

Partners for Our Children/Children’s Administration Parent Interview

MASTER PAPER VERSION

TABLE OF CONTENTS

ADMIN QUESTIONS AND UNDERLYING DATA 2

INTRODUCTION 3

SECTION A: DEMOGRAPHIC INFORMATION 1 - HOUSEHOLD..... 4

SECTION B: FAMILY STRENGTHS APPROACHES, ENGAGING FAMILIES AND CASE PLANNING, ENGAGEMENT 8

SECTION C: SERVICE 1 –PARENT SERVICES 1..... 15

SECTION D: SERVICE 2 – PARENT SERVICES 2..... 17

SECTION E: SERVICE 3 – CHILD SERVICES 20

SECTION F: PARENTAL STRESS SCALE..... 22

SECTION G: CONFLICT TACTIC SCALE 1 26

SECTION H: SEXUAL ABUSE 27

SECTION I: DEMOGRAPHIC INFORMATION 2 19

SECTION J: POSITIVE FEEDBACK 33

SECTION K: WRAP UP AND FUTURE CONTACT INFORMATION..... 35

ADMIN QUESTIONS AND UNDERLYING DATA to be used for skip patterns

intdate

Date

unit

Unit/Office ID

reg

Region 1 2 3 4 5 6

unitid

[IWER: PLEASE ENTER THE UNIT/OFFICE ID] _____

regionid

[IWER: PLEASE ENTER THE REGION ID] _____

sex

[IWER: PLEASE ENTER THE GENDER OF THE RESPONDENT]

1 Female

2 Male

INTRODUCTION

capiintro

Hi! My name is _____. Thanks again for allowing us to interview you. Your participation in this survey is very important. The Children's Administration is trying to improve services for parents and children. With your help, we can see if services are getting better. Before we move on, I want to remind you that all of the information you give as part of this study will be kept strictly confidential.

showcard

Now, I have a few instructions about the survey itself. This survey will be administered three ways. For most of the survey, I'll read each question out loud, and you'll tell me the answer that comes closest to how you feel. During another section I will use a pencil and paper format to record your answers. For a small section of the survey, you will listen to pre-recorded questions through headphones and record your own answers on the laptop. When the time comes for you to listen to pre-recorded questions, I will show you how to use the headphones, recorder and laptop.

Your answers are important, so please try to answer all of the questions. Just let me know if you don't understand something or have questions. If you decide that there's something you don't want to answer, just let me know and I'll skip over it. Okay?

[IWER: HAND RESPONDENT THE SHOW CARD]

This is a show card. We'll be using it for many of the questions I read to you. It will help the interview go more quickly. You'll notice that there are different sets of answer options listed in each box. As we go through the interview, I will let you know which set of responses to use for each question by telling you which box to look at. You'll give me your response by telling me the number associated with your answer choice. For example, on show card 1 'Yes' is number 1 and 'No' is number 2. If you want to answer 'Yes,' just say, "1". Using the numbers associated with the response choices helps to keep your answers more private.

Before we get started, do you have any questions for me about the show card or how this survey works?

[IWER: ANSWER QUESTIONS]

Okay, let's get started!

SECTION A: DEMOGRAPHIC INFORMATION 1 – HOUSEHOLD

BEGIN TIME: CALCULATE SURVEY START TIME

demo1hh

The first questions I'm going to ask you are about you, your family and your household.

dob

Let's start with you.

A1. What is your date of birth?

____/____/____
(mm / dd / yyyy)

demo2hh

(CAPI: For this next question, please look at **show card 3**.)

marstat

A2. What is your current marital status?

1. Single, never married
2. Married or in a committed partner relationship
3. Separated, divorced or widowed

livsit

A3. Which best describes your current living situation?

[IWER: [Read options 1-6 to R](#)]

1. House/Apartment
2. Hotel/motel/Single Residence Occupancy
3. Staying with friends/family
4. Homeless shelter /no housing
5. Residential Treatment
6. Other (specify)_____

hhnum

A4. **Other than yourself**, how many adults **19 years of age and older**, are in your household?

— —

hhchnum

A5. How many children, **18 years of age and younger**, are in your household?

— —

chtotnum

Now I'd like to ask you about your children.

