STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will have an approved Case Plan (SF 2956) entered into the case management system within 45 days of removal or disposition, whichever comes first for:

1. Every child who has been adjudicated a Child in Need of Services (CHINS);
2. All children with an open case type;

   Note: For children participating in a Program of Informal Adjustment (IA), the signed IA serves as the Case Plan (SF 2956).

3. Children who are at imminent risk of removal; or
4. A Juvenile Delinquent or Juvenile Status (JD/JS) for whom DCS has been ordered to pay for the placement and the child is IV-E eligible.

DCS will seek input from professionals, who may not be members of the Child and Family Team (CFT) but have expertise relating to the child and family’s strengths and needs (e.g., physicians, mental health professionals, school personnel, and other community service providers), for the purpose of developing the Case Plan (SF 2956). See separate policy, 5.7 Child and Family Team Meetings.

   Note: Efforts to enable the child’s school to provide appropriate support and protect the safety of the child will be documented in the Case Plan (SF 2956).

DCS will work with the parent (including a noncustodial parent or incarcerated parent), guardian, or custodian; extended family; child/youth (if age and developmentally appropriate); and the CFT (if applicable) in developing the Case Plan (SF 2956), planning for services, and establishing eligibility for federal funding.

   Exception: DCS will not involve the parent in the case planning process if parental rights have been terminated or if the parent has not been located after diligent efforts. See separate policies, 2.26 Diligent Search, 5.3 Engaging the Family, 5.4 Noncustodial Parents, and 5.6 Locating Absent Parents.

Youth, age 14 and older, are required to participate in the development of the Case Plan (SF 2956). These youth may select up to two (2) child representatives to be a part of their CFT to assist with the development of the Case Plan (SF 2956). See child representative information in Practice Guidance. DCS will ensure all youth, age 14 and older and in out-of-home care, receive the Indiana DCS Bill of Rights for Youth in Care.

DCS may excuse the child from the case planning process by documenting in the Case Plan (SF 2956) the determined reasons for youth’s inability to participate effectively in the
development of the Case Plan (SF 2956) due to a physical, mental, emotional, or intellectual disability.

**Note:** If the youth refuses to participate in the development of the Case Plan (SF 2956), DCS must record the refusal and document efforts made to obtain the child’s input or participation in the development of the Case Plan (SF 2956).

DCS must include the resource parent and Court Appointed Special Advocate (CASA)/Guardian ad Litem (GAL) in developing the Case Plan (SF 2956) even if they are not members of the CFT.

DCS will ensure the Case Plan (SF 2956) is updated at least every 180 days from the effective date of the previous plan. The Case Plan (SF 2956) should be updated each time there is a significant change (e.g., new or revised Safety Plan) in:

1. Placement;
2. Identified needs;
3. Permanency Plan;
4. Parent’s participation in services, including visitation;
5. DCS knowledge of the parents’ whereabouts;
6. Changes in the parent’s income, living arrangements, or employment; and/or
7. The child’s income and/or resources.

**Code References**
1. IC 31-34-15: Case Plan
2. IC 31-9-2-22.1 Concurrent Planning
3. 42 USC 675(1) and (5)
4. 45 CFR 1356.21(g) Case plan requirements

**PROCEDURE**

The Family Case Manager (FCM) will:

1. Staff with the FCM Supervisor to determine how to protect the safety of the child and the non-offending parent when writing the Case Plan (SF 2956) for cases with identified domestic violence;
2. Convene a CFT Meeting, if applicable, to develop the Case Plan (SF 2956) with the required parties:
   a. Parent, guardian, or custodian (including noncustodial parent and/or incarcerated parent. See Policy 5.7 Child and Family Team Meetings for additional information.
   b. Child/youth if age appropriate and developmentally appropriate (youth age 14 and older are required to participate in CFT meetings),

   **Note:** FCM must ensure all youth age 14 and older receive the Indiana DCS Bill of Rights for Youth in Care and understand the bill of rights before signing the completed Case Plan (SF 2956).

c. Resource parent, if applicable,
d. CASA/GAL,
e. Licensed Child Placing Agency (LCPA), if applicable, and
f. FCM and his or her FCM Supervisor.
3. Schedule and convene a Case Plan Conference if all required parties (i.e., resource parent and CASA/GAL) are not part of the CFT;

