

**EXPANDING THE CATEGORICAL UNDERSTANDING
OF CHILDREN AT-RISK IN THE UKRAINIAN
AND FOREIGN SCIENTIFIC LITERATURE**

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Abstract. The purpose of the paper is to summarise and present definitions for the terms “risk”, “group of risk”, “at-risk children” used in the modern Ukrainian and foreign scientific literature based on psychological and pedagogical characteristics of at-risk children, thus to provide factors that allow to refer children to the group of risk.

Theoretical method of research has given the possibility to generalize the available data and provide the definition to the mentioned above terms. The comparative and empirical methods have allowed the providing of psychological and pedagogical characteristics of at-risk children in different countries. The statistical method has allowed the ascertaining of the risk factors affecting *the EU-28, the UK, the US, the Ukrainian* child population.

Methodology. The survey is based on a comparison of data from: American Community Survey of Family Cumulative Risk Data from 2007; Eurostat (European Union) from 2016; the Department for Education, England from 2016-2017; the Scottish Government from 2015-2016; the Welsh Government from 2015-2016; the Department of Health, Social Services and Public, Northern Ireland from 2016-2017; UNICEF and Ukrainian Institute of Social Researches named after O. Yaremenko from 2011; United Nations from 2013.

Results of the survey showed that the term “at-risk” is used to denote a set of apparent cause and effect dynamics that place the child in potential danger of future negative events. “At-risk children” is a collective term that denotes the category of children: whose social status does not have stability by certain signs; who can not overcome the difficulties that arose in their lives as a result of the influence of negative external factors. In domestic and foreign scientific psychological and pedagogical literature, the concept

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of “at-risk children” has a number of synonymous definitions: “difficult”, “problem”, “conflict”, “disadapted”, “affective”, “pedagogically neglected”, “in difficult life circumstances”, “from the problem family”, etc.

The group of risk includes children, who: 1) experience problems in the development without sharply expressed clinical and pathological characteristics; 2) have pronounced deviations in character and psycho-pathology-like behaviour, demonstrate emotional disturbances; have complicated mental and psychosomatic illnesses, heredity; 3) display social, psychological and pedagogical maladaptation; 4) remained without parental care because of various circumstances; (children of forced migrants, migrants, children of persons who suffer from military actions, street children, children who have lost their relatives, etc.); 5) are pedagogically neglected, from disadvantaged, conflicting, and asocial families (with bad heredity in terms of alcohol and drug abuse, mental illness, etc.), are from families in need of social-economic and social-psychological support; 6) are in conditions of deprivation; 7) perform hyperdynamic syndrome; 8) are under hyperopia from parents, relatives, carers or educators; 9) are gifted children or “children-wunderkinds”; 10) experience various forms of violence.

In general, the following factors that allow children to refer to the risk group are defined: medical and biological; psychological; social-economic; pedagogical.

1. Introduction

The social, economic and political crisis, observed in the modern society, has common characteristics in different countries, namely: the increase of social exclusion among different groups of population, especially among the children and youth; displays of deviative behaviour among children (bullying, begging, theft, drug addiction, prostitution, etc.). Being in crisis a family becomes less capable to provide a supportive family environment, to care for children, thus enlarging the proportion of children having physical, mental and social problems – children at risk. This process is accompanied by a sharp worsening of ecology of the environment, war, migration, poverty of the population and many other factors, which also predetermine the growth of the number of at-risk children. In Ukraine, the situation is complicated by long-term military actions in the eastern part of the country. Children in this situation suffer the most since they are the most vulnerable and unprotected population group, and, due to certain circumstances in their

lives, are exposed more than others to negative external social influences that cause their maladaptation. Consequently, the problem of social-legal protection and support for at-risk children is one of the priority directions of modern state policy.

Despite the constant relevance of the problem of behavioural deviations in children, there is still a lack of research that highlights specific factors that help a child to resist the pressure of a variety of risk factors. The problem of the growing number of at-risk children to the dangerous level affects society as a whole and call out profound concern of teachers, pedagogues, parents and carers, causing constant sharp scientific and practical attention of researchers.

The urgency of the problem under consideration, the lack of elaboration of its theoretical and practical aspects, and the contradictions existing between the increase in the number of at-risk children and the lack of attention of society and social institutions to this problem have led to the choice of the topic of research.

The object of the study: at-risk children as a social phenomenon.

The subject of the study: factors of referring children to the at-risk category.

