# Ensuring Safety, Permanency and Well-Being: Suggestions for conducting contacts with Birth Parents Adapted by Rose Wentz and Joan Morse

**Toddlers: (18-36 months)** 

## **Developmental Milestones:**

#### **Physical**

- Enjoy physical activities such as running, kicking, climbing, jumping, etc.
- Beginnings of bladder and bowel control towards latter part of this stage
- Are increasingly able to manipulate small objects with hands

#### Emotional/Social

- Becoming aware of limits; says "no" often
- Establishing a positive, distinct sense of self through continuous exploration of the world
- Continuing to develop communication skills and experiencing the responsiveness of others
- Needs to develop a sense of self and to do some things for him/herself
- Making simple choices such as what to eat, what to wear and what activity to do

#### Intellectual/Cognitive

- Toddlers have a limited vocabulary of 500-3,000 words and are only able to form three to four word sentences.
- They have no understanding of pronouns (he, she) and only a basic grasp of prepositions (in, on, off, out, away).

- Most toddlers can count, but they do so from memory, without a true understanding of what the numbers represent.
- Cognitively, children in this age range are very egocentric and concrete in their thinking, and believe that adults know everything. This means that they look at everything from their own perspective.
- They assume that everyone else sees, acts, and feels the same way they do, and believe that adults already know everything. This results in their feeling that they don't need to explain an event in detail.
- Toddlers might have a very clear picture of events as they relate to themselves but may have difficulty expressing thoughts or providing detail. Because of this, most of the questions will need to be asked of their caregivers.
- Toddlers are able to relate their experiences, in detail, when specifically and appropriately questioned.
- Learning to use memory and acquiring the basics of self-control.

# Suggested Well-Being and Permanency Questions for Birth Parents:

What was/is it like for you to care for your child at home? What has been the effect on your family of having this child placed? What did you expect it to be like? Help me understand what it has been like for you dealing with your child/children's placement in foster care?

What do you need to do so that you'll feel good about yourself and in control of your life again?

<u>Scaling Question</u>: Thinking about the problems that led to your child's placement, on a scale of 1 -10 with 10 meaning you have every confidence that these problems can be solved and 1 means no confidence at all, where would you put yourself today? What would be different in your life when you make a change?

On a scale of 1 - 10 how much would you say you are willing to work to solve these problems?

<u>Miracle Question</u>: Suppose that one night, while you were asleep, there was a miracle and all the problems that lead to the placement of your child were solved. How would you know they were solved? What would be different?

Could you tell me something you like about parenting your child? What things are not so good about parenting him/her? What might happen if you don't change? How would changing your behavior affect your child and family?

What is the permanency goal for your 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 meetings? What are your responsibilities (things you do such as visits, treatment, getting your house ready for your child to return, etc.) in the case plan? Where you involved in helping to choose the alternative permanent plan (adoption or guardianship) and which family would care for your child?

In order to have your child returned to you, what will be the first sign that things are moving in the right direction?

What services do you need in order to care for your child? What do you think/feel about those?

How have your visits been with your child/children? What types of things do you do together during the visits? What could be done by you or others to improve visits?

What services do you think your child/children will need in order to return home? To whom do you go to when things are going well? To whom do you go to if things aren't going too well?

What is your greatest fear about your child returning home? What is your greatest fear if your child does not return home?

What things do you need to support your continued care of this child?

Describe who your child is. What about your child is easiest and most pleasurable? What was the most difficult aspect of dealing with your child at home? What are the things about this child that will help him/her in the future? What will be harder for him/her?

What were some of the adjustments you experienced in parenting this child?

What kinds of things did you child like to do when he/she was at home with you?

When your child was at home, did he/she show warmth and affection across a range of interactions and with different people?

When your child was at home, who did they seek comfort from when hurt, frightened, or ill?

What was your child's sleeping pattern at home? What was your child's eating pattern?

How did your child comply with your requests and demands?

Does your child show preference for a particular adult?

How easy is it to sooth your child when s/he is upset?

### **Reviewing Safety Concerns with Birth Parents:**

#### Basic Safety

- ✓ Did this child have any serious injuries, either before or since coming into care?
- ✓ Does your child have any chronic health conditions? Do you have all the necessary medication and supplies in your home?
- ✓ Do you have a First Aid Kit in your home?

#### Check For:

- ✓ TVs and other pieces of standing furniture secured so that they cannot be pulled over?
- ✓ Exposed wires or appliance cords in reach of children?

#### Preventing Falls

- ✓ Are there child safety window guards on all windows above the first floor?
- ✓ Are safety gates installed at the top and bottom of all staircases?

