A METHODOLOGICAL ANALYSIS OF CHILD VULNERABILITY ASSESSMENT TOOLS

O ANALIZĂ METODOLOGICĂ A INSTRUMENTELOR DE EVALUARE A VULNERABILITĂȚILOR COPIILOR

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ABSTRACT

An adequate assessment of children's vulnerabilities would allow a more accurate matching of support measures targeted at vulnerable children. In practice, there is a wide variety of tools for assessing children's vulnerabilities. In this article the concept of vulnerability is analyzed and, in particular, the child vulnerability, the main approaches to vulnerability and their basic principles are identified, an universal scheme of relationships between the types of principles is proposed, a methodological analysis of such tools is performed, a classification of assessment tools is suggested and the advantages and disadvantages of their use are identified.

Key words: *analysis, assessment tool, principle, child, methodology, vulnerability.*

O evaluare adecvată a vulnerabilităților copiilor ar permite o potrivire mai precisă a măsurilor de sprijin destinate copiilor vulnerabili. În practică, există o mare varietate de instrumente pentru evaluarea vulnerabilităților copiilor. În acest articol este analizat conceptul de vulnerabilitate și, în special, vulnerabilitatea copilului, sunt identificate principalele abordări ale vulnerabilității și principiile lor de bază, se propune o schemă universală de relații între tipurile de principii, o analiză metodologică a acestor instrumente este efectuată, este sugerată o clasificare a instrumentelor de evaluare și sunt identificate avantajele și dezavantajele utilizării lor.

Cuvinte-cheie: *analiză, instrument de evaluare, principiu, copil, metodologie, vulnerabilitate.*

Адекватная оценка уязвимости детей позволит более точно подобрать меры поддержки, ориентированные на уязвимых детей. На практике существует множество инструментов для оценки уязвимости детей. В статье анализируется понятие уязвимости и, в частности, уязвимость ребенка, выявляются основные подходы к уязвимости и их базовые принципы, предлагается универсальная схема взаимосвязей между типами принципов, проводится методологический анализ таких инструментов, проведена классификация инструментов оценки и определены преимущества и недостатки их использования.

Ключевые слова: *анализ, инструмент оценки, принцип, ребенок, методология, уязвимость.*

INTRODUCTION

The existence and interaction of environmental, biological and dispositional factors determines the diversity of the particularities of human beings, which presupposes the existence of differences between them, that in the context of using certain welfare standards influence the risks of not meeting them, which in turn potentially generate vulnerabilities. While vulnerability can be of any nature, in the relationship with welfare standards a great emphasis is placed on socioeconomic vulnerabilities. By virtue of the age, due to their insufficiently developed cognitive, physical and psychical abilities and those of other nature in the relationship with other age groups children can be seen as having vulnerabilities, in other words, being vulnerable. Another way of looking to vulnerabilities in children is through an intra-age group distinction. Thereby, due to such conditions as inadequate care, protection or access

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to essential services, there is a risk that the safety, well-being and development of children may be endangered, in the case of which children are deemed vulnerable. In order to comprehend and to assess the parameters of the ”vulnerability” category a review of existing literature on vulnerability and a research in the conceptual and methodological framework of vulnerability needs to be done.

LITERATURE REVIEW

According to the Cambridge Dictionary [4], vulnerability is ”the quality of being able to be easily hurt, influenced, or attacked”, a definition that is faithful to the etymological origin of the word (from Latin *vulnerabilis* – ”wounding”, from *vulnerare* - 'to wound', from *vulnus* - 'wound'). Vulnerability is traditionally treated as reduced autonomy of the individual, control loss and insufficiency or absence of power and self-determination [25]. Discussing vulnerability in the research and in the healthcare, Hurst (2008) [13] defines it as an ”identifiably increased likelihood of incurring additional or greater wrong”. While this definition offers an all-encompassing attempt to explain vulnerability, it misses to include non-socially or naturally occurring vulnerabilities. In general, the concept of vulnerability is applicable to all the people who are more exposed to risks than their peers.

