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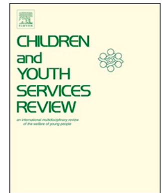

Safety assessment in child welfare: A comparison of instruments

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ABSTRACT

This review aimed to compare child safety assessment instruments, which are used by child welfare professionals to determine whether a child is in immediate danger, and subsequently, whether immediate action is required to stop or prevent serious harm to the child. We searched electronic databases for articles discussing child safety assessment in the broadest possible sense, after which child safety assessment instruments were identified by searching the full-text of relevant articles. In total, the search yielded 11 child safety assessment instruments that met the inclusion criteria. Six of these instruments were developed independently and thus included in the comparison, whereas the other five were variations of the Structured Decision Making model. The results of the comparison revealed a number of immediate child safety aspects that are measured in most safety assessment instruments, such as sexual abuse, neglect, physical abuse, domestic violence, refusing access to the child by caregivers, a caregiver's substance abuse impairing capacity to supervise, protect, or care for the child, and describing and/or acting towards the child in a predominantly negative manner. This implies that these aspects may be content-valid even though the quality of the included instruments needs to be evaluated further. Remarkable was that most instruments and manuals do not define "immediate", even though this aspect is central to (immediate) child safety which these instruments aim to assess. Further research on safety assessment instruments is essential, as most instruments are only practice-based. The next important step is to develop practice and evidence-based instruments.

1. Safety assessment in child welfare: A comparison of instruments

Child maltreatment is a global and widespread problem; Three to four per 1000 children are yearly abused, although this figure depends on the type of abuse (Stoltenborgh, Bakermans-Kranenburg, Alink, & Van Ijzendoorn, 2015). Chances for an abused child to be revictimized are even higher. For example, research shows that 50–60 percent of sexually abused children report sexual revictimization (Classen, Palesh, & Aggarwal, 2005; Walker, Freud, Ellis, Fraine, & Wilson, 2017). To stop these children from being (re)victimized, child welfare workers make complex decisions on how to best protect these children on a daily basis. Various forms of assessment are undertaken to make these decisions. In most child welfare cases, the initial assessment is concerned with determining a child's immediate safety. It is essential to first assess whether a child is in immediate danger, as immediate action to stop or prevent serious harm to the child may be required. Over the years, multiple safety assessment instruments have been developed to guide child welfare workers in assessing immediate child safety. In the current study we compared the content and the characteristics of these different safety assessment instruments.

Decision-making models used in child welfare often comprise a safety assessment instrument and a risk assessment instrument. Distinguishing safety assessment from risk assessment is important, since they serve different purposes. However, these assessment types are often confused with one another, and sometimes used interchangeably (Hughes & Rycus, 2006). Risk assessment instruments help professionals in assessing the risk for (future) child maltreatment so that those children and families with a substantial risk for child maltreatment, and who need care, can be identified. In short, risk assessment is aimed at determining *(non-immediate) future* child safety (Hughes & Rycus, 2006; Knoke & Trocme, 2005). On the other hand, child safety assessment instruments help professionals determine the child's *immediate* safety. In safety assessment, professionals determine whether a child was recently harmed, is harmed right now, or may be harmed in the *immediate* future (Hughes & Rycus, 2006; Knoke & Trocme, 2005). In performing such safety assessments, professionals answer questions like "Has the child been recently maltreated, is the child currently being maltreated, or is the child at risk of imminent harm?" as formulated by Hughes and Rycus (2006). The exact form and

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phrasing of this question depends on the protocol and the assessment instruments that are used by a child welfare service. In other words, different aspects of the immediate child safety are assessed so that it can be determined whether immediate intervention is necessary to stop the child from being harmed or to prevent harm to the child in the *immediate* future.

Although the purposes of safety and risk assessment instruments differ, the factors assessed in these instruments often refer to very similar problematic behaviors of caregivers. An example is a caregiver's substance abuse, which should be assessed as a present factor in a risk assessment in case a caregiver problematically uses substances. In safety assessment, the assessment of a caregiver's problematic substance abuse is somewhat different. The assessor should only assess substance abuse as a present (immediate) safety threat when a child is being harmed by this caregiver's substance abuse or may be harmed by this caregiver's substance abuse in the immediate future. So, items that seem similar, require a different approach to assessment depending on the type of assessment. Additionally, risk cumulation plays an important role in risk assessment, as the cumulation of risk factors rather than the presence of single risk factors is most predictive of future child maltreatment (e.g., Brown, Cohen, Johnson, & Salzinger, 1998; Lamela & Figueiredo, 2018; Li, Chu, Ng, & Leong, 2014; MacKenzie, Kotch, Lee, Augsberger, & Hutto, 2011; Van der Put, Assink, & Stams, 2016; Yang & Maguire-Jack, 2018). In contrast, in safety assessment the presence of only a single factor means that the child is in immediate danger. Most available research on assessment of child maltreatment is focused on determining (effects for) risk factors for future child maltreatment, which has been summarized in several large meta-analytic review studies (see, for instance, Assink et al., 2018; Mulder, Kuiper, Van der Put, Stams, & Assink, 2018; Stith et al., 2009). However, this type of research is, to our best knowledge, not available for factors that should be assessed in safety assessment instruments.

Research on child maltreatment risk assessment instruments indicates that there is still room for improvement in terms of validity and reliability. A meta-analysis on the predictive accuracy of risk assessment instruments showed a moderate predictive validity of these instruments in general (Overall AUC = 0.681; Van der Put, Assink, & Van Solinge, 2017). Studies on the interrater reliability of risk assessment instruments showed mixed and inconclusive results that range from very low to very high (D'andrade, Austin, & Benton, 2008; Baird, Wagner, Healy, & Johnson, 1999; Barber, Shlonsky, Black, Goodman, & Trocmé, 2008; Bartelink, De Kwaadsteniet, Ten Berge, & Witteman, 2017; Cash, 2001; Knoke & Trocme, 2005; Vial, Assink, Stams, & Van der Put, 2019). Actuarial risk assessment instruments (i.e., instruments of which the risk outcome is calculated based on the empirically established relationship between risk factors and future maltreatment) outperformed consensus based instruments in terms of both predictive validity and reliability (Baird et al., 1999; Van der Put et al., 2017).

Research on the reliability and validity of child safety assessment instruments is far scarcer. Only three studies examined the interrater reliability of a safety assessment instrument. One study that was performed in the Netherlands showed a low to fair interrater reliability of the individual items of a Dutch safety assessment instrument, and a moderate interrater reliability of the overall safety outcome of that same instrument (LIRIK; Bartelink et al., 2017). Another Dutch study found a reasonable reliability for a safety assessment instrument's items and outcome, as most items and the outcome showed a moderate or higher reliability (Vial, Assink et al., 2019). Orsi, Drury, and Mackert (2014) examined the interrater reliability of the items of several safety assessment instruments that are used in the United States, and found mixed interrater reliability of the items, varying from low to substantial reliability.

Some studies have focused on the criterion validity of child safety assessment instruments, in specific the predictive validity (see Bartelink et al., 2017; Fuller & Wells, 1998; Fuller & Wells, 2003; Fuller, Wells, & Cotton, 2001; Wells & Correia, 2012) or the concurrent validity (e.g., Johnson, 2004; Baird 2004, cited in Baird & Rycus, 2004). However, in these studies, child safety assessment conclusions were compared to risk assessment conclusions, child maltreatment recurrence reports (within 60 days after the safety assessment), or re-entry in out-of-home care (up to more than a year after the initial placement). This is problematic, because child safety assessment is about determining harm in the present and about determining threats of harm that may occur in the immediate future. Therefore, these studies provide no clear information on the quality of child safety assessment instruments.

As for safety assessment instruments, the concurrent validity is the most appropriate form of criterion validity to examine when the aim is to make inferences on the psychometric quality of an instrument. Basically, it is the concurrent validity that needs to be determined when an instrument's outcome and criterion are determined at the same time (Cronbach & Meehl, 1955), which is the case for instruments used for child safety assessment. However, the above described studies on the "concurrent" validity of safety assessment instruments used measures of future child maltreatment risk as criteria. This poses a problem as it is necessary to measure immediate child safety at the same time of the safety assessment when the aim is to draw conclusions on the concurrent validity of safety conclusions. To our best knowledge, these types of studies have not been conducted yet. When determining the predictive validity of a safety outcome, a measure of child safety in the immediate future should be used as criterion. However, this is problematic due to ethical restrictions. When a child is in immediate danger according to a safety assessment, immediate measures must be taken to prevent harm to the child. If harm to the child is prevented in this way, the accuracy of the safety assessment cannot be validly determined, that is, without the confounding intervention effects securing safety of the child. For obvious reasons, it is not possible to withhold these immediate safety measures.

An alternative way to determine the validity of a child safety assessment method is by determining its content validity. To our knowledge, the content validity of safety assessment instruments has not been researched before. We therefore are currently developing and examining a Dutch safety assessment instrument (Vial, Van der Put, Stams, & Assink, 2019). In this study, we ask child welfare workers and other child safety experts to indicate what child safety aspects they consider to be essential in assessing immediate child safety and should thus be assessed with the instrument. The results showed that not all essential aspects of immediate child safety were measured with the instrument. Emotional abuse, harm inflicted by others for which caregivers are unable or unwilling to protect the child, symptoms of a caregiver's psychiatric disorder that imposes an immediate threat, and a child's psychiatric problems that impose an immediate threat to him/herself were missed by the participants. Thus, these aspects were added to the instrument to improve its content validity.

