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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 a ***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
- A range of disciplines contribute to knowledge of child maltreatment
- Familial risks for CM are widely recognised
- 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 we need a tool for CM risk assessment?

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





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





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 CM has been identified and attempts to prevent recurrence of CM



Need for standardised 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





Clinical assessment is based on the judgement of a professional or expert, who combines and considers information objectively

- 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 questionable and lead to inappropriate clinical decisions and unjustified actions.



Needs 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





BRIEFCAP

- An example of an actuarial tool, used at the secondary and tertiary level
- A brief version of the validated Child Abuse Potential Inventory
- It measures child maltreatment risk for **physical abuse**
- Risk sub-scales: Distress, Family Conflict, Rigidity, Happiness, Feelings of Persecution, Loneliness, and Financial Insecurity (25 items)
- Has been successfully used by nurses in maternity and child welfare clinics and hospital wards, with families with children of different ages
- BUT only answers questions about the potential for child physical abuse
- AND it does not cover child maltreatment factors concerning solely the child



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

- An example of a 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 young people
- ICAST-Child version, 38 items and ICAST-Parent version, 34 items
- Available in 20 languages



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ISPCAN ICAST

- Main constructs: Physical abuse, emotional abuse, neglect, sexual harassment, contact sexual abuse, witnessing IPV (Intimate partner violence)
- Subscales: Non-violent discipline, physical discipline, severe physical discipline, psychological discipline, neglect and sexual abuse
- High content validity and both parents and children are included research
- Requires paid membership of the ISPCAN
- Cannot be used preventively



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 in a 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



Family Needs Checklist– early detection of familial CM or its risks

- To be used as a checklist in the general population preventively or for early identification of CM
- Is based on the Finnish National guideline, that has been developed concerning effective interventions for identifying CM and its risk, based on a 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





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)





How would you discuss the following with parents?

- My child is often disobedient, misbehaves, difficult or irritable
- I feel lonely and haven't had enough support from the community, relatives, friends or spouse
- I have been maltreated as a child
- I have experienced traumatic events as a child and cannot get over them
- I am suffering from mental health problems for example depression or feeling of worthless
- I am stressed
- We have to use a lot of welfare systems services for example benefits, public assistance or social work



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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Brainstorm: what early interventions and examples of inter-agency work can you identify?



Resources

- Ellonen N., Rantanen H., Lepistö S., Helminen M. & Paavilainen E. (2019) The use of the Brief Child Abuse Potential Inventory in the general population in Finland. *Scandinavian Journal of Primary Health Care* **37**(2), 249–255.
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- Van der Put C., Bouwmeester-Landweer M., Landsmeer-Beker E., Wit J., Dekker F., Kousemaker N. & Baartman H. (2017a). Screening for potential child maltreatment in parents of a newborn baby: The predictive validity of an instrument for early identification of parents at risk for child abuse and neglect (IPARAN) *Child Abuse & Neglect* **70**, 160–168.



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