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ERICA project

Module 5: Risk assessment tools



Engaging with tools for risk assessment: aims and objectives

Aims:

- Become familiar with child maltreatment (CM) risk assessment and some of the common assessment tools
- Be able to use a low threshold family needs assessment tool, based on international research on the early identification and prevention of familial risks of CM

Objectives:

- Understand the importance of using knowledge based standardized tools in CM prevention
- Gain skills to use the ***Family Needs Checklist***
- Understand, plan and create inter-agency work ideas that are based on family support needs found through the Family needs checklist
- Gain skills in assessing CM risks and familial needs in the era of physical distancing via online application



Why do we need CM risk assessments?

- Child maltreatment is a multidimensional concept and comprises research knowledge from various disciplines. Familial risks for CM are widely recognized
- As professionals we often feel that something is not right within the family, but we don't know where to start and how to manage these sensitive situations accurately and sensitively





Why do we need a tool for CM risk assessment?

- Risk assessment tools help us to identify possible maltreatment and familial risks, address worries and start collaboration with the family to find out more about the family situation and possible support needs





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What tools are not for

No risk assessment tool
can straightforwardly diagnose
child maltreatment, but they
give us a map to work within
the territory of CM, by using
the best available research
knowledge





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Who is assessing

- Parent or caregiver self-report → CM prevalence is shown to be higher than professionals report
 - Children and adolescents self-report, for example ICAST-C, where adolescent assesses amount of maltreatment within certain period of time
- The professional is the expert in the use of tools, CM knowledge and inter-agency collaboration



Primary, secondary and tertiary prevention of CM

- Primary prevention of CM targets all parents. It focuses on reinforcing beliefs, practices and conditions in the community and culture (no assessment)
- Secondary prevention programmes target parents that are more at risk for CM (assessment based on known risk factors)
- Tertiary prevention targets parents after occurred CM and attempts to prevent recurrence of CM (assessment of whether a child should be removed from or remain with the parent; the effectiveness of interventions, as well as predictions of CM recurrence)



Need for standardized and valid tools

There are different methods of assessing CM:

Actuarial assessments use statistical methods in predicting future child maltreatment to determine intervention urgency and intensity

These distinguish between high risk and low risk cases, but are limited in their ability since they do not identify all risk factors for intervention planning





An example of an actuarial tool: BRIEFCAP

- Is used at the secondary and tertiary level
- A brief version of the validated Child Abuse Potential Inventory tool
- It measures child maltreatment risk for physical abuse from the parents perspective
- Risk sub-scales: Distress, Family Conflict, Rigidity, Happiness, Feelings of Persecution, Loneliness, and Financial Insecurity (25 items)



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ISPCAN ICAST(International Society of the Prevention of A Child Abuse and Neglect)

- An example of an actuarial tertiary prevention tool
- A child abuse screening tool for "systematic collection and comparison of data across cultures, time or between research groups for collecting data on the extent and depth of child abuse"
- Targeted to caregivers and 11-18 year old children and adolescents
- ICAST-Child version, 38 items and ICAST-Parent version, 34 items
- Available in 20 languages



- Clinical assessment** is based on the judgement of a professional or expert, who combines and weighs information in a subjective manner
- There are unstructured and structured tools available for clinical use
 - Note that unstructured clinical judgement is widely recognised to be flawed and many clinical assessment tools are used inconsistently in practice and lead to inappropriate clinical decisions and resulting unjustified actions.
 - Based on the evidence, it is recommended that in order to identify CM, care providers must stay alert to the clinical features associated with CM and associated risk factors.



Need assessment includes professionals and family members in decision making and support planning, increasing partnership and parental engagement.

- There is a need for a structured and valid low threshold tool, which cover all CM risk factors and can be used by child and family care professionals
- There is a need for a tool that is free of charge as well as cross-cultural and sensitive





Need assessment

- It is critical to screen early for CM or potential child maltreatment before the maltreatment occurs, as a preventive strategy
- Enables early supportive interventions on particular family situation
- Includes joint
 - identification of CM risk factors with an evidence-based assessment tool
 - consideration of risk and protective factors
 - planning for intervention or support
 - timely evaluation of the effectiveness of the intervention or support



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An example of a need assessment tool: Family Needs Checklist

- Tool for parental self-assessment of the family situation
- To be used as a checklist in the general population preventively or as early identification tool
- Early detection of familial CM or its risks
- The Family Needs Checklist is currently in validation process



Family Needs Checklist

- Is based on the Finnish National guideline, that has been developed concerning effective interventions for identifying CM and its risk, based on systematic, international review of research evidence
- Binary scale → yes or no
- Allows joint conversations with the parent by using an open dialogue guided by professional
- The online application can serve as a self-help source for the parent (contains research-based information, service information and useful links) Helps a parent to reflect about the present situation of their own, their children and of the whole family and to identify a possible need for the change or for early support





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Family Needs Checklist

First section

Includes information
about the different
maltreatment types.

Do you know	
what child maltreatment is all about	INFO
what child physical violence is all about	INFO
what child emotional violence is all about	INFO
what child sexual violence is all about	INFO
what child neglect is all about	INFO
what intimate partner violence or domestic violence is all about	INFO
what shaking can cause to the baby	INFO



Family Needs Checklist Statements

Includes statements regarding parental (1-15), familial (16-22) and child (23-28) risk factors and the evidence based feedbacks for each statement.

