

North Dakota Permanency Survey

Learning from Families Formed Through Adoption and Guardianship

Instructions: This survey contains questions about your family and about children you adopted or received guardianship of from the State of North Dakota. Many questions are general and focus on your family as a whole. Other questions require a response that is specific to a child. For immediate set of child-specific questions, keep only ONE child in mind.

At the latter part of the survey, when you have completed answering some general demographic questions, you will be asked if you want to answer the child-specific questions again for another child. (You can enter information for up to 6 children.)

SECTION A. About Your Family.

To begin, we would like to ask you a few questions about your family.

A1. How many adult caregivers, including yourself, live in your household?

_____ Total number of adult caregivers

A2. How many children under the age of 21 do you currently have? (Please include biological, adoptive, foster, and step children, or any other child that depends on you for support).

_____ Total number of children under 21 years old

A3. How many of your children under the age of 21 live in your household?

_____ Total number of children in household

A4. How many of your children under the age of 21 are...?

- _____ Biological children
- _____ Adopted children from a public child welfare agency/foster care
- _____ Adopted children through a private domestic agency
- _____ Adopted children through a private agency that facilitated an intercountry/international adoption
- _____ Adopted children who are step children

- _____ Adopted children who were adopted from another state's welfare system/foster care (list state, e.g. ND for North Dakota) _____
- _____ Children in your legal guardianship
- _____ Children in foster care
- _____ Children in kinship
- _____ Step Children who are not adopted but in your home through marriage, civil union, or a domestic partnership with your partner or spouse
- _____ Other

SECTION B. Relationship to Child.

INSTRUCTIONS: For the next set of questions please keep only one child in mind when you answer. .

B1. In what month and year was your child born?

_____ (MM/YYYY)

B2. What is your child's gender?

- Male
- Female
- Other

B3. Did you adopt your child or assume guardianship?

- Adopted
- Guardianship

B4. What is your child's race? (Check all that apply)

- American Indian or Alaska Native
- Asian
- Black/African American/African
- Native Hawaiian or Pacific Islander
- White/Caucasian
- Other: _____

B5. Does your child consider him or herself to be:

- Heterosexual or straight
- Gay or lesbian
- Bisexual
- I am unsure
- Prefer not to say

B6. In what year was the adoption finalized?

_____ (YYYY)

B7. Are you biologically related to your child, or are you not biologically related to your child?

- Biologically related
- Not biologically related [Go to B8]

B7a. If yes to B7, what is your biological relationship to your child?

- Grandparent
- Aunt/Uncle
- Sibling
- Cousin
- Other relative

___ N/A

B8. Did you foster your child prior to adoption or guardianship?

- Yes
- No

B9. Prior to adoption or guardianship, how long did your child live with you in your home? (Years) (Enter 0 if less than 1)

___ Years

B10. How old was your child when you finalized the adoption or guardianship?

(Years) (Enter 0 if less than 1)

_____ Years

SECTION C. Child Well-being

INSTRUCTIONS: In this Section C, we will ask you questions about your identified child's strengths, challenging behaviors, and school experiences. This information will be used to help provide feedback to the North Dakota System of Care about the experiences of families formed through adoption and guardianship. (For the immediate set of questions, keep only ONE child in mind)

SECTION C-1. Child Educational Well-being

C1. Does your child currently have a 504 plan, or does your child not have a 504 plan?

- Has 504 plan
- Does not have a 504 plan

C2. Does your child currently have an Individualized Education Program (IEP), or does your child not have an IEP?

- Has an IEP
- Does not have an IEP

SECTION C-2. Child Social and Emotional Well-being

INSTRUCTIONS: This next set of questions will ask you about your child's strengths, social well-being and emotional well-being. Please think about your identified child as you answer each question.

C3. In your opinion, what are your child's three greatest strengths?

Strength 1:

Strength 2:

Strength 3:

C4. In general, how easy or hard is it for your child to make friends?

- Very easy
- Somewhat easy
- Somewhat hard
- Very hard
- Don't know/Does not apply

C5. How much is your child liked by other children?

