

INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 8: Out-of-Home Services

Section 11: Parental Interaction and Involvement

Effective Date: January 1, 2023 Version: 6

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POLICY OVERVIEW

The Indiana Department of Child Services (DCS) encourages and supports the maximum appropriate amount of interaction and involvement between each parent, guardian, or custodian and the child unless otherwise ordered by the court. Encouraging interaction and involvement between the parent, guardian, or custodian and the child helps to build and strengthen their relationship and is critical to the well-being of a child during out-of-home care.

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PROCEDURE

DCS maintains regular contact with the parent, guardian, or custodian to track and make necessary adjustments to the current Case Plan/Prevention Plan and to determine the appropriate amount of interaction and involvement between the child and the parent, guardian, or custodian. Child safety and well-being will be the first consideration in determining the appropriate interaction and involvement between the child and the parent, guardian, or custodian.

Visitation is only one (1) component of parental interaction. Other examples of interaction include:

- 1. Phone calls;
- 2. Emails;
- 3. Letters; or
- 4. An exchange of meaningful items like drawings, photographs, and gifts.

Note: These other forms of interaction take on increased significance if face-to-face contact is not regular or consistent.

A parent, guardian, or custodian who is not allowed any interaction with their child may still be involved to make important decisions. Examples of involvement include, but are not limited to, making important decisions about:

- 1. Health care:
- 2. Education:
- 3. Extracurricular activities;
- 4. Hair length and styles;
- 5. Attendance at medical appointments;

- 6. School case conferences; and
- 7. Participation in Child and Family Team (CFT) Meetings.

The Family Case Manager (FCM) will:

 Convene and facilitate a CFT Meeting within 30 calendar days of removal, a decision to begin concurrent planning by creating a second Permanency Plan, or when there is a significant change. See policies 5.07 Child and Family Team (CFT) Meetings, 5.08 Developing the Case Plan/Prevention Plan, and 5.15 Concurrent Planning for additional information;

Note: If a CFT Meeting is not convened within 30 calendar days, a Case Plan Conference must be held.

- 2. Develop a plan for the following during the CFT Meeting (see policy 5.03 Engaging the Family):
 - a. Appropriate parental interaction and involvement with the child,
 - b. Case Plan/Prevention Plan,
 - c. Visitation Plan; and
 - d. Creation of referrals for appropriate services.

Note: Document the above plans in Casebook.

3. Be aware of all appointments and activities and ensure the resource parent is communicating with the parent/guardian or custodian about any medical, education, or extracurricular appointments and/or activities.

Note: If communication between the resource parent and parent/guardian or custodian is not occurring, the FCM will ensure all appointments and activities are communicated.

- 4. Review the Safety Plan or Plan of Safe Care during the CFT Meeting and make any necessary revisions to ensure the child's safety. See policies 4.19 Safety Planning and/or 4.42 Plan of Safe Care for additional guidance:
- 5. Ensure the child; parent, guardian, or custodian; resource parent; and other CFT members understand the maximum allowable parent, guardian, or custodian interaction and involvement with the child;

Note: If the parent, guardian, or custodian is incarcerated or resides out-of-state, virtual face-to-face contact (i.e., using virtual technology) may be considered, if available. Incarcerated parents should continue to interact and have involvement with their child, including visitation, unless there are any court orders prohibiting contact.

- 6. Reassess the parent, guardian, or custodian's appropriate level of interaction and involvement with the child based upon the effects on the child;
- 7. Reconvene the CFT, if the Visitation Plan or the parent, guardian, or custodian's maximum level of interaction and involvement with the child needs to be changed based upon the reassessment; and
- 8. Document any changes to the Visitation Plan or the parent, guardian, or custodian's maximum level of interaction and involvement with the child in Casebook and report these changes to the court (see policy 6.08 Three Month Progress Report).

The FCM Supervisor will support and assist the FCM in ensuring the parent, guardian, or custodian and the child have the maximum level of interaction and involvement.

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RELEVANT INFORMATION

Definitions

Contact

A contact is any communication or an in-person observation. A contact includes, but is not limited to:

- 1. Face-to-face communication in the home, office, or other location;
- 2. Use of virtual technology;
- 3. Telephone call;
- 4. Fax;
- 5. Email:
- 6. Voice Mail; and
- 7. Correspondence.

Forms and Tools

Case Plan (SF 2956) – Available in Casebook Safety Plan (SF 53243)

Visitation Plan – Available in Casebook

Related Policies

- 4.19 Safety Planning
- 4.42 Plan of Safe Care
- 5.07 Child and Family Team (CFT) Meetings
- <u>5.08 Developing the Case Plan/Prevention Plan</u>
- 5.15 Concurrent Planning
- 6.08 Three Month Progress Report
- 8.12 Developing the Visitation Plan
- 8.13 Implementing the Visitation Plan

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LEGAL REFERENCES

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PRACTICE GUIDANCE- DCS POLICY 8.11

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.

Incarcerated Parents

DCS providers, including fatherhood program providers, may enter Indiana Department of Corrections (DOC) facilities to provide services and meet with parents; provided that, in each case, the incarcerated parent has signed a release of information allowing DCS to share the information collected by such providers with DOC. DCS will document any services and/or treatment available to the incarcerated parent in the Case Plan/Prevention Plan.

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