The aim of the study is to conduct theoretical analysis of risk factors, thus expanding of understanding of the nature of at-risk children. Thus, the following research tasks have been defined: (i) to provide definitions for the terms “risk”, “group of risk”, “at-risk children” used in the modern Ukrainian and foreign scientific literature; (ii) to provide psychological and pedagogical characteristics of at-risk children; (iii) to provide factors of referring children to the group of risk.

The following interrelated research methods have been used:

– theoretical methods: (i) secondary analysis, synthesis, comparison and generalization of philosophical, sociological, social-pedagogical, psychological sources on the problem under consideration to further systematize and provide synthesis of available data, to define the content of basic concepts and current state of the problem; (ii) comparative analysis to clarify the essence of the term “at-risk children” provided by scientists from different countries;

– empirical methods – observations, interviews with scholars, practical social workers, direct and indirect observation to define factors that predetermine the belonging to the at-risk children as a group;

– statistical – quantitative and qualitative analysis of the data presented.

2. Discussion. Definition of terms

Risk is a situational description of the problem activity, which means the uncertainty of its consequences, in which alternative variants of mistaking or success are possible. The word “risk” means the possibility, the greater probability of something, as a rule, of something negative, undesirable, that may or may not occur. Because of this, when talking about at-risk children, it is meant, that they are under the influence of certain undesirable factors that can/ can not work. Here two aspects are taken into account: (1) the risk to a society directed from at-risk children; (2) the risk constantly experienced by children themselves in a society, namely: death, poor health and conditions necessary for the upbringing, etc.

Risk groups are the categories of people whose social status by different grounds does not have stability. Risk groups practically can not overcome the difficulties they face in their lives, which can result in: loss of their social significance, spirituality, moral image, and even biological death [23].

In the psychological-pedagogical thesaurus term “group of risk” denotes a group of people (children, adolescents, youth) who appear in a critical situation or in adverse living conditions, feel certain or other types of social maladaptation and reveal various forms of antisocial behaviour [1; 2; 19; 21; 32; 39; 51].

“At-risk children” is a collective term that denotes the category of children: whose social status does not have stability by certain signs; who can not overcome difficulties, that arose in their lives as a result of influence of negative external factors. The term “at-risk children” marks the category of children, who require special attention from educators and other professionals. Problem children without classical forms of anomalies in the developmental experience difficulties in studying, are at increased risk of social maladaptation, become the potential violators of social calmness causing social and legal problems. The latter gives grounds for considering them as a group of social risk [25].

In the course of research conducting, it has been found that in the Ukrainian scientific psychological and pedagogical literature [24; 41; 42; 43; 44; 49; 50] the term “at-risk children” has a number of synonymous terms: “difficult”, “problem”, “conflict”, “disadapted”, “affective”, “pedagogically abandoned”, “in socially dangerous conditions”, “in difficult living conditions”, “from a problem family”, etc.

Relying on the data of numerous studies [9; 12; 38], we have come to the conclusion that different terms highlight different points of view on this category of children, which also determines different methods of working with them.

3. Psychological and pedagogical characteristics of at-risk children

The secondary analysis of numerous indicative scientific researches of the phenomenon of “children at-risk” of the Ukrainian [22; 29; 30; 54] and foreign scholars [8; 35; 45] has made it possible to state, that the risk group includes children, who: (1) are in conditions of deprivation; (2) experience problems in the development without sharply expressed clinical and pathological characteristics; (3) display clear deviations in character and psycho-pathology-like behaviour, with emotional disturbances; (4) have complicated mental and psychosomatic illnesses, heredity; (5) perform hyperdynamic syndrome; (6) demonstrate manifestations of social and psychological-pedagogical maladaptation; (7) remained without parental care because of various circumstances; (8) are pedagogically neglected; (9) come from disadvantaged, conflicting, and asocial families (with bad heredity in terms of alcohol and drug abuse, mental illness, etc.), families in need of social-economic and social-psychological support; (10) are under hyperopia from parents, relatives or educators.

There is no reason to argue, that many children may have inherent temporary deviations in behaviour. As a rule, these are easy to overcome by the efforts of parents and educators. But the behaviour of a certain part of children (“difficult”, “problem”) goes beyond the limits of permissiveness and mischief, and the educational work with them is difficult, does not bring the desired success. They have no interest in learning, schools, do not find a common language with others, also systematically perform various hooligan acts, offenses, and do not respond to remarks. These children, for the most part, do not hide their anti-social behaviour (smoking, drinking alcohol, theft, cruelty, etc.). The available evidence seems to suggest, that the majority of juvenile offenders were in the past “difficult” children.

On the basis of theoretical and empirical methods used in the research [28; 31] two essential features, that reveal the meaning of the term “difficult” children, can be distinguished: 1) child’s behaviour deviates from the norm; 2) behavioural violations, which are not easily corrected, are evident.

