

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services	Effective Date: July 1, 2019
	Section 39: Trial Home Visits	Version: 6

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will utilize a Trial Home Visit (THV) for a period of up to three (3) months. However, the THV may be extended in three (3) month increments, when the safety and well-being of the child can be reasonably ensured and the following conditions have been met:

1. The child's permanency goal is reunification;
2. There is documented progress toward case goals;
3. Safety concerns have been addressed; and
4. The service level of the case can be decreased at least one (1) level. See separate policy, [4.26 Determining Service Levels and Transitioning to Permanency Services](#).

DCS will obtain a court order approving a THV. DCS will maintain placement and care responsibilities for the child while on a THV. DCS will seek a court order for approval of an extension of the THV, for an additional three (3) months, if needed, prior to the end of the initial three (3) months.

If DCS recommends the THV last longer than the current order, a hearing, notice, and court order authorizing each three (3) month extension is required **prior** to the expiration of the current order.

DCS will ensure the [Safety Plan \(SF53243\)](#) is reviewed and updated for all children returning to the care of their parent, guardian, or custodian on a THV.

DCS will remove a child from a THV and return him or her to out-of-home care if his or her safety and/or well-being are at risk and the provision of additional family preservation services has not reduced the risk to allow him or her to remain in the home safely. DCS will return the child to the most recent placement or a former resource placement whenever possible and appropriate. Court approval will be requested for a change in placement from a THV to any out-of-home placement.

Note: DCS will ensure any new allegations of Child Abuse and/or Neglect (CA/N) are reported to the DCS Child Abuse Hotline (Hotline). See [Practice Guidance](#) and policy [4.38 Assessment Initiation](#) for additional information.

Code References

1. [45 CFR 1356.21 \(e\): Trial Home Visits](#)
2. [IC 31-34-23-5: Placement of a child with a previous placement](#)

PROCEDURE

Prior to the THV, the Family Case Manager (FCM) will:

1. Convene a Child and Family Team (CFT) Meeting and/or case plan conference to

review case progress and determine if a THV is appropriate. For further guidance, see separate policy [5.7 Child and Family Team Meetings](#);

2. Complete the [Out-of-Home Risk and Safety Reassessment](#) and a new [Child and Adolescent Needs and Strengths \(CANS\) Assessment](#) and review the Assessments with the FCM Supervisor. For further guidance, see separate policies [8.44 Out-of-Home Risk and Safety Assessment](#) and [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#);

Note: The [Out-of-Home Risk and Safety Reassessment](#) must be completed on paper and uploaded to the case management system.

3. Determine the current service level. For further guidance, see separate policy [4.26 Determining Service Levels and Transitioning to Ongoing Services](#);
4. Complete a home visit and examine every room of the home, paying particular attention to areas where the child may eat, sleep, play, and bathe (see [Practice Guidance](#) for information regarding Safe Sleep);
5. Review and update the [Safety Plan \(SF53243\)](#);
6. Obtain supervisory approval of the [Safety Plan \(SF53243\)](#) and recommendation of a THV to submit to the court;
7. Work with the DCS Staff Attorney to make a recommendation to the court and seek court approval for the THV if it is determined a THV is appropriate;
8. Obtain a court order approving a THV. The court order must state DCS has placement and care responsibility; and
9. Document all actions and outcomes in the case management system case file.

If the THV is approved by the court, the FCM will:

1. Provide continued services to the family during the THV;
2. Facilitate a case plan conference to update the [Case Plan \(SF2956\)](#) and have the plan signed by the child's parent, guardian, or custodian and the child, if age 14 or older;
3. Provide the parent, guardian, or custodian with a copy of the [Case Plan \(SF2956\)](#) and upload a copy to the case management system case file;
4. Ensure the parent, guardian, or custodian understands the child is still under the care and custody of DCS during the THV;
5. Ensure contact with the family is maintained in accordance with separate policy, [8.10 Minimum Contact](#);
6. Ensure the family has access to appropriate family preservation, family support, and rehabilitative services (see separate policy, [5.10 Family Services](#) for further guidance);
7. Continue to monitor the family's progress, update the [Safety Plan \(SF53243\)](#) as needed, staff the case regularly during [clinical supervision](#), and assess any need to extend the THV, prior to exceeding the three (3) months. For further guidance, see separate policies [8.10 Minimum Contact](#) and [8.43 Meaningful Contacts](#).

