

Caregiver assessment and safety of children

Literature scan

June 2023

Introduction

One of the recommendations made by Dame Karen Poutasi in her review of the response to Malachi Subecz was Oranga Tamariki should be engaged in vetting a carer when a sole parent of a child is arrested and/or taken into custody. The purpose of this recommendation is to create “a system of mutually reinforcing, purposefully structured safety nets [that will offer] the protection and care that children like Malachi are owed”. We are interpreting this as a recommendation that Oranga Tamariki apply our current full assessment process in these situations. This literature scan is part of the work that will inform the response to this review.

Purpose

The purpose of this scan is to explore evidence around whether caregiver vetting/assessment/screening increases safety of children. This work is going to support advice around mandating caregiver vetting/assessment/screening for children who are not under Oranga Tamariki care.

Key research questions

1. What is known about caregiver vetting/assessment/screening?
 - a. What instruments are used?
 - b. What are the components of vetting/assessment/screening process?
 - c. What are implementation issues?
2. Does caregiver vetting/assessment/screening prevent harm to children?
 - a. What vetting/assessment/screening processes are effective in keeping children safe?

Method

Research questions were explored using a method of literature and document search using Google Scholar, Koha library system databases, NZresearch.org.nz, Google, search by Library services and engaging with internal Oranga Tamariki staff and external academics. The relevant documents were then analysed using thematic analysis, guided by the research questions.

Limitations: This work was completed in a short period of 5 weeks by a researcher working on this task part time. It is likely that sources were missed, and therefore the findings should be interpreted with caution.

Findings

What we know about the role of caregiver in child maltreatment

Research in child maltreatment etiology shows that interaction between multiple risk and protective factors, both within and between the immediate context of the child and the broader child context, cause child maltreatment.

Belsky (1993) identified that the immediate context includes:

- parental factors (for example upbringing of parents, their personality)
- child factors (such as age, health, behaviour)
- Factors related to parent-child interaction.

Broader context includes:

- Community factors (such as available social and family support)
- Cultural factors (for example societal attitude towards violence)
- Evolutionary factors ('biological' conflict of interest between child and parents)

The multidimensional nature of causes of physical abuse and neglect of children was also supported by a literature review completed by the New Zealand Ministry of Social Development, that stated that “the importance of individual and familial pathologies as determinants of child abuse has been overstated; and that child abuse and neglect are likely to arise out of clusters of factors involving individuals, family process, the neighbourhood, and the cultural system.” In particular, the following dynamics seemed to co-occur with child maltreatment:

- Socio-economic deprivation
- Fragile social networks
- Criminality, violence, and substance abuse.” (Saville-Smith 1999, p.1,2)

Belsky's theory was further supported by many studies that identified many different variables as risk factors, and that cumulative risk is most predictive of future child maltreatment. Further, the model of cumulative risk describes a threshold at which the risk of child maltreatment increases exponentially, suggesting a synergistic effect between risk factors (see Vial et al. 2020).

Vial (2020) explored inter-relatedness of caregiver – related risk factors for child maltreatment and found that they were highly inter-related. Centrality analysis showed three important risk factors:

- Caregiver was maltreated as a child,
- History of domestic violence, and
- Caregiver is emotionally absent.

Their research also supports previous findings of intergenerational transmission of family violence and child maltreatment and emphasises importance of assessing risk factors in predicting child maltreatment. This finding is especially relevant for the

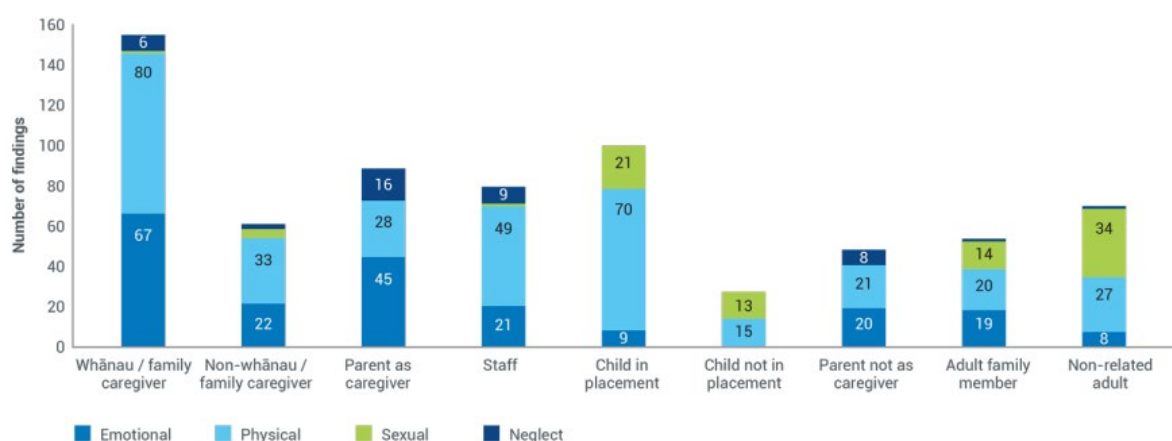
context of child protection in Aotearoa New Zealand, with well documented inter-generational trauma present in the population we serve.

Regarding our own Oranga Tamariki data, the latest Safety of Children in care annual report (Oranga Tamariki 2023) provides a data picture of harm experienced by children in care and the role of caregivers.