DePanfilis and Scannapieco (1994) studied the content of safety assessment instrument used at that time. They compared ten safety assessment instruments and only found slight resemblance between items of these instruments. In their review, they classified all items into the following five categories: maltreatment factors, child-related factors, parent-related factors, family- and environment-related factors, and intervention factors. As for the maltreatment factors, the results revealed slight resemblance between factors assessed in the different safety assessment instruments. Only a general maltreatment factor, which broadly refers to the presence of child abuse, was included in half of the instruments. Four additional maltreatment factors were assessed in four of the ten examined instruments: "inadequate parental supervision", "history/frequency of past maltreatment", "maltreater intended to harm, child/injury suggests intent", and "parents/perpetrator cannot/will not explain injuries/conditions". Five instruments assessed the following child-related factors: "basic child needs are unmet", "physical/mental abilities", "age/cannot protect self", and "serious

effects of maltreatment". The most frequently assessed parent-related factor was "cannot control behavior", and the most frequently assessed family/environment factors were: "life-threatening living conditions or lack of resources to meet basic child needs", "intense family conflict/stress or crisis that endangers a child's safety", and "support systems". Last, "parents are uncooperative" was the most frequently assessed intervention factor. The substantial variation in aspects measured in these instruments show a lack of consensus on how immediate child safety should be measured. However, it should be kept in mind that DePanfilis and Scannapieco (1994) reported on instruments containing sections on the development of a safety plan. As a result, it is unclear whether all the safety assessment aspects reported are relevant for deciding whether immediate action is required.

The different conceptualizations of immediate child safety in literature also show a lack of consensus. According to Ten Berge and Bakker (2005), the broad conceptualization of safety in general includes all basic conditions for a healthy physical and psychological development of a child. They argue that a child's physical safety is the basic need for a healthy physical development, and emotional safety is the basic need for a healthy psychological development. Ten Berge and Bakker note that safety assessment instruments are generally based on a narrower conceptualization of safety, because these instruments only assess safety aspects requiring immediate action. This narrow conceptualization primarily emphasizes a child's physical safety. On the other hand, Holder and Morton (1999, cited in Morton & Salovitz, 2006, p.1320) do not separate physical from emotional safety in their immediate child safety model. Instead, they describe six forms of imminent threats that may cause serious harm to a child: situation-specific characteristics (e.g., unsafe home environments), behaviors (e.g., parental assaults), emotions (e.g., parental depression), motives (e.g., parental intentions to hurt a child), perceptions (e.g., viewing a child as the cause of problems), and capacities (e.g., parental physical disabilities). Whether emotional harm, possibly resulting from these threats, is also part of this immediate safety model is not described by Holder and Morton.

Likewise, Morton and Salovitz (2006) do not distinguish between physical and emotional safety. Their model assumes that immediate child safety is determined by an interaction between threats of serious harm, family protective capacities, and child vulnerability. In line with this model, a safety assessment instrument should always measure these three aspects. Whether emotional harm should be regarded as serious harm is unclear in this model. The National Association of Public Child Welfare Administrators (2009) included the same three aspects in their child safety model, but additionally, emotional damage was explicitly described as a form of serious harm. In other words, emotional harm is regarded as an aspect of immediate safety, and immediate action should be taken when emotional harm is about to occur. Other researchers, such as Wahlgren, Metsger, and Brittain (2004), also included emotional harm in their conceptualization of immediate safety. Conceptualizations of immediate child safety vary in literature, whereas the content, and hence the quality, of a safety assessment instrument is strongly determined by this conceptualization.

Decision making based on safety assessment instruments of which the psychometric properties have not been studied adequately creates ethical dilemmas, especially because of the severe nature of the punitive interventions these decisions may involve (Peters & Barlow, 2003). False negatives and false positives should be avoided, as both could have traumatic consequences for families and children. Even true positive results may not always lead to an improved child safety, as selecting the intervention that best fits the needs of a child and the family is quite complicated. Moreover, the preferred intervention may not always be available and interventions for child maltreatment are generally not as effective as desirable (Gubbels, Van der Put, & Assink, 2019; Euser, Alink, Stoltenborgh, Bakermans-Kranenburg, & Van IJzendoorn, 2015). However, decisions (on child maltreatment) made with instruments have shown to outperform clinical judgement without the use of an instrument (D'andrade et al., 2008; Bartelink, van Yperen, & Ingrid, 2015). Thus, safety assessment instruments need to be studied and improved as much as possible. A first step in evaluating the quality of child safety assessment instruments is reaching (more) consensus on how to conceptualize immediate child safety, and how immediate child safety should be measured. Only when primary research on safety assessment uses the same concepts, we are able to make a valid comparison between child safety assessment strategies and to determine how immediate child safety can best be assessed.

Therefore, the aim of the present study was to compare child safety assessment instruments. We mapped and compared the immediate child safety aspects that are assessed in these instruments to determine differences and similarities in these aspects. If multiple instruments assess the same aspects, that may be an indicator for content validity of those aspects, as these instruments are often developed by clinical professionals and widely used in practice. One might say that these instruments are practice-based, and therefore, comparing them is meaningful. A further aim was to compare different characteristics of safety assessment instruments, such as their purpose, to get more insight into how these instruments conceptualize immediate safety. By performing such a comparison, this study adds to a foundation for more focused research on immediate child safety threats. In this review, the term "immediate (child) safety threat" refers to situations in which children are being harmed as well as to situations with one or more threats of harm that may occur in the immediate future. Some safety assessment instruments also assist child welfare workers in deciding on how to safeguard a child, for instance by an in-home safety intervention, out-of-home safety intervention, or a placement in protective custody. As most safety assessment protocols do not provide a method for structurally developing a safety plan, we only focused on the safety decision (i.e., safe or unsafe). Aspects of safety planning in the instruments were not considered in the current study.

2. Method

Several criteria were formulated for the selection of safety assessment instruments. First, we only included instruments that were developed for a child welfare setting. For instance, instruments developed for hospital settings were excluded, as these types of instruments assess different types of safety aspects. Second, we only focused on instruments containing a section assisting with the safety decision (i.e., answering the question whether the child is safe or unsafe). Some safety assessment instruments also assist child welfare workers in deciding on how to safeguard a child, and there are several methods developed solely for the purpose of developing a safety plan (e.g., Signs of Safety). These instruments were not eligible for inclusion in the current review. Third, we only included instruments developed for western countries, as non-western countries may define child maltreatment differently.

In our literature search, we first searched for articles discussing child safety assessment in the broadest sense. We used the electronic databases PsycINFO, PubMed, Sociological Abstracts, Web of Science, ScienceDirect, ERIC, and Google Scholar to search for articles, reports, book chapters, dissertations, and manuals. See Appendix A for a complete overview of all the search terms we used for each database. No restriction in publication year was set in this search. The flowchart of the full search procedure is presented in Fig. 1. We searched until February 26, 2019 and identified 2953 records through database searching and other sources (such as Google Scholar). After removing duplicates, the number of studies was reduced to 1010. Next, we screened 1010 results. If the title described any type of assessment or decision making in child welfare, the record was deemed relevant for full text search. This yielded 522 relevant results, of which full-text was available for 408 results. Of these results the full text (including references) was searched for safety assessment instruments. To search the

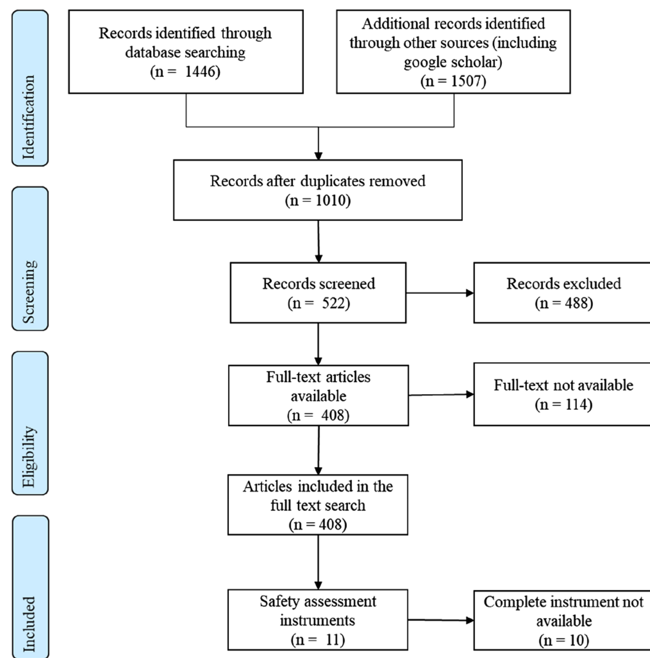

Fig. 1. Flowchart of the instrument search.

full text, we used software program ATLAS.ti 8. This program has an auto coding function to automatically provide specific words or combinations of words with a code. See Appendix B for all the codes that were generated. A total of 7912 codes were manually screened to select the safety assessment instruments described in these articles.

