation

The organisation of EPs' work is often facilitated through a third party, such as a SENDCo within a school. This is unlikely to be possible at present. It is, therefore, particularly important to take care to prepare for contact with children and young people and their families during the current situation.

Best practice is likely to include:

- Consideration of and planning for potential barriers and how to overcome them (language, developmental, emotional, technological issues, etc.).
- Making contact with families to explain the reasons for the request to work with them and what we hope to achieve by doing so.
- Explaining when and how it is proposed that contact is made, maintaining office hours whenever possible.

- Explaining what is not possible at present (such as direct cognitive assessment) and what may, therefore, be necessary to do in the future.
- Explaining that it is not possible to be available in person because of the government guidance on social distancing.
- Seeking consent to use technologies such as telephone or video interviews and ensuring that the family has the appropriate technology available to them to participate.
- Confirming that an adult will be available / in the house at all times (and is able to both hear and see the child or young person) and if any remote contact is expected to take place with a child or young person.
- Being aware that families may welcome a great deal of time to speak to us at the moment, possibly because of their separation from services and because of anxieties relating to the current situation.
- Explaining how and with whom to make contact in the event that there are any questions and / or concerns following our involvement.
- Explaining how and when records will be made, feedback given and / or report(s) will be written.

Safeguarding

Existing workplace policies should provide both principles and guidelines to follow.

In addition, it may be helpful to consider sources of guidance such as:

[BPS Safeguarding Children and Young People: Every Psychologist's Responsibility.](#)

Working remotely, using technology, may mean that there are particular considerations for our practice.

EPs should ensure that:

- rules and boundaries are clarified, as appropriate, in advance or at the beginning of a meeting
- unexpected contact is avoided
- frequent contact is avoided
- their personal contact details are not made available to families / child or young person
- an adult will be available / visible / within earshot / in the house at all times when remote contact takes place with a child or young person *
- contact takes place in shared spaces, such as living room
- appropriate dress codes are observed (by all parties) and that identifying badges are worn by EPs, when available
- breaks are provided, as necessary

- regular feedback is sought that the child or young person continues to feel comfortable with this way of working
- interviews are terminated immediately if either party feels uncomfortable (and recorded and reported on immediately, in accordance with service policies)
- supervision / debriefing opportunities are available as required
- notes are written up and clear records are copied to families promptly, so that a shared account of the contact can be established as soon as possible
- co-working is considered, for example, for personal centred planning meetings, as this means that one EP is able to record, while the other conducts the meeting.

***NB:** It should also be noted that there may be circumstances in which a child or young person needs to be afforded a degree of privacy / confidentiality. Older children may be seen to have a right to confidentiality according to the principles of “Gillick competence.”

In this event, appropriate risk assessment should be undertaken and clear records made of the reasons for the decision, as well as the contents of the discussion.

Data

The Information Commissioner’s Office (ICO) has published a [Data protection and coronavirus information hub](#) on the ICO website. It includes the following statement:

We all share the same concerns about the spread of the COVID-19 virus. The need for public bodies and health practitioners to be able to communicate directly with people when dealing with this type of health emergency has never been greater.

Data protection and electronic communication laws do not stop Government, the NHS or any other health professionals from sending public health messages to people, either by phone, text or email as these messages are not direct marketing. Nor does it stop them using the latest technology to facilitate safe and speedy consultations and diagnoses. Public bodies may require additional collection and sharing of personal data to protect against serious threats to public health.

The ICO is a reasonable and pragmatic regulator, one that does not operate in isolation from matters of serious public concern. Regarding compliance with data protection, we will take into account the compelling public interest in the current health emergency.

In order to continue to comply with the current legislation on the protection of data in the current situation, it is recommended that EPs ensure that:

- informed consent for the use of different ways of working (such as the use of particular technologies) is clearly obtained
- all communication systems are confirmed as being secure (with reference to IT departments, as necessary / appropriate)

- recording of work is only carried out in accordance with local policies and in consultation with service management and that active consent is sought for this from both CYP and families well before it takes place
- it is made clear in advance that recording by families is also subject to all parties' prior agreement (i.e., the EP must be given the opportunity to give their consent (or not) before it happens and to insist that recordings are erased if this has not been the case)
- confidentiality is ensured by, for example, only conducting interviews or meetings away from other members of the EP's household
- data security is maintained by, for example, only using equipment dedicated for work use
- no other documents or identifiable materials are in view if video technology is being used.

Technology

Many EPs are currently relying upon the use of new information and communication technologies (ICT), because of the need to work at home and to maintain social distancing.