During July 2021 to June 2022, 7% of all children in care experienced an incident of harm. The report also tells us that children who have suffered abuse and neglect are at greater risk of experiencing further harm. The most common harm type was physical harm, followed by emotional abuse, sexual abuse, and neglect.

Most harm (77%) occurred in placement. The following chart illustrates that harm was often caused by a caregiver.

Type of harm by person alleged to cause the harm



It is good to keep in mind, that these data don't investigate factors that contributed to caregivers causing harm in the same manner as the studies mentioned above, the data only show who caused the harm. The report states that "assessing all caregivers in a timely manner and effectively preparing caregivers and providing ongoing support are key aspects of ensuring children and young people receive safe care" (Oranga Tamariki, 2023), notably ensuring training for caregivers in trauma informed care, support plans to identify support needs and good plan for transitioning the child into the household.

Section summary:

- Child maltreatment is caused by multiple factors including caregiver, child, relational and broader context factors,
- Likelihood of causing harm is increasing exponentially with more risk factors present – caregiver factors are only part of the picture.
- Research shows that caregiver-related factors that cause child maltreatment are inter-related and are likely caused by intergenerational transmission of family violence and child maltreatment.

Assessments of prospective caregivers

The following sections draw on the literature concerning selection of foster carers.

Assessments serve multiple purposes

Providers of foster care have a responsibility to ensure that the carers are skilled to care for children safely and provide stable and nurturing environment. Providers use instruments that can help them assess and select prospective carers.

The assessment process should help to:

- train applicants to develop competence and commitment,
- support the applicant in examining their capacities to foster children,
- systematically collect statutory information,
- identify those who can provide 'good', stable care and those who are less suited for the role of foster carer,
- identify support and training needs; and
- collect relevant information for use in placement matching and foster carer support.

(Buehler et al. 2006 in Sebba and Luke 2013, p.7).

Investigations should provide:

...an in-depth psychosocial analysis of a foster... applicant's potential as a parent, complete with a detailed look at a series of interrelated social and emotional variables that have shaped the individual from childhood to the present.

(Dickenson and Allen 2006, in Sebba and Luke 2013, p.7)

How are assessments tools developed

In assessing prospective carers, standardised assessments can provide more objective and unbiased approach to professional judgement, which should be used alongside them.

Interestingly, according to Sebba and Luke (2013), assessment questionnaires and other methods (such as home visits), have traditionally been developed by thinking of 'desirable' characteristics in foster care, as opposed to drawing on characteristics that have already been proven to predict placement success:

"A logical starting point would be to create a measure of the characteristics that have already been shown statistically to predict placement success... Yet to our knowledge, this approach has not yet been taken. Instead, those developing questionnaires have, in general, chosen to identify desirable characteristics based on national and local standards for foster care and the opinions of experienced practitioners." (Sebba and Luke 2013, p. 7)

Not surprisingly, research shows, that standards for selection of foster carers vary across jurisdictions, and so do the methods and instruments used.

In the UK, different regulations govern the standards of foster care. In general, applications are considered by an expert panel, where the panel reviews an assessment report on each applicant and provides recommendations regarding their approval as foster carers. Applicants are asked to provide evidence of the skills and experience they will bring to the role, in a form.

The forms cover a similar range of issues, including: child rearing; caring for children born to someone else; contact between fostered children and their families; helping children make sense of their past; sexual boundaries and attitudes; awareness of issues around child abuse; approaches to discipline; awareness of how to promote secure attachments between children and appropriate adults; awareness of own motivation for fostering/own needs to be met through the fostering process; religion; ethnicity/cultural/linguistic issues; standard of living and lifestyle; health; own experience of parenting and being parented; own experiences in relation to disability and/or attitudes to disability (Borthwick and Lord, 2011 in Sebba and Luke 2013). Selection instruments assessing these areas can form a part of this report.

The reviews of US laws focusing on criteria for selecting and approving foster carers revealed wide range of policies and legislations practiced by different states. Most states had requirements relating to age, health, and criminal background – notably there was no investigation of carers motivation to foster or attitudes to fostering. Overall, there was no standardised format to assess prospective caregivers (Lee 2001, Child Welfare Information Gateway 2001 in Sebba and Luke 2013).

Another guidance to screen foster carer applicants is informed by experienced practitioners, who recommend home study visits that cover family history, education, and employment history, marital (or significant other) relationships, experience with children, attitudes towards fostering and health.

These should be complemented by reference checks and observations during interviews. They also suggest engaging psychologists who can help with assessments. However, the authors state that this guidance hasn't been tested as predictor for successful placements (Dickerson and Allen 2006 in Sebba and Luke 2013).

Instruments used in assessment of prospective carers and their validity

Since instruments have a potential to be useful in assessment process, it is important to understand the extent to which they have been tested to predict placement outcomes (e.g., ensuring safety, stability in a placement). Sebba and Luke (2013) completed a comprehensive review of the instruments used in different jurisdictions and did just that. See Appendix 1 for the full list of instruments tested together with information about their validity. See Sebba and Luke (2013) for the full description of the instruments.

