

**Parents and Caregivers for Wellness Survey**

Greetings,

Parents and Caregivers for Wellness is a group of Parent/Caregiver run organizations from across California who are working together to improve behavioral health services and supports to children and their families.

Families are the best resource we have to identify the strengths and needs of California’s families. To help us understand what behavioral health services and supports are needed in California, we are asking that you fill out the following survey. The information you provide will help us develop training and advocacy activities.

We hope that you will provide us with your name and contact information at the end of the survey so that we can send you the results of this survey, keep you updated on our activities, and provide you with information that will help you and your family.

If you have any questions about this survey or want to know more about us, please call (805) 384-1555, email [mhannah@unitedparents.org](mailto:mhannah@unitedparents.org) or look us up on Facebook or our website: <https://parentscaregivers4wellness.org/>

Thank you for your time.

**United Parents**

**Capital Adoptive Families Alliance**

**California Alliance of Caregivers**

**California Mental Health Advocates for Children and Youth**

**East Bay Children’s Law Offices**

**General Information:**

1. Which city do you live in?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Which county do you live in?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is the age of the child in your home requiring/receiving mental health services?
   1. Birth to 3 years old
   2. 4 to 5 years old
   3. 6 to 11 years old
   4. 12 to 15 years old
   5. 16 to 18 years old
   6. 19 to 20 years old
   7. 21 to 24 years old
   8. 25+
2. What is your relationship to the child in your care? (check all that apply)
   1. Adoptive parent
   2. Biological parent
   3. Foster parent/Resource parent
   4. Relative Caregiver (grandparents, aunts, uncles, distant relatives or friend of the family)
   5. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Which category best describes your child? (check all that apply)
4. American Indian/Alaska Native
5. Latino/Latina
6. Hispanic
7. Black/African American
8. Asian
9. Native Hawaiian/Pacific Islander
10. White/Caucasian
11. Middle Eastern
12. Mixed race/multiracial
13. Other \_\_\_\_\_\_\_\_\_\_\_\_
14. What kinds of concerns do you have about the child/children you care for regarding their physical/neurological health? (check all that apply)
    1. Developmental disabilities
    2. Autism
    3. Insomnia
    4. Being Bullied
    5. Violence in the home/community
    6. Special Education
    7. None
    8. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
15. What kinds of concerns do you have about the child/children you care for regarding their mental health? (check all that apply)
    1. Attention Deficit/Hyperactivity Disorder
    2. Anxiety Disorders
    3. Depression
    4. Suicidality/Self Harm
    5. Oppositional, Defiance and/or conduct challenges
    6. Mood Disorders
    7. Eating Disorders
    8. Obsessive Compulsive Disorder
    9. Attachment/Bonding challenges
    10. Post-Traumatic Stress Disorder
    11. Drug and/or alcohol use
    12. None
    13. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
16. What kinds of concerns do you have about the child/children you care for regarding their behaviors? (check all that apply)
    1. Harm to self/others
    2. Temper Tantrums
    3. Not following directions/inattention
    4. Not sleeping
    5. Defiant behaviors
    6. Problems making friends
    7. Problems getting along with siblings
    8. None
    9. Other\_\_\_\_\_\_\_\_\_\_
17. Do you believe the physical, neurological, mental health and/or behavioral challenges are because of trauma?
    1. Yes
    2. No
18. Are you***receiving***all of the services and supports you need for the child or youth you care for?
    1. Yes (skip to question #13)
    2. No (please answer #11 and #12)
    3. Don’t know (please answer #11 and #12)
19. If you answered “no” or “don’t know” to the question above***, what services are you missing for your child?*** (check all that apply)
    1. Respite
    2. Quality child care
    3. Appropriate therapy
    4. Family advocate or partner
    5. Wraparound Services or intense in-home treatment
    6. Behavioral Support
    7. Residential Program
    8. Support group
    9. Other\_\_\_\_\_\_\_\_\_\_\_\_\_
20. If you answered “no” or “don’t know” to the question above***, why are you missing services? (Check all that apply)***
    1. I don’t know what is available to help me or how to find resources
    2. Services not covered by insurance/can’t afford services
    3. The services and supports I need are not available in my community
    4. I get too overwhelmed
    5. Not enough time in the day to access services/supports
    6. I/my child are not eligible for programs we need
    7. Slow process to receive services
    8. Frequent change in service providers/high turnover
    9. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
21. Are you **r*eceiving*** all of the services and supports you need for yourself?
    1. Yes (skip to question #16)
    2. No (please answer #14 and #15)
    3. Don’t know (please answer #14 and #15)
22. If you answered “no” or “don’t know” to the question above***, what services are you missing?*** (check all that apply)
    1. Time to yourself for self-care
    2. Appropriate therapy
    3. Family advocate or partner
    4. People that I can talk to and don’t judge me
    5. Support group
    6. Legal Support
    7. Financial Support
    8. Other\_\_\_\_\_\_\_\_\_\_\_\_\_
23. If you answered “no” or “don’t know” to the question above***, why are you missing services? (Check all that apply)***
    1. I don’t know what is available to help me or how to find resources
    2. Services not covered by insurance/can’t afford services
    3. The services and supports I need are not available in my community
    4. I get too overwhelmed
    5. Not enough time in the day to access services/supports
    6. I am not eligible for programs I need
    7. Slow process to receive services
    8. Frequent change in service providers/high turnover
    9. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Outreach:**

