

# Family Needs Assessment



**Your Voice Makes a Difference!** Children are our future. Ensuring their success requires the support and commitment of the entire community. Cumberland County invests significant community resources to support children's healthy development, and to help parents with the challenging and important job of raising healthy, thriving children. We need your ideas and experience to help us serve our community. This survey is confidential. All of your answers will be grouped together.

**1. What is the age of your child(ren) living in your household for which you are the LEGAL GUARDIAN? (Mark All That Apply.)**

- Pregnant       12 through 23 months       3-year-old       5-year-old  
 Birth through 11 months       2-year-old       4-year-old       6 - 9-year-old

**2. How many people currently live in your household (Including yourself)?**

- 2       3       4       5       6       7       8       9 or more

**3. What is your marital status?(Mark one.)**

- Married       Single       Divorced  
 Living with Partner       Separated       Widowed

**4. If you are the LEGAL GUARDIAN of a child, what is YOUR relationship to the child? (Mark one.)**

- Mother/Step Mother       Adoptive Parent       Court-Appointed Legal Guardian       Not a Legal Guardian  
 Father/Step Father       Foster Parent       Grandparent Raising Grandchildren

**5. What is your race?**

- Multi-Racial       American Indian or Alaska Native       Asian or Pacific Islander  
 White or Caucasian       African-American or Black       Other

**6. Are you, yourself, of Hispanic origin or descent, such as Mexican, Puerto Rican, Cuban, or other Spanish background?  Yes  No**

**7. What is the primary language spoken in your home?**

- English       Spanish       More than one       Other \_\_\_\_\_

**8. If you live in Cumberland County, how long have you lived here? (Mark one.)**

- Less than 1 Year       4 - 6 Years       10 or More Years  
 1 - 3 Years       7 - 9 Years       Not a Cumberland County Resident

**9. Are you or your spouse currently serving in the military? (Mark one.)**

- Active Duty       Retired/Veteran       Civil Service Employee  
 National Guard or Reserve Member       Military Contractor       No Military Affiliation

**10. What is the highest degree or level of school you have completed? If currently enrolled, mark the previous grade or highest degree received. (Mark one.)**

- Some High School       Some College       Bachelor's degree       Advanced degree  
 High School Diploma or GED       Associate's degree       Master's degree

**11. What is your total household income? (Mark one.) PROTECTIVE FACTORS SURVEY (PFS)**

- less than \$12,000       \$25,000 - \$44,999       \$60,000 - \$74,999  
 \$12,001 - \$24,999       \$45,000 - \$59,999       \$75,000 or more

**12. How many times has your family moved in the past year?  0       1       2       3       4 or more**

**13. Which, if any, do you currently receive? (Check all that apply.)**

- Food Stamps       Head Start/Early Head Start       Child Care Subsidy  
 Earned Income Tax Credit       Medicaid (State Health Insurance)       None of the above

14. My household pays 30% or more of our income on housing.  Yes  No

15. My household pays more than 10% of our income on childcare.  Yes  No

16. My youngest child is currently enrolled in an early childhood program.  Yes  No

17. On average, how many days per week does your youngest child attend the early childhood program?

1  2  3  4  5  6  7

18. Many families have a number of strengths as well as challenges. From the statements listed below, please indicate how well each characteristic describes your family.	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
In my family, we talk about problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When we argue, my family listens to "both sides of the story."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In my family, we take time to listen to each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My family pulls together when things are stressful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My family is able to solve our problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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19. Parents with an extensive network of family, friends, and neighbors have better support in times of need. Please indicate how often each statement applies to you in thinking your social connections.	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
I have others who will listen when I need to talk about my problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I am lonely, there are several people I can talk to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would have no idea where to turn if my family needed food or housing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would not know where to go for help if I had trouble making ends meet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If there is a crisis, I have others I can talk to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I needed help finding a job, I wouldn't know where to go for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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20. Raising children can be challenging. Please indicate how often each statement applies to you in thinking about the relationship with your youngest child living in your home.	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
There are many times when I don't know what to do as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to help my child learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child misbehaves just to upset me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I praise my child when he/she behaves well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a hard time controlling my temper when I discipline my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am happy being with my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child and I are very close to each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to soothe my child when he/she is upset.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I spend time with my child doing what he/she likes to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**21. While you were growing up, during your first 18 years of life:**