Their review identified that the research base in this field is very limited. Overall, the review found lack of research linking the characteristics and competencies of new foster care applicants to later measures of success. The following limitations were raised:

- a lack of evidence on the predictive value of most of the instruments,

- even in published studies, there were difficulties in assessing the predictive validity of the instruments,
- most selection measures have been tested with existing foster carers, rather than their target population of new applicants,
- lack of research linking the characteristics and competencies of new foster care applicants to later measures of success such as placement stability and length of time spent fostering,
- most publications featured here have focused exclusively on the characteristics of potential or existing foster carers, when (...) it is the interaction of carer, child and external factors that will ultimately determine whether a particular placement is a success.
- This is especially important if we consider how few of the instruments in the review examine whether specific skills might be needed for working with particular types of children (e.g., very young children, young people with disabilities or challenging teenagers). It is widely accepted that a foster carer who is ideal for one type of child may be less effective with another.

The following consideration for use of assessment tools were noted:

- The instrument can only be used in combination with other sources of information within a broader process of approval,
- There is potential for selection tools to be used to identify strengths and future training and support needs,
- The staff assessing the potential carers need to be trained to avoid bias,
- Care should be taken when using the instruments in different cultural contexts across countries – while some attributes in care for children may be universal, others might not be adequately reflected in the assessment, as well as in the way of doing the assessment. Bearing in mind, that any modifications to the instruments would require validation of the instrument with the new cultural group,
- Selection should be flexible to minimise bias against certain groups, such as poor, single, or LGBTQ people.

Experience of assessors and other considerations for implementation

Caton et al. (2022) examined the experiences of Canadian assessors of prospective carers. The workers reflected on differences in the assessment process depending on the type of foster family assessed. They observed that they were provided significantly less time to assess kinship carers, as opposed to non-related carers (2 hours compared to 15 hours), which made them uncomfortable:

“... they're people who have a relationship with the child. So of course, [...] I don't know if it has less of an effect on the children who are placed. I don't know if it's less traumatizing for a child to go live with an aunt or a grandmother. Probably, but, [...] the expectations are lower for accrediting a kinship foster family.” Assessor

Workers also wanted more training in interview techniques – how to formulate questions, how to get information from less forthcoming applicants, and assess factors that were hard to observe before the placement of the child. For example:

“We don't have any tools that would show us how to ask questions differently, how to approach more sensitive subjects. We really need to dig deep, and that's hard with applicants who don't say much. They hold back information that we need to have.” Assessor

They were also interested to learn more about handling multicultural issues, and they were unhappy about the lack of time available for clinical support during the assessments.

Other considerations, identified by Richmond and McArthur (2017):

- It is considered good practice across jurisdictions to ensure continuity of process from engagement to assessment and post authorisation of foster carers,
- The length of the process can be counterproductive to recruitment and retention of carers,
- There are inadequacies and inconsistencies in the assessments across jurisdictions, particularly in assessment of kinship carers,
- Many agencies reported unsatisfactory processes not sensitive to other cultures, such as Aboriginal people in kinship care assessment,
- There is a need to ensure that the assessment content reflects safety issues, technology, bullying and trauma,
- Rigorous and up to date training of assessors
- Experiences of carers during assessments are important to retention.

Section summary:

- The assessments of prospective caregivers serve multiple purposes – from assessing their suitability to care for a child safely and responsively, to identifying support and training needs – they are not focused solely on safety.
- The assessment instruments have traditionally been developed by thinking of ‘desirable’ characteristics in foster care, as opposed to drawing on characteristics that have already been proven to predict placement success,
- These desirable characteristics are often based on local care standards and opinions of experts – not on evidence,
- The standards for foster care vary across jurisdictions,
- There is lack of research on the ability of assessment instruments used in assessments of prospective foster carers to predict placement outcomes,
- Most assessment instruments focus only on the prospective caregiver, not on child, the interaction between the carer and the child, or broader context,
- The instruments should be only used in combination with other methods,
- There are further considerations such as cultural issues, and experiences of assessors and carers.

Assessments of prospective caregivers in kinship care

Kinship care is broadly defined as a type of arrangement, where children live with members of their extended families or with family friends without their parents being

present. It is frequently used in the UK, the US, and other countries, but there is still a lack of clear definition. It is used when parents cannot look after their children, and it is frequently judged as providing better outcomes for the children. In the UK, less than 10% of the children in kinship care are being looked after in the care system. The arrangement might be secured informally, or by a private law order – either child arrangements order or a special guardianship order (Littlechild and Housman 2023, Hunt 2020).

Due to unique dynamics in kinship care, specific issues need to be assessed

First, the carers need to be assessed on their parenting capacities, such as ability to be understanding, flexible and responsive and handle stress – these skills are just as relevant for carers who already know the child.