Additional to this literature search, we contacted child protections services of the states of western English-speaking countries (Australia, Canada, USA, and the United Kingdom), and we requested a version of the safety assessment instrument currently used in their state. We followed this procedure, as we expected that the instruments used in practice are not always described in the literature. We also contacted authors of studies examining child safety assessment (such as reliability, validity, and usability studies) asking for additional published and unpublished studies of instruments that would be eligible for inclusion in the present study. Finally, authors of the retrieved instruments were contacted when articles did not report on all items of a safety assessment instrument, or when the full instrument was not available online or in the literature. We also contacted authors for requesting guidelines, protocols, policies, and/or procedures that complement the instruments.

During our search for instruments, it became clear that it was not possible to include all the instruments currently used in the states of the different countries, for two reasons. First, it was not possible to gather sufficient instruments. In total, we contacted 78 child protections services, of which 30 agencies replied. Only 17 agencies could provide us with the safety assessment instrument they are currently using. The other 13 agencies could not provide us with the instrument, for example because of copyright restrictions, or because they did not use a specific tool. Second, many states in the different countries use versions of the same instrument. For example, the Structured Decision Making (SDM) safety assessment instrument is used in 23 states of the USA (Harbert & Tucker-Tatlow, 2012), in Queensland, Australia (Bromfield & Higgins, 2005) and Ontario, Canada (Ministry of Children and Youth Services, 2016). Of the 17 agencies that provided us with the safety assessment instrument they are currently using, all but three were using SDM tools. We asked agencies to provide us information on how these versions of existing tools were developed and how they were adjusted from the original version, but agencies were often not able to provide the needed information. Therefore, we decided to only include instruments that are described in published and peer reviewed articles as a form of quality control.

In total, the search yielded 21 child safety assessment instruments that are described in peer reviewed articles and met our inclusion criteria. Of the 21 instruments, 10 had to be excluded due to incomplete information. These 10 instruments were all compared by DePanfilis and Scannapieco (1994) in their review, and these researchers informed us that they could not provide these instruments. Therefore, none of these instruments were included in the current study. Of the final 11 instruments, five instruments were variations of the SDM safety assessment instrument. These five SDM instruments are compared separately from the other instruments. Only the most recent version of the SDM instrument is compared to the 6 other instruments.

In determining what aspects of immediate child safety are assessed with the items of each included instrument, we pursued the following procedure. From each item of each instrument, the first author of this study extracted the child safety aspect that was assessed. If multiple aspects were assessed in one item, all aspects were extracted, meaning that the number of extracted aspects was sometimes higher than the number of items an instrument comprised. Finally, it was determined how often each of the extracted aspects of child safety was assessed in all included safety assessment instruments. The coding procedure was under supervision of three senior researchers (second, third, and last author of the manuscript). The items that were somewhat ambiguous were discussed with all authors until full consensus was reached.

3. Results

The literature search resulted in seven different instruments, of which several characteristics are presented in Appendix C. Each instrument's purpose was to assess whether or not a child is in immediate danger requiring a protective intervention. The guidelines of two different instruments described that these instruments were also developed for helping professionals with determining which protective intervention is (most) appropriate. Further, one instruments claimed to serve an extra purpose in the guideline; examining family's history of child abuse and neglect. According to the manuals, all included instruments can be used for an initial safety assessment, five instruments can also be used for reassessment, and three instruments are also usable for case closing assessment.

Only three instrument guidelines provided a definition of "immediate" in immediate safety, which all refer to harm that can occur now or in the very near future. Examples described in these guidelines are: *"…before the next time department or contracted child welfare staff see a child…"* and *"…from later today, tomorrow or up to, but not exceeding 60 days"*. Interestingly, five guidelines did describe when the initial assessment should be reported: within 24 or 72 h of the first face-to-face contact with the child, within four working days from the date of the report, and during the initial interaction when impending danger is identified. From these criteria can be derived that the "immediate" aspect of child safety does not exceed 96 h.

Child safety threats were mostly defined as conditions in which children are being harmed and as conditions with one or more threats of harm that may occur in the immediate future. Three instruments made a distinction between present danger and impending danger. Present danger referred to present harmful conditions, whereas impending danger referred to conditions in which a child is likely to be harmed in the near future. According to most instrument manuals, a child is deemed to be unsafe if one of the safety threats is assessed to be present. Correspondingly, if no safety threats are assessed as being present, the safety outcome should be safe with a plan, or unsafe. The instruments mostly produce (variations of) one of the following safety

Table 1
An overview of immediate child safety threats measured in safety assessment instruments.

Immediate safety threats	1	2	3	4	5	6	7	Total[a]
Sexual abuse								
(Suspected) sexual abuse and circumstances suggest that the child's safety may be of immediate concern	x		x	x			x	4
Sexual abuse by family members		x				x	x	3
Sexual abuse by others than caregiver or family member		x					x	2
Child prostitution		x	x					2
Caregiver[b] is unwilling or unable to protect the child from (suspected) sexual abuse					x			1
Access to the child								
Caregiver refuses access to the child, or there is reason to believe that he/she is about to flee	x		x	x	x	x	x	6
Caregiver seeks to hinder the investigation							x	1
(Suspected) Child abduction		x						1
Neglect								
Caregiver refuses to or is unable to meet the child's immediate needs	x	x	x	x	x	x	x	7
Aspects of neglect:								
Insufficient food, clothing, or shelter	x	x	x	x	x	x	x	7
Unfulfilled immediate needs for medical or critical mental health care	x	x	x	x	x		x	6
Insufficient supervision		x	x	x	x	x	x	6
Insufficient parental authority, structure and stability						x		1
Emotional neglect						x		1
Unfulfilled special needs	x							1
Unfulfilled behavioral needs	x							1
Insufficient protection						x		1
Caregiver's substance abuse seriously impairs his/her ability to supervise, protect, or care for the child			x	x	x		x	4
The physical living conditions are hazardous			x	x	x		x	4
Caregiver's mental illness or disability impairs his/her current ability to supervise, protect, or care for the child			x	x			x	3
Caregiver has dangerously unrealistic expectations of the child			x	x				2
Severe neglect causing danger to the child's immediate physical safety		x						1
Caregiver in the home is not performing the duties and responsibilities that assure child safety	x							1
The lack of parental knowledge, skills, and/or motivation presents an immediate threat of serious harm to a child	x							1
Caregiver does not have or use resources necessary to meet the child's immediate basic needs, which presents an immediate threat of serious harm to a child	x							1
Physical violence								
Serious injury or abuse to the child other than accidental		x	x	x	x	x	x	6
Caregiver made a threat to cause harm or retaliate against the child	x		x	x			x	4
Caregiver fears he/she will injure the child	x			x			x	3
Caregiver's behavior is violent and/or out of control	x		x	x				3
Caregiver's explanation for the injury to the child is questionable or inconsistent with the type of injury			x				x	2
Caregiver's unable or unwilling to explain the injury to the child	x							1
Caregiver uses excessive discipline/physical force							x	1
Caregiver intended to cause serious physical harm to the child	x							1
Honor related violence		x						1
Domestic violence								
Domestic violence exists in the household and poses an imminent danger of serious physical and/or emotional harm to the child			x	x	x		x	4
Domestic violence exists in a household with a child younger than 4 years old or a child physically unable to safeguard itself		x						1
Child witnesses domestic violence						x		1
Emotional abuse								
Caregiver describes or acts toward the child in a predominantly negative manner	x		x	x				3
Caregiver describes the child in predominantly negative terms or acts toward the child in negative ways resulting in the child being a danger to itself or others, acting out aggressively, or being seriously withdrawn and/or suicidal							x	1
Psychological violence (humiliation, verbal attacks, intimidation and/or constantly monitoring what the child is doing and saying)						x		1
Other potential safety threats								
Other immediate safety aspects (specify)			x			x	x	3
Child is a serious threat to itself (psychosis, suicide or running away)		x				x		2
Child is fearful of his/her home situation, because of the people living in or having access to the home	x			x				2
Caregiver has a history of previously maltreating a child in his/her care and current circumstances suggest that the child's safety may be of immediate concern				x			x	2
Caregiver is unable or unwilling to protect the child from serious harm or threatened harm by others			x					1
Threatened harm by others						x		1
Caregiver is aware of the potential harm and unable or unwilling to protect the child from serious harm or threatened harm by others							x	1
Drug-exposed infant							x	1
Caregiver is (alleged to be) engaged in human trafficking posing a safety threat of moderate to severe harm to the child				x				1
Caregiver reacts dangerously to child's serious emotional symptoms, lack of behavioral control, and/or self-destructive behavior	x							1
Caregiver is unwilling or unable to protect the child from harming itself					x			1
Caregiver is a serious threat to itself (psychosis or suicide)		x						1
Total number of aspects measured in the safety assessment instrument	18	14	19	18	11	14	23	

Note. 1 = ACTION for Child Protection In-home safety assessment and management (Pennsylvania Department of Public Welfare, 2019); 2 = ARIJ Safety Assessment (Van der Put et al., 2016); 3 = CAPMIS safety assessment (Ohio Department of Job and Family Services, 2014); 4 = CERAP safety determination form (Illinois Department of Children and Family Services, 2013); 5 = Colorado Family Safety Assessment (Colorado Office of Respondent Parents' Counsel, 2017); 6 = Section 1 Current safety of the LIRIK (Ten Berge et al., 2014); 7 = SDM Safety Assessment (Texas Department of Family and Protective Services, 2018).

[a] The aspects are ordered according to how often the aspects are assessed in the instruments.

[b] Caregiver may also refer to more than one caregiver, a partner, or another member of the household.

decisions: child is safe, child is safe provided a safety plan is set up, and a child is unsafe.

