



# **Guidance for Clinical Psychologists who act as Expert Witnesses in the Family Courts during Covid-19**

Dr Jaime Craig  
Consultant Clinical Psychologist

Dr Helen Rodwell  
Consultant Clinical Psychologist

Dr Miriam Silver  
Consultant Clinical Psychologist

This guidance has been prepared on behalf of ACP-UK in response to the current UK restrictions during the Covid-19 global pandemic. It has been created by Dr Jaime Craig, Dr Helen Rodwell, Dr Miriam Silver, Consultant Clinical Psychologists.

This guidance is for UK clinical psychologists who work as expert witnesses to the Family Court. Clinical Psychologists are registered and regulated by the Health and Care Professions Council (HCPC) and those working as expert witnesses will need to continue to comply with and follow guidance from their regulatory body, *“You must not do anything, or allow someone else to do anything, which could put the health or safety of a service user, carer or colleague at unacceptable risk.”* The HCPC Standards of Conduct, Performance and Ethics (2016) state that Registrants must ‘Promote and protect the interests of service users and carers’ and ‘you must encourage and help service users, where appropriate, to maintain their own health and well-being, and support them so they can make informed decisions.’

Clinical Psychologist experts offer expertise in considering the individual and collective psychological profiles of different family members, and their impact on key issues and decisions for determination by the Court, in public or private family court proceedings. Clinical Psychologist experts undertake comprehensive assessments of adults and children that include developmental, psychological, social, relational and neuropsychological issues in complex situations through the application of psychological formulation.

Clinical Psychologist assessments usually include a combination of standardised psychometric tests, in-depth interviewing, observation of behaviour and interactions and review of other professional records (such as social care, education, medical and forensic records) in relation to family members, carers, and significant others. This essential process of triangulation helps to overcome bias and weaknesses of individual methods, and increases the credibility and validity of the analysis and psychological formulation.

**These assessment tasks are impacted differently by the need for social distancing in response to the Covid-19 pandemic and evolving government guidance. This current guideline for Clinical Psychologists seeks to outline these impacts and possible ways to mitigate them whilst providing assessments of necessary rigour to ensure that, when possible, psychological opinion is available to the courts.**

Clinical Psychologist experts will need to take into account their own personal circumstances and the personal circumstances of the family/individuals they are assessing. Court expert witness work is a different context to the ongoing delivery of psychological care, interventions and therapies, for which other guidance may be available. In the role of therapist, a level of creativity to maintain the relationship during this lockdown is appropriate, but in the role of an expert witness we have to constantly be mindful of our duty to the court, the gravity of the decisions being made and the need to ensure that our assessment protocol maintains the highest level of validity. There are also other inherent differences in the context, in terms of the different relationship between psychologist and the subject of the assessment, where there is not an existing established relationship, but instead a need to judge the honesty and openness of the participant. There is also an expectation of appropriate (and often robust) challenge to psychological opinion within the court process, and the psychologist's practice must be robust enough to face such challenge.

### **This guidance covers:**

1. Timing & Prioritising work
2. Communicating with instructing solicitors and Courts
3. Conducting Online/Remote Psychological Assessments
4. Deciding whether/when to resume face-to-face assessments
5. Minimising transmission during face-to-face assessments
6. Acknowledging the limitations of working under different conditions

#### **1. Timing & Prioritising work**

Issues to consider:

1. Balancing keeping safe and following latest travel restrictions with the best interests of those being assessed including children. The psychologist expert needs to consider their potential to be a vector for contagion.

[HCPC guidance](#) in relation to visits / face to face meetings/assessments - we should “...*consider the needs of your service users to receive treatment against the risks posed by undertaking that treatment*”.

2. Understandable pressure to meet expected timelines for courts and the need to make some critical decisions despite the circumstances (e.g. impact on 26-week time limit in care and supervision cases - Children and Families Act 2014).
3. The timing of assessments. It is important to consider the impact on the validity of assessments of functioning / parental capacity during a time of high global anxiety and reduced levels of social and professional support etc.
4. Prioritising urgent issues that affect the safety and wellbeing of children. In relation to expert witness work, this might mean specific work areas such as child protection and Care Proceedings take precedence over private law matters, e.g. Public Law situations which require urgent psychological opinion to inform Care Proceedings or placement decisions for a risky 'Looked After' child vs. disputes over contact arrangements in Private Law proceedings where the child is not at immediate risk of harm.
5. 'Socially distanced' face-to-face assessments. At the moment, very few solicitors' offices are open, and neither are the other venues in which psychological assessments of children often take place (e.g. schools, nurseries, children's centres). Current 'stay at home' advice means that it is not possible for psychologists to travel to meet people face-to-face within their own homes. Thus we may be restricted to using video interviewing. As and when restrictions for travel and face-to-face meetings allow it is likely that there will be some ongoing need to maintain 'social distancing' during interviews. This may be more reliably arranged with adults than with younger children who may not understand the need or be as able to comply with agreed social distancing arrangements.
6. Responding in alignment with response from solicitors and courts to perceived current level of risk for face-to-face meetings (e.g. if solicitor's offices remain closed and are seeing clients by video/phone it does not seem appropriate for expert witnesses to complete face-to-face appointments or conduct a home visit).