1. How do you find out about community resources and supports? (check all that apply)
2. Word of mouth
3. Brochures or flyers
4. Referrals
5. Community presentations
6. Program websites
7. Social networking sites (Facebook, Instagram, etc.)
8. Foster Care or Adoption Agency I work with
9. Therapist
10. Agency that provides services to me and/or my child
11. Parent Partner/Family Advocates
12. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information and Classes**

1. What **additional** information and training/classes do you need? (check all that apply)
2. Advocating for system change
3. Advocating for family/self
4. Basic needs
5. Bullying/cyberbullying
6. IEP/Educational Advocacy
7. Mental Health Services Advocacy
8. Compassion Fatigue and self care
9. How to talk to my child/children about drugs and alcohol
10. How to talk to my child/children about sexual development
11. How to talk to my child/children about sexual orientation
12. How to keep my child safe when I am not with them
13. How violence in the home/community affects my child
14. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
15. What is the best day/time for you to attend a training? (check all that apply)
16. M-F mornings
17. M-F afternoons
18. M-F evenings
19. Saturday morning
20. Saturday afternoon
21. Saturday evening
22. Sunday morning
23. Sunday afternoon
24. Sunday evening

**Training Others:**

1. Which **local** ***agencies*** or individuals need to be trained about the needs of you and the child or youth you care for? (check all that apply)
   1. County Leader/Elected Official
   2. Mental Health Provider
   3. Social Worker/Therapist
   4. Child and Family Services/Child Protective Services
   5. Probation
   6. Medical Doctor
   7. Teachers
   8. Other School Staff
   9. Childcare or Preschool Staff
   10. School Administers and/or School Boards
   11. Law Enforcement
   12. Babysitters
   13. General Public
   14. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Local Advocacy:**

1. If you could advocate for anything for you/your child, what would it be?
   1. Respite
   2. Quality Childcare
   3. Better supports in school
   4. Understanding what I need to better care for my child or youth
   5. Information about state and federal laws and regulations
   6. Needed State laws and regulations
   7. Clear understanding of what services are available and how to get them
   8. Other\_\_\_\_\_\_

**Contact Information:**

21. If you would like to be contacted regarding events that may interest you or

provide you with resources you/your child need:

Please provide your first name and last name or initial:

What is your phone number?

What is your email address?

**Optional Supplemental Questions**

1. What sex is your child?
2. Male
3. Female
4. Intersex- general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn’t fit the typical definitions of female or male.
5. I decline to answer
6. If your child is age 3 or older, what gender does your child think of themselves now?
7. Boy/man
8. Girl/woman
9. Transgender
10. Genderqueer- relating to a person who does not subscribe to conventional gender distinctions but identifies with neither, both, or a combination of male and female genders.
11. Questioning or unsure of gender
12. Another gender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
13. I don’t understand this question
14. I decline to answer
15. If your child is 10 years old or older, have they expressed that they feel:
16. Heterosexual/straight
17. Lesbian/gay
18. Bisexual/pansexual
19. Queer
20. Questioning/unsure of sexual orientation
21. My child has not expressed their sexual orientation
22. Another sexual orientation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
23. I don’t understand this question
24. I decline to answer

**Thank you for participating in this survey.**

**Your voice and opinions matter!**