   **Note:** Youth age 14 and older are required to participate in the development of the Case Plan (SF 2956).

4. Develop the Case Plan (SF 2956):
   a. Determine the Permanency Plan and second Permanency Plan, if concurrent planning, that is in the best interest of the child. See separate policy, 5.15 Concurrent Planning-An Overview.
   b. Specify the activities or tasks to be undertaken, the person responsible for each task, and the time frames for achieving the goals, objectives, and tasks,

      **Note:** Ensure the objectives and activities outlined in the Case Plan (SF 2956) support the Permanency Plan. See separate policy, 6.10 Permanency Plan.

c. Identify the actions to support the school in ensuring the child’s safety,
d. Ensure services that address all identified risk factors are in place and documented in the Case Plan (SF 2956). See separate policy, 5.10 Family Services.

   **Note:** Ensure available community services (including those available to incarcerated parents) are considered and documented in the Case Plan (SF 2956).

e. Develop or update the Safety Plan (SF 53243) and/or the Plan of Safe Care (SF 56565) while helping the parents gain the confidence and capacity needed to care appropriately for the child/youth. See Policies 4.19 Safety Planning, 4.41 Safety Staffing, 4.42 Plan of Safe Care, and 5.21 Safety Planning.

f. Ensure opportunities to strengthen the child’s relationship with his or her parents and siblings are discussed during case planning and documented in the Visitation Plan,

   **Note:** All active Visitation Plans in the case management system will attach to the Case Plan (SF 2956) when the Case Plan (SF 2956) is printed.

g. Ensure the Case Plan (SF 2956) is realistically related to the functional strengths and underlying needs of the family/youth,
h. Prioritize the goals and service delivery based on the immediate safety needs of the child/youth and the risk of future Child Abuse and/or Neglect (CA/N), and

i. Recognize the importance of both formal and informal community supports to the family/youth.

5. Develop a Safety Plan and/or a Plan of Safe Care (SF 56565) with the family. Update the Case Plan (SF 2956) when safety, risk, or protective factors have changed. See policies 4.19 Safety Planning, 4.41 Safety Staffing, 4.42 Plan of Safe Care, and 5.21 Safety Planning.

6. Update the information regarding changes in the child’s or parents status including:
   a. Change in the child’s or parents income,
   b. Parents employment status, and
   c. Parent’s place of residence.
**Note:** These types of changes in the parent’s status may also require updating information related to Title IV-E Eligibility as the parent may be unable to provide support and care to the child. See Separate policies in Chapter 15 Eligibility.

7. Obtain signatures on the approved Case Plan (SF 2956) from the required parties:
   a. Parent, guardian, or custodian (including noncustodial parent),
   b. Child/youth if age and developmentally appropriate (youth age 14 and older are required to sign the Case Plan (SF 2956),

   **Note:** The FCM must ensure the youth age 14 and older knows that by signing the case plan he or she is also acknowledging the receipt of the Indiana DCS Bill of Rights for Youth in Care and that the bill of rights was explained in a manner that he or she was able to understand.

   c. Child representatives,  
   d. Resource parent, if applicable,  
   e. CASA/GAL,  
   f. LCPA, if applicable,  
   g. Residential treatment provider, if applicable, and  
   h. FCM and his or her FCM Supervisor.

7. Mail or hand deliver a copy of the signed Case Plan (SF 2956), within 10 days of completion, to the required parties as well as the following:
   a. Additional persons specifically identified in the plan who will play a role in implementing the Case Plan (SF 2956), and  
   b. Service providers outlined in the Case Plan (SF 2956).

   **Note:** Ensure there is a current release of information from the parent to allow DCS to share the Case Plan (SF 2956) with community service providers that are not contracted with DCS.

8. File a copy of the signed Case Plan (SF 2956) with the court at the next Periodic Case Review.

The FCM Supervisor will:
1. Provide input into Case Plan (SF 2956) development as needed;  
2. Staff with the FCM to determine how to protect the safety of the child and the non-offending parent when writing the Case Plan (SF 2956) for cases with identified domestic violence;  
3. Ensure the Case Plan (SF 2956) development process is completed in a timely fashion;  
4. Review the Safety Plan (SF 53243) and/or Plan of Safe Care (SF 56565) to confirm it is appropriate to address the child’s safety and needs;  
5. **[NEW]** Review the Visitation Plan to ensure appropriate opportunity is provided to strengthen the child’s relationship with his or her parents and siblings; and  
6. Review and approve the Case Plan (SF 2956) prior to distribution.