Little information on the instrument construction is given in the instrument guidelines. Only the guideline of the CAPMIS safety assessment tool describes a theory of child safety (i.e., the model of Morton & Salovitz, 2006). In total, five peer reviewed studies have been conducted on four of the safety assessment tools, which examined the predictive validity and reliability. Six of the safety assessment instruments are part of larger decision-making models, and are complemented by other instruments, such as risk assessment instruments.

The included instruments assessed different types of child safety aspects to determine a child's immediate safety. All instruments assessed immediate safety threats (see Table 1 and see Appendix D for the safety threats measured in the variations of the SDM tools). Four tools assessed child vulnerability aspects (see Appendix E) and caretakers' protective capacities (see Appendix F) as part of the safety decision. The following child vulnerability aspects were measured by three of the instruments: the child has diminished physical capacities, the child has a young age, and the child has diminished mental capacities. Caretakers' protective capacities were mainly divided in cognitive, behavioral, and emotional capacities, were assessed in a wide variety of items, and were at most assessed in two instruments. One instrument also included child protective capacities, and that same instrument also included risk factors for future child maltreatment for the purpose of child safety assessment. According to the instrument manual, these risk factors were assessed because they may indicate current child maltreatment and when risk factors are present, a child's immediate safety needs to be assessed.

The immediate safety threats measured in the different instruments showed much similarity. First, sexual abuse of the child was measured by all instruments. Some of the items also explicitly described who could be the abuser: a family member or others than the caregiver(s). One instrument described that the sexual abuse is only a threat when caregivers are unable or unwilling to protect the child from the abuse. Second, all but one instrument described a threat caused by a caregiver who refuses access to the child and who might flee with the child. One instrument also included a threat caused by a caregiver who seeks to hinder the child protection investigation.

Third, all instruments described threats caused by caregivers who refuse or are unable to meet the child's needs for food, clothing, and shelter. All but one instrument described an unfulfilled immediate need for supervision, medical, or mental health care. Four of the seven instruments also described a caregiver's substance abuse, which impairs his/her capacity to supervise, protect, or care for the child as well as hazardous living conditions that pose a threat to a child's immediate safety. Three instruments also included a caregiver's mental illness or disability as a cause of unmet needs of the child.

Fourth, all instruments described physical violence to a child. All but one instrument also explicitly described other than accidental injuries to the child. Other items referring to physical violence differed more between the instruments. Items were formulated as: caregiver threatens to inflict harm upon a child or to retaliate against a child, caregiver fears he/she will injure the child, caregiver's behavior is violent/out of control, or explanations for a child's injury are questionable or not given.

Fifth, all but one instrument described domestic violence as an immediate threat to a child. One item described that domestic violence is only a safety threat in case a child is a direct witness of this violence, and another item described that only domestic violence in the presence of children younger than 4 years, or when a child is unable to safeguard itself, are safety threats. Notably, one instrument did not explicitly include domestic violence in the items describing immediate safety threats.

Sixth, emotional abuse is measured in five instruments, but in varying ways. Most items refer to a caregiver who describes the child or acts towards the child in a predominantly negative manner. One instrument added that a safety threat is only present when this specific caregiver behavior results in the child being a danger to itself.

Last, there are several immediate safety threats described by three of the seven instruments (with somewhat different specifications); the child is a threat to itself (and caregivers are unwilling or unable to protect the child), others (threat to) harm the child (and caregivers are unable or unwilling to protect the child), and the presence of other immediate child safety threats that requires further specification.

Finally, the safety threats measured in the variations of the SDM instruments were compared (see Appendix D). Overall, the SDM safety assessment tools were very similar. Some instruments included different specifications of safety threats in the items. For example, one instrument only included domestic violence in case this violence poses a threat of physical harm to the child, whereas other instruments also described that domestic violence can pose a threat of emotional harm. Additionally, it is notable that one instrument (i.e., the Maryland's Safety Assessment For Every Child; Department of Human Resources Social Services Administration, 2015) included multiple items that are not described in the other instruments. An example is "There have been multiple reports from the community or since the last safety assessment, where there were previous concerns about the safety of the child".

4. Discussion

The aim of this study was to compare child safety assessment instruments. We examined what aspects of immediate child safety are measured in safety assessment instruments, and what the similarities as well as differences in these aspects are. The results revealed that a wide variety of immediate child safety threats are measured in these instruments, as we identified a total of 53 safety threats. Although approximately half of the threats are only assessed in a single instrument, there is strong resemblance in the other threats that are assessed in the included instruments. In sum, the following nine immediate child safety threats were assessed in at least four of the seven instruments: (1) sexual abuse, (2) a caregiver refuses access to the child, (3) a child's immediate needs (in terms of food, clothing, shelter, medical/mental health care, and supervision) are unmet, (4) a caregiver's substance abuse impairs his/her capacity to supervise, protect, or care for the child, (5) a child's physical living conditions are hazardous, (6) a child is seriously injured which is not caused by accident, (7) a caregiver threatens to inflict harm upon a child or to retaliate against a child, (8) domestic violence, and (9) a caregiver describes the child or acts towards the child in a predominantly negative manner. Additionally, the following immediate safety threats were measured in three of the seven instruments: (1) a caregiver's mental illness, and/or disability impairs his/her capacity to supervise, protect, or care for the child, (2) a caregiver's explanation for a child's injury is questionable and/or inconsistent with the type of injury, (3) a caregiver fears he/she will injure the child, (4) the presence of other immediate child safety threats that requires further specification, (5) the child poses a threat to itself, and (6) a caregiver is unable and/or unwilling to protect a child from (threatened) serious harm inflicted by others.

The results revealed that threats of emotional harm, such as emotional abuse, are assessed in all instruments included in this review, with items such as "Caregiver describes or acts toward the child in a predominantly negative manner" and "Domestic violence exists in the household and poses an imminent danger of serious physical and/or emotional harm to the child". However, there are substantial differences between instruments in both how threats of emotional harm are conceptualized and in the number of threats of emotional harm that are assessed. The item that explicitly describes emotional abuse (i.e.,

psychological violence such as humiliation, verbal attacks, and intimidation) is part of only one instruments. Emotional abuse is far less explicitly conceptualized and assessed in instruments than physical abuse, sexual abuse, and neglect. On the other hand, threats of emotional abuse seem to be implicitly embedded in a number of other items (such as, "Caregiver has dangerously unrealistic expectations of the child" and "Child is fearful of his/her home situation, because of the people living in or having access to the home"), implying that the assessment of these threats is important to a certain degree in determining a child's immediate safety, but more agreement on this is required.

In line with theories on immediate child safety, four instruments assessed child vulnerability aspects and caregiver protective capacities (Morton & Salovitz, 2006; National Association of Public Child Welfare Administrators, 2009). However, recent studies on (fatal) incident reports revealed that when a child does not show any problems or signs of abuse, professionals underestimate the severity of immediate child safety threats and forms of harm that are present (see Trench & Griffiths, 2014, for a case review in the United Kingdom; see Health and Youth Care Inspectorate, 2016, for a Dutch case review). Focusing too much on a child's problems could lead to faulty immediate child safety decisions. Future research should assess how including child vulnerability aspects in safety assessment tools influences judgments made with these instruments. Additionally, studies on risk factors for child maltreatment have shown that the impact of (cumulative) risk factors is much larger than the impact of (cumulative) protective factors in high risk families (Luthar & Goldstein, 2004; Miller, Wasserman, Neugebauer, Gorman-Smith, & Kamboukos, 1999; Vanderbilt-Adriance & Shaw, 2008a, 2008b; Van der Put et al., 2016). For safety assessment, it may also be that the impact of caregiver protective capacities is smaller than the impact of immediate child safety threats or forms of harm that are present. As no research on this matter has been conducted, this should be studied.

Notably, threats or harm caused by a child's own behavior are only assessed in three instruments and in two different ways. First results of a qualitative study on the content validity of a child safety assessment instrument, in which child welfare workers were interviewed, showed that a child's own harmful behavior could and should be a reason to immediately safeguard a child (Vial, Van der Put et al., 2019). For example, a child with a harmful psychiatric disorder, a child frequently running away from home, or a child with suicidal behavior should be safeguarded immediately. It is possible that safety assessment instruments focus too much on child maltreatment inflicted on a child in the context of a relationship of responsibility, trust or power, as for instance defined by the World Health Organization (2017). Undeniably, it is often a caregiver inflicting harm upon a child, but immediately safeguarding a child for (threats of) harm caused by a child's own harmful behavior, may be necessary. Interestingly, threats of harm to the child caused by others than the caregivers are also only measured in three instruments (in different ways), even though this immediate safety threat fits the definition of child maltreatment.

When comparing the characteristic of the instruments, it is remarkable that most instruments or guidelines do not define "immediate" in immediate child safety, even though this aspect is central to the construct that these instruments assess. The three instruments that do define immediate refer to harm that can occur now or in the very near future. In line with this definition, five guidelines prescribe that an initial safety assessment must be reported within 4 days or less after the initial contact. This suggests that the definition of immediate should also be within this time constrain. This ambiguity about the definition of immediate may cause differences in aspects measured in instruments.