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On logical ground, the terms “difficult children” and “pedagogically neglected children” should be distinguished. All “difficult” children are pedagogically neglected, but not all pedagogically neglected children are “difficult” children: some are relatively easy to re-educate; some need an individual approach from educators, professionals in the social sphere and peer groups. They are not bad, hopelessly spoiled children, as some might think incorrectly, but those who require special attention and involvement of others. In some cases, pedagogical difficulties are the result of the predominance of one of these factors, in others – their combination, complex. In cases where these difficulties can not be overcome, a “difficult” child appears. The category of “difficult” often includes those pedagogically and socially neglected children, to which the teacher failed to find the right approach.

Based on the above considerations, it can be argued that when talking about “difficult” children, pedagogical difficulties are usually meant. At the same time, only one side of the phenomenon is taken into account – the difficulty of working with these children, and the other is not considered – the difficulties of the lives of these children, the difficulties of their relationship with parents, teachers, friends, peers, and adults. It is not that “difficult” children do not so much want to study, but it is about that they can not learn well and behave properly. And the causes of difficulties are uneven. The “difficulty” of at-risk children is determined by: 1) pedagogical neglect; 2) social deprivation; 3) deviations in health [46].

The foregoing discussion implies the “difficult” children can be classified into pedagogically neglected, socially neglected and nerve-suffering (suffering from deviations in the psyche).

Pedagogical neglect is one of the most common deviations in the development of children and adolescents associated with the peculiarities of the social situation of their development. This situation is characterized by the prevalence of authoritarianism in the educational environment, its contradictions, instability, low dynamism with respect to a child, as well as the poor activity of a child in interaction with the environment. This hinders the development of subjective qualities of the personality of children and adolescents, forming passivity, inertia, irresponsibility of the person. In these conditions the processes of identification and personalization of the person are violated. On the one hand, a child can not become “like everyone” (due to the specificity of individual and personality characteristics). On the other hand, child’s attempts to express oneself are socially unconfirmed, which

marks the peculiarities of the abandoned child's self-consciousness (the underdeveloped I-concept, inadequate self-esteem and level of aspirations, lack of reflection skills). And, therefore, it is manifested in a certain position of child's personality; it is characterised by the underdevelopment of all the qualities of the subject, forming the phenomenon of pedagogical neglect.

In our opinion, pedagogical neglect is a steady deviation from the norm in behaviour, moral consciousness, educational activity, which is displayed in the underdevelopment, ignorance and inability of a child, her/his lag in development due to: negative influence of the environment and educational errors; frequent changes of schools and teachers; negative influence of the street; being kept unattended.

The Ukrainian researcher Bazhenov V. puts forward the view, that there are three groups of children by the degree of pedagogical neglect [6].

– The first group includes schoolchildren, whose degree of pedagogical neglect is negligible. They keep interest in schools, the attitude towards learning is mostly positive. There are no conflicts with teachers and peers. The children of this group are distinguished by slight suggestibility, instability, uncertainty. They have such qualities as laziness, inability to withstand their negative situational desire, inattentiveness, disorganization, lack of initiative and independence. The position of such children in the team may be safe, they are usually not in isolation.

– Children of the second group are characterized by low success, conflicts with peers and teachers. They are usually from disadvantaged families. They can be characterised as rude. Their cognitive interests are not developed sufficiently. In primary classes they do not master educational activities and, basically, are focused on extra-curricular activities. The lack of moral convictions contributes to the fact, that they are easily negatively affected. The emotional-volitional sphere is characterised by: the lack of endurance; inability to possess oneself; inflammation; anger; unkindness. However, conflicts with peers are not prolonged, and conflicts with teachers arise due to failure in educational activities.

– Children of the third group are characterised by the negative attitude to moral and legal norms. They are frankly rude to parents, teachers and classmates. The situation in their family is usually disadvantageous. Such children are characterized by very poor success, tendency to affective outbursts. They compensate their isolation in the classroom with communicating with their likes.

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Our views rest on the assumption, that family has a primary importance in a child development. Educators are concerned with the consequences, lead by deep causes associated with violation of family ties and internal-family personal relations. As a result of the deformation of interpersonal relations, the dysfunctional family does not perform the functions that are assigned to it [18].

