

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management Section 21: Safety Planning	
	Effective Date: April 1, 2025	Version: 3

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POLICY OVERVIEW

Safety planning promotes the ongoing safety and well-being of a child when risk to the child's safety has been identified. Collaboration with the child, family, and informal and formal supports in the safety planning process helps to build their protective capabilities.

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PROCEDURE

The Indiana Department of Child Services (DCS) will assist a child's family with safety planning when a child's safety is at risk. 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) when developing a Safety Plan (see Definitions).

Child safety will be reassessed regularly, and the Safety Plan and/or Plan of Safe Care ([POSC] if applicable) will be reviewed and modified as needed throughout DCS involvement (see policy 4.42 Plan of Safe Care). Review of the Safety Plan and/or POSC will occur at minimum:

1. At each case juncture (see definitions);
2. Upon receipt of any new allegations of Child Abuse or Neglect (CA/N);
3. During each Child and Family Team (CFT) Meeting and Case Plan Conference (see policies 5.07 Child and Family Team [CFT] Meetings and 5.08 Developing the Case Plan/Prevention Plan);
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; and
5. In conjunction with each court hearing and any new court orders.

The Family Case Manager (FCM) will:

1. Collaborate with the family and CFT (see Practice Guidance) to develop a Safety Plan. The Safety Plan should:
 - a. Contain clearly defined action steps that relate directly to the child's immediate safety, and
 - b. Describe in detail how, when, and by whom each intervention will be implemented.

Note: Partner with the non-offending parent, child, and CFT to create a Safety Plan in all cases where domestic violence (DV) has been alleged (see Practice Guidance and policies 2.30 Domestic Violence [DV] and 5.07 Child and Family Team [CFT] Meetings).

2. Engage the child in safety planning, as age and developmentally appropriate (see Practice Guidance);

Note: The child is not responsible for the child's own safety and should not be responsible for implementing the Safety Plan.

3. Discuss in detail with the family and other caregivers the implementation of any of the interventions below that are included in the safety response:
 - a. The family and/or caregiver uses informal supports (see Definitions) to ensure the child's safety,

Note: The FCM will engage and empower the family to identify and include their informal supports in mitigating high risk and safety threats. Informal supports are often resourceful and effective supports for the family and their interventions are often the least disruptive for the child involved (see policies 5.03 Engaging the Family and 5.07 Child and Family Team [CFT] Meetings).

- b. The family and/or caregiver receives services through formal supports (see Definitions) (see 4.G Tool: Community Resources and Prevention Services), and/or
 - c. The family and/or caregiver is referred for services through a contracted DCS service provider. Ensure a copy of the Safety Plan is provided to the service provider after the provider accepts the referral. 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 created when DCS involvement will not continue (i.e., case closure) unless there is a plan for the service to continue without DCS involvement.

4. Ensure the parent, guardian, or custodian, and all responsible parties listed in the Safety Plan:
 - a. Are aware of their role and responsibilities for monitoring the daily activities of the Safety Plan;
 - b. Have signed the Safety Plan; and
 - c. Are provided a copy of the Safety Plan.
5. Provide a copy of the Safety Plan to the court if there is an active Child in Need of Services (CHINS) case;
6. Review the Safety Plan and/or the POSC with the FCM Supervisor and obtain approval of the plan during regular case staffing;

Note: When updates to the Safety Plan 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.

7. Specify how the FCM will monitor and support the family and/or caregiver's compliance with the Safety Plan throughout the life of the case, and discuss what may occur if an intervention is not followed;

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 Reassessments and 8.44 Out-of-Home Risk and Safety Assessment);
9. Upload each Safety Plan and/or POSC to the case management system; and
10. Ensure the Safety Plan and/or the POSC 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 and/or POSC during regular case staffing;
2. Guide the FCM in engaging the family and CFT to create or update the Safety Plan and/or POSC, as needed;
3. Ensure each identified safety concern is addressed in the Safety Plan and/or POSC;
4. Sign the approved Safety Plan and/or POSC following each review;
5. Ensure each Safety Plan and/or POSC is uploaded to the case management system and provided to all listed responsible parties; and
6. Ensure the Safety Plan and/or POSC is discussed with the new FCM if the case is transferred.

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RELEVANT INFORMATION

Definitions

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/Prevention Plan, Safety Plan, and/or the Plan of Safe Care. 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;
9. Education;
10. Court;
11. Trial Home Visit (THV); and
12. Change in household composition.

Case Staffing

Case staffing is a systematic and frequent review of all case information with safety and risk, stability, permanency, and well-being as driving forces for case activities.

