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Moving forward

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CHAPTER 4



Child Safety Assessment: Do Instrument-Based Decisions Concur with Decisions of Expert Panels?

This chapter is adapted from:
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ABSTRACT

To make decisions on children's immediate safety, child welfare agencies have been using safety assessment instruments for decades. However, very little research on the quality of these instruments has been conducted. This study is the first to study the concurrent validity of a child safety assessment instrument by comparing its outcomes to another measure of immediate child safety. The extent to which individual practitioners using a safety assessment instrument concurred with child maltreatment expert panels was examined. Twenty-six experts on immediate child safety participated in seven expert panels, in which the safety of children described in 24 vignettes was discussed. Also, 74 practitioners rated the same vignettes using the ARIJ safety assessment instrument. Intraclass correlations were calculated to compare safety decisions, and qualitative analyses were performed to determine the expert-identified safety threats. The safety decisions of practitioners using the instrument concurred moderately with the safety decisions reached by the expert panels ($ICC = .523$). When safety decisions differed, the instrument-based decisions more often deemed the child to be in immediate danger than the expert panel decisions. The immediate safety threats identified in the instrument-based assessments were often comparable to the threats identified by the expert panels. However, some threats identified by the experts were not measured in the instrument. These findings provide indications on how the instrument can be improved, which will lead to a better instrument and ultimately to better decisions on children's immediate safety.

Keywords: safety assessment, decision making, instrument, child welfare, child maltreatment

4.1 INTRODUCTION

Child welfare professionals frequently make crucial decisions on the safety of children in the families they supervise. For example, a professional needs to determine whether or not a child needs to be protected immediately, and if so, how the child can be protected. If a child is in immediate danger, it can be safeguarded in different ways, for example, by an in-home safety intervention, an out-of-home safety intervention, or placement in residential care. To make these safety decisions, child welfare agencies have been using safety assessment instruments for over three decades (DePanfilis & Scannapieco, 1994). However, very little research on the quality of these instruments has been conducted, and instruments are most often only practice-based (Vial, Assink, Stams, & van der Put, 2020 [Chapter 2]).

In an attempt to fill the gap in research on child safety assessment instruments and to develop an evidence-based as well as a practice-based instrument, we extensively examined the quality of a widely used Dutch safety assessment instrument (the ARIJ safety assessment instrument; Van der Put, Assink, & Stams, 2016). Studies on the reliability, content validity, and usability of the ARIJ safety assessment instrument have already been conducted (Vial, Assink, Stams, & van der Put, 2019 [Chapter 5]; Vial, van der Put, Stams, & Assink, 2019 [Chapter 3]). Complementary to these studies, the current study was the first to thoroughly examine the concurrent validity of a safety assessment instrument by comparing its outcomes to a different measure of immediate child safety.

Child welfare decision-making tools often comprise a safety assessment instrument and a risk assessment instrument. Safety assessment instruments help professionals to determine the child's immediate safety. In other words, these instruments help professionals in determining whether a child has recently been harmed, if it is harmed right now, or may be harmed in the immediate future (Hughes & Rycus, 2006; Knoke, & Trocmé, 2005). When the child is deemed to be in immediate danger, immediate measures need to be taken to safeguard the child. 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 can be identified and this risk can be lowered, for example by offering the caregivers treatment for the identified risk factors. These two assessment types are often mixed up and sometimes used interchangeably (Hughes & Rycus, 2006). However, distinguishing safety assessment from risk assessment is important, since they serve different purposes.

In a recent literature review, the immediate safety aspects measured in internationally used safety assessment instruments were compared (Vial, Assink, Stams, & van der Put, 2020 [Chapter 2]). This review revealed several immediate safety threats that are generally measured with these instruments, such as sexual abuse, neglect, physical abuse, domestic violence, refusing access to the child by caregivers, a caregiver's substance abuse, and behaving towards the child in a predominantly negative way. These aspects are measured with the majority of the instruments, which supports their

content validity. However, the quality of most of the included instruments has not been studied, and should be examined first before we can draw inferences on the validity of these immediate safety threats.

The following studies on safety assessment instruments have been conducted. A focus group study examined the usability of a South African safety assessment instrument and reported positive first experiences of practitioners working with this particular instrument (Spies, Delpont, & Le Roux, 2015). The participating practitioners indicated that the instrument supported their decision making, gave direction to the substantiation of their child welfare decisions, empowered them as a professional, and enhanced their report writing. Another qualitative study examined the usability and content validity of the ARIJ safety assessment instrument (Vial, van der Put, Stams, & Assink, 2019 [Chapter 3]). Professionals generally considered the instrument to be useful, but they also provided recommendations for improvement. For instance, the wording of items, the descriptions of items, and the descriptions of all (potential) outcomes of the instrument could be improved. The professionals also indicated that several immediate safety threats were missing in the instrument, and specifically mentioned emotional abuse, harm to the child inflicted by individuals from which caregivers are unable or unwilling to protect the child, a caregiver's psychiatric disorder that imposes an immediate threat to the child, and a child's psychiatric problems that impose an immediate threat to him/herself. It was concluded that the content validity of the safety assessment instrument could be improved by adding these immediate safety threats to the instrument.

Three other studies have focused on the reliability of different safety assessment instruments. A Dutch safety assessment instrument (LIRIK) showed a low to fair interrater reliability of the individual items, and moderate interrater reliability of the overall safety outcome (Bartelink et al., 2017). Additionally, Orsi, Drury, and Mackert (2014) studied the interrater reliability of the items of multiple American safety assessment instruments. The interrater reliability of the items varied largely from a low to substantial reliability. Also the reliability of the ARIJ safety assessment instrument has been studied, and turned out to be moderate to high (Vial, Assink, Stams, & van der Put, 2019 [Chapter 5]).

Other studies have focused on the criterion validity of safety assessment instruments, in particular their predictive validity (Bartelink, de Kwaadsteniet, Ingrid, & Wittman, 2017; Fuller & Wells, 1998, 2003; Fuller, Wells, & Cotton, 2001; Wells & Correia, 2012) and concurrent validity (Baird, 2004; Johnson, 2004). However, these studies did not provide the information that is needed to draw conclusions on the quality of these instruments, as safety assessments were compared to measures of child safety in the future, such as child maltreatment recurrence, re-entry into out-of-home care, and risk assessments. Although these studies gave some indication that safety assessment outcomes predicted (future) child safety, they did not provide information on how well these instruments assessed immediate child safety.

Safety assessment instruments assess immediate child safety and should therefore be compared with other measures of a child's immediate safety. However, there are no safety assessment instruments available that have been studied thoroughly, and that were found to be valid and reliable. Therefore, we studied the concurrent validity of the ARIJ safety assessment instrument by comparing its outcomes with safety assessment outcomes produced by expert panels. In such panels, experts are presented with a vignette in which a child safety situation is described, and they are asked to reach consensus on the immediate safety of the child described in the vignette.

Three reasons can be put forward as to why safety assessments performed by expert panels can be an appropriate measure to compare ARIJ safety assessments with. First, individual professionals are often advised to make decisions on a child's safety in collaboration with a colleague, supervisor, or their (multidisciplinary) team rather than making decisions on their own. It is therefore not uncommon to discuss a child's immediate safety with other professionals, which resembles experts reaching consensus in a panel. Second, the experts in these panels will thoroughly discuss each vignette, which will result in a comprehensive argument as to why the child is considered to be safe or in immediate danger. All experts in a panel have to agree on the final decision, which encourages discussion between the experts. Third, researchers in different fields also use group decision methods to come to better decisions (e.g., Grofman, Owen, & Feld, 1983; Schulz-Hardt, Brodbeck, Mojzisch, Kerschreiter, & Frey, 2006).

