

Ensuring Safety, Permanency and Well-Being: Suggestions for Conducting Contacts with Children and Caregivers

School-Age Children (7- 9 years old)

Reviewing Safety with Caregivers

- Who takes care of the child when you are not home? How do you know this person? How old is this person? Is there a way for your child to reach you when you are away from home?
- How does this child get to and from school?
- Who watches the child when they play outdoors?
- Does the child know your address and phone number?
- What have you told the child to do if a stranger talks to him/her on the street?
- Can you show me the family's list of phone numbers for your doctor, local hospital, police department, fire department, poison control center and a friend or neighbor near the phone?
- Tell me what you expect this child to do in case of an emergency.
- Did this child have any serious injuries, either before or since coming into your care?
- Does the child have any chronic health conditions? Do you have the necessary medications, medical equipment, and medical staff support to adequately deal with this condition? Do you need any help in caring for this child?
- Do you have a First Aid Kit in your home? Does the child know where it is and how to use it?
- Are there child safety window guards on all windows above the first floor?
- How do you get the child to wear safety gear, including a helmet, for activities such as cycling, in-line skating, skateboarding or riding a scooter?

- What are your rules for the child when s/he is with friends or alone?
- Do you know the child's friends? What are the names and phone numbers of the parents of the child's friends?
- Who is the child's teacher? Tell me how the child is doing in school. What, if any, type of problems or issues does the child have about school? (For example, friends, other students, bus rides, following rules, etc.)

Safety suggestions are NOT requirements for birth parents.

Reviewing Safety with School-aged Children:

- Who takes care of you when your family is not at home? How do you feel about staying with this person? Do you know how to reach your parent when s/he is away from home?
- Do you know the address and telephone number at _____'s (caregiver's name) house? What is it?
- Can you make phone calls in this house without anyone listening to the call?
- Who takes care of you when _____ (caregiver's name) is not at home? How do you feel about staying with this person?
- Are you ever left alone without any grown ups around?
- Do you ever stay over at someone else's house? How often do you do this? Do you like this?
- Do you know how to reach _____ (caregiver's name) when s/he is away from home or you are away from home?
- How do you get to and from school?
- When you play outdoors, is there anyone watching you or close by?
- Do you know what to do if a stranger talks to you on the street? What would you do if someone asks you to do something you know is wrong?
- Do you go on the internet? What type of websites do you go on? Does the family have any rules for you about being on the internet?
- Can you show me your room? Do you sleep with anyone else?

- Tell me about the other children in the house? Do you like them? What happens if there is a fight between kids in the house?
- What do you do if something really bad or scary happens, like if there is a fire? What would you do?
- If something bad happened late at night and you needed to call someone outside of the house to ask for help, who would you call? Would you be able to make that call? Do you know the phone number and have access to a phone?
- What can I do as your caseworker to help you?

Reviewing Well-Being & Permanency with Caregivers

Living Arrangements:

- Show me the child's personal belongings, books or other things s/he plays with. How does this child comfort himself/herself?
- Show me the child's bedroom. Who else lives in this room? How does the child get along with the others in the family?
- What type of chores or expectations do you have for this child?

Daily Routine:

- Describe a typical day for this child.
- If you had to teach this child a new skill, like cleaning the house, how would you do that?
- Describe a typical time when the child did not follow a rule. How does this child comply with your requests and demands? When the child does not follow family rules what type of discipline do you use? How does the child respond to this?

Social/Emotional:

- Have you seen any signs that the child is feeling grief or loss, or is traumatized by the events in his/her life? What are they? How have you tried to help the child handle this? Have the behaviors/emotions gotten better or worse?
- Describe how the child transitioned into your home/family. What have you been able to do to help the child transition? (For example, cook food s/he is familiar with, have pictures of his/her family in the bedroom, have books or music from the child's home, etc.)
- How does this child show warmth and affection? What does s/he do when s/he is happy? How does the child show that s/he is upset, hurt, sad or feeling other emotions?
- Who does this child seek comfort from when s/he is hurt, frightened, or ill?
- Is this child able to seek you out and accept your help when needed?
- Does this child show preference for a particular adult?

- What does this child do when upset? How easy is it to soothe this child when s/he is upset?
- How does this child comply with your requests and demands?
- How has this child changed since coming here? What do you think about that? In what ways has the child adjusted to this placement?
- Is this child involved in any religious activities? Any cultural activities?