7. Making decisions to complete remote assessments based on the likely validity of the assessment and needs of the case, complying with professional codes of conduct and duty to the court versus concern for business needs.
  
8. Other professional guidance -
  - a. Psychologist experts will need to ensure that they continue to practice in line with guidance specific to their role in the family courts. Family Justice Council / British Psychological Society ([Psychologists as expert witnesses in the Family Courts in England and Wales: Standards, competencies and expectations 2016](#))
  - b. [British Psychological Society guidance – Adaptations to psychological practice: Interim guidance during Covid-19 pandemic \(04.05.20\)](#) *“Consideration on a case-by-case basis must be given when deciding whether online testing is necessary and meets client needs, also taking into account the validity and reliability of tools.”*
  - c. In addition the [British Psychological Society DCP / CYPF resource paper on working with children and young people using digital platforms \(07.04.20\)](#) notes caution regarding use of video platforms for assessments: *“Any standardised assessment will be unlikely to remain standardised when delivered by video, unless it is designed to be delivered this way...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.”*

## **2. Communicating with instructing solicitors and Courts**

Issues to consider:

1. It will be important to alert instructing solicitors to the limitations thrown up by the circumstances and mode of assessment. The level of restriction on 'typical' assessment conditions will necessarily limit the scope of assessments. It may not be possible to reliably answer some questions in letters of instruction. The psychologist expert will need to consider what is

possible, and communicate this to instructing solicitors as early as possible. This may include proposals for a 'split' assessment, with indication of what can be done immediately and what would need to wait until face-to-face assessments are possible, or a revised scope for assessment in this context. There is an obligation to communicate any necessary change in the assessment process, the likely impact on the validity of the conclusions that can be drawn from this, and the scope of instructions or the ability to answer specific questions to the instructing solicitors to seek agreement before continuing.

2. Obtaining informed consent. It will be important to establish who is able to give informed consent for the proposed assessment - particularly for a child or vulnerable adult.
3. It is important to seek confirmation from the instructing party or parties, and ideally for this mandate to be included in any court direction for your instruction.
4. Answering questions about validity. Family law solicitors are raising concerns with expert psychologists about the validity of remote/online assessment of parents and children. The psychologist expert will need to answer these and set out possible steps to mitigate risks to validity or be clear when it is not possible to do so reliably. It does not benefit anyone if more cases end up in later appeals because the circumstances of the assessment process throws doubt on the validity of the psychological opinion.

### **3. Conducting Online/Remote Psychological Assessments**

#### **General issues to consider:**

1. Psychometric assessments –
  - a. Psychometrics are never the sole source of information used to make decisions (e.g. about capacity) although they can be a useful component of a wider assessment and used in triangulation.

- b. Some online assessments are already available such as [those offered by Pearson](#) Q Global platform and others. Individual publishers have their own guidance about possible solutions to enable delivery of some assessments remotely - and importantly caveats to these assessments.
  
- c. For psychologist experts it is important to note that if adaptations to administration are not approved by the publisher these may be subject to challenge.
  
- d. General guidance includes ensuring that psychometric assessments are:
  - i. Completed by the right person (psychologists assessing remotely should always check the person's identity).
  - ii. Done in a private, confidential space.
  - iii. Completed alone without help or prompting from someone else.
  - iv. Understood without a clinician being present to explain it.
  - v. Not recorded or 'screen-shot' by the person being assessed (to prevent sharing of material that would breach copyright or potentially reduce validity in other assessments).
  
- e. Cognitive assessments. Consideration needs to be given to what can be validly done online / remotely. During times when social distancing is necessary (as in this COVID-19 pandemic), using a professional facilitator may not be safe or feasible. Some verbal items may be more suitable to ask over video conferencing, and screen sharing of visual material is possible within certain platforms, but use of materials like blocks or puzzles does not easily transfer to remote administration. Use of triangulation and other sources of information can assist in the consideration of capacity issues. Psychologist experts will need to state the evidence and process leading to their opinion as to a person's capacity.