The current study is an important contribution to studies on safety assessment instruments, as it is the first to study the concurrent validity of a safety assessment instrument by comparing it to another measure of immediate child safety. Additionally, it will provide information on the quality of the ARIJ safety assessment instrument and the decisions made with this instrument, which is essential, given the great impact these decisions have on the lives of children. In studying the concurrent validity, we not only examined the validity of the immediate safety outcomes, but also the validity of the individual immediate safety threats that are measured with the ARIJ safety assessment instrument. So the aim of this study was to examine the extent to which decisions of individual practitioners using the ARIJ safety assessment instrument concur with the decisions of child maltreatment expert panels, which do not use an instrument, on immediate child safety. First, we compared the safety decisions reached by practitioners using the ARIJ safety assessment instrument with the safety decisions reached by the expert panels. Second, the immediate safety threats identified by the practitioners using the ARIJ were compared with the immediate safety threats identified by the expert panels. As the expert panels did not identify the immediate safety threats in a structured manner, we used qualitative analyses to determine what immediate safety threats were identified by the expert panels.

4.2 METHOD

4.2.1 Participants.

Twenty-six experts on immediate child safety (21 women, 5 men; $M_{age} = 41$ years, $SD = 10$) participated in seven expert panels. They were (child) psychologists or (child) social workers who worked at different agencies that provide child protection services, child and family support services, hotline services, and community outreach services. On average they conducted 7.6 child safety assessments each week ($SD = 8.4$, range: 0 - 35) and they had 16 years of experience in youth services ($SD = 9.4$, range: 1.5 - 40).

Additionally, a total of 74 practitioners rated the vignettes using the ARIJ safety assessment instrument. These professionals worked at a child and family support agency or a child protection agency. A description of these participants as well as more information on the ARIJ safety assessments can be found in Chapter 5.

4.2.2 Procedure.

We used expert sampling to recruit participants for the expert panels, which is a purposive sampling method (Etikan, Musa, & Alkassim, 2016). Participants were recruited by approaching child welfare services and approaching professionals in the professional network of the authors of this study (for example, through social media). Professionals could only participate if immediate child safety was an important aspect of their daily work, which also includes performing safety assessments themselves. Our goal was to include four participants in six different expert panels. In each panel four different vignettes were used. However, due to cancelations of panel meetings by experts, one of the panels was split in two separate meetings with two experts.

In total, 26 experts on immediate child safety participated in the expert panels. Of the 24 vignettes, 20 vignettes were assessed by one expert panel and four vignettes were assessed by two expert panels (the split panel). All the experts were asked to assess four vignettes individually, and to return their assessments before the expert panels were formed. Of the professionals, 73% indicated that they were used to filling out an instrument or a structured method to assess a child's immediate safety. However, they indicated that they did not apply this method to assess the vignettes in this study.

Each panel had one meeting. In these meetings, the vignettes were discussed one by one, and after discussion of each vignette the panel had to decide on the immediate safety of the child. Each panel meeting lasted no longer than 1.5 hours, and took place in a meeting room at the university where this study was conducted. All meetings were led by the first author of this manuscript. Audio-recording were made with the experts' informed consent and the experts received a reimbursement as compensation for their time spent participating in this study.

4.2.3 Measures of the immediate child safety.

4.2.3.1 The ARIJ safety assessment instrument.

The ARIJ safety assessment instrument was developed to help professionals determining whether or not a child is in immediate danger (Van der Put, Assink, & Stams, 2016). The instrument consists of eight items that all describe a different immediate safety threat. A short description of the items of the ARIJ safety assessment instrument can be found in Table 4.2. When an immediate safety threat is considered to be present, the child immediately needs to be safeguarded to prevent harm. Each of the items can be responded to with one of three categories: "Yes" (implying the threat described in the item is present), "No" (implying the threat described in the item is not present), and "Unknown" (implying there is insufficient information available at time of the assessment for a proper response). When at least one of the items is answered with "yes", the instrument concludes that the child is in immediate danger. For the purpose of this study, the response categories "No" and "Unknown" were combined into a single category. In practice, professionals often require making a decision on a child's immediate safety. If a professional decides it is unknown whether or not a safety threat is present, then no immediate safety measures will be taken at that time. Therefore, the safety conclusion of the instrument was "Safe" in case none of the immediate safety threats were deemed to be present in a vignette. Research has shown that the items and outcome of the ARIJ safety assessment instrument have a moderate to high reliability (Vial, Assink, Stams, & Van der Put, 2019 [Chapter 5]).

4.2.3.2 The individual expert questionnaire.

The questionnaire filled out by the experts in the panels started with a short explanation on the study procedures after which eight questions followed on several characteristics of the expert, such as work experience. Next, a definition of immediate child safety was given, which was followed by the subsequent presentation of four vignettes. For each vignette, professionals were asked whether they thought the child as described in the vignette is safe or in immediate danger. The professionals were asked to give an explanation for their decision.

4.2.3.3 The expert panel.

In the expert panels, the vignettes were discussed one by one. The experts had to agree on their final group decision on the child's immediate safety.

3.2.4 Vignettes.

A total of 24 vignettes were assessed, of which half were based on real cases of child and family support services (Vignette 1 - 12), and the other half were based on real cases of child protection services (Vignette 13 - 24). The child and family support

vignettes had been created and used in a previous study by Bartelink et al. (2017). The vignettes described a variety of family compositions, social backgrounds, cultural backgrounds, child maltreatment forms (physical, sexual, emotional abuse, and neglect), and maltreatment severity levels. More information on these vignettes can be found in Bartelink et al. (2017). The child protection services vignettes were also created for a previous study (Vial, Assink, Stams, & van der Put, 2019 [Chapter 5]), and describe a variety of immediate safety problems in families. The vignettes were reviewed by practitioners of the child protection agency to assure they were representative of cases in their daily practice. Since the child protection agency usually handles more cases of children in immediate danger than the child and family support services, the vignettes designed for the former have a higher prevalence of possible immediate safety threats. An example of a vignette similar to the vignettes that were used in this study as well as more information on these vignettes can be found in Chapter 5.

3.2.5 Data analyses.

First, we compared the safety decisions reached by practitioners using the ARIJ safety assessment instrument with the safety decisions reached by the expert panels by calculating intraclass correlations (ICC). For all the vignettes, the percentage of the ARIJ assessments that determined the child to be in immediate danger was compared to the percentage of the expert panels that determined the child to be in immediate danger. ICC was used to calculate consistency between the multiple raters with two-way random effects (Koo & Li, 2016). ICCs were also calculated to determine the consistency of the individual expert assessments with the ARIJ assessments and the expert panel assessments. Complementary to the ICCs, we calculated the percentage agreement between the three individual measures of immediate safety (i.e., ARIJ assessments vs expert panels; ARIJ assessments vs individual expert assessments; individual expert assessments vs expert panels). These percentages show how often the measures of immediate safety were the same or different. For the ARIJ assessments and the individual expert assessments, we looked at the decision that was reached by the majority of the ARIJ or expert assessments. So, if in 80% of the ARIJ assessments the child was deemed to be safe, the overall safety decision of the ARIJ assessments was set at "safe" for that particular vignette.

Second, the immediate safety threats identified by the practitioners using the ARIJ were compared with the immediate safety threats identified by the expert panels. For the ARIJ assessments, the prevalence of the response category "yes" showed which immediate safety threats were identified as present in a vignette. For the expert panels, the transcripts of the panel discussions were analyzed qualitatively to determine what immediate safety threats were identified as present in a vignette by the panels. For each vignette, the immediate safety threats were coded. All vignettes were coded by two research assistants who were carefully instructed to identify the immediate safety

threats (i.e., the reasons why the experts decided that the child was in immediate danger). Next, the first author of this manuscript merged the codes made by the assistants, identifying the immediate safety threats for each vignette. This same procedure was followed to identify the reasons of the expert panel to identify the child as safe.

