

## **RISK ASSESSMENT IN CHILD PROTECTION. THE RISK ASSESSMENT SCALE (RAS)**

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*"In place of infallibility, we must put defensibility – making the most reasonable decisions and carrying them out professionally in a way which can be seen to be reasonable and professional" (MAPPA Guidance, Scotland, Home Office, 2006, p. 5).*

**Abstract:** *The assessment of the risk factors in child protection became more and more important in the last decades. And more and more care-workers, care-providers and specialists complain that the traditional methods do not correspond any longer to their expectations and do not permit an exhaustive, dynamic and relevant expertise.*

*The social protection itself became a field increasingly complex and suffering rapid changes, mostly due to a modern social life and to new life surroundings and axiological and motivational values. This evolution implies rapid re-structuring of the child care system, in order to adapt the care-taking actions (programmes, interventions, projects) to the rapidly changing realities of different social-areas (milieus).*

*The traditional assessment is mostly based on qualitative analyses and descriptive statements. The lack of objective criteria and evaluation scales (inventories) explicitly developed for estimating the child care specific domains remains an impediment for a precise, rigorous and implicitly effective assessment of the risk factors and generally of the intrinsic dynamic of the child protection phenomenon and its specificity.*

*The paper presents some alternatives to the traditional assessment methods, whose implementation might help to gain more accuracy and efficiency in designing and implementing different child-care interventions and middle and long term care strategies.*

*There is also presented the newly developed "Risk-Assessment-Scale" (RAS), based on an originally designed software and build up in order to assure a more precise, accurate, objective investigation of the risk factors acting differently in the so-called vulnerable social milieus.*

**Key-words:** *risk factors, risk assessment in child care, assessment tools*

## Risk assessment tools

Most of the risk assessment tools on the market can be frequently found in medicine (psychiatry), in criminal justice and youth justice (although arguably less so for young people or women) and in so-called clinical social work<sup>5</sup>. Some of the most commonly used tools in Scotland for instance<sup>6</sup> are the Risk Assessment Guidance and Framework (RAGF), the Offender Group Reconviction Score (OGRS), the Level of Service Inventory – Revised (LSI-R), Matrix 2000 and Tayprep. For young offenders, OASys, YLS and Asset are often used. Another well-known inventory<sup>7</sup> was developed by the Dartington Social Research Unit and since 2001<sup>8</sup> implemented in England, Wales, Norway, Spain, Italy and the USA<sup>9</sup>. The assessment consists of a single sheet of paper, in which six fields are drawn: housing (logging), family relationship, social behaviour, physical and mental health, education and – for older teenagers – work, more needs. For each field the current situation of the child will be described<sup>10</sup>. In a second phase the current needs of the children will be selected and finally realistic goals and targets will be formulated, which have to be achieved for the duration of the care process. The assessment instrument proposed by the Department of Health of the UK for instance uses different modules for each age-group and categorizes the stress factors and the care needs of the children in six fields: physical and mental health, cognitive development and education, positive self-identity, family relationship and social nets, social appearance, emotional and behavioural development and independence (individual autonomy)<sup>11</sup>

Despite numerous researches, a rich literature and of course a multitude of different points of view, the large number of identified risk and protection factors, in some cases difficult to be observed and quantified properly, can be grouped in three main categories: (1) biological risks (genetic, accidents at birth, neurological disadvantages, etc.), (2) psychological factors (difficult temperament, social deficits, impulsivity, oppositional behaviour, social-cognitive disadvantages, etc...) and (3) social factors (challenging milieu, poverty, psycho-pathology of the parents, conflicts, inconsistent education, etc...)<sup>12</sup>. Some authors identified five main groups of risk factors in child care:

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<sup>5</sup> Gahleitner, S. B., Hahn, G., (Hg.) – *Klinische Sozialarbeit. Gefährdete Kindheit – Risiko, Resilienz und Hilfen. Beiträge zur psychosozialen Praxis und Forschung*, Psychiatrie Verlag, p. 8 - 12

<sup>6</sup> Barry, M., Dr. - *Effective Approaches To Risk Assessment in Social Work: an International Literature Review in Social Work Research Centre*, University of Stirling, 2007

<sup>7</sup> Kindler H. *Wie können Schwierigkeiten und Förderbedürfnisse bei Kindern erhoben werden?* in Kindler H., Lillig S., Blüml H., Meysen T., Werner A. (Hg.) – *Handbuch. Kindeswohlgefährdung nach § 1666 BGB und Allgemeiner Sozialer Dienst (ASD)*, © 2006 Deutsches Jugendinstitut e.V., München, p. 60-2

<sup>8</sup> Melamid E. & Brodbar G. (2003). Matching Needs and Services: An Assessment Tool for Community-Based Service Systems. *Child Welfare*, 2001, 82, 397–412.

