

# Ensuring Safety, Permanency and Well-Being: Suggestions for conducting contacts with Birth Parents

Adapted by Rose Wentz and Joan Morse

April 2009

## School-Age Children (7- 9 years old)

### Developmental Milestones:

#### Physical

- Have increased coordination and strength
- Enjoy using new skills, both gross and fine motor
- Are increasing in height and weight at steady rates

#### Emotional/Social

- Increased ability to interact with peers
- Have more same-sex friends
- Increased ability to engage in competition
- Developing and testing values and beliefs that will guide present and future behaviors
- Has a strong group identity; increasingly defines self through peers
- Need to develop a sense of mastery and accomplishment based upon physical strength, self-control and school performance

#### Intellectual/Cognitive

- By early elementary age, children start logical thinking, which means that rather than accepting what they see as true, they begin to apply their personal knowledge and experience to a particular situation to determine whether it makes sense or not.
- Temporal concepts greatly improve in this age range, as early elementary children start to understand the idea of the passage of time, as well as day, date and time as a concept as opposed to a number.

- Most early elementary aged children have acquired the basic cognitive and linguistic concepts necessary to sufficiently communicate an abusive event.
- They can also copy adult speech patterns. As a result, it is easy to forget that children in this age range are still not fully developed cognitively, emotionally, or linguistically.

## **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?

Scaling Question: 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?

Miracle Question: 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?

Is this child is receiving any educational, medical and/or psychological services? Which ones? How often? Do you think that these services are meeting this child's needs? Are there any other services that you think that this child needs?

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?

When your child was at home, what types of things did he/she like to do?

When your child was at home, did she/he seek you out and accept your help when needed?

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?

Have you seen any weight changes since your child entered care?

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:**

- ✓ Who provided supervision for your child when you were 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 did your child get to and from school?
- ✓ Did you know where your child was when s/he is not at school and away from home? What are your rules for your child when not s/he is not at school or home? Is there a way for your child to reach you when s/he is away from home?
- ✓ What are the names of your child's friends? Do you know how to reach them and their parents?
- ✓ Does your child know your address and phone number?
- ✓ What have you told your 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, fire department, poison control center and a friend or neighbor near the phone?
- ✓ What is the emergency plan for your family in case of fire? Does your child know where smoke alarms and carbon monoxide alarms are located in your home?
- ✓ If the worse case situation were to occur and your child was in danger of being abused again does your child know what to do? Is there someone besides you available 24/7 the child can call for help?
- ✓ Did this child have any serious injuries, either before or since coming into your care? How did you handle them? How is this condition being handled since foster care placement? How will handle this condition when you child returns home?

- ✓ Have you noticed any physical or emotional changes in your child? How has that changed your relationship with your child? Has it changed how you discipline your child or the rules you have for your child?
- ✓ Does your child have any chronic health conditions? Do you have the necessary medications, medical equipment, and medical staff support to adequately deal with this condition? How will handle this condition when you child returns home?
- ✓ Do you have a First Aid Kit in your home? Does your child know where it is and how to use it?
- ✓ How do you get your child to wear safety gear, including a helmet, for activities such as cycling, in-line skating, skateboarding or riding a scooter?

## **Well-Being Questions for School-Age Children Living with Their Family:**

### **Living Arrangements:**

What is like living with your family again?

On a scale of one to ten with 10 being everything is great – what is it like at your home now? What could make that better? What is the best thing about being at home? What is the worse?

My biggest fear is.....?

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

What are some of rules your family has? 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? (get the child to tell their story rather than just 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?

**Social/Emotional:**

If you are upset or angry about something that happens? Is there anyone that you can go to? Who?

What happens when you parents or the adults in the house 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 home or anywhere else that you go who makes you feel scared? Are there any adults or kids who do things that make you feel sad, mad, scared or confused?

Do you ever wake up in the middle of the night? If so, what happens? Do you ever get scared hanging out in your neighborhood or anywhere else you go? If so, what are the things that make you scared? Is there anyone who you are able to talk to about this?

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?

**Family and Friends:**

What types of activities do you do with your family? Do you see other members of your family e.g., grandparents, aunts, uncles

Do you see your brothers and/or sisters who are in foster care or live somewhere else? How is to see them?

Who are your friends? What do you like to do with them? Where do you see them?

Is there anyone who you miss or would like to visit? (foster parents, other kids in the foster home, school friends, family, etc.?)

**Special Interests:**

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

What do you do on the weekends or free time? Who do you do this with?

### **Education:**

What are some of the things that you like best about school?

What are some of the things that you like the least?

Are there any subjects at school that are hard for you? If so, do you get any kind of special help with these subjects?

Where types of activities are you involved in after school? How do you get there? Do you like doing these things?

Who helps you with homework or other school assignments?

Do you have access to a computer or other things you need to do your school work?

### **Health:**

When was the last time you went to the doctor?

What did you see this doctor for? Have you been to any other doctors?

If so, why? Do you take any medications?

Have you seen a dentist in the last six months?

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

## **Reviewing Safety Concerns with School-Age Living with Their Family:**

- ✓ 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 parents when they are away from home?
- ✓ What is your safety plan if your parent or someone else tries to harm you or is just getting out of control? Who can you call if something happens in the middle of the night? What are your fears? (Specific questions related to the type of maltreatment the child experienced should be included. Example: when you see your mother's red flags

that she might be thinking about taking drugs, what is your plan for safety?)

- ✓ Do you know what to do in case of an emergency, like a fire? Can you tell me what you would do?
- ✓ Do you know where the first aid kit is kept? Do you know how to use the different items in it?
- ✓ Are you ever left alone without any adults around? What is this like for you?
- ✓ Do you ever stay over at someone else's house? How often do you do this? Do you like this?
- ✓ How do you get to and from school?
- ✓ Does your family know where you are when you are away from home and not at school? What are your family's rules about being away from home or school? Curfew rules, reporting in rules, who you are with, where you can or cannot go, etc.?
- ✓ What do you do if a stranger talks to you on the street or asks you to go somewhere with him or her? Does anyone you know ever ask you to do things you are not sure are ok?
- ✓ Have you ever had strangers on the internet ask you to do something? What was it?
- ✓ What can I do as your caseworker to help you?

### **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. [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.

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](http://www.pacwcbt.pitt.edu/curriculum/CTC/MOD11/Hndts/HO16_SltnFcsdQstns.pdf) -