Last, the immediate safety threats identified in the individual expert assessments were compared to the threats identified in the other two immediate safety measures. To do this, all questionnaires were coded by two research assistants, and subsequently merged by the first author of this manuscript to identify the immediate safety threats mentioned for each vignette. The software program ATLAS.ti version 8 was used for all qualitative analyses.

4.3 RESULTS

4.2.1 Comparison of the safety decisions.

Table 4.1 shows the prevalence of the safety decisions for 1) the ARIJ assessments, 2) the individual expert assessments, and 3) the expert panel assessments. ICC was calculated across all assessed vignettes and showed a moderate consistency between the safety decisions of the ARIJ safety assessments and the expert panel assessments, $ICC = .523$ (95% CI = $[-.102, .794]$; $F(23,23) = 2.097$, $p = .041$). Similarly, the consistency between the safety decisions of the ARIJ safety assessments and the individual expert assessments proved to be moderate, $ICC = .698$ (95% CI = $[.302, .869]$; $F(23,23) = 3.312$, $p < .01$). Overall, the children described in the vignettes were more often determined as being in immediate danger in the ARIJ assessments (69%) than in both expert panel assessments (52%) and the individual expert assessments (56%).

Next, we compared the ARIJ safety decisions in more detail to the expert panel safety decisions. In 58% of the vignettes ($n = 14$), the majority of the ARIJ safety decisions was the same as the safety decision made by the expert panels. For 71% of these fourteen vignettes ($n = 10$), the child was deemed to be in immediate danger, and for 29% of these vignettes ($n = 4$), the child was considered to be safe. In 29% of the vignettes ($n = 7$), the ARIJ safety decisions differed from the safety decision by the expert panels. For six of these vignettes, the child was supposed to be in immediate danger by the majority of the ARIJ safety assessments, whereas the expert panels deemed the children to be safe, and for one vignette the expert panel deemed the child to be in immediate danger, whereas the majority of ARIJ assessments deemed the child to be safe. In 13% of the vignettes ($n = 3$), either the ARIJ safety assessments ($n = 2$) or the expert panels ($n = 1$) were inconclusive on the child's immediate safety (for practical reasons one of the expert panels was split into two meetings; for one vignette the safety decision differed between these two meetings). In sum, these results show that the ARIJ safety decision

concurr with the expert panel safety decision for most vignettes (58% of the vignettes). For the other vignettes, the safety conclusions were inconsistent when the child was considered to be in danger according to ARIJ assessments, but not according to the expert panel (25% of the vignettes), or the child was in danger according to the expert panel, but not according to the ARIJ assessment (4% of the vignettes). There were also vignettes for which the ARIJ safety assessments or the expert panels were inconclusive on the child's immediate safety (13% of the vignettes).

The consistency between the safety decisions made by the individual experts and the expert panels was excellent, ICC = .935 (95% CI = [.849, .972]; $F(23,23) = 15.305$, $p < .001$). For 83% of the vignettes ($n = 20$), the majority of the individual expert decisions concurred with the expert panel's decision. For the remaining 17% of the vignettes ($n = 4$), the individual expert decisions were inconclusive, because half of the individual experts judged the child to be safe and the other half judged the child to be in immediate danger.

Table 4.1 Prevalence of the Safety Decisions (Immediate Danger and Safe) for the ARIJ Assessments, the Individual Expert Assessments, and the Expert Panel Assessments

Vignette 1	ARIJ ($n = 13$)	Individual experts ($n = 4$)	Expert panel ($n = 2$) ¹
Immediate danger	62	75	100
Safe ²	38	25	0
Vignette 2	ARIJ ($n = 12$)	Individual experts ($n = 4$)	Expert panel ($n = 1$)
Immediate danger	0	0	0
Safe	100	100	100
Vignette 3	ARIJ ($n = 13$)	Individual experts ($n = 4$)	Expert panel ($n = 1$)
Immediate danger	54	25	0
Safe	46	75	100
Vignette 4	ARIJ ($n = 14$)	Individual experts ($n = 4$)	Expert panel ($n = 1$)
Immediate danger	86	100	100
Safe	14	0	0
Vignette 5	ARIJ ($n = 13$)	Individual experts ($n = 5$)	Expert panel ($n = 1$)
Immediate danger	46	0	0
Safe	54	100	100
Vignette 6	ARIJ ($n = 13$)	Individual experts ($n = 4$)	Expert panel ($n = 1$)
Immediate danger	100	100	100
Safe	0	0	0
Vignette 7	ARIJ ($n = 15$)	Individual experts ($n = 4$)	Expert panel ($n = 1$)
Immediate danger	20	0	0
Safe	80	100	100

Table 4.1 Continued.

Vignette 8	ARIJ (<i>n</i> = 15)	Individual experts (<i>n</i> = 4)	Expert panel (<i>n</i> = 2) ¹
Immediate danger	93	50	50
Safe	7	50	50
Vignette 9	ARIJ (<i>n</i> = 15)	Individual experts (<i>n</i> = 4)	Expert panel (<i>n</i> = 1)
Immediate danger	80	0	0
Safe	20	100	100
Vignette 10	ARIJ (<i>n</i> = 16)	Individual experts (<i>n</i> = 5)	Expert panel (<i>n</i> = 1)
Immediate danger	6	0	0
Safe	94	100	100
Vignette 11	ARIJ (<i>n</i> = 12)	Individual experts (<i>n</i> = 4)	Expert panel (<i>n</i> = 1)
Immediate danger	50	0	0
Safe	50	100	100
Vignette 12	ARIJ (<i>n</i> = 12)	Individual experts (<i>n</i> = 4)	Expert panel (<i>n</i> = 1)
Immediate danger	100	100	100
Safe	0	0	0
Vignette 13	ARIJ (<i>n</i> = 10)	Individual experts (<i>n</i> = 5)	Expert panel (<i>n</i> = 1)
Immediate danger	90	100	100
Safe	10	0	0
Vignette 14	ARIJ (<i>n</i> = 10)	Individual experts (<i>n</i> = 4)	Expert panel (<i>n</i> = 1)
Immediate danger	90	100	100
Safe	10	0	0
Vignette 15	ARIJ (<i>n</i> = 6)	Individual experts (<i>n</i> = 4)	Expert panel (<i>n</i> = 2) ¹
Immediate danger	100	75	100
Safe	0	25	0
Vignette 16	ARIJ (<i>n</i> = 6)	Individual experts (<i>n</i> = 4)	Expert panel (<i>n</i> = 1)
Immediate danger	100	25	0
Safe	0	75	100
Vignette 17	ARIJ (<i>n</i> = 6)	Individual experts (<i>n</i> = 4)	Expert panel (<i>n</i> = 1)
Immediate danger	83	100	100
Safe	17	0	0
Vignette 18	ARIJ (<i>n</i> = 7)	Individual experts (<i>n</i> = 4)	Expert panel (<i>n</i> = 2) ¹
Immediate danger	29	100	100
Safe	71	0	0
Vignette 19	ARIJ (<i>n</i> = 9)	Individual experts (<i>n</i> = 4)	Expert panel (<i>n</i> = 1)
Immediate danger	67	100	100
Safe	33	0	0

Table 4.1 Continued.