- A great deal
- A lot
- A moderate amount
- A little
- Not at all
- Don't know/Does not apply

C6. How much does your child get along with other adults in his/her life?

- A great deal
- A lot
- A moderate amount
- A little

- Not at all
- Don't know/Does not apply

C7. Does your child have others outside of your family that are positive influences in his/her life?

- Yes
- No
- Don't know

C8. Has anyone consistently been in your child's life since birth?

- Yes
- No
- Don't know

C9. How easy or hard is it for your child to bounce back quickly when things don't go his or her way?

- Very easy
- Somewhat easy
- Somewhat hard
- Very hard
- Don't know/Does not apply

C10. How easy or hard is it for your child to find things he/she likes about himself/herself?

- Very easy
- Somewhat easy
- Somewhat hard
- Very hard
- Don't know/Does not apply

C11. How easy or hard is it for your child to stay calm when faced with a challenge?

- Very easy
- Somewhat easy
- Somewhat hard
- Very hard
- Don't know/Does not apply

C12. How easy or hard is it for your child to ask for help?

- Very easy
- Somewhat easy
- Somewhat hard
- Very hard
- Don't know/Does not apply

C13. How optimistic is your child about his or her future?

- Extremely optimistic
- Very optimistic
- Moderately optimistic
- Slightly optimistic
- Not at all optimistic
- Don't know/Does not apply

C14. How often does your child offer to help others?

- Always
- Most of the time
- About half the time
- Some of the time
- Never
- Don't know/does not apply

C15. During the past 6 months, how often did you child show interest and curiosity in learning new things?

- Always
- Most of the time
- About half the time
- Sometimes
- Never
- Don't know/Does not apply

C16. Does your child have a physical health issue that impacts his or her daily functioning?

- Does not have a physical health issue
- Has physical health issue (Explain):

C17. Does your child have a physical disability that impacts his or her daily functioning?

- Does not have a physical disability issue
- Has physical disability issues (Explain):

C18. Does your child have mental health issues that impact his or her daily functioning?

- Does not have mental health issue
- Has mental health issue (Explain):

C19. Does your child/youth have an intellectual disability that impacts his or her daily functioning?

- Does not have intellectual disability
- Has intellectual disability (Explain):

SECTION C-3. Challenging Behavior

Instructions: This next set of questions will ask you about your child's challenging behavior. Please think about your identified child as you answer each question.

C20. Does your child/youth have alcohol or substance use problems that impact his or her daily functioning?

Does not have alcohol/substance use problems

Has alcohol/substance use problems (Explain):

C21. Does your child have food or eating issues that impact his or her daily functioning?

Does not have food or eating issues

Has food/eating issues (Explain):

C22. Does your child have sibling conflicts that impact his or her daily functioning?

Does not have issues with sibling conflict

Has sibling conflict issues (Explain):

C23. Please think about this child's physical and mental health, behavioral issues, and child care. In the past 6 months, did you or did anyone in your family have to quit a job, refuse a job offer, or change a job because of any of these issues with this child, or did they not have to do any of these things?

No, did not have a job impact

Yes, had job impact (Explain):

SECTION C-4. Out of Home Care

INSTRUCTIONS: For the next set of questions about Out of Home Care, please

keep the identified child in mind when you answer.

C24. Since the adoption or guardianship was finalized, has your child ever lived outside of your home for two weeks or longer because he or she was...

- Living with a relative or family friend? Yes No

- Receiving treatment in a residential treatment setting? Yes No

- Receiving treatment in a psychiatric hospital setting? Yes No

- In a juvenile justice setting? Yes No

- Homeless or ran away from home? Yes No

- In an emergency assessment bed? Yes No

- Other (Please describe):

C25. Where is your child currently living?

With me

With a relative or family friend

Residential treatment setting

Psychiatric hospital setting

Juvenile justice setting

Run away or homeless

Emergency assessment bed

Other (Please describe):

SECTION D-1. Caregiver Well-being Child's Impact on Family Well-Being

INSTRUCTIONS: The next few questions ask you to think about the overall impact of adoption or guardianship of your identified child/children on your family. Keep only ONE child in mind as you respond.

