

**Instrument 1b:** Agency Web Survey

Contact After Adoption or Guardianship: Child Welfare Agency and Family Interactions

OMB Control Number: xxxx-xxxx

Expiration Date: XX/XX/XXXX

**Contact After Adoption or Guardianship:  
Child Welfare Agency and Family Interactions**



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East Carolina University, North Carolina  
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Sponsored by: Office of Planning, Research, and Evaluation, Administration for Children and Families

**Note:** The numbering used in this instrument matches what is used in the adoption version (Instrument 1a). This will help the research team identify common questions across the adoption and guardianship surveys. As the guardianship survey is shorter than the adoption survey, this means that there are some skipped numbers. In this draft we have **highlighted** where these item numbers are purposefully skipped. Also, note that the Adoption Survey Section C is skipped entirely in the Guardianship Survey. The version that the respondents will see will not show the numbering.

**Instrument 1b: Agency Web Survey - Guardianship**

**Agency Web Survey: Contact after Guardianship**

Note: The consent form will be covered prior to completing the survey.

**Section A: Routine Contact that Your Agency Initiates with Families Post-Guardianship**

**Definition of agency:** When we use the term “agency,” we mean the public agency responsible for providing child welfare services. We understand that in some jurisdictions, the actual services may be contracted out to a private agency. In this survey, we are asking the public child welfare agency to report on the services they **either provide directly or contract out to private agencies to provide.**

We recognize that you may represent a state-administered or county/hybrid-administered system. We also recognize that there is variation across states in how adoption agencies implement the practices described in this survey. This variation may be especially common in county-administered systems. For the entirety of this survey, please reflect at a high-level about what you think is typical practice across the majority of your state’s agencies.

**INTRO A:** In this section, we ask about the types of routine contact that your agency initiates with families **after** guardianship has been finalized.

**A1\_G\_REGCON.** Does your agency have regular contact with families after guardianship?

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1. Yes

2. No

[If A1\_G\_REGCON=2, go to Section B]

**A2\_G\_TYPE.** [If A1\_G\_REGCON=1] What types of regular contact does your agency have with families after guardianship? *Please select Yes or No for each option below.*

		Yes	No
<b>A2_G_1_NEWS</b>	Newsletter for guardianship families	1	2
<b>A2_G_2_WLLB</b>	Agency sends a letter or form to guardians to ascertain the well-being of the child in their care or to check-up on the status of the child (well-being letter)	1	2
<b>A2_G_3_SERV</b>	Agency follow-up after a guardian or child's request for service or support	1	2
<b>A2_G_4_PAS</b>	Agency follow-up after a guardian or child has completed post-guardianship services	1	2
<b>A2_G_5_GSUB</b>	Agency follow-up after a guardian requests a change to their guardianship subsidy	1	2
<b>A2_G_6_AGR</b>	Agency follow-up after a guardian requests a change to the services outlined in their guardianship agreement	1	2
<b>A2_G_7_OTH</b>	Other	1	2

a. **A2\_G\_OTH:** *Please specify:* \_\_\_\_\_

[If A2\_G\_1\_NEWS =1] You indicated that your agency has a newsletter designed for guardianship families.

**A3\_G\_NEWS.** How often is the newsletter sent to guardianship families?

1. Once a month

2. Once a quarter

3. Twice a year

4. Once a year

5. Other (*please specify*): \_\_\_\_\_

**A4\_G\_NEWS.** Who does your agency send the newsletter to? *Please select all that apply.*

1. Guardians who have assumed guardianship through your agency within a certain number of years. *Please specify number of years:* \_\_\_\_\_

2. Guardians who are currently receiving a guardianship subsidy

3. Guardians who have ever received services from your agency after guardianship

4. All guardians who have ever assumed guardianship of a child through your agency

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5. Children or youth who exited foster care through guardianship. *If there are any specific criteria (e.g., currently over the age of 12, or currently residing in your jurisdiction), please specify:* \_\_\_\_\_
6. Other (*please specify*): \_\_\_\_\_

[If A2\_G\_2\_WLLB=1] You indicated that your agency sends a letter or form to guardians to ascertain the well-being of the child in their care or to check-up on the status of the child (well-being letter).