Vignette 20	ARIJ (<i>n</i> = 9)	Individual experts (<i>n</i> = 4)	Expert panel (<i>n</i> = 1)
Immediate danger	100	50	0
Safe	0	50	100
Vignette 21	ARIJ (<i>n</i> = 10)	Individual experts (<i>n</i> = 5)	Expert panel (<i>n</i> = 1)
Immediate danger	100	80	100
Safe	0	20	0
Vignette 22	ARIJ (<i>n</i> = 8)	Individual experts (<i>n</i> = 4)	Expert panel (<i>n</i> = 1)
Immediate danger	88	50	0
Safe	13	50	100
Vignette 23	ARIJ (<i>n</i> = 10)	Individual experts (<i>n</i> = 4)	Expert panel (<i>n</i> = 1)
Immediate danger	60	50	0
Safe	40	50	100
Vignette 24	ARIJ (<i>n</i> = 10)	Individual experts (<i>n</i> = 5)	Expert panel (<i>n</i> = 1)
Immediate danger	50	60	100
Safe	50	40	0
Mean percentage per vignette			
Immediate danger	69 (<i>SD</i> = 6.39)	56 (<i>SD</i> = 8.26)	52 (<i>SD</i> = 10.20)

Note. The percentage of the assessments that judged the child to be in immediate danger or safe for the ARIJ assessments, individual expert assessments, and expert panel assessments. *SD* = standard deviation.

¹ Due to practical reasons this expert panel was split into two different meetings with other experts.

² In the ARIJ safety assessments, the response categories "No" and "Unknown" were combined.

4.2.2 Comparison of the immediate safety threats.

Table 4.2 presents the immediate safety threats that were identified by the expert panels and the ARIJ safety assessment for the vignettes in which the expert panel decided that the child was in immediate danger. For completeness, the immediate safety threat identified in individual expert assessments can be found in Appendix 4.A. This appendix only reports the immediate safety threats that were mentioned in the individual expert questionnaires, but were not mentioned in the expert panels, as all threats mentioned in the expert panels were mentioned in the individual expert assessments. The vignettes for which the expert panels decided that the child was safe, can be found in Table 4.3. This table shows the explanations of the expert panels as to why the children were not deemed to be in immediate danger compared to the immediate safety threats identified in the ARIJ safety assessments. The explanations

of the individual experts in the questionnaires as to why the child was deemed to be safe can be found in Appendix 4.B.

First, we looked into the immediate safety threats identified for the vignettes in which both the expert panel and the majority of the ARIJ safety assessments identified the child as being in immediate danger (Vignette 1, 4, 6, 12, 13, 14, 15, 17, 19, and 21; see Table 4.2). In these vignettes, the safety threats identified in the ARIJ assessments and by the expert panels were similar. However, for most vignettes the expert panels described more different types of safety threats than the ARIJ assessments. These additional threats were often related to the child's behavior, the child's vulnerability, mental health problems of the caregivers, the availability of the caregivers, and other family members (e.g., a brother). Immediate safety aspects identified by the expert panels can often be regarded as risk factors. For example, "Parents suffered from child maltreatment as a child", "Limited social network", and "Mother's boyfriend went to prison". Since the ARIJ safety assessment has only eight items that describe immediate safety threats, it is unclear whether the practitioners who assessed the vignettes with the ARIJ also took these aspects into account in their assessments.

Only in one vignette (Vignette 18), the expert panel identified the child as being in immediate danger, whereas the majority of the ARIJ safety assessment decisions indicated that the child was safe. The expert panel mainly identified safety threats related to the child: "Child makes and shares her own nude pictures", "Child runs away multiple nights at a time", "Child does not want help", "Child has contact with multiple men/boys", "Child has money and expensive clothes/objects", "Child uses substances", and "Parents are not able to protect her". The safety threats identified in the minority of the ARIJ safety assessments were "Physical abuse" (14%), "Sexual abuse" (14%), and "Parental availability" (14%).

In six vignettes (Vignette 3, 9, 16, 20, 22, and 23) the majority of the ARIJ assessment decisions indicated that the child was in immediate danger, whereas the expert panels decided that the child was safe. The explanations of the experts as to why they considered the children to be safe can be found in Table 4.3. In this section, we describe each of these six vignettes briefly. For Vignette 3, none of the identified safety threats in the ARIJ safety assessments were identified by the majority of the assessments. The most prevalent immediate safety threat in this vignette was "Parental availability" (46%). The expert panel mostly argued that the child was not in immediate danger due to factors related to the child's father: "Father wants to learn and seems able to learn", "Father asks for help", and "Father knows that change is necessary". Additionally, they explained that the child's grandfather was able to help the family, and that the child goes to school and a sports club. For Vignette 9, the majority of the ARIJ safety assessments described "Domestic violence" (73%) as an immediate safety threat, whereas the expert panel reasoned that "Parents seem to manage fairly", and that "The child danger is chronic but not immediate".

Notably, four immediate safety threats were identified by the majority of the ARIJ assessments for Vignette 16: "Child abduction and honor-related violence" (100%),

"Domestic violence" (100%), "Physical abuse" (67%), and "Parental availability" (67%). However, the expert panel described the child as being safe. Most of the reasons of the expert panel as to why the child was considered to be safe were related to the mother (e.g., "Mother can reflect on her own behavior" and "Mother recognizes her shortcomings, which caused danger to her child"). Additionally, they described the current living situation as protective: "Mother and child currently stay in a safety house".

The ARIJ assessments identified "Physical abuse" (89%) as an immediate safety threat for Vignette 20. In contrast, the expert panel reasoned that the child was not in immediate danger, because "The child has no injuries", "The child is 16 years old", and "The incident was not recent". For Vignette 22, "Psychiatric problems" (75%) was identified as an immediate safety threat by the majority of the ARIJ assessments. The expert panel argued that the child was not in immediate danger because, "The problems are chronic, and not immediate", "The parents recognize the brother's disorder (which is harmful to the child)", "Their social network is involved", and "The parents want help for their own problems". Half of the ARIJ assessments identified "Parental availability" (50%) as an immediate safety threat in Vignette 23. However, the expert panel considered the child to be safe, because "There is a social network available", "The unofficial foster parent indicated that the child is doing fine at her place", "Child still has a place to live", "Father is involved with the child", and because of "The child's age".

Finally, another interesting vignette is Vignette 24, as half of the ARIJ safety assessments indicated that the child was in immediate danger, whereas the other half of the ARIJ assessments identified the child as safe. The most prevalent identified immediate safety threat in the ARIJ assessments was "Parental availability" (40%), followed by "Physical abuse" (30%). The expert panel decided that the child was in immediate danger and identified the following immediate safety threats: "The child's grandfather hits mother and child", "Grandfather is unpredictable", "Grandfather has Alzheimer's disease", "The child has behavioral problems", "Child's behavioral problems increase the chance that grandfather hits him", and "Child assaulted someone".