But due to additional dynamics of long-standing relationships between the carer and the parent, there are unique issues that need assessing. The following case study illustrates some of the issues:

“A maternal grandmother was looking after her three grandchildren who had been exposed to their mother’s alcohol misuse, domestic violence, and personality difficulties. The grandmother provided good basic care for the children and was good at meeting their needs for stimulation. She generally worked well with the professional network and the children were showing good development. However, the grandmother found it very difficult to put any boundaries in place regarding contact and would continually allow her daughter to come to the home in an unplanned way. This resulted in the children seeing their mother under the influence of alcohol and behaving in an aggressive way. Two of the children were present when their mother took an overdose in the grandmother’s home. This caused great concern for the emotional wellbeing of the children. In addition, it was discovered that the grandmother had also been allowing the children to stay overnight at the mum’s home where they often had to look after their drunk mother as well as themselves. They also remained at risk of witnessing further domestic violence. In discussions with the grandmother during the assessments, she seemed unable fully to recognise the harm the children might have suffered in the past. She believed that they were now fine and said that she found it very difficult to prevent her daughter from seeing her own children.” (Alper and Edwards 2016)

Alper and Edwards (2016) looked at assessment of kinship carers under special guardianship order. They formulated the specific challenges for assessing kinship placements:

Timelines

- In the UK, the timelines for assessing kinship carers are too short (26 weeks), which creates pressure on the assessors and can lead to lower quality assessments. Common trend is that the parents don't consider kinship carers until late in the assessment phase, which leaves little time for their assessment.

Relationship with professionals

- It is not uncommon that relatives and friends of the parents had some previous contact with social workers, and they may have mistrust towards them and to what they represent. The mistrust may make it difficult to conduct the assessment, as they might not be forthcoming with the information. Also, the carers might not want to cooperate with the services later or ask for help.

Relationships within the family

- It might be difficult to assess what relationship and contact is between the birth parent and the carer, and whether the carer's priority will be the parent, or the child. It needs to be understood whether the carer understands the concerns for the child and whether they would allow contact with parent, who has been abusive.

Carer's understanding of emotional abuse

- It might be difficult for a friend or relative to see and understand the emotional harm, that the parent might have caused the child, as it is different from physical or sexual harm.

Assessing safeguarding risk

- Carers need to be able to keep the child safe emotionally and physically. Checks and references need to be completed, with particular focus on any offences of violent or sexual nature and the misuse of trust.

The relationship between the child and the kinship carer

- Assessment of their relationship and of carer capacity to prioritise the needs of the child over the needs of the birth parent needs to be explored.

Motivation

- Consider whether the carer is motivated by helping the parent, or the child.

Assessing issues of contact

- Careful considerations around impact of contact on the child, who might have been neglected or abused need to inform decisions around contact.

Practical support

- This relates to the caregiver's needs to meet basic practical needs, such as housing, finance, and family support.

More general considerations to kinship carer assessments were voiced by Calder and Talbot (2006).

- Recognise that in most cases placements have already taken effect when the assessment is undertaken,
- Operate with a presumption that a placement within the family is the optimally desirable option,
- Accept that kinship care is fundamentally different than stranger foster care and the primary goal must be the maintenance of the child within the (extended) family or friendship network,
- Understand that kinship carers have different profiles to those of 'mainstream' carers,
- Consider the multiple roles that a kinship carer may play for the child: caregiver, grandparent, and parent.
- Acknowledge that the application of a higher threshold for accepting kinship placements as acceptable is discriminatory and unjust and represents risk enhancement for the child since it deprives them of better outcomes via kinship placements.
- Acknowledge that the application of a lower threshold for accepting kinship placements is dangerous for children unless the risks have been clearly defined, assessed as manageable and resources committed to help support the risk management and planning process.
- Address kinship placement-specific issues such as contact that may require some structure and prohibitions if the child is to be effectively safeguarded.
- Introduce a risk component into the assessment process in an enabling (self-reported) way that balances assets with weaknesses, and which prioritises the support required to sustain the placement.
- Consider the best legal route for the child and the carers and build the implications into the assessment.
- Shift towards the paradigm of empowerment.

Implementation issues in kinship care assessments

A recent review of 100 studies on kinship care in the UK highlighted some learnings about carer assessments (Hunt 2020):

- Caregivers have mixed experiences of assessments, ranging from no criticism, to being very critical. Carers commonly felt the process was intrusive, were bewildered by the questions, felt judged and disempowered, being cautious about their answers for fear of losing the child, and critical that the process was too one-way and didn't prepare them for the task,
- The assessments were challenging for social workers, and there needs to be greater recognition of the fact that they require skilled workforce,

- Practitioners experienced tensions with other parts of the system, for example about thresholds of acceptability, with different views of child protection teams, fostering panels, or the courts.
- Practitioners felt that the timeframes for kinship assessments in the care proceedings were short.
- The settings for assessments differed and posed different challenges. Existing frameworks for kinship foster care was arguably too restrictive, while the one for special guardianship out of alignment with what is required for other permanency options,
- Social workers were concerned about the quality and quantity and short timeframes for the viability assessments for prospective carers ordered by courts. A good practice guide was developed, but not yet tested.

Section summary:

- Due to unique dynamics in the kinship care, the assessments need to cover specific issues, such as the relationship between the carer and the biological parent, and to what extent will carer be able to prioritise the needs of the child and safeguard the child from harm,
- It is also important to understand the carer's relationship with professionals,
- It is important to acknowledge that the kinship care is fundamentally different from stranger foster care,
- Many kinship caregivers find the kinship assessments intrusive and disempowering,
- The assessments require skilled workforce,
- There are tensions with other parts of the system around thresholds of acceptability, timeframes, existing frameworks, etc.

Assessments that predict child maltreatment

There is much we can learn from research that focuses specifically on identifying child maltreatment and family violence in general population or in specific populations such as when child protection services are already working with the families.

