

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

Late Adolescence (18-21 years old)

Reviewing Safety Concerns with Caregivers

- How did this youth get to and from school or other activities? Does this youth drive or ride in cars with other youth?
- Did you know where the youth was when s/he was not at school and was away from home? What are your rules for him/her when not s/he is not at school or home? Is there a way for the youth to reach you when s/he is away from home?
- What is the emergency plan for your family in case of fire? Does this youth know where smoke alarms and carbon monoxide alarms are located in your home?
- If the worst case situation were to occur and this youth was in danger of being abused again, does s/he know what to do? Is there someone besides you available 24/7 the youth can call for help?
- Did this youth have any serious injuries, either before or since coming into care? How did you handle them? How is this condition being handled since foster care placement? How will you handle this condition when the youth returns home?
- Have you noticed any physical or emotional changes in this youth? As the youth is becoming an adult, are there changes in his/her behaviors? How has that changed your relationship with this youth? Has it changed how you discipline this youth or the rules you have for him/her?
- Does this youth have any chronic health conditions? Do you have the necessary medications, medical equipment, and medical staff support to adequately deal with this condition? How do you handle this condition?
- Have you explained the concept of date rape to your youth? How have you empowered him/her to resist being pressured or forced into unwanted sexual activity? Could you give me an example of things you have said in your conversations with him/her?
- How have you talked to your youth about the health risks of alcohol, tobacco and drug abuse? If the youth has a problem these issues, how will you deal with them?

when they return home? What is the safety plan if the youth is abusing substances upon return home? Who can you call to help you?

- What are your rules for the youth when s/he is with friends or alone?
- Do you know the youth's friends? What are the names and phone numbers of the parents of the youth's friends?
- Does the youth have any problems or issues about safety at school? (For example, with friends, other students, bus rides, following rules, etc.)

Safety suggestions are NOT requirements for birth parents.

Reviewing Safety Concerns with Early Adolescents

- Do you know how to reach your parent when s/he is 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 youth 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?) Would you be able to make that call? Do you know the number and have access to a phone?
- Do you ever stay over at someone else's house? How often do you do this? Do you like this? Are you allowed to do this as frequently as you want?
- How do you get to and from school? Do you drive? Do you ride with other youth who drive?
- 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? (For example, curfew rules, reporting in rules, who you are with, where you can or cannot go, etc.)
- Does anyone you know ever ask you to do things you are not sure are ok?
- Do you spend time on the internet? Have you ever had anyone on the internet ask you to do something? What was it?
- What can I do as your caseworker to help you? Tell me how you would reach me if you wanted to talk.

Reviewing Well-Being & Permanency with Caregivers

Living Arrangements:

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

Daily Routine:

- Describe a typical day for this youth.
- If you had to teach this youth a new skill, like cleaning the house, how would you do that? If the youth does not follow rules, what do you do? How does the youth respond to this?
- Describe a typical time when the youth did not follow a rule. How does this youth comply with your requests and demands? When the youth does not follow family rules, what type of discipline do you use?
- How are you helping the youth to be ready for adulthood (i.e. learning to take care of himself/herself, learning about buying and cooking food, learning about money management, etc.)?

Social/Emotional:

- Have you seen any signs that the youth is feeling grief, loss, or is traumatized by the events in his/her life? What are they? How have you tried to help the youth handle this? Have the behaviors/emotions gotten better or worse?
- Describe how the youth transitioned into your home/family. What have you been able to do to help the youth transition (i.e. cook food s/he is familiar with, have pictures of his/her family in the bedroom, have books or music from the youth's home, etc.)?
- How does this youth show warmth and affection? What does s/he do when s/he is happy? How does the youth show that s/he is upset, hurt, sad or feeling other emotions?
- Who does this youth seek comfort from when s/he is hurt, frightened, or ill?
- Is this youth able to seek you out and accept your help when needed?
- Does this youth show preference for a particular adult or friend?
- What does this youth do when upset? How easy is it to soothe this youth when s/he is upset?
- How does this youth comply with your requests and demands?
- How has this youth changed since coming here? What do you think about that? In what ways has the youth adjusted to this placement?
- Is this youth involved in any religious activities? Any cultural activities?

Family and Friends:

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

Special Interests:

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

Education:

- Would you describe this youth as developmentally typical or not? Can you give me examples of his/her behaviors/skills? Do you think the youth needs any help with any developmental skills?
- How is the youth 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 youth were to have troubles at school, who would you contact?
- Does the youth attend a school where s/he has multiple teachers? How has the youth transitioned into his/her new school? Is the school very different from the last school the youth attended? (Going from a single teacher to multiple teachers is one example of a large transition for a youth this age.)
- Does the youth have career or education plans? Who is helping the youth with this?