**2. Parent/Adult assessments - the Clinical Psychologist expert should consider:**

- a. Taking steps to ensure that the person being assessed is in a confidential and private space. It may not be possible for the assessed person to be in a confidential space within their home - particularly if they are experiencing over-crowding, or are living with multiple people. Children within the home may interrupt the assessment - or they may be at risk of being left unsupervised during the assessment. It is also possible that the assessed person may have abusive/risky people present during the assessment, influencing their ability to speak freely. A person could be present within the room but be off-screen, or there could be concerns about privacy within the same household (e.g. if the only computer or internet signal is in a shared space).
- b. The impact of IT and digital poverty. Not all households have access to good IT equipment and internet connections. Parents involved in Care Proceedings may have less access to good Wi-Fi/IT tech than is typical in the population, or assumed by professionals. A large proportion of parents involved in Care Proceedings are experiencing financial hardship and poverty which will impact on their access to technology.
- c. If the assessed person may struggle with telephone or online video media: due to factors such as language, cognitive and neurodevelopmental differences/difficulties. A poor signal can be distracting or hinder communication. In addition, there are individual differences in the degree of comfort with online video meetings. Whilst these can facilitate communication with some people, for others they can be tiring and intense, which could affect how that person communicates and interacts with the Clinical Psychologist.
- d. The loss of key data such as non-verbal observations / affect changes and interactions with the Psychologist. There is no substitute for the wealth of clinically relevant information that is gained from a person's body language, appearance and social circumstances during face-to-face contact. Olfactory information is often the first cue for a clinician to recognise alcohol consumption, difficulties with personal hygiene or dental neglect.

- e. The loss of observation of organisational skills, social skills, and punctuality. In a typical assessment, the clinician learns about the client's ability to get to the appointment venue, attend on time, bring the correct items (including a drink or lunch if it is going to be a long session) and their punctuality in arriving. In their own home these skills are not required, and difficulties with timing can be attributed to technology. We may only get to witness their social skills for time limited one-to-one appointments with the assessor, when it is often helpful to observe the way the client interacts with others in the setting.
  
- f. The loss of observation of environment. In a home visit, the clinician gleans useful information about the living environment, from cleanliness, space, facilities and furnishings (and items like toys, books, food) to the presence of pets, or lifestyle cues (e.g. the smell of smoke, pet faeces, hazards within reach of children).
  
- g. That it may be more challenging to pick up on signs of deception, avoidance or evasion. Conversely the potential for IT 'time-lag' could give the appearance of reticence etc. It is more difficult to gauge a person's non-verbal communication when you are not physically present with them.
  
- h. It may be harder to gauge if someone is under the influence of substances, their levels of attention/concentration or whether they are experiencing hallucinations when you are interacting through screen technology and cannot see their whole visual field.
  
- i. The effect of being seen remotely for the adult and how this would this change how they present themselves. It may add extra anxiety and there is a novelty effect of being in a video-conference call. There have been reports that the close faces seen from a camera and differences in eye contact can make online video calls more intense for some people.

- j. That specific standardised assessment interviews that rely on face-to-face interaction may not be possible via remote interview. It is essential that the Clinical Psychologist use assessments that have been validated for online use, or acknowledge when this is not the case.
- k. The impact on their capacity to support people with emotional reactions and distress. Parents who are involved in Care Proceedings are more likely to have experienced trauma. History-taking can trigger trauma reactions which can be distressing. It is essential that the Clinical Psychologist is able to support the person and ensure that the person is not left in a vulnerable state following the assessment session. The assessed person may have reduced access to support and company of friends or family due to social-distancing. It would be impossible to confidently ensure the safety of a distressed person online in all circumstances.
- l. The potential for those being assessed to record the assessment covertly.
- m. The reduced availability of psychometric assessment / cognitive assessment information
  - i. This is particularly relevant to capacity assessments (Mental Capacity Act 2005), cognitive assessments / informing decisions in relation to adapted parenting assessments / PAMS and need for Intermediaries.
  - ii. The publisher of the most widely used cognitive assessment (WAIS-IV) Pearson, has issued guidance allowing for various adjustments / options including a means of pro-rating FSIQ estimates and consideration to the use of an 'onsite facilitator'. Q-global digital assets (e.g., stimulus books) can be shown to the examinee in another location via the screen-sharing features of teleconference platforms. Decisions about validity remain with the psychologist expert: Pearson notes *"...examinee participation may not be possible or appropriate, for example, for examinees with low cognitive ability or with low levels of technological literacy and experience."*

- iii. Many adult self-report measures can be completed using remote methods - psychologist experts should follow the guidance of the test publisher and note in their assessments the limitations in relation to standardisation.