Children from a disadvantaged family tend to experience early deprivation of needs: physiological, cognitive, safety, love and affiliation, respect and recognition, as well as the disclosure and realisation of their positive qualities and personal potential. Abnormalities in the behaviour of children may indicate that a child is neglected or harassed: constant alertness; avoidance of adults; reluctance to communicate; pronounced hostility, aggressiveness in relation to peers; escape from home; inadequate emotional reactions, frequent crying; actions that are sexually explicit; sleep disturbances, periodic nightmares, etc. Over time, this leads to the formation of a certain complex of personal qualities, which impedes social adaptation and further socialisation of such children.

Based on the study of the characteristics of parents whose children are affected by physical violence, the groups of at-risk families are identified, in which: – parents (one of them) are alcoholics, drug addicts; – parents (one of them) has mental illness; – disturbed emotional and psychological climate is felt, which leads to frequent quarrels and scandals; – parents are imposing excessive demands on children, inadequate to their age and development; – parents are in a state of stress because of death of relatives, unemployment or severe social conditions, etc.

The lack of psychological support from the parents violates the basic functions of the development of children, thus *children become nerve-suffering*, which in turn leads to various disorders in:

- affective area: disorders are expressed in depressed state, uncalmness and high level of anxiety, neurotic fears, decrease in emotional background, low self-esteem;

- cognitive sphere: disorders are associated with intellectual retardation, difficulties with concentration and shift of attention, low success, bad memory;

- behavioural sphere: disorders are displayed in delinquent and anti-social behaviour, isolation, aggressiveness, unwillingness to communicate, lack of need for the formation of relationships with peers, pronounced sexualised behaviour;

– physical development: disorders are characterized by the lack of weight of a child, short height, sloppy appearance [33].

In the majority cases, these children do not have a formed educational motivation. They treat schools and teachers, in particular, negatively and with prejudice. Many of them have negative life experience, have experienced social isolation, have had a disturbed unstable self-esteem, are inclined to self-destructive behaviour, become disable to perform adult functions when grow up. Surrounding people, without understanding the underlying causes of these conditions, tend to regard children as perpetrators of the current situation. These children are often not accepted by the socium, classmates, adults and peers, *become socially neglected*.

The main complexity of the social situation of the development of the vast majority of at-risk children is the violation of intra-family interpersonal emotional connections and child-parent relationships. Children experience serious emotional injuries and heavy personal losses, early deprivation of basic needs, which lead to personality deformations of a protective nature. The lack of proper parental love, the lack of sense of security and positive social experience do not allow them to formulate a stable self-esteem, to gain self-confidence and self-esteem, without which it is impossible to form the positive I-concept.

Failure to perform functions at a mature age is reflected in the definition of the “risk group” provided by the Organization for Economic Co-operation and Development: children and youth “at-risk” are “failing in school and unsuccessful in making the transition to work and adult life and as a consequence are unlikely to be able to make a full contribution to active society” [37, p.21]. Most countries organisation-members believe, that these children and young people are socially unprotected. Some countries organisation-members have also included children with disabilities, paying special attention to children with mental and physical disabilities.

4. Factors of referring children to the group of risk

Current study supports the view of the Ukrainian researchers [3; 7; 10; 20; 34; 53], that *in Ukraine* it is under the influence of the following groups of factors that children enter the risk group:

– medical and biological (health, hereditary and innate problems, mental and physical disorders, intrauterine injuries, the pathology of pregnancy, complications of childbirth and mental illness in any of the close relatives, etc.);

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– social-economic ((i) at macro level reflect: the economic, cultural, political and criminal situation in a society: the destruction of the institution of the family, lack of life prospects for adolescents, poor leisure organisation, high level of crime in the region, inaccessibility of social assistance services, low quality of medical care, in compliance with the law prohibiting the sale of alcohol and tobacco for adolescence; (ii) at micro level reflect: the social characteristics of the family, the type of family upbringing, the structure of the family, relationships within the family and the personal characteristics of parents, the level of family stress, financial problems in a family, unfavourable psychological climate in a family, immoral lifestyle of parents, inappropriate behaviour in society, domestic violence, neglect, parental cruelty, divorce of parents and unfavourable for children repeated marriage, as well as low income in the family, hyperopia, low authority of parents, type of reference group, school performance, communication style and position in the school team, relationships with teachers, low educational motivators, lowered success, violation of school discipline (absenteeism, etc.), low status of the child in the school team, problems with peers and teachers (conflict, aggressiveness, avoidance, etc.).

– pedagogical (inconsistency of content of educational programmes and conditions of teaching children to their psychophysiological peculiarities, the pace of mental development, lack of interest in studying, closed for positive experience, etc.).

– psychological (rejection of oneself, neurotic reactions, emotional instability and immaturity, difficulties in communication and interaction with peers and adults, low self-control, impulsiveness, reduced ability to lasting and purposeful actions, inability to predict the results of actions, reduced or inadequate self-esteem combined with an external control locus, the disparity of claims, low stress resistance, tendency to risk, tendency to find feelings, rejection of social norms. etc.).