D1. Overall, how would you rate the impact of your child's adoption or guardianship on your family?

- Extremely positive
- Moderately positive
- Slightly positive
- Neither positive nor negative
- Slightly negative
- Moderately negative
- Extremely negative

D2. Overall, how do you think your spouse, partner, or other adult caring for your child would rate the impact of your child's adoption or guardianship on your family [If you are a single parent or do not have another adult caring for the child with you, skip to D4.

- Extremely positive
- Moderately positive
- Slightly positive

Section D-2. Caregiver Experiences over the Past 6 Months

INSTRUCTIONS: In this section, we will ask you questions about your own experiences as a parent or guardian for your child, past experiences you may have had, and the support from those around you. Additionally, we will ask a few more questions specifically around adoption and guardianship.

- Neither positive nor negative
- Slightly negative
- Moderately negative
- Extremely negative

D3. Overall, would you say the impact of your child's adoption or guardianship on your relationship with your partner, spouse, or other adult caring for this child has been...?

- Extremely positive
- Moderately positive
- Slightly positive
- Neither positive nor negative
- Slightly negative
- Moderately negative
- Extremely negative

D4. Overall, would you say the impact of your child's adoption or guardianship on your other children has been...?

- Extremely positive
- Moderately positive
- Slightly positive
- Neither positive nor negative
- Slightly negative
- Moderately negative
- Extremely negative
- Not applicable

D5. During the past 6 months, as a result of parenting your child who was adopted or in guardianship, how much was each of the following a problem for YOU?

	Not at all	A little	A moderate Amount	A lot	A great deal
A. Interruption of personal time?					
B. Missing obligations related to your job or similar responsibilities?					
C. Disruption of family routines?					
D. Financial strain for your family?					
E. Less attention paid to other family members?					
F. Disruption or upset relationships within the family?					
G. Disruption of your family's social activities?					
H. Disruption of friendship or significant relationships within the community?					
I. Poor self-care?					
J. Increase in your alcohol consumption or substance use?					

D6. Please think back to how YOU have felt as a result of parenting your child who was adopted or is in guardianship. During the past 6 months, as a result of parenting your child:

	Not at all	A little	A moderate amount	A lot	A great deal
K. How isolated have you felt?					
L. How sad or unhappy have you felt?					
M. How angry or frustrated have you felt?					

	Not at all	A little	A moderate amount	A lot	A great deal
N. How worried have you felt about your child's future?					
O. How worried have you felt about your family's future?					
P. How resentful have you felt?					
Q. How overwhelmed have you felt?					
R. How hopeful have you felt?					
S. How proud have you felt?					
T. How supported have you felt?					
U. How misunderstood have you felt?					
V. How judged or criticized have you felt?					

Section D-3. Adoption and Guardianship Experiences

INSTRUCTIONS: This set of questions asks more specifically about adoption and guardianship. Please think about the identified child as you answer each question.

D7. In the past 6 months, how often did your child bring up adoption or guardianship in conversation?

- Daily
- Weekly
- Monthly
- Less than monthly
- Never

D8. In the past 6 months, how often did you bring up adoption or guardianship with your child?

- Daily
- Weekly
- Monthly
- Less than monthly
- Never

D9. How comfortable or uncomfortable are you answering questions about his or her birth parent's history?

- Very comfortable
- Somewhat comfortable
- Somewhat uncomfortable
- Very uncomfortable
- Does not apply (please explain):

Section D-4. Contact with Birth Mother and Father

INSTRUCTIONS: For the next set of questions please keep only ONE child in mind when you answer.

D10. In general, how important is it to you that your *identified child* has contact with his or her *birth mother*?

- Extremely important
- Very important
- Moderately important
- Slightly important
- Not at all important
- Contact is not possible (Explain): [Go to D14]_____

D11. In the past 6 months, how often has your child had contact with his or her *birth mother*?