None of the ten safety assessment instruments compared in the current study were included in the instrument comparison of DePanfilis and Scannapieco (1994). This indicates that the research area is continually developing and that new safety assessment instruments emerge over time. Despite all these newly developed instruments, very few studies on the psychometric properties of safety assessment instruments were found in the literature search conducted in the present review (see all the peer reviewed studies on the safety assessment instrument in Appendix C). To improve the quality of safety assessment instruments, more research on the validity and reliability of safety assessment instruments needs to be conducted. In particular, research is required on the relevance of the aspects measured in these instruments, and on whether immediate child safety aspects are missing in these instruments. The immediate safety aspects identified in this study could provide a basis for this type of research for which different research approaches can be used. For example, reports of child abuse incidents can be studied to retrieve knowledge about the causes of harm to the child. Additionally, qualitative studies in which adults with a child abuse history (sometimes referred to as "experts by experience") or clinical professionals are interviewed, may shed light on what should be assessed in safety assessment instruments. In these studies, the aspects identified in this study may be presented to participants after which they could be asked to indicate whether each of these aspects is relevant to assess in the context of child safety assessment. Alternatively, different safety assessment instruments may be presented to participants after which they could be asked to indicate whether each aspect measured in the instrument is relevant (i.e., examining the face validity of child safety assessment instruments). The content of these instruments could also be compared in a similar way. Besides focusing on immediate child safety aspects, future studies should focus on the usability and implementation of child safety assessment instruments, as it is important that these instruments are in line with the daily practice of clinical professionals. A last suggestion for future research is examining how decision making and safety planning in daily practice is affected by using child safety instruments.

4.1. Limitations

Some limitations need to be mentioned. First, we were unsure about the validity of the instruments that were compared, since its validity has not (or only limited) been examined in previous research. As a result, we were uncertain whether immediate child safety and all its aspects were properly measured with the items of these instruments. However, most safety assessment instruments were developed by a team of experts and are consensus-based. Therefore, we assumed that the instruments were valid to a reasonable degree and thus were appropriate for inclusion in this study. In future research, it is desirable to only compare validated instruments. This will give a better overview of the aspects that should be assessed in determining immediate child safety, but more research on individual safety assessment instruments should be conducted first.

Second, it was unclear how most of the instruments were constructed. Most instrument manuals do not include any information on how the items were developed. As a result, it was uncertain how much the different instruments have been influenced by each other or already existing models. If the instruments were influenced by each other, this could have caused more overlap between the aspects measured in the instruments. If the instruments were developed independently, but still assessed similar safety aspect this would be a stronger indicator for convergent validity. Unfortunately, we did not have knowledge on the degree to which the included instruments are interdependent.

Third, much research on child safety assessment is not published in peer reviewed journals. Safety assessment is a practical research subject. Researchers studying safety assessment may not always be focused on publication of their work (in international or English journals). As a result, we may have missed relevant instruments that should have been included in the current study. We hope that more research on safety assessment instruments will be published, so that the quality of these

instruments can be improved.

4.2. Clinical implications

The current state of knowledge on the quality of child safety assessment instruments is too limited. More research on safety assessment instruments is essential to improve clinical practice. The results of the current study revealed a number of immediate child safety aspects that are measured in most safety assessment instruments, which may imply that these aspects are content-valid even though the quality of these instruments needs to be evaluated further. With the limited knowledge we now have, we recommend that these aspects are assessed in a child safety assessment, and therefore should be measured in safety assessment instruments. Safety assessment instruments should also be improved by providing explicit and elaborate definitions of used terminology in the guideline of an instrument. At least the following terms should be defined elaborately: immediate, harm, threat (present or impeding danger), and the different safety decisions. Additionally, guidelines should clearly state the purpose of the instrument, for what type of assessments it can be used, and for which population the instrument was developed (i.e., the norm group(s)). As these criteria are not always specified, there is the risk that child welfare professionals may use instruments not according to the purpose these instruments were designed for.

As this study revealed differences between safety assessment instruments, a child's immediate safety is measured differently depending on the state or country in which the assessment is performed. Interestingly, there are also differences between variations of the same instrument. For example, the SDM safety assessment instrument of Maryland (USA; Department of Human Resources Social Services Administration, 2015) comprised quite different items relative to other SDM-based instruments. Apparently, states' administrations feel the need to adjust these instruments, possibly to improve the fit of the instrument with their own policies and procedures. However, it is important that policies, procedures, and instruments are attuned when the aim is to foster cooperation between different agencies that in fact can complement each other's services.

4.3. Conclusion

This review only forms the beginning of adequately evaluating and improving child safety assessment instruments. Future research should be directed at validity and reliability, so that psychometric qualities of each child safety assessment instrument can be assessed. Furthermore, the content of immediate safety aspects should continuously be evaluated, since these are heavily dependent on progression in scientific knowledge and policy. For example, over the last few decades more attention has been given to domestic violence as a form of child abuse, because empirical research showed harmful consequences of domestic violence for children, even in situations where a child has only witnessed the violence and is not physically abused itself (e.g., Kitzmann, Gaylord, Holt, & Kenny, 2003; McTavish, MacGregor, Wathen, & MacMillan, 2016). Immediate threats imposed by domestic violence, would not have been part of a safety assessment instrument a few decades ago. To conclude, child safety assessment is a crucial step in assessment procedures of child welfare organizations and should be performed as accurate as possible. Further research on child safety assessment instruments is therefore essential, so these instruments can go from practice-based to evidence-based.

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Declaration of Competing Interest

The authors declare that they have no conflict of interest.

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Appendix A

Keywords for the Search for Safety Assessment Instruments

Databases	
PsycINFO	485 results (February 26, 2019)
Medline	407 results (February 26, 2019)
ERIC	170 results (February 26, 2019)
Web of Science	135 results (February 26, 2019)
Social Services Abstracts	249 results (February 26, 2019)
Total	1.446 results
Total deduplicated	1040 results
Total after screening	522 results (488 excluded)

PsycINFO
Ovid
#1 social services domain
social casework/ OR social group work/ OR social services/ OR protective services/ OR child care workers/ OR social workers/ OR foster care/ OR foster children/ OR child abuse/ OR (child welfare OR infant welfare OR social casework* OR social case work* OR social work* OR social services OR youthcare OR youth care OR youth work* OR child protective service* OR child protection* OR child* maltreat* OR child* abuse* OR domestic violen* OR foster care OR foster child*).ti,ab,id.
#2 children
(preschool age 2 5 yrs OR school age 6 12 yrs OR adolescence 13 17 yrs).ag. OR (infan* OR baby* OR babies OR toddler* OR preschool* OR child OR children OR kid OR kids OR prepubescen* OR prepuberty* OR teen* OR young* OR youth* OR girl* OR boy* OR preadolesc* OR adolesc*).ti,ab,id.
#3 safety assessment
(((safety OR danger) ADJ3 (assess* OR immediat* OR imminent* OR decision* OR judg*)) OR safety plan*).ti,ab,id. OR (safety).ti,tm. OR (structured decision making OR risk assessment*).tm.

1 AND 2 AND 3 485 results

Medline
Ovid
#1 social services domain
child welfare/ OR infant welfare/ OR social work/ OR social work, psychiatric/ OR social welfare/ OR social workers/ OR foster home care/ OR child abuse/ OR (child welfare OR infant welfare OR social casework* OR social case work* OR social work* OR social services OR youthcare OR youth care OR youth work* OR child protective service* OR child protection* OR child* maltreat* OR child* abuse* OR domestic violen* OR foster care OR foster child*).ti,ab,kf.
#2 children
infant/ OR child/ OR child, preschool/ OR adolescent/ OR (infan* OR baby* OR babies OR toddler* OR preschool* OR child OR children OR kid OR kids OR prepubescen* OR prepuberty* OR teen* OR young* OR youth* OR girl* OR boy* OR preadolesc* OR adolesc*).ti,ab,kf.
#3 safety assessment
(((safety OR danger) ADJ3 (assess* OR immediat* OR imminent* OR decision* OR judg*)) OR safety plan*).ti,ab,id. OR (safety).ti.

1 AND 2 AND 3 407 results

ERIC
Ovid
#1 social services domain
community services/ OR home visits/ OR outreach programs/ OR social services/ OR child care/ OR social work/ OR social networks/ OR caseworker/ OR foster care/ OR child abuse/ OR (child welfare OR infant welfare OR social casework* OR social case work* OR social work* OR social services OR youthcare OR youth care OR youth work* OR child protective service* OR child protection* OR child* maltreat* OR child* abuse* OR domestic violen* OR foster care OR foster child*).ti,ab,id.
#2 children
infants/ OR young children/ OR preschool children/ OR toddlers/ OR children /OR preadolescents/ OR early adolescents/ OR adolescents/ OR youth/ OR (infan* OR baby* OR babies OR toddler* OR preschool* OR child OR children OR kid OR kids OR prepubescen* OR prepuberty* OR teen* OR young* OR youth* OR girl* OR boy* OR preadolesc* OR adolesc*).ti,ab,id.
#3 safety assessment
(((safety OR danger) ADJ3 (assess* OR immediat* OR imminent* OR decision* OR judg*)) OR safety plan*).ti,ab,id. OR (safety).ti.