Van der Put et al (2017) conducted a comprehensive review of tools used for assessment of risk of child maltreatment. While they stated that ‘the development and evaluation of risk assessment tools in the field ... is in its infancy,’ the evidence base is much better than that of assessments of prospective caregivers.

There are two main approaches with these assessments:

- The clinical approach where conclusions are based on the judgment of a professional who combines and weighs information in a subjective manner,
- The actuarial (statistical) approach where conclusions are based solely on empirically established relationships between risk factors and child maltreatment.

The review also distinguishes between two types of instruments:

- Those used to screen for maltreatment in general population (onset of maltreatment) – low risk group,
- Those used to assess the risk of recurrence of maltreatment in populations already investigated by child protection services – high risk group.

The researchers reviewed studies focused on predictive validity for twenty-seven risk assessment tools.

Overall, they found a medium significant effect ($AUC^1 = 0.681$) indicating moderate predictive accuracy across the tools.

“This result shows that it is important to use risk assessment tools, especially because unstructured clinical judgment is widely recognised to be flawed, due to lower transparency, reliability and predictive validity.” (Van der Put et al 2017)

They also found that the onset of maltreatment can be better predicted than recurrence, which is promising for early detection and prevention of child maltreatment.

¹ The Area Under the Curve (AUC) is the measure of the ability of a binary classifier to distinguish between classes and is used as a summary of the ROC curve. The higher the AUC, the better the model's performance at distinguishing between the positive and negative classes

“Our review showed that the predictive validity of currently available screening instruments is sufficient to justify using these instruments in assessing risks for child maltreatment in the general population. For instance, different types of child and youth care professionals may screen for child maltreatment during regular health check-ups for children and juveniles. ... screening for potential child maltreatment before the maltreatment actually occurs contributes to the early detection of child maltreatment ... Given the relatively good performance of screening tools, it is fruitful to invest time, money, and resources in developing and strengthening preventive strategies for child maltreatment.” (Van der Put et al. 2017)

In addition, actuarial instruments outperformed clinical instruments.

Van der put et al. (2022) later also explored the possibility of using predictive modeling to assess the risk of child welfare involvement in general population. They wanted to see, whether child welfare involvement can be predicted by demographic, socioeconomic and criminal history factors.

They analysed data of 131,532 children, their parents and their family retrieved from Statistics Netherlands. They found that an accumulation of risk factors proved to be highly predictive of child welfare involvement and the risk increased exponentially with the number of risk factors. They concluded that both the predictive model and the mere accumulation of the risk factors can help professionals to estimate the risk of future child welfare involvement.

They however warned against risk of further stigmatisation of certain groups when using predictive models. This needs to be considered when developing such models. If the use of predictive modelling were to be considered in New Zealand, these risks of further stigmatisation of vulnerable groups would need to be carefully explored.

They concluded that the model contributes to timely identification of children at risk, so they can be supported by preventative services.

These studies show that there is a greater potential in using instruments that are specifically designed to detect risk of maltreatment. A recent Australian study (Meyer et al. 2023) highlights the opportunity to use screening tools to identify risk posed by perpetrators of family violence, especially in mental health services, child protection, alcohol and other drugs services, police, correction, men’s groups, and non-statutory child welfare services, amongst others.

“The cooccurrence of Domestic ad Family Violence (DFV) with other complex factors means that perpetrators of DFV frequently have contact with a range of different service sectors for other support needs. Each of these points of contact presents important opportunities to screen for DFV perpetration and conduct a risk assessment where DFV perpetration is identified.” (Meyer et. Al 2023)

They advocate for use of assessments that rely on the review of available information and on asking specific screening questions. This process is used to alert

practitioners to the risk without the preparator explicitly disclosing the use of family violence.

Lambie (2018) in his discussion paper on preventing family violence in New Zealand also advocates for using risk-prediction tools and points out that resources like IDI (Integrated data infrastructure) can be useful in developing actuarial tools, that reflect local cultural values and experiences.

“Risk-prediction tools based on data are being developed and there are trials underway, including in New Zealand, using technology to support safety planning, risk prediction, and action. We do not need to wait for extensive data to know that doing a good assessment - with full awareness of the possibility of family violence and maltreatment - in any situation where a child or family have come to the attention of a community or state agency (e.g., health, education, police, justice) - and having adequate, skilled responses from well-resourced staff, available in a timely manner to deal with this, are critical.” (Lambie 2018)

Section summary:

- There are assessment tools specifically designed for predicting child maltreatment,
- These tools have a good evidence base and overall have moderate predictive accuracy,
- The predictive validity of currently available screening instruments is sufficient to justify consideration of using these instruments in assessing risks for child maltreatment in the general population,
- Actuarial (statistical) instruments outperformed clinical instruments,
- Predictive modelling using demographic data has shown to also be highly predictive of future child welfare involvement, a caution needs to be taken not to stigmatise marginalised groups when developing these instruments,
- There is a potential to use IDI data to develop actuarial assessment tools, reflecting New Zealand culture.

Conclusion

This literature scan explored evidence related to the overarching question whether caregiver assessments prevent harm to children in the context of assessments of prospective caregivers.