- Daily
- Weekly
- Monthly
- Less than monthly
- Never (Skip to D14).

D12. In the past 6 months, what type of contact has your *identified child* had with his/her *birth mother*? (Check all that apply)

- In-person/Visitation
- Phone/Skype/Facetime
- Mail/Email
- Social Media
- Other

D13. In the past 6 months, how has your *identified child's* contact with his or her *birth mother* impacted your family?

- Very positive impact
- Slightly positive impact
- Neither positive nor negative
- Slightly negative impact
- Very negative impact

D14. In general, how important is to you that the identified child/children has contact with his or her *birth father*?

- Extremely important
 - Very important
 - Moderately important
 - Slightly important
 - Not important at all
 - Contact is not possible (Explain): [Go to D18]
-

D15. In the past 6 months, how often has your identified child had contact with his or her *birth father*?

- Daily
- Weekly
- Monthly
- Less than monthly
- Never [Go to D18].

D16. In the past 6 months, what type of contact has your identified child had with his/her *birth father*? (Check all that apply)

- In-person/Visitation
- Phone/Skype/Facetime
- Mail/Email
- Social Media
- Other

D17. In the past 6 months, how has your child's contact with his or her *birth father* impacted your family?

- Very positive impact
- Slightly positive impact
- Neither positive nor negative
- Slightly negative impact
- Very negative impact

Section D-5. Contact with Birth Siblings

INSTRUCTIONS: For the next set of questions, please keep only ONE child in mind when you answer.

D18. How many birth siblings does your child have? [If 0, skip to D26].

- Birth siblings (How many?)
- Don't know.

D19. Did you adopt your child's birth siblings?

- Yes
- No
- My child does not have birth siblings

D20. How many birth siblings live with you?

- Number of siblings

D21. Do ALL your child's birth siblings live with you?

- Yes
- No
- Don't know

D22. How many of your child's birth siblings live outside of your home?

- Birth siblings [If 0, skip to D26].

Complete the following if your child has at least one birth sibling living outside of your home:

D23. In general, how important is it to you that the Identified Child has contact with his or her *birth siblings* living outside of your home?

- Extremely important
- Very important
- Moderately important
- Slightly important
- Not important at all

D24. In the past 6 months, how often has your child had contact with his or her birth sibling living outside of your home? Please refer to the birth sibling living outside of your home who has the most contact with the Identified Child.

- Daily
- Weekly
- Monthly
- Less than monthly
- Never [Skip to D26].

D25. In the past 6 months, what type of contact has your Identified Child had with this birth sibling? (Check all that apply).

- In-person/Visitation
- Phone/Skype/Facetime/Zoom
- Mail/Email
- Social Media
- Other

D26. In the past 6 months, how has your Identified Child's contact with this birth sibling impacted your family?

- Very positive impact
- Slightly positive impact
- Neither positive nor negative
- Slightly negative impact
- Very negative impact

D27. If you currently do not have contact with your child's birth family, how comfortable do you feel about your ability to establish contact?

- Very comfortable
- Somewhat comfortable
- Somewhat uncomfortable
- Very uncomfortable
- Does not apply (Please explain):

D28. When thinking about contact with your child's birth family, how comfortable are you with the supports that you have to help you and your child navigate this contact?

- Very comfortable
- Somewhat comfortable
- Somewhat uncomfortable
- Very uncomfortable

This set of questions asks you to reflect on your adoption and guardianship experiences with your child over time. Please think about the Identified Child as you answer each question.

D29. If you knew then what you know now, do you think you still would have adopted or assumed guardianship of your child?

- Definitely would have
- Probably would have
- Might or might not have
- Probably would not have
- Definitely would not have

D30. How often do you think of ending this adoption of guardianship? Would you say...?

- Never – [Skip to D31]
- Rarely
- Sometimes
- Usually
- Always
- Does not apply (Please explain):

D31. What were reasons why you thought about ending this adoption or guardianship?

D32. Have you or your spouse/partner ever take any of the following actions to end this adoption or guardianship?