1 AND 2 AND 3 170 results

Social Services Abstracts
Proquest
#1 social services domain
TI,AB(“child welfare” OR “infant welfare” OR “social casework*” OR “social case work*” OR “social work*” OR “social services” OR “youthcare” OR “youth care” OR “youth work*” OR “child protective service*” OR “child protection*” OR “child* maltreat*” OR “child* abuse*” OR “domestic violen*” OR “foster care” OR “foster child*”)
#2 children
TI,AB(“infan*” OR “baby*” OR “babies” OR “toddler*” OR “preschool*” OR “child” OR “children” OR “kid” OR “kids” OR “prepubescen*” OR “prepuberty*” OR “teen*” OR “young*” OR “youth*” OR “girl*” OR “boy*” OR “preadolesc*” OR “adolesc*”)
#3 safety assessment
TI,AB(((“safety” OR “danger”) NEAR/2 (“assess*” OR “immediat*” OR “imminent*” OR “decision*” OR “judg*”)) OR “safety plan*”) OR TI(“safety”)

1 AND 2 AND 3 249 results

Web of Science
#1 social services domain
TS = (“child welfare” OR “infant welfare” OR “social casework*” OR “social case work*” OR “social work*” OR “social services” OR “youthcare” OR “youth care” OR “youth work*” OR “child protective service*” OR “child protection*” OR “child* maltreat*” OR “child* abuse*” OR “domestic violen*” OR “foster care” OR “foster child*”)
#2 children
TS = (“infan*” OR “baby*” OR “babies” OR “toddler*” OR “preschool*” OR “child*” OR “children” OR “kid” OR “kids” OR “prepubescen*” OR “prepuberty*” OR “teen*” OR “young*” OR “youth*” OR “girl*” OR “boy*” OR “preadolesc*” OR “adolesc*”)
#3 safety assessment
TS = (((“safety” OR “danger”) NEAR/2 (“assess*” OR “immediat*” OR “imminent*” OR “decision*” OR “judg*”)) OR “safety plan*”)

1 AND 2 AND 3 135 results

Google Scholar
(“child maltreatment” OR “child welfare” OR “child abuse” OR “child neglect”) AND (“safety assessment” OR “immediate safety” OR “imminent safety”)

Appendix B

Article full text search

Autocoding in ATLAS.ti 8
1.
Search for: safety assess
Ignore case
Strategy: expression
Context: Sentence
Code: safety* … assess*
Expand to: paragraph
Codes: 1766
2.
Search for: instrument
Ignore case
Strategy: expression
Context: Sentence
Code: instrument*
Expand to: sentence
Codes: 1540
3.
Search for: tool
Ignore case
Strategy: expression
Context: Sentence
Code: tool*
Expand to: sentence
Codes: 3286
4.
Search for: safety protocol
Ignore case
Strategy: expression
Context: Sentence
Code: safety* protocol*
Expand to: sentence
Codes: 180
5.
Search for: safety procedure
Ignore case
Strategy: expression
Context: Sentence
Code: safety* procedure*
Expand to: sentence
Codes: 105
6.
Search for: safety model
Ignore case
Strategy: expression
Context: Sentence
Code: safety* model*
Expand to: sentence
Codes: 396
7.
Search for: safety evaluat
Ignore case
Strategy: expression
Context: Sentence
Code: safety* evaluat*
Expand to: sentence
Codes: 330
8.
Search for: safety determin
Ignore case
Strategy: expression
Context: Sentence
Code: safety* determin*
Expand to: sentence
Codes: 309
Total numbers of codes: 7912

Appendix C

A complete overview of the child safety assessment instruments' characteristics

	Action for Child Protection In-home safety assessment and management (1)	ARIJ safety assessment (2)	CAPMIS safety assessment (3)	CERAP safety determination form (4)	Colorado Family Safety Assessment (5)	Safety assessment of the LIRIK (6)	SDM Safety Assessment Texas (7)
Country	USA	The Netherlands	USA	USA	USA	The Netherlands	USA
Setting of application	County Children and Youth Agency	Child welfare	Child Protective Services	Child protection investigation, prevention services and intact family services		All organizations that need to assess and determine child safety in their daily practice, for example child welfare, infant welfare, school social worker, family support etc.	Any child protection agency
Who completes the assessment	County Children and Youth Agency staff	Child welfare caseworkers	Child protective services caseworker	A worker from the above mentioned services.	Child welfare caseworker	–	The worker (to include night intake or on-call workers when indicated) who is responsible for the investigation, AR assessment, or ongoing case.
Purpose	The goal of safety assessment is to gather and analyze information related to Safety Threats and caregiver Protective Capacities that will support sound decision making regarding the safety, permanency, and well-being of children and to determine appropriate safety actions	–	– Point in time documentation of the assessment of safety – Determines if a threat of serious harm is present in a child's environment- Determines whether or not the child's caregivers are able and willing to protect the child – Determines the child's unique characteristics that impact vulnerability – Examines the family's history of child abuse and neglect – - Required for all child abuse, neglect and dependency reports	The Child Endangerment Risk Assessment Protocol (CERAP) is a process whose purpose is to identify the likelihood of moderate to severe harm, i.e. safety threats, in the immediate future. When immediate risk to a child's safety is identified, the protocol requires that action be taken, such as the implementation of a safety plan or protective custody.	–	When assessing the safety of a child there one central question: – Is the child safe right now?	(1) to help assess, at a point in time, whether any child is likely to be in immediate danger of serious harm/maltreatment, which requires a safety intervention (2) to determine what interventions should be initiated or maintained to provide appropriate protection
Use	– Preliminary – Conclusion of investigation/assessment; – New information (new circumstances, referrals, etc.) – FSP/CPP review – Planned Reunification – Unplanned Reunification – Case Closure	– Initial assessment – Reassessment – Case closure reassessment	An assessment of safety is conducted in response to a child abuse and/or neglect report, a dependency report, or any other instances in which safety needs to be assessed throughout the life of a case.	CERAP is a familial assessment only; it is not completed during the investigation of facility reports, i.e., investigations involving foster homes, residential facilities, schools, or day care facilities.	– Initial assessment	– Initial assessment – Reassessment	– Initial assessment – Reassessment – Case closure reassessment
When should the safety assessment be reported	During the Investigation – Within 72 h of the agency's first face-to-face contact with the identified child and/or caregiver(s) of origin;	There are no strict guidelines, it depends on the organization using the instrument.	– Requires face-to-face contact with the child and one parent, guardian caretaker to assess child safety within 4 working days from the date the report was screened in.– Entered and	Child protection investigation: – Within 24 h after the investigator first sees the alleged child – Whenever evidence or circumstances suggest that a	When NO current or impending danger is identified after completing Sections 1-2B, the remainder of the tool must be completed, documented, reviewed, and approved by a supervisor within 14 calendar	There are no strict guidelines, it depends on the organization using the instrument.	The SDM safety assessment must be documented by the worker completing the assessment within 24 h of the priority response time based on face-to-face interviews with alleged child victims

	– Within 72 h of the identification of additional evidence, circumstances, or information that suggests a change in the child's safety. – At the conclusion of the investigation/assessment, when a decision was made whether or not to accept the case for ongoing services. Cases Accepted for Services – Within 72 h of the identification of additional evidence, circumstances, or information that suggests a change in the child's safety. – Within 30 days prior to the FSP/CPP Review. Safety assessment information should then be used to inform these reviews; – Within 30 days prior to any planned return home from an informal or formal placement; – Within two weeks following any unplanned return home from an informal or formal placement, along with risk assessment. – Within 30 days prior to case closure, along with risk assessment.		approved in the system within 7 working days from the date the report was screened in.	child's safety may be in jeopardy. – Every 5 working days following the determination that a child is unsafe and a safety plan is implemented – At the conclusion of the formal investigation Prevention services: – Within 24 h of seeing the children, but no later than 5 working days after assignment of a Prevention Services referral. – Before formally closing the Prevention Services referral, if the case is open for more than 30 calendar days – Whenever evidence or circumstances suggest that a child's safety may be in jeopardy.	days of the initial contact with the alleged victim child/youth. When current or impending danger IS identified, the caseworker must complete the remainder of the tool during the initial interaction with the household members and their supports. The Colorado Family Safety Assessment must be documented in the state automated case management system and approved by a supervisor within 14 calendar days of the initial contact with the alleged victim child(ren)/youth.		and/or caregivers OR after implementing a safety intervention.
Possible safety decisions and decision logic	Safe: Either caregiver's existing Protective Capacities sufficiently control each specific and identified Safety Threat or no Safety Threats exist. Child can safely remain in the current living arrangement or with caregiver. Safety Plan is not required. – Safe with a Comprehensive Safety Plan: Either caregivers' existing Protective Capacities can be supplemented by safety actions to control each specific and identified Safety Threat; or the child must temporarily reside in an alternate informal living arrangement. No court involvement is necessary; however a Safety Plan is required. – Unsafe: Caregivers' existing Protective Capacities cannot be sufficiently supplemented by safety actions to control specific and identified Safety Threats. Child cannot remain safely in	– No safety concerns: None of the immediate safety threats is present – Immediately safeguard the child: At least one of the safety threats is present – Immediately obtain more information on child safety: Information is missing to judge about the presence of at least one of the safety threats – Immediately safeguard the child and obtain more information on child safety: When at least one of the safety threats is present and information is missing to judge about the presence of at least one of the safety threats.	– Safe: A child is deemed safe when no current threats of serious harm or the protective capacities of the family can control or manage any identified safety threats. – In-home safety plan. If threats of serious harm have been identified and the caretaker is not able to provide sufficient protection to at least one child in the family, the caseworker must implement an in-home or out-of-home safety plan. – Out-of-home safety plan – Legally authorized out-of-home placement.	– Safe: There are no children likely to be in immediate danger of moderate to severe harm at this time. No safety plan shall be done. If no safety threats are identified, all involved children must be assessed as safe. If one or more safety threats have been identified and all identified safety threats are adequately controlled by family strengths or actions, all involved children must be assessed as safe. – Unsafe: A safety plan must be developed and implemented or one or more children must be removed from the home because without the plan they are likely to be in immediate danger of moderate to severe harm. If one or more safety threats have been identified and all identified safety threats are not controlled (mitigated) by family strengths or actions, all	– Safe: No current or impending danger to the child/youth has been identified as part of this assessment. – Safe: Current or impending danger to the child/youth has been identified as part of this assessment, AND caregiver(s)' or family's actions DO CONTROL FOR all identified danger. – Current or impending danger: Current or impending danger to the child/youth has been identified, AND caregiver(s)' strengths/protective capacities and/or family actions DO NOT CONTROL FOR all identified danger.	– The child does not seem to be abused right now – A child might be abused – Child abuse in the past or at the current moment is substantiated. – The situation is life-threatening or causes immediate physical danger. – Information is insufficient to determine child safety. There is no decision logic provided.	– Safe: No safety plan is needed. No danger indicators present. – Safe with plan: Safety plan required. One or more danger indicators present. – Unsafe: Emergency or nonemergency removal is necessary. One or more danger indicators present.

