

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment	Effective Date: July 1, 2019
	Section 26: Determining Service Levels and Transitioning to Permanency Services	Version: 4

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will intervene in the lives of children and families at the least intrusive level possible, given the assessment findings and circumstances of each case. DCS should utilize and link families to appropriate resources, within their local community, to meet the families' needs.

DCS will make a determination about the family's initial service needs and offer services as early in the assessment as possible, in order to ensure child safety and well-being. DCS will utilize the Child and Adolescent Needs and Strengths (CANS) Assessment, Risk Assessment, and Safety Assessment to determine the most appropriate service array and intensity, based on the family's level of need. See [Practice Guidance](#) for factors that may aid DCS in the assessment of domestic violence situations.

DCS will continue to monitor the safety and well-being of the child throughout the assessment. Before transferring to permanency services, DCS will complete a Child and Family Team (CFT) Meeting (see policy, [5.7 Child and Family Team Meetings](#)) to identify appropriate permanency services to meet the needs of the family.

Code References

[IC 34-6-2-34.5: Domestic or family violence](#)

PROCEDURE

The FCM will:

1. Utilize the family's [Safety Assessment](#), [Risk Assessment](#), [CANS Assessment](#), and the [Family Functional Assessment Field Guide](#) as tools to assist the FCM, family, and CFT to mutually determine the family's [strengths](#) and [underlying needs](#) (see policies, [4.18 Initial Safety Assessment](#), [4.23 Initial Risk Assessment](#), and [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#));
2. Identify any challenges to the family's basic survival (e.g., a lack of adequate food, housing, employment, transportation, healthcare or childcare). If assistance is required:
 - a. Provide the family with information regarding the [Division of Family Resources](#) and other community service providers; and/or
 - b. Request emergency funds when other resources are not immediately available by submitting the [Request for Additional Funding \(SF54870\)](#) (see policy, [16.3 Assistance for a Family's Basic Needs](#)).

3. Collaborate with the family and the CFT to identify needed services based on the family's [strengths](#) and [underlying needs](#) (see policy, [5.7 Child and Family Team Meetings](#)).

Note: Ensure the plan addresses visitation (if applicable) and the needs of the parents (including noncustodial and incarcerated parents) and the child (see policies [5.10 Family Services](#) and [8.12 Developing the Visitation Plan](#)).

4. Complete a [Provider Referral\(s\)](#) in KidTraks to refer the family for available and appropriate services within 10 business days of identifying the service need (if the case has not transitioned to the permanency worker). See [Related Information](#) and [Practice Guidance](#) for more information;
5. Monitor the family's progress by:
 - a. Maintaining contact with service providers to assess the family's level of participation in services, and
 - b. Reviewing the family's progress at each face-to-face contact and during CFT meetings (see policies: [5.7 Child and Family Team Meetings](#), [7.3 Minimum Contact](#), [7.5 Meaningful Contacts](#), [8.10 Minimum Contact](#), and [8.43 Meaningful Contact](#));
6. Ensure all actions taken are documented in the case management system; and
7. Ensure the permanency worker is aware of visitation plans, services referred, and any additional needs of the family.

The FCM Supervisor will:

1. Review assessment details with the FCM during Safety Staffing and regular [clinical supervision](#) (see policy, [4.41 Safety Staffing](#));
2. Ensure that visitation plans (if applicable) and referrals for services are completed as required;
3. Ensure all actions taken are documented in the case management system; and
4. Ensure that the permanency worker is aware of the details of the case and actions taken.

PRACTICE GUIDANCE

Making a Referral

Prior to creating a service referral, identify the needs of the family to determine what services would be the most appropriate. Ensure all referrals include the following:

1. Accurate contact information for the family and FCM;

Note: Ensure contact information is entered correctly in the case management system prior to creating a referral in KidTraks.

2. Information about the child's placement, safety plan, applicable court orders (e.g., no contact orders or individuals that should not be in the home), and others involved in the case (e.g., other household members, Court Appointed Special Advocate (CASA)/Guardian ad Litem (GAL), non-custodial parents, and education providers);
3. Identified worker safety issues (e.g., drug use, domestic violence, and weapons);
4. A short summary about the reason for DCS involvement, including any previous involvement and services offered;

5. Approved locations for services to take place, if applicable;
6. Information about participant availability;
7. The level and frequency of services;
8. Information about other service providers working with the family and the services they are providing; and
9. The family goals and provider expectations, as documented in the case plan, to assist the family in achieving safe, sustainable case closure.

Note: If making a referral on behalf of another DCS employee, ensure the contact information for the assigned FCM is provided in the pertinent information section.

Additional information about service providers, available interventions, service mapping, and making a referral can be found on SharePoint at <https://www.in.gov/dcs/3925.htm>.

