

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY</b>	
	<b>Chapter 4: Assessment</b>	<b>Effective Date:</b> May 1, 2019
	<b>Section 19: Safety Planning</b>	<b>Version:</b> 8

<b>STATEMENTS OF PURPOSE</b>
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The Indiana Department of Child Services (DCS) will assist the child's family with the development of a [Safety Plan \(SF53243\)](#) when a child's safety is dependent on defined actions. A [Safety Plan \(SF53243\)](#) will be developed during the assessment phase in situations including, but not limited to:

1. A safety decision of "Conditionally Safe" has been determined through the [Initial Safety Assessment](#). See separate policy, [4.18 Initial Safety Assessment](#) for additional information; or
2. An assessment finding of "Substantiated" is reached but DCS will pursue no further direct intervention.

**Note:** An assessment may not be closed without further DCS intervention unless all safety threats have been resolved.

When domestic violence has been alleged, DCS will create a [Safety Plan \(SF53243\)](#) for the child and all family members upon initiation of the assessment. See [Practice Guidance](#) for assistance. The purpose of this plan is to:

1. Achieve immediate safety for the child and non-offending parent;
2. Begin planning for the long-term safety of 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 domestic violence offender that pose a risk to the child's safety.

**Note:** The [Safety Plan \(SF53243\)](#) for the non-offending parent and child should not be shared with the alleged domestic violence offender. DCS should work with the alleged domestic violence offender to develop a separate [Safety Plan \(SF53243\)](#).

Following the completion of the [Initial Safety Assessment](#), a [Safety Plan \(SF53243\)](#) will be created as quickly as necessary to protect the safety of the child. Child safety will be reassessed regularly and the [Safety Plan \(SF53243\)](#) and/or [Plan of Safe Care \(SF56565\)](#) (if applicable) will be reviewed and modified as needed throughout the assessment phase. See [Practice Guidance](#) and separate policy, 4.42 Plan of Safe Care for additional information.

Code References

1. [IC 35-37-6-1: "Confidential Communication" defined](#)
2. [IC 34-6-2-34.5 Domestic or Family Violence](#)

<b>PROCEDURE</b>
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The Family Case Manager (FCM) will:

1. Collaborate with the family and Child and Family Team (CFT) to develop a [Safety Plan \(SF53243\)](#). Efforts to ensure the child's safety in all settings must be considered (e.g., school, extracurricular activities, and home), and the plan should describe in detail how, when, and by whom each intervention will be implemented;
2. Discuss in detail with the family the implementation of any of the interventions below that are chosen to be a part of the safety response:
  - a. The family uses extended family resources, neighbors, or other individuals in the community to ensure the child's safety,
  - b. The family receives services through community providers, and/or
  - c. The family is referred for services through a contracted DCS service provider. See separate policy, [4.26 Determining Service Levels and Transitioning to Ongoing Services](#) for further guidance;

**Note:** DCS Service Providers will not be included on a [Safety Plan \(SF53243\)](#) created at assessment closure when DCS involvement will not continue, unless a plan is in place for the service to continue without DCS involvement.

3. Specify how the FCM will monitor and support the family's compliance with the plan until the completion of the assessment and the consequences if an intervention is not followed;
4. Have the parent, guardian, or custodian sign the [Safety Plan \(SF53243\)](#) and provide them with a copy;
5. Review the [Safety Plan \(SF53243\)](#) with the FCM Supervisor and obtain approval of the plan during daily safety staffing, regular [clinical supervision](#), and prior to assessment closure. See separate policy, [4.41 Safety Staffing](#) for further guidance.;

**Note:** When updates to the [Safety Plan \(SF53243\)](#) 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.

6. Provide a copy of the approved [Safety Plan \(SF53243\)](#) to all listed responsible parties;

**Note:** When there is court involvement, the [Safety Plan \(SF53243\)](#) should also be provided to the court.

7. Upload the [Safety Plan \(SF53243\)](#) to the Management Gateway for Indiana's Kids (MaGIK) case file;
8. Re-assess the child's safety regularly and prior to closing the assessment (see separate policy, [4.25 Completing the Assessment](#)); and
9. Ensure the [Safety Plan \(SF53243\)](#) is discussed with the permanency FCM during transition planning, if further DCS involvement is necessary.