In scientific literature there is no universally accepted definition of such a term as "vulnerable children": '[b]ecause of the variety of social, economic, physical-geographical, climatic or other conditions that may cause the child to be in difficulty, there is no single, widely accepted definition of the term (…) "vulnerable child", "child in need", ["child in difficulty" or other similar terms] which are (…) vague and may include other subcategories such as children with disabilities, children of poor families [and others]." [5]. To prove this assertion we will analyze some definitions of the term "vulnerable child". The official Namibian common definition of the "orphans and vulnerable children (OVC)" (which is also used in other countries of the Sub-Saharan Africa when referring to AIDS orphans) mentions them separately, while putting practically all emphasis on orphans. From the definition is hardly discernible what is a vulnerable child aside from being an orphan: "an orphan or vulnerable child is a child under the age of 18 whose mother or father or both parents, or a primary caregiver (a caregiver is the individual who takes primary responsibility for the physical, mental, and emotional needs and wellbeing of a child) has died, and who is in need of care or protection." [8]. According to the World Bank's OVC toolset the children that are vulnerable are "the group of children that experience negative outcomes, such as the loss of their education, morbidity, and malnutrition, at higher rates than do their peers" [11]. In the World Vision's OVC resumé [11], this definition includes "the children who live in a household in which one person or more is ill, dying or deceased; children who live in households that receive orphans; children whose caregivers are too ill to continue to look after them; and children living with very old and frail caregivers". The child vulnerability concept is often discussed in the scientific literature on the development of the child and his/her rights; but it's not subjected to a sufficiently outlined analysis or definition [3][15][22]. Child vulnerability is the result of the interaction of a number of environmental and individual factors that combine in a dynamic way over time. The degrees and the types of the children vulnerabilities change together with the evolution and change of their determining factors. The age forms the needs of the children and at the same time exposes them to possible new risks. The children that are in a full dependence and necessitate caregiving of a responsive and predictable nature, are especially sensitive to the health and the material deprivation of their parents. The fast rate of early brain development makes the stress inside the family and its material deprivation to have a strong impact on the under-three children. Early childcare and education support can help these children to have time outside home as well from which they can benefit. The tendency of older children to be independent makes them more susceptible to the community risks and possibilities and that's why for their welfare the support of adults, school and also of other community actors that offer economic and social opportunities is crucial. An exhaustive amount of work to define the term 'vulnerability' in relationship with children has been done by Skinner et al. (2006) [24] on African continent: "[children] not having certain of their basic rights fulfilled". Thus, apart of orphanhood being a major determinant of vulnerability, the definition is centered around the three fundamental aspects of dependence: 1) *material aspects* — money, meal, clothes, dwelling, healthcare and education; 2) *emotional aspects* — care, love, support, grieving space and space for emotions containment; 3) *social aspects* — absence of a supportive peer group, of role models to follow, or of guidance in difficult situations, and risks in the immediate environment [24] (see also ***Figure 2***).

The International Federation of Red Cross and Red Crescent Societies define vulnerability as the reduced capacity of an individual/group of anticipating, coping with, resisting to and recovering from the impact of the

nature-generated or man-made hazards [14]. Thus, vulnerability is associated with poverty, isolation, insecurity, defencelessness in relation to risks, shocks and stresses, exposure to which is influenced by such factors as: gender, ethnicity, social group membership, age and other types of identities or other factors. Reduced ability to face natural disasters, lacking preparedness potentially determines a slowness of reaction and therefore a bigger life loss or longer suffering. The opposite to vulnerability is the capacity expressed in the availability of natural, physical, and also individual attributes, organizational skills or other types of resources.

In postsovietic countries the official definitions of vulnerable children include a variety of situations of the children, like: submission to violence; neglect by parents; vagrancy, begging, prostitution; lack of care and supervision by parents due to their absence from home for unknown reasons; death of parents; living on the street, running away from home; abandonment by parents; the establishment of a measure of judicial protection (provisional protection, curatorship or guardianship) on one of the parents; status of victim of crimes; status of being a child of parents that participated in war conflicts or in the liquidation of consequences of some significant natural or man-made hazards (like Chernobyl disaster).

Some authors identify a number of broad categories of vulnerable children. For example, Bright (2017) [2] mentions 7 large categories: formal categories of children in care of the state; formal categories of need that may reflect family circumstances; categories of need that reflect features of child development; children who are in receipt of services following assessment; informal types of vulnerable children; vulnerable children defined relating to national policy such as 'troubled families' or 'just about managing' families; scientific and academic literature on risk and resilience such as Sameroff (2005) [21], Rutter (2012) [20], and including tools and approaches such as the measurement of adverse childhood experiences (ACEs).