A6. How many biological or adopted children do you have?

— —
of children

CHECK: HOW MANY CHILDREN DOES R HAVE?

If chtotnum =1, skip to ch1sex (A7) and use language left of slash

If chtotnum >1, continue and use language right of slash

childintro1

For each of your children, I'm going to ask their gender, date of birth and whether or not they have any special needs. Okay, let's start with your oldest child.....

ch1sex

A7. What is the gender of {your child/your oldest child}?

1. Female
2. Male
3. Refused
4. Don't Know

ch1dob

A8. What is this child's date of birth?

____/____/____
(mm/dd/yyyy)

chlldis1

A9. Now, please look at **show card 5** and tell me if this child has any of the special needs listed. Please select all that apply. If your child does not have any of these, please select that option.

1. **ch1ldis** Learning Disability
2. **ch1shv** Speech, hearing or vision problems
3. **ch1phdis** Physical disability
4. **ch1mh** Mental health condition, such as ADHD or depression
5. **ch1na** None - My child does not have any of the conditions listed above

[IWER: ASK CHILDREN QXS FOR EACH CHILD (chtotnum = number of children)]

ch2sex

A10. What is the gender of your next oldest child?

1. Female
2. Male
3. Refused
4. Don't Know

ch2dob

A11. What is this child's date of birth?

____/____/____
(mm/dd/yyyy)

chlldis2

A12. Now, look at **show card 5** again and tell me if **this** child has any of the special needs listed.

1. **ch2ldis** Learning Disability
2. **ch2shv** Speech, hearing or vision problems
3. **ch2phdis** Physical disability
4. **ch2mh** Mental health condition, such as ADHD or depression
5. **ch2na** None - My child does not have any of the conditions listed above

SECTION B: FAMILY STRENGTHS APPROACHES, ENGAGING FAMILIES AND CASE PLANNING, ENGAGEMENT (YATCHMENOFF)

yatchinto

We are interested in how things are going with your Children's Administration social worker (also known as CPS and child welfare worker).

For this first set of questions, please think about the CPS social worker you have had **the most recent** contact with in ~~the last month~~. Do you have that person in mind?

(CAPI: Okay, looking at **show card 2**, please tell me how much you agree or disagree with the following statements about this social worker.)

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	
B1. My social worker is interested in learning about me and my family.	1	2	3	4	5	famstr1
B2. My worker asks me about others in my life (such as family and friends) who could be helpful to me.						eng1
B3. My worker listens to my ideas about what would be helpful for me and my family.						eng2
B4. My social worker asks me about things I do well.						famstr2
B5. My worker asks me about my strengths as a parent.						famstr4
B6. My worker only focuses on my problems.						famstr5
B7. I get the feeling that my worker thinks I have more problems than strengths.						famstr3
B8. I don't have a say in decisions made about my case.						eng5
B9. My worker acts like he or she already knows what my problems were without listening to my side of things.						eng6
B10. My worker doesn't understand where I'm coming from at all.						yeng16

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	
B11. My worker asks me about what I need help with.	1	2	3	4	5	eng3
B12. My worker helps me see - step by step – what I need to do to get CPS out of my life.						eng8
B13. My worker is helping me plan so I can prevent problems in the future.						yeng19
B14. My goals are included in my CPS case plan.						eng4
B15. I was connected to services that are helpful to me and my family.						eng7
B16. The services I was referred to were not sensitive to my cultural/ethnic background.						eng9
B17. My worker keeps me informed about what is happening with my case.						eng10
B18. Sometimes my worker says things I don't understand.						eng11
B19. It's hard for me to work with my assigned worker.						yeng5
B20. I don't think my worker knows how hard it is to be involved with CPS.						yeng20

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	
B21. My worker and I agree about what's best for my {child/children}.	1	2	3	4	5	yeng11
B22. I think my worker and I respect each other.						yeng9
B23. My worker is respectful of my cultural/ethnic background.						yeng22
B24. My worker believes I can grow and change.						yeng21
B25. I get compliments from my worker when I do something well.						yeng23

yatch2into

Now I'm going to read some statements to you about your most recent experience with CPS in general.

(CAPI: Use **show card 2** and think about your most recent experience with CPS for each one.)

