Kinship Survey

Default Question Block

Q1 Dear Kinship Caregiver,  
You are being asked to participate in this survey because you are providing care for someone else’s children. We are interested in learning more about what this experience has been like for you. County departments of human services / Child Welfare departments across Colorado are participating in a project to understand how to best serve kinship families involved with child welfare; this project is called Kinship Supports. As part of this project, we are conducting an online survey to understand how the county Kinship Supports program is working in the county through which the kin child(ren) in your care were placed. This survey is being conducted by the Social Work Research Center at Colorado State University and the Human Services Research Institute. We are asking that you help us in this research by completing this short survey. The survey should take about 20 minutes to complete. Participation is completely voluntary. Whether or not you participate in the survey, the services you may be receiving through the county will not be affected, nor will your case. The purpose of the study is to learn more about how families are supported and to help the state and counties improve services for families like yours. As you will see from the survey, we would like to learn about how your needs have been met. No one but researchers at the Human Services Research Institute and the Social Work Research Center will ever see any survey that is submitted or even be given a list of families who participated in the survey. Your responses will become part of a large data set that includes other caregivers from your county and across the state. The data will be kept secure at all times. It is unlikely that you will feel any discomfort from the questions on the survey, but if you do, you may contact the researchers at the telephone number or e-mail shown below at any time.

If you decide to complete the survey, please click the forward arrows below. By clicking on the arrows button you are consenting to participate in the survey. At the end of the survey, you will be given the option to enter your email address to receive a $5 e-gift card to Amazon.com. Please complete one survey per household. Please complete the survey by July 21, 2017. If you have any questions about the research we are doing or the survey, don’t hesitate to call or email Helen Holmquist-Johnson at (970) 491-0888 or helen.holmquist-johnson@colostate.edu. If you have any questions about your rights as a research study participant, you may contact Teresita Camacho-Gonsalves, the chair of the Institutional Review Board at Human Services Research Institute, who approved this study. Your views are very important. Thank you.

Sincerely,

Helen Holmquist-Johnson
Teresita Camacho-Gonsalves, IRB Chair and Senior Research Specialist
Human Services Research Institute
tcamacho@hsri.org 617-844-2504
Q2 How many people are currently in your household? Indicate number of adults and number of children under 18.

☐ Adults (18 or over) (1) ________________________________________________

☐ Children (under 18) (2) ________________________________________________

Q3 How many kin children are currently in your care?

☐ 1 (1)
☐ 2 (2)
☐ 3 (3)
☐ 4 (4)
☐ 5 or more, please specify how many: (5) ________________________________________________

Q4 How old are the kin children in your care? Indicate by entering the number of kin children in your care in each age range.

☐ 0-5 years (1) ________________________________________________

☐ 6-10 years (2) ________________________________________________

☐ 11-15 (3) ________________________________________________

☐ 16-18 (4) ________________________________________________

☐ 19 years or older (5) ________________________________________________
Q5 What is your relationship to the kin children in your care?

- Grandparent (1)
- Aunt / Uncle (2)
- Cousin (3)
- Sibling (4)
- Other relative (5)
- Non-relative (i.e. friend, neighbor, teacher) (6)

Q6 What legal status do you have with the kin children in your care?

- No legal status (1)
- Power of Attorney (2)
- Temporary Court Ordered custody (3)
- Permanent Court Ordered custody (4)
- Allocation of parental rights (APR) (5)
- Adopted (6)
- Unsure (7)
- Other, please specify: (8) ________________________________________________
Q7 What are the concerns you have with raising your kin children? Check all that apply.

☐ Finances (1)
☐ Legal issues (2)
☐ Your physical health (3)
☐ Emotional support for yourself (4)
☐ Negative impact on your relationship with biological parent(s) (5)
☐ Kin child(ren)'s physical health (6)
☐ Kin child(ren)'s emotional health (7)

Q8 What type of support do you have? Check all that apply.

☐ Family (1)
☐ Friends (2)
☐ Formal Kinship Support Group (3)
☐ Online Support Group (4)
☐ Community based support (i.e. church, community center) (5)
☐ None (6)
Q9 Does your support system meet your most important needs?

- Yes (1)
- No (2)
- I have no support system (3)

Q10 What types of classes would you be interested in attending with other kinship caregivers to support you in caring for your kin child(ren)? Add other topics that you are interested in.

