Assessing Families’ Need for Support in Adoptive, Foster, and Kinship Placements

The survey below is for adoptive, foster, and kinship care parents to complete to provide information States, Territories, and Tribes can use to determine what services families would need to meet the needs of their children and family. Parents should fill out the survey based on the needs of their family, taking into consideration all of their adopted children or children in foster or kinship care.

This survey adapts questions used in other needs assessments including the following:

- A 2004 survey designed by Susan Egbert for the Utah Adoption Council
- A 2000 adoptive parent telephone interview created by Trudy Festinger of New York University
PLACEMENT INFORMATION

1. How many children (under 18) are currently living with you? _________
   a. Of those, how many are:
      In foster placement: _________________
      Adopted: _________________
      In an informal kinship placement (not currently in foster care): _________________
      In a formal guardianship placement: _________________
      Birth, step, or other children in the household: _________________
   b. Of the adopted children and children in formal foster care, how many are biologically related to you? (That is, how many children do you have in a formal kinship care placement?): _________________

2. How many children currently living with you are in each of the following age groups?
   Of those, how many are adopted children or children in foster or kinship care?
   (Please write the number of children you have in each age group next to that age group.)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number of all children in your household</th>
<th>Number who are adopted or in foster or kinship care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 year old</td>
<td></td>
<td></td>
</tr>
<tr>
<td>From 1 to 3 years old</td>
<td></td>
<td></td>
</tr>
<tr>
<td>From 4 to 7 years old</td>
<td></td>
<td></td>
</tr>
<tr>
<td>From 8 to 12 years old</td>
<td></td>
<td></td>
</tr>
<tr>
<td>From 13 to 15 years old</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Older than 15</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Do you have any adopted children or children for whom you have permanent guardianship who are under 18 but are in residential treatment or another out-of-placement setting?
   Yes  No

4. How long have you been an adoptive, foster, or kinship care parent?
   - Less than 6 months
   - From 6 months to 1 year
   - From 1 to 3 years
   - From 3 to 6 years
   - More than 6 years
5. Are any of your children part of a sibling group placed together?  
   - Yes  
   - No

6. Are you parenting any children who are of a different race or ethnic background than you and (if you have one) your spouse or partner?  
   - Yes  
   - No

7. If you have adopted, what type of adoptions have you completed? (Check all that apply.)
   - From foster care
   - Private domestic
   - International

**CHILD’S OR CHILDREN’S NEEDS**

8. Do any of your adopted children or children in foster or kinship care have any of the following issues? If so, please rate the issue as mild, moderate, or severe. If you have only one adopted child or child in foster or kinship care, check only one box in each row. If you have more than one adopted child or child in foster or kinship care, you can check each box that applies (for example, if you have three children and one has a moderate physical disability and one has mild disability, you would check “At least one child has a mild version of this issue” and “At least one child has a moderate version of this issue”).

<table>
<thead>
<tr>
<th>Issue</th>
<th>None of my children has this issue</th>
<th>At least one child has a mild version of this issue</th>
<th>At least one child has a moderate version of this issue</th>
<th>At least one child has a severe version of this issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical health problem</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical disability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurological problem (autism spectrum disorder, Down syndrome, fetal alcohol spectrum disorder, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning disability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional problem (reactive attachment disorder, oppositional defiant disorder, bipolar disorder, post-traumatic stress disorder, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
None of my children has this issue | At least one child has a mild version of this issue | At least one child has a moderate version of this issue | At least one child has a severe version of this issue
---|---|---|---
Behavioral problem (cruelty to animals, lying, hyperactivity, stealing, sexually acts out, etc.) | | | |
Other problem *(please list)* | | | |

9. If you have at least one adopted child, do any of your adopted children have negative feelings about being adopted?

- [ ] N/A
- [ ] Yes
- [ ] No
- [ ] Sometimes

10. If you have at least one child in foster care, do any of your children in foster care have negative feelings about being in foster care?

- [ ] N/A
- [ ] Yes
- [ ] No
- [ ] Sometimes
RELATIONSHIP BETWEEN YOU AND YOUR ADOPTED CHILDREN OR CHILDREN IN FOSTER OR KINSHIP CARE

The following questions are about the relationship between any children you are parenting through adoption, foster care, or kinship care. Please check the response that best reflects your experience. If you have multiple children and they have different experiences, pick the answer that best represents your entire household.

