

# Child SAFETY



## THE ABCD CHILD SAFETY PRACTICE MODEL AND SAFETY PLANNING PRACTICE GUIDE



## CONNECTICUT'S ABCD CHILD SAFETY PRACTICE MODEL

Connecticut's Department of Children and Families (DCF) demonstrates a long-standing commitment to achieving optimal outcomes for children, youth, families, and communities. This commitment drives practice improvements, including the development of Connecticut's Child Safety Practice Model.

### Background - Model Development

A wide range of stakeholders throughout the child welfare system were instrumental in co-creating Connecticut's ABCD Child Safety Practice Model. Multiple workgroups were established to develop specific components of the model. These groups included both internal and external partners and were selected based on their level of expertise in the field. This approach also served to engage the larger community in this work. Parents, caregivers, youth, advisory board members, DCF staff, service providers, and other community members generously devoted their time to providing detailed feedback during workgroup meetings and focus groups. The model design was formulated and guided by the Implementation Team, consisting of representatives from multiple divisions across the agency.

The ABCD Child Safety Practice Model describes and guides the work of the Department, its contracted and non-contracted service providers, and the ways it works with and communicates with community-based partners related to safety assessment and safety planning.

DCF is the child protection agency that works as part of the larger system. By working closely with community-based partners, we can combine our efforts, perspectives, and specializations to assess child safety effectively, to engage families, to build upon their strengths, and to keep children safely at home and in their communities, whenever possible. The practice model's emphasis on integration and collaboration strengthens our standards of practice, as well as its integration and alignment with existing initiatives, strategies, policies, and practices within the Child Welfare Division.

### THE MISSION STATEMENT OF THE ABCD CHILD SAFETY PRACTICE MODEL

Nested within the Strengthening Families Practice Model, the mission statement of the ABCD Child Safety Practice Model is:

*"Maintaining a child safety focus and a shared way of thinking about child safety (internally and externally with community-based partners) ensures consistency, quality, and equity in practice towards improved safety for Connecticut's children."*

## THE GUIDING PRACTICE COMMITMENTS OF THE ABCD CHILD SAFETY PRACTICE MODEL

The implementation team identified guiding practice commitments that serve as the foundation of how the agency operates, specifically how we interact and work with families, youth, and community stakeholders and emphasizes 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.

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

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
6. Comprehensive Service Array, Focused on Child Safety
7. Supports for Kin, Foster, and Adoptive Families
8. Dedicated Safety Attention for Young Adults

## AIMS OF THE ABCD CHILD SAFETY PRACTICE MODEL

The goals of the ABCD Child Safety Practice Model are as follows:

**To improve consistency of safety-related language:** The model is designed to develop a shared understanding of safety, both internally and externally, by using the same language and terminology. In the field of child welfare, safety and risk are often used interchangeably, although they are related concepts, they mean different things. To this end, a glossary of terms was developed that can be shared with parents, service providers, and the community to promote better understanding and consistency in safety language and definitions.

**To improve consistency of decisions and outcomes:** Making consistent decisions is critically important in child welfare. The model helps focus staff on assessing key areas that inform child safety for all families coming to the attention of the Department. The model provides a consistent way of looking at safety during team meetings, child-specific discussions, supervision, and in specialized consultations. This approach can easily be understood by the community. Some community-based partners were often unclear why DCF was asking for particular information, how that information gets viewed in the process of assessing safety, and how safety decisions are made. The model educates and provides clarity about the information the Department needs to assess child safety, leading to informed and consistent decisions and outcomes for children and families throughout the state.

**To 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 internally and externally will ensure that everyone is operating under a child safety lens.

**To increase understanding of applied safety concepts:** This is accomplished through the implementation of the model and educating the community through training and focused discussions around the ABCD Paradigm and the importance of conducting our work in a more integrative way, building upon DCF practice guides, policies, and protocols.

### KEY FEATURES OF THE ABCD CHILD SAFETY PRACTICE MODEL

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

1. **ABCD Child Safety Paradigm** - The paradigm offers a way of assessing child safety that builds upon the SDM Safety Assessment Tool, Considered Removal Meetings, and Supervision
2. **Practice Profiles** - A strategy for Safety-Related Skills Development and Enhancing Critical Thinking
3. **Discussion Guides** - A strategy for Communication and Critical Thinking in Specialized Areas

### THE ABCD SAFETY PARADIGM

The **ABCD Child Safety Paradigm** creates a “way of thinking about child safety” that helps to unite DCF’s work internally, externally, across specializations, and systems when working with DCF-involved children, young adults, parents, kin, child-serving and human services organizations, health care, education, law enforcement, and all other local, caring community members.

Although the paradigm does not represent something new for the Department, it does offer insight for the community on how the Department assesses child safety and the critical information needed to make an informed and comprehensive assessment. Internally, it will assist staff in conducting interviews with the family and gathering pertinent information from collateral contacts (informal and formal supports) involved with the family.