<sup>9</sup> Taylor K.I. - *Understanding Communities Today: Using "Matching Needs and Services" to Assess Community Needs and Design Community Services*. *Child Welfare*, 2005, 84, 251–264.

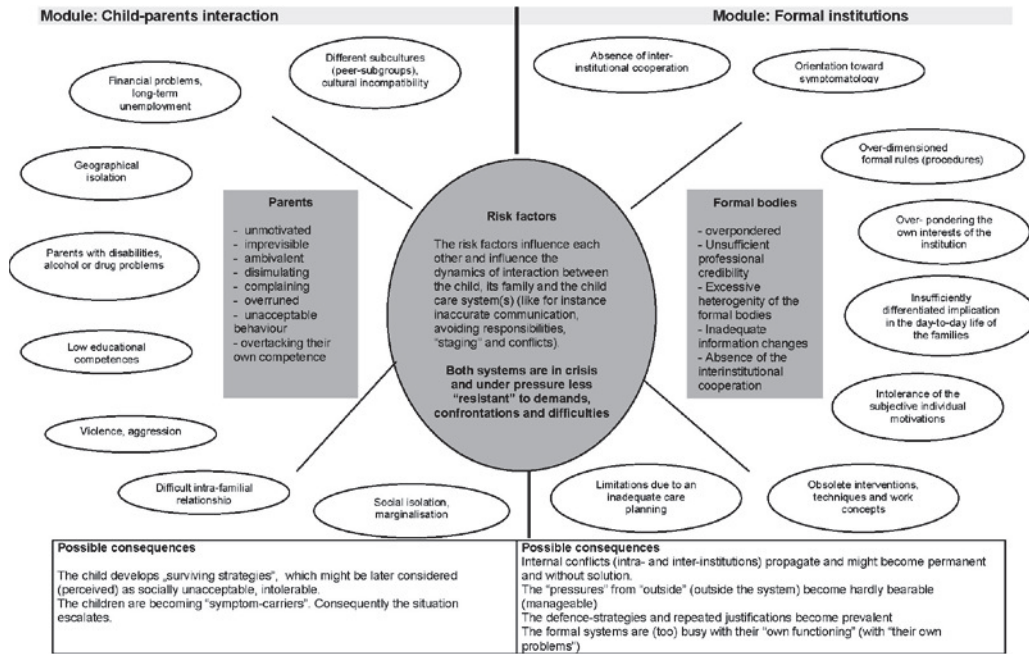
Melamid E. & Brodbar G. (2003). Matching Needs and Services: An Assessment Tool for Community-Based Service Systems. *Child Welfare*, 82, 397–412.

<sup>10</sup> Kindler H. – *art. cit.*, p. 60-2

<sup>11</sup> Ward H. (2001). The Developmental Needs of Children. Implications for Assessment. In Horwath J. (Ed.). - *The Child's World: Assessing Children in Need*. London: Jessica Kingsley, 167–179.

<sup>12</sup> Hillenbrand, C. Dr. - *Resilienzforschung und Jugendarbeit „Zukunft und Weiterentwicklung der Jugendarbeit“* - Fachtagung in Königswinter, Universität zu Köln, 2006, [erziehungshilfe@hrf.uni-koeln.de](mailto:erziehungshilfe@hrf.uni-koeln.de)

Diagramm 1 - Risk factors in implementation of care interventions from the perspective of the cooperation between families and the responsible formal bodies (child care institutions, formal care services, etc.)