	the current living arrangement or with caregiver; caregivers can no longer retain custody, court involvement is required. Safety Plan is also required.			children affected by the unmitigated safety factor must be assessed as unsafe			
Components of the instrument to decide if the child is safe or unsafe	– Safety threats (14 items) – Protective capacities (25 items)	– Safety threats (8 items)	– Safety factors (15 items) – Historical information (This component is not explicitly assessed in items.) – Child vulnerability (13 items) – Protective capacities (3 categories)	– Safety Threats (16 items) – Family strengths or mitigating circumstances (This component is not explicitly assessed in items.)	– Current or Impending Dangers (10 items) – Caregiver's strengths/protective capacities (9 items) – Caregiver(s)' functioning (This component is not explicitly assessed in items.) – Child/youth's vulnerabilities (7 items) and functioning (This component is not explicitly assessed in items.)	– Safety threats (20 items) – Child vulnerability (3 items) – Risk factors (28 items) – Protective capacities (18 items)	– Child vulnerability (6 items) – Current danger indicators (14 items)
The definition of safety threats	Safety Threats: The conditions or actions within the child's own home that represent the likelihood of imminent serious harm to the child. There are two types of Safety Threats: – Present Danger refers to an immediate, significant, and clearly observable family condition (severe harm or threat of severe harm) occurring to a child/youth in the present. – Impending Danger refers to threatening conditions that are not immediately obvious or currently active but are out of control and likely to cause serious harm to a child in the near future.	–	The safety factors are comprised of signs of present danger, safety threats, and serious harm: – Safety threats are the specific conditions that cause or maintain danger of serious harm to any child – Present danger involves situations in which safety threats are present and there is an immediate need for safety intervention. Present Danger has four specific characteristics: • Is active. • Is specific and observable. • Is out-of-control. • Is likely to result in serious harm or risk thereof. – Harm is the actual or threatened consequence of the active safety threat. It is life-threatening, substantively retards the child's mental health or development and/or produces substantial physical suffering, disfigurement or disability, whether temporary or permanent.	Safety threats are behaviors or conditions that may be associated with a child or children being in danger of moderate to severe harm immediately or in the near future.	I. Definitions of Danger and Harm – Current Danger means an immediate, significant, and clearly observable threat to child/youth safety that is actively occurring and will likely result in moderate to severe harm to a child/youth. – Impending Danger means threat(s) to child/youth safety not occurring at present, but likely to occur in the near future and likely to result in moderate to severe harm to a child/youth. – Moderate to Severe Harm is the consequence of maltreatment at a level consistent with a moderate, severe, or fatal level of physical abuse, sexual abuse, and/or neglect. II. Definitions of the 5 Safety Threshold Criteria If you select "yes" for a behavior or condition in the Safety Assessment, all 5 safety threshold criteria must be present: – Specific and observable threat: Danger is real, can be seen, can be reported, is evidenced in explicit, unambiguous ways. – Out-of-control: Individual and/or family conditions are unrestrained, unmanaged, and not subject to influence or internal control. – Child/youth is vulnerable to the threat of harm: A child/youth is vulnerable to the threat of harm because of his or her	–	Current danger indicators cover the kinds of conditions that, if they exist, would render a child in danger of immediate harm.

					age, verbal abilities, diagnosed mental-health conditions, diagnosed developmental delays, diagnosed developmental disabilities, or limited physical capacities, or is considered vulnerable because of professional observations. – Harm is likely to occur if not controlled: Without intervention to control, the child/youth will be harmed. – Potential for moderate to severe harm: The consequences of the maltreatment are at a level consistent with a medium, severe, or fatal level of physical abuse, sexual abuse, or neglect.		
The definition of immediate	Be Imminent – Imminent means that serious harm could happen anytime within the near future; from later today, tomorrow or up to, but not exceeding 60 days.	–	–	"Immediately or in the Near Future" means that an incident can occur now or in the very near future i.e., before the next time department or contracted child welfare staff see a child, if no protective action is taken to ensure the child's safety.	–	What is the situation right now?	–
Components of the instrument to develop a safety plan	–	–	–	–	–	–	Household strengths, protective actions, safety interventions
How is the instrument constructed	Based on the Action for Child Protection model (USA)	Based on the vision of researchers and practitioners (Van der Put et al., 2016)	Based on the theory by Morton and Salovitz (2006)		Based on research by the Colorado State University (Orsi et al., 2014)	–	Based on SDM by National Council on Crime and Delinquency (USA)
Peer reviewed studies on the safety assessment instrument	–	Vial, Assink et al. (2019) and Vial, Van der Put et al. (2019).	–	Fuller and Wells (2003) and Fuller et al. (2001) studied the predictive validity of the CERAP.	Orsi et al., 2014 studied the reliability of the tool's items.	Bartelink et al. (2017) studied the interrater reliability of the LIRIK safety assessment instrument.	Wells and Correia (2012) studied the predictive validity of the SDM model.
Additional instruments	– Out-of-home care safety assessment and management	– ARIJ risk assessment instrument – ARIJ needs assessment instrument – ARIJ responsivity assessment instrument	– Safety Plan – Family Assessment – Specialized Assessment Investigation Tool – Ongoing Case Assessment Investigation Tool – Case Plan – Case Review – Semi-annual Administrative Review – Reunification Assessment	–	– Colorado risk assessment	– LIRIK risk assessment instrument	– Family Risk Assessment of Child Abuse/Neglect

Note. The terminology used in this table is based on the original terminology used in each of the 10 instruments and instrument guidelines. As there are differences in this terminology, different terms and labels are used in this Table. 1 = ACTION for Child Protection In-home safety assessment and management (Pennsylvania Department of Public Welfare, 2019); 2 = ARIJ Safety Assessment (Van der Put et al., 2016); 3 = CAPMIS safety assessment (Ohio Department of Job and Family Services, 2014); 4 = CERAP safety determination form (Illinois Department of Children and Family Services, 2013); 5 = Colorado Family Safety Assessment (Colorado Office of Respondent Parents' Counsel, 2017); 6 = Section 1. Current safety of the LIRIK (Ten Berge, Eijgenraam, & Bartelink, 2014); 7 = SDM Safety Assessment (Texas Department of Family and Protective Services, 2018).

Appendix D

An overview of immediate child safety threats measured in version of the SDM safety assessment instruments

