

# CHILD WELFARE

## ABCD Child Safety Practice Model

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### Policy

All children, youth and families involved with the Department of Children and Families (DCF) shall be assessed through the lens of the ABCD Child Safety Practice Model.

The ABCD Child Safety Practice Model guides DCF and the work with its community-based partners related to safety assessment and safety planning.

**Cross reference:** ABCD Child Safety Practice Model and Safety Planning Guidance

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### Guiding Practice Commitments

The following guiding practice commitments serve as the foundation of our interactions with families, youth and community stakeholders. They help to emphasize the critical role of our external partners in helping us keep children safe.

These practice commitments inform our community-based partners and provide a context for assessing child safety and engaging families in safety planning efforts.

The Eight (8) Guiding Practice Commitments of the Safety Practice Model are:

1. safe and sound culture & safety science
  2. commitment to equitable safety outcomes & racial justice
  3. comprehensive assessment, resources, tools, and protocols
  4. supervision and consultation to inform critical thinking
  5. community partners' shared understanding of safety
  6. comprehensive service array focused on child safety
  7. supports for kin, foster, and adoptive families
  8. dedicated safety attention for young adults
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### Goals of the ABCD Child Safety Practice Model

The implementation of the ABCD Child Safety Practice Model aims to do the following:

- Improve consistency of safety-related language by using the same language and terminology internally and externally. A glossary of terms can be shared with parents, service providers and the community to promote better understanding and consistency in safety language and definitions.
- Improve consistency of decisions and outcomes. Making consistent decisions is critically important in child welfare. The implementation of the model helps focus staff on assessing key areas that inform child safety for all families coming to the attention of DCF.
- It also helps to inform community providers of the information that DCF needs to assess child safety, to help ensure informed and consistent decisions and outcomes for children and families throughout the state.
- Clarify interactive expectations for frontline staff, supervisors, and community-based partners. The model helps clarify expectations for staff and community providers on how we work together and collaborate to promote child safety. Having a unified way of approaching child safety, both internally and externally, will help to ensure consistency.

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**Goals of the ABCD Child Safety Practice Model (continued)**

- Increase understanding of applied safety concepts. This shall be accomplished through implementing the model and providing training and focused discussions to the community on the ABCD Paradigm and the importance of conducting our work in a more integrative way.

**Key Features**

There are three key features of the ABCD Child Safety Practice Model, discussed below:

1. ABCD Child Safety Paradigm
2. Practice Profiles
3. Discussion Guides

**ABCD Child Safety Paradigm**

The ABCD Child Safety Paradigm creates an approach to child safety that helps to unite DCF's work internally, externally and across all specializations.

The "ABCD" acronym stands for:

- **A**dult protective capacities
- **B**ehaviors that are harmful
- **C**hild vulnerabilities
- **D**angerous conditions

Each of these factors is considered when assessing child safety, as follows:

Adult Protective Capacities: The parent's ability to understand their protective role and take action to keep their children safe. The assessment includes, but is not limited to, the following:

- ability to meet basic needs and keep their children physically and emotionally safe
- attachment/connection with their child and ability to respond to their child's individualized needs
- availability of formal/informal supports and extent to which they can assist the family
- daily functioning, coping strategies, ability to problem solve, and avert crisis
- readiness to change

Behaviors that are harmful: The parent's harmful behaviors that impact child safety and their ability to control or manage these behaviors.

The assessment includes, but is not limited to, the following:

- ability to seek help and utilize supports and resources
- engagement with service interventions to address the identified concerns
- the extent to which parents are making progress and benefiting from service interventions (e.g., acknowledges the problem behavior and impact, has made observable behavioral changes, and demonstrates improved skills.)

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### ABCD Child Safety Paradigm (continued)

Child Vulnerabilities: Ability of the parent to understand the child's vulnerability and take action to protect them.

This assessment includes but is not limited to the following:

- child's age and specialized needs (health/medical or developmental)
- level of supervision and care required to respond to the child's needs
- child's isolation and visibility in the community
- child's history of trauma and extent to which the parent supports or responds to treatment interventions for the child
- discipline techniques that are appropriate given the child's age and development
- safe sleep routines.

Dangerous Conditions: Conditions in the home or community that are imminent, out of control or severe. There is an inability to address or mitigate danger.

This assessment includes but is not limited to the following:

- the condition of the home (child-proofed/free of hazards)
- gun safety/weapons are safely secured
- storage of medications, toxic substances
- access to substances or paraphernalia
- drug trafficking
- access to dangerous people or situations.

**Cross reference:** ABCD Child Safety Practice Model and Safety Planning Guidance

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### Practice Profiles

Practice Profiles are a tool developed by the National Implementation Research Network (NIRN) to operationalize a particular program or practice. They are designed to support consistent and effective practice, encourage skill development and critical thinking. They are used to assess skills and identify strengths and areas for development and growth.

The practice profile contains eight sections of practice skills specifically identified for assessing child safety. These practice skills are trainable and are organized into developing levels.

Supervisors shall utilize this tool with new staff coming into the unit to identify areas of focus in supervision and training needs, as well as with existing staff to enhance their skills.

Two practice profiles were created for the model:

- Practice Profile for Frontline Staff for Safety Assessment and Safety Planning
- Practice Profile for Supervisory Staff for Safety Assessment and Safety Planning

**Cross reference:** ABCD Child Safety Practice Model and Safety Planning Guidance

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### Discussion Guides

A key component of the ABCD Child Safety Practice Model includes the creation of discussion guides. These are designed as a reference for DCF workers to use while they

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#### **Discussion Guides (continued)**

are collecting information, seeking specialized consultation and integrating our work with community-based partners.

The discussion guides, aligned with the ABCD Paradigm, help to develop a common language and educate providers about the questions and information that may be asked of them to gather pertinent child safety information. Their primary objective is to promote communication, information sharing and critical thinking between DCF and community-based partners.

The discussion guides are intended to deepen the conversation and gather information about the strengths and challenges of DCF-involved families. They were created to strengthen DCF's safety assessments and safety planning efforts and ultimately to keep families together whenever safely possible.

Five types of discussion guides were created based on presenting risk factors that impact child safety. These include:

1. substance use
2. intimate partner violence
3. mental health
4. developmental disabilities
5. children 0-5 population

All staff will utilize the discussion guides (dependent on individual case circumstances) with community providers to gather pertinent information.

**Cross reference:** ABCD Child Safety Practice Model and Safety Planning Guidance

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