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**PRACTICE GUIDANCE**

**Child Representatives**
Beginning at the age of 14, the FCM should advise the youth of his or her ability to select up to two (2) child representatives. The child representatives must be at least 18 years of age, members of the CFT, and may not be a foster parent or FCM. The youth may select one (1) of
the child representatives to also be his or her adviser, and if necessary, advocate for age appropriate activities. Child representatives are subject to the approval of DCS, and they may be rejected if there is cause to believe that they would not act in the best interest of the child.

**Permanency Plan**
The Permanency Plan is the intended permanent or long-term arrangement for care and custody of the child. The Permanency Plan must include one (1) of the following goals that the court considers most appropriate and in the best interest of the child:

1. **Reunification**;
2. **Adoption**;
3. **Legal Guardianship**;
4. **Another Planned Permanent Living Arrangement (APPLA)** (only applicable for youth age 16 and older); or
5. **Placement with a Fit and Willing Relative**.

**Reunification**
Reunification is the process by which a child returns to live with either legal parent, guardian, or custodian without continued supervision and/or intervention by DCS. Typically, reunification is the most favorable permanency goal for a child as long as the parent, guardian, or custodian is able to provide a safe, nurturing, and stable home. Most children want to return to or remain in their home with their parent and support this permanency goal.

**Adoption**
Adoption is the legal process when a child becomes the legal child of a person or persons other than their biological parents. A child may be adopted by a relative, a resource family, or an unrelated person. Adoption offers the most stability for a child who is not able to be reunified with his or her parent.

Adoption may be the most appropriate permanency goal when the child has been under a Dispositional Decree for at least six (6) months with no progress made toward a plan of reunification, when termination of parental rights are filed, or when a judge rules that attempts to reunify the family are not necessary.

**Legal Guardianship**
Legal Guardianship is the transfer of parental responsibility and legal authority for a minor child to an adult caregiver who intends to provide permanent care for the child. Guardianship may be established with or without the termination of parental rights. Transferring legal responsibility removes the child from the state child welfare system, allows the caregiver to make important decisions on the child’s behalf, and establishes a long-term caregiver for the child.

Guardianship may be an appropriate permanency goal for children who are at least 13 years of age and have placed with a relative for at least six (6) months. The CFT should decide if guardianship is a more appropriate permanency goal than reunification or adoption.

**Another Planned Permanent Living Arrangement (APPLA)**
Another Planned Permanent Living Arrangement (APPLA) refers to a situation in which DCS maintains care and custody responsibilities for the youth, but DCS places the youth in a setting in which the child is expected to remain until successful adulthood, such as:

1. With resource parents who have made a commitment to care for the youth permanently, but are not moving toward adoption;
2. In a residential facility (e.g., for youth with emotional or developmental disabilities who require long-term residential care); or
3. Receiving Older Youth Services (OYS) that will lead the youth to successful adulthood living after emancipation from the child welfare system.

APPLA may only be identified as a permanency plan for a youth age 16 and older, and must be supported and approved by the CFT. When a youth age 16 and older has a permanency plan of APPLA, documentation is required at each periodic case review hearing. The documentation should reflect intensive ongoing, and current unsuccessful efforts to return the child home or secure placement with a fit and willing relative (including adult siblings), a legal guardian, or an adoptive parent, including through efforts that utilize search technology (including social media) to find relatives for the youth. DCS must document compelling reasons why it continues to be in the best interest of the youth to have APPLA as a permanency plan and why alternative permanency plans such as Reunification, Adoption, Legal Guardianship, or Placement with a Fit and Willing Relative are not in the best interest of the child.

**Fit and Willing Relative**
The permanent placement of a child with a fit and willing relative who is able to adequately provide for the child’s needs and is willing to care for the child long-term. When a child is placed with a fit and willing relative, the CHINS case will remain open, typically until the child reaches the age of majority.