First, the etiology of child maltreatment was explored. The findings show that child maltreatment is caused by multiple risk factors, including caregiver, child, relational and broader context factors. The likelihood of maltreatment is increasing exponentially with more risk factors present. This shows us that the caregiver characteristics are only one of the risk factors for child maltreatment.

Secondly, the scan explored what is known about assessments of prospective caregivers, drawing on assessments used in foster care. We learned that these assessments do not focus solely on the safety of children, but they serve multiple purposes, including assessing broader parenting skills in providing safe and responsive care, but also identifying training and support needs. These assessments are also critical in establishing long term relationships with the prospective caregiver, as it was shown that caregiver experience with these assessments predicts caregiver retention.

The evidence suggests that these assessments are judging 'desirable characteristics' of prospective caregivers and that these are based on local care standards and opinions of experts, rather than on evidence. These assessments are rarely validated, and there is lack of evidence, that they can predict placement outcomes. They also focus only on the caregiver, not on child, relational or broader factors.

That said, there are a couple of considerations worth pointing out. These findings only point to the lack of evidence about validity of these assessments. They may still be effective, but their effectiveness or validity just wasn't measured. Secondly, the study that reviewed the evidence about these assessments (Sebba and Luke 2013), was conducted some time ago and there might be some new evidence since.

Next, this report considers specifics of kinship care and finds that it should be considered as fundamentally different to stranger foster care and points out unique considerations in assessments of prospective kinship carers. At the heart of these considerations is the existing relationship between the biological parent and the kinship carer and the assessment needing to explore how safety (including emotional safety) of the child can be maintained amid these complex relationship dynamics. The evidence cautions against underestimating safety considerations in these assessments only because the prospective carer is a kinship carer. Additionally, research shows that kinship carers often have negative experiences with assessment, finding them intrusive and disempowering. There are also tensions with other parts of the child protection system. All these considerations show a complexity and balancing that need to be considered in these assessments.

Finally, this report explores assessment tools, that are specifically designed to predict the risk of child maltreatment. These tools are explored in research in the field of child maltreatment and family violence. These tools have good evidence base and have good ability to predict child maltreatment. There is merit in exploring using

these tools as part of assessment of prospective caregivers, to ensure more safety focused assessment. One study notes that these tools are currently being developed and tested in New Zealand, and it highlights the potential of using IDI data to develop actuarial assessment tools, that would reflect New Zealand context and culture. However, the use of these tools would need to be further explored and careful consideration needs to be given not to further stigmatise already vulnerable groups.

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Appendix 1

Table 1: Instruments used in foster carer assessment reviewed by Sebba and Luke 2013

| Measure | Reference | Country | Number of participants (if applicable) | Links to placement outcomes reported |
|---|--|----------|--|--------------------------------------|
| Casey Foster Applicant Inventory-Applicant version (CFAI-A) | Description: Buehler et al. (2006a) Validation: Cherry and Orme (2011); Orme et al. (2006d); Orme et al. (2007) | USA | 304 existing foster carers | Yes |
| Casey Foster Applicant Inventory-Applicant version (CFAI-A) | Orme et al. (2006a) | USA | 111 male-female existing foster carer couples | Yes |
| Casey Foster Applicant Inventory-Applicant version (CFAI-A) | Orme (2007a) | USA | 610 online respondents (existing foster carers, new applicants and 'other') | No |
| Casey Foster Applicant Inventory-Applicant version (CFAI-A) – excluding Kinship Care subscale | Delgado and Pinto (2011) | Portugal | 165 existing foster carers | No |
| Casey Foster Applicant Inventory-Worker version (CFAI-W) | Description: Orme et al. (2006d) Validation: Cuddeback et al. (2007) | USA | 208 social workers responding about 416 existing foster homes (a total of 712 individuals) | Yes |
| Casey Foster Applicant Inventory-Worker version (CFAI-W) | Orme (2007b) | USA | Workers responding online about 265 foster care applicants | No |
| Casey Home Assessment Protocol (CHAP) | Description: Rhodes et al. (2006) Validation: Cherry et al. (2009); Coakley and Orme (2006); Orme et al. (2006b); Orme et al. (2006c); Orme et al. (2013) | USA | 304 existing foster carers | Yes |

| Measure | Reference | Country | Number of participants (if applicable) | Links to placement outcomes reported |
|--|---|-----------|---|--------------------------------------|
| Swedish questionnaire | (Socialstyrelsen, 2011) | Sweden | 146 existing foster carers | No |
| Swedish questionnaire and interview | (Socialstyrelsen, 2012) | Sweden | 25 social workers each responding about one or two existing foster carers or foster care applicants | No |
| Potential for Foster Parenthood | Touliatos and Lindholm (1981) | USA | Social workers responding about 472 existing foster carers | No |
| Predictors of success for new foster parents | Cautley and Aldridge (1975) | USA | 963 foster care applicants; 145 followed up | Yes |
| BAAF Form F | BAAF (2008) | UK | Not applicable | No |
| Skills to Foster | The Fostering Network (2009) | UK | Not applicable | No |
| Queensland Form 3A | Queensland Government Department of Child Safety (2006) | Australia | Not applicable | No |
| Attachment Style Interview (ASI) | Bifulco et al. (2008) | UK | Not applicable | No |
| New assessment and preparation techniques | Cousins (2010) | UK | Not applicable | No |
| Practical resources for assessments | Beesley (2010) | UK | Not applicable | No |