**A5\_G\_INFO.** What type of information does your agency request from guardians in the well-being letter? *Please indicate Yes or No for each option.*

1. Contact information for the guardians (such as names, addresses) *Yes or No*
2. Demographic information (such as age, gender, race) for the guardians *Yes or No*
3. Where the child or youth is current living *Yes or No*
4. Physical health status of the child, youth, or the guardians *Yes or No*
5. Educational status of the child or youth *Yes or No*
6. If the guardian(s) is providing financial support for the child *Yes or No*
7. Mental health status or needs of the child or youth *Yes or No*
8. Other (*please specify*): \_\_\_\_\_

**A6\_G\_WELLB.** How frequently does your agency send the well-being letter?

1. At least twice a year
2. At least once a year
3. Other (*please specify*): \_\_\_\_\_

**A12\_G\_WELLB.** Are the well-being letter responses that your agency receives recorded and maintained in some way?

1. Yes
2. No

**A13\_G\_WELLB.** [If A12\_G\_WELLB=2] Please provide a brief description of what your agency does with the well-being letter information once received.

\_\_\_\_\_ [Open fill]

**A17\_G\_WELLB.** How does the agency use responses to the well-being letter? *Please select all that apply.*

1. To plan tailored outreach to a family that is specific to their needs
2. To check-in on the well-being (e.g., mental health, physical health, behavioral health, etc.) of children
3. For some other purpose (*please specify*): \_\_\_\_\_

[If A2\_G\_3\_SERV=1] You indicated that your agency follows-up with a guardianship family or child after a request for service or support.

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**A18\_G\_REQ.** Are follow-ups after a request for service or support recorded and maintained in some way?

1. Yes
2. No

[If A2\_G\_4\_PAS=1] You indicated that your agency follows-up with a guardianship family or child after they completed post-guardianship services.

**A21\_G\_COMP.** How does your agency follow-up with a guardianship family or child after they completed services? *Please select all that apply.*

1. E-mail
2. Phone
3. Mail
4. Other (*please specify*): \_\_\_\_\_

**A22\_G\_COMP.** Are follow-ups after receipt of services recorded and maintained in some way?

1. Yes
2. No

[If A2\_G\_5\_GSUB=1] You indicated that your agency receives requests from guardianship families to change to their guardianship subsidy.

**A25\_G\_SUB.** What information is required to make a change to their guardianship subsidy? *Please select all that apply.*

1. Formal written description of the reason(s) for the guardianship subsidy change request
2. Documentation about needs or experiences of the child or youth from a medical or mental health professional
3. Documentation about needs or experiences of the child or youth from a medical or mental health professional
4. Documentation of the types of services that are needed, which are not already listed in the guardianship agreement
5. Other (*please specify*): \_\_\_\_\_

**A26\_G\_SUB.** Are guardianship subsidy change requests recorded and maintained in some way?

1. Yes
2. No

[If A2\_G\_6\_AGR=1] You indicated that your agency receives requests from guardianship families to change the services outlined in their guardianship agreement.

**A29\_G\_CHNG.** What information is required for your agency to change the services in a family's guardianship agreement?

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1. Formal written description of the reason(s) for the change in services
2. Documentation about needs or experiences of the child or youth from a medical or mental health professional
3. Documentation of the types of services that are needed, which are not already listed in the guardianship agreement
4. Other (*please specify*): \_\_\_\_\_

**A30\_G\_CHNG.** Are these requests to change services recorded and maintained in some way?

1. Yes
2. No

**A35\_G\_CHNG.** Does your agency provide support and services to guardianship families?

1. Yes
2. No

**A36\_G\_CHNG.** Does your agency contract with another agency to provide support and services to guardianship families?

1. Yes
2. No

**A37\_G\_CHNG.** [If A36\_G\_CHNG=1] What is the name of the contracted agency?

\_\_\_\_\_ [Open fill]

## Section B: Contact that Families Initiate After Guardianship

**INTRO B:** The prior section asked you to indicate ways in which families responded to your agency, after your agency took some action. In this section, we ask about ways in which guardianship families initiate contact with your agency, outside the mechanisms discussed in previous sections.