The ABCD Paradigm includes the following areas:

- **Adult Protective Capacities**
- **Behaviors that are harmful**
- **Child Vulnerabilities**
- **Dangerous Conditions**

## Adult Protective Capacities

*Parents understand their protective role and take action to keep the child safe*

- The parent shows signs of adequate parenting and has a track record of meeting the child's basic needs.
- The parent demonstrates a healthy connection with their child and is responsive to their child's needs and development.
- The parent's daily functioning, coping strategies, and problem-solving skills are reliable and likely to avert a crisis.
- The parent has strong natural supports (family, friends, faith community) for resilience and connection to their culture.
- The parent's race, ethnicity, and cultural perspectives on parenting, substance use, mental health, racial trauma, intimate partner violence (IPV), and structural biases are considered in all decision-making areas that maintain safety as paramount.
- The parent has fair access to effective services by provider(s) who understand their cultural, linguistic, and racial equity needs.

## Behaviors

*Harmful behaviors that impact child safety are reduced, controlled, or managed*

- The parent is aware of harmful behaviors, explained by facts vs. assumptions, and adjusts to meet the child's needs.
- The parent demonstrates insight, sound judgement, and measurable progress toward changing harmful behavior(s) with the help of racially equitable treatment and support.
- The parent continuously takes steps to ensure harmful behaviors are not negatively impacting the child.
- Racial equity influencers and/or biases (implicit, explicit, structural) are assessed as possible contributors to imminent safety concerns impacting the parent's ability to supervise, protect, or care for their child. The parent's perspective is intentionally considered.

## Child Vulnerability

*Child vulnerability is understood, and the parent takes action to keep them safe*

- The parent understands the child's age and specialized needs (health/medical, developmental).
- The parent provides adequate supervision and care.
- The parent addresses isolation and increases their child's visibility and safety resources.
- The parent recognizes the child's emotional well-being and trauma, and supports the child's treatment progress, as needed
- The parent uses consistently safe and appropriate child discipline techniques.
- The parent acknowledges and takes actions to guard against the dangers of unsafe sleep (ex. adjusting sleep routine) based on feedback.
- The parent acknowledges the dangers when parent/caregiver is impaired by alcohol or prescribed or illegal drugs.
- The parent ensures the child is connected to providers who are responsive to the child's cultural, linguistic, and racially equitable needs.
- The father is involved and equally included on behalf of his child's social-emotional, academic, and behavioral health needs.
- The parent takes action to increase resiliency for child vulnerabilities through cultural connection and equitable opportunities or activities.
- The child's race, culture, and individual perspective are considered in all areas of decision-making that maintains safety as paramount.

## Dangerous Conditions

*Conditions in the home or community that are imminent, out of control or severe are addressed to mitigate danger to the child*

- The parent provides a safe home environment that is child-proofed from the hazards of accessible weapons, medications or substances, and drug paraphernalia.
- The parent's race, ethnicity, and cultural perspectives are considered as they demonstrate the willingness and ability to set appropriate boundaries and stay watchful of their child's appropriate interactions with all members of the household and community.
- The parent is careful not to expose their child to dangerous people or places (DUI, untreated severe MH, drugs, criminal activities, etc.).
- Racial equity influencers such as low economic status and/or biases are assessed as possible contributors to the conditions in the home or community that impact child safety. Keeping in mind that poverty is not indicative of neglect; the lack of equitable opportunities in areas such as housing and income will be considered as possible signs of larger systemic barriers.
- The parent has fair access to services that consider racial equity when assessing the conditions of the home or community.

**Note: \*\* The term "Parent" is inclusive of any adult who has a caregiving role to the child, such as kin and foster caregivers, parents residing in or out-of-the home. It is expected that each parent or caregiver be assessed via the ABCD Paradigm \*\***

## PRACTICE PROFILES

A second component of the model is the creation of Practice Profiles. Practice Profiles are a tool developed by the National Implementation Research Network (NIRN) to operationalize a particular program or practice. Their purpose is to support consistent and effective practice and encourage skill development and critical thinking. Staff utilize the Practice Profile to self-assess their skills and once completed, it is discussed in supervision to help identify their strengths and areas for development and growth. No matter what level of experience or proficiency, staff can complete a self-assessment and goals can be established to advance their skills.

The practice profile contains eight sections of practice skills specifically identified for assessing child safety. These practice skills are trainable, learnable, and doable and are organized into developing levels. Supervisors can use 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.

There are three levels to self-assess within each Practice Profile:

**Level 1 - Orienting:**

Becoming familiar with the identified skills, observing, and learning with strong supervision and high levels of guidance (usually first year on the job);

**Level 2- Demonstrating with Guidance:**

Using the skills with increasing effectiveness with guidance from their supervisor and others such as specialized consultation from the Regional Resource Group, the Legal Division, or peers (usually with 2, 3, or 4 years of experience); and

**Level 3 – Achieving:**

Proficiently using the skills, consistently, more independently, accurately, and connecting the dots (usually with 5 or more years of experience).

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

## PRACTICE PROFILE FOR SAFETY ASSESSMENT AND SAFETY PLANNING - FRONTLINE STAFF

The following are practice skills that are essential for safety assessment and safety planning for DCF Frontline staff:

1. Worker builds Child Safety Assessments upon Engagement & Information Gathering;
2. Worker uses the ABCD Paradigm to Assess and Determine the Child as Safe, Conditionally Safe, or Unsafe;

3. Worker uses the Family Protective Factors Inventory and Trauma-Informed Practice;
4. Worker seeks Specialized Consultation & Uses Discussion Guides;
5. Worker creates Safety Plans & Monitors Child Safety;
6. Worker convenes Considered Removal Meetings;
7. Worker uses Critical Thinking & Seeks Supervision; and
8. Worker addresses their own Implicit Bias.