1. Concerning the child:
  - Age and sex
  - General development and health
  - Behavioural disorders
2. Concerning the parents
  - Mental illness (mental disorders)
  - Personal life history and personality
  - Conceptions, way of thinking, mentalities concerning education and child care
3. Familial settings and backgrounds
  - The structure of the family and the socio-economic status
  - Stress situations and absence of social support
  - Partnership and work situation
  - Psychological characteristics of the family system
4. Situational and contextual factors
  - The immediate situational context
  - Special features of the parents' life history influencing the present behaviour
  - Varying impacts of current situations with child endangerment
5. Other factors
  - Poverty and social deprivation
  - Religious embossed education and socialisation practices

- Membership of the parents and/or of the custodians (caretakers) to the so-called “sects” and “psycho-groups” (Kindler, Lillig, Blüml, Meysen & Werner, 2006)<sup>13</sup>

Some of the essential and desirable criteria for effective risk assessment tools<sup>14</sup> are:

- at least one peer-reviewed publication on validation of the tool
- validation against a relevant population to the target group
- based on actuarial and empirical factors contained in the research literature
- able to differentiate accurately between high, medium and low risk
- has inter-assessor and inter-rater reliability

Some desirable criteria are:

- user-friendly;
- resource lean;
- ‘easy’ to train staff in its appropriate use;
- process of use is transparent and accountable.

Certain principles relating to rigorous risk assessment covering the main three social work categories (community care, criminal justice and child protection), principles that were identified in some recent researches, include that:

- risk assessment should be based on sound evidence and analysis;
- used tools should inform rather than replace professional judgement;
- all professionals involved in risk assessment should have a common language and a common understanding of the main concepts
- information sharing should be based on clearly agreed protocols and on understanding of the use of such information;
- risk assessment should not be seen as a discrete process but as integral to the overall management and minimisation of risk<sup>15</sup>.

- a) Originally the risk was considered in the social work as the probability of events, both positive and negative. Increasingly the risk was associated in the modern social care with negativity or adversity.<sup>16</sup>
- b) Risk factors comprise static (like age, history, health record) and dynamic factors (like, for instance, employment status, traumatic events, income, etc.). The probability that the static factors alone induce future risks is relatively reduced, but in combination with dynamic factors they are more likely to predict risk.
- c) The risk management was defined as “developing a systematic approach which allows for the planning of risk-taking strategies and for monitoring and reviewing (...) accountability, clarity and support for staff”<sup>17</sup>.

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<sup>13</sup> Source: [www.djs.tg.ch/](http://www.djs.tg.ch/) / documents/ Risikofaktoren

<sup>14</sup> McIvor, G. and Kemshall, H. - (a) *Serious Violent and Sexual Offenders: The use of risk assessment tools in Scotland*, Edinburgh: Scottish Executive, 2002.

<sup>15</sup> Barry, M., Dr. - Effective Approaches To Risk Assessment in Social Work: an International Literature Review in Social Work Research Centre, University of Stirling, 2007, p. 3

<sup>16</sup> Brearley, P.C. - *Risk in Social Work*, London: Routledge and Kegan Paul, 1982, p.82

<sup>17</sup> Titterton, M. - *Risk and risk taking in health and social welfare*, London: Jessica Kingsley, 2005, p. 92

The decision making based on the assessment of risk is not infallible but should be underpinned by "defensible decision making". The following criteria for defensible decision making were identified:

- all reasonable steps are taken;
- reliable assessment methods are used;
- information is collected and thoroughly evaluated;
- decisions are recorded and carried through;
- agency processes and procedures are followed;
- practitioners and managers are investigative and proactive<sup>18</sup>

### **Risk assessment in child protection**

The child protection work has become less optimistic and more reactive in the last two decades, mostly because of the less efficiency and irrelevant outcomes of numerous projects, programmes and activities organised in different care centres (institutions) or at the level of the local and regional formal authorities. The result was a certain public scepticism, moral reticence, blame and culpability.

Child care has been considered a conglomerate of phenomena, of singularities that can be predicted, assessed and "treated" without an exhaustive objective acknowledgment of the social context. The empirical data and the common sense were valued as "suitable enough" in order to certificate the structuring of complex interventions and social care programmes. There was less important how the risk examination was made by professionals. Almost every practitioner and specialist, almost every care provider had anyway its own opinion, based mostly on the own individual practical experience. Only in the last years the main aim of risk management is to gather evidences, prioritising cases and predicting risks.

It is generally admitted that internationally there is a significant split in child welfare work between child protection (as a neo-liberal approach) and family support (as proactive intervention).