### **3. Child assessments - the Clinical Psychologist expert should consider:**

- a. The reduced availability of observational information. If completed via video-conference this will inevitably limit the quality of observation material. There are also pragmatic limitations which mean the Clinical Psychologist may not be able to observe contact sessions or interactions with parents, if these are not going ahead during social distancing.
- b. The child's developmental age and level of communication. These will be crucial factors to consider in planning assessments.
- c. Practical considerations / logistics for any proposed assessments- e.g. children tend to move around during assessments. Whilst some may not sit still in front of a camera / screen, others may focus better. Additional planning ahead of assessments will be needed.
- d. The impact on the child's presentation of disrupted routines and non-typical experiences. Routine activities and contact may not be happening due to the closure of nurseries and schools, sports clubs, toddler groups, libraries and other activities that children may have typically participated in. Therefore the Clinical Psychologist needs to consider whether the child's current behaviour may be atypical. When considering observations made by others, the psychologist needs to be mindful whether these were undertaken during 'normal' or conditions restricted by the pandemic.
- e. That carer stress may be increased by the risks and/or constraints of the pandemic, and this may have an impact on the child. Again whether this is a significant factor in the child's presentation will need to be considered by the psychologist.

- f. The effect of being videoed/online for the child, as this may make them act differently and/or add extra anxiety. There are reports that the close faces of a camera make online video calls more intense for some. This may impact on presentation, e.g. may appear more wary or may influence a child to put on a 'performance'. Many children are experienced with using online video apps such as TikTok which may influence how they present themselves online.
- g. The loss of school/contact/other setting observations. Assessments of children often require this triangulation of assessment information. If these are taking place remotely this can mean that there is more influence from the one setting. This is particularly relevant when assessments are in the context of residence/contact disputes, where the child may behave differently in the presence of each parent, or Care Proceedings where a child is still at home with a parent.
- h. The utility and validity of information gained under passive observation. This will also impact on the information gathered from observations of others in similar non-typical situations. It may be possible to complete video observations of recorded interactions when these are taking place and use video assessment techniques, e.g. the CARE-Index. However this will depend on the availability of the technology or support staff to record the session.
- i. It may be possible to ask foster carers or a professional who is routinely visiting to facilitate a video session, engage the child in particular tasks, or to direct the camera to allow the psychologist to observe the child. However, this may require advance agreement with the solicitors/parties, and the appropriateness of this will depend on the age and developmental stage of the child, the skill of the individual adult, their relationship with the child, their knowledge of the wider picture, and their ability to be a neutral facilitator.
- j. Additional factors when undertaking one-to-one interviews with a child over video link. In addition to the ordinary issues that apply when meeting face-to-face (such as age/developmental stage,

informed consent, and how you explain who you are and the reason for the assessment), it is essential to consider

- i. privacy/confidentiality
  - ii. loss of play/interactive elements to assist with engagement / communication
  - iii. Loss of ability to support a child if they show emotional distress - reduced capacity to identify this and respond appropriately
- k. The reduced availability of psychometric assessment / cognitive assessment information
- i. Questionnaires can still be sent by post, shown on screen using screen sharing, or read out over the phone, but caution needs to be used about sending measures by email, unless you have specific license for this format, as this can potentially breach copyright.
  - ii. Many parent/carer behavioural measures can be completed over the phone, using screen sharing or have specific online versions - e.g. Pearson Q Global platform, various measures including BASC 3.
  - iii. Child completed self-report measures - some of these can be done online / screen share. However it will be important to establish who would support the child doing these and consider the impact on the validity.
  - iv. Assessments which involve children interacting with and handling test materials or play materials will be limited by infection control measures and some may be impossible via remote assessment, e.g. Story Stem Assessments and the Family Relations Test.
- l. The impact on assessments of developmental delay / neurodevelopmental disorders
- i. It may be possible to complete some estimates of development via video call (e.g. Bayley Scales) and gather information about adaptive functioning (e.g. ABAS-3 System). However many developmental assessments are reliant on the assessor being able to interact with the child and for them/the child to interact with test materials/objects.

