| | INDIANA DEPARTMENT OF CHILD SERVICES<br>CHILD WELFARE POLICY | |
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| INDIANA DEPARTMENT OF CHILD SERVICES | **Chapter 5:** General Case Management | **Effective Date:** August 1, 2019 |
| | **Section 21:** Safety Planning | **Version:** 2 |

## STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will collaborate with the child's family, the Child and Family Team (CFT), and other caregivers to develop a Safety Plan (SF 53243) when a child's safety is dependent on defined actions. Child safety will be reassessed regularly and the Safety Plan (SF 53243) and/or Plan of Safe Care (SF 56565) (if applicable) will be reviewed and modified as needed throughout DCS involvement. See Practice Guidance and policy, 4.42 Plan of Safe Care for additional information. Review will occur at minimum:

1. At each Case Juncture;
2. Upon any new allegation of Child Abuse or Neglect (CA/N);
3. During each Child and Family Team (CFT) Meeting and Case Plan Conference. See policies, 5.7 Child and Family Team Meetings and 5.8 Developing the Case Plan) for more information;
4. Following the completion of each Safety and Risk Assessment (e.g., In-Home Risk and Safety Reassessment and Out-of-Home Risk and Safety Reassessment). See policies, 7.11 In-Home Risk and Safety Reassessments and 8.44 Out-of-Home Risk and Safety Assessment for more information; and
5. In conjunction with each court hearing and any new court orders.

When domestic violence is present or suspected, DCS will create a Safety Plan (SF 53243) which addresses the safety of the child and all family members. See Practice Guidance for further assistance. The purpose of this plan is to:

1. Achieve immediate safety for the child and non-offending parent;
2. Begin planning for long-term safety for the child and the non-offending parent;
3. Provide safety options for the non-offending parent and the child; and
4. Address behaviors demonstrated by the alleged domestic violence offender that pose a risk to the child's safety.

   **Note:** The Safety Plan (SF 53243) for the non-offending parent and child should not be shared with the alleged domestic violence offender. DCS should work with the alleged domestic violence offender to develop a separate Safety Plan (SF 53243).

Code References

1. IC 35-37-6-1: "Confidential Communication" defined
2. IC 34-6-2-34.5 Domestic or Family Violence

## PROCEDURE

The Family Case Manager (FCM) will:

1. Collaborate with the family, CFT, and other caregivers to develop a Safety Plan (SF 53243). Efforts to ensure the child's safety in all settings must be considered (e.g., school, extracurricular activities, out-of-home placement, in-home placement, safe sleep

environments, and parental/relative visitation) and the plan should describe in detail how, when, and by whom each intervention will be implemented;
2. Discuss in detail with the family and other caregivers the implementation of any of the interventions below that were chosen as part of the safety response:
   a. The family and/or caregiver uses extended family resources, neighbors, or other individuals in the community to ensure the child's safety,
   b. The family and/or caregiver receives services through community providers, and/or
   c. The family and/or caregiver is referred for services through a contracted DCS service provider. See policies 5.10 Family Services and 8.15 Services for the Resource Family for additional information;

   **Note:** DCS Service Providers will not be included on a Safety Plan (SF 53243) created when DCS involvement will not continue (i.e., case closure), unless there is a plan for the service to continue without DCS involvement.

3. Specify how the FCM will monitor and support the family and/or caregiver's compliance with the plan until the completion of the assessment and identify the consequences if an intervention is not followed;
4. Have the parent, guardian, or custodian sign the Safety Plan (SF 53243) and provide them with a copy;
5. Review the Safety Plan (SF 53243) and/or the Plan of Safe Care (SF 56565) (if applicable) with the FCM Supervisor and obtain approval of the plan during regular clinical supervision, The plan must be reviewed at minimum:
   a. At each Case Juncture;
   b. Upon any new allegation of Child Abuse or Neglect (CA/N);
   c. During each Child and Family Team Meeting and Case Plan Conference (see policies 5.7 Child and Family Team Meetings and 5.8 Developing the Case Plan);

   **Note:** Efforts to ensure the child's safety must also be documented in the Case Plan (SF2956).

   d. Following the completion of each Safety and Risk Assessment (e.g., In-Home Risk and Safety Reassessment and Out-of-Home Risk and Safety Reassessment). See policies 7.11 In-Home Risk and Safety Reassessments and 8.44 Out-of-Home Risk and Safety Assessment for more information; and
   e. In conjunction with each court hearing and any new court orders.

   **Note:** When updates to the Safety Plan (SF 53243) are identified during review, the FCM must engage the family and CFT to create an updated plan and obtain supervisory approval of the new plan.