1. Child protection - a neo-liberal approach to private issues as public issues and focusing on risk; the neo-liberalism is described as "privatisation, deregulation and marketization of the state sector".<sup>19</sup> This approach is typical for UK, North America and Australia.
2. Family support – proactive intervention with children and families, primarily through health and educational services. This type of approach is mainly adopted in continental Europe.<sup>20</sup>

*("The difference between the European and British systems is well illustrated by the common characterisation of the first child protection visit in which the British child protection worker comments: 'I am here to investigate a report of suspected abuse against your child'. The European child protection worker comments on the other*

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<sup>18</sup> Kemshall, H. - *The Community Management of High Risk Offenders*, in Prison Service Journal, March, 2003

<sup>19</sup> Kemshall, H. (2002) *Risk, Social Policy and Welfare*, Buckingham: Open University Press, 2002, p. 113

<sup>20</sup> Barry, M., Dr. - *Effective Approaches to Risk Assessment in Social Work: an International Literature Review*, Social Work Research Centre, University of Stirling, 2007, p. 22

hand: 'I am here to see if I can help you with any problems you might have with your child' <sup>21</sup>).

**Diagramm 2 - Risk factors in implementation of care interventions from the perspective of the cooperation between families and the responsible formal bodies (child care institutions, formal care services, etc.)**

**Risk Assessment Scale – RAS**  
Module: Child – parents interaction

	(High risk) (8)	(4)	(3)	(2)	(1) (Low risk)
Different subcultures (peer-groups), cultural incompatibility	1.	2.	3.	4.	5.
Financial problems, long-term unemployment			8.	9.	10.
Geographical isolation	11.	12.			15.
Parents with disabilities, alcohol or drug problems	16.		18.	19.	20.
Low educational competences	21.	22.			25.
Violence, aggression	26.		28.	29.	30.
Difficult intra-familial relationship	31.	32.	33.		35.
Social isolation, marginalisation	36.	37.	38.	39.	40.

The risk assessment and analyse are strongly influenced by the inter-agency cooperation, which varies between different agencies in different geographical areas and by a long range of cultural and axiological differences, deep settled in language, attitudes, behaviours. It was also observed that the assessment itself is strongly influenced by the personal professional experience of the care-providers and care-takers. Notably the older, more experimented workers operate at a higher threshold of risk than their recently trained counterparts. The age and the experience of the workers lead to differing assessment outcomes.<sup>22</sup>

The literature on risk assessment in child protection focuses almost exclusively on child abuse and neglect. The risk assessment is also seen by practitioners as focusing too much on the process and not enough on the outcome of assessing risks. This results in:

- a) "bifurcation" (prioritising high risk groups at the expense of other needs/groups), being risk averse (to avoid litigation),
- b) intervening to make defensible decisions,
- c) reducing the professional autonomy of workers<sup>23</sup>.

**Objectivising the evaluation in child care. An assessment-inventory of risk factors.**

The aim of the study was to create an evaluation-scale (inventory), which would be less reliant on the biases of previous descriptive methods and which will allowed a better and more rigorous measuring of certain components of the social surroundings

<sup>21</sup> Trotter, C., Sheehan, R. and Oliaro, L. *Decision Making, Case Planning and Case Management in Child Protection: A Review of the Literature*, Melbourne, Monash University, 2001, p. 9