In our research we also support the opinion that not only obviously unsuccessful children and children from dysfunctional families belong to the risk group. Gifted / talented children, or, as they are often called, “children-wunderkinds” can be referred to this category [52].

The EU Statistics on Income and Living Conditions provides indicative data on at-risk children. It clearly demonstrates that children growing up in poverty and social exclusion are less likely to do well in school, enjoy good health and realise their full potential later in life, when they are at a

higher risk of becoming unemployed and poor and socially excluded. The “risk” indicator is defined as the share of the population in at least one of the following three conditions: at risk of poverty, meaning below the poverty threshold; in a situation of severe material deprivation; living in a household with a very low work intensity. The main factors affecting child poverty, after taking account of the effect of social transfers in reducing child poverty, are the composition of the household in which the children live and the labour market situation of their parents, linked also to their level of education.

Statistics was used to ascertain, that in 2016, 26.4% of children (aged 0–17) *in the EU-28* were at risk of poverty or social exclusion compared with 24.2 % of adults (aged 18–64) and 18.2 % of the elderly (aged 65 or over) [13]. The largest differences between the at-risk of poverty or social exclusion rates of children and the total population have been found in Hungary at more than 7.0 pp. The UK had rates, that were more than 4.0 pp higher for children than for the total population [14].

Despite the fact that the term “risk” in the area of child protection *in Hungary* is being considered by the representatives of various professions (teachers, psychologists, lawyers, etc.), at present there is no clear definition of it. The authors of pedagogical encyclopaedia refer to the group of “risk” children, whose physical or social environment does not meet cultural values and can have a devastating impact on the development of their cultural values, and even prevent the development of their personality. The level of risk depends on many factors: 1) a source of danger (family, institution, etc.); 2) the nature of danger – physical, social, emotional, etc.; 3) the child's personality, vulnerability; 4) the cumulative effect, when the impact of different risks is imposed and multiplied [5, p.649].

In general the Hungarian scientists distinguish the following groups of risk factors: (i) financial: vital needs of a child are unsolved; (ii) moral: child is surrounded with antisocial and deviant environment; (iii) health: a child is surrounded with an environment, which has harmful effects on health; (iiii) educational: a child does not get enough education [4].

The working group of Hungarian National Institute of Social Policy and Family has compiled the summary of risk factors that are harmful to a child [15, p.15-28]. On these grounds we group the summarised risk factors into:

(I) family factors:

(a) social deprivation:

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– low income (per capita income is less than the minimum pension; no breadwinner; family has significant expenditure costs as an obstacle to its safety; no child allowances paid / irregularly paid; parent(s) have no permanent employment);

– family with no place of residence (lives on streets or in shelters; lives in an apartment without right, there is the threat of eviction; a “wandering” family, often changes the place of residence, avoiding the authorities, thus education and health care provision for a child is not properly secured);

– housing terms of a family are below standards (a family lives in a place not intended for habitation (e.g. garage, basement); family lives with cattle; sanitary conditions of residence are below standards; accommodation is of inadequate size, of inadequate planning, with extended family or with several generations and families living in it; divorced parents and their new families live together);

(b) domestic violence:

– sexual violence (different stages / forms of it: a child is a witness of sexual act; the very sexual act, rape, incest, child prostitution; excitation, exhibitionism, showing pornographic films; stimulation: touch);

– physical abuse (beating; shaking, pushing, suppression; digging, squeezing, pulling the hair; forcing a child to stand in the corner, dousing with cold water; signs of slaps, bites; burns, body injury; throwing objects, use of weapons or tools);

– emotional abuse (shouting, intimidation, serious and unjustified punishment, criticism, isolation, bullying; intimidation, all accompanied by violence; verbal and non-verbal humiliation, shaming, regular underestimation, neglect; demands, that do not meet the age / ability of a child; treating a child as if he/she does not “cost” anything, is unwanted and unloved; provision of opposite educational guidelines and requirements; exaggerated punishment, emotional blackmail; conscious deprivation of a child of food, anxiety, sleep, toys, love; begging or forcing a child to do so; child is a witness of violence inflicted on another person);

– other forms of violence (forcing to begging, prostitution, theft, deceit; forcing to perform heavy work or work that does not match the age of a child).