Unlike the vulnerabilities in adults, which, no doubt, are an actual and important issue to research and find solutions, there is a high significance of the research on children vulnerabilities, which stems from the fact that they are accentuated by the additional factors like the dependence of significant adults due to their reduced autonomy, underdeveloped cognitive, physical and psychological skills due to their biological age. While all human persons can be considered vulnerable to various degrees, according to the proponents of the concept of universal or ontological vulnerability, "children must still be seen as especially vulnerable" [12]. While dependence and vulnerability can be seen as inherent to human condition, this doesn't exclude the view that some population groups as are children, and in particular some groups of children need special protection [17].

In general, it can be said that inexhaustiveness and mutual non-exclusivity characterize such lists of situations or conditions which determine the vulnerabilities of children.

RESEARCH METHODOLOGY

This study, unlike the empirical ones, does not treat any alphanumeric data (quantitative or qualitative) to develop inferences, but treats the research methods that use such data, therefore, essentially it has a metamethodological character. The main research methods used in the study are the literature review and the methodological analysis. The "data" used in the study were the main assessment tools of children vulnerabilities frequently used in the scientific literature. Its purpose is to identify the most relevant tools for assessing children's vulnerabilities and to analyze their methodological features in order to highlight their advantages and disadvantages.

Practical significance, proposals and results of implementations, results of experimental studies. Because of metamethodological nature of the research it would be of interest to the epistemologists interested in the "vulnerability" category. Thus, its practical significance consist in the identification of the main types of assessment tools of children's vulnerabilities, their classification and determination of their advantages and disadvantages, all of which has the purpose of creation of a general picture of the current conceptual and methodological framework of the vulnerabilities in children. As a result of the study, we identified two approaches to children vulnerability as two poles on a spectrum that can be considered: universalist and particularist. The first approach, the universalist one maintains that all children are in a more or less degree vulnerable and all need protection. Here it can be argued that since all children are considered vulnerable the concept of vulnerability itself loses meaning and it can be implied as a radical position that children don't need special protection, but we will not consider this idea further, because the risk which comports on children the dependence on significant adults is a sufficient justification to dismiss that radical position. The second approach, the particularist one, also called liberal standard view, considers just some groups of children as vulnerable, not the whole children population. In fact, in practice is used a mix of

these two approaches: the common existence of universal child benefits and special benefits for vulnerable children (orphans, children with disabilities etc.) are proof of the validity of this opinion. Also, in essence, vulnerability stems not only from natural limitations, but also from the conflict between positive and normative approaches of human life, in particular of it's socioeconomic welfare, and also between short-term and long-term objectives of human beings. It must be said that, probably, in order to avoid the limits of the widespread using of universalist approach to children vulnerability some researchers use the term "highly vulnerable children (HVC)" [19] which designates those children the safety, well-being and/or development of which pose a significant risk.

There is a general principle to approaching vulnerability – the principle of vulnerability within European bioethics with pretention to claim universal validity for human beings that implies reaching the balance between assuming the limiting, restrictive character of the frailty and suffering of human condition on one hand and the unlimiting, expansive nature of the ethico-moral struggle expressed in the desire for immortality on the other hand [7]. Despite the claim of universality of this principle, a paraprinciple and a counterprinciple can be formulated, as well. A paraprinciple (or an adjacent principle) is a principle that can be used alongside the main principle, while not fully supporting it, thus not being completely equivalent to it. In other words, it is in fact a subspecies of the main principle, containing additional secondary conditions to the ones of the main principle. Such a paraprinciple could be formulated similarly as the main principle, with the exception of considering the ethico-moral struggle as having a limiting, restrictive nature, while the frailty and suffering of human condition as having an expansive, unlimiting character.

A counterprinciple is a principle that represents the logical negation of the main principle. In this case, a counterprinciple of vulnerability would mean stopping to act or acting against reaching the balance between assuming the frailty and suffering and the desire for immortality, arguing about the impossibility to reach it. A visualisation of the relationship between a principle, a paraprinciple and the counterprinciple is shown in the ***Figure 1***.