**B1\_G\_CONT.** Do guardianship families who need services contact your agency for help?

1. Yes
2. No

**B2\_G\_HOW.** [If B1\_G\_CONT=1] How do guardianship families who are in need of services typically contact your agency for help? *Please select all that apply.*

1. Helpline for adoptive and/or guardianship families
2. Phone call to specific guardianship staff members at your agency
3. Phone call to specific guardianship staff members at a different (public or private) agency that specifically serves guardianship families
4. Phone call to a general number at the child welfare agency
5. Walk in or visit the office and request assistance
6. Through a website provided by the agency
7. Other (*please specify*): \_\_\_\_\_

**B5\_G\_REC.** [If B1\_G\_CONT=1] Are requests from the guardianship family for help recorded and maintained in some way?

1. Yes
2. No

**B6\_G\_HOWREC.** [If B5\_G\_REC=1] How are requests from the guardianship family for help recorded and maintained?

1. Formal, structured call record (e.g., an excel sheet that lists family ID and associated activity)
2. Electronic database (e.g., administrative data system, SACWIS)
3. Informal staff notes that the agency keeps (e.g., electronic or paper notes)
4. Other (*please specify*): \_\_\_\_\_

**B7\_G\_CM.** Do community members, such as school personnel, neighbors, faith community representatives, and others contact your agency about a child's service needs?

1. Yes
2. No

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**B8\_G\_CM.** [If B7\_G\_CM=1] How do community members, such as school personnel, neighbors, faith community representatives, and others contact your agency about a child's service needs? *Please select all that apply.*

1. Helpline for adoptive and/or guardianship families
2. Phone call to a general number at the child welfare agency
3. Phone call to specific guardianship staff members
4. Other (*please specify*): \_\_\_\_\_

**B9\_G\_CM.** [If B7\_G\_CM=1] Are community members' requests for help recorded and maintained in some way?

1. Yes
2. No

**B10\_G\_CM.** [If B9\_G\_CM=1] How are community members' request for help recorded and maintained?

1. Formal, structured call record (e.g., an excel sheet that lists family ID and associated activity)
2. Electronic database (e.g., administrative data system, SACWIS)
3. Informal staff notes that the agency keeps (e.g., electronic or paper notes)
4. Other (*please specify*): \_\_\_\_\_

**B11\_G\_FFY.** Do former foster youth (youth who exited foster care through guardianship) contact your agency about service needs?

1. Yes
2. No

**B12\_G\_FFY.** [If B11\_G\_FFY=1] How do former foster youth (youth who exited foster care through guardianship) contact your agency about service needs? *Please select all that apply.*

1. Helpline for adoptive and/or guardianship families
2. Phone call to a general number at the child welfare agency
3. Phone call to specific guardianship staff members
4. Walk in or visit the office and request assistance
5. Other (*please specify*): \_\_\_\_\_

**B13\_G\_FFY.** [If B11\_G\_FFY=1] Are requests for services by former foster youth recorded and maintained in some way?

1. Yes
2. No

**B14\_G\_FFY.** [If B13\_G\_FFY=1] How are requests for services by former foster youth recorded and maintained?

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1. Formal, structured call record (e.g., an excel sheet that lists family ID and associated activity)
2. Electronic database (e.g., administrative data system, SACWIS)
3. Informal staff notes that the agency keeps (e.g., electronic or paper notes)
4. Other (*please specify*): \_\_\_\_\_



## Section D: Administrative Data Linkage on Guardianship Cases

**INTRO D:** The following questions are about linking administrative data for guardianship cases.

**D1\_G\_IDCH.** When a child exits foster care through guardianship, does the child ID change in your state data systems?

1. Yes
2. No

**D2\_G\_FILE.** [If D1\_G\_IDCH=1] Does your agency keep a file that links the old and new IDs?

1. Yes
2. No

**D3\_G\_LINK.** If a child who was in guardianship care comes back into the child welfare system, would your agency be able to link back to the child's old foster care records?

1. Yes
2. No

**D4\_G\_AL.** [If D3\_G\_LINK=1] Has your agency linked these ID's?

1. Yes
2. No

**D5\_G\_FLAG.** If a child reenters foster care after being placed with a legal guardian, is there a flag (or field) in your data system that indicates the child had previously been placed with a legal guardian?