Note: If the child's safety and/or well-being are at risk, and the provision of additional family preservation services has not reduced the risk to allow the child to remain in the home safely, the child should be removed from the THV and returned to out-of-home care. DCS will return the child to the most recent placement whenever possible. **Court approval will be requested to change placement from a THV to any out-of-home placement.** Any new allegations of CA/N must be reported to the DCS Hotline and cannot be handled as part of the case. See policy [4.38 Assessment Initiation](#) for additional information.

8. Complete the [Out-of-Home Risk and Safety Reassessment](#) and [CANS Assessment](#) if it is determined at the case plan conference an extension is necessary and the child's

safety and well-being may reasonably be ensured. For further guidance, see separate policies [8.44 Out-of-Home Risk and Safety Reassessment](#) and [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#);

Note: The [Out-of-Home Risk and Safety Reassessment](#) must be completed on paper and uploaded to the case management system.

9. Obtain a court order to extend the THV or request dismissal of the Child in Need of Services (CHINS) case **prior** to exceeding three (3) months; and
10. Document all actions and outcomes in the case management system case file.

The FCM Supervisor will:

1. Regularly review assessments (i.e.; [Out-of-Home Risk and Safety Reassessment](#) and [CANS Assessment](#)), service level, the [Safety Plan \(SF 53243\)](#), input from the case plan conference, and other case specifics during [clinical supervision](#); and
2. Approve or deny the recommendation for the THV and any request for THV extension, removal of the child, or dismissal of the CHINS case.

PRACTICE GUIDANCE

The Safety Plan for Reunification

A [Safety Plan \(SF 53243\)](#) must be completed prior to a THV. The plan should include, but not be limited to, the following:

1. Current referrals;
2. Services recommended as preventive measures;
3. Actions the family intends to take (e.g., continue family counseling);
4. Community resources (e.g., support groups and child care referral services); and
5. Established family support systems.

Preparing the Child for a THV

The necessary preparation for a THV will vary for each child. Factors impacting the preparation include, but are not limited to the child's age, length of time in out-of-home care, and quality of the child's relationships with his or her parent, guardian, or custodian and resource parent. The child's feelings will also play a role in his or her adjustment to returning home. A child may worry he or she will be subjected to abuse and/or neglect again. Some children may experience feelings of disloyalty to their resource parent for wanting to return home, while others may feel disloyal to their parents for missing their resource parent. It is important that the FCM, child's parents, resource parent, or another trusted member of the CFT acknowledge the child's feelings and address any fears expressed by the child. Additionally, the CFT should discuss with the child his or her expectations, responsibilities, and safeguards that will be in place to protect him or her.

Preparing the Parent, Guardian, or Custodian for a THV

The parent, guardian, or custodian may feel uncertain about his or her ability to adequately meet the child's needs. To prepare for a THV, the FCM and parent should discuss anticipated issues and develop plans to address those issues. In addition, they should discuss the positive changes that have occurred and the strengths of the family.

Preparing the Resource Parent

The bond between some resource parents and children are so significant that both the child and adult may grieve the loss when the child returns home for a THV. The attitude of the resource parent will influence the child's view. It is important that the resource parent be involved in, and aware of, the plans to reunify the family from the beginning. The goal of reunification should

never come as a surprise to the resource parent.

Documenting the Trial Home Visit

The THV should be recorded in the Removals and Locations section in the case management system to ensure the residence of the child is accurately documented. Next to “What type of location is this?” choose “Trial Home Visit”. The parent or guardian’s profile should be chosen from the auto completer which asks “Who is responsible for the child(ren)?”.