The FCM Supervisor will:

1. Review assessment details, the [Initial Safety Assessment](#), and the [Safety Plan \(SF53243\)](#) regularly, during safety staffing, [clinical supervision](#), and prior to assessment closure. See separate policy, [4.41 Safety Staffing](#), for additional information.
2. Ensure each identified safety concern is addressed in the [Safety Plan \(SF53243\)](#);
3. Guide the FCM in engaging the family and CFT to create or update the [Safety Plan \(SF53243\)](#), as needed;
4. Sign the approved plan following each review;

5. Ensure the [Safety Plan \(SF53243\)](#) is uploaded to MaGIK and provided to the family and listed responsible parties; and
6. Ensure the [Safety Plan \(SF53243\)](#) and assessment details are discussed with the permanency FCM during transition planning, if further DCS involvement is necessary.

## PRACTICE GUIDANCE

### **General Information Regarding Safety Plans**

The [Safety Plan \(SF53243\)](#) is a written agreement specifying family supports and/or community services that will be utilized and identifies interventions that address the immediate safety of the child. The plan should contain clearly defined action steps and a deadline for completion of each action step. All actions should relate directly to the child's immediate safety. The [Safety Plan \(SF53243\)](#) is a voluntary, non-legally binding agreement with the family that cannot contradict any existing court orders, including, but not limited to child support and child custody orders.

### **Parental Involvement in Development**

Involvement of the family in the development of a [Safety Plan \(SF53243\)](#) is imperative. The greater the family's participation in this process, the more ownership they will have in a 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 plan with the family, the FCM should speak in such a way as 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.

### **Plan of Safe Care**

A [Plan of Safe Care \(SF56565\)](#) must be completed for each infant under the age of one (1) year who is identified as being born affected by or exposed in utero to substance use (the drugs may be legal or illegal), experiencing symptoms of withdrawal, diagnosed with Neonatal Abstinence Syndrome (NAS), and/or diagnosed with Fetal Alcohol Spectrum Disorder (FASD). The plan must address the mental and physical health and substance use treatment needs of the infant, affected parents, household members, and the infant's caregivers. A [Plan of Safe Care \(SF56565\)](#) must be completed regardless of the decision to substantiate or unsubstantiate the assessment. A separate [Safety Plan \(SF53243\)](#) must be completed when the [Plan of Safe Care \(SF56565\)](#) does not address all safety concerns for each child included in the case. See separate policies, [4.42 Plan of Safe Care](#) and [4.22 Making an Assessment Finding](#) for further guidance.

### **Consider Protective Factors When Ensuring Safety**

Protective factors are characteristics in families that, when present, increase the safety, stability, permanency, and well-being of children and families. Protective factors are directly connected to the strengths of the family and can be used as a resource to learn new skills and solve problems. When completing a [Safety Plan \(SF53243\)](#), consider the following protective factors as part of an evaluation of the family's ability to ensure the safety of the child:

1. Nurturing and attachment to the child;
2. Knowledge of parenting and of child and youth development;
3. Parental resilience;
4. Social connections;
5. Concrete supports; and
6. Social and emotional competence of the child.

See <https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/> for additional information.

### **Safety Planning with Assessments Involving Domestic Violence**

DCS will partner with the non-offending parent and child to create a [Safety Plan \(SF53243\)](#) in all assessments where domestic violence has been identified. If the non-offending parent has met with a domestic violence service provider to create a domestic violence Safety/Survival Plan, the [Safety Plan \(SF53243\)](#) may be revised to incorporate the Safety/Survival Plan that was created.

**Note:** DCS will not create a Safety/Survival Plan with the non-offending parent and child. Domestic violence Safety/Survival Plans may best be created by referring the non-offending parent to a domestic violence program in the community.

The [Safety Plan \(SF53243\)](#) should address the following:

1. Safety for the non-offending parent and child until the parent is able to meet with a domestic violence advocate;
2. Referrals to domestic violence programs;
3. Financial assistance;
4. Other community services available; and
5. What will happen after the FCM leaves and/or DCS is no longer involved.