For some, this will be a natural extension of existing ways of working, whilst for many others it will require the rapid development and application of new skills.

In order to ensure that is as successful as possible:

- Service policies should be developed as quickly as possible, if this is a new way of working.
- Training and support are sought / provided where necessary and new applications of communication systems such as Microsoft Team, Skype etc. are trialled with colleagues before being used with CYP and families.
- All communication systems are established as being secure, with reference to IT departments, as necessary / appropriate.
- Equipment provided by EPs' places of work (e.g., laptop, or work phone) or equipment which is dedicated for that purpose should be used (and not personal equipment, wherever possible).
- Trials for the use of video applications should consider factors such as: lighting which enables the EP to be seen clearly, avoids identifying information or distractions in the background and the use of a microphone / headset so that the EP can be heard clearly.
- It may be helpful to note that bandwidth can be maximised (thus ensuring the best possible quality and consistency of connection) if internet use elsewhere in the house is considered.
- The technology which is used facilitates the voices of the child and their family and any barriers to this being the case are identified and overcome.

- Notes should be taken contemporaneously and / or a written record made immediately following a telephone or video contact.

Service users and carers

The HCPC website [Covid-19 hub](#) includes the following advice in the [Communication](#) section about challenges that registrants are likely to face when communicating with service users and carers during the Covid-19 pandemic:

- *Service users and carers will likely have heightened levels of anxiety and stress at this time, particularly if they have confirmed/suspected COVID-19. This may impact their ability to communicate appropriately with you, and is something you should be mindful of when engaging with them. This does not mean you should tolerate unacceptable abuse.*
- *Non-verbal communication (body language and tone) is an important part of exchanging information, and is often vital in establishing trust. Personal protective equipment (PPE) significantly reduces the ability for service users to see body language, in particular facial expression. You should be mindful of this when treating service users and, wherever possible, adapt your communication style appropriately.*
- *Many carers and family members will not be able to be present with service users during the COVID-19 pandemic, and it is likely you will need to update them remotely. Some of the advice in our [High level principles](#) for good practice in remote consultations and prescribing might be helpful in considering how to approach this. You can also get in touch with your professional body for further advice and support. You can find a [list of professional bodies](#) on our website.*

Upholding professional standards

HCPC standards of conduct remain in force at the present time.

There is a range of information available on the HCPC website relating to [applying standards](#) during the Covid-19 pandemic.

Some members who have contacted the AEP in recent weeks have commented on the difficulties of maintaining arrangements for supervision. It is essential that all EPs continue to have access to regular planned supervision and support (which is likely to be achieved through relevant technologies at present.)

Assessment

A majority of the EPs who responded to the AEP's recent Covid-19 survey report that they are expected to continue to provide advice for statutory assessments.

[DfE guidance](#) on temporary changes to education, health and care legislation during the coronavirus (COVID-19) outbreak was issued on April 30th, including time scales for reporting, i.e.,

Where it is not reasonably practicable or impractical to conclude an action within the statutory timescale – for example, 6 weeks for a decision whether to make an EHC needs assessment – because of the incidence or transmission of coronavirus (COVID-19), the local authority or other body to whom that deadline applies will instead have to complete the process either as soon as reasonably practicable or in line with any other timing requirement in the regulations being amended. Further details are set out in [Annex A: details of the amendments to the existing Regulations](#). Some of the processes relating to EHC needs assessments and plans already have allowable exceptions to the timescales. The changes in the law provide for an additional exception to these processes where delay is because of coronavirus (COVID-19)

The guidance seeks to emphasise the following themes:

- *... only some aspects of the law on EHC needs assessments and plans that have changed temporarily; and where this has happened, the law has been modified, not disapplied. The duties in law over EHC needs assessments and plans have not been 'turned off'*
- *the ongoing importance of co-production with children and young people with SEND and their parents*
- *that the impact of coronavirus (COVID-19) may mean that the process and provision in place previously may for the time being need to change*
- *how important it is, in identifying the best way forward and giving the families clarity about what is happening, for there to be effective and timely communication between:*
 - *local authorities (SEND and social care services) and health commissioning bodies*
 - *families of those with SEND*
 - *all those others involved in the processes for EHC needs assessments and plans, such as education settings and other health professionals.*

NB: It should be noted that the above applies specifically to statutory procedures in England and that statutory procedures in Wales and Northern Ireland are subject to Welsh Government and Education Authority (Northern Ireland) rules, respectively.