DCF Practice Profile for Safety Assessment and Safety Planning			
Practice Sections – Types of Skills	Levels of Skills Development		
	Learning/ Orienting	Demonstrating with Guidance	Achieving
1. Building Child Safety Assessments upon Engagement & Information Gathering			
2. Using the ABCD Paradigm to Determine the Child as Safe, Unsafe, or Conditionally Safe			
3. Using the Family Protective Factors Inventory and Trauma-Informed Practice			
<b>4. Seeking Specialized Consultation &amp; Using Discussion Guides</b> Uses the Discussion Guides developed in the specialized areas in advance of gathering information from community-based partners, acknowledging time constraints and concerns of community-based partners. Not a form or checklist but used to elicit and gather information. Review in advance to arrive prepared with selected questions.			
5. Creating Safety Plans & Monitoring Child Safety			
6. Convening Considered Removal Meetings			
7. Using Critical Thinking & Seeking Supervision			
8. Addressing Implicit Bias			

### PRACTICE PROFILE FOR SAFETY ASSESSMENT AND SAFETY PLANNING - SUPERVISORY STAFF

The following practice skills for assessing child safety in supervision are as follows:

1. The Supervisor implements the Practice Profile for Safety Assessment and Safety Planning into their supervisory work with their frontline staff;
2. The Supervisor provides Supervision (inclusive of the 4 Core Functions) for Safety Assessment and Safety Planning;
3. The Supervisor explores and addresses Implicit Bias in Safety Assessment and Safety Planning and supports Racial Equity; and
4. The Supervisor coaches Critical Thinking.

### DISCUSSION GUIDES

Another key component of the model includes the creation of Discussion Guides. These discussion guides, aligned with the ABCD Paradigm, are designed as a reference for DCF workers to use while collecting information, seeking specialized consultation, and integrating our work with community-based partners. The discussion guides promote a common language and help educate providers about the questions and information that may be asked of them about their intervention with families to inform our assessment. Their primary objective is to

foster communication, share information, and promote critical thinking between the Department 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 the Department's safety assessments and safety planning efforts and ultimately keep families together whenever safely possible. In preparation for a phone call or meetings, DCF social workers would select the most relevant questions from the Discussion Guide(s) based on family circumstances and safety concerns, as well as where there might be deficiencies in information.

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

- Substance Use
- Intimate Partner Violence
- Mental Health
- Developmental Disabilities
- Children -0-5 Population

The Discussion Guides focus on a wide range of safety-related information, such as the following:

**Adult Protective Capacities:**

- signs of adequate parenting,
- observed parent-child relationships, attachment, attunement, and appropriate expectations
- social supports, connections, interdependent parenting
- problem-solving, ability to avert crisis
- hope/future orientation

**Behaviors that are harmful:**

- ability to meet the child's needs
- change behavior and readiness to change

**Child Vulnerability**

- supervision and care
- emotional well-being, trauma, disciplinary approaches
- sleep routines and unsafe sleep
- high-risk children in the home

**Dangerous Conditions**

- characteristics of the safe home environment and community-based safety



Dependent on the Discussion Guide, additional queries include:

- impact of mental health on daily functioning and coping strategies
- treatment and level of engagement for mental health, substance use, intimate partner violence
- parental attitudes toward problem behaviors and safe parenting
- help-seeking behavior
- insight
- impacts on the child of untreated mental health, substance use, intimate partner violence
- relapse safety
- harm reduction

Each Discussion Guide contains a set of questions that is designed to inform our safety decision (safe, conditionally safe, and unsafe). There are too many questions in each discussion guide to use them as a form or list that must be completed from start to finish. To the contrary, the DCF staff would be familiar with the most pressing issues about the family and presenting safety concerns, and prioritize their questions based on what they already know about the family, and the focused need for additional information that impacts the safety assessment. As new information emerges, the DCF staff would update their thoughts on safety for this family, using the ABCD Paradigm. This may change their decision about whether the child is safe, unsafe, or conditionally safe. At all times, special consideration must be given to the increasing dangers and increasing urgency that requires immediate clinical or legal consultation as well as any safety issues that warrant immediate DCF actions to keep younger and more vulnerable children safe.

DCF Discussion Guide: Substance Use	
<b>A. Adult Protective Capacities</b>	
Protective Factors	Concerns
In what ways are there signs of adequate parenting? What have you observed, related to parent-child relationships, attachment, and attunement? In what ways has the parent demonstrated daily functioning and coping strategies? How is the parent handling life stressors, and problem-solving? Describe times when the parent averted a family crisis. How likely is the parent to seek help from formal and informal supports? To what degree has the parent understood the impact on their children and shown a readiness to change their substance use? Has the parent identified and engaged with social supports and recovery capital, which support their parental and protective role? Are there signs that the parent has hope for their parenting role, and a future orientation?	Describe your observations and perspectives, as the community-based partner, regarding safety concerns with this parent's functioning and parenting ability. Does the parent lack the knowledge, skills, or physical and emotional ability to meet the children's needs? In what ways have you seen them use inappropriate disciplinary techniques and express age-inappropriate expectations? Has there been an increase in patterns or presence of triggers, additional stress that could lead to substance use, or changes in relationships or support systems that may impact on recovery? Is the parent and/or children isolated? In what ways is the parent using maladaptive coping strategies? Describe examples when the parent has minimized, justified, or excused harsh or inappropriate treatment of the children.
<b>B. Behaviors that are Harmful</b>	
<b>C. Child Vulnerability</b>	
<b>D. Dangerous Conditions</b>	