- ii. The publisher of the most widely used cognitive assessment (WISC-V) Pearson, has issued guidance allowing for various adjustments / options including a means of producing non-motor composite score estimates and how non-professional 'onsite facilitators' are used. However, a high-speed internet connection is necessary to use their remote software.
  - iii. Several of the more focused neuropsychological assessments that a Clinical Psychologist expert may typically use may not be accessible / valid via remote assessment /delivery.
  - iv. Whilst behavioural rating scales are likely to remain valid, the timing of these and impact of current context will need to be considered.
  - v. It is far more challenging to reliably complete standardised observational assessments remotely, particularly those requiring assessor / child interaction, for example the ADOS-2 (autism assessment).
- m. The impact on parent/carer information gathering interviews completed by video conferencing/telephone
- i. It may still be possible to complete a standard interview/developmental history-taking remotely, however it may be harder to schedule and keep confidential with children at home.
    - 1. It is important to be mindful of IT accessibility - foster carers are quite likely to have existing internet access but other carers may not (e.g. grandparents, SGO).
    - 2. It is important to be alert to the potential for covert recording of the sessions by the parent/child.

#### **4. Deciding whether/when to resume face-to-face assessments**

- a. It is important for Clinical Psychologist experts to feel able to make an individual judgement about their own comfort when choosing whether or not to undertake face to face work. This should be informed by the prevalence of the virus in the UK and in the locality, and their own health status.

- b. Clinical Psychologists should follow the latest Government health guidance if they have had symptoms that might reflect Covid-19 (such as a fever or new persistent cough, breathing difficulties, or loss of taste/smell). At the date of publication this is to self-isolate for a minimum of seven days, or a minimum of 14 days if someone else within their household has had these symptoms - unless a test has clearly ruled it out. In the contact tracing phase, you may be advised to do likewise if you have had significant exposure to someone who has developed Covid-19.
  
- c. If a Clinical Psychologist has been informed that they are in the group advised to 'shield' (e.g. because of age, an existing condition or recent treatment that places them at high risk) they should not undertake face-to-face work until the virus is no longer in circulation in the population.
  
- d. However, for many people there may be variables that affect individual risk that are not so clear cut. The NHS lists [known risk factors](#).
  
- e. The decision about whether or when to return to face-to-face work needs to be an individual judgement informed by a Clinical Psychologist's circumstances, and should not be solely determined by government guidance, pressures from the wider system, or what other professionals are doing. This judgement will reflect a number of different factors including:
  - i. Their age, gender and ethnicity.
  - ii. Their health.
  - iii. Pregnancy.
  - iv. Their caring responsibilities towards children or other dependents.
  - v. The age and health of other members of their household.
  - vi. The location in which they live, and the location of the client.
  - vii. What transport options are available to them (as use of public transport confers higher risk, but certain locations may not be pragmatically accessible without it).
  - viii. The degree to which social distancing can be ensured in the assessment venue.
  - ix. Whether they undertake other work that involves in person contact.
  - x. Whether other members of the household undertake work that might expose them to increased risk of contagion (e.g. front line medical care or work with populations or settings where coronavirus is more

- prevalent), or present risk to others if they were exposed to contagion (e.g. working as a carer to a vulnerable person or group).
- xi. Whether or not they have already had Covid-19 (if they are informed that they have a reduced risk of contagion).
  - xii. Their personal circumstances.
- f. Clinical Psychologist experts should not feel obligated to explain to others the personal circumstances that they have weighed in their decision making, though they may wish to describe these in broad brush-strokes (e.g. *"I am not able to undertake face to face work due to a pre-existing health condition/caring responsibilities/a member of my household being at high risk"*) particularly if they need to explain to the court that you are unable to fulfil commitments made prior to the pandemic.
- g. Clinical Psychologists may also be weighing up economic factors, such as whether or not their income is protected or if it depends on continuing to work, particularly if they employ others or have to pay rent for offices. Guidance on the financial support available can be found on the [government website](#) or the [money advice service site](#).
- h. For Clinical Psychologists who employ or supervise others, such as other qualified psychologists or Assistant Psychologists, there can be a tension in how to make the right judgement call in deciding when it is appropriate for them to return to face-to-face work, particularly if it is hard to sustain their employment or income without this. Clinical Psychologists should bear in mind that coronavirus might present a higher or lower level of risk for the employee/supervisee or members of their household (or lead to a higher or lower risk of contagion to the client or members of their network), depending on their age, health, gender, ethnicity and network. They may also have caring responsibilities and/or pragmatic or logistical challenges, such as how to get to work. Thus it is important to allow the individual to be involved in any decision, and for this to factor in their personal circumstances.