Placement with a fit and willing relative may be an appropriate goal for children who have been in placement with the relative for the past six (6) months and the relative has made a commitment to provide for the child until the child reaches the age of majority. The CFT should decide if a fit and willing relative is a more appropriate permanency goal than adoption or guardianship.

**Case Planning and Domestic Violence**
For cases where domestic violence has been identified as a risk factor, the FCM will collaborate with the CFT to develop a logical and achievable plan for the child and family by prioritizing service needs. Services should first focus on “barrier” issues that must be dealt with before family members can benefit from other services. The Case Plan (SF 2956) should focus on the concrete supports the non-offending parent needs as well as supports that counteract the coercive tactics used by the alleged domestic violence offender. The Case Plan (SF 2956) should indicate that it is important for the alleged domestic violence offender to stop being violent, begin taking responsibility for the violence, and reduce their power and control tactics before the non-offending parent and/or child can safely participate in other services with him or her.

Items listed below are examples of goals and objectives that may be included in a Case Plan (SF 2956).

Case Plan goals or objectives for non-offending parents may include:
1. Parent will participate in safety planning for self and child;
2. Parent will participate in an evaluation and counseling to address personal safety issues in order to protect self and child from alleged domestic violence offender;
3. Parent will not use excessive discipline with the child;
4. Parent will develop capacity and willingness to protect the child;
5. Parent will participate in supportive counseling for self and child to reduce the negative effects of domestic abuse;
6. Parent will participate in domestic violence education;
7. Parent will participate in education regarding the effects of domestic violence on children and will help the child cope with and recover from the effects of domestic violence;
8. Parent will comply with recommendations for the child’s therapy; and/or
9. Parent will assist in the development of, and compliance with, the Safety Plan (SF 53243) and/or the Plan of Safe Care (SF 56565).

Case Plan goals or objectives for the child may include:
1. Child will develop skills for self-protection that match his or her age and ability;
2. Child will develop skills to cope with and recover from the after-effects of witnessing domestic violence;
3. Child will participate in therapy;
4. Child will not be violent;
5. Child will participate in individual or group sessions learning alternatives to violence; and/or
6. Child will have a safety plan that is consistent with his or her willingness, age, and development.

Case Plan goals or objectives for alleged domestic violence offenders may include:
1. Participate in an evaluation and specialized treatment program and follow all recommendations; the alleged domestic violence offender will be required to attend and complete the program; the alleged domestic violence offender may be required to pay for the program;
2. Develop capacity and willingness to protect the child by stopping all abusive behavior toward all family members. This includes physical abuse, sexual abuse, emotional abuse, verbal abuse, stalking, and neglectful behavior;
3. Will not interfere with the child’s therapy nor question the child regarding therapy sessions;
4. Will not involve the child in attempts to control the non-offending parent or force the child to witness or participate in other abusive behaviors;
5. Will participate in educating him- or herself regarding the effects of domestic violence on children;
6. Comply with all court orders and probation conditions; and/or
7. Will develop a Safety Plan (SF 53242) and/or a Plan of Safe Care (SF 56565) with the FCM.

**Parent, Guardian, or Custodian Not Available/Refuses to Participate in Case Planning**
The FCM must document in the case management system the efforts made to involve both parents, guardian, or custodian. Despite a parent, guardian, or custodian’s refusal to participate in the development of the Case Plan (SF 2956), the FCM must provide a copy of the document to the parent, guardian, or custodian and ask him or her to review and sign it.

**FORMS AND TOOLS**

1. **Case Plan (SF 2956)** – Available in the case management system
2. **Program of Informal Adjustment** – Available in the case management system
3. **Indiana DCS Bill of Rights for Youth in Care**
4. **Safety Plan (SF 53243)**
5. **Plan of Safe Care (SF 56565)**
6. **Visitation Plan** – Available in the case management system
7. **Incarcerated Parent Letter-Assessment**
8. **Incarcerated Parent Letter-Permanency**
9. **Incarcerated Parent Demographic (SF 56538)**
10. **Incarcerated Parent Information (SF 56539)**
**RELATED INFORMATION**

**Noncustodial Parent**
A mother, father, or alleged father (biological or adoptive) who does not have legal or primary physical custody of the child.

