

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management	Effective Date: July 1, 2019
	Section 3: Engaging the Family	Version: 4

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will build trust-based relationships with families by demonstrating sensitivity, empathy, and cultural humility. See [Related Information](#) for additional information.

DCS will encourage parental involvement in all cases, including cases involving domestic violence. DCS will, to the extent possible, engage both maternal and paternal family members equally in the case planning process from the first point of intervention. DCS will engage the alleged father and his family, even before paternity is established. See policies [5.4 Noncustodial Parents](#) and [5.5 Genetic Testing for Alleged Fathers](#) for more information.

DCS will use the Child and Family Team (CFT) Meeting process, which will include the family and their supports, to identify the strengths and needs of the child and family. The CFT Meeting will also assist in developing the [Case Plan](#) which will identify appropriate services to meet the child and/or family’s needs.

Note: DCS will incorporate appropriate community services and/or treatment in the [Case Plan](#) when a parent is actively participating in the service (including services available to an incarcerated parent through the facility).

DCS will explain the benefits of this process to the family and encourage the parent, guardian, or custodian to utilize the CFT Meeting process to help build a support system or strengthen a pre-existing support system. See [Related Information](#) and policies [5.7 Child and Family Team Meetings](#) and [5.8 Developing the Case Plan](#) for additional guidance.

DCS will communicate and engage in planning with the parent, guardian, or custodian regarding current events in the child’s life. Examples of such events may include:

1. DCS receiving allegations pertaining to the child while the child is in care;
2. Information about the child’s physical or mental health (e.g., car accident or injured while playing or during a school activity, serious illness, routine medical/dental/vision appointments, or is prescribed psychotropic medication); and/or
3. Extracurricular activities in which the child will participate (e.g., sports, church, scouts, or attendance at birthday parties).

Code References

1. [IC 5-26.5-1-3: “Domestic violence”](#)
2. [IC 31-34-15-4: Forms; contents](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. Actively engage the family at first point of intervention and throughout the life of the case;
2. Utilize CFT Meetings to encourage and support parental involvement;

3. Clearly communicate DCS' expectations for the parent, guardian, or custodian, to:
 - a. Actively participate in CFT Meetings;
 - b. Ensure attendance at scheduled appointments and provide notice if an appointment needs to be rescheduled;
 - c. Actively participate in recommended services; and
 - d. Communicate openly and honestly.
4. Communicate updates regarding all aspects of the case in a timely manner to the court, CFT members, parent, guardian, custodian, and service providers;
5. Ensure contacts with the child and family are meaningful, with open communication regarding the case and/or other relevant factors pertaining to the child and family; and
6. Utilize a CFT Meeting and/or Case Plan Conference to discuss the family's [functional strengths](#) and [protective factors](#) and how they may be used to provide for the child's safety and well-being.

PRACTICE GUIDANCE

Engagement

Engagement is the skill of effectively establishing a relationship with children, parents, and essential individuals, including CFT members, for the purpose of sustaining the work that is to be accomplished together. Engagement between a child, family, and FCM is critical in creating trust-based relationships and assessing the family's [functional strengths](#), [protective factors](#), and [underlying needs](#). When families are engaged in collaborative decision making and case planning, they understand their roles and are more empowered and motivated to make the long-lasting changes necessary to protect the child in their care.

Meaningful Contacts with the Family

Recognize that family members may be uninformed, confused, and/or concerned due to the family's involvement with DCS. The completion of the following tasks may reduce these issues:

1. Take the time to explain the process and answer any questions asked by the family;
2. Inform the family of the possible timeline of events that may occur during the life of the case (e.g., filing of termination petition at 15 out of 22 months of the child being in out-of-home care);
3. Continually ask family members if there are any questions or concerns they may have and address these concerns with honesty and urgency; and
4. Recognize the value of the family members and their expertise regarding the family history.

Note: Convey the importance of each and every contact and do not rush conversations with the family.

Incarcerated Parents

The [Incarcerated Parent Letter – Assessment](#), [Incarcerated Parent Letter – Permanency](#), [Incarcerated Parent Demographics \(SF 56538\)](#), and [Incarcerated Parent Information \(SF 56539\)](#) have been developed for use as tools for contact with incarcerated parents for gathering information. These forms do not replace appropriate engagement with the parents.