- Parenting a child with difficult behaviors (1)
- Signs and indicators of child sexual abuse (2)
- Caring for children who have experienced to witnessed domestic violence (3)
- Generational differences and its impact on discipline (4)
- Effectively managing connections with other family members (5)
- Self-care (6)
- Add other topics you are interested in: (7)

________________________________________________
Q11 This section asks how you feel the Kinship Supports program in your community helps you, your kin child, or your family. Remember a kin child is a child whose primary caregiver is their grandparent, aunt or uncle, sibling, other relative, or family friend when their parents are unable to care for them.

Q12 Please indicate your level of agreement with the following statements. The first 3 questions ask about the Kinship Supports Needs Assessment which is a form your caseworker
might have completed with you. On it, you indicate your level of need for things like clothing, food, rent/utility assistance etc.
<table>
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<tr>
<th>The purpose of the kinship needs assessment was clearly explained to me. (4)</th>
<th>Strongly disagree (1)</th>
<th>Somewhat disagree (2)</th>
<th>Neither agree nor disagree (3)</th>
<th>Somewhat agree (4)</th>
<th>Strongly agree (5)</th>
<th>Not applicable (6)</th>
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<td>The kinship needs assessment helped me identify what I needed for providing care to my kin child(ren). (5)</td>
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<td>I was able to identify my needs at the time my worker completed the first kinship needs assessment with me. (6)</td>
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<td>The county department has helped me learn about services and resources available in the community. (1)</td>
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I was able to find the resources I needed in my community once children were in my care. (2)

The support the county department has provided has led to more connections with other kin caregivers and/or parents. (8)

The support the county department has provided has increased my ability to continue as a kin caregiver. (7)

The services and supports the county department has provided helped decrease my financial stress. (3)
I was satisfied with the emotional support provided by my kin worker. (9)

The county department provided items (e.g. crib, bed, car seat) that helped me care for my kin children. (10)

The kin children in my care have less stress because of the resources provided by the county department. (11)

I feel supported by the county department to care for my kin children. (12)

I feel supported by my friends and family to care for my kin children. (13)
My coworkers support my role as a kin caregiver. (14)

The county provided the right amount of contact with my family. (15)

I felt comfortable that I could share my needs with my kin worker without my ability to provide care being questioned. (16)

I was informed about what being a kin caregiver would be like. (17)

I was surprised by what was expected of me as a kin caregiver. (18)
I was offered the opportunity to become a certified kin caregiver. (19)

I was satisfied with the financial support I receive(d) as a kin caregiver. (20)

I was satisfied with the legal support I receive(d) as a kin caregiver. (21)

If I had to do it all over, I would agree to care for my kin children again. (22)
Q13 What is the most beneficial support or service you have received from the county department?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Q14 What would you like to see improved about the supports or services you have received from the county department?

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________________________________________________________________________

Q15 What has helped you continue to provide for the kin child(ren) in your care?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Q16 Please add any other comments you wish to provide here:
Q17 Thank you for your participation. The demographic questions below are very important in understanding how to improve experiences for kinship caregivers. Again, we want to assure you that your responses will be kept confidential.

Q18 How old are you?
- 24 or younger (1)
- 25-35 (2)
- 36-45 (3)
- 46-55 (4)
- 56-65 (5)
- 66-75 (6)
- 76 or older (7)

Q19 What is your gender identity?
- Female (1)
- Male (2)
- Gender non-conforming (3)
Q20 What is your ethnicity? Check all that apply.

- American Indian or Alaskan Native (1)
- Asian (2)
- Black or African American (3)
- Hispanic/Latino(a) (4)
- Native Hawaiian or other Pacific Islander (5)
- White (non-Hispanic/Latino) (6)
- Other, please specify: (7)

Q21 What is your relationship status?

- Single (including divorced or widowed) (1)
- Married or in a domestic partnership (2)

Q22 What is your work status?

- Work full-time (1)
- Work part-time (2)
- Not employed (3)
- Retired (4)
Q23 What is your annual household income? (Include income from a job, TANF, SSI and Food Stamps for everyone in the household including children.)

- Less than $10,000 (1)
- $10,000 - $14,999 (2)
- $15,000 - $24,999 (3)
- $25,000 - $34,999 (4)
- $35,000 - $49,999 (5)
- $50,000 - $74,999 (6)
- $75,000 or more (7)

Q24 If you would like to receive a $5 gift card to Amazon.com, please enter the email address where you would like the e-gift card to be sent below:

Q25 Thank you for participating in this survey. We appreciate your time!

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