

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 7:</b> In-Home Services	<b>Effective Date:</b> December 1, 2011
	<b>Section 5:</b> Meaningful Visits	<b>Version:</b> 5

<b>POLICY</b>
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The Indiana Department of Child Services (DCS) will address safety, stability, well-being (including health, medical care, and educational status), and permanency with the parent, guardian, or custodian and the child identified as a candidate at imminent risk of placement during all visits. See [Practice Guidance](#) for suggested questions that address each area.

**[REVISED]** DCS will ensure that sufficient time and opportunity is given to observe and evaluate the parent-child relationship. Child safety must always be addressed. The observation and evaluation must be documented in the Management Gateway for Indiana’s Kids (MaGIK) within ‘Contacts.’ Any and all safety concerns identified must be discussed with the parent, guardian, or custodian. The development of a plan to address the safety concern(s) must occur and be reported to the Supervisor immediately.

DCS will provide on-going assessment of safety and risk when visiting the parent, guardian, or custodian and the child identified as a candidate at imminent risk of placement. DCS will identify and document the parent, guardian, or custodian’s functional strengths and underlying needs. DCS will monitor and reassess to ensure that the current Case Plan goals or identified activities or actions in the Informal Adjustment (IA) are meeting the underlying needs of the family. DCS will discuss any concerns with the family.

**Note:** The Family Case Manager (FCM) is strongly encouraged to utilize the [Family Functional Assessment \(FFA\) Field Guide](#) for suggested questions to assist in gathering the parent, guardian, or custodian’s functional strengths and underlying needs.

DCS will utilize the family’s functional strengths to assist in the identification of informal and formal support systems that may decrease the possibility of future risk of child abuse and/or neglect (CA/N). Over time, ideally, the parent, guardian, or custodian’s functional strengths should increase with the inclusion of identified services and their underlying needs should decrease. Each individual case should be independently evaluated based upon its own unique conditions.

Code References

N/A

## PROCEDURE

The FCM will:

1. Address and assess safety and risks, stability, well-being (including health, medical care, and educational status), and permanency during all visits with the parent, guardian, or custodian and the child identified as a candidate at imminent risk of placement;
2. During every visit with the parent, guardian, custodian, and child, the FCM should assess for the presence of domestic violence through questioning and observation;
3. Ensure that sufficient time and opportunity is given to observe and evaluate the parent-child relationship during all visits;

**Note:** Visitation appointments should be made with consideration of nap times for younger children. If a child is sleeping, the FCM should schedule another appointment within the next three (3) to five (5) days, to accurately document the parent-child relationship.

4. Identify the parent, guardian, or custodian's functional strengths and underlying needs;
5. Partner with the parent, guardian, or custodian to utilize their functional strengths and underlying needs to identify formal and informal supports;
6. If a safety concern is identified, collaborate with the parent, guardian, or custodian and the child(ren), if age appropriate, to develop a plan to address the safety concern;
7. Report any and all safety concerns to the Supervisor immediately; and
8. Accurately document in MaGIK within 'Contacts', the observation, evaluation and outcomes of visits with the parent, guardian, or custodian and the child. It is important to reflect in the 'Contact' whether the parent, guardian, or custodian was actively involved during the visitation and any barriers identified by the parent, guardian, or custodian or FCM which may prohibit the completion of activities or objectives agreed upon by the Child and Family Team (CFT).

## PRACTICE GUIDANCE

### **[NEW] Protective Factors**

1. Nurturing and attachment — A child's early experience of being nurtured and developing a bond with a caring adult affects all aspects of behavior and development. When parents and children have strong, warm feelings for one another, children develop trust that their parents will provide what they need to thrive, including love, acceptance, positive guidance, and protection.
2. Knowledge of parenting and of child and youth development — Children thrive when parents provide not only affection, but also respectful communication and listening, consistent rules and expectations, and safe opportunities that promote independence. Successful parenting fosters psychological adjustment, helps children succeed in school, encourages curiosity about the world, and motivates children to achieve.
3. Parental resilience — Parents who can cope with the stresses of everyday life, as well as an occasional crisis, have resilience; they have the flexibility and inner strength necessary to bounce back when things are not going well. Multiple life stressors, such as a family history of abuse or neglect, health problems, marital conflict, or domestic or

community violence—and financial stressors such as unemployment, poverty, and homelessness—may reduce a parent's capacity to cope effectively with the typical day-to-day stresses of raising children.