Table 4.2 The Immediate Safety Threats identified by the Expert Panels and the ARIJ Assessments (percentage response category "yes")

Expert panel	ARIJ % Yes	
Vignette 1		
Overall safety decision: Immediate danger	Overall safety decision: Immediate danger (62%)	
- (lack of clarity on) Domestic violence (caused by mother's boyfriend)	Physical abuse	23
- Mother's boyfriend is violent when drunk	Sexual abuse	0
- Mother's boyfriend went to prison	Neglect	23
- Mother's boyfriend has many (mental health) problems	Child abduction and honor-related violence	0
- Brother causes many problems in the home situation	Parental refusal of immediate care	8
- Brother causes suffering of the child	Psychiatric problems	0
- Mother can't protect the child from his brother	Domestic violence	8
- Mother plays down the problems	Parental availability	54
- Mother asks too much from the child		
- Mother rejects services		
- Mother does not want to talk		
- Mother lacks understanding of the severity of the problems		
- Mother has unresolved trauma		
- Mother suffered from child maltreatment as a child		
- Mother burdens the child with adult problems		
- Chronic problematic child-rearing situations		
- Emotional unsafety		
- The child development in danger		
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Vignette 4		
Overall safety decision: Immediate danger	Overall safety decision: Immediate danger (86%)	
- Physical fights between father and sons	Physical abuse	71
- Father has substance abuse problems	Sexual abuse	0
- Parents are not able to care for the child	Neglect	21
- Parents can't support children	Child abduction and honor-related violence	0
- Mother has physical problems	Parental refusal of immediate care	7
- Mother is not mentally resilient	Psychiatric problems	0
- The child wants to leave the family	Domestic violence	0
- The child has a low IQ	Parental availability	36
- The child has behavior problems		
- The child has been in out-of-home placement twice		
- The child has problems in all aspects of his life		
- The child is vulnerable		
- The child is on multiple waiting lists for care		

Table 4.2 Continued.

Expert panel	ARIJ % Yes
Vignette 6	
Overall safety decision: Immediate danger	Overall safety decision: Immediate danger (100%)
- The child is being hit	Physical abuse 85
- Domestic violence	Sexual abuse 8
- Father has substance abuse problems	Neglect 46
- Father is absent	Child abduction and honor-related violence 0
- Mother is incapable to protect the child	Parental refusal of immediate care 8
- Psychological violence towards the children	Psychiatric problems 0
- The child has behavioral problems	Domestic violence 8
- The child runs away and without anyone knowing where she is	Parental availability 100
- The child has no connection to peers	
- The child burdened with adult problems	
- The child is wary and aggressive	
- The child stabbed a peer with a scissor	
- The child does not accept authority	
- The child is young	
- Parents ask too much from the child	
- Chronic unsafety	
Vignette 8	
Overall safety decision: Immediate danger (50%)¹	Overall safety decision: Immediate danger (93%)
- Father uses physical violence (uncertain if this is also towards the children)	Physical abuse 73
- Father is verbally violent	Sexual abuse 0
- Father is dangerous	Neglect 13
- Father has narcissistic personality problems	Child abduction and honor-related violence 0
- Father is very unreliable	Parental refusal of immediate care 13
- The children stay at father every weekend	Psychiatric problems 0
- Mother is absent	Domestic violence 13
- Father is absent	Parental availability 73
- Mother is not concerned about the needs of the children	
- The child has behavioral problems	
- Mother suffered from child maltreatment as a child	

Table 4.2 Continued.

Expert panel	ARIJ % Yes	
Vignette 12		
Overall safety decision: Immediate danger	Overall safety decision: Immediate danger (100%)	
- Mother has a very negative view of her son	Physical abuse	75
- Mother views the child as the cause of her incapability	Sexual abuse	0
- Mother is scared to be abusive towards her children	Neglect	8
- Mother hit the child before	Child abduction and honor-related violence	0
- Mother has mental health problems	Parental refusal of immediate care	17
- Mother is depressed	Psychiatric problems	0
- Mother is unstable	Domestic violence	0
- Mother suffered from child maltreatment as a child	Parental availability	75
- Mother feels like the child does not want to go home		
- Mother is struggling		
- The child frequently has bruises		
- The child is isolated		
- The child is bullied		
- The child does not want to go home		
- The children are completely dependent on mother		
- The child shows internalizing behavioral problems		
- Father is not often home		
- Very little social control		
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Vignette 13		
Overall safety decision: Immediate danger	Overall safety decision: Immediate danger (90%)	
- Domestic violence	Physical abuse	50
- The child had bruises before	Sexual abuse	0
- Previous hotline report	Neglect	20
- Father is absent	Child abduction and honor-related violence	10
- Young child that is completely dependent on mother	Parental refusal of immediate care	10
- Mother has attachment problems with her son	Psychiatric problems	10
- Stressful events	Domestic violence	50
- Mother has mental health problems	Parental availability	50
- Mother has substance abuse problems		
- No social network available		
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Table 4.2 Continued.

Expert panel	ARIJ % Yes
Vignette 14	
Overall safety decision: Immediate danger	Overall safety decision: Immediate danger (90%)
- The child witnesses domestic violence	Physical abuse 20
- Physical violence between parents	Sexual abuse 0
- Verbal violence between parents	Neglect 60
- Basic (physical) care is neglectful	Child abduction and honor-related violence 0
- Parents are limited available	Parental refusal of immediate care 0
- Father has a substance abuse problem	Psychiatric problems 0
- Father stopped substance abuse treatment	Domestic violence 80
- Father returns to old habits	Parental availability 20
- Father does not want help	
- Parents suffered from child maltreatment as a child	
- Many risk factors are present	
- Limited social control	
- Lack of hygiene	
Vignette 15	
Overall safety decision: Immediate danger	Overall safety decision: Immediate danger (100%)
- Mother is aggressive	Physical abuse 50
- Instable child-rearing situation	Sexual abuse 0
- Mother is dependent on father	Neglect 0
- Mother is inconsistent in her behavior	Child abduction and honor-related violence 0
- Mother has personality problems	Parental refusal of immediate care 0
- Father indicates that the mother was physically violent towards him multiple times	Psychiatric problems 67
- Severe violent incidents in the presence of the children	Domestic violence 100
- Father does not listen to the mother	Parental availability 33
- High conflict divorce which has been going on for years	
- No improvements despite recent care	
- Young children	
- Mother indicates she cannot handle the care of her children	
- Parents are both financially unstable	
- Parent both have unstable living situations	
- Parents are not enough concerned with the needs of the children	
- The child talks about suicide	
- Father does not want to participate in the care	
- Parents are occupied with their problems	
- All three children show behavioral problems	
- The youngest child shows speech development delay	

Table 4.2 Continued.

Expert panel	ARIJ % Yes	
Vignette 17		
Overall safety decision: Immediate danger	Overall safety decision: Immediate danger (83%)	
- The child indicated that she has been sexually abused by peers (repeatedly)	Physical abuse	- 0
- Possible child prostitution	Sexual abuse	0 67
- The child shows self-harming behavior	Neglect	67 17
- The child still sees the peers that sexually abused her	Child abduction and honor-related violence	17 0
- The child shows behavioral problems at school	Parental refusal of immediate care	0 0
- The child shows risky behavior around boys/men	Psychiatric problems	67
- Parents are incapable to protect the child (from itself)	Domestic violence	0 67
- Parents have negative thoughts on the child	Parental availability	17 0
- Parents are unavailable		17
- Parents have a mental disability		
- The child often does not go to school		
- The child has unresolved trauma		
- Parents lack understanding of the severity of the problems		
- Parents do not provide basic care		
- The child has problems in multiple aspects of her life		
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Vignette 18		
Overall safety decision: Immediate danger	Overall safety decision: Safe (71%)	
- The child makes and shares her nude pictures	Physical abuse	- 14
- The child runs away multiple nights at a time	Sexual abuse	14 14
- Unclear where the child is when she runs away	Neglect	14 0
- The child does not want help	Child abduction and honor-related violence	0 0
- The child has contact with multiple men/boys	Parental refusal of immediate care	0 0
- The child has behavioral problems	Psychiatric problems	0 0
- The child has money and expensive clothes/objects	Domestic violence	14 0
- The child uses substances	Parental availability	14
- Mother is not capable to set rules and boundaries		
- Father allows the child to drink		
- Parents are not able to protect her (from sexual abuse)		
- The child is vulnerable		
- The child does not go to school		
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Table 4.2 Continued.