6. Provide a copy of the approved Safety Plan (SF 53243) to all listed responsible parties and the court;
7. Upload the Safety Plan (SF 53243) to the case management system;
8. Re-assess the child's safety and risk regularly and prior to closing the case. See policies 7.11 In-Home Risk and Safety Reassessment and 8.44 Out-of-Home Risk and Safety Assessment; and
9. Ensure the Safety Plan (SF 53243) and/or the Plan of Safe Care (SF 56565) (if applicable) are discussed with the new FCM if the case is transferred.

The FCM Supervisor will:

1. Review case details, Safety and Risk Assessments, the Safety Plan (SF 53243), and the Plan of Safe Care (SF 56565) (if applicable) regularly during clinical supervision;
2. Ensure each identified safety concern is addressed in the Safety Plan (SF 53243) and/or Plan of Safe Care (SF 56565);
3. Guide the FCM in engaging the family, CFT, and other caregivers to create or update the Safety Plan (SF 53243) and/or Plan of Safe Care (SF 56565) (if applicable) as needed;
4. Sign the approved Safety Plan (SF 53243) and/or the Plan of Safe Care (SF 56565) following each review;
5. Ensure the Safety Plan (SF 53243) is uploaded to the case management system and provided to the family and listed responsible parties; and
6. Ensure the Safety Plan (SF 53243) and/or the Plan of Safe Care (SF 56565) (if applicable) are discussed with the new FCM if the case is transferred.

## PRACTICE GUIDANCE

### Parental Involvement in Development

Involvement of the family in the development of a Safety Plan (SF 53243) is imperative. The greater the family's participation in this process, the more ownership they will have in a successful outcome. When developing the plan with the family, the FCM should speak in such a way as to develop a common understanding that the safety of the child is contingent on their ability and willingness to follow the terms of the plan.

### Safe Sleep

FCMs will talk to parents, guardians and caregivers about safe sleep for infants and will document the discussion in the case management system. Refer to the below information for safe sleep guidelines:

1. Always place babies alone, on their backs, and in a crib (The ABC's) to sleep. The back sleep position is the safest[1]. Keep other caregivers informed of these safe sleep guidelines.
2. In 2010, the Consumer Product Safety Commission banned the further manufacture of drop-side cribs (i.e., cribs that allow for the sides to be lowered and raised). These types of cribs are not permitted for children under DCS care and supervision. See the following link for a picture of the new crib: http://onsafety.cpsc.gov/blog/2011/06/14/the-new-crib-standard-questions-and-answers/;
3. Place babies on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet. Never place babies to sleep on couches, care seats, swings, pillows, bean bags, quilts, sheepskins, or other soft surfaces;
4. Keep soft objects, toys, and loose bedding, out of the baby's sleep area. Do not use pillows, blankets, quilts, or pillow-like crib bumpers in the sleep area. A sleep sack is appropriate to keep the baby warm;
5. Keep baby's sleep area close to, but separate from, where caregivers and others sleep. Babies should not sleep on an surface with adults or other children. They may sleep in the same room as the caregiver;
6. Consider using a clean dry pacifier when placing the infant down to sleep, but do not force the baby to take it.

[1] Riley Children's Health: https://www.rileychildrens.org/health-info/sleep-safety

7. Dress babies in light sleep clothing and keep the room at a temperature that is comfortable for an adult;
8. Reduce the chance that flat spots will develop on the baby's head by providing "tummy time" when the baby is awake and someone is watching. Also, change the direction that the baby lies in the crib to avoid excessive time in car seats, carriers, bouncers, and swings. These items should be place/used on appropriate surfaces and should not be utilized in place of a crib; and
9. There should be no smoking around the baby as babies who are around cigarette smoke have a higher risk of sleep-related deaths.[2]

Additional information regarding safe sleep is available on the following websites:
1. The American Academy of Pediatrics;
2. Healthy Children.org;
3. The National Institute of Health;
4. Riley Children's Health; and
5. The DCS Website.

**Plan of Safe Care**

A Plan of Safe Care (SF 56565) must be completed for each infant under the age of one (1) year who is identified as being born affected by or exposed in utero to substance use (the drugs may be legal or illegal), experiencing symptoms of withdrawal, diagnosed with Neonatal Abstinence Syndrome (NAS), and/or diagnosed with Fetal Alcohol Spectrum Disorder (FASD). The plan must address the mental and physical health and substance use treatment needs of the infant, affected parents, household members, and the infant's caregivers. A Plan of Safe Care (SF 56565) must be completed regardless of the decision to substantiate or unsubstantiate the assessment. A separate Safety Plan (SF 53243) must be completed when the Plan of Safe Care (SF56565) does not address all safety concerns for each child included in the case. See policies 4.42 Plan of Safe Care and 4.22 Making an Assessment Finding for further guidance.