4. **Social connections**— Parents with a social network of emotionally supportive friends, family, and neighbors often find that it is easier to care for their children and themselves. Most parents need people they can call on once in a while when they need a sympathetic listener, advice, or concrete support. Research has shown that parents who are isolated, with few social connections, are at higher risk for child abuse and neglect.
5. **Concrete supports for parents** Partnering with parents to identify and access resources in the community may help prevent the stress that sometimes precipitates child maltreatment. Providing concrete supports may also help prevent the unintended neglect that sometimes occurs when parents are unable to provide for their children.

See <http://www.childwelfare.gov/can/factors/protective.cfm> for additional information.

### **Safety, Stability, Well-being, and Permanency**

When completing a visit, the FCM should consider the following list of specific questions in the areas of Safety, Stability, Well-being (including health, medical care, and educational status), and Permanency<sup>1</sup>:

1. **Safety** – Is the child free of abuse, neglect, and exploitation by others in his or her place of residence and other daily settings? Is the child's environment free from potentially harmful objects (e.g., sanitation, pests/pest control, medication, and general home maintenance items – running water, functioning toilets, etc)? Is the child's care or supervision currently compromised by the parent's pattern of domestic violence? Are there shared protective strategies with the team? Is the family utilizing informal supports and resources to keep the child(ren) free from harm? Have all CFT members been afforded the opportunity to provide input into the development of a Safety Plan, if applicable?
2. **Stability** – Does the child have consistent routines, relationships, etc.? Has the child experienced changes in his or her school setting? Is there a shared understanding of the long term view for the child?
3. **Well-being (including health and medical status)** – Does the child express a sense of belonging and demonstrate an attachment to family and friends? Is the child achieving at a grade level appropriate for his or her age? Is the child free/able to attend both school and other social functions? What are the personal hygiene practices? Consider the following questions when assessing the child's **health and medical status**:
  - a. Is the child achieving key physical (e.g., growth – height, weight, and head circumference) **and** developmental milestones?
  - b. Is the child achieving his or her optimal or best attainable health status?
  - c. If there are identified special medical needs for the child, does the parent have the capacity and supports necessary to address these needs (e.g., medication, medical

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<sup>1</sup> Quality Service Review Protocol for Use by Certified Reviewers. “A Reusable Guide for a Child/Family-Based Review of Locally Coordinated Children’s Services”, August 2015.

equipment, compliance with physician and/or specialist appointments, and emergency procedures)?

**Note:** If the child is on a special diet, ensure there is appropriate food and/or supplement available.

- d. What is the child's physical condition (includes visualization of the child's skin, teeth, hair, etc.)?
- e. What is the child's mobility status (e.g., mobile, limited mobility, or assisted mobility)?

**Note:** If the child is immobile or has limited mobility, the child must be positioned or repositioned in order to see and assess the child's entire body. Lighting may need to be adjusted and blankets removed in order to adequately visualize the child's skin condition.

- 4. **Permanency** – Safety, stability and sufficient caregiver functioning are simultaneous conditions of permanency for a child or youth. Is the child's daily living and learning stable and free from risk of disruption? Was there a change in adults residing in the home? Has the child experienced a change resulting from behavioral difficulties or emotional disorders in the past year?

**Each of the areas above must be included and easily identified within the FCM's documentation of the visit in MaGIK.**

#### FORMS

- 1. [Family Functional Assessment \(FFA\) Field Guide](#) - Available on the Indiana Practice Model SharePoint
- 2. [Quality Service Review \(QSR\) Protocol \(Version 5.0\)](#) – For Use by Trained QSR Reviewers

#### RELATED INFORMATION

##### **Functional Strengths and Underlying Needs of Parent, Guardian, or Custodian**

Over time, ideally, the parent, guardian, or custodian's functional strengths should increase with the inclusion of identified services and their underlying needs should decrease. Each individual case should be evaluated independently based upon its own unique conditions.