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	
B26. I realize I need some help to make sure my kids have what they need.	1	2	3	4	5	yeng2
B27. I believe my family will get the help we really need from CPS.						yeng1
B28. I was fine before CPS got involved. The problem is theirs, not mine.						yeng3
B29. Anything I say they're going to turn it around to make me look bad.						yeng6
B30. There's a good reason why CPS is involved in my family.						yeng7
B31. I really want to make use of the service (help) CPS is providing me.						yeng4
B32. I'm not just going through the motions. I'm really involved in working with CPS.						yeng10
B33. I feel like I can trust CPS to be fair and to see my side of things.						yeng12
B34. I think things will get better for my {child/children} because CPS is involved.						yeng13
B35. What CPS wants me to do is the same as what I want.						yeng14
B36. There were definitely some problems in my family that CPS saw.						yeng15
B37. Working with CPS has given me more hope about how my life is going to go in the future.						yeng8
B38. CPS is not out to get me.						yeng18
B39. CPS is helping my family get stronger.						yeng17

SECTION C: SERVICE 1 – PARENT SERVICES

serv1intro

Next I am going to read a list of services families sometimes need. Please tell me whether you are **getting each service**. If you are **not** getting the service, I'm going to ask you whether you think that you or your family **need** the service.

This first set of services has to do with things parents might find helpful in order to run a household.

(CAPI: You can use **show card 1** and answer "1" for "Yes" and "2" for "No.")

IF NO TO QUESTION IN THE a GRID, ASK THE FOLLOW UP QUESTION IN THE b GRID, THEN COME BACK TO THE NEXT QUESTION IN GRID a.

Example: C1a = No → C1b = Yes/No → C2a

C1a = Yes → C2a

Are you getting help...

	Yes	No	
C1a. Finding a place to live?	1	2	svc10
C2a. With basic home management, like budgeting or housekeeping?			svc3
C3a. With home repair or maintenance?			svc11
C4a. Getting enough food?			svc13
C5a. With clothing for you and your family?.			svc14
C6a. With transportation?			svc15
C7a. Applying for financial assistance or income support?			svc16
C8a. With finding and/or keeping a job?			svc12
C9a. Obtaining education or getting a GED?			svc17

Do you need this service?

	Yes	No	
C1b. Finding a place to live?	1	2	svcnd10
C2b. With basic home management, like budgeting or housekeeping?			svcnd3
C3b. With home repair or maintenance?			svcnd11
C4b. Getting enough food?			svcnd13
C5b. With clothing for you and your family?.			svcnd14
C6b. With transportation?			svcnd15
C7b. Applying for financial assistance or income support?			svcnd16
C8b. With finding and/or keeping a job?			svcnd12
C9b. Obtaining education or getting a GED?			svcnd17

SECTION D: SERVICE 2 – PARENT SERVICES

serv2intro

This next set of questions is about services you may or may not be getting for your physical and emotional health.

(CAPI: Continue to use **show card 1** and tell me if you are getting...)

IF NO TO QUESTION IN THE a GRID, ASK THE FOLLOW UP QUESTION IN THE b GRID, THEN COME BACK TO THE NEXT QUESTION IN GRID a.

Example: D1a = No → D1b = Yes/No → D2a

D1a = Yes → D2a

	Yes	No	
D1a. Medical Services like medical care for a health problem?	1	0	svc8
D2a. Substance Abuse Services such as professional counseling to help you deal with a drug or alcohol problem?			svc5
D3a. Basic Parenting Assistance such as help learning new ways to parent?			svc1
D4a. Help learning how to deal with a child's challenging behaviors?			svc2
D5a. Social or Emotional Support such as help and support from people experiencing similar problems, like from a support group or individually from a mentor?			svc4
D6a. Mental Health Services such as medication and/or counseling to help with difficult emotions, feelings or behaviors?			svc7
D7a. Family Counseling like counseling provided by a therapist or counselor for the family as a whole unit? Family Counseling can include help learning how to deal with family conflicts.			svc6
D8a. Domestic Violence Services provided for			svc9

yourself or because a partner is threatening or abusive?			
D9a. Anger management services for you or your partner?			Svc24

Do you need this service?