(II) factors related to the personality of a father / mother/ carer:

(a) family composition:

– parents are minors (underage parents do not get help, support for a child care; a child because of minor parents does not have a legal guardian);

- mother gave birth to a child not reaching 18 years of age;
- parents are divorced or live separately;
- mother lives (for a short or long time) separately from her child;
- death of one or both parents with a child left without care;
- there are other reasons for parents to up bring their children alone /separately (conflict, continued deterioration of relations appear between family members, but a child is not the case; there is unresolved conflict with the child's parents, prolonged bad relations between them; misunderstanding in family relationships);

(b) deviant behaviour of parents / carers:

- parents ignore the medical care (a child does not get medical care, therapy, vaccination or gets it late; parents do not use or refuse to get preventive services (e.g. nursing care); parents do not visit a child in a hospital;

- parents are dependent on games (parents most of their time play games (slot machines, card racetrack, computer, etc.); most of the salaries and family budget are regularly spend on gambling; child spends much of his/her time playing cards, slot machines, video games, etc.);

- parents are alcohol / drug addicted (parents consume alcohol in the presence of a child; child consumes alcohol; parents use drugs, other chemicals, possibly in the presence of a child; child frequently or regularly uses drugs or other chemicals);

- parents are engaged in prostitution (or forced to do so; prostitution is carried out at the place of residence of a child, and/or in his/her presence; prostitution is carried out with the assistance of a child; a child is a sex worker; a child (directly or indirectly) is forced to provide sexual services for a fee);

- parents are engaged in criminality (have criminal lifestyle; a father / mother is imprisoned for committing a crime; the crime is committed with or involving children; a child is suspected of illegal activities; a child has committed illegal acts; a child has a criminal lifestyle);

- parents are inclined to suicide (parents have tried to commit suicide; parents often talk about the possibility of suicide; child witnessed the suicide of parents / other family member; child at least once tried to commit suicide; child often speaks of the possibility of suicide);

- parents are disabled, ill, mentally ill or have such symptoms (ill parents can not properly implement a child's upbringing; ill parents need long-

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term hospital care; due to prolonged illness parents need home care; parents because of a disability can not / do not properly carry out child upbringing;

- parents fail to provide care (a child is starving; clothing and hygiene of a child are neglected; a child is deprived of / is not provided with necessary things for the healthy development with personal territory, a place for games; a child is provided with the means for the healthy development (books, toys, etc.); parents do not wish to take help in resolving problems that threaten a child; a child who is under temporary care is not visited, the connection is not supported);

- a mother harms a child in the womb, a newborn baby (pregnant woman, despite of clarification harms her child (during pregnancy consumes alcohol, drugs, smokes, is engaged in prostitution); violence against a pregnant woman; uncared or hidden pregnancy; a mother immediately after birth leaves a newborn child);

- parents fail to provide proper learning (a child with the consent of parents regularly without reasonable excuse misses classes; parents are not in contact with a school, do not provide child with needed school supplies);

- parents fail to provide proper upbringing (methods of education of parents do not meet the norms, for example, brutality and excessive expectations of the child);

- parents demonstrate: hyperopia towards a child; emotional neglect (indifference; intolerance; failure or lack of emotional security, of friendly relations; neglect and abandonment of child's emotional attachment);

- parents demonstrate irresponsible, threatening behaviour (parents lock a child often/occasionally, leave a child alone or with a person incapable to look after a child; parents make dangerous circumstances in a vehicle, e.g. no baby seats, drive while drunk; parents are in unknown location, unwilling to care for a child, and the carer doesn't want / cannot / doesn't perform the duties properly; parents officially declare to the child advisory board; that no longer want to care for a child;

- parents have been deprived of parental rights by the court decision;

- parents / children have been moved into care;

- person, who has been granted guardianship on a child / foster parent, refuses to continue to care;

- parents, who have adopted a child, apply for the termination of adoption;

- parents are immigrants (child has arrived to a country illegally);

– parents experience external risks having adverse effects on a family, a child (e.g. blackmail, usury).

(III) Factors related to the personality of a child:

- a child was born premature, with a small weight;
- a newborn child was separated from mother for more than 24 hours;
- the period between the birth of children lasted less than 18 months;
- a child has: limited physical abilities, mental retardation, chronic diseases, illness, mental disorders and sensory organs disorder difficult to manage; musculoskeletal system disorders prevent a child from having normal life; disease, mental disorders, sensory organs disorder, musculoskeletal system disorder of a child are so severe that a child can be cared by parents only with special services; disease, mental disorders, sensory organs disorders, musculoskeletal system disorder of a child are severe that parents can not / do not want to care for a child);
- a child demonstrate vagrancy (pointless child's activity, mainly in public places in groups or alone, carried out with the permission of parents or without it; child regularly skips school with / without parental consent and /or without proper reason; children who joined the gang, minors left unattended).