Expert panel	ARIJ % Yes
Vignette 19	
Overall safety decision: Immediate danger	Overall safety decision: Immediate danger (67%)
- (possible) Ongoing sexual abuse	Physical abuse 22
- Family member (preparator) who previously sexually abused the child lives close	Sexual abuse 56
- The child is young	Neglect 11
- The child has panic attacks	Child abduction and honor-related violence 0
- Parents have different explanations on child's panic attacks	Parental refusal of immediate care 11
- The child has symptoms related to medicine	Psychiatric problems 22
- Parents are occupied with their problems	Domestic violence 0
- Parents are occupied with the problems between them	Parental availability 22
- Parents disagree on (the severity of) the problems	
- Mother has unresolved trauma	
- Mental health problems of parents	
- Father has an autism spectrum disorder	
- Chronic involvement of services	

Table 4.2 Continued.

Expert panel	ARIJ % Yes
Vignette 21	
Overall safety decision: Immediate danger	Overall safety decision: Immediate danger (100%)
- The child witnessed domestic violence multiple times	Physical abuse 0
- Parents have serious conflicts	Sexual abuse 0
- Father has an attention deficit disorder	Neglect 0
- Mother suffered from child maltreatment as a child	Child abduction and honor-related violence 0
- Mother has borderline personality problems	Parental refusal of immediate care 30
- Chronic problematic situation	Psychiatric problems 0
- No (family) support available in Vignette of crisis	Domestic violence 100
- Mother is dependent on father	Parental availability 60
- Mother indicated that she cannot handle the care for her child alone	
- Mother is instable	
- Parents are not always available	
- Structural care is lacking	
- The child has multiple addresses due to the fight between parents	
- Instable family	
- Young child	
- Withdrawal of medical care	
- Parents are emotionally unavailable due to personal problems	
- Parents are physically unavailable due to personal problems	
- Parents have mental health problems	

Table 4.2 Continued.

Expert panel	ARIJ % Yes
Vignette 24	
Overall safety decision: Immediate danger	Overall safety decision: Immediate danger (50%)
- Grandfather hits mother and child	Physical abuse 30
- Grandfather is unpredictable	Sexual abuse 30 0
- Grandfather has Alzheimer's disease	Neglect 0 0
- The child has behavioral problems	Child abduction and 0 0
- The child's behavioral problems increase the chance that grandfather hits him	honor-related violence 0
- The child threatened others with a knife	Parental refusal of 0 0
- The child assaulted someone	immediate care 10
- Mother not able to protect the child	Psychiatric problems 0 10
- Mother is instable	Domestic violence 40 0
- Problems in multiple life areas	Parental availability 40

Note. The safety threats identified by practitioners in the ARIJ assessments and by the experts in the panels, for the vignettes in which the expert panel identified the child to be in immediate danger.

¹ Due to practical reasons this expert panel was split into two different meetings with other experts.

Table 4.3 Reasons Why the Child was Identified as Safe by the Expert Panels and the Immediate Safety Threats Identified in the ARIJ Assessments (Percentage “Yes”)

Expert panel	ARIJ % Yes
Vignette 2	
Overall safety decision:	Overall safety decision:
Safe	Safe (100%)
- Father indicates that he does not hit anymore	Physical abuse 0
- Father is open for conversation	Sexual abuse 0
- Father admitted that he used to hit the child	Neglect 0
- Parents want help	Child abduction and honor-related violence 0
- Many protective factors are present	Parental refusal of immediate care 0
	Psychiatric problems 0
	Domestic violence 0
	Parental availability 0
Vignette 3	
Overall safety decision:	Overall safety decision:
Safe	Immediate danger (54%)
- Father had a positive childhood	Physical abuse 0
- Father thinks positively of his child	Sexual abuse 0
- Father knows he lacks the knowledge on how to raise his child	Neglect 8
- Father knows change is necessary	Child abduction and honor-related violence 0
- Father his intelligence is above average	Parental refusal of immediate care 8
- Father wants to learn and seems able to learn	Psychiatric problems 0
- Father asks for help	Domestic violence 46
- Many protective factors are present	Parental availability
- Grandfather helps	
- Child goes to school and a sports club	

Table 4.3 Continued.

Expert panel	ARIJ % Yes
Vignette 5	
Overall safety decision: Safe	Overall safety decision: Safe (54%)
- Child does not want to run away	Physical abuse 8
- Last incident was two weeks ago	Sexual abuse 23
- The child's age	Neglect 8
- Child wants to change	Child abduction and honor-related violence 0
- Child recognizes the problems	Parental refusal of immediate care 39
- Parents are available	Psychiatric problems 8
- Parents are involved	Domestic violence 0
- Child goes to school	Parental availability 8
- Sexual abuse was stopped	
- Many protective factors are present (such as a social network)	
Vignette 7	
Overall safety decision: Safe	Overall safety decision: Safe (80%)
- Child is protected	Physical abuse 0
- Parents are loving	Sexual abuse 0
- Negative effects of parents disagreement on the child are not visible	Neglect 0
- Child does well in school	Child abduction and honor-related violence 0
	Parental refusal of immediate care 0
	Psychiatric problems 13
	Domestic violence 7
	Parental availability
Vignette 8	
Overall safety decision: Safe (50%)¹	Overall safety decision: Immediate danger (93%)
- Grandmother is available	Physical abuse 73
- Grandmother provides a stable living situation	Sexual abuse 0
	Neglect 13
	Child abduction and honor-related violence 0
	Parental refusal of immediate care 13
	Psychiatric problems 0
	Domestic violence 13
	Parental availability 73

Table 4.3 Continued.

Expert panel	ARIJ % Yes
Vignette 9	
Overall safety decision: Safe	Overall safety decision: Immediate danger (80%)
- Parents seem to manage fairly	Physical abuse 7
- Child danger is chronic but not immediate	Sexual abuse 0
	Neglect 7
	Child abduction and honor-related violence 0
	Parental refusal of immediate care 7
	Psychiatric problems 0
	Domestic violence 73
	Parental availability 33
Vignette 10	
Overall safety decision: Safe	Overall safety decision: Safe (94%)
- Child has a strong bond with mother	Physical abuse 0
- Chronic problems, not immediate problems	Sexual abuse 6
- No immediate danger to the child development	Neglect 0
- Parents are available	Child abduction and honor-related violence 0
- Mother is motivated to change	Parental refusal of immediate care 0
- Mother recognized the child's need	Psychiatric problems 0
- Social network is available	Domestic violence 0
- No physical violence	Parental availability
- No domestic violence	
- No psychological violence	
- No sexual abuse	

Table 4.3 Continued.

Expert panel	ARIJ % Yes	
Vignette 11		
Overall safety decision: Safe	Overall safety decision: Immediate danger (50%)	
- Concerns about the child's safety, but they are not immediate	Physical abuse	17
- Regular services are sufficient at this time	Sexual abuse	0
	Neglect	17
	Child abduction and honor-related violence	8
	Parental refusal of immediate care	17
	Psychiatric problems	0
	Domestic violence	33
	Parental availability	
Vignette 16		
Overall safety decision: Safe	Overall safety decision: Immediate danger (100%)	
- Mother and child currently stay in a safety house	Physical abuse	67
- Mother recognizes problems	Sexual abuse	0
- Mother can reflect on her own behavior	Neglect	33
- Mother asks for help (indirectly)	Child abduction and honor-related violence	100
- Mother is open about her inability to care for the child	Parental refusal of immediate care	0
- Mother recognizes her shortcomings, which cause danger to her child	Psychiatric problems	100
	Domestic violence	67
	Parental availability	
Vignette 20		
Overall safety decision: Safe	Overall safety decision: Immediate danger (100%)	
- Child is 16 years old	Physical abuse	89
- The incident was not recent	Sexual abuse	11
- Child has no injuries	Neglect	0
	Child abduction and honor-related violence	0
	Parental refusal of immediate care	22
	Psychiatric problems	0
	Domestic violence	33
	Parental availability	

Table 4.3 Continued.