	Yes	No
Spoke with a caseworker, adoption agency, or social service agency worker about it		
Spoke with an attorney about it		
Spoke with a close friend or family member about it		
Spoke with clergy or religious leader about it		
Reached out online or via social media		
Spoke with other (Please describe):		

D33. Is there any additional information you would like to share about these actions?

D34. Is there anything else about your experience of adoption or guardianship of your child that you would like to share?

D35. Overall, how would you describe your adoption or guardianship experience?

- Easier than I anticipated
 What I anticipated
 Harder than I anticipated

SECTION E. Transracial Adoption Experiences

In this section, transracial adoption means a public or private adoption of an ethnic minority child of color by one or more parents who are not of the same race or ethnicity of the child.

Family

E1. Does your family see itself as being a transracial family? [If no, skip to Section F.]

Yes No

E2. Has your family talked about being a transracial family?

Yes No

E3. Has your family chosen childcare providers, teachers, or other role models similar to your child’s race and ethnicity?

Yes No

E4. Has your family been involved in religious, social, or recreational groups or activities that reflect your child’s race or ethnicity or culture?

Yes No

E5. Does your child have problems being in a transracial family?

Yes No

E6. Does your child have sources of support in your transracial family?

Yes No

E7. Does or did your child have problems with racial discrimination either presently or in the past?

Yes No

E8. Do you feel you know how to help your child when he or she is being teased or bullied or discriminated against because of race?

Yes No

E9. Has the transracial adoption or guardianship had an impact of your well-being?

Yes No

E10. Has the transracial adoption or guardianship had an impact on your marriage or significant other relationship?

Yes No

Section F. Community Services

The next four questions ask you about services in your community.

F1. Which Human Service Center do you reside nearest to?

Region 1- Northwest Human Service Center (Williston Area)

Region 2- North Central Human Service Center (Minot Area)

Region 3 – Lake Region Human Service Center (Devils Lake Area)

Region 4 – Northeast Human Service Center (Grand Forks Area)

Region 5 – Southeast Human Service Center (Fargo Area)

Region 6 – South Central Human Service Center (Jamestown Area)

Region 7 – West Central Human Service Center (Bismarck Area)

Region 8 – Badlands Human Service Center (Dickinson Area)

My family resides outside of North Dakota

F2. In your opinion, what are the top three most important services or supports for families formed through adoption or guardianship? The listing of the services does not need to be ordinal.

Helpful Service 1:

Helpful Service 2:

Helpful Service 3:

F3. In your community, what three services are most needed but hard to get or not available for families formed through adoption or guardianship? The listing of the services does not need to be ordinal.

Need Service 1:

Need Service 2:

Need Service 3:

F4. In your community, what are the three biggest barriers to getting support or services families formed through adoption or guardianship? The listing of the services does not need to be ordinal.

Barrier

1:

Barrier

2:

Barrier

3:

F5. In the past 6 months, how easy or hard has it been to get respite when needed? (Caregiver Support)

Very easy

- Somewhat easy
- Somewhat hard
- Very hard
- Have not needed
- Not applicable

F6. In your opinion, what are your three greatest strengths as a parent or guardian? (Caregiver Resilience) The listing of your strengths does not need to be ordinal.

Strength 1

Strength 2

Strength 3

SECTION G. Demographics

G1. What is your month and year of birth?

 (MM/YYYY)

G2. What is your currently relationship status?

- Single, never married, not living with partner
- Living with a partner
- Married
- Separated
- Divorced
- Widowed

G3. In what way(s) has the COVID-19 pandemic distressed you and your family? Select all that apply.

- Financially
- Socially
- Physical Health
- Mental and Emotional Health
- Other (Please explain):

- Don't know

G4. In general (thinking financial, social, physical, mental and emotional impacts, etc.), what is the level of distress you have experienced due to the COVID-19 pandemic?

- Not at all distressed
- A little distressed
- Moderately distressed
- Highly distressed
- Not applicable

**Would you like to answer for another child? If yes, *continue to the following page*.
If no, you have completed the survey. Thanks for your responses!**