Interpretation of “at-risk children” concept and factors of referring children to the group of risk is complementary *in the EU, the UK, the US and Ukraine*.

Statistics of the Department for Education was used to ascertain the percent of children who experienced risk factors. The number of children in need *in England* has decreased from 394 400 in 2016 to 389 430 in 2017, a decrease of 1.3%. The number of child protection plans has increased from 50 310 in 2016 to 51 080 in 2017, an increase of 1.5%. The most common risk factor (for 39.4% of all cases) has been a child's misconduct or abandonment. Abuse or neglect was the most common primary need at assessment for children in need (31st March 2016 – 31st March 2017). This year 52.3% of children in need had “abuse or neglect” as their primary need identified at assessment, followed by family dysfunction with 16.0%, and child's disability or illness at 9.4%. Domestic violence (also includes violence aimed at children or other adults in the household) has been reported as the most common factor identified at end of assessment for children in need ((31st March 2016 – 31st March 2017) – 49.9% of children in need have had domestic violence as a factor identified at the end of assessment,

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followed by mental health at 39.7%, which incorporates mental health of the child or other adults in the family/household [17].

Statistics of the Scottish Government was used to ascertain the percent of children, who experienced risk factors. It informs that *in Scotland* at 31 July 2016, there were 15 317 looked after children, a decrease of 83 (or less than 1%) from 2015. This is the fourth consecutive year the numbers have decreased following a peak of 16 248 in 2012. The most frequent risk factors have been identified as: (1) parental substance misuse, (2) domestic abuse, (3) emotional abuse, (4) neglect, (5) drug misuse, (6) parental mental health problems, (7) non-engaging family, (8) physical abuse, (9) alcohol misuse, (10) Sexual abuse, (11) child placing themselves at risk, (12) child sexual exploitation, (13) child exploitation [48].

Statistics of the Welsh Government was used to ascertain the most frequent risk factors experienced by children *in Wales*: (1) abuse or neglect, (2) child's disability or illness; (3) family dysfunction, (4) family in acute stress, (5) parental disability or illness, (6) socially unacceptable behaviour, (7) absent parenting, (8) low income, (9) adoption disruption [47].

Statistics of the Department of Health, Social Services and Public Safety was used to ascertain that at 31 March 2017 22 737 children *in Northern Ireland* were known to Social Services as a child in need, of them 2 132 children were listed on the Child Protection Register. Neglect and physical abuse were the main reasons for a child being on the Child Protection Register [36].

Family Cumulative Risk Data from the 2007 American Community Survey compiled by Kominski, Elliott, and Clever [11; 26] on 73 590 243 children birth to 18 years of age in all 50 States and the District of Columbia were used to ascertain the risk factors affecting *the US* child population. More than 23 million children in the US (31.5% of all children under the age of 18) are not affected by any risk factor. Another 32.5% is affected by only 1 or 2 risk factors. There were no children registered for all 22 risk factors, and the highest number of exposure factors was only 15 out of 22. Only 3.0% of all children were affected by 8 or more of the 22 risk factors. 22 risk factors were organized by risk category:

(I) Individual Risk Factors (1. speaks English less than very well; 2. children not enrolled in school; 3 presence of a disability; 4. child foreign born /in U.S. 5 years or less; 5. presence of multiple disabilities.

(II) Family and Household Risk Factors (6. single parent household; 7. non-English speaking household; 8. parents with less than a high school education; 9. linguistically isolated household; 10. cared for by co-resident grandparent; 11. parent(s) foreign born/in U.S. less than 5 years; 12. cared for by co-resident grandparent more than 3 years.

(III) Family economic risk factors (13. family below poverty level; 14. household received food stamps; 15. no employed parent in household; 16. household received public assistance; 17. chronic household unemployment.

(IV) Physical environment risk (18. factors live in rented home; 19. multiple family home; 20. overcrowded family household; 21. household lacks complete plumbing; 22. household lacks complete kitchen).

US researchers of the problem generalize that the term “at-risk” is used to denote a set of apparent cause and effect dynamics that place the child or adolescent in potential danger of future negative events [35, p.7].