**Engagement with the Incarcerated Parent**
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 enhancing contact with incarcerated parents and for gathering information. These forms do not replace appropriate engagement and regular contact with the parents.

**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

See [https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/](https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/) for additional 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 understand the root of the problem and provide accurate/effective services to address the needs. This method supports safe sustainable case closure.
Elements of the Case Plan

1. Objectives: Objectives are statements of direction that are measurable. The objectives in a Case Plan (SF 2956) describe desired statements or outcomes. In the CFT process, identifying objectives is a powerful process that creates energy and direction leading to change. The objectives become the map or foundation for change. The team then identifies formal and informal supports to meet the stated objectives.

2. Strengths: A child and family’s past and present experiences, assets, interests, resources and preferences provide strengths to meet needs. Strengths are more than value statements such as “she loves her child” (inventory). Strengths identified as resiliency, experiences, assets, interest, or qualification, are strengths that may be applied in building the action steps of a plan.

3. Needs: A need may be a requirement essential to all human beings, such as the need for shelter, food, affiliation, or nurturance. A need is often a description of the underlying conditions that may be the source of the symptoms or the behavioral expressions of problems that a family may be encountering.

4. Activities: Activities represent the agreement made with CFT members. Activities are the pathways to meet the needs and achieve objectives. Activities should be meaningful enough to motivate the person toward an action and an achievement. Activities should be reasonable enough for people to have confidence in accomplishing the defined task(s). Activities should be clear enough so members within and outside the team share a common understanding of what is to be achieved. Activities should define the “who, what, how, where, and when” of the planning process.
   a. Activities are behaviorally specific, provide clear direction, concrete, measurable, and observable,
   b. Activities are built around the strengths of the family and other CFT members,
   c. Activities are progressive, moving from the simple to the complex,
   d. Activities include the person responsible and the target completion date for each activity.¹

Regional Permanency Team (RPT)
The Regional Permanency Team (RPT) is designed to ensure each child lives in a permanent, safe, sustainable, and supportive environment. Every region has an RPT to assist in achieving permanency for each child. The cases reviewed by the RPT are selected based on the child’s length of stay in care, time of involvement, and the severity of the child’s identified needs.

Change in Child or Parent’s Status
The Case Plan (SF 2956) should document changes regarding the parent’s income, employment status, and place of residence. These changes can have a direct impact on whether the child is considered deprived of parental care and support, which is a requirement of eligibility for federal funding. It is also critical that any changes to the child’s income or resources be documented, as these changes may also affect the child’s eligibility for federal funding. Hard copy documentation of these changes should be in the case file and the case management system must be updated as well.

¹ Paragraphs on Goals, Strengths, Needs and Activities are adapted from the Planning Curriculum, The Child Welfare Policy and Practice Group.
Deprivation
Deprivation information must be updated when certain changes to the parent’s employment and/or income occur. Examples of when to update deprivation information include, but are not limited to:

1. Change in parent’s employment status;
2. Change in parent’s part-time employment (number of hours employed); or
3. Change in parents living arrangements (e.g., parents have separated or reunited).

See separate policy, 15.6 Deprivation.

Domestic Violence and Cultural Considerations
When developing a Case Plan (SF 2956) with families experiencing domestic violence, the FCM may want to consider the following questions to ensure all recommended services are accessible and appropriate for the family:

1. Are there culturally sensitive resources, materials, and services for non-English speaking families?
2. Are there specialized services for self-identified Lesbian, Gay, Bisexual, Transgender, or Questioning (LGBTQ) youth who request services or are victimized by their caregivers and/or partners?
3. Are there specialized services available for heterosexual men who are victimized by their partners?
4. How will a non-offending parent’s immigration status affect his or her ability to obtain services recommended in the Case Plan (SF 2956)?
5. How does the family view American culture? How will this impact the family’s ability to seek help?
6. Are daycare and transportation services available so that the non-offending parent may attend domestic violence counseling or meet other service plan requirements?
7. Does the local domestic violence shelter have food and living accommodations appropriate for ethnic families, disabled individuals, or non-offending parents with older male children?
8. Is there transitional housing, affordable housing, or economic support for non-offending parents once they leave the domestic violence shelter?
9. Do non-offending parents who live in rural communities have accessible transportation to domestic violence advocacy programs and other support services?