11. Have you experienced any of the following concerns related to any children you are parenting though adoption, foster care, or kinship care? (Check all that apply.)

- At least one of my adopted children or children in foster or kinship care does not respect me.
- I have significant trouble trusting at least one of my adopted children or children in foster or kinship care.
- I have significant trouble communicating effectively with at least one of my adopted children or children in foster or kinship care.
- I have more than one child, and the children have significant difficulty getting along with one another.
- I have birth, step, or other children in the home, and there is significant tension between these children and at least one adopted child or child in foster or kinship care.
- I have birth, step, or other children in the home, and I feel I give them less time or attention than I should due to the complex needs of at least one adopted child or child in foster or kinship care.

12. Overall, would you describe the impact of parenting children through adoption, foster care, or kinship care on your family?

- Mostly positive
- Positive and negative — about equal
- Mostly negative
WHAT ISSUES OR PROBLEMS WOULD YOU LIKE TO ADDRESS?

13. In general, do any of the children you are parenting through adoption, foster care, or kinship care have significant difficulties in the following areas? If you have multiple children through adoption, foster care, or kinship care, please consider all of the children together when choosing your answer.

<table>
<thead>
<tr>
<th></th>
<th>None of the time</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>At home (including with your other children)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In school</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the community (for example, at church, in clubs or community centers, in the neighborhood)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With peers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please list)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

14. Additional comments about issues you’d like to address:

OTHER SUPPORT AVAILABLE TO YOU

15. Do you have health insurance (private or public) that meets your child or children’s needs in the following areas?

<table>
<thead>
<tr>
<th></th>
<th>Doesn’t meet our needs at all</th>
<th>Partially meets our needs</th>
<th>Meets our needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical needs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health needs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral needs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental needs</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
16. Does your insurance allow you access to providers who are adoption or foster care competent?
   - Yes  
   - No  
   - Sometimes

17. Please rate the amount of support you get from your personal support system (meaning your support from family, friends, spouse/partner, neighbors, faith community, etc.).
   - I have no personal support system.
   - I get a little help from a personal support system.
   - I get some help from a personal support system.
   - I get a lot of help from a personal support system.

SERVICES USED AND RATING OF HELPFULNESS

The following questions are designed to determine if you are using any family support services now and how you feel about those services.

18. Please rate the overall quantity of post-placement support available to you.

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>No support available</td>
<td>A great deal of support available</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

19. If you received any support for your adopted children or children in foster or kinship care, please check the sources of support that were most important to your family.
   - Local department of social services
   - State/tribal department of social services
   - Parent support group/association
   - Private adoption or foster care placing agency
   - Community mental health agency (not adoption or foster care specific)
   - Private adoption or foster care support organization
   - Other (please list) ________________

20. Please rate your level of overall satisfaction with the availability and accessibility of post-placement support services.

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all satisfied</td>
<td>Very satisfied</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
21. If you did receive any post-placement services, rate the overall effectiveness of those support services.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Not at all effective</td>
</tr>
<tr>
<td>1</td>
<td>Very effective</td>
</tr>
</tbody>
</table>

Please explain your rating above.

22. Please mark whether you have needed or used any of the following services for adoptive, foster, and kinship care families. If you needed it but didn't use it, please choose whether it was not available or if you didn't choose to use it. If you did use the service, please rate the service as helpful, neutral, or harmful.