## THE INTENDED LONG-TERM OUTCOMES OF THE ABCD CHILD SAFETY PRACTICE MODEL

### Long-term outcomes for children and families:

- All members of the family feel understood, empowered, and respected during DCF's safety assessments – no matter their cultural, racial, or sexual identity
- Increased child safety outcomes
- Increased prevention of child removals when children can remain safely at home
- Increased adult parental protective capacities: Parents understand their protective role and take actions to keep the child safe.
- Increased parental responsiveness to behaviors that are harmful: Harmful behaviors that impact safety are reduced, controlled, or managed.
- Increased parental responsiveness to child vulnerability: Parents safely care for their children with vulnerabilities, due to age and special needs.
- Increased parental responsiveness to dangerous conditions: Parents have addressed dangerous conditions that are imminent, out-of-control, or severe.

### **Long-term Organizational and Systemic Outcomes:**

- An anti-racist agency
- Stable workforce
- Consistent knowledge and skills across the child welfare system to work together for a child safety focus, information-sharing, integration, and collaboration
- Documented critical thinking for consistent and uniform, high-quality safety practice with strong and individualized safety assessments that incorporate strengths and concerns along the ABCD Child Safety Paradigm so that accurate and consistent decisions can be made for each child whether they are safe, unsafe, or conditionally safe (detailed notes about discussions, assessment details, and explanation of safety decisions)
- Improved safety plans that follow the ABCD Child Safety Paradigm, that are time-limited, feasible, and closely monitored so that more children can remain with their families and communities when safely possible

## SAFETY PLANNING PRACTICE GUIDANCE

Child safety is the foundation of our work. It is critical we complete comprehensive assessments and ensure consistency in practice statewide when working with families. As we move forward with the implementation of our ABCD Child Safety Practice Model, it becomes imperative that we refine and enhance our safety planning practice. To this end, we have developed Safety Planning Practice Guidance that provides clear guidelines and expectations of staff in their work with families where safety is of concern.

### Safety v Risk

Safety and risk are not interchangeable terms. Safety applies to the need for action based on an immediate threat of harm (i.e., serious or impending danger) to the child. Risk refers to the likelihood of future maltreatment, even when immediate safety threats are not present, and is presented on a continuum from low to high.

Safety assessment differs from risk assessment in that the safety assessment assesses the *imminent* danger of serious harm to the child and the interventions needed to protect the child. In contrast, risk assessment looks at the likelihood of any *future* CPS involvement related to abuse or neglect concerns.

The risk assessment is based on research of abuse/neglect cases that examined the relationships between family characteristics and the outcomes of subsequent substantiations of abuse and neglect. The assessment does not predict recurrence; it simply assesses whether a family is more or less likely to have another abuse/neglect incident without CPS intervention. The risk assessment is composed of items demonstrating a strong statistical relationship with future child abuse or neglect.

### Protective Capacities

Understanding a parent's protective capacity is critical to engaging in safety planning efforts. Protective capacities refer to the knowledge, ability, and/or willingness of individuals in the household responsible for the child's care, to protect the child from the threat of danger. The Social Worker must assess the parents or caregivers to determine their willingness and capacity to agree to and abide by the terms of the safety plan. A Safety Plan is necessary until the protective capacity of the parent/caretaker is sufficient to eliminate immediate or impending danger of serious harm to the children without any interventions.

### Safety Planning

**Safety Plans** are required when safety factors are identified, and the family and the Department agree to implement safety interventions designed to mitigate or eliminate safety concerns.