**Consider Protective Factors When Ensuring Safety**

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. When completing a Safety Plan (SF 53243), consider the following protective factors as part of an evaluation of the family's ability to ensure the safety of the child:

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

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

[2] Riley Children's Health: https://www.rileychildrens.org/health-info/sleep-safety

## Safety Planning when Domestic Violence is Present or Suspected

DCS will partner with the non-offending parent and child to create a Safety Plan (SF 53243) in all cases where domestic violence has been identified. If the non-offending parent has met with a domestic violence service provider to create a domestic violence Safety/Survival Plan, the Safety Plan (SF 53243) may be revised to incorporate the Safety/Survival Plan that was created.

> **Note:** DCS will not create a Safety/Survival Plan with the non-offending parent and child. Domestic violence Safety/Survival Plans may best be created by referring the non-offending parent to a domestic violence program in the community.

This Safety Plan (SF 53243) should address the following:

1. Safety for the non-offending parent and child until he or she can meet with a domestic violence advocate;
2. Referrals to domestic violence programs;
3. Financial assistance;
4. Other community services available; and
5. What will happen after the FCM leaves and/or DCS is no longer involved.

The plan should include strategies to reduce the risk of physical violence and harm by the alleged domestic violence offender and enhance the protection of the child and non-offending parent. The Safety Plan (SF 53243) for individuals living with domestic violence will vary depending on whether the non-offending parent is separated from the alleged domestic violence offender, thinking about leaving, returning to, or remaining in the relationship. Specific planning may include:

1. Engaging the non-offending parent in a discussion about the options available to keep him or her and the child safe, including what has been tried before;
2. Exploring the benefits and disadvantages of specific options, and creating individualized solutions for each family;
3. Utilizing the criminal justice and civil court systems to hold the alleged domestic violence offender accountable; and
4. Writing down a list of phone numbers of neighbors, friends, family, and community service providers that the non-offending parent can contact for safety, resources, and services. This requires FCMs to stay current about resources, contacts, and legal options.

## Including Children in the Planning Process

The child should be engaged in safety planning; however, they are not responsible for their own safety and should not be responsible for implementing the Safety Plan (SF 53243). If the child is unable to identify who they would call or where they would go in an emergency, work with them to develop a basic plan for safety.

Examples include, but are not limited to:

1. Find a safe adult and ask for help whenever they experience violence. This may involve calling supportive family members, friends, or community agencies for help;
2. Escape from the house if an assault is imminent or in progress and where to meet an identified safe adult. If they cannot escape, discuss where they can go to be safe in the house;
3. Avoid being in the middle of the domestic violence;
4. Find a place to go in an emergency and the steps to take to find safety; and
5. Call the police or 911 when the violence begins.

## FORMS AND TOOLS

1. Safety Plan (SF 53243)
2. Plan of Safe Care (SF 56565)
3. Case Plan (SF 2956) – Available in the case management system
4. In-Home Risk and Safety Reassessment – Available in the case management system
5. Out-of-Home Risk and Safety Reassessment – Available in the case management system

## RELATED INFORMATION

### Case Juncture

A case juncture is defined as a new awareness of significant information regarding the child or family's strengths or needs, which may impact the Case Plan (SF 2956) and/or Safety Plan (SF 53243). Case junctures may include, but are not limited to, transition planning and/or positive or negative changes in:

1. Placement;
2. Formal or informal supports;
3. Family involvement;
4. Visitation;
5. Behavior;
6. Diagnosis (mental or physical);
7. Sobriety;
8. Skills acquisition; or
9. Education.

### Extended Family Support

Extended family members are often the most resourceful and most effective as resources for support and their interventions are least disruptive for the child involved. Family support services may consist of childcare, transportation, home management assistance and teaching of skills, and financial assistance for housing, food, or clothing on a short term basis.

### Referring the Family to Community Services

Community services are an appropriate intervention if they help the family control or mitigate the identified safety factors. Examples include, but are not limited to, routine or emergency medical or mental health care (outpatient), alcohol or substance abuse services, in-home health care, day care, respite care, child-oriented activities (e.g., Brownies and Boy Scouts), home management and/or life skills, parenting skills, individual or family crisis counseling, financial services, housing services, transportation services, and food and clothing assistance.

### 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.

### Domestic Violence Advocates and Confidentiality

According to IC 35-37-6-1 communications between victims of domestic violence and victim advocates are confidential, even if certain third parties are present when information is

exchanged. Victim advocates cannot give testimony without victim consent in Child in Need of Services (CHINS) proceedings.