Appendix 2

Table 2. Instruments used to predict child maltreatment reviewed by Van der Put et al 2017.

| Author(s)/ Pub. year | N | Name of instrument | Type of instrument | Maltreatment type | Start of follow-up | Outcome | AUC |
|---|-------|---|--------------------|-------------------|--------------------|-----------------------|--------|
| Altemeier et al. (1984) | 1400 | Maternal History Interview (MHI) | SCJ | Physical | After assessment | Substantiated | 0.5849 |
| | 1400 | Maternal History Interview 2 (MHI 2) | Actuarial | Physical | After assessment | Substantiated | 0.7620 |
| Assink, Van der Put, Hoeve et al. (2015) | 1651 | Y-ACNAT-NO | Actuarial | General | After assessment | Supervision order | 0.7700 |
| Ayoub and Milner (1985) | 42 | Child Abuse Potential Inventory (CAPI) | Actuarial | Neglect | After case closure | Substantiated | 0.6100 |
| Baird and Wagner (2000) | 929 | Michigan Family Risk Assessment | Actuarial | Multiple forms | After assessment | Substantiated | 0.6000 |
| | | | | Multiple forms | After assessment | Investigation | 0.5763 |
| | 908 | Washington Risk Assessment Matrix (WRAM) | Consensus | Multiple forms | After assessment | Substantiated | 0.5331 |
| | | | | Multiple forms | After assessment | Investigation | 0.5437 |
| | 876 | California Family Assessment Factor Analysis | Consensus | Multiple forms | After assessment | Substantiated | 0.5272 |
| | | | | Multiple forms | After assessment | Investigation | 0.5565 |
| Barber et al. (2008) | 1118 | Ontario Risk Assessment Tool | Consensus | Multiple forms | After case closure | Substantiated | 0.5000 |
| Bartelink, Van Yperen et al. (2015) | 278 | Check List of Child Safety (CLCS) | SCJ | General | After assessment | New reports | 0.6542 |
| | | | | General | After assessment | Supervision order | 0.6895 |
| | | | | General | After assessment | Out of home placement | 0.6021 |
| Brayden et al. (1993) | 527 | Maternal History Interview 2 (MHI 2) | Actuarial | Physical | After assessment | New reports | 0.6470 |
| | | | | Neglect | After assessment | New reports | 0.5385 |
| Camasso and Jagannathan (1995) | 239 | Washington Risk Assessment Matrix (WRAM) | Consensus | Multiple forms | After assessment | Substantiated | 0.6800 |
| | | | | Multiple forms | After assessment | Recidivism/relapse | 0.6800 |
| | 239 | CANTS 17B | Consensus | Multiple forms | After assessment | Substantiated | 0.6600 |
| | | | | Multiple forms | After assessment | Recidivism/relapse | 0.5800 |
| Chaffin and Valle (2003) | 459 | Child Abuse Potential Inventory (CAPI) | Actuarial | Multiple forms | After assessment | New reports | 0.6610 |
| | | | | Multiple forms | After case closure | New reports | 0.6460 |
| Coohey, Johnson, K., Renner, and Easton (2013) | 6832 | Colorado Family Risk Assessment Abuse scale | Actuarial | Multiple forms | Not specified | Substantiated | 0.6400 |
| | | | | Multiple forms | Not specified | Substantiated | 0.6000 |
| | | Colorado Family Risk Assessment Revised – Abuse scale | Actuarial | Multiple forms | Not specified | Substantiated | 0.6600 |
| | | | | Multiple forms | Not specified | Substantiated | 0.6800 |
| Dankert and Johnson (2014) | 11444 | California Family Risk Assessment (CFRA) | Actuarial | Physical | After assessment | Substantiated | 0.6000 |
| | | | | Physical | After assessment | Investigation | 0.5900 |
| | | | | Neglect | After assessment | Substantiated | 0.6100 |
| | | | | Neglect | After assessment | Investigation | 0.6200 |
| | | | | Multiple forms | After assessment | Substantiated | 0.6000 |
| | | | | Multiple forms | After assessment | Investigation | 0.5900 |
| De Ruiter et al. (2012) | 211 | Child Abuse Risk Evaluation (CARE-NL) | SCJ | Multiple forms | After case closure | Supervision order | 0.7300 |
| | | | | Multiple forms | After case closure | Out of home placement | 0.7700 |
| Flaherty (2001) | 5612 | Regression model | Actuarial | Physical | After assessment | Substantiated | 0.6500 |
| | | Neural network model | Actuarial | Physical | After assessment | Substantiated | 0.6440 |
| Hamilton and Browne (1999) | 400 | Screening Checklist for Risk of Referral | Actuarial | Multiple forms | After case closure | New reports | 0.7465 |
| Horikawa et al. (2016) | 716 | No name given | Actuarial | Multiple forms | After assessment | Substantiated | 0.6600 |
| Hunter, Kilstrom, Kraybill, and Loda (1978) | 255 | Family Psychosocial Risk Inventory | Actuarial | Multiple forms | After assessment | Substantiated | 0.9365 |
| Johnson (2011) | 6543 | California Family Risk Assessment (CFRA) | Actuarial | Multiple forms | After case closure | Substantiated | 0.6300 |
| | 114 | California Family Risk Assessment (CFRA) | | Multiple forms | After case closure | Substantiated | 0.6800 |
| | 114 | CFRA with possibility to overrule | SCJ | Multiple forms | After case closure | Substantiated | 0.5100 |
| Johnson, Clancy, and Bastian (2015) | 236 | California Family Risk Assessment (CFRA) | Actuarial | Multiple forms | After case closure | Substantiated | 0.7400 |
| Lealman, Phillips, Haigh, Stone, and Ord-Smith (1983) | 2802 | No name given | Actuarial | Multiple forms | After assessment | Substantiated | 0.7445 |