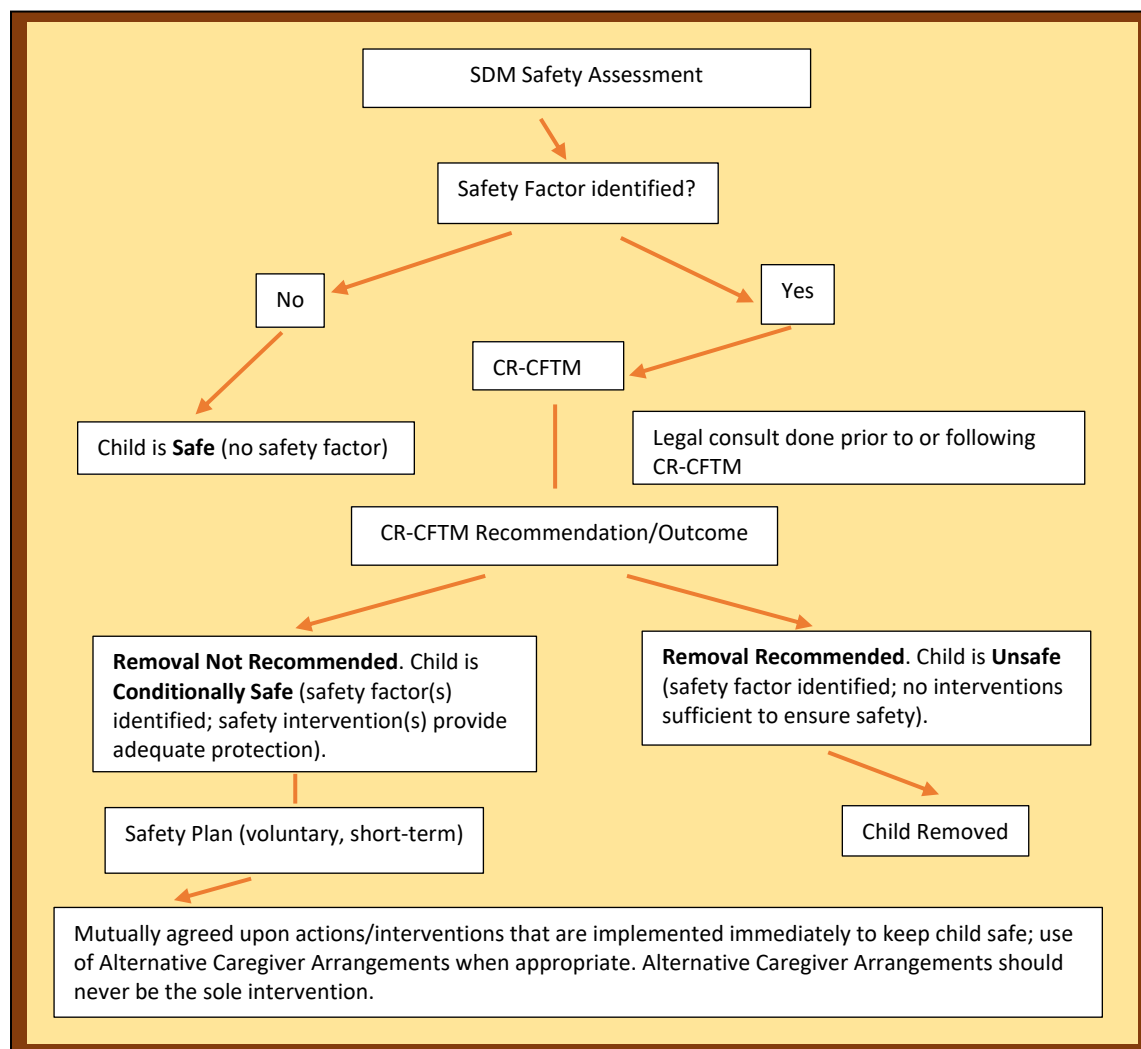
Safety Factors are parental behaviors, conditions, or circumstances that have the potential to place a child in immediate or impending danger of serious harm.

The safety plan clearly outlines what these actions and activities are, who is responsible for undertaking them, and under what conditions they will take place. It is designed to control threats to the child’s safety using the least intrusive means possible. They are voluntary, temporary, and short-term measures designed to control serious and immediate threats to child safety.

The intervention/activities that are implemented must be planned realistically so that they are feasible and sustainable for the family, with clear timeframes for the plan that are agreed upon by the family and documented in the safety plan.

If no interventions are available that can provide appropriate protection for the children, removal shall be actively pursued.

The graphic below describes our safety planning process:



### **Safety Planning - Purpose/Intent:**

- Designed to address all the behaviors, conditions, or circumstances that create the immediate or impending danger of serious harm to the children.
- Ideally, a Safety Plan involves a partnership between the family and the Department to effectively protect children by controlling a dangerous situation. When developing a Safety Plan, SWs need to identify the strengths, resources, and actions that have been taken or that can be immediately taken within the family to effectively and consistently protect the child from the identified Safety Factors.
- Clearly identifies a set of actions that have been, or will be taken without delay, to protect the children from immediate or impending danger of serious harm.
- Should not include interventions that are promissory in nature (e.g. do not spank, remain sober, always supervise, stop threatening behavior etc.) or connected to risk (e.g. treatment interventions). Safety interventions should never rely on parental promises but rather provide an alternate action or a protective third party to assist.
- The Department does not have the legal authority to require a household member to move out of the home as a condition of the safety plan. A family may choose to have a household member leave the home as part of the safety plan, but any such step may only be initiated voluntarily by the family, or through a legal action by the Department.
- Specifies the tasks and responsibilities of all persons (parent/caretaker, household/family members, SW, or other service providers) who have a role in protecting the children, as well as timeframes for review. Everyone who is part of the Safety Plan understands their role and is able and willing to carry out their responsibilities. These individuals need to understand safety concerns to participate in the safety planning process meaningfully.

Generally, immediate safety interventions should meet the following criteria:

- Action oriented (active steps focused on safety)
- Immediately available (can be deployed right now)
- Immediate impact (actions that perform as intended and keeps child safe)
- Flexible access (close proximity and provides immediate response)

### **Alternative Caregiver Arrangement (ACA) as a Safety Intervention**

An Alternative Caregiver Arrangement (ACA) is one of several interventions that can be utilized in a Safety Plan. It should never be the sole intervention and should not circumvent or delay court intervention. An Alternative Caregiver Arrangement is a voluntary, immediate safety intervention designed to temporarily address safety concerns while the Department continues to assess and engage the family in planning. It is time-limited and utilized in emergent situations to safeguard a child.

The preferred approach would be to have the alternate caregiver provide support and assist the family in the parent's home. If this is not possible, an assessment of the alternative caregiver's home is required prior to the child staying there.