All services represented within the responses to the April 2020 AEP survey either have, or are preparing an explanation (usually referred to as a “caveat”) as to how the assessment procedures may be affected by the current situation.

These usually include:

- a summary of the context, including the time scales within which the advice is required and the means of triangulating the information which is collected
- information as to what will be done in the current circumstances
- information as to what cannot be done in the current circumstances
- information as to what may need to be done in the future, in order to ensure that an assessment can be completed appropriately

In short, it is recommended that we continue to use our “best endeavours” to provide the most appropriate advice that we are able to in the circumstances, and that we provide clear explanations as to what this means in practical terms. Whilst it is unlikely to be possible to work directly with children and young people at present, our work should continue to include liaison with other professionals and school staff, particularly SENDCos, who are likely to be available at some times, in most schools.

Remote Assessments

The issue as to how to conduct appropriate “psychological assessments” by remote means has also been raised and, in particular, whether it can be possible to conduct cognitive assessments.

The British Psychological Society (BPS) document “[Considerations for psychologists working with children and young people using online video platforms](#)” states that:

- *Any standardised assessment will be unlikely to remain standardised when delivered by video, unless it is designed to be delivered this way. Refer to test publishers’ guidance (available on their websites). You should also be aware that if sessions are recorded without your knowledge this may compromise the validity of the assessment tool.*
- *Assessments that can wait, should wait; any that cannot should be reported with extreme caution.*
- *For assessments that cannot wait (including where there is family court involvement) ensure that relevant guidance is followed, and, as above, interpret assessments with extreme caution.*

Although it is not written specifically for EPs, the SpLD Assessment Standards Committee (SASC) paper: [Conducting SpLD diagnostic assessments and access arrangements assessments online - SASC position paper - March 2020](#) reaches similar conclusions, i.e., that it is not appropriate to use assessments via online means unless they are specifically designed for the purpose. The reasons given include:

- *Copyright*
- *Test confidentiality*
- *Test validity and reliability*
- *Variations due to technology*
- *Consistency of delivery*
- *Assurance of best practice*
- *Data protection and safeguarding consideration*
- *Undermining future practice.*

In short, assessment materials should only be used in accordance with the relevant protocols and not in ways which raise the risk of unfair and inaccurate assessments being conducted, which are also more likely to be subject to challenge.

There are some assessments and tests which are, however, designed for use by remote means and there is no reason why they should not be used, in accordance with the publishers'/authors' guidelines and service and employers' policies, if they are considered appropriate means to collect relevant information.

Further information and links

The AEP website includes regularly updated [guidance and resources](#) for EPs, and a link to [ACAS guidance](#) for employers and employees.

ACAS provides advice for both employees and employers about [working at home safely](#).

MIND outlines strategies for wellbeing in the [Mental Health at Work Toolkit](#).

The NHS provides specific [advice for health and care workers](#).

There is useful information on test companies' websites, including [Pearson](#), [GL Assessments](#) and [Hogrefe](#).

Full website addresses

Full website addresses are provided below for many of the links to websites and documents referred to in this document.

ACAS advice on working at home safely.

<https://www.acas.org.uk/working-from-home>

AEP Coronavirus (Covid-19) guidance and resources:

<https://www.aep.org.uk/coronavirus-guidance-resources/>

BPS: "Considerations for psychologists working with children and young people using online video platforms."

<https://www.bps.org.uk/sites/www.bps.org.uk/files/Member%20Networks/Divisions/DCP/Considerations%20for%20psychologists%20working%20with%20children%20and%20young%20people%20using%20online%20video%20platforms.pdf>

DfE guidance on temporary changes to education, health and care legislation during the coronavirus (COVID-19) outbreak:

<https://www.gov.uk/government/publications/changes-to-the-law-on-education-health-and-care-needs-assessments-and-plans-due-to-coronavirus>

DfE Guidance - Annex A: details of the amendments to the existing Regulations.

<https://www.gov.uk/government/publications/changes-to-the-law-on-education-health-and-care-needs-assessments-and-plans-due-to-coronavirus/annex-a-details-of-the-amendments-to-the-existing-regulations>

HCPC Covid-19 Hub

<https://www.hcpc-uk.org/covid-19/>

NHS advice for health and care workers.

<https://www.nhs.uk/covid-19-response/data-and-information-governance/information-governance/covid-19-information-governance-advice-health-and-care-professionals/>

MIND Mental Health at Work toolkit

<https://www.mentalhealthatwork.org.uk/toolkit/coronavirus-and-isolation-supporting-yourself-and-your-colleagues/>