- Did a parent or other adult in the household often ... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?  Yes  No
- Did a parent or other adult in the household often ... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?  Yes  No
- Did an adult or person at least 5 years older than you ever ... Touch or fondle you or have you touch their body in a sexual way? or Try to or actually have oral, anal, or vaginal sex with you?  Yes  No
- Did you often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?  Yes  No
- Did you often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?  Yes  No
- Were your parents ever separated or divorced?  Yes  No
- Was your mother or stepmother: Often pushed, grabbed, slapped, or had something thrown at her? or Sometimes or often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?  Yes  No
- Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?  Yes  No
- Was a household member depressed or mentally ill or did a household member attempt suicide?  Yes  No
- Did a household member go to prison?  Yes  No

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<b>22. How many times have you or someone in your family . . .</b>							
read, looked at books, or told stories with your child(ren) in the past week?	<input type="checkbox"/> 1 Day	<input type="checkbox"/> 2 Days	<input type="checkbox"/> 3 Days	<input type="checkbox"/> 4 Days	<input type="checkbox"/> 5 Days	<input type="checkbox"/> 6 Days	<input type="checkbox"/> 7 Days
sang, played and listened to music, played games, or did other learning activities with your child(ren)?	<input type="checkbox"/> 1 Day	<input type="checkbox"/> 2 Days	<input type="checkbox"/> 3 Days	<input type="checkbox"/> 4 Days	<input type="checkbox"/> 5 Days	<input type="checkbox"/> 6 Days	<input type="checkbox"/> 7 Days
gotten together with another family for play dates, trips to the park, etc.?	<input type="checkbox"/> 1 Day	<input type="checkbox"/> 2 Days	<input type="checkbox"/> 3 Days	<input type="checkbox"/> 4 Days	<input type="checkbox"/> 5 Days	<input type="checkbox"/> 6 Days	<input type="checkbox"/> 7 Days
ate at least one meal together in the past week?	<input type="checkbox"/> 1 Day	<input type="checkbox"/> 2 Days	<input type="checkbox"/> 3 Days	<input type="checkbox"/> 4 Days	<input type="checkbox"/> 5 Days	<input type="checkbox"/> 6 Days	<input type="checkbox"/> 7 Days

**23. On average, how many age-appropriate books are in your home?**

- None  1-10  11-24  25-49  50-74  More than 75

**24. Thinking about the times when you feel overwhelmed or stressed, in general would you say that you**

- Receive the help or support you need
- Receive some help or support, but would like to receive more
- Receive just a little help or support and feel the need for a lot more
- Do not receive any help or support

**25. What do you think are the greatest challenges for accessing parenting resources?**

- Parents don't know all the services that the community offers  Yes  No
- Families who don't fall within a "eligible group" often may miss out on parenting resources that could be available to them  Yes  No
- There is a lack of an array of prevention services for parents of children birth–18 years  Yes  No
- Support to access parenting services are not always available (i.e. childcare, transportation, etc.)  Yes  No
- There is a lack of ongoing training on diverse topics for parents  Yes  No

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<b>26. Thinking of the following aspects of life and caregiving in our community, how would you rate the following:</b>	Excellent	Good	Fair	Poor
Access, cost, availability, quality, and options in health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access, cost, availability, quality, and options in dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access, cost, availability, quality, and options in mental health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to and delivery of basic needs services such as food, clothing, and shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to pediatricians and family physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to psychiatric/diagnostic for young children under age 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to substance abuse counseling/treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of affordable, quality child care for infant and toddler care (up to 36 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of affordable, quality child care for preschoolers ages 3 to 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of affordable, quality child care for children with special needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of affordable housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of in-home visiting, parent education and family preservation programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of services for children with special needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of well-paying, diverse job opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Awareness of services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Efforts to end child abuse or neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of collaboration across the public, private, and nonprofit sectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Networks of support for individuals and families during times of stress and need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**27. As a result of this event, I: (Mark one for each)**

- Became aware of the Partnership for Children for the first time  Yes  No
- Learned that the Partnership for Children administers Smart Start and NC Pre-Kindergarten  Yes  No
- Increased my knowledge of community resources  Yes  No
- Increased my knowledge of early childhood efforts  Yes  No

**28. What services or support have you needed that you couldn't get?**

**THANK YOU for taking the time to complete this survey. Your voice makes a difference!**