



## INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

**Chapter 5:** General Case Management

**Section 03:** Engaging the Family

**Effective Date:** February 1, 2022

**Version:** 5

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### POLICY OVERVIEW

Engagement between a child, family, and the Family Case Manager (FCM) is critical in creating trust-based relationships and assessing the family's functional strengths, protective factors, and underlying needs. Demonstrating sensitivity, empathy, and cultural humility is important in developing a family-centered working relationship. When families are engaged in collaborative decision making and case planning, they understand their roles and are more empowered and motivated to make the long-lasting changes necessary to protect the child.

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### PROCEDURE

The Department of Child Services (DCS) will communicate and engage in planning with the parent, guardian, or custodian regarding current events in the child's life and will encourage parental involvement in all aspects of case planning. DCS will, to the extent possible, engage both maternal and paternal family members and kin equally in the case planning process.

**Note:** DCS will engage the alleged father and the alleged father's relatives and kin even prior to paternity being established.

The FCM will:

1. Actively engage the family, beginning at the first point of intervention and throughout the life of the case. Family includes any parent, guardian, or custodian (including alleged fathers and incarcerated individuals) and extended family and kin. See policies 5.04 Noncustodial Parents and 5.05 Genetic Testing for Alleged Fathers for more information.

**Note:** The Incarcerated Parent Letter-Assessment, Incarcerated Parent Letter-Permanency, Incarcerated Parent Demographics, and Incarcerated Parent Information forms have been developed for use as tools for contact with the incarcerated parent and for gathering information. These forms do not replace appropriate engagement and regular contact with the parent.

2. Explain the Child and Family Team (CFT) Meeting process to the family and discuss how this process may assist the family in strengthening or building their support system. See policies 5.07 Child and Family Team Meetings for additional guidance.

3. Utilize the CFT Meeting or Case Plan Conference to discuss the family's functional strengths and protective factors and how they may be used to provide for the child's safety and well-being and to identify services the family may utilize to meet goals. See policies 5.08 Developing the Case Plan/Prevention Plan and 5.21 Safety Planning for additional guidance;

**Note:** In cases where domestic violence (DV) is suspected or confirmed, DCS will, to the extent possible, engage both maternal and paternal family members in the case planning process.

4. Clearly communicate DCS' expectations for the parent, guardian, or custodian to:
  - a. Actively participate in CFT Meetings,
  - b. Ensure attendance at scheduled appointments and provide notice if an appointment needs to be rescheduled,
  - c. Actively participate in recommended services, and

**Note:** DCS will incorporate appropriate community services and/or treatment in the Case Plan/Prevention Plan when a parent is actively participating in the service (including services available to an incarcerated parent through the facility).

- d. Communicate openly and honestly.
5. Communicate updates regarding all aspects of the case in a timely manner to the court; CFT members; parent, guardian, custodian; and service providers; and
6. Ensure contacts with the child and family are meaningful, with open communication regarding the case and/or other relevant factors pertaining to the child and family. See policies 7.05 Meaningful Contacts (In-Home) and 8.43 Meaningful Contacts (Out-of-Home) for additional information.

The FCM Supervisor will guide and assist the FCM, as needed, with engaging the child and family.

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## RELEVANT INFORMATION

### Definitions

#### Child and Family (CFT) meeting

According to The Child Welfare Policy and Practice Group (CWG), 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.

#### Cultural Humility

Cultural humility is an ongoing process that demonstrates the ability to collaboratively work alongside the family to deliver appropriate services while promoting their specific cultural strengths and needs. Agencies and practitioners who practice cultural humility recognize they are not the expert in their client's cultural experiences. Instead, the value is placed on the family's own cultural expressions.

### Engagement

Engagement is the skill of effectively establishing a relationship with children, parents, and essential individuals, including CFT members, for the purpose of sustaining the work that is to be accomplished together.

### Functional Strengths

Functional strengths are “the buildable” strengths of our families, which help build toward goal achievement.

### 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.

### Underlying Needs

Underlying needs are the root source of an individual’s and/or family’s challenges, which determines the appropriate use of services or interventions.

### **Forms and Tools**

- Case Plan/Prevention Plan-Available in the case management system
- [Child Welfare Policy and Practice Group \(CWG\)](#)
- [Incarcerated Parent Letter-Assessment](#)
- [Incarcerated Parent Letter-Permanency](#)
- [Incarcerated Parent Demographics \(SF 56538\)](#)
- [Incarcerated Parent Information \(SF 56539\)](#)
- [Protective Factors to Promote Well-Being and Prevent Child Abuse and Neglect](#)

### **Related Policies**

- [5.04 Noncustodial Parents](#)
- [5.05 Genetic Testing for Alleged Fathers](#)
- [5.07 Child and Family Team Meetings](#)
- [5.08 Developing the Case Plan/Prevention Plan](#)
- [5.21 Safety Planning](#)
- [7.05 Meaningful Contacts – In-Home Services](#)
- [8.43 Meaningful Contacts – Out-of-Home Services](#)

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## **LEGAL REFERENCES**

- [IC 5-26.5-1-3 “Domestic Violence”](#)
- [IC 31-34-15-4: Form: contents](#)

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## PRACTICE GUIDANCE- DCS POLICY 5.03

*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.*

### **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, consider the protective factors listed on the Protective Factors to Promote Well-Being and Prevent Child Abuse & Neglect webpage (linked above) as part of an evaluation of the family's ability to ensure the safety of the child.

### **Incarcerated Parents**

DCS providers, including the 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.

### **Meaningful Contacts with the Family**

Recognize that family members may be uninformed, confused, and/or concerned due to the family's involvement with DCS. The completion of the following tasks may reduce these issues:

1. Take the time to explain the process and answer any questions asked by the family;
2. Inform the family of the possible timeline of events that may occur during the life of the case (e.g., receiving allegations pertaining to the child while in DCS care, information about the child's physical or mental health [e.g., car accident or injured while playing, or during a school activity, medical/dental/vision appointments, or prescribed psychotropic medication], extracurricular activities in which the child may participate [e.g., sports, church, scouts, etc.], filing of termination petition at 15 out of 22 months of the child being in out-of-home care);
3. Continually ask family members if there are any questions or concerns they may have and address these concerns with honesty and urgency; and
4. Recognize the value of the family members and their expertise regarding the family history.

**Note:** Convey the importance of each and every contact and do not rush conversations with the family.

### **Potential Benefits of the CFT Meeting Process to the Child and Family**

CFT Meetings are the best way for DCS to assist the family in making positive changes in the lives of the child and family members. By utilizing the CFT Meeting process, DCS will:

1. Learn what the family hopes to accomplish;
2. Set reasonable and meaningful goals;
3. Recognize and affirm family strengths;

4. Assess family needs and identify solutions; and
5. Organize tasks to accomplish goals.

According to the Child Welfare Policy & Practice Group (CWG), a CFT Meeting is a gathering of family members, friend, 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. Prevention removal and placement disruptions;
3. Strengthening engagement with family 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 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.

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