

# Psychosocial Assessments in Forensic Paediatric Medicine

The following information is provided in relation to psychosocial assessments for children seen by forensic paediatricians and forensic physicians in the context of forensic paediatric medical (FPM) evaluations. This information relates only to the psychosocial aspect of the FPM assessment; recognising that other aspects of FPM evaluations will not be addressed by this discussion document.

## Philosophies that underpin FPM practice

A psychosocial assessment is a key component of every forensic paediatric medical assessment.

Each FPM evaluation should be tailored to an individual child's needs and circumstances. A comprehensive evaluation of a child's health, growth, development, behaviour, psychological status and their social circumstances should be part of the scope of each FPM evaluation.

All children are vulnerable to the effects of adversity and disadvantage. Some children, by virtue of their genes, environment and psychological functioning, are more vulnerable than others. One of the key goals of a FPM evaluation is to identify vulnerability, respond and refer to services to improve a child's resilience and reduce their vulnerability to harm.

Each FPM evaluation report should include recommendations about the child's future care and involvement with services. The FPM practitioner should organise for the child (and their carers) to access recommended services.

The knowledge base on which a psychosocial assessment is constructed builds on shared information. Many practitioners in the health, welfare, education, child protection and criminal justice systems contribute to this knowledge base and utilise the same information in their assessments.

A FPM evaluation is NOT an evaluation of risk of harm using the Victorian Risk Assessment Framework (this role is respectfully viewed as being in the domain of Child Protection) nor is it an evaluation as to criminality (this role is respectfully viewed as being in the domain of Victoria Police)

## Definition

A psychosocial assessment (in the context of a FPM evaluation) is an appraisal of a child's developmental level, psychological functioning and the social circumstances in which he/she lives.

## Content

### 1. Development

- a. The evaluation of a child's development needs to be performed in a manner appropriate for the age of the child. Tools used for the

evaluation need to be evidence based and in line with accepted “best practice”. In order to evaluate a child’s development, doctors collect information about a child’s developmental milestones and current developmental skills. School age children have an assessment of their educational progress.

- b. Screening for developmental problems is performed during routine collection of information (on history) and during physical examination.
- c. Children who have no identified concerns on history or examination will not require additional evaluation of their development. A comment indicating the lack of concern about a child’s development will be included in the medical report.
- d. Children for whom there are concerns about their development should have a comprehensive evaluation. The tools used for this evaluation will vary depending on the child’s age and abilities. Some or all of this aspect of the evaluation might be performed subsequent to the initial consultation. Information might be garnered from multiple sources. Some or all of the evaluation of a child’s development and/or cognition might be performed by other professionals +/- other services.

## **2. Psychological functioning**

- a. A child’s behaviour can act as an indicator of their level of psychological functioning, including whether the child exhibits signs of psychological distress. A FPM evaluation includes an assessment of a child’s behaviour, both past patterns of behaviour and current behavioural problems.
- b. A child’s interaction with his/her care-giver can provide evidence of attachment to the care-giver. Observations of a child’s interactions with a care-giver form part of a FPM evaluation.
- c. A child’s care-giver’s pattern of behaviour can provide evidence of the care-giver’s capacity to effectively and appropriately care for the child. A history of a care-giver’s pattern of parenting behaviour forms part of a FPM evaluation, particularly when concerns relate to suspected neglect and inappropriate parenting practices. For example, during FPM evaluations of infants and young children information is sought in relation to immunisation, child-care, bathing and sleeping practices.
- d. A care-giver’s interaction with the child can provide evidence of attachment to the child. Observations of the care-giver’s behaviour form part of a FPM evaluation.
- e. Some children might require formal evaluation of particular behavioural problems and referral for targeted interventions. An understanding of the complex interactions between genetic, environmental and circumstantial factors is important in order to accurately diagnose and appropriately intervene to assist children with complex and severe psychological and behavioural problems (and their families).

### **3. Social circumstances**

- a. In order to obtain “a picture of a child’s world”, information is sought about
  - i. family composition - including times of changes - and a genogram is drawn
  - ii. current members of the household
  - iii. residency and contact arrangements for children of separated parents
  - iv. child care arrangements
  - v. child care practices (if indicated)
  - vi. family routines (if indicated)
  - vii. parent’s history (if indicated)
  - viii. history related to other family members and other close contacts (if indicated)
  
- b. For older children, information is also sought about
  - i. School
  - ii. Extracurricular activities
  - iii. Friendships, peer relationships and social skills
  
- c. For adolescents, information is sought about
  - i. Drug and alcohol use
  - ii. Sexual relationships
  - iii. Mood and thought processing
  - iv. School attendance and compliance with authority
  - v. Behaviour (including propensity to use violence)
  - vi. Support systems
  - vii. Competence and problem solving

### **Skills required by FPM paediatricians/physicians**

FPM paediatricians/physicians must have the ability to

1. Use the knowledge base on which to build a psychosocial assessment (knowledge of normal and abnormal child development and the reasons for variance, knowledge of normal and abnormal child behaviour and the reasons for variance, knowledge of the bio-psycho-social determinants of child health and the services available for intervention, understanding of the tasks and demands of parenting and the management of parenting difficulties)
2. Talk with care-givers to obtain a detailed history
3. Talk with children
4. Obtain information from sources other than carers
5. Accurately document information
6. Conduct an examination of a child 0-17 years (including developmental and behavioural assessment if required)
7. Accurately document examination findings

8. Interpret history and examination findings
9. Collate information and form an opinion about a child's development, psychological functioning and social circumstances
10. Form an opinion about services required by the child and/or his/her carers
11. Respond and refer to recommended services
12. Work collaboratively with other professionals in the field to advance the child's best interests
13. Demonstrate excellent communication skills (written and verbal) to convey opinions to others

## **Qualifications and Training**

FRACP or equivalent

see RACP requirements for physician training

specific training in child development and behaviour and in child protection

or

FRACGP or equivalent with training in paediatric medicine