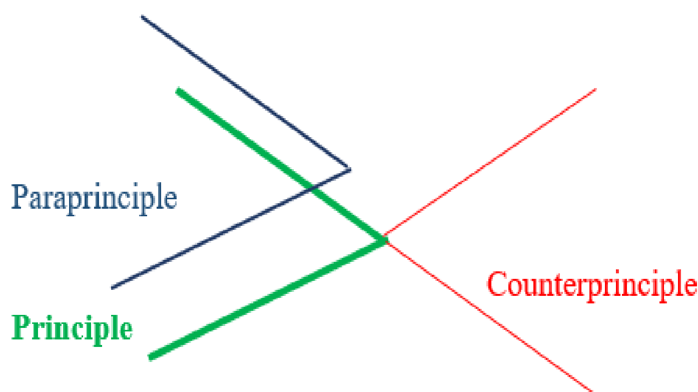

Figure 1. A schematic structure of the relationship between a principle, one of its paraprinciples and its counterprinciple

Source: *Elaborated by the author*

The boldness of the lines show the degree of precedence following the principle. The parallelism of lines show the degree of similarity between principles. The opposite angles show the antithesis of principles. While identifying the main principle, its counterprinciple, its paraprinciples and the relationship between them may seem preposterous at first glance, but such a schematic structure can show in a more detailed way the dynamics of approaching a phenomenon (in our case – vulnerability of children) from a principial perspective.

Discussion of the results. One of the results of the study is the identification of the factors of children vulnerabilities. But, it should be noted that for the determination of the vulnerability two steps need to be considered: the detection of the threat or hazard which conditions the vulnerability and the identification of the particularities of the individual or group which makes him/her/them vulnerable to it. Vulnerabilities of children are determined and influenced by a number of factors which are mentioned in the ***Figure 2***.

The factors stemming from the family refer to: the status of orphans of the children due to the deaths of their parents (or caregivers, in general), the abandonment by parents or other causes; the mental illness or chronical illness of the parent/s; the low level of education of their parents; overcrowding in the household; domestic violence; use of drugs or alcohol by the parents; status of single parent of the caregiver.

Just absenteeism or complete suspension of school studies and poor school performance are the main factors of children vulnerabilities related to the school. Bullying from the peers or isolation from the peers, also the deviant behavior and the pressure to indulge in drug, tobacco, alcohol abuse are factors that make children vulnerable, stemming from the groups of their peers. The poverty in society, the general illiteracy, crimes/imprisonment, migration/immigration, inadequate media exposure, the access to weapons, political issues, macro-level economic issues (like unemployment), sexual abuse are factors stemming from society which can determine and influence children vulnerability.

These factors can work to accentuate the state of child vulnerability and aggravate its stage evolution in a downward direction (***Figure 3***). Thus, even if at first an ordinary child may be cared for, supported and supervised adequately by adults, the poverty or the presence of the poor social network can make him/her more vulnerable. The situation can be worsened further by a shock internal to the family or household (death of a parent, illness, disability, alcoholism) or external to them (loss of parent's job, covariant shock to community). The child gets even more vulnerable due to loosing the protection and/or being forced gradually to self-support and in the last phase the child is completely disconnected with the family and household.

Figure 2. Factors determining and influencing children vulnerabilities

Source: [1]

While there are multiple factors determining and influencing vulnerability in children, a list of attributes can be taken in consideration, especially, that they are more easily measurable, even though one may

anticipate considerable problems in using these variables, and it may be difficult to get full and accurate measures on these variables in certain situations: death of / or desertion by parent/s; severe chronic illness of parent/s; illness of child; impairment/disability/handicap of the child; poverty, including access to grants; poor/hazardous physical and biological environment: housing, basic sanitation, water supply; access to social care, health care and schooling.