Safe Sleep

FCMs will talk to parents, guardians, and caregivers about safe sleep for infants and will document the discussion in the case management system. Refer to the below information for safe sleep guidelines:

1. Always place babies alone, on their backs, and in a crib (the ABCs) to sleep. The back sleep position is the safest¹. Keep other caregivers informed of these safe sleep guidelines;
2. In 2010, the Consumer Product Safety Commission banned the further manufacture of drop-side cribs (i.e., cribs that allow for the sides to be lowered and raised). These types of cribs are not permitted for children under DCS care and supervision. See the following link for a picture of the new crib: <http://onsafety.cpsc.gov/blog/2011/06/14/the-new-crib-standard-questions-and-answers/>;
3. Place babies on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet. Never place babies to sleep on couches, car seats, swings, pillows, bean bags, quilts, sheepskins, or other soft surfaces;
4. Keep soft objects, toys, and loose bedding, out of the baby’s sleep area. Do not use pillows, blankets, quilts, or pillow-like crib bumpers in the sleep area. A sleep sack is appropriate to keep the baby warm;
5. Keep baby’s sleep area close to, but separate from, where caregivers and others sleep. Babies should not sleep on any surface with adults or other children. They may sleep in the same room as the caregiver;
6. Consider using a clean, dry pacifier when placing the infant down to sleep, but do not force the baby to take it;
7. Dress babies in light sleep clothing and keep the room at a temperature that is comfortable for an adult;
8. Reduce the chance that flat spots will develop on a baby’s head by providing “tummy time” when the baby is awake and someone is watching. Also, change the direction that the baby lies in the crib and avoid excessive time in car seats, carriers, bouncers, and swings. These items should be placed/used on appropriate surfaces and should not be utilized in place of a crib; and
9. There should be no smoking around the baby as babies who are around cigarette smoke have a higher risk of sleep-related deaths.²

Additional information regarding safe sleep is available on the following websites:

1. [The American Academy of Pediatrics](#);
2. [Healthy Children.org](#);
3. [The National Institute of Health](#);
4. [Riley Children’s Health](#); and
5. [The DCS Website](#).

FORMS AND TOOLS

1. [Child and Adolescent Needs and Strengths \(CANS\) Assessment](#) – Available in the case

¹ Riley Children’s Health: <https://www.rileychildrens.org/health-info/sleep-safety>

² Riley Children’s Health: <https://www.rileychildrens.org/health-info/sleep-safety>

- management system
2. [Out-of-Home Risk and Safety Reassessment](#) – Available in the case management system
 3. [Case Plan \(SF2956\)](#) – Available in the case management system
 4. [Safety Plan \(SF53243\)](#)
 5. [Family Functional Assessment \(FFA\) Field Guide](#)

RELATED INFORMATION

Trial Home Visit Scenarios

The following are examples of THV scenarios:

1. A child returns to out-of-home care during the first three (3) months of a THV. New findings of Placement and Care, Best Interest, and Reasonable Efforts are not required if the court has not closed the CHINS case.
2. The THV is extended by the court prior to the end of the first three (3) months. The child returns to out-of-home care prior to the end of the court ordered extension. New findings of Best Interest, Reasonable Efforts, and Placement and Care are not required.

Trial Home Visit and Permanency Requirements

The time a child spends at home on a THV **does not count** toward the child's 15 months (of the most recent 22 months) in placement, at which time the Adoption and Safe Families Act (ASFA) rules require DCS to file (or join in) a Termination of Parental Rights (TPR) Petition. For more information on TPR, see separate policy, [6.12 Involuntary Termination of Parental Rights](#).

Child Placed with Noncustodial Parent

When a child is physically and legally removed from a custodial parent and placed directly with a noncustodial parent without any intervening out-of-home placement and DCS is given placement and care authority, removal has occurred from the custodial parent. The noncustodial parent is not considered a placement.

When a child has been removed from the custodial parent and placed in out-of-home care (e.g., foster family home) **at least one (1) day** and is then placed with the noncustodial parent, this is considered a Trial Home Visit (THV).

Clinical Supervision

Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Example: The focus of clinical supervision for an FCM is on practice that directly impacts outcomes for families.