Section 3 Think about the situation with yourself

NO.	Statement	YES	NO
1.	I have been maltreated as a child	Y	N
2.	I have experienced traumatic events as a child and haven't got over them		
3.	I sometimes have inaccurate expectations about what the child's behavior should be like		
4.	I am not always able to control my child's disobedient behaviour		
5.	My age is ≤ 18		
6.	I have no formal education or low education		
7.	I am living in stressful times		
8.	I use substances like tobacco, drugs and/or alcohol		
9.	I don't know what is the safe limit for alcohol use in a family with children		
10.	I have a history of antisocial or criminal offending		
11.	I am suffering from mental health problems for example depression or feeling of worthlessness		
12.	I have to use a lot of health services with my child because my child gets often sick or unwell		
13.	I experience difficulties to take care of my child's basic needs for example dental hygiene, general hygiene, clothing or healthy food		
14.	I experience difficulties to take care of my child's basic needs for example give social and emotional support		
15.	I experience difficulties to take care of my child's basic needs for example schooling and sleeping times		



Family Needs Checklist Statements

Includes statements regarding parental (1-15), familial (16-22) and child (23-28) risk factors and the evidence based feedbacks for each statement.

Section 4 Think about your family situation

16.	I am single or divorced parent		
17.	I have three or more children		
18.	There are constant financial worries or unemployment in my family		
19.	My child/children are three years or less than three years old		
20.	I feel lonely and haven't had enough support from the community, relatives, friends or spouse		
21.	I have experienced intimate partner violence at home		
22.	My child have experienced intimate partner violence or other form of family violence at home		

Section 5 Think about the situation with your child

23.	My child had complications associated with pregnancy or birth		
24.	My child cries a lot		
25.	My child has been diagnosed with a developmental or physical illness, or has challenges related to emotions or social situations		
26.	My child is often disobedient, misbehaving, difficult or irritable		
27.	My child has challenges at school or at day care		
28.	I have to calm my child by giving drugs, sedatives or other substances		



An example of the feedback

19. My child/children are three years or less than three years old → *You are caring for and rearing a very young child or you have several very young children of three years or younger. You may be aware that each person has an individual temperament that later becomes a person's personality. Temperament is a set of abilities, tendencies and reaction styles e.g., activity, sluggishness, sociality, tendency to resentment and irritability. Babies may express their temperament as irritable, but cannot control their reactions. Babies and young children are therefore the most fragile and defenceless. A tired or exhausted parent may become frustrated and experience inadequacy if the baby is very irritable and demanding. It is possible that a frustrated parent is prone to harm the child when trying to control the baby's irritation. A baby or very small child can get permanent lifelong injuries or even die as a result of violence. It is important to get information about temperament and their differences ([link](#)) and about the safe handling of the baby ([link](#)). If you have any concerns, please ask advice or support from the local professional to you, for example public health care nurse in the family centre, the social worker, day care teacher or voluntary agency professional if you are in doubt of any child or family life matters, big or small. The key is to act early before the worries turns into grief. Do you need help urgently? Call or contact ([number or link](#)) It is known that together with parental substance use, low social support, and the child's young age make a significant risk of recurrent child maltreatment. Therefore, it is important to have a joint conversation within the family members and find out how you could help each other. Community professionals in the social and health field will also help you.*

ACTIVITY: The online version to be introduced via link by the trainer or tested by the trainees



Group activity: How to start conversation?

Imagine a case: parental experience of maltreatment as a child, suffering from mental health problems, single parent family, lack of social support, irritable child.

Think together how to start and maintain conversation with the parent. (10min)





Examples on how to ask questions

- **I have been maltreated as a child** → Would you like to describe what kind of maltreatment you have experienced?
- **I have experienced traumatic events as a child and cannot get over them** → Can you describe the events you cannot get over? Do you receive help from a source with this worry? Have you thought what kind of support would help you with this worry?
- **I am suffering from mental health problems for example depression or feeling of worthlessness** → Can you describe more of your suffering? Do you receive help from a source with this worry? Have you thought what kind of support would help you with this worry?
- **I am living in stressful times** → Can you describe more about your stressful life or events? Who helps you or both parents in childcare and everyday tasks?
- **I feel lonely and haven't had enough support from the community, relatives, friends or spouse** → Describe your loneliness in everyday life, Describe what kind of support you are lacking? What kind of things or support do you wish for in your life to end your loneliness? What do you wish for, how could your family's situation improve? What kinds of things would improve your life, and make it happier?
- **My child is often disobedient, misbehaving, difficult or irritable** → Can you describe the situations, when you experience disobedient, misbehaving, difficult or irritable child? How does child disobedience etc. show in your everyday life? In what ways have you tried to resolve these difficult situations? Have you received help for supportive parenting from outside sources/your family circle/inner circle?



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Group activity: Think, what early interventions or inter-agency work ideas are there? (5 min)

Some examples:

- Giving information verbally and in writing → What is child maltreatment?
- Giving concrete guidance or counselling → How to attend a parental course for parents in same life situation
- Guidance about the low threshold family services and how to attend → Guidance in child rearing or familial relationships
- Contacting other professionals together with the parent → social worker, psychologist, family therapist, family worker etc. Introduce them with names *"Let's call Lisa, she knows better how to help you with this worry"*
- Home visits → Practical evaluation and guidance in home environment
- Find "good practice" interventions



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