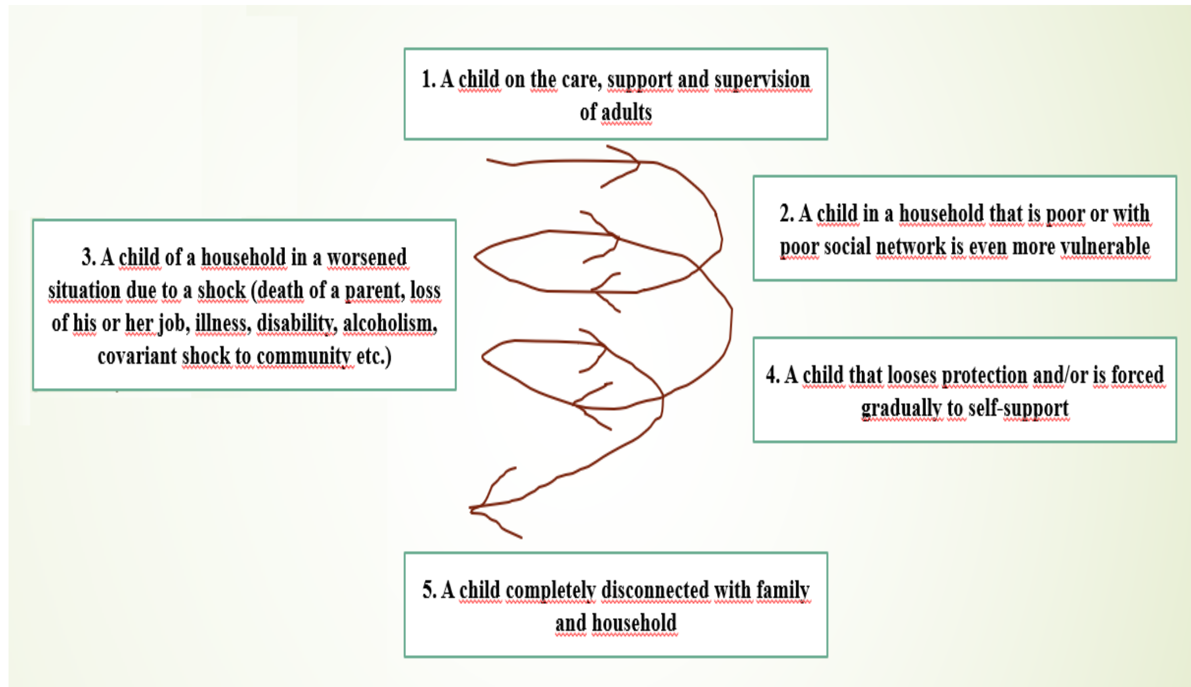

Figure 3. A model of downward spiral of child vulnerability

Source: [1]

In the process of assessing children's vulnerabilities must be taken into account such factors that may influence the process itself: the diversity of actors assessors (child welfare/protection social workers, children and their families, extended family members); the strength of the links between assessment process and service provision and child vulnerabilities. In our case, roughly speaking, an assessment tool represents a technique used to measure the characteristics of vulnerabilities of the children.

After surveying and systematizing the scientific literature on various child vulnerability assessment tools we came to the following classification: *non-composite indicators* that are of two types - <u>absolute indicators</u> (for example: the number of orphan children) or <u>relative indicators</u> (for example: the share of abandoned children in the total number of children, the ratio of the amount of child benefits to the amount of household expenditures directed for children) and *composite indicators* which can be <u>scale indices</u> (vector-oriented indices) (for example: Perrin's Child Vulnerability Scale Index) or <u>score indices</u> (scalar indices) (for example: Child Deprivation Index). The general advantages of absolute indicators are: simplicity; possibility to describe breadth, size of the dimension; usefulness for the calculation of relative indicators. Their general limits are: the one-dimensionality; not allowing to find out what share one or another part of the studied phenomenon has in its general totality; impossibility to describe the intensity of the phenomenon. The general advantages of relative indicators are their simplicity; the possibility to allow to find out what share one or another part of the studied phenomenon has in its general totality; the possibility to describe the intensity of the phenomenon. While they are very frequently used in research, as disadvantages of using them can be mentioned the higher error-proneness due to multiple sources of primary indicators and their one-dimensionality. The advantages of scale indices and score indices are their multidimensionality and the possibility of offering an aggregated value of a complex issue; the ease of use in decision-making; the possibility of intertemporal comparisons. Their general limits are the complexity; a much

higher error-proneness in comparison to relative indicators due to a greater multiplicity of data sources; the risk of flaws in their construction and of misinterpretation; the concerns about arbitrary nature of weights of sub-indicators and the misuse in the case of lacking sound statistical and conceptual principles.

As an example of score indicator is the Child Deprivation Index, created in the framework of the European Union Statistics on Income and Living Conditions [6]. It is used in 29 European countries comprising a relatively high sample (>125000 households). It represents a composite index of 18 sub-indices that describe the following dimensions related to children, adults in the household and the entire household:

1. Child: Some new (not second-hand) clothes
2. Child: Two pairs of properly fitting shoes
3. Child: Fresh fruits and vegetables daily
4. Child: Meat, chicken, fish or vegetarian equivalent daily
5. Child: Books at home suitable for the children's age
6. Child: Outdoor leisure equipment
7. Child: Indoor games
8. Child: Suitable place to do homework
9. Child: Regular leisure activities
10. Child: Celebrations on special occasions
11. Child: Invitation of friends to play and eat from time to time
12. Child: Participation in school trips and school events that cost money
13. Child: Holiday
14. Household: Arrears
15. Household: Home adequately warm
16. Household: Access to a car for private use
17. Household: Replace worn-out furniture
18. Adults in the household: Access to internet

