

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> October 1, 2015
	<b>Section 43:</b> Meaningful Visits	<b>Version:</b> 2

<b>POLICY [REVISED]</b>
-------------------------

**[REVISED]** The Indiana Department of Child Services (DCS) will assess safety and risk when visiting with the parent, guardian, or custodian; resource parent(s); and the child(ren) who are placed in out-of-home care, throughout the life of the case. DCS will address safety, risk, stability, well-being (including health and medical status), and permanency with the parent, guardian, or custodian; resource parent(s); and the child(ren) during all visits. See Practice Guidance for suggested questions. Safety concerns must be reported immediately. See Procedure for additional information. Safety provisions will be developed to address identified safety concerns. The visit, findings, and implemented safety provisions must be documented in the Management Gateway for Indiana’s Kids (MaGIK).

**[REVISED]** DCS will identify and address the parent, guardian, or custodian’s functional strengths and underlying needs through the Child and Family Team (CFT) Meeting. For additional details, see separate policy [5.7 Child and Family Team Meeting](#).

Code References

N/A

<b>PROCEDURE</b>
------------------

The Family Case Manager (FCM) will:

1. **[REVISED]** Assess and address safety, risk, stability, well-being (including health and medical status), and permanency during all visits with the parent, guardian, or custodian; resource parent(s); and the child(ren);
2. Ensure that sufficient time and opportunity is given to observe and evaluate the parent-child relationship during all visits;
3. Identify the parent, guardian, or custodian’s functional strengths and underlying needs;
4. Partner with the parent, guardian, or custodian to utilize his or her functional strengths to meet underlying needs and identify formal and informal supports;
5. Report safety concerns to the FCM Supervisor immediately;
6. **[REVISED]** Develop safety provisions in collaboration with the parent, guardian, custodian, and/or resource parent(s); and the child(ren), if age and developmentally appropriate;
7. Follow up at the Child and Family Team (CFT) meeting regarding adherence to the documented safety provisions. For additional details, see separate policy [5.7 Child and Family Team Meetings](#); and
8. **[REVISED]** Clearly and accurately document the assessment of safety, risk, stability, well-being (including health and medical status), and permanency in MaGIK. Observations, evaluations, and outcomes of visits with the parent, guardian, custodian and/or resource parent(s); and the child(ren) must be included in the documentation and

easily identified by area (i.e., safety, risk, stability, well-being, and permanency). It is also important to reflect whether the parent, guardian, or custodian; resource parent(s); and child(ren) were actively involved during the visitation. Document barriers identified by the parent, guardian, and/or custodian; resource parent(s); child(ren); and/or FCM to prohibit the completion of activities or objectives agreed upon by the CFT.

## PRACTICE GUIDANCE [NEW]

When completing a visit, the FCM should consider the following list of specific questions in the areas of Safety, Stability, Well-being (including health and medical 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 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)?

---

<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.

**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 AND TOOLS

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

##### **[NEW] Functional Strengths**

Functional strengths are “the buildable” strengths of our families; they help us 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 have the ability to work toward a clear goal, are strengths that may be utilized to meet the family's goals.

##### **[NEW] Underlying Needs**

Underlying needs are the root source of an individual and/or family's challenges. An underlying need determines the appropriate use of services or interventions. In order to identify the underlying need, the questions of what does the family need 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.

Why do we address underlying needs? The ability to identify an underlying need is a crucial step in engaging a family and promoting safety, permanency, and well-being. We address underlying needs so that we understand the root of the problem and are able to provide accurate/effective services to address the needs. This method supports safe sustainable case closure.

Considerations for writing Family Needs Statements:

1. If you are considering a specific service for a family ask yourself, “Mom needs to accomplish what during the service?” The answer will help identify the need;

2. A service or program is not a need; a service or program meets a need;
3. A placement is not a need, it is a setting or living arrangement that meets a need; and/or
4. A symptom is not a need; the need causes the symptom.

**Use of the Family Functional Assessment (FFA) Field Guide**

The FCM may utilize the [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 along with assessed protective factors 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 completion of identified services, which address underlying needs. Each individual case should be evaluated independently based upon its own unique conditions.