INDIANA DEPARTMENT OF CHILD SERVICES	**INDIANA DEPARTMENT OF CHILD SERVICES** **CHILD WELFARE POLICY**	
	Chapter 8: Out-of-Home Services	**Effective Date:** September 1, 2018
	Section 43: Meaningful Contacts	**Version:** 5

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will assess safety and risk during face-to-face contacts with the parent, guardian, or custodian; resource parent; and the child placed in out-of-home care, throughout the life of the case. DCS will address safety, risk, stability, permanency, and well-being (including mental and physical health, medical care, educational status and progress toward successful adulthood transition), with the parent, guardian, or custodian; resource parent; and the child during all face-to-face contacts (see Practice Guidance for suggested questions that address each area. Safety concerns must be reported immediately. See Procedure for additional information). Safety provisions will be developed to address identified safety concerns. The face-to-face contact, findings, and implemented safety provisions must be documented in the Management Gateway for Indiana's Kids (MaGIK) within three (3) business days.

DCS will identify and address the parent, guardian, or custodian's functional strengths and underlying needs through the Child and Family Team (CFT) Meeting. For additional details, see separate policy 5.7 Child and Family Team Meeting.

Code References

N/A

PROCEDURE

The Family Case Manager (FCM) will:

1. Assess and address safety, risk, stability, permanency, and well-being (including mental and physical health, medical care, educational status, and progress toward successful adulthood transition), during all visits with the parent, guardian, or custodian; resource parent(s); and the child. See separate policies, 11.1 Older Youth Services, 11.6 Transition Plan for Successful Adulthood, and 8.10 Minimum Contact for additional guidance and Practice Guidance for specific questions to consider;
2. Ensure sufficient time is given to observe and evaluate the parent-child relationship during all visits;
3. Identify the parent, guardian, or custodian's functional strengths and underlying needs;
4. Partner with the parent, guardian, or custodian to utilize his or her functional strengths to meet underlying needs and identify formal and informal supports;
5. Report safety concerns to the FCM Supervisor immediately;

   Note: Any new allegations of Child Abuse and/or Neglect (CA/N) must be reported to the DCS Child Abuse Hotline (Hotline), per State reporting statutes, and may not be handled as part of the case. See Practice Guidance for additional information.

6. Develop safety provisions in collaboration with the parent, guardian, or custodian, resource parent; and/or the child, if age and developmentally appropriate;
7. Update the Safety Plan (SF53243) as needed;
8. Follow up at the Child and Family Team (CFT) meeting regarding adherence to the documented safety provisions. For additional details, see separate policy 5.7 Child and Family Team Meeting; and
9. Clearly and accurately document in MaGIK within 3 business days the assessment of safety, risk, stability, permanency, and well-being (including physical and mental health, medical care, educational status, and progress toward successful adulthood transition). Observations, evaluations, and outcomes of face-to face contacts with the parent, guardian, or custodian; resource parent; and/or the child must be included in the documentation and easily identified by area (i.e., safety, risk, stability, well-being, and permanency). It is also important to reflect whether the parent, guardian, or custodian; resource parent; and child were actively involved during the face-to-face contact. Document barriers identified by the parent, guardian, or custodian; resource parent; child; and/or FCM to prohibit the completion of activities or objectives agreed upon by the CFT.

The FCM Supervisor will discuss the case and contacts with the child; parent, guardian, or custodian; and resource parent with the FCM during regular clinical supervision.

PRACTICE GUIDANCE

Use of the Family Functional Assessment (FFA) Field Guide

The FCM may utilize the FFA Field Guide for suggested questions to assist in gathering the parent, guardian, or custodian's functional strengths and underlying needs.

DCS will utilize the family's functional strengths along with assessed protective factors to assist in the identification of informal and formal support systems that may decrease the possibility of future risk of CA/N. Over time, the parent, guardian, or custodian's functional strengths should increase with the completion of identified services, which address underlying needs. Each individual should be evaluated independently based upon its own unique conditions.