Expert panel	ARIJ % Yes	
Vignette 22		
Overall safety decision: Safe	Overall safety decision: Immediate danger (88%)	
- Network is involved	Physical abuse	38
- Parents recognize brother's disorder (which harms the child)	Sexual abuse	0
- Parents want help for their own problems	Neglect	0
- Parents mentioned their own concerns	Child abduction and honor-related violence	0
- Parents know what their son needs	Parental refusal of immediate care	13
- Problems are chronic, not immediate	Psychiatric problems	75
- Child is protected	Domestic violence	0
- Parents are loving	Parental availability	38
Vignette 23		
Overall safety decision: Safe	Overall safety decision: Immediate danger (60%)	
- Father is involved with the child	Physical abuse	40
- There is a social network available	Sexual abuse	0
- Negative effects of mother's behavior on the child are not visible	Neglect	40
- The child's age	Child abduction and honor-related violence	0
- The unofficial foster parent indicated that the child is doing fine at her place	Parental refusal of immediate care	10
- Child has a residence permit	Psychiatric problems	0
- Child is not abused by the unofficial foster parent	Domestic violence	0
- Child still has a place to life	Parental availability	50

Note. This table shows the explanations of the expert panels as to why the children were not deemed to be in immediate danger and the immediate safety threats identified in the ARIJ safety assessments.

¹ Due to practical reasons this expert panel was split into two different meetings with other experts.

4.4 DISCUSSION

The safety decisions reached by practitioners with the ARIJ safety assessment instrument moderately concur with the safety decisions reached by the expert panels. In cases where the safety decisions differed, the safety assessments performed with the instrument often deemed the child to be in immediate danger, whereas the expert panels deemed the child to be safe. The immediate safety threats identified by the practitioners with the instrument were often comparable with the immediate safety threats identified by the expert panels. However, for cases in which both the immediate safety measures deemed the child to be in immediate danger, the expert panels often identified more different types of immediate safety threats than the practitioners using the assessment instrument.

In general, the following threats were added to the threats mentioned in the safety assessment instrument assessments: threats related to the child's behavior, the child's vulnerability, mental health problems of the caregivers, and other family members (e.g., a brother). Immediate safety threats caused by the child's behavior and immediate safety threats caused by others than the caregivers are not explicitly described in the ARIJ safety assessment instrument. Additionally, child vulnerability is only described for one immediate safety threat in the instrument. The immediate safety threats that were mentioned by the expert panels are also measured in most internationally used safety assessment instruments (Vial, Assink, Stams, & van der Put, 2020 [Chapter 2]). Similarly, a previous study on the content validity of the ARIJ safety assessment instrument showed that these threats should be included in the instrument (Vial, van der Put, Stams, & Assink, 2019 [Chapter 3]).

The immediate safety aspects mentioned by the expert panels can often be classified as risk factors. Safety and risk assessment instruments often assess factors that describe very similar problematic behaviors of caregivers. However, in these different assessment types, they need to be assessed differently. This, for instance, applies to substance abuse of caregivers. In a risk assessment, this factor should be assessed as present if a caregiver uses substance problematically. In a safety assessment, however, this factor must only be assessed as present if the caregiver's substance abuse causes an immediate safety threat to the child. The experts sometimes mention factors without explaining how they pose an immediate threat to the child. For example, for Vignette 1 the experts mentioned two factors as safety threats (i.e., "Mother suffered from child maltreatment as a child" and "Mother's boyfriend went to prison"), whereas the experts seemed to use these factors as indicators of the severity of problems in the family rather than safety threats.

Also noticeable is that experts weighed child characteristics in their assessments of the child's immediate safety, such as the child's age or how well the child is functioning. The experts reasoned in some cases (e.g., Vignette 23) that a child is not in immediate danger, as it was relatively old (e.g., 16 years old) or because it seemed to function normally. This type of reasoning can be problematic, as studies on incident reports

in the Netherlands and the United Kingdom have shown that practitioners tend to underestimate immediate safety threats if the child does not have any (behavioral) problems, or does not show any signs of abuse (Trench & Griffiths, 2014; Health and Youth Care Inspectorate, 2016). Further, aspects related to the capacities of caregivers are also often mentioned by the experts as to why the child is not in immediate danger. Especially, caregivers who are willing to change their behavior are mentioned often by the experts (e.g., Vignette 16). However, this may also be problematic, as risk assessment research showed that risk factors have a larger impact on child outcomes than protective factors (Luthar & Goldstein, 2004; Miller, Wasserman, Neugebauer, Gorman-Smith, & Kamboukos, 1999; Vanderbilt-Adriance & Shaw, 2008a; Vanderbilt-Adriance & Shaw, 2008b; Van der Put et al., 2016). Moreover, protective capacities of caregivers may not (always) be able to mitigate immediate safety threats. So even though aspects related to the child and caregiver's capacities are often measured with safety assessment instruments, it is debatable whether these aspects should be assessed with safety assessments in this manner. Future research should specifically examine the impact of these aspects on the quality of safety assessments.

An underlying assumption of this study is that a group decision is better than an individual decision, which can be criticized. In this study, the final decision of the expert panel was very often the same as the final decision of the majority of the individual experts. However, in some panels, there were experts who held a strong opinion, which had a large impact on the final decision of the panel. In Vignette 20, for example, three experts decided that the child was in immediate danger in their individual assessment. However, the final decision of the expert panel was that the child was safe, which was in line with the decision of only one expert. Noticeable was that particularly the experts who worked at the hotline services had a large impact on the final decisions of the expert panels. In the discussion of some vignettes, it was even noticed that the other experts seemed to avoid a discussion, as the hotline services experts were seen as an authority on the subject, even though all panel members had dealt with the safety of children on a daily basis. Therefore, not all vignettes were discussed as extensively as would be desirable. That the hotline services professionals were seen as an authority, could also negatively influence decision making in practice, as their authority could undermine the views of other professionals working on a case. This is especially problematic because the hotline services also provide consultation to anyone worried about a child.

Important to note is that the experts in the panels worked at different agencies, which do not use exactly the same definitions of immediate child safety. This was most apparent for the experts working at the hotline services. There, the time that has passed since the last incident has a large impact on decisions, as this period is also an important aspect of the assessment instrument that is normally used by experts working at the hotline services. Additionally, in the hotline services instrument a distinction is made between immediate safety problems and chronic safety problems, which consequently became apparent in the explanations of the experts working at

the hotline services (e.g., "Child danger is chronic but not immediate"). On the other hand, the time that has passed since the last incident and the chronicity of the safety problems was much less relevant for experts working at other agencies.

Not every panel did have an expert working at the hotline services, and this may have caused differences between the final panel decisions. In future research, it would be interesting to use more homogeneous expert panels, and to compare how these professionals with different backgrounds assess child safety.

4.4.1 Limitations

Several limitations can be put forward. As this is a vignette study, the professionals do not need to act on the decisions they reached. In practice, stating that a child is in immediate danger actually means that the professional should come into immediate action and safeguard the child. Given the large impact this decision has on a child, a professional could in reality be more reluctant to state that a child is in immediate danger. This effect is supported by the fact that the children described in the vignettes that were used in this study were often deemed to be in immediate danger, whereas in practice these same children were not deemed to be in immediate danger as much, as we varied the severity of the cases. The practitioners who assessed the vignettes in this study may not have taken into account that - in reality - a child needs to be safeguarded immediately whenever a safety threat is assessed as present, even though this was described in the questionnaire.