Health:

- Who is taking the youth to medical examinations? Who decides what type of medical care (even routine care such as immunization shots) the youth should have? Is the youth involved in medical decisions? Does the youth have any special medical problems? Do you know how to provide care for this type of condition? Where do you keep the youth's medical records? Show me any recent medical report so I can have a copy for the youth's records.
- Describe the youth's sleeping pattern. Describe the youth's eating habits.
- Have you seen any weight changes since this youth has been with you? Any other type of changes? Has the youth begun the physical changes into adolescence? Who is talking to the youth about these changes?
- Are there any signs the youth is involved in sexual activities, using drugs, harming himself/herself or any other dangerous activities?

Case Planning:

- Is this youth receiving any educational, medical and/or psychological services? Which ones? How often? What do you think/feel about these services? Do you think that the services are meeting this youth's needs? Are there any other services that you think this youth needs?
- What is your greatest fear about the youth returning home or going out on his/her own? What is your greatest fear about his/her future plans?
- When the youth visits his/her parents or other family members, what happens? How does the youth behave before or after the visit? What do you think of the family visits with the youth?
- What are the case goals for this youth and his/her family and what do you think/feel about the goals? What makes them okay; not okay?
- If the youth goes home, how do you imagine you might still be involved with him/her and his/her family? If the youth cannot go home to any family member, how might you imagine being involved with the youth?
- What is the permanency goal for this youth? What do you think/feel about this goal? 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 youth that would help all of us do a better job making this youth safe and getting him/her a permanent family?

Self Care:

- On a scale of one to ten, with ten being the easiest youth you have ever cared for, how easy is it to parent this youth? Describe who this youth is. What about the youth is easiest and most pleasurable? What is the most difficult aspect of this youth for you to deal with? What are the things about this youth 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 youth 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 youth? What has been the effect on your family of having this youth 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 youth?
- To whom do you go if things aren't going too well?
- What things do you need to support your continued care of this youth?

Reviewing Well-Being and Permanency with Early Adolescents

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?

My biggest fear is.....?

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

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

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?

Daily Routine:

Tell me what a typical day is like from when you get up to when you go to bed. (Encourage the youth to tell their story rather than just asking a list of questions.) Here are some prompts you can use if you are having difficulty getting the youth 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?
- Do you have a job that pays you money?

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, what do you do to calm yourself? Is there anyone that you can go to? Who?

What happens when 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?

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?

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

Tell me one 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? (Ask about other emotions, as well.) Do you have a favorite thing or activity that helps you feel happy? (For example, a personal belonging, listening to music, reading.)

Do you go to any religious activities? How do you get there?

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? What could be done to make visits better?

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? Do you get to visit with friends from your last school or past foster families who you miss? Do you get to call them?

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

Do you have a boyfriend or girlfriend (or someone who is special or you spend a lot of time with)? Tell me about him/her.

Do you have someone in your life that you consider your mentor? What are the qualities that person possesses?

Special Interests:

What do you do on the weekends or during your free time? 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 (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?

What are some things you do that nurture your spirit? (For example, art/drawing, journaling, reading, martial arts, meditation, religious classes, going to church, prayer groups, etc).

Education:

What is your current school like? How is that better or worse than your last school? How has the move to this new school been for you?

How is school? What are some of the things that you like best about school? What are some of the things that you like least about school? How is that different than your last school?

What things do you do after school? Are you in any special things like sports, music, scouting, art, or other activities?

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?

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

Who helps you choose your classes?

Do you ever have problems at school, between classes, going home from school, etc. with any other youth or adult?

Do you have plans for school beyond high school? Who is helping you with planning for this?

Employment:

Have you ever had a part time job? What types of jobs have you held?
What types of jobs have you liked best? What part of the job did you enjoy most?

Health:

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

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 feel like you have all the information you need about your current health or health history?

Who do you go to when you have questions about your health or body?
On a scale of 1 to 10, where 10 is: I have adults I trust and can talk to about this, where would you place yourself regarding:

- smoking
- drugs
- changes in my body
- sex and sexuality

What can I do to help with any of these important issues?

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

Have you ever thought about hurting yourself in any way? Tell me more about that.

Have you ever tried alcohol, smoking, illegal drugs, prescription drugs, etc.? Do you know other kids who do this? What do you think about that?

Case Planning:

What are your goals for the future?
Do you feel listened to by the adults in your life about your future plans?
Do you feel included in the agency conferences?

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

What question do you have about what will happen?

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. 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 youth 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?

Tell me what I can do to make things better for you.

Sources:

Adapted from sources by Rose Marie Wentz and Joan Morse, 2009

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

Illinois Department of Youth, Children and Family Services. (2003). *PRIDEbook*. Washington, D.C.: Youth Welfare League of America.

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

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

Pennsylvania Youth Welfare Training Program. Module 11: Family Service Planning Process/Case Transfer and Closure. Handout #16. Web link:
http://www.pacwcbt.pitt.edu/curriculum/CTC/MOD11/Hndts/HO16_SltnFcsdQstns.pdf

Strengths/Needs Assessment. Adapted from Scott, R. and Houts, S. (1978). *Individualized Goal Planning with Families in Social Services*.

Understanding Youth Development: Promoting Positive Pathways of Growth. United States Department of Health and Human Services. Family and Youth Services Bureau. January 1997.