Safety, Stability, Well-Being, and Permanency Questions[1]

When completing a face-to-face contact, the FCM should consider the following specific questions in the areas of Safety, Stability, Well-being (including physical and mental health, medical care, educational status, and progress toward successful adulthood transition), and Permanency:

1. **Safety –** Is the child free of abuse, neglect, and exploitation by others in his or her place of residence and other daily settings? Is the child's environment free from potentially harmful objects (e.g., sanitation, pests/pest control, medication, and general home maintenance items, such as running water and functioning toilets)? Is the child's care or supervision currently compromised by a pattern of domestic violence in the home? Are

[1] Quality Service Review Protocol for Use by Certified Reviewers. "A Reusable Guide for a Child/Family-Based Review of Locally Coordinated Children's Services", August 2015.

there shared protective strategies with the team? Is the family utilizing informal supports and resources to keep the child free from harm? Have all CFT members been afforded the opportunity to provide input into the development of a Safety Plan?

2. **Stability –** Does the child have consistent routines, relationships, etc.? Has the child experienced a change in placement? Is the current placement meeting the child's needs? Has the child experienced changes in his or her school setting? Is there a shared understanding of the long-term view for the child?
3. **Well-being (including mental and physical health, medical care, educational status, and progress toward successful adulthood transition) –** Does the child display age-appropriate emotional development, coping skills, and self-control, which allows him or her to adjust to changes and maintain adequate levels of behavioral functioning in daily settings and activities with others? Does the child express a sense of belonging and demonstrate an attachment to family and friends? Is the child achieving at a grade level appropriate for his or her age? Is the child able to attend both school and other social functions? How is the youth (age 14 and older) working toward independence and achieving transition plan goals? Are there any concerns regarding personal hygiene practices (e.g., bathing, dental hygiene, hair care, and hand washing)? Consider the following questions when assessing the child's **health and medical status**:
    a. Is the child achieving key physical (e.g., growth – height, weight, and head circumference) **and** developmental milestones?
    b. Is the child achieving his or her optimal or best attainable health status?
    c. Does the parent have the capacity and supports necessary to address any identified special medical needs (e.g., medication, medical equipment, compliance with physician and/or specialist appointments, and emergency procedures)?

       Note: If the child is on a special diet, ensure there is appropriate food and/or supplement available.

    d. What is the child's physical condition (this includes visualization of the child's skin, teeth, hair, etc.)?
    e. What is the child's mobility status (e.g., mobile, limited mobility, or assisted mobility)?

       Note: If the child is immobile or has limited mobility, the child must be positioned or repositioned in order to see and assess the child's entire body. Lighting may need to be adjusted and blankets removed in order to adequately visualize the child's skin condition.

    f. How does the child adapt to changes that affect his or her life?

4. **Permanency –** Safety, stability, sufficient caregiver functioning, and sustainability of relationships to adulthood are simultaneous conditions of permanency for a child or youth. Are the child's daily living and educational environments stable and free from risk of disruption? Have there been changes to the composition of the home? Has the child experienced a change resulting from behavioral difficulties or emotional disorders in the past year? Are all CFT members aware of the child's permanency plan? Does the child's permanency plan include relationships which will endure lifelong? Is there a

second permanency plan in place for the child, if concurrent planning? Is the pace of achieving safe, sustainable case closure consistent with the following guidelines?[2]

a. Reunification: 12 months
b. Guardianship: 18 months
c. Adoption: 24 months

Note: Permanency may be achieved in more or less time than the guidelines listed above due to circumstances of the individual case.

Each of the areas above must be included and easily identified within the FCM's documentation of the face-to-face contact in MaGIK.

Initiation of an Assessment Prior to Reporting the Allegations of CA/N to the DCS Hotline

When an FCM becomes aware of new CA/N allegations while on the scene and immediately initiates an assessment, the FCM will complete the Preliminary Report of Alleged Child Abuse or Neglect (310) (SF114) and submit it to the Hotline within one (1) hour of leaving the scene to report all new allegations of CA/N. **All new allegations of CA/N must be reported to the Hotline, per State reporting statutes, and may not be handled as part of the case.**

The FCM must specify in the 310 that the assessment has already been initiated. The exact date and time the FCM became aware of the allegations and initiated the assessment must also be specified and will be used as the report date and time. The 310 may be submitted via email to: DCSHotlineReports@dcs.in.gov or via fax to: 317-234-7595 or 317-234-7596.