	Yes	No	
D1b. Medical Services like medical care for a health problem?	1	2	svcnd8
D2b. Substance Abuse Services such as professional counseling to help you deal with a drug or alcohol problem?			svcnd5
D3b. Basic Parenting Assistance such as help learning new ways to parent?			svcnd1
D4b. Help learning how to deal with a child's challenging behaviors? This is called <i>Behavior Management Techniques</i>			svcnd2
D5b. Social or Emotional Support such as help and support from people experiencing similar problems, like from a support group or individually from a mentor?			svcnd4
D6b. Mental Health Services such as medication and/or counseling to help with difficult emotions, feelings or behaviors?			svcnd7
D7b. Family Counseling like counseling provided by a therapist or counselor for the family as a whole unit? Family Counseling can include help learning how to deal with family conflicts.			svcnd6
D8b. Domestic Violence Services provided for yourself or because a partner is threatening or abusive?			svcnd9
D9b. Anger management services for you or your partner?			Svcnd24

SECTION E: SERVICE 3 – CHILD SERVICES

serv3intro

This next list includes services parents might need for their children.

(CAPI: Still using **show card 1**, please tell me if you are getting...)

IF NO TO QUESTION IN THE a GRID, ASK THE FOLLOW UP QUESTION IN THE b GRID, THEN COME BACK TO THE NEXT QUESTION IN GRID a.

Example: E1a = No → E1b = Yes/No → E2a

E1a = Yes → E2a

	Yes	No	
E1a. Help finding community activities, such as recreational activities for your {child/children} or for the entire family?	1	2	svc18
E2a. Respite care or paid babysitting for your {child/children} when you need a break or have something to do?			svc23
E3a. Day care or preschool for several hours per week to help prepare your young {child's/children's} for kindergarten and elementary school?			svc22
E4a. Developmental disabilities support services to help you deal with your {child's/children's} special needs, such as autism, intellectual disability (mental retardation), cerebral palsy, or seizures?			Svc19
E5a. Help with your {child's/children's} school attendance? For example, help getting your {child/children} to school on time or more often.			svc21
E6a. Was an education plan developed for your {child/children} to help to address their educational needs?			svc20

Do you need this service?

	Yes	No	
E1b. Help finding community activities, such as recreational activities for your {child/children} or for the entire family?	1	2	svcnd18
E2b. Respite care or paid babysitting for your {child/children} when you need a break or have something to do?			svcnd23
E3b. Day care or preschool for several hours per week to help prepare your young {child's/children's} for kindergarten and elementary school?			svcnd22
E4b. Developmental disabilities support services to help you deal with your {child's/children's} special needs, such as autism, intellectual disability (mental retardation), cerebral palsy, or seizures?			Svcnd19
E5b. Help with your {child's/children's} school attendance? For example, help getting your {child/children} to school on time or more often.			svcnd21
E6b. Was an education plan developed for your {child/children} to help to address their educational needs?			svcnd20

SECTION F: PARENTAL STRESS SCALE

pssintro

The following statements describe feelings and perceptions about the experience of being a parent. For each one, think about how your relationship **typically** is with your {child/children}.

(CAPI: Please look at **show card 6** and tell me how much you agree or disagree with each one.)

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	
F1. I am happy in my role as a parent.	1	2	3	4	5	pss1
F2. There is little or nothing I wouldn't do for my {child/children} if it was necessary.						pss2
F3. Caring for my {child/children} sometimes takes more time and energy than I have to give.						pss3
F4. I sometimes worry whether I am doing enough for my {child/children}.						pss4
F5. Having {a child/children} gives me a more certain and optimistic view for the future.						pss8
F6. I am satisfied as a parent.						pss17
F7. I find my {child/children} enjoyable.						pss18
F8. The major source of stress in my life is my {child/children}.						pss9
F9. Having {a child/children} leaves little time and flexibility in						pss10

my life.						
F10. Having {a child/children} has been a financial burden.						pss11

(CAPI: Please continue to look at **show card 6** and tell me how much you agree or disagree with each one.)