Ones of its current limits is that it doesn't include 16-18 years old children and the fact that it encompasses only 29 European countries. While the score indicators are frequently used in the research of children vulnerabilities, a much more frequent use is of scale indicators. The most frequently used scale indicators are the following ones:

- Forsyth and Canny's Child Vulnerability Scale [9];
- Perrin's Child Vulnerability Scale [18];
- The Revised Forsyth's Child Vulnerability Scale [10];
- Vulnerable Baby Scale [16];
- Children's Social Vulnerability Questionnaire (CSVQ) [23].

It must be mentioned that the questions the codified answers to which are used to create the scale indicators are addressed to the parents of children, more often - to their mothers.

In the Forsyth and Canny's Child Vulnerability Scale Index [9] the scale of the answers is divided in 4 variants of answers. For example, to a question as "Has your baby had any problems with feeding (eg. spitting up, fussing, not satisfied difficulty feeding, not taking enough, vomiting)?" the respondent has as answers – *No problem, Minor problems, Moderate Problems* and *Major Problems,* while for a question as "So far, what has the feeding experience been like for you?" – the answers: *Very Enjoyable, Fairly Enjoyable, Not Enjoyable, Terrible* and for a question as "How concerned are you that you may have problems feeding your baby?" – the answers: *Not at All Concerned, A Little Concerned, Moderately Concerned, Really Concerned.* Such an index is used for assessing maternal psychological factors that can affect child vulnerability.

Another example of a scale index – the Perrin's Child Vulnerability Scale Index [18] doesn't use questions, but affirmations, for each of which mothers are asked to state what their answers were on a scale from *Currently definitely true, Mostly true, Mostly false, Definitely False.* It consists of a set of 15 affirmations:

1. In general, _____ seems less healthy than other children of the same age.
2. I often think about calling the doctor about _____.
3. When there is something going around, ______ usually catches it.
4. _____ seems to have more accidents and injuries than other children.
5. _____ usually has a healthy appetite.

6. Sometimes I get concerned that ______ doesn't look as healthy as he/she should.
7. ______ usually gets stomach pains or other sorts of pains.
8. I often have to keep ____ indoors because of health reasons.
9. _____ seems to have as much energy as other children of the same age.
10._____ gets more colds than other children of the same age.
11. I get concerned about circles under _____'s eyes.
12. I often check on ______ at night to make sure he/she is OK.
13. I feel anxious about leaving ______ with a babysitter or at day care.
14. I am sometimes unsure about my ability to care for ______ as well as I should.
15. I feel guilty when I have to punish ______.

The affirmations concern the health of the child, including such aspects as accidents, injuries, appetite, healthy look, pains, energy, colds, circles under eyes and also, parental anxiety, parenting doubts, parental guilt.

There is also an updated version of the Forsyth's scale index – The Revised Forsyth's Child Vulnerability Scale [10]. Like Perrin's scale index the Revised Forsyth scale index uses affirmations and not questions and looks practically similar to it, excluding affirmations on parental guilt, parental caregiving and child energy level, as is seen below:

1. In general my child seems less healthy than other children.
2. I often think about calling the doctor about my child.
3. I often have to keep my child indoors because of health reasons.
4. My child gets more colds than other children I know.
5. When there is something going around my child usually catches it.
6. I get concerned about circles under my child's eyes.
7. Sometimes I get concerned that my child doesn't look as healthy as s/he should.
8. I often check on my child at night to make sure that s/he is okay.
9. My child seems to have more accidents and injuries than other children.
10. My child often gets stomach pains or other types of pains.
11. My child seems to have as much energy as other children.
12. My child usually has a healthy appetite.

Initially this scale used a 5-point scale for each affirmation based on the certainty or uncertainty of the respondent, the middle score refers to the answer "uncertain" or "neither true nor false", but because of the evasion of middle score by the respondents and practically using it as a 4-point scale, the scale was rescored to values from 0 to 3.