All required background checks shall be completed as follows:

- State Criminal Check [via Flex Check - if not working or delayed, Collect can be used]
- Judicial Website - Pending and Convictions search.
- Protection Order Registry Website Search
- CT Sex Offender Registry Website Search
- LINK CPS/Central Registry Checks (Case, Person, Provider, Perpetrator, CMS)

All Alternative Caregiver Arrangements should be thoroughly vetted to ensure child safety and are intended to be a short-term strategy to addressing safety concerns.

If a licensing regulation violation requires Commissioner level approval (i.e., assault convictions, child protective services substantiation, or central registry), consultation with the Foster Care Division (FCD) is necessary to determine if the violation is:

- 1) resolvable;
- 2) has no impact on the child's safety; and
- 3) Is supported by both the CPS and FCD teams.

If the violation does not meet these three criteria, then ACA is not an option.

Parent/child contact or visitation cannot be restricted unless agreed upon by all parties or through court action. If contact or visitation needs to be restricted and parties are not in agreement, legal consultation must be sought to determine the necessary and appropriate legal intervention. An Alternative Caregiver cannot be utilized to give one parent de facto custody or in cases in which children are under Protective Supervision.

If the family has made their own arrangements for a child(ren) 14 years of age or older and no safety factors have been identified following our assessment, and all parties agree with the plan to have the child live elsewhere, this would **not** be considered an Alternative Caregiver Arrangement. These arrangements must be vetted and approved at the level of Program Supervisor or above.

Refer to Alternative Caregiver Arrangements Policy, 21-21 for additional information about criteria and case expectations.

### **Interventions/Service Provision**

- Services to address risk factors are those which are intended to bring about long-term and lasting change by addressing underlying conditions and other factors that contribute to abuse/maltreatment or to the conditions that created the danger to the safety of the children. Services should never be listed as an intervention in the safety plan unless services like IFP or FBR are actively engaging in helping keep children safe. These services are designed to temporarily control the danger, not resolve it, like a case plan.

- A Safety Plan is not a set of educational, rehabilitative, or supportive activities or services intended to reduce risk, address underlying conditions, or bring about long-term and lasting change within a family.

### **Documentation**

The Safety Plan allows all parties to fully understand safety concerns, what is needed to keep the child safe, the plan for monitoring, and the date the plan will be reviewed. All interventions are documented in the DCF-2180, Safety Plan. All individuals included in the safety plan must be provided with copies of the plan.

The content of the family's Safety Plan shall be documented in the Intake Protocol or case narrative.

### **Timeframes**

- A Safety Plan should not exceed 30 days.
- An Alternative Caregiver Arrangement will not exceed 5 calendar days.
- All Safety Plans that remain in effect for 45 days require Office Director review and approval.

Note: A case cannot be closed when there is an active safety plan.

### **Monitoring and Review**

A detailed plan for monitoring a Safety Plan is a critical component of the safety planning process.

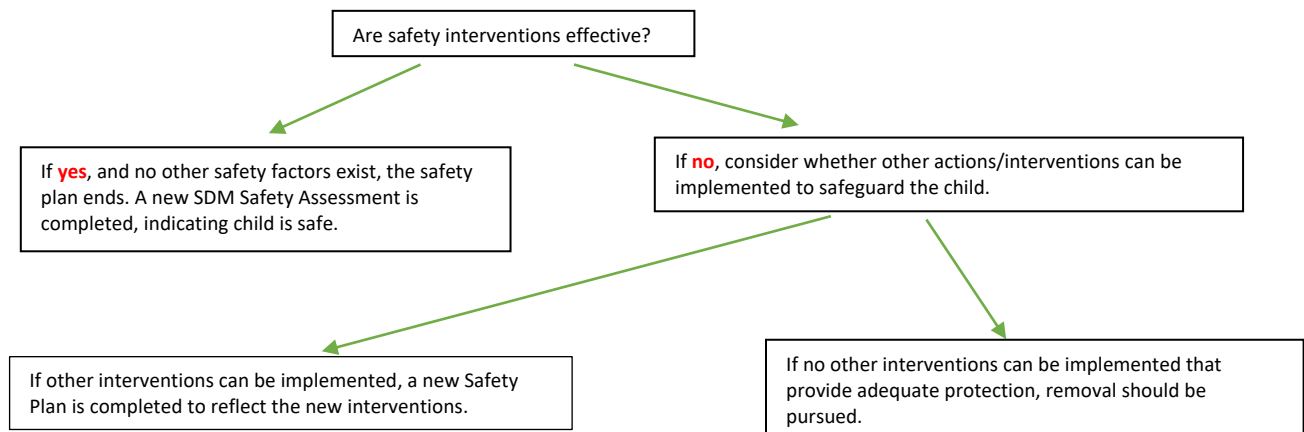
- Safety Plans are reviewed regularly throughout their duration and updated/modified as needed. As individual and family circumstances change, Safety Plans require updates based on these changes. A timeframe for review is included within the plan.
- Frequent and ongoing contact with the family, including parents and children, as well as team members who are included in the Safety Plan is essential to assessing whether the Safety Plan is working and whether adjustments to the plan are needed. A plan should be developed so that all parties involved in the Safety Plan know what to do in the event the terms of the Safety Plan are not followed.
- Making unannounced visits to the home helps to ensure the family is abiding by the terms of the Safety Plan and helps to identify whether additional support is necessary.
- As safety factors have been identified, these families may require more attention and vigilance until the safety factors have been addressed or eliminated. The frequency of in-home visitation will be discussed in supervision and is dependent on individual case circumstances and child vulnerability.
- Seeking RRG consults as needed.
- Engaging service providers involved with the family in child safety discussions.