## 5. **Minimising transmission during face-to-face assessments**

- a. At some point, face-to-face assessments will re-commence so it is important to consider how the transmission of Covid-19 can be minimised through use of shared room space, materials and/or paper. The BPS and HCPC have written guidance about therapeutic work generally, but it is worth bearing in mind that small children are unlikely to understand or stick to social distancing guidance. Even the most thorough plans and risk assessments will never anticipate every factor and will inevitably be challenged in reality. Clinical Psychologist experts will need to remain up to date with the necessary precautions for face-to-face meetings when appropriate in line with the Government advice as this evolves in staged response to the pandemic. These may include:
- i. Contacting clients to check their health and whether they are showing symptoms or have been in contact with anyone who is symptomatic.
  - ii. Booking appointments to take place in a suitable location –in which it is possible to maintain a distance of at least 2 metres from the client (NB may not be easy for child clients to comply with this).
  - iii. Complete a check 24 hours before an appointment and if possible just before the appointment to ensure it is still safe to proceed.
  - iv. Take the current recommended health precautions – e.g. washing hands thoroughly on entering the building and regularly thereafter. Avoid touching your face, especially eyes, nose and mouth. Wear protective garments such as gloves and face masks. Remain a safe distance from the client. Allow fresh air to circulate if possible.
  - v. Undertaking [disinfecting / cleaning of psychometric tools](#). For example, Wechsler blocks can be washed following use. Stimulus books can be handled by the psychologist and a plastic overlay can be placed on each page to allow the assessed person to point/touch their responses. The plastic overlay can then be cleaned. The psychologist and assessed person could wear gloves during the assessments that require materials to be touched and tablet / iPads cleaned using alcohol wipes if used in administration of cognitive assessments etc.

- vi. Questionnaires and papers touched by clients and professionals can be placed into envelopes or punch pockets and stored for 24 hours before handling.

## **6. Acknowledging the limitations of working under different conditions**

- a. Clinical Psychologist experts need to acknowledge that it can be harder to establish rapport with people whom you have only met online. The loss of face-to-face meetings means that all of the usual ways for establishing rapport with people are lost - for example, welcoming people into the room, helping people sit comfortably and making drinks.
- b. Expert witness assessments inherently involve a power imbalance between the psychologist expert and the assessed person. This power imbalance can make it much harder for the assessed person to state that they are unable to manage or communicate well during an online assessment or to feel able to raise concerns about the proposed steps to manage infection risk.
- c. Psychologist experts will need to detail how they have adapted assessments, the rationale for this and give an opinion as to the extent that this is likely to impact on the validity of their assessment. It should be noted that there is currently a lack of specific research evidence regarding the validity of psychological or other assessments that are conducted remotely during a pandemic.
- d. It is essential that the Psychologist expert takes account of the impact of the current climate upon the psychological well-being of the person being assessed. Many people have experienced increased anxiety and hardship during the current climate. This adds an extra level of complexity to assessments, particularly those focused on an adult's future capacity to parent and any psychological needs. It also adds extra challenges to child assessments that seek to identify the impact a child's experiences of parenting / care have been on their psychological health and development versus the impact of

Covid-19 - including health anxiety, significant changes to their daily lives, reduced social connections and structure.

## **Conclusion**

Psychologist experts have a duty to the Family Court to complete valid, reliable and fair assessments. The gravity of decisions being made for children and families is high and will have an enduring and wide-reaching impact which can be difficult to predict. Reliable and valid assessment-based psychological opinions therefore remain crucial.

At the current time, parents, children and families who are undergoing Family Court proceedings are living under increased stress and their usual access to services is likely to have been negatively impacted. During the pandemic, parents will have reduced capacity to demonstrate engagement and capacity to change. As [the Family Drug and Alcohol Court advise](#): "*No amount of creativity can remove the grave concern about the injustice of making potentially life-changing decisions for children without due regard to the test that is applied in normal circumstances*".

Psychologist experts also have a duty of care to the parents and children that they assess, as well as to themselves and members of their team. It is essential that their assessments do not place people at additional risk of harm to their physical or psychological health.

**Dr Jaime Craig, Consultant Clinical Psychologist**

**Dr Helen Rodwell, Consultant Clinical Psychologist**

**Dr Miriam Silver, Consultant Clinical Psychologist**