Recently, in the UK, in the US, the EU-28, as well as in Ukraine, scientists refer children-forced migrants, children-migrants who have suffered from hostilities, have lost relatives to the risk group [16; 27]. The situation, these children appear in, can be considered as a difficult life situation, which can lead to mental traumatism. The experience of mental trauma causes both acute and long-term psychological problems, deepened by “secondary stress”. Secondary stress, caused by additional traumatic circumstances, complicates, and slows down the process of adaptation, also affects family relationships, communication with peers. Children in situations of forced displacement are particularly prone to secondary stress, as the traumatic experience of hostilities is most often combined with losses, difficulties in a family, changes in its status, and radical changes in lifestyle. Two types of child’s behaviour, who experienced traumatic situations, can be distinguished:

1. Internationalised behaviour. Children display the following behavioural features: closeness and avoidance of contact with others; signs of depression; depression; lack of spontaneity and gaming behaviour; obedience and easy tolerance; excessive vigilance and anxiety; phobic reactions to non-typical stimuli; frequent headaches; disruption of the food cycle; predisposition to addictive behaviour; possible suicide threats; intentional self-inflicted injury.

2. Externalised behaviour. Children with this behaviour direct their emotions and feelings to other children, adults, and subjects. At the same

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time, they can: be aggressive, arrogant, hostile and destructive; provoke themselves or attack others; mock animals (up to their murder); tend to destructive behaviour (for example, to arson, destruction); have sexually coloured / directed behaviour [40].

The study does not cover all aspects of determining the risk factors for the child population. The problem of the theory and practice of social work with at-risk children and training of social workers for the work with at-risk children is the prospect of further researches.

5. Conclusions

1. “At-risk children” is a collective term that denotes the category of children: whose social status does not have stability by certain signs; who can not overcome the difficulties that arose in their lives as a result of the influence of negative external factors.

In domestic and foreign scientific psychological and pedagogical literature, the concept of “at-risk children” has a number of synonymous definitions: “difficult”, “problem”, “conflict”, “disadapted”, “affective”, “pedagogically neglected”, “in difficult life circumstances”, “from the problem family”, etc.

2. The group of risk includes children, who: 1) experience problems in the development without sharply expressed clinical and pathological characteristics; 2) have pronounced deviations in character and psycho-pathology-like behaviour, demonstrate emotional disturbances; have complicated mental and psychosomatic illnesses, heredity; 3) display social, psychological and pedagogical maladaptation; 4) remained without parental care because of various circumstances; (children of forced migrants, migrants, children of persons who suffer from military actions, street children, children who have lost their relatives, etc.); 5) are pedagogically neglected, from disadvantaged, conflicting, and asocial families (with bad heredity in terms of alcohol and drug abuse, mental illness, etc.), are from families in need of social-economic and social-psychological support; 6) are in conditions of deprivation; 7) perform hyperdynamic syndrome; 8) are under hyperopia from parents, relatives, carers or educators; 9) are gifted children or “children-wunderkinds”; 10) experience various forms of violence.

3. In general, researchers distinguish among other the following factors that allow children to refer to the risk group:

– medical and biological (poor health and the presence of hereditary or congenital problems in the child; there are signs of disturbance in the mental and physical development of the child; the child is surrounded with the environment that has a detrimental effect on his/her health, the mother had pathology of pregnancy, the mother had complications of childbirth, etc.);

– psychological (the child demonstrates the signs of: rejection of oneself, neurotic reactions, emotional instability, difficulty in communication and interaction with peers and adults, low self-control; impulsiveness, reduced ability to lasting and purposeful actions, inability to predict the effects of actions, emotional instability and immaturity, reduced or inadequate self-esteem combined with an external control locus, the disparity of claims, low stress resistance, tendency to risk, tendency to find feelings, rejection of social norms. etc., etc.);

– social-economic:

(i) at macro level reflect: the economic, cultural, political and criminal situation in a society: the destruction of the institution of the family, lack of life prospects for adolescents, poor leisure organisation, high level of crime in the region, inaccessibility of social assistance services, low quality of medical care, in compliance with the law prohibiting the sale of alcohol and tobacco for adolescence;

(ii) at micro level reflect: the social characteristics of the family, the type of family upbringing, the structure of the family, relationships within the family and the personal characteristics of parents, the level of family stress, financial problems in a family, unfavourable psychological climate in a family, immoral lifestyle of parents, inappropriate behaviour in society, domestic violence, neglect, parental cruelty, divorce of parents and unfavourable for children repeated marriage, as well as low income in the family, hyperopia, low authority of parents, type of reference group, school performance, communication style and position in the school team, relationships with teachers, low educational motivators, lowered success, violation of school discipline (absenteeism, etc.), low status of the child in the school team, problems with peers and teachers (conflict, aggressiveness, avoidance), etc.);

– pedagogical (the child does not receive sufficient education, the content of educational programs and the conditions of studying children do not correspond to their psychophysiological features, as well as the pace of mental development and training of children; lack of interest of students to study, closed to positive experience, etc.).

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