Formal Supports

A formal support is any support that has a professional relationship with the child and/or family.

Informal Supports

Informal supports refer to connections, such as family members, friends, or neighbors, in the home or in the community that may provide support, assistance, or care to the family and/or child and could serve in this capacity in a sustainable way once the DCS case is closed.

Protective Factors

Protective Factors are conditions or attributes in individuals, families, and communities that promote the safety, stability, permanency, and well-being of children and families.

Safety Plan

A Safety Plan is a voluntary, non-legally binding written agreement with the family, which identifies interventions to address the safety of the child and specifies family supports and/or community services that will be utilized.

Forms and Tools

- [4.G Tool: Community Resources and Prevention Services](#)
- [American Academy of Pediatrics website](#)
- Case Plan/Prevention Plan – available in the case management system
- [DCS Safe Sleep website](#)
- [Healthy Children Safe Sleep website](#)
- [Indiana Safe Sleep Program website](#)
- In-Home Risk and Safety Reassessment – available in the case management system
- Out-of-Home Risk and Safety Reassessment – available in the case management system
- [National Institute of Health website](#)
- [Plan of Safe Care \(SF 56565\)](#)
- [Riley Children's Health Safe Sleep Resources](#)
- [Safety Plan \(SF 53243\)](#)
- [Six Protective Factors & Tips to Highlight](#)

Related Policies

- [2.30 Domestic Violence \(DV\)](#)
- [4.42 Plan of Safe Care](#)
- [5.03 Engaging the Family](#)
- [5.07 Child and Family Team \(CFT\) Meetings](#)
- [5.08 Developing the Case Plan/Prevention Plan](#)
- [5.10 Family Services](#)
- [7.11 In-Home Risk and Safety Reassessment](#)
- [8.15 Services for the Resource Family](#)
- [8.44 Out-of-Home Risk and Safety Reassessment](#)

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LEGAL REFERENCES

- [IC 34-6-2-34.5: "Domestic or family violence"](#)
- [IC 35-37-6-1: "Confidential communication"](#)

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PRACTICE GUIDANCE- DCS POLICY 5.21

Practice Guidance is designed to assist DCS staff with thoughtful and practical direction on how to effectively integrate tools and social work practice into daily case management in an effort to achieve positive family and child outcomes. Practice Guidance is separate from Policy.

Child and Family Team (CFT) Meeting

According to The Child Welfare Policy and Practice Group, a Child and Family Team (CFT) meeting is a gathering of family members, friends, members of the family's faith community and professionals who join together to jointly develop individualized plans to strengthen family capacity, to assure safety, stability, well-being, and permanency and to build natural supports that will sustain the family over time. Bringing a family together with a solution focused team of supports contributes to a variety of potential benefits, such as:

1. Preventing abuse and neglect and speeding up permanency;
2. Preventing removal and placement disruptions;
3. Strengthening engagement with families and older youth;
4. Improving the quality of assessments about strengths and needs;
5. Increasing the likelihood of matching the appropriate services to needs;
6. Identifying kinship placement opportunities;
7. Increasing the capacity to overcome barriers; and
8. Creating a system of supports that will sustain the family over time and provide a safety net after agency involvement ends.

Consideration of Protective Factors to Ensure Safety

Protective factors are directly connected to the strengths of the family and may be used as a resource to learn new skills and solve problems. By using a protective factors approach, child welfare professionals and others can help parents find resources and supports that emphasize their strengths while also identifying areas where they need assistance, thereby mitigating the chances of child abuse and neglect. When completing a Safety Plan (see Definitions), consider the protective factors (see definitions) listed in the Six Protective Factors & Tips to Highlight on the Practice Model SharePoint as part of an evaluation of the family's ability to ensure the safety of the child.

Creating a Safety Plan when Domestic Violence (DV) is Alleged or Identified

When DV is present or suspected, the Department of Child Services (DCS) creates a Safety Plan which addresses the safety of the child and all family members. 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 DV offender that pose a risk to the child's safety.

Note: The Safety Plan for the non-offending parent and child should not be shared with the alleged DV offender. A separate Safety Plan is developed with the alleged DV offender. Both plans should also address any other safety concerns that have been identified for the child.

The plan created for the non-offending parent and/or child should include strategies to reduce the risk of physical violence and harm by the alleged DV offender and enhance the protection of the child and non-offending parent. The Safety Plan for individuals living with DV will vary depending on whether the non-offending parent is separated from the alleged DV offender, thinking about leaving, returning to, or remaining in the relationship. Specific planning may include, but is not limited to:

1. Engaging the non-offending parent in a discussion about the options available to keep the non-offending parent 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 DV offender accountable; and
4. Developing a written list of phone numbers of neighbors, friends, family, and community service providers that the non-offending parent may contact for safety, resources, and services. This requires FCMs to stay current about resources, contacts, victim advocates, and legal options.