Another index that measures child vulnerability is based on the Vulnerable Baby Scale [16]. While it also contains affirmations, respondents can choose answers to them to the degree they agree with them on a scale from 1 to 5. It should be noted that unlike other scale indices, this one uses different answers for various questions as is seen below:

1. I generally check on baby while he/she is asleep at night (**1**-*Not at all*; **2**; **3**-*1-2 times each night*; **4**; **5**-*Frequently (at least every 30 minutes)*)
2. If baby was awake and playing, I would leave them unattended and out of earshot for (**1**-*Not at all*; **2**; **3**-*About 15 minutes*; **4**; **5**-*More than an hour*)
3. If a friend came to visit and they had a cold I would (**1**-*Not allow them in the house*; **2**; **3**- *Allow them in but not to hold baby*; **4**; **5**-*Ask them in and not restrict contact with baby*)
4. My baby seems to get stomach pains or other pains (**1**-*All the time*; **2**; **3; 4; 5**-*Not at all*)
5. I am concerned that my baby is not as healthy as he/she should be (**1**-*Always*; **2**; **3; 4; 5**-*Not concerned*)
6. In general when I compare my baby's health to that of other children the same age, I think he/she is (**1**-*Less healthy*; **2**; **3; 4; 5**-*More healthy*)
7. I find myself worrying that my baby may become seriously ill (**1**-*All the time*; **2**; **3; 4; 5**-*No, not at all*)
8. I worry about cot death (sudden infant death syndrome (or, shortly, SIDS)) (**1**-*All the time*; **2**; **3; 4; 5**-*No, not at all*)
9. If you left baby with someone else would you make contact with them while you were away? (**1**-*Yes, definitely*; **2**; **3; 4; 5**-*No, not at all*)
10. In the last 2 weeks I have contacted a health professional (e.g. midwife, general practitioner (GP). after hours or emergency doctors, Plunket, Maori Health Provider) about baby (**1**-*Not at all*; **2**; **3**-*About once a week*; **4; 5**-*Daily, or more*)

A condition to the last, tenth affirmation is that it should not include routine visits of the midwife to see baby

or that the respondent makes them to her/his General Practitioner or Plunket for well-child checks / immunization etc.). It should be noted that the scale was used initially in New Zealand and that is why it includes some particularities specific to the country (like the mention of health providers specific to the Maori population and the Royal New Zealand Plunket Trust which is an organization specialized in children charity, the purpose of which is the improvement of welfare of the under-five New Zealand children).

A more recent tool used to assess children's vulnerabilities is the index based on the Children's Social Vulnerability Questionnaire (CSVQ) [23] which contains 8 affirmations:

1) Can be persuaded into doing things that he/she doesn't want to do, or things that will get them into trouble.
2) Falls for a trick, even when previously tricked by the same person.
3) Believes things that are clearly unbelievable.
4) Is unaware when other kids are being mean to him/her.
5) Can be tricked into doing things that others laugh at.
6) Does things that can be described as "gullible".
7) Believes someone even though they have lied to them in the past.
8) Is easily fooled.

Parents are asked to rate the extent to which they agreed with the statements about their child's behavior over the past 6 months on a 5-point Likert scale (from 0 = never or very rarely to 4 = very often or always). This scale measures credulity and gullibility in children.

All these are only a few examples of the most used composite indices that are utilized as assessment tools of children vulnerabilities.

CONCLUSIONS

It is difficult to single out, to pinpoint a complete definition to the elusive concept of vulnerability, however it can be understood as the totality of risks unmet by resilience, internal (biological, psychical, cognitive) and external (social, economical, political, etc.). The inexhaustiveness and the mutual non-exclusivity characterize lists of situations or conditions which determine the vulnerabilities of children. The vulnerability exists on a spectrum, the approaches on which vary from universalist to particularist. There are multiple factors that determine and influence children vulnerabilities that stem from the family, schools, peers and society and factors that include material, emotional and social aspects, the influnce of which can determine the downward spiral of child vulnerability from being an ordinary child adequately being cared for to a child who lost completely contact with the parents. There are 4 main types of assessment tools of children vulnerability: absolute indicators, relative indicators, scale indices and score indices. While the first two are more simplicious in calculation and in comprehension, the following two are more complex, covering a bigger number of dimensions and showing a fuller picture that is useful for decision-making. In general, it should be said that vulnerability, including in children, is a very complex issue, both as a concept and as a phenomenon to be researched, which is shown by the vast number of scientific literature sources and unambiguous treatment of its aspects, which need to be clarified in further research studies.

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