| Author(s)/ Pub. year | N | Name of instrument | Type of instrument | Maltreatment type | Start of follow-up | Outcome | AUC |
|--|-------|---|--------------------|-------------------|--------------------|--------------------|--------|
| Loman and Siegel (2004) | 15100 | Minnesota Family Risk Assessment (MFRA) | Actuarial | Multiple forms | After case closure | Recidivism/relapse | 0.8345 |
| Milner, Gold, Ayoub, and Jacewitz (1984) | 190 | Child Abuse Potential Inventory (CAPI) | Actuarial | Neglect | After assessment | Substantiated | 0.6078 |
| | | | | General | After assessment | Substantiated | 0.6895 |
| Murphy, Orkow, and Nicola (1985) | 587 | Family Stress Checklist | Actuarial | Multiple forms | After assessment | Substantiated | 0.8470 |
| Ondersma et al. (2005) | 713 | Child Abuse Potential Inventory (CAPI) | Actuarial | Physical | After assessment | New reports | 0.5565 |
| | | | | Neglect | After assessment | New reports | 0.5907 |
| | | | | Multiple forms | After assessment | New reports | 0.5565 |
| | | Brief CAPI (CAPI shortened version) | Actuarial | Physical | After assessment | New reports | 0.5226 |
| | | | | Neglect | After assessment | New reports | 0.5508 |
| | | | | Multiple forms | After assessment | New reports | 0.5282 |
| Sledjeski, Dierker, Brigham, and Breslin (2008) | 244 | Connecticut Risk Assessment–regression model | Actuarial | Multiple forms | After case closure | Substantiated | 0.6200 |
| | | Connecticut Risk Assessment–CART model | Actuarial | Multiple forms | After case closure | Substantiated | 0.6700 |
| Staal, Hermanns, Schrijvers, and van Stel(2013) | 1850 | Structured Problem Analysis of Raising Kids (SPARK) | SCJ | Multiple forms | After assessment | New reports | 0.7450 |
| Vaithianathan, Maloney, Putnam-Hornstein and Jiang (2013) | 17396 | Predictive Risk Model | Actuarial | Multiple forms | After assessment | Substantiated | 0.7600 |
| Van der Put et al. (2016) | 3963 | Actuarial Risk ass. Instrument Youth (ARLJ) | Actuarial | Multiple forms | After assessment | Recidivism/relapse | 0.6300 |
| | | Check List of Child Safety (CLCS) | SCJ | Multiple forms | After assessment | Recidivism/relapse | 0.5300 |
| van der Put et al.(2017) | 4962 | Instrument for early identification of Parents At Risk for child Abuse and Neglect (IPARAN) | Actuarial | Multiple forms | After assessment | New reports | 0.7450 |
| Van der Put, Hermanns, Van Rijn-van Gelderen, and Sondejker (2016) | 491 | California Family Risk Assessment (CFRA) | Actuarial | Multiple forms | After assessment | New reports | 0.6930 |
| Hermanns et al., | | CFRA Abuse scale | | Multiple forms | After assessment | New reports | 0.7190 |
| | | CFRA Neglect scale | | Multiple forms | After assessment | New reports | 0.6530 |
| | | Detection of Unsafety in Families (DUF) | Actuarial | Multiple forms | After assessment | New reports | 0.7990 |
| Wood (1997) | 409 | NCCD Risk Assessment Tools | Actuarial | Multiple forms | Not specified | Substantiated | 0.6195 |
| | | | | Multiple forms | Not specified | New reports | 0.6221 |

Note: pub. year = year of publication; *N* = total sample size; maltreatment type = type of maltreatment predicted with the instrument; start of follow-up = the moment at which follow-up started; outcome = type of outcome used in assessing the predictive accuracy of the instrument; AUC = Area Under the ROC Curve; Y-ACNAT-NO = Youth Actuarial Care Needs Assessment Tool for Non-Offenders; CANTS 17B = Child Abuse and Neglect Tracking System – 17B; CARE-NL = Child Abuse Risk Evaluation – *Nederland* [the Netherlands]; CART = Classification and Regression Tree; NCCD = National Council on Crime and Delinquency; SCJ = Structured Clinical Judgment; consensus = consensus-based; multiple forms = instrument was designed to predict multiple forms of child maltreatment (including neglect); general = general maltreatment (type not further specified); after assessment = follow-up started directly after the risk assessment; after case closure = follow-up started directly after case closure; substantiated = child maltreatment substantiated by child protective services; investigation = child maltreatment under investigation by child protective services; recidivism/relapse = relapse of the child (and the family) in child protective services; new reports = new official reports of suspected maltreatment or neglect.