Family and Friends:

- Have you met the child's parents/siblings/family? What happened when you met them? Do you have any concerns or questions about the family?
- Who does the child talk to, play with, or spend time with? Is the child's behavior different with these people than with you? In what ways?
- Is the child allowed to call friends from your home? Have friends over for a visit? Visit a friend's home?

Special Interests:

- What kinds of things does this child like to do? What does the child do besides school and case activities?
- What are this child's special talents?
- What do you do to support the child in being involved in things s/he likes to do? Do you need any help to do this?

Education:

- Would you describe this child as developmentally typical or not? Can you give me examples of his/her behaviors/skills? Do you think the child needs any help with any developmental skills?
- How is the child doing in school? Who is her/his teacher(s)? Have you gone to a school conference or received any reports from school? Can I see them so I can make a copy of the file? If the child were to have troubles at school, who would you contact?
- Has the child begun to attend a school where s/he has multiple teachers? How has the child transitioned into his/her new school? Is the school very different from the last school the child attended? (Going from a single teacher to multiple teachers is one example of a large transition for a child this age.)

Health:

- Who is taking the child to medical examinations? Who decides what type of medical care (even routine care such as immunization shots) the child should have? Does the child have any special medical problems? Do you know how to provide the care for this type of condition? Where do you keep the child's medical records? Show me any recent medical report so I can have a copy for the child's records.
- Describe the child's sleeping pattern. Describe the child's eating habits.

- Have you seen any weight changes since this child has been with you? Any other type of changes? Has the child begun the physical changes into adolescence? Who is talking to the child about these changes?

Case Planning:

- Is this child receiving any educational, medical and/or psychological services? Which ones? How often? What do you think/feel about these? Do you think that the services are meeting this child's needs? Are there any other services that you think this child needs?
- What is your greatest fear about your child returning home? What is your greatest fear if your child does not return home?
- When the child visits his/her parents or other family members, what happens? How does the child behave before or after the visit? What do you think of the family visits with the child?
- What are the case goals for this child and his/her family and what do you think/feel about those goals? What makes them okay; not okay?
- If the child goes home, how do you imagine you might still be involved with the child and his/her family? If the child cannot go home to any family member, how might you imagine being involved with the child?
- What is the permanency goal for this child? What do you think/feel about this? What makes it okay; not okay?
- How have you been included in the family conferences/treatment/team case planning meetings? What is your role in achieving the case goals?
- What do you need to know or tell me about the child that would help all of us do a better job making of this child safe and getting him/her a permanent family?

Self Care:

- On a scale of one to ten, with ten being the easiest child you have ever cared for, how easy is it to parent this child? Describe who this child is. What about the child is easiest and most pleasurable? What is the most difficult aspect of this child for you to deal with? What are the things about this child that you think will help him/her in the future? What do you think might be harder for him/her?
- Tell me how you handle the stress of having this child in your home. What do you do to take care of yourself?
- What are your concerns right now? How can I help you?
- What was/is it like for you to care for this child? What has been the effect on your family of having this child placed in your home? What did you expect it to be like? Help me understand what it has been like for you dealing with this child.
- To whom do you go if things aren't going too well?
- What things do you need to support your continued care of this child?

Reviewing Well-Being & Permanency with School-age Children

Living Arrangements:

On a scale of one to ten, where ten is the best place to live and one is the worst, how would you rate this family? What makes it a ____? Is there something that could be done to make it better? How is it for you living at _____'s house?

Who else lives here with you? What do you think about these other people who live here? What is it like living with them?

How do you feel about _____ (caregiver's name)? How do you think that they feel about you?

Who do you want to live with? How would that be better than where you live now?

Are there things that you can and can't do at _____'s house?

What are some of these rules? What happens if you break a rule? How often does this happen?

Daily Routine:

Tell me what a typical day is like from when you get up to when you go to bed. (Encourage the child to tell their story rather than just asking them a list of questions.) Here are some prompts if you are having difficulty getting the child to answer:

- How do you wake up in the morning?
- What do you do in the morning to get ready for school?
- Does anyone make breakfast for you? Who? What are some things that you eat for breakfast?
- Do you bring lunch with you to school or do you get lunch at the school cafeteria? What are some things that you eat for lunch?
- Who makes you dinner? What are some things that you eat for dinner?
- What do you do after dinner?
- What time do you go to bed?
- Where do you sleep? Do you share a room with anyone? Who? What is this like for you?
- What type of chores do you do? How often? Do you get allowance for doing chores?