The plan should include strategies to reduce the risk of physical violence and harm by the alleged domestic violence offender and enhance the protection of the child and non-offending parent. The [Safety Plan \(SF53243\)](#) for individuals living with domestic violence will vary depending on whether the non-offending parent is separated from the alleged domestic violence offender, thinking about leaving, returning to, or remaining in the relationship. Specific planning may include:

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

### **Including Children in the Planning Process**

The child should be engaged in safety planning; however, the child is not responsible for his or her own safety and should not be responsible for implementing the [Safety Plan \(SF53243\)](#). If during the initial interview, the child is unable to identify who he or she would call or where to go in an emergency, work with the child to develop a basic plan for safety.

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. Avoiding being in the middle of the domestic violence;
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.

### **Tracking and Adjusting of Safety Plans**

DCS should engage the child, family, and CFT to develop a [Safety Plan \(SF53243\)](#) that includes intervention strategies, which ensure the child's safety and assist the family to transition toward sustainable changes. During the course of the assessment, safety must be reassessed regularly and adjustments of the [Safety Plan \(SF53243\)](#) may be required. If service referrals are completed, follow-up may be required.

### **Change in Household Composition**

If it is determined by DCS that a temporary change in household composition will provide the family with an opportunity to address the safety and risk issues present during the time of the assessment; a change in the household may occur if it is in the best interest of the child. See separate policy [4.37 Change in Household Composition](#).

If the child or the child and parent temporarily move to an alternative location:

1. That location must be safe for the child; and
2. If there is another caregiver for the child, the caregiver must agree to provide a safe environment for the child.

A change in household composition and outline of the family's plan should be documented in the [Safety Plan \(SF53243\)](#) and in the CFT meeting notes. It is important to understand that changes within a family's household will impact the child's well-being. Therefore, the circumstances resulting in the temporary change of household shall be rectified within five (5) days or court action will be initiated. See separate policies, [5.9 Informal Adjustment](#) and [6.2 Filing a CHINS Petition](#) for additional information.

If at any time during an assessment there is a restriction placed on a parent regarding contact with his or her child, a Detention Hearing will be set. If the restriction is placed on another adult in the household, for example, boyfriend or girlfriend of a parent, the FCM will ensure that contact will not occur between that person and the child until the safety concern has been remedied. Household members without a legal or biological relationship to the child do not have the same right of access to a child as the legal or biological parent or legal guardian.

Some flexibility in the filing of a Child in Need of Services (CHINS) action will allow those DCS serves to have the primary responsibility for the care and safety of their children. When there is an identified correctable situation, the partnership between DCS, families, and the community will work together for the best outcome for the child.

## **FORMS AND TOOLS**

1. [Safety Plan \(SF53243\)](#)
2. [Plan of Safe Care \(SF56565\)](#)
3. [Initial Safety Assessment](#) - Available in MaGIK

## **RELATED INFORMATION**

### **Extended Family Support**

Extended family members are often the most resourceful and most effective supports for the family and their interventions are often the least disruptive for the child involved. Family support services may consist of childcare; transportation; home management assistance; teaching of skills; and financial assistance for housing, food, or clothing on a short term basis. See separate policy, [16.3 Assistance for a Family's Basic Needs](#) for additional information.

### **Referring the Family to Community Services**

Community services are an appropriate intervention if they help the family control or mitigate the identified safety factors. Examples of community services include, but are not limited to, routine or emergency medical or mental health care (outpatient), alcohol or substance use services, in-home health care, day care, respite care, child-oriented activities (e.g., Brownies or Girl Scouts), home management and/or life skills, parenting skills, individual or family crisis counseling, financial services, housing services, transportation services, and food and clothing assistance.

### **Clinical Supervision**

Clinical supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual. The focus of clinical supervision is on the practice that directly impacts outcomes for families.

### **Domestic Violence Advocates and Confidentiality**

According to [IC 35-37-6-1](#) communications between victims of domestic violence and victim advocates are confidential, even if certain third parties are present when information is exchanged. Victim advocates are not able to give testimony without victim consent in CHINS proceedings.

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