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	
F11. It is difficult to balance different responsibilities because of my {child/children}.	1	2	3	4	5	pss12
F12. The behavior of my {child/children} is often embarrassing or stressful to me.						pss13
F13. If I had it to do over again, I might decide not to have {a child/children}.						pss14
F14. I feel overwhelmed by the responsibility of being a parent.						pss15
F15. Having {a child/children} has meant having too few choices and too little control over my life.						pss16
F16. I feel close to my {child/children}.						pss5
F17. I enjoy spending time with my {child/children}.						pss6
F18. My {child/children} {is/are} an important source of affection for me.						pss7

IWER: LET R KNOW YOU WILL BE SWITCHING TO A PENCIL AND PAPER FORMAT FOR THE NEXT SECTION.

ACASI- MINI

BEGIN ACASI SECTION

Acasitrans

IWER: PLEASE TURN LAPTOP OVER TO RESP WITH HEADPHONES

acasiinto

For your privacy, you'll answer this next set of questions on your own.

After you read a question, use the mouse to click on the number of the answer that comes closest to how you feel, then click "NEXT" to go on. If you need to change an answer, click "PREVIOUS" with the mouse to go backward. Let me know if you have any questions, need any help or don't want to answer a question. When you're done, turn the laptop back around to me and we'll continue through the rest of the survey.

SECTION G: CONFLICT TACTIC SCALE 1

ctsintro

Now we'd like to ask you about your relationship with your **current** or **most recent** partner. The first three questions are about things your partner may or may not have done to you.

	Yes	No	
G1. Has your partner threatened to do something violent to you such as hit, use a weapon, or throw something at you?	1	2	cts1p
G2. Has your partner grabbed, shaken, slapped or kicked you?			cts2p
G3. Has your partner physically hurt you in another way such as beat you up, choked or burned you, or used a weapon on you?			cts3p

ctsintro2

These next three questions are about things you may or may not have done to your partner.

	Yes	No	
G4. Have you threatened to do something violent to your partner such as hit, use a weapon, or throw something at him or her?	1	2	cts1sf
G5. Have you grabbed, shaken, slapped or kicked your partner?			cts2sf
G6. Have you physically hurt your partner in another way such as beat up, choked or burned, or used a weapon on him or her?			cts3sf

SECTION H: SEXUAL ABUSE

abuseintro

Now we'd like to ask you some questions about your own experiences as a child. These questions might be very sensitive.

As you know, sometimes, in spite of efforts to protect them, children are sexually maltreated, molested, or touched in sexual ways that are wrong. To find out more about how often this occurs, we'd like to ask you about your experiences when you were a child, before you turned age 18.

In these questions, we will be referring to an adult or older child. This person could be a member of your family or someone outside of it.

	No, it did not happen	Yes, it happened just once	Yes, it happened more than once	REF	DK	
H1. Before age 18, were you ever touched in a sexual way by an adult or older child when you did not want to be touched that way?	0	1	2	-7	-9	satouch
H2. Before age 18, were you ever forced to touch an adult or older child in a sexual way?						Satouch 2
H3. Before age 18, were you ever forced to have sex with an adult or older child who was a member of your family or anyone outside of your family?						sasex

Abuseconclu

This is the end of the self-administered section. We realize these questions were sensitive and may have been difficult to answer. If you would like to talk to someone about any feelings you may have as a result of answering these questions, here are some resources you can call:

Childhelp® USA National Child Abuse Hotline: 1-800-A-CHILD (1-800-422-4453), TDD: 1-800-2-A-CHILD

King County 24-Hour Crisis Line: 206-461-3222 or 1-866-4-CRISIS

Pierce County 24-Hour Crisis Line: 1-800-576-7764

Snohomish County 24-Hour Crisis Line: 1-800-584-3578

endacasi

Please turn the laptop back around to the interviewer.

SECTION I: DEMOGRAPHIC INFORMATION 2

demogra2

Thank you. Now I'd like to ask you some demographic questions.

(CAPI: Please look at **show card 8** for the next one.)

raceth

I1. How would you describe your race/ethnicity? Please select all that apply.

1. Caucasian
2. African American
3. Native American
4. Asian American / Pacific Islander
5. Hispanic / Latino
6. Mixed race (two or more of the above races/ethnicities)
7. Other (specify) _____

IS R NATIVE AMERICAN?