FORMS AND TOOLS

1. [Incarcerated Parent Letter – Assessment](#)
2. [Incarcerated Parent Letter – Permanency](#)
3. [Incarcerated Parent Demographics \(SF 56538\)](#)
4. [Incarcerated Parent Information \(SF 56539\)](#)
5. [Case Plan](#) – Available in the case management system

RELATED INFORMATION

Potential Benefits of the CFT Meeting Process to the Child and Family

CFT Meetings are the best way for DCS to assist the family in making positive changes in the lives of the child and family members. By utilizing the CFT Meeting process, DCS will:

1. Learn what the family hopes to accomplish;
2. Set reasonable and meaningful goals;
3. Recognize and affirm family strengths;
4. Assess family needs and find solutions; and
5. Organize tasks to accomplish goals.

According to [The Child Welfare Policy & Practice Group \(CWG\)](#)¹, a CFT Meeting is a gathering of family members, friends, members of the family's faith community and professionals who join together to jointly develop individualized plans to strengthen family capacity, to assure safety, stability, well-being and permanency and to build natural supports that will sustain the family over time. Bringing a family together with a solution focused team of supports contributes to a variety of potential benefits, such as:

1. Preventing abuse and neglect and speeding up permanency;
2. Preventing removal and placement disruptions;
3. Strengthening engagement with families and older youth;
4. Improving the quality of assessments about strengths and needs;
5. Increasing the likelihood of matching the appropriate service to needs;
6. Identifying kinship placement opportunities;
7. Increasing the varieties of options for solutions;
8. Increasing the capacity to overcome barriers; and
9. Creating a system of supports that will sustain the family over time and provide a safety net after agency involvement ends.

Cultural Humility & Family-Centered Practice

In family-centered practice, the family is involved in all aspects of the planning and decision making processes. DCS and its staff strive to incorporate the family's cultural expertise into service planning by promoting the family's self-awareness of their cultural strengths and needs. Culture is defined by the family and includes elements such as history, traditions, values, family systems, spirituality, language, and artistic expression. Agencies and practitioners who practice cultural humility are able to recognize they are not the expert in their client's cultural experiences. Instead, the value is placed on the family's own cultural expressions. Cultural humility is an ongoing process that demonstrates the ability to collaboratively work alongside the family to deliver appropriate services while promoting their specific cultural strengths and needs.

DCS staff who practice cultural humility are guided by the following principles:

1. Recognizing the family remains in charge of their own lives while motivating, facilitating, and promoting a climate of respect and caring;²
2. Engaging collaboratively with families, including establishing their role as a partner in the process;

¹[The Child Welfare Policy and Practice Group](#) is a private, non-profit organization developed to assist child welfare, mental health and juvenile justice systems to create, design and manage organizational change that results in improved practice and outcomes for children and their families.

3. Respecting the client's family and home environment and acknowledging cultural differences. All people, regardless of their race, national origin, economic status, sex, sexual orientation, gender identity, religion, disability, and HIV status deserve to be respected, cared for, and supported by field staff, resource families, residential care staff, and/or providers;
4. Embracing the complexity of diversity when working with children and families; and
5. Critically challenging one's openness to learn from others who engage in cultural practices different from their own.

Note: Cultural humility is considered a lifelong process that requires continual self-awareness.³

Functional Strengths

Functional strengths are “the buildable” strengths of our families, which help 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 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, which determines the appropriate use of services or interventions. In order to identify the underlying need, the question of what the family needs 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. Addressing underlying needs allows DCS and the CFT to understand the root of the problem and provide accurate/effective services to address the needs. This method supports safe sustainable case closure.

Protective Factors

Protective factors are characteristics in families that, when present, increase the safety, stability, permanency, and well-being of children and families. Protective factors are directly connected to the strengths of the family and can be used as a resource to learn new skills and solve problems. The FCM should consider the following protective factors when working with children and families:

1. Nurturing and attachment;
2. Knowledge of parenting and of child and youth development;
3. Parental resilience;
4. Social connections;
5. Concrete supports for parents; and
6. Social and emotional competence of children.

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

² <https://www.childwelfare.gov/>

³ [Training Child Welfare Workers for an Intersectional Cultural Humility Perspective: A Paradigm Shift](#)