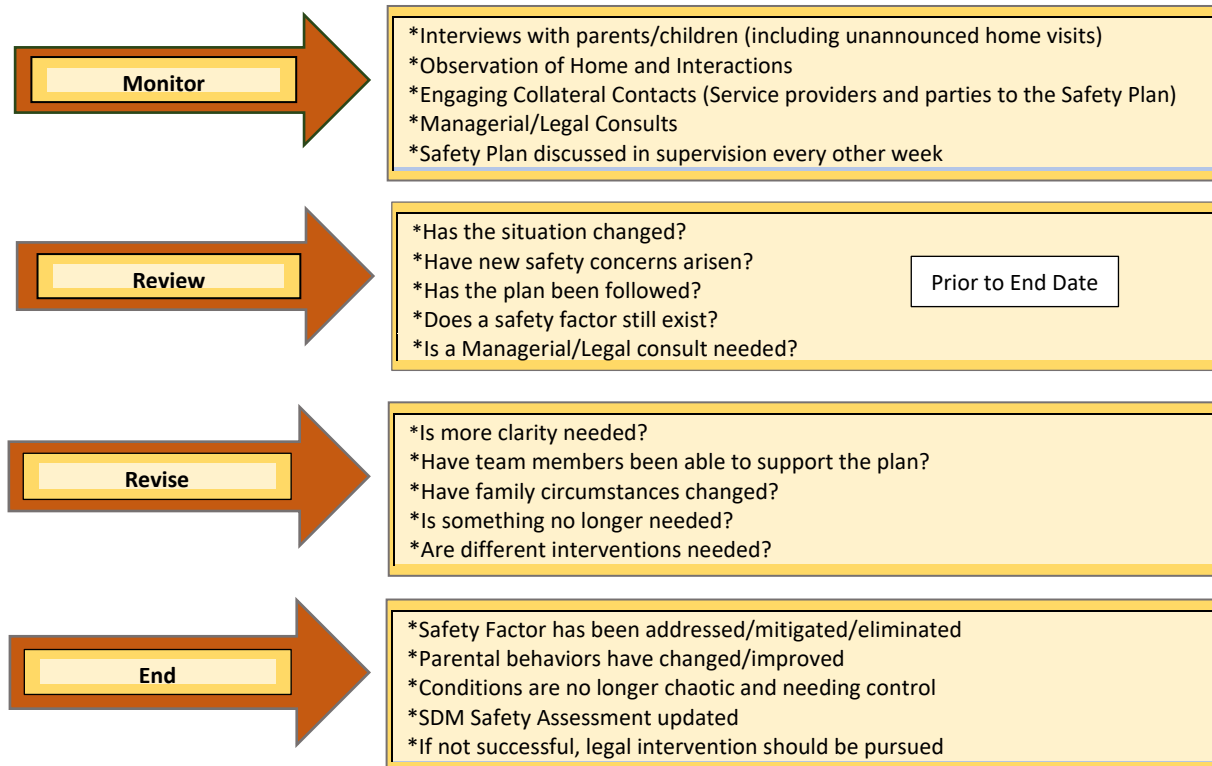
- The family's Safety Plan will be discussed in supervision every other week throughout its duration to assess whether the plan is working, potential modifications needed to the plan, parent's adherence to the plan, and whether the safety factors have successfully been mitigated and there is no longer a need for the plan.
- Any modification to the Safety Plan must be reviewed and discussed with the family prior to implementation.
- If a new Safety Plan or modification is required, it must be documented in the DCF-2180.

## Evaluating Safety Plans

The following chart helps illustrate the process for evaluating the family's Safety Plan:



## Managing a Safety Plan



## Practice Considerations -Ongoing Safety Assessment

- Ongoing monitoring and support is required
- Continue to:
  - Gather information
  - Stay alert
  - Remain watchful
- Prepare to respond to:
  - Family changes
  - How well participants are adhering to the Safety Plan
  - Newly emerging information
- Safety Plans rely on all parties understanding strengths and concerns

## Supervisory/Managerial Oversight

- The SW shall contact the SWS to discuss the proposed interventions to ensure the children are safe and protected, considering the child's age and vulnerabilities and parental protective capacities. The SWS shall consult with the Program Supervisor prior to the approval of the Safety Plan.
- Program Supervisors must be consulted in the following case circumstances:

- When a CR-CFTM is being held;
- When children are determined to be unsafe;
- When Alternative Caregiver Arrangements are being considered.
- If the parent(s) are not following the terms of the safety plan, managerial and legal consultations shall occur.

### **Emergency Situations**

If a Safety Plan was established due to an emergent situation, a CR-CFTM is required within 2 days. This will ensure a more robust and comprehensive plan is developed with support from the family's team.

### **Case Transfers**

- Legal consults are required for all cases transferring from intake to ongoing services with an active Safety Plan. The sending and receiving staff (SW, SWS, PS) will participate in the consultation. Should there be a need, a follow up meeting may be scheduled with receiving staff.
- Following the case transfer meeting, the Ongoing Services SW will meet with the family to review the plan and assess the child's current safety.
- Throughout the duration of the Safety Plan, the SWS will review the Safety Plan in supervision.