<table>
<thead>
<tr>
<th>Service</th>
<th>If you did use the service, please rate it:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Didn't need or use</td>
</tr>
<tr>
<td>In-person support group for parents</td>
<td></td>
</tr>
<tr>
<td>Online support group for parents</td>
<td></td>
</tr>
<tr>
<td>Support group for child</td>
<td></td>
</tr>
<tr>
<td>Social or play group for adoptive, foster, or kinship care families</td>
<td></td>
</tr>
<tr>
<td>Case management (professional help to enable you to identify goals and access services)</td>
<td></td>
</tr>
<tr>
<td>Guidance or information from your adoption, foster care, or kinship care worker</td>
<td></td>
</tr>
<tr>
<td>Advice or support from experienced adoptive, foster, or kinship care parent(s)</td>
<td></td>
</tr>
<tr>
<td>Service Provided</td>
<td>Didn’t need or use</td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Counseling for child</td>
<td></td>
</tr>
<tr>
<td>Counseling for family</td>
<td></td>
</tr>
<tr>
<td>Marriage or family therapy</td>
<td></td>
</tr>
<tr>
<td>Day treatment (mental health treatment for your child during the day at specialized location)</td>
<td></td>
</tr>
<tr>
<td>Residential treatment or psychiatric facility</td>
<td></td>
</tr>
<tr>
<td>Other out-of-home placement (like treatment foster care placement)</td>
<td></td>
</tr>
<tr>
<td>Psychological assessment or evaluation</td>
<td></td>
</tr>
<tr>
<td>Crisis counseling</td>
<td></td>
</tr>
<tr>
<td>Other support during a crisis</td>
<td></td>
</tr>
<tr>
<td>Mentor for parents</td>
<td></td>
</tr>
<tr>
<td>Mentor for child</td>
<td></td>
</tr>
<tr>
<td>Academic tutor</td>
<td></td>
</tr>
<tr>
<td>Special education information and access</td>
<td></td>
</tr>
<tr>
<td>Other school supports</td>
<td></td>
</tr>
<tr>
<td>Behavioral specialist</td>
<td></td>
</tr>
<tr>
<td>Assistance with day care</td>
<td></td>
</tr>
<tr>
<td>Respite care during the day (informal or formal care that provides parents a break)</td>
<td></td>
</tr>
<tr>
<td>Respite care that includes an overnight stay</td>
<td></td>
</tr>
<tr>
<td>Respite care during a crisis</td>
<td></td>
</tr>
<tr>
<td>Training on adoption, foster care, or kinship care issues</td>
<td></td>
</tr>
<tr>
<td>Service Description</td>
<td>Didn’t need or use</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Training on disabilities or challenges your child has or might have had</td>
<td></td>
</tr>
<tr>
<td>Websites with adoption resources</td>
<td></td>
</tr>
<tr>
<td>Newsletters or articles on child welfare issues or disabilities or mental health or behavioral challenges</td>
<td></td>
</tr>
<tr>
<td>Resources related to your child's race or culture</td>
<td></td>
</tr>
<tr>
<td>Information about community resources</td>
<td></td>
</tr>
<tr>
<td>Special equipment for the home</td>
<td></td>
</tr>
<tr>
<td>Medical care for your child's disability</td>
<td></td>
</tr>
<tr>
<td>Legal services related to foster care, kinship care, or adoption</td>
<td></td>
</tr>
<tr>
<td>Parent retreat</td>
<td></td>
</tr>
<tr>
<td>Family retreat (children included)</td>
<td></td>
</tr>
<tr>
<td>Monthly payments (adoption assistance or subsidy, foster care payments, kinship care support, or guardianship assistance)</td>
<td></td>
</tr>
<tr>
<td>Assistance with search or reunion</td>
<td></td>
</tr>
<tr>
<td>Assistance to address birth family connections or relationships</td>
<td></td>
</tr>
</tbody>
</table>

If you *did use* the service, please rate it:
23. Among all the services listed below (whether provided or not), which did you need the most for your family? *(Please check no more than five.)*