Social/ Emotional:

If life could be just as you wanted, what would it be like? How is that different from what is happening now?

If you are upset or angry about something that happens at _____'s house, is there anyone that you can go to? Who?

What happens when _____ (caregiver's names) get angry at you, each other, or someone else who lives in your house? How often do they get angry? What does it feel like for you when they are angry? What are some of the things that they get angry about?

Is there anyone at _____'s house or anywhere else that you go who makes you feel scared? Are there any grown ups or kids who do things that make you feel sad, mad, scared or confused?

Do you ever get scared playing in your neighborhood? If so, what are the things that make you scared? Is there anyone who you are able to talk to about this?

Do you ever wake up in the middle of the night? If so, what happens?

If something is really worrying you, who can you talk to?

If you need to get in touch with me, do you know how to do that? How?

Are you involved in any religious, spiritual or cultural activities? Who takes you?

Tell me about a time when you felt sad, mad or scared about something that happened at _____'s house. What did you do? What did the adults do?

Do you have a favorite thing you do when you feel sad? Do you have a favorite thing that helps you feel happy? (For example, a toy, stuffed animal, or blanket.)

Family and Friends:

How are visits with your family? What kinds of things do you with your family on visits? How often do you see them? Do you speak with them on the telephone in between visits?

Do you see your brothers and/or sisters? How is to see them? Do you see other members of your family (e.g., grandparents, aunts, uncles, pets)?

Who are your friends? What do you like to do with them? Where do you see them? Do you get to visit with friends from your last school or past foster families who you miss?

Is there anyone you want to see or talk to that you do not see now? (For example, former foster parents, other kids in the foster home, school friends, family, etc.)

Special Interests:

What do you do on the weekends? Who do you do this with? What do the other people in _____'s house do? If applicable: Is this different from what you used to do on weekends? If so, how is it different?

What kinds of things do you like to do for fun? (For example, sports, music, art, video games, etc.) Do you do these things while you are living with _____? Are there any things that you'd really like to be doing that you aren't doing now?

Education:

You are in the ____ grade, right? Tell me about what happens in that grade? Who is your teacher(s)? How is school? What are some of the things that you like best about school? What are some of the things that you like the least about school? How is that different than your last school?

Are there any subjects at school, like math or reading that are hard for you? If so, do you get any kind of special help with these subjects? What can I do to help you?

Where do you go after school? How do you get there? What do you do after school? What things do you do after school? Are you in any special things like sports, music, scouting, art, or other activities? Do you like doing this?

Do you have friends at school? Does anyone cause you problems?

Health:

Are you ever sick? Tell me about what happened when you felt bad.

Have you been to see a doctor since you've been living with _____? What did you see this doctor for? Have you been to any other doctors? If so, why did you see them?

Have you seen a dentist since you've been living with _____?

Do you go to see a counselor or therapist? What is this like for you? Do you know why you are seeing them?

Case Planning:

Tell me what you know about why you live with this family.

What question do you have about what will happen in the future?

It is your right to go to the court hearing and to attend some of the meetings where we talk about what might happen to you in the future. Do you want to attend? What do you want to know about these meetings/hearings?

Do you have a CASA/GAL or attorney? How often do you talk to this person? Do you feel like this person is helping you?

If you could choose, what would happen? What would be good about this?

Do you have any fears or concerns about the future?

Many children have mixed feelings about their birth parents and foster parents. What are your feelings?

If you woke up tomorrow and everything was perfect, what would be happening? How is that different than now?

What is your biggest fear/concern?

Tell me who you would call if you had questions or a problem. Do you know how to reach me?

Sources:

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Ashford, J., LeCroy, C., & Lortie, K. (2001). *Human Behavior in the Social Environment: A Multidimensional Perspective*. Belmont, CA: Wadsworth.

Center for Development of Human Services. (2002). *Child Development Guide*. Buffalo, NY: Research Foundation of SUNY/CDHS.

Child Welfare League of America. (2003). *PRIDEbook*. Washington, D.C.: Child Welfare League of America.

Maine Department of Human Services. *Child Well-Being and Safety Review*.

Massengale, J. (2001). Child Development: A Primer for Child Abuse Professionals. *National Center for the Prosecution of Child Abuse: Update Newsletter*, 14(8), 1-4.

Ozretich, R., & Bowman, S. (2001). *Middle Childhood and Adolescent Development*. Corvallis, OR: Oregon State University Extension Service