Discussion will include the following:

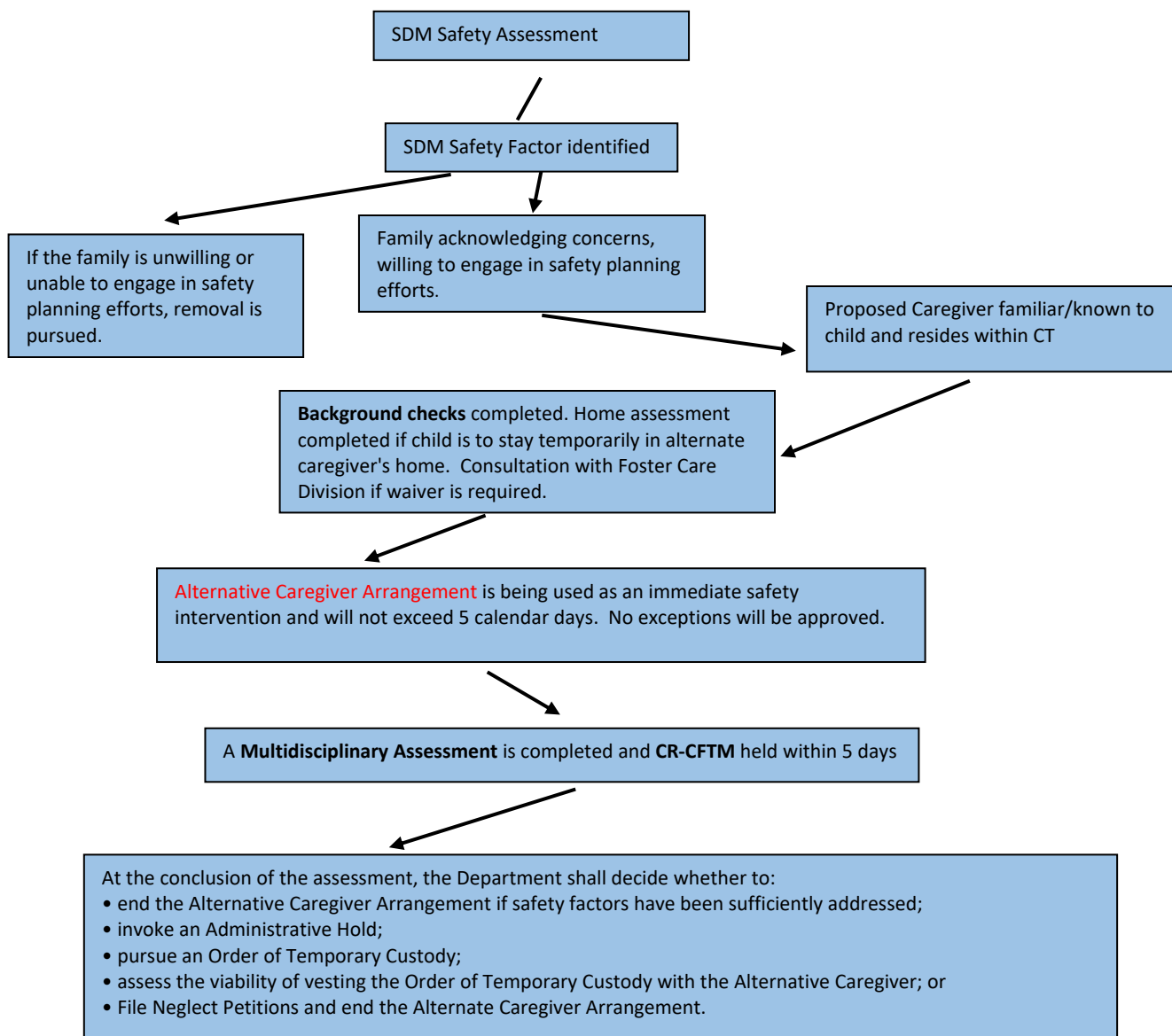
- Safety concerns which precipitated the development of the Safety Plan
- Interventions implemented to maintain child safety
- Parent(s) and team members adherence to the plan
- Were the interventions effective in mitigating safety concerns?
- Current assessment of safety, noting new safety concerns and changes in case circumstances
- Can the plan be lifted if safety concerns have been mitigated or amended to be more effective?
- If safety concerns remain, what interventions/actions can be implemented?
- Plan for monitoring and review
- Update the SDM Safety Assessment and Safety Plan if necessary

## Alternative Caregiver Arrangements - Safety Planning

An Alternative Caregiver Arrangement is a voluntary, immediate safety intervention designed to temporarily address safety concerns while the Department continues to assess and engage the family in planning. It is time-limited and utilized in emergent situations to safeguard a child.

The Alternative Caregiver Arrangement will not exceed five calendar days. Within that timeframe, a multidisciplinary assessment will be conducted. No extensions to the timeframe will be approved.

The following graphic outlines the process:



## Considered Removal Meeting Process

CR-CFTMs are held when a child is being considered for removal due to a safety factor being identified through the utilization of the SDM Safety Assessment. Their purpose is to engage the family and their supports in safety planning efforts and placement decisions. The meeting results in a "live decision" around child removal.