- In-person support group for parents
- Online support group for parents
- Support group for child
- Social or play group for adoptive, foster, or kinship care families
- Case management (professional help to enable you to identify goals and access services)
- Guidance or information from your adoption, foster care, or kinship care worker
- Advice or support from experienced adoptive, foster, or kinship care parent
- Counseling for child
- Counseling for family
- Marriage or family therapy
- Day treatment (mental health treatment for your child during the day at specialized location)
- Residential treatment or psychiatric facility
- Other out-of-home placement (like treatment foster care placement)
- Psychological assessment or evaluation
- Crisis counseling
- Other support during a crisis
- Mentor for parents
- Mentor for child
- Academic tutor
- Special education information and access
- Other school supports
- Behavioral specialist
- Assistance with day care
- Respite care during the day (informal or formal care that provides parents a break)
- Respite care that includes an overnight stay
- Respite care during a crisis
- Training on adoption, foster care, or kinship care issues
- Training on disabilities or challenges your child has or might have had
- Websites with adoption resources
- Newsletters or articles on child welfare issues or disabilities or mental health or behavioral challenges
- Resources related to your child’s race or culture
- Information about community resources
- Special equipment for the home
- Medical care for disability
- Legal services related to foster care, kinship care, or adoption
- Parent retreat
- Family retreat (children included)
- Monthly payments (adoption assistance or subsidy, foster care payments, kinship care support, or guardianship assistance)
- Assistance with search or reunion
- Assistance to address birth family connections or relationships
- Other (please list): ____________________________

24. Among all the services you used, which were the most helpful for your family?
(Please check no more than five.)

- In-person support group for parents
- Online support group for parents
- Support group for child
- Social or play group for adoptive, foster, or kinship care families
- Case management (professional help to enable you to identify goals and access services)
- Guidance or information from your adoption, foster care, or kinship care worker
- Advice or support from experienced adoptive, foster, or kinship care parent
- Counseling for child
- Counseling for family
- Marriage or family therapy
- Day treatment (mental health treatment for your child during the day at specialized location)
- Residential treatment or psychiatric facility
- Other out-of-home placement (like treatment foster care placement)
- Psychological assessment or evaluation
- Crisis counseling
- Other support during a crisis
- Mentor for parents
- Mentor for child
- Academic tutor
- Special education information and access
- Other school supports
- Behavioral specialist
- Assistance with day care
- Respite care during the day (informal or formal care that provides parents a break)
☐ Respite care that includes an overnight stay
☐ Respite care during a crisis
☐ Training on adoption, foster care, or kinship care issues
☐ Training on disabilities or challenges your child has or might have had
☐ Websites with adoption resources
☐ Newsletters or articles on child welfare issues or disabilities or mental health or behavioral challenges
☐ Resources related to your child’s race or culture
☐ Information about community resources
☐ Special equipment for the home
☐ Medical care for disability
☐ Legal services related to foster care, kinship care, or adoption
☐ Parent retreat
☐ Family retreat (children included)
☐ Monthly payments (adoption assistance or subsidy, foster care payments, kinship care support, or guardianship assistance)
☐ Assistance with search or reunion
☐ Assistance to address birth family connections or relationships
☐ Other (please list): ____________________________

25. If you used services that were not helpful, why do you think they were not helpful? (Check all that apply.)

☐ The provider was not experienced with adoption, foster care, or kinship care.
☐ Providers were not effective or skilled.
☐ My child wouldn’t cooperate.
☐ My spouse or partner wouldn’t cooperate.
☐ Other members of my family wouldn’t cooperate.
☐ I was not able to put what I learned to use in my family.
☐ The strategies or suggestions I received did not work.
☐ I did not follow through and try the strategies or suggestions provided.
☐ I was not able to continue using the service long enough for it to help.
☐ My child’s issues were too difficult for the service provider to handle or understand.
☐ Other (please explain): ____________________________

26. When seeking assistance, did you encounter any of the following barriers? 

☐ None — no barrier encountered
☐ Afraid or embarrassed to ask for help
☐ Could not find needed services
☐ Cost was too high
☐ Services were not offered at convenient times/days
☐ Eligibility problems
☐ Language barriers
Number of hours or sessions allowed was not enough
Crisis services weren’t available
Providers didn’t accept Medicaid
Providers didn’t understand adoption, foster care, or kinship care issues
Providers were not experienced in how to help people who have experienced trauma
Providers were not qualified
Providers didn’t understand or respect my family’s or child’s race/culture
Providers were unable to accommodate my or my spouse’s/partner’s disability
Services were too far away from where we live
Child would not participate or cooperate
Time required for service was more than we could manage
Transportation problems or couldn’t get there
Couldn’t access residential treatment without child protection order
Insurance wouldn’t cover enough services
My child’s needs are so special that I couldn’t find the right services
Wait for services was too long
Other barriers encountered (please list): ____________________________