#### Sleep Time Safety

- ✓ Please show me where the child will sleep? What will you do if the child has trouble falling asleep? Does your child experience nightmares?
- ✓ When you put your child to sleep in his/her crib, do you put them on their stomach or their back? (sleeping on back is recommended)
- ✓ What type of bedding do you sue for the child? (avoid soft bedding or pillows)
- ✓ Do you use pillows or heavy comforters in the crib?
- ✓ Does your child ever sleep in bed with you or with other children?

- ✓ Are there any window blinds or curtain cords near your baby's crib or other furniture?
- ✓ Does your child use a pacifier? Do you attach the pacifier to the child? How? (Should not tie anything to the child using string or ribbon.)
- ✓ Do you ever cover mattresses with plastic or a plastic bag? (No plastics that could interfere with breathing)

#### Crib Safety

- ✓ Does crib have any missing, loose, improperly installed or broken hardware?
- ✓ Are crib slats more than two and three-eighths inches apart?
- ✓ Are there any corner posts over the end panels of crib?
- ✓ Do the headboards or footboards have any cutout areas?
- ✓ Is paint cracked or peeling?
- ✓ Are there any splinters or rough edges?
- ✓ Are top rails of crib less than ¾ of the child's height?

#### **Bath Safety**

- ✓ What do you do if the telephone or doorbell rings while you are giving your child a bath?
- ✓ What type of bathtub seat do you use? (check for suction cups)
- ✓ Do you check the water temperature to make sure that the bath is not too hot or too cold?

#### Child care safety

- ✓ Who takes care of your 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?
- ✓ Is there a list of phone numbers for your doctor, local hospital, police, fire department, poison control center and a friend or neighbor near the phone?
- ✓ Does this child go to daycare or pre-school? If so, how many hours per week? How does your child get there? Who is responsible for drop-off and pick-up?

#### Safety in the Streets

- ✓ Who watches your child when they play out-of doors?
- ✓ Does your child know what to do if a stranger talks to him or her on the street?

## Well-Being Questions for Toddlers Living with Their Family:

#### **Living Arrangements:**

What is like living with your family again? Who else lives here with you? If so, ask: do you like living with (ask by individual names that the child mentions)? How come?
Show me where you sleep? Do you share a room with anyone? Who? If so, ask: do you like sharing a room with? How come?
Do you share a bed with anyone else? If yes ask, who? Do you like sharing a bed with? How come?
What are some of the rules in your house? What happens if you do something that you are not supposed to do?
Special Interests:
Do you play with toys? What toys do you like playing with? Does anyone else play with you? Do you have a favorite toy?
Do you like to have stories/books read to you? Who reads stories/books to you? Can you tell me the name of a book that you really like?
What kinds of programs do you watch on TV?
Do you like to make pictures? Can you draw me a picture of your family?
Social/Emotional:
If you are sad, mad or scared about something that happens at your house, do you tell anyone? Who?
Do you ever get scared at night? If so, ask: What do you do when you feel scared at night?
Does anyone in your family ever get mad at you? What happens if they get mad at you? Do your parents ever get mad at anyone else who lives with you?
Is there anyone at home make you feel scared? Can you tell me who they are.

names?

Is there anyone at school who makes you feel scared? What are their

Do you ever get scared when you are playing outside? If yes, ask: How come? Do you tell anyone when you feel scared? Who?

Are there any grown ups or kids who do things that make you feel happy? Are there any grown ups or kids who do things that make you feel sad? Are there any grown ups or kids who do things that make you feel mad?

#### **Education:**

(If child goes to school): Do you go to school? If so, ask: Do you like it? What is your favorite thing to do at school? Is there anything that you don't like about school?

#### Friends and Family:

Who do you play with? What do you do when you play with other kids?

What kinds of things do you do with your mommy and daddy?

What kinds of things to you do with your brothers and/or sisters?

#### Health:

Have you been to see a doctor? If so, ask: how come? Can ask: were you sick or did you need to get a shot?

Have you been to see a dentist (a special doctor who looks at your teeth)?

# Reviewing Safety Concerns for Toddlers Living with Their Family:

- ✓ Do you ever stay at home by yourself without any grown ups there?
- ✓ Who takes care of you if your parent is not at home? Do you feel happy or sad when they are not at home? Do you feel happy or sad when some else comes to stay with you? How come?
- ✓ Do you ever sleep over at somebody else's house? Tell me their name. Do you like to sleep over? Do you do this a little or a lot?
- ✓ Do you go to school? Who takes you to school? Who picks you up from school?

- ✓ Do any grown ups watch you when you play outside? Who?
- ✓ Do you know what to do if a stranger talks to you and parent is not their?

#### Sources:

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. <u>National Center for the Prosecution of Child Abuse: Update Newsletter, 14(8), 1-4</u>

Pennsylvania Child Welfare Training Program. Module 11: Family Service Planning Process/Case Transfer and Closure. Handout #16. Web link: www.pacwcbt.pitt.edu/curriculum/CTC/MOD11/Hndts/HO16\_SltnFcsdQstns.pdf -