The plan created for the alleged DV offender should identify and address behaviors and harm caused by the alleged DV offender with the safety and protection of the non-offending parent and child as the ultimate goal. Specific planning may include, but is not limited to:

1. Agreement to refrain from any further acts of physical harm or violence against the non-offending parent and/or child;
2. Agreement to refrain from any further acts of coercive control or manipulation against the non-offending parent and/or child (e.g., harassment, stalking, verbal, or emotional abuse, and withholding basic needs [food, clothing, medical care, modes of communication or transportation, access to employment]); and/or
3. Exploring options to dispose of (temporarily or permanently) weapons kept on their person, or in the home.

Examples of items that may be addressed in a safety plan for an alleged DV offender include the following:

1. The alleged DV offender will not commit further physical violence towards any member of the household or any pets.
2. The alleged DV offender will not intimidate any member of the household including verbal threats, destruction of property, or throwing objects.
3. The alleged DV offender will not possess any weapons (e.g., guns, bows, arrows, knives) and no weapons will be in the home or on the premises.
4. The alleged DV offender will not withhold basic needs from the non-offending parent (food, clothing, shelter, medical/mental health care, education, socialization).
5. The alleged DV offender will not use physical discipline.
6. The alleged DV offender will not deny the partner access to telephone, vehicle, or other forms of communication and transportation.
7. The alleged DV offender will not deny the partner access to income/financial resources.

Including Children in the Safety Planning Process

During the initial interview, the FCM determines whether the child understands the difference between safe and unsafe and assesses the child's communication skills and ability to remember and follow instructions. If the child is unable to identify who to call or where to go in an emergency, a basic plan for safety may be developed with the child. Examples include, but are not limited to:

1. Finding a safe adult and asking for help whenever the child experiences violence. This may involve calling supportive family members, friends, or community agencies for help;
2. Escaping from the house if an assault is imminent or in progress and where to meet an identified safe adult. If the child is not able to escape, discuss where the child may go in the house to be safe;
3. Not intervening, in any circumstance, in moments of violence between parents/caregivers;
4. Finding a place to go in an emergency and the steps to take to find safety; and
5. Calling the police or 911 when violence begins.

Parental and Responsible Parties Involvement in Safety Planning

Empowering the family to develop their Safety Plan with the FCM promotes greater family participation and more ownership of their plan, allowing for a more successful outcome. For this reason, it is critical that the FCM focus the discussion on the safety of the child and not on the allegation. When developing the Safety Plan with the family, it is important to develop a common understanding that the safety of the child is contingent on the family's ability and willingness to follow the terms of the plan. If the family is hesitant or unwilling to create a plan and/or commit to abiding by the plan's terms, remind the family that the child may not be safe under present circumstances.

Sharing Safety Plans with all responsible parties allows for transparency among all parties of the Safety Plan and increases accountability for everyone. This fosters an environment where safety concerns are addressed timely and specifically.

Safe Sleep Guidelines

The following safe sleep guidelines should be discussed with all parents, guardians, or custodians:

1. Always place babies alone, on their backs, and in a crib (the ABCs) to sleep. The back sleep position is the safest. Keep other caregivers informed of these safe sleep guidelines;
2. Drop-side cribs (i.e., cribs that allow for the sides to be lowered and raised) have been banned from further manufacture and are not permitted for children under DCS care and supervision;
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, car seats, swings, pillows, bean bags, quilts, sheepskins, or other soft surfaces;
4. Keep soft objects, toys, and loose bedding, out of the baby's sleeping area. Do not use pillows, blankets, quilts, or pillow-like crib bumpers in the sleeping area. A sleep sack is appropriate to keep the baby warm;
5. Keep the baby's sleeping area close to, but separate from, where caregivers and others sleep. Babies should not sleep on any surface with adults or other children. Babies 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;
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 a baby's head by providing "tummy time" when the baby is awake and someone is supervising. Also, change the direction that the baby lies in the crib and avoid excessive time in car seats, carriers, bouncers,

and swings. These items should be placed/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.

Additional information regarding safe sleep is available via the following websites:

- DCS Safe Sleep;
- Healthy Children;
- Indiana Safe Sleep Program;
- American Academy of Pediatrics; and
- National Institutes of Health.

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