1. Yes
2. No

**D6\_G\_MAND.** [If D5\_G\_FLAG=1] Is the flag (or field) mandatory (e.g., one must complete the flag/field before advancing in the data system to the next set of data entry screens)?

1. Yes
2. No

**D7\_G\_WHO.** [If D5\_G\_FLAG=1] Typically, who populates the field indicating that a child is reentering foster care after guardianship care?

1. The person at your agency who initially comes into contact with the family
2. A child protection investigator
3. A child welfare caseworker
4. Other (*please specify*): \_\_\_\_\_

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**D8\_G\_CONF.** [If D5\_G\_FLAG=Yes] How confident are you that this flag (or field) captures most of the children who reenter foster care after guardianship care?

1. Extremely confident
2. Very confident
3. Moderately confident
4. Slightly confident
5. Not at all confident

## Section E: Innovative Practices for Guardianship

Thank you for answering all our questions. This is the end of the survey. After reviewing these survey results, our team plans to conduct stakeholder interviews with representatives from agencies who are implementing innovative practices. These innovations could be the way that an agency has contact with or receives information about families after guardianship. The innovative practices could also be in the way that an agency tracks information about the outcomes of children and youth who have exited the foster care system to guardianship.

Below, you may nominate up to five agencies or programs within your state who you believe are implementing innovative practices around routine contact with families post guardianship.

Please list the agency/program name, a point of contact, an email address, and a phone number. First, we ask that you provide the contact information and then below that, please select all the practices they are doing that you think are innovative.

### E1\_G\_OPEN.

<p><b>Agency Name:</b></p> <p><b>Point of Contact:</b></p> <p><b>Email for Point of Contact:</b></p> <p><b>Phone Number:</b></p>
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### E1\_G\_TYPE

*Question Type: check boxes*

1. Innovative practice in routine agency contact with families post guardianship
2. Innovative practice in how an agency manages contact that families initiate after guardianship
3. Innovative practice in administrative data linkage for adoptive cases to help track post guardianship outcomes

### E2\_G\_OPEN.

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<p><b>Agency Name:</b></p> <p><b>Point of Contact:</b></p> <p><b>Email for Point of Contact:</b></p> <p><b>Phone Number:</b></p>
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**E2\_G\_TYPE**

1. Innovative practice in routine agency contact with families post guardianship
2. Innovative practice in how an agency manages contact that families initiate after guardianship
3. Innovative practice in administrative data linkage for adoptive cases to help track post guardianship outcomes

**E3\_G\_OPEN.**

<p><b>Agency Name:</b></p> <p><b>Point of Contact:</b></p> <p><b>Email for Point of Contact:</b></p> <p><b>Phone Number:</b></p>
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**E3\_G\_TYPE**

1. Innovative practice in routine agency contact with families post guardianship
2. Innovative practice in how an agency manages contact that families initiate after guardianship
3. Innovative practice in administrative data linkage for adoptive cases to help track post guardianship outcomes

**E4\_G\_OPEN.**

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<p><b>Agency Name:</b></p> <p><b>Point of Contact:</b></p> <p><b>Email for Point of Contact:</b></p> <p><b>Phone Number:</b></p>
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**E4\_G\_TYPE**

1. Innovative practice in routine agency contact with families post guardianship
2. Innovative practice in how an agency manages contact that families initiate after guardianship
3. Innovative practice in administrative data linkage for adoptive cases to help track post guardianship outcomes

**E5\_G\_OPEN.**

<p><b>Agency Name:</b></p> <p><b>Point of Contact:</b></p> <p><b>Email for Point of Contact:</b></p> <p><b>Phone Number:</b></p>
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**E5\_G\_TYPE**

1. Innovative practice in routine agency contact with families post guardianship
2. Innovative practice in how an agency manages contact that families initiate after guardianship
3. Innovative practice in administrative data linkage for adoptive cases to help track post guardianship outcomes

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## End of Survey

This marks the end of the survey. Thank you for your participation! If you have any questions or concerns about the survey, please call [INSERT PHONE NUMBER] to reach a member of the research team.