Another limitation of a vignette study is the rather low level of ecological validity. Future research should try to study the concurrent validity of an instrument for cases that are actually being handled in practice. Additionally, the safety assessments performed with an instrument should be compared to an extensive investigation of the immediate child safety established by a multidisciplinary team of experts, such as a pediatrician, a psychologist, a social worker, etc., using multiple sources of information on the child and its living environment. For this type of research ethical limitations should be taken into account, as a comprehensive investigation is needed for children who are deemed to be in immediate danger, but also for children who are not in danger.

A final limitation is that the majority of the experts use an instrument or a structured method on a daily basis to assess children's immediate safety. Even though the experts did not use the instruments they are familiar with in the current study, their conclusions could have been influenced by the instruments they use in their daily practice. One expert working at the hotline services even explicitly disclosed all criteria described in the instrument that this expert was very familiar with.

4.4.2 Clinical implications

The results show a moderate agreement between the ARIJ safety assessment and the expert panel assessments. This speaks for the concurrent validity of the instrument. However, some of the immediate safety threats identified by the experts are not measured with the ARIJ, and should be added to the instrument: threats caused by the child's behavior, and threats caused by other family members (e.g., a brother). Adding these to the instrument may improve its validity, and the decisions made with the instrument.

4.4.3 Conclusion

The current study was the first to examine the concurrent validity of a safety assessment instrument by comparing its outcomes to another measure of the immediate child safety. This type of research is essential to determine the quality of safety assessment instruments and the accuracy of decisions that are made with such an instrument. The decisions made with the ARIJ safety assessment instrument concurred moderately with the expert panel decisions, which provides evidence for moderate concurrent validity. The results also give indications on how the instrument can be improved, which will lead to a better instrument and ultimately to better decisions on children's immediate safety.

APPENDIX 4.A - Immediate safety threats identified by the individual experts in the questionnaires¹

Vignette 1

- Multiple life events in a short period
 - Mother is not capable of making a change
 - Limited social network
 - The child feels responsible for his mother
 - Mother has mental health problems
 - The child takes care of mother
-

Vignette 4

- Parents possibly have a mental disability
 - Mother does not speak Dutch
 - Parents suffered from child maltreatment as a child
 - Parents are skeptical about care
 - Mother is not able to disagree with/resist father
 - Parents do not see that their child needs care
 - There is no care for the child's delinquent behavior
 - Emotional neglect
-

Vignette 6

- The child cannot count on her parents
 - The child witnesses the fights between parents
 - Father is unavailable
-

Vignette 8

- The child mimics the (violent) behavior of the father
-

Vignette 12

- The child is young
 - Mother admitted that she hit the child
 - There is no other adult that can protect the children
 - Mother is isolated
-

Vignette 13

- Mother attempted suicide in the past
 - Mother is not sufficiently emotionally available
 - Mother has financial problems
 - Mother has personal problems
 - Police were involved after domestic violence
 - The child witnesses violence
 - Nobody sees how much mother is drinking, there is no supervision
 - Mother drinks alcohol when she is stressed
 - Mother admitted that she hit the child
 - Father is absent during the day and therefore mother is the one in charge
 - Parents have relationship problems
-

Vignette 14

- The child is in physical danger just by being in the house
- The child is young
- Parents mental health (is unknown)
- Parents lack understanding of the severity of the problems
- Financial problems

Vignette 15

- The children are young and dependent of their parents

Vignette 17

- There are no adults to support the child (when needed)
- The child is not in care
- Parents were maltreated as a child

Vignette 18

- The child can respond aggressively

Vignette 19

- The child has ongoing physical injuries
- Perpetrator had a mental disability
- Father does not recognize the risk of the perpetrator
- Father has a mental disability
- There are signs that the child still feels unsafe
- Parents do not have explanations for the physical injuries
- Parents do not know enough about the basic need for a child to be able to develop
- Many conflicts between the parents

Vignette 21

- Previous care did not lead to improvements
- Parents have relationship problems
- Parents do not know what their child needs
- The child is dependent on its parents
- Parents do not vaccinate the child
- The child cannot protect itself

Vignette 24

- Grandfather is not able to control himself

Note. The safety threats identified by the experts in the individual experts in the questionnaire for the vignettes in which the expert panel deemed the child to be in immediate danger.

¹ We only report the immediate safety threats that were mentioned in the individual expert assessments but were not mentioned in the expert panels. All the aspects mentioned in the expert panels were mentioned in the individual expert assessments.

APPENDIX 4.B - Reasons why the child was identified as safe in the individual expert assessments

Vignette 2

- Parents want help (with the child's behavior)
 - Parents are open about how they punish the child
 - Father indicates that he does not hit anymore
 - Father knows that hitting a child is not good
 - Father admitted that he used to hit the child
 - Negative effects of the problems on the child are not visible
 - Parents are protective
 - Parents sufficiently supervise the child
-

Vignette 3

- Grandfather is involved
 - Father thinks positively about himself and his daughter
 - Father had a good childhood
 - Father is open to help
 - Father his intelligence is above average so he is probably able to learn
 - Sports club does not report any problems
 - No immediate incident
 - The problematic situation existed for a longer period
-

Vignette 5

- No sexual abuse
 - No neglect
 - No physical abuse
 - Parents are involved and available
 - Social network available
 - Sexual abuse was stopped
 - Many protective factors
 - The child goes to school
 - The child lives at home
 - Family members are involved with the family
 - Parents supervise the child sufficiently
-

Vignette 7

- No physical violence during a pregnancy
 - No injuries to a very young child
 - No strangling
 - No sexual abuse
 - No injuries that need medical care
 - No weapons involved
 - No severe physical neglect
 - The child's life is not in danger
-

Vignette 8

- There are parenting arrangements in place
-

Vignette 9

- The child danger is structural but not immediate
-

Vignette 10

- It is not necessary to act within two hours
- Mother is emotionally and physically available
- No physical violence
- No domestic violence
- No emotional violence
- No sexual abuse
- Mother acknowledges the problems
- Mother is protective
- Mother wants to help the child
- Grandmother is involved
- Mother provides basic care
- Mother recognizes the child's needs
- Mother had therapy, which helped

Vignette 11

- The child's life is not in danger
- No physical danger
- The child has behavior problems, but it is unknown what causes this

Vignette 16

- Mother is open about her incapacity to care for the child
- Only one incident occurred
- Child welfare is involved
- Mother and child currently stay in a safe house
- Mother can reflect on her parenting skills
- Mother indicates that parenting is hard for her
- Mother is protective
- Mother is loving

Vignette 20

- Danger to the child today is equal to the danger tomorrow

Vignette 22

- Child safety problems are chronic
- Parents acknowledge the child's disorder
- Parents know what the child needs
- Parents ask for help
- Network is involved

Vignette 23

- No urgent matters
- The child currently stays at a safe space
- Father is involved
- The child's age
- The child has a residence permit
- The unofficial foster parent protects the child
- The child lives with an unofficial foster parent
- The child does not stay at mothers place anymore

Note. This table shows the explanations of the individual experts as to why the children were not deemed to be in immediate danger for the vignettes of which the child was deemed to be safe.

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Annemiek participated in the design of the study, collected the data, conducted all analyses, and drafted the manuscript. Mark Assink participated in the design of the study and critically reviewed the manuscript. Geert Jan Stams critically reviewed the manuscript. Claudia van der Put designed the study, obtained funding, and critically reviewed the manuscript.