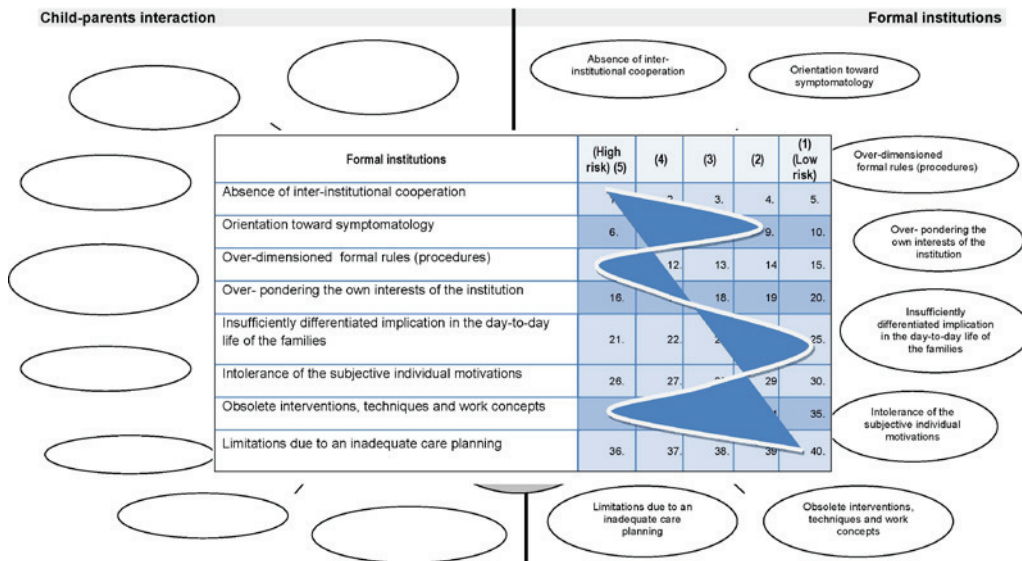
<sup>22</sup> Gold, N., Benbenishty, R. and Osmo, R. - *A comparative study of risk assessments and recommended interventions in Canada and Israel*, Child Abuse and Neglect, 2001, 25 (5), p. 607-622

<sup>23</sup> Barry, M., Dr. – op. cit., p. 28

and of their immediate or long term action and influence. The scale facilitates the estimation of the risks and of their strengths.

The method proposed a relatively new approach, but cannot replace entirely the old-style development reports and the subjective traditional estimation, based mostly on empirical observation data, of the individual evolution of a child in care. Our aim was to offer an instrument that might optimise the accuracy of assessing the casual and/or the systemic distortions and risks of implementing a certain set of care intervention, respectively a better evaluation of the collateral factors and of the circumstantial elements which might play a decisive role.

**Diagramm 3 - Risk factors in implementation of care interventions from the perspective of the cooperation between families and the responsible formal bodies (child care institutions, formal care services, etc.)**



The proposed method includes following components:

- Identifying the risks factors;
- Initial evaluation of their impact – based on an evaluation scale with six ranks (standardised scores). The scoring (quantifying) will be done in accordance with a standard inventory of items. Each of those items is fully described in an attached glossary containing the detailed descriptions of the most representative characteristics, behaviours or phenomena for each level of the evaluation scale.
- Elaborating of actions-plans and strategies in accordance with the existing situation and the estimations based on the assessment data
- Intermediate assessment of their impact – in accordance with certain goals and targets of the actions, initiatives and programmes initiated to diminished the influence of some of the identified risks
- Final assessment of the real stage and the evaluation of the efficiency of the existing programmes

Basically identifying the risk factors represented the first step in order to analyse the impact of local typical surroundings. We have included in attachment an example of a resulting chart of the most important factors defining the interaction between “vulnerable families” and the local authorities (Diagram 1). The listed factors were identified within an UE Project that took place in sixteen Romanian counties and envisaged the creation of mobile team of specialists (doctors, psychologist, social workers, etc.) acting as task-forces in different “areas at risk”.

The second step consisted in measuring the “intensity” of each factor, respectively the strength of its influence in the context of the locally acting conditions and temporary circumstances (Diagram 2 and Diagram 3).

The third stage consisted in inventorying, as detailed as possible, the possible short and long time consequences of the action of the above mentioned risk factors.

### **Conclusions**

The risk analysis represents a method recently “re-activated” in the field of child care and the assessment models are very numerous. Their diversity makes an exhaustive analysis of the assessment instruments existing on the market rather difficult.

The assessment methodology (Risk Assessment Scale - RAS) proposed in this paper is a recent developed instrument, based on an originally designed software.

The Risk-Assessment-Scale (RAS) represents a relatively unsophisticated method of analysing social “realities”, risks and possibilities to avoid unnecessary risks in child care and offers some advantages in practice:

- It is an easy-to-use instrument, friendly and unsophisticated but precise and less affected from accidental (sporadic acting) conditions and circumstances.
- The assessment itself is based on accessible data, mostly observation-data and permits to incorporate heterogeneous information, coming from different sources (from political bodies, mass-media, specialised medical and care institutions, etc.).
- The software allows a diversified use of the accumulated information, for instance by structuring collections of data and data-bases.
- The software can be used by different categories of specialists, social-workers, care providers, psychologists, sociologists, etc. and does not require the acquisition of expensive hardware and equipment.