

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> July 1, 2019
	<b>Section 36:</b> Expectant Youth and Youth with Children	<b>Version:</b> 4

## STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will ensure that all expectant youth are referred for counseling to assist in the decision-making process about the pregnancy.

DCS will ensure that all children who are pregnant or become pregnant while in out-of-home care receive appropriate prenatal care, as determined by an obstetrician or gynecologist.

**Note:** Youth age 16 or older may consent to their own health care concerning pregnancy, delivery, and postpartum care for 60 (sixty) days after the birth. See [Related Information](#) for additional information regarding health care consent.

DCS will ensure that the mother and baby are placed together in the same home, unless extenuating circumstances exist (e.g., medical, psychological, home environment, etc.) that prevents the mother from caring for the child.

DCS should not take custody of the child(ren) of a minor parent who is in out-of-home care, unless there is additional endangerment that warrants such action. Refer to separate policy, [4.28 Involuntary Removals](#) for further guidance.

**Note:** DCS recognizes that minor parents, both male and female, have the same rights and responsibilities as all parents; therefore, all minor parents, both male and female in out-of-home care, may be referred for services (e.g., fatherhood classes, counseling, parenting classes, etc.).

### Code References

[IC 16-36-1-3.5: Consent by pregnant minor for pregnancy health care; contacting minor's parent or guardian](#)

## PROCEDURE

For all pregnant youth in out-of-home care, the Family Case Manager (FCM) will:

1. Ensure the youth's parent, guardian, or custodian is aware that the youth is pregnant when she enters out-of-home care or if she becomes pregnant while in out-of-home care;
2. Notify the court if a youth is pregnant when she enters out-of-home care or becomes pregnant while in out-of-home care, to ensure that a Guardian ad Litem (GAL) or Court Appointed Special Advocate (CASA) is appointed to represent the child's interests to the court;
3. Ensure that a pregnant youth has access to prenatal care and pregnancy options counseling services. Youth age 16 or older may consent to their own health care

concerning pregnancy, delivery, and postpartum care for 60 (sixty) days after the birth. See [Related Information](#) for additional information regarding health care consent.

4. Hold a Child and Family Team Meeting (CFTM) to assist the youth with critical decisions regarding her pregnancy and put an action plan in place, which will include addressing any placement issues and/or concurrent planning issues that may arise. See separate policies, [5.7 Child and Family Team Meetings](#) and [5.15 Concurrent Planning](#) for further guidance.
5. Assist the youth with any necessary paperwork relating to decisions regarding relinquishment of parental rights; and
6. Offer family services to the minor parent and to her parent, guardian, or custodian to address any issues related to the pregnancy. See separate policy, [5.10 Family Services](#) for further guidance.

For all expectant fathers in out-of-home care, the FCM will:

1. Ensure the youth's parent, guardian, or custodian is aware that the youth is an expectant father;
2. Notify the court if a youth is an expectant father;
3. Hold a CFTM to assist the youth with critical decisions regarding his child and put an action plan in place, which will include addressing any placement issues that may arise. See separate policy, [5.7 Child and Family Team Meetings](#) for further guidance;
4. Assist the youth with any necessary paperwork relating to decisions regarding relinquishment of parental rights.; and
5. Offer family support services to the youth and to his parent, guardian, or custodian to address any issues related to the youth becoming a father. See separate policy, [5.10 Family Services](#) for further guidance.

For minor parents in out-of-home care the FCM will:

1. Notify the court that the youth has a child;
2. Discuss with the minor parent his or her desire to involve his or her CFT in decisions about the child (i.e., would the minor parent like the CFT to discuss parenting responsibilities?). See separate policy, [5.7 Child and Family Team Meetings](#) for further guidance;
3. Allow the minor parent to make informed decisions about the child, free from undue influences and/or coercion;
4. Coordinate family services for the minor parent including, but not limited to, parenting classes, if the minor parent will be involved in parenting the child. See separate policy, [5.10 Family Services](#) for further guidance;
5. Ensure that the minor parent has information about child support, Medicaid, and childcare;
6. Refer the minor parent to Healthy Families, <http://www.in.gov/dcs/2459.htm> if the minor parent's child is younger than three-months old; and
7. Create a new [Visitation Plan](#) if the minor parent and the child will not be living together, and the minor parent plans to remain involved in the child's life.

<b>PRACTICE GUIDANCE</b>
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N/A

## FORMS AND TOOLS

[Visitation Plan](#) - Available in the case management system

## RELATED INFORMATION

### **Services to Male Youth with Children**

The responsibilities and legal rights of fathers extend beyond the obligation of financial support. The father should share responsibility with the mother for the child's overall welfare, including health, personal development, and support. Regular contact between fathers and children should be encouraged whenever appropriate.

### **Parents Who Are Not the Primary Caregiver**

In some cases, the youth is not the child's primary caregiver. The child may live with the other parent or another family member. If the youth is not the primary caregiver, he or she may still be involved in the child's rearing. Any time a youth has a child and is involved in that child's life, the youth should be offered family support services, including parenting classes.

### **Financial Support**

Even when DCS does not have custody of the minor parent's child, additional foster care payments can be added to the per diem of the minor parent, to enable the child to be placed with that minor parent. These payments are authorized without DCS taking custody of the youth's child.

When DCS does obtain custody of the minor parent's child, a separate eligibility determination must be made for that child.

If a Child In Need of Services (CHINS) petition is filed and the child is removed from the minor parent, there will be two separate cases in the case management system.

### **Health Care Consent**

A health care provider must make a reasonable effort to contact the parent of a minor, age 16 and older, before providing treatment concerning pregnancy, delivery, and postpartum care. If the parent cannot be reached, the minor may consent to her treatment; however, the health care provider must act in a manner that is in the best interests of the youth and the fetus. The youth may not consent to the provision of abortion.