27. Since you began parenting children through adoption, foster care, or kinship care, have you experienced what you would consider a crisis related to your child (or children)?  Yes  No

28. If yes, did you get any services or support that helped?  
(Please check those you believe were most helpful.)

Support from my placing agency or my placing social worker
Support from a mental health provider
Support from another adoptive, foster, or kinship care parent
Support from a medical professional
Support from a hospital
Support from a crisis-response team
Respite care
Other (please list): ____________________________

29. If yes, what services did you need that you could not access?  (List services.)

Support from my placing agency or my placing social worker
Support from a mental health provider
Support from another adoptive, foster, or kinship care parent
Support from a medical professional
Support from a hospital
Support from a crisis-response team
Respite care
Other (please list): ____________________________
30. Have you ever thought about ending a placement of one of your adopted children or children in foster or kinship care? (For foster placements, that means ending a placement before you or the agency planned to — not a planned transition home or to adoption or another placement.)

☐ Yes  ☐ No

31. Are you currently considering ending the placement of an adopted child or a child in foster or kinship care?

☐ Yes  ☐ No

32. If you answered yes to either question 30 or 31, how long after the placement happened did you consider disruption?

☐ Less than 6 months  ☐ From 6 months to 1 year  ☐ From 1 to 3 years  ☐ From 3 to 6 years  ☐ More than 6 years

33. When you considered ending the placement, were any of the following reasons a very important, somewhat important, or not important reason for you to consider ending the placement?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Very important</th>
<th>Somewhat important</th>
<th>Not important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child did not get along with other children in the family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child's medical problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial reasons</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other family problems not associated with child</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child's behavior</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child was a danger to other family members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A professional serving our family told me we should</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child was acting out sexually</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child did not want to be with the family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>We were poorly prepared or trained</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>We did not have sufficient or accurate information about the child's history</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other reason <em>(please list)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
34. If you did consider ending the placement, did you get any services that helped preserve the placement?

- No, I didn’t get any services that helped.
- I received services but they weren’t helpful.
- The following services were helpful (check up to five services you believe were most helpful):
  - In-person support group for parents
  - Online support group for parents
  - Support group for child
  - Case management (professional help to enable you to identify goals and access services)
  - Guidance or information from your adoption, foster care, or kinship care worker
  - Advice or support from experienced adoptive, foster, or kinship care parent
  - Counseling for child
  - Counseling for family
  - Marriage or family therapy
  - Day treatment (mental health treatment for your child during the day at specialized location)
  - Residential treatment or psychiatric facility
  - Other out-of-home placement (like treatment foster care placement)
  - Psychological assessment or evaluation
  - Crisis counseling
  - Other support during a crisis
  - Mentor for parents
  - Mentor for child
  - Academic tutor
  - Special education information and access
  - Other school supports
  - Behavioral specialist
  - Assistance with day care
  - Respite care during the day (informal or formal care that provides parents a break)
  - Respite care that includes an overnight stay
  - Respite care during a crisis
  - Training on adoption, foster care, or kinship care issues
  - Training on disabilities or challenges your child has or might have had
  - Special equipment for the home
  - Medical care for disability
  - Legal services related to foster care, kinship care, or adoption
  - Parent retreat
  - Family retreat (children included)
  - Monthly payments (adoption assistance or subsidy, foster care payments, kinship care support, or guardianship assistance)
  - Assistance to address birth family connections or relationships
  - Other (please list): ____________________________
35. What else should we know about support services for adopted children and children in foster or kinship care?

DEMOGRAPHICS

36. What is your gender?
   - Male
   - Female

37. What is your marital status?
   - Single
   - Married
   - In a domestic partnership
   - Other: ________________

38. What is your age?
   - Under 21
   - 21–30
   - 31–40
   - 41–50
   - 51–60
   - 61–70
   - 71 or older

39. What is your yearly taxable household income (not counting adoption assistance, foster care, or guardianship assistance benefits)?
   - Under $30,000
   - $30,000 – $50,000
   - $50,000 – $75,000
   - Over $75,000

40. What county do you live in? __________________________

41. Would you describe the community you live in as:
   - Urban
   - Suburban
   - Rural