Domestic Violence Services

FCMs are encouraged to recommend domestic violence services to any family in which domestic violence may be present. However, mandating or forcing a **non-offending** parent to participate in domestic violence services may be contrary to the concept of empowerment, and this may actually be perceived by the non-offending parent as mirroring the same coercive and threatening behaviors of the alleged domestic violence offender.

Factors which may suggest a child may remain safe in the home:

1. The non-offending parent acknowledges risk to the child and demonstrates protective capacities;
2. The non-offending parent and child are in a shelter or other safe location;
3. The alleged domestic violence offender's access to the child and non-offending parent, or his or her activities with them, are restricted (e.g., in jail, complying with protective orders, or no-contact orders);
4. The alleged domestic violence offender is demonstrating responsibility for his or her behavior and is actively engaging in intervention programs;
5. The child shows minimal behavioral or emotional effects from the domestic violence;
6. The child has a supportive adult in the home;
7. An older child has a plan to be safe and the ability to carry out the plan;
8. Violence is not escalating and alleged domestic violence offender's prior history does not include known violent behavior;
9. Other issues (e.g., substance abuse, mental health, etc.) do not pose safety threats; and
10. The non-offending parent has supportive extended family or community ties.

If the non-offending parent is remaining with the offender, consider the following:

1. Will the child be safe if he or she remains in the home?
2. In an emergency, what works best to keep the child safe?
3. Who can the non-offending parent call in a crisis?
4. Would the non-offending parent call the police if the violence started again? Is there a phone in the home? Could the non-offending parent develop a plan with the child or neighbors to call the police or get help?
5. If the child and/or non-offending parent need to leave the home, where can they go?

Factors which may suggest that a child needs an out-of-home placement:

1. No other workable plan can be put in place that ensures child safety;
2. Other types of child abuse exist, which creates safety threats;

3. The alleged domestic violence offender continues to expose the child to serious violence despite intervention;
4. The alleged domestic violence offender continues to have unauthorized contact with the child, which presents safety concerns;
5. The alleged domestic violence offender's history includes known violent behaviors;
6. The child has increased vulnerability due to his or her physical, emotional and/or developmental ability and/or age; and/or
7. Adult abuse of alcohol or other drugs presents additional safety threats in the home.

An out-of-home placement for cases involving domestic violence should **only** be considered when all other means of safety have been considered and offered, when the child is at imminent risk of placement, or the non-offending parent is unable to protect the child or accept services.

FORMS AND TOOLS

1. [Family Functional Assessment Field Guide](#) - Available on the Indiana Practice Model SharePoint
2. [Child and Adolescent Needs and Strengths \(CANS\) Assessment](#) – Available in KidTraks
3. [Initial Safety Assessment](#) – Available in the case management system
4. [Initial Family Risk Assessment](#) – Available in the case management system
5. [In-Home Risk and Safety Reassessment](#)– Available in the case management system
6. [Out-of-Home Risk and Safety Reassessment](#)
7. [Program of Informal Adjustment](#) – Available in the case management system
8. [Case Plan \(SF 2956\)](#) – Available in the case management system
9. [Provider Referral](#) – Available in KidTraks
10. [Request for Additional Funding \(SF 54870\)](#)
11. [Service Mapping Tool](#) – Available in KidTraks

RELATED INFORMATION

Recommended Service Levels

No services needed

Children are assessed as safe. There are no (or extremely low) risk factors. The child and the family is able to manage any risk factors using its own strengths and resources.

Referral to prevention services: There is low risk to the child, but the family is not able to manage risk factors using its own strengths and resources. However, the family is able to use prevention resources for support without ongoing DCS case management services. DCS involvement is limited to actively linking the family with those prevention services and community resources that effectively and safely address its needs.

Informal Adjustment (IA): An IA may be appropriate for the child in families where risk levels range from moderate to very high, but coercive intervention of the court is not needed. DCS will work with the family to develop the terms of the IA, monitor participation in services, and regularly evaluate the child's safety. The court must approve the IA. Consequences for not complying with the terms of the IA may include, but are not limited to, court intervention, such as filing a Child in Need of Services (CHINS) petition (see policy, [5.9 Informal Adjustment \(IA\)](#)).

CHINS: DCS may file a CHINS petition (highest level of intervention) for children in families where the risk level is high or very high and coercive intervention of the court is needed to

ensure the child's safety and well-being. The child may stay in the home or be placed in substitute care. The court monitors the case, including the [Case Plan \(SF 2956\)](#) and permanency goal. Consequences for parental noncompliance with the [Case Plan \(SF 2956\)](#) and permanency goal may include, but are not limited to, a placement in substitute care, and in the most extreme circumstances, termination of parental rights (TPR).

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 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 to the child;
2. Knowledge of parenting and of child and youth development;
3. Family resilience;
4. Social connections;
5. Concrete supports; and
6. Social and emotional competence of the child.

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.