



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:

- The 2003 and 2004 adoptive parent surveys by AdoptUSKids; the 2004 AdoptUSKids survey used questions based on studies reported in James A. Rosenthal and Victor K. Groze, *Special-Needs Adoption: A Study of Intact Families* (New York: Praeger, 1992)
- 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
- Assessment tools reported in Thom Reilly and Laura Platz, "Characteristics and Challenges of Families Who Adopt Children with Special Needs: An Empirical Study," *Children and Youth Services Review*, 25 (2003): 781–803, and Thom Reilly and Laura Platz, "Post-Adoption Service Needs of Families with Special Needs Children: Use, Helpfulness, and Unmet Needs," *Journal of Social Service Research*, 30 (2004): 51-67

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.)

	Number of all children in your household	Number who are adopted or in foster or kinship care
Less than 1 year old		
From 1 to 3 years old		
From 4 to 7 years old		
From 8 to 12 years old		
From 13 to 15 years old		
Older than 15		

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”).

	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
Physical health problem				
Physical disability				
Neurological problem (autism spectrum disorder, Down syndrome, fetal alcohol spectrum disorder, etc.)				
Learning disability				
Emotional problem (reactive attachment disorder, oppositional defiant disorder, bipolar disorder, post-traumatic stress disorder, etc.)				

	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 through 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.

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

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?

	Doesn't meet our needs at all	Partially meets our needs	Meets our needs
Medical needs			
Mental health needs			
Behavioral needs			
Dental needs			

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.

0	1	2	3	4	5	6
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No support available

A great deal of support available

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.

0	1	2	3	4	5	6
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Not at all satisfied

Very satisfied

21. If you did receive any post-placement services, rate the overall effectiveness of those support services.

0	1	2	3	4	5	6
Not at all effective				Very effective		

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.

	If you <i>did</i> use the service, please rate it:					
	Didn't need or use	Needed service but it wasn't available	Needed service but didn't use it	Service was <i>helpful</i>	Service was neutral (<i>didn't help and didn't hurt</i>)	Service was <i>harmful</i>
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(s)						

				If you <i>did use</i> the service, please rate it:		
	Didn't need or use	Needed service but it wasn't available	Needed service but didn't use it	Service was <i>helpful</i>	Service was neutral (<i>didn't help and didn't hurt</i>)	Service was <i>harmful</i>
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						

				If you <i>did use</i> the service, please rate it:		
	Didn't need or use	Needed service but it wasn't available	Needed service but didn't use it	Service was helpful	Service was neutral (didn't help and didn't hurt)	Service was harmful
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 your child's 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						

				If you <i>did use</i> the service, please rate it:		
	Didn't need or use	Needed service but it wasn't available	Needed service but didn't use it	Service was helpful	Service was neutral (didn't help and didn't hurt)	Service was harmful
Other (please list)						

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?

	Very important	Somewhat important	Not important
Child did not get along with other children in the family			
Child's medical problems			
Financial reasons			
Other family problems not associated with child			
Child's behavior			
Child was a danger to other family members			
A professional serving our family told me we should			
Child was acting out sexually			
Child did not want to be with the family			
We were poorly prepared or trained			
We did not have sufficient or accurate information about the child's history			
Other reason (<i>please list</i>)			

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