INDIANA DEPARTMENT OF CHILD SERVICES	**INDIANA DEPARTMENT OF CHILD SERVICES** **CHILD WELFARE POLICY**	
	Chapter 8: Out-of-Home Services	**Effective Date:** March 1, 2019
	Section 43: Meaningful Contacts	**Version:** 6

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 provisions will be developed to address identified safety concerns. The face-to-face contact, findings, and implemented safety provisions must be documented in the case management system within three (3) business days.

DCS will ensure sufficient time and opportunity is given to observe and evaluate the parent-child relationship. Child safety must always be addressed. The observation and evaluation must be documented in the case management system within 'Contacts.' All identified safety concerns must be discussed with the parent, guardian, or custodian. A Safety Plan (SF53243) and/or Plan of Safe Care (SF56565) must be developed to address all safety concerns, and the safety concerns must be reported to the Family Case Manager (FCM) Supervisor immediately.

> **Note:** DCS will ensure that any new allegations of Child Abuse and/or Neglect (CA/N) are reported to the DCS Child Abuse Hotline (Hotline). See Practice Guidance for additional information.

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) and/or Plan of Safe Care (SF56565) 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 the case management system 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

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 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?[1]

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 the case management system.

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 (i.e., prior to leaving the scene) initiates an assessment, the FCM will report the allegations to the DCS Hotline within 24 hours of leaving the scene. An assessment is considered initiated upon face-to-face contact with **all** alleged child victims. See separate policy, 4.38 Assessment Initiation for additional information regarding initiation.

Note: If the FCM is unable to ensure safety through face-to-face contact with one (1) or more victims prior to leaving the scene, the FCM must report the allegations to the DCS Hotline immediately.

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. See separate policy, 4.36 Linking Child Abuse or Neglect (CA/N) Reports to Open Assessments for more information regarding the receipt of an additional Preliminary Report of Alleged Child Abuse or Neglect (310) (SF114) during an open assessment.

The FCM must specify in the report to the Hotline 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. The FCM may report the new allegations to the Hotline by emailing or faxing the completed 310 form, emailing equivalent information (e.g., time initiated, parent names, child victim names, description of concerns, etc.), or by calling to report equivalent information. The 310 or equivalent information may be submitted via email to: DCSHotlineReports@dcs.in.gov, via fax to: 317-234-7595 or 317-234-7596, or via phone to: 1-800-800-5556.

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)
5. Plan of Safe Care (SF56565)

RELATED INFORMATION

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 the parents; and
6. Social and emotional competence of 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.

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