- IF YES (raceth = 3), THEN CONTINUE TO Q 12.
- IF NO (raceth ≠ 3), THEN SKIP TO Q 13.edulvl

trib

I2. Are you tribal enrolled?

- 1 Yes
- 2 No

edulvl

I3. Now I will ask you about your level of education. Please look at **show card 9**. What is the highest level of schooling you have completed?

1. Less than high school
2. Some high school
3. High school graduate or GED
4. Post high school technical training
5. Some college
6. College degree

empstat

I4. What is your current employment situation?

1. Not currently employed
2. Employed full-time (35 hours or more per week)
3. Employed part-time or seasonally

hhincintro

Next I'd like to ask about your household income. Please look at **show card 1** and tell me if you are currently receiving any of the following:

IS R CURRENTLY EMPLOYED?

- IF YES (empstat = 2 or 3), CONTINUE TO Q 14. empinc
- IF NO (empstat = 1), SKIP TO Q 15. tanfinc

	Yes	No	
14. Income from employment?	1	2	empinc
15. Temporary Assistance For Needy Families (TANF)			tanfinc
16. General Assistance (GA)?			gainc
17. Unemployment Insurance?			uempinc
18. Social Security Disability?			ssdinc
19. Food Stamps?			foodinc
110. Public Housing (Section 8)?			sec8inc
111. Cash from family, friends, or a partner?			ffpinc

thhinc

112. Looking at **show card 10**, what was your total household income from all sources before taxes in **2007**?

1. Less than \$10,000
2. \$10,001 to 20,000
3. \$20,001 to 30,000
4. \$30,001 to 40,000
5. \$40,001 to 50,000
6. \$50,001 to 60,000
7. \$60,001 to 70,000
8. \$70,001 to 80,000
9. \$80,001 to 90,000
10. More than \$90,000

(CAPI: Look back to **show card 1**.)

During the past 12 months have there been any times when you have not had the money to...	Yes	No	lackintro
I13. Buy clothing or shoes that your family needed?	1	2	lacclo
I14. Pay the rent or mortgage?			lacent
I15. Pay an important bill like a utility bill or a medical bill?			lacbill

(CAPI: Still using **show card 1...**)

Please tell me if you have experienced any of the following during the past 12 months :	Yes	No	lackintro2
I16. Not being able to buy enough food to feed your family?	1	2	lacfood
I17. Gone to a food pantry or community meal program?			foodbank
I18. Had your utilities shut off?			shutoff
I19. Been evicted?			evict
I20. Had to move in with family or friends because you could not afford your own apartment or house?			famfrnd
I21. Had your furniture, car, or other belongings repossessed?			reposs
I22. Been homeless?			homlss

SECTION J: POSITIVE FEEDBACK

postiveinto

Before we end the survey, I'd like to give you a chance to tell us about your experience with CPS as well as to give us some feedback about the survey in general.

postiveself

J1. First, please tell us in your own words what your most recent experience with CPS was like?

1	Refused	-6
2	Don't know	-7

postivechild

J2. Now, please tell us in your own words what suggestions do you have for your CPS caseworker?

1	Refused	-6
2	Don't know	-7

opinion1

J3. That is the end of the survey questions, is there anything else you'd like to share with us or do you have any suggestions, comments?

1	Yes	1
2	No	0
3	Refused	-6
4	Don't know	-7

DOES R HAVE ANYTHING ELSE TO ADD?

- IF YES (**opinion1** = YES), CONTINUE.
- IF NO (**opinion1** = NO, REF OR DK), go to **conclusion4**

opinion2

[IWER: PLEASE ENTER SUGGESTIONS OR COMMENTS HERE]

SECTION K: WRAP UP AND FUTURE CONTACT INFORMATION

conclusion1

Okay, that concludes the interview. Thank you very much for your feedback. Please be assured that all of your responses will be kept completely confidential.

conclusion4

[IWER: GIVE RESPONDENT THE REIMBURSEMENT AND ASK HIM/HER TO SIGN RECEIPT]

Well, that's everything. Thank you for your time and thoughtful answers. As your gift for participating in this survey, we'd like to give you \$50 as our way of saying thank you. All you need to do is verify the amount and sign this receipt.

[IWER: THANK R AND TERMINATE INTERVIEW]