Note: The FCM may send an email containing equivalent information (e.g., time initiated, parent names, child victim names, description of concerns, etc.) to the hotline within one (1) hour of leaving the scene if he or she is not able to complete the 310 timely.

When Law Enforcement requests immediate assistance directly from the local office, or another party provides a report directly to the local office, the local office should immediately contact the Hotline to make a report prior to initiating the assessment.

FORMS AND TOOLS

1. Family Functional Assessment (FFA) Field Guide
2. Quality Service Review (QSR) Protocol (Version 5.0) – For Use by Trained QSR Reviewers
3. Safety Plan (SF53243)
4. Preliminary Report of Alleged Child Abuse or Neglect (310) (SF114)

[2]Quality Service Review Protocol for Use by Certified Reviewers. "A Reusable Guide for a Child/Family-Based Review of Locally Coordinated Children's Services", August 2015.

RELATED INFORMATION

Functional Strengths

Functional strengths are "the buildable" strengths of families; they help to build toward goal achievement. Exploring those strengths beyond the surface level provides a great deal of information when trying to match the strength (asset) to meet a need in the planning process. For example, saying someone is good at soccer does not provide much to work with; however, identifying that he or she is able to participate in group activities, follow directions from a leader and has the ability to work toward a clear goal, are strengths that may be utilized to meet the family's goals.

Underlying Needs

Underlying needs are the root source of an individual and/or family's challenges. An underlying need determines the appropriate use of services or interventions. In order to identify the underlying need, the question of what does the family need or what needs to change in order to achieve the family's outcomes should be answered. The FCM will assist the family and the team to identify these needs.

The ability to identify an underlying need is a crucial step in engaging a family and promoting safety, permanency, and well-being. We address underlying needs so that we understand the root of the problem and are able to provide accurate/effective services to address the needs. This method supports safe sustainable case closure.

Considerations for writing Family Needs Statements:

1. If you are considering a specific service for a family ask yourself, "Mom needs to accomplish what during the service?" The answer will help identify the need;
2. A service or program is not a need; a service or program meets a need;
3. A placement is not a need, it is a setting or living arrangement that meets a need; and/or
4. A symptom is not a need; the need causes the symptom.

Protective Factors

1. Nurturing and attachment — A child's early experience of being nurtured and developing a bond with a caring adult affects all aspects of behavior and development. When parents and children have strong, warm feelings for one another, children develop trust that their parents will provide what they need to thrive, including love, acceptance, positive guidance, and protection.
2. Knowledge of parenting and of child and youth development — Children thrive when parents provide not only affection, but also respectful communication and listening, consistent rules and expectations, and safe opportunities that promote independence. Successful parenting fosters psychological adjustment, helps children succeed in school, encourages curiosity about the world, and motivates children to achieve.
3. Parental resilience — Parents who can cope with the stresses of everyday life, as well an occasional crisis, have resilience; they have the flexibility and inner strength necessary to bounce back when things are not going well. Multiple life stressors, such as a family history of abuse or neglect, health problems, marital conflict, or domestic or community violence—and financial stressors such as unemployment, poverty, and homelessness—may reduce a parent's capacity to cope effectively with the typical day-to-day stresses of raising children.

4. Social connections— Parents with a social network of emotionally supportive friends, family, and neighbors often find that it is easier to care for their children and themselves. Most parents need people they can call on once in a while when they need a sympathetic listener, advice, or concrete support. Research has shown that parents who are isolated, with few social connections, are at higher risk for child abuse and neglect.
5. Concrete supports for parents – Partnering with parents to identify and access resources in the community may help prevent the stress that sometimes precipitates child maltreatment. Providing concrete supports may also help prevent the unintended neglect that sometimes occurs when parents are unable to provide for their children.

See https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/ for additional information.

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. The focus of clinical supervision is on the practice that directly impacts outcomes for families.