Immediate safety threats	1	2	3	4	5	Total[a]
Sexual abuse						
(Suspected) sexual abuse and circumstances suggest that the child's safety may be of immediate concern	x	x	x	x	x	5
Sexual abuse by family members	x					1
Sexual abuse by others than caregiver or family member	x					1
Child prostitution						
Caregiver[b] is unwilling or unable to protect the child from (suspected) sexual abuse						
Access to the child						
Caregiver refuses access to the child, or there is reason to believe that he/she is about to flee	x	x	x	x	x	5
Caregiver seeks to hinder the investigation	x					1
(Suspected) Child abduction						
Neglect						
Caregiver refuses to or is unable to meet the child's immediate needs	x	x	x	x	x	5
Aspects of neglect:						
Insufficient food, clothing, or shelter	x	x	x	x	x	5
Unfulfilled immediate needs for medical or critical mental health care	x	x	x	x		4
Insufficient supervision	x	x	x	x	x	5
Insufficient parental authority, structure and stability						
Emotional neglect						
Unfulfilled special needs					x	1
Unfulfilled behavioral needs						
Insufficient protection						
Caregiver's substance abuse seriously impairs his/her ability to supervise, protect, or care for the child	x		x	x	x	4
The physical living conditions are hazardous	x	x	x	x		4
Caregiver's mental illness or disability impairs his/her current ability to supervise, protect, or care for the child	x		x	x	x	4
Caregiver has dangerously unrealistic expectations of the child						
Severe neglect causing danger to the child's immediate physical safety						
Caregiver in the home is not performing the duties and responsibilities that assure child safety						
The lack of parental knowledge, skills, and/or motivation presents an immediate threat of serious harm to a child						
Caregiver does not have or use resources necessary to meet the child's immediate basic needs, which presents an immediate threat of serious harm to a child						
Physical violence						
Serious injury or abuse to the child other than accidental	x	x	x	x	x	5
Caregiver made a threat to cause harm or retaliate against the child	x	x	x	x	x	5
Caregiver fears he/she will injure the child	x	x	x		x	4
Caregiver's behavior is violent and/or out of control						
Caregiver's explanation for the injury to the child is questionable or inconsistent with the type of injury	x	x	x	x	x	5
Caregiver's unable or unwilling to explain the injury to the child						
Caregiver uses excessive discipline/physical force	x	x	x			3
Since the last safety assessment, caregiver used excessive discipline/physical force using a weapon or object					x	1
Caregiver intended to cause serious physical harm to the child						
Honor related violence						
Domestic violence						
Domestic violence exists in the household and poses an imminent danger of serious physical and/or emotional harm to the child	x		x	x	x	4
Domestic violence exists in the household and poses an imminent danger of serious physical harm to the child		x				1
Domestic violence exists in a household with a child younger than 4 years old or a child physically unable to safeguard itself						
Child witnesses domestic violence						
Emotional abuse						
Caregiver describes or acts toward the child in a predominantly negative manner						
Caregiver describes the child in predominantly negative terms or acts toward the child in negative ways resulting in the child being a danger to itself or others, acting out aggressively, or being seriously withdrawn and/or suicidal	x	x	x	x	x	5
Psychological violence (humiliation, verbal attacks, intimidation and/or constantly monitoring what the child is doing and saying)						
Other potential safety threats						
Other immediate safety aspects (specify)	x	x	x	x		4
Child is a serious threat to itself (psychosis, suicide or running away)						
Child is fearful of his/her home situation, because of the people living in or having access to the home			x		x	2
Caregiver has a history of previously maltreating a child in his/her care and current circumstances suggest that the child's safety may be of immediate concern	x	x	x			3
Caregiver is unable or unwilling to protect the child from serious harm or threatened harm by others		x	x	x	x	4
Threatened harm by others						
Caregiver is aware of the potential harm and unable or unwilling to protect the child from serious harm or threatened harm by others	x					1
Drug-exposed infant	x	x	x			3
Drug-exposed infant and caregiver is unable or unwilling to cooperate with treatment					x	1
Caregiver's justification or denial of his/her own harmful behavior or the harmful behavior of others, places the child in immediate danger					x	1
Previous services to the caregiver regarding similar harmful behaviors resulted in no change in the caregiver's behaviors towards the child					x	1

	1	2	3	4	5	Total
Child is unable to protect self and conditions in the home indicate immediate danger					x	1
There have been multiple reports from the community or since the last safety assessment, where there were previous concerns about the safety of the child					x	1
Caregiver is (alleged to be) engaged in human trafficking posing a safety threat of moderate to severe harm to the child						
Caregiver reacts dangerously to child's serious emotional symptoms, lack of behavioral control, and/or self-destructive behavior						
Caregiver is unwilling or unable to protect the child from harming itself						
Caregiver is a serious threat to itself (psychosis or suicide)						
Total number of aspects measured in the safety assessment instrument	23	18	21	16	22	

Note. 1 = SDM Safety Assessment (Texas Department of Family and Protective Services, 2018); 2 = SDM Safety Assessment (California Department of Social Services, 2015); 3 = Ontario Safety Assessment (Ministry of Children and Youth Services, 2016); 4 = Queensland family and child connect/intensive family support SDM safety assessment (version 3.2; Queensland Government Department of Child Safety, Youth and Women, 2016); 5 = Maryland's Safety Assessment For Every Child (Safe-C; Department of Human Resources Social Services Administration, 2015).
[a]The aspects are ordered according to how often the aspects are assessed in the instruments. [b]Caregiver may also refer to more than one caregiver, a partner, or another member of the household.

Appendix E

An overview of child vulnerability aspects measured in child safety assessment instruments

Vulnerability	1	2	3	4	5	6	7	Total[a]
Child has diminished physical capacities					x	x	x	3
Child's (young) age			x		x		x	3
Child has diminished mental capacities					x	x	x	3
Child has a not readily accessible support network and/or the child has a limited visibility to others			x				x	2
Child has a diagnosed medical condition					x		x	2
Child has a diagnosed mental condition					x		x	2
Child's ability to communicate			x		x			2
Child's ability to protect self			x					1
The likelihood of serious harm given the child's (stage of) development			x					1
The provocativeness of the child's behavior or temperament			x					1
Child's behavioral needs			x					1
Child's emotional needs			x					1
Child's physical special needs			x					1
Family composition			x					1
Child's role in the family			x					1
Child's physical appearance, size, and robustness			x					1
Child's resilience and problem-solving skills			x					1
Child's prior victimization			x					1
Child has a diagnosed developmental delay					x			1
Child has diminished social skills						x		1

Note. 1 = ACTION for Child Protection In-home safety assessment and management (Pennsylvania Department of Public Welfare, 2019); 2 = ARIJ Safety Assessment (Van der Put et al., 2016); 3 = CAPMIS safety assessment (Ohio Department of Job and Family Services, 2014); 4 = CERAP safety determination form (Illinois Department of Children and Family Services, 2013); 5 = Colorado Family Safety Assessment (Colorado Office of Respondent Parents' Counsel, 2017); 6 = Section 1. Current safety of the LIRIK (Ten Berge et al., 2014); 7 = SDM Safety Assessment (Texas Department of Family and Protective Services, 2018).
[a]The aspects are ordered according to how often the aspects are assessed in the instruments.

Appendix F

An overview of caregiver protective capacities measured in child safety assessment instruments

Caregiver Protective Capacities[a]	1	2	3	4	5	6[b]	7	Total[c]
Cognitive protective capacity	x		x					2
Caregiver can formulate a plan that is sufficient to protect the child	x							1
Caregiver has adequate knowledge for fulfilling caregiving responsibilities and tasks	x							1
Caregiver processes the external world accurately and without distortion	x							1
Caregiver understands his/her protective role	x							1
Caregiver is aligned with the child	x							1
Caregiver has accurate perceptions of the child	x							1
Caregiver is self-aware as a caregiver	x							1
Behavioral protective capacity	x		x					2
Caregiver sets aside her/his needs in favor of a child	x				x			2
Caregiver (uses necessary resources to) meets the child's basic needs	x				x			2
Caregiver has a history of protecting children	x							1
Caregiver demonstrates sufficient impulse and emotional control	x							1
Caregiver is physically able	x							1
Caregiver is adaptive as a caregiver	x							1
Caregiver takes action	x							1
Caregiver has/demonstrates adequate skills for fulfilling caregiving responsibilities	x							1
Caregiver possesses adequate energy	x							1
Caregiver is assertive as a caregiver	x							1

Caregiver supports the child	x				x			1
Emotional protective capacity	x		x					2
Caregiver is resilient as a caregiver	x					x		2
Caregiver is emotionally able to intervene to protect the child	x							1
Caregiver is tolerant as a caregiver	x							1
Caregiver and child have a strong emotional bond and are positive attached to each other	x							1
Caregiver expresses love, empathy, and sensitivity towards the child	x							1
Caregiver has the capacity to learn from an experience and apply that knowledge in new situations						x		1
Caregiver is able to meet his/her own emotional needs	x							1
Caregiver displays concern for the child and is intent on emotionally protecting the child	x							1
Caregiver recognizes the child's needs and has realistic expectations of the child					x			1
Other caregiver protective capacities								
Caregiver feels able/competent						x		1
Caregiver is emotionally available						x		1
Caregiver has a positive self-image						x		1
Caregiver has a supportive partner						x		1
Caregiver has coped with childhood experiences						x		1
Caregiver has positive childhood experiences						x		1
Family has a supportive informal social network						x		1
Family has a supportive formal social network						x		1
Caregiver is able to ask for support and to take advantage of it						x		1
Caregiver has supportive relationships with three or more persons					x			1
Caregiver's explanation is consistent with a child's injury or circumstances					x			1
Caregiver presently or historically demonstrates use of identified supportive relationships in providing safety and protection for the child					x			1
Caregiver presently or historically demonstrates the ability and willingness to use resources necessary to protect the child as needed					x			1
Other caregiver protective capacities (specify)					x			1

Note. 1 = ACTION for Child Protection In-home safety assessment and management (Pennsylvania Department of Public Welfare, 2019); 2 = ARIJ Safety Assessment (Van der Put et al., 2016); 3 = CAPMIS safety assessment (Ohio Department of Job and Family Services, 2014); 4 = CERAP safety determination form (Illinois Department of Children and Family Services, 2013); 5 = Colorado Family Safety Assessment (Colorado Office of Respondent Parents' Counsel, 2017); 6 = Section 1. Current safety of the LIRIK (Ten Berge et al., 2014); 7 = SDM Safety Assessment (Texas Department of Family and Protective Services, 2018).
[a]Caregiver may also refer to more than one caregiver, a partner, or another member of the household.
[b]The LIRIK also includes child protective capacities: Child is socially skilled, child has a positive self-image, child has an above average intelligence, child has an attractive appearance, child has a good relationship with an important adult, child can manage stress, and child is able and willing to change.
[c]The aspects are ordered according to how often the aspects are assessed in the instruments.

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