

# Scottish Needs Assessment Programme

CHILD AND ADOLESCENT MENTAL HEALTH GROUP



## FOSTER PARENTS' QUESTIONNAIRE

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Please return to:  
Public Health Institute of Scotland, Clifton House, Clifton Place, Glasgow G3 7LS

**Your Work with Young People**

1. What type of fostering resource do you provide ? (Please tick boxes which apply)

Emergency Fostering	
Community Parenting	
Temporary Fostering	
Long-term Fostering	
Other (please describe)	

2. How many children do you have placed with you at any one time ?

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3. What is the age of group of children/young people you offer care to? (Please tick boxes which apply)

0 - 1yr	
1yr - 5 yrs	
5 - 11 yrs	
11 - 16 yrs	
16+ yrs	

4. How many children/young people have you had placed with you in the last six months ?

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4a. Can you tell us the gender and age of each of these children?

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4b. What would you describe as the main issues/problems for the young people placed with you in the last 6 months?

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**Training**

5. Do you receive regular training in your role as a foster parent ?

Yes	
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No	
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6. Have you had any specific training about child and adolescent mental health ?

Yes	
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No	
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6a. If yes, what training have you had ?

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9a. Are there any problems with accessing these services for the young people you look after ?  
(Please tick all that apply)

Geography		Lack of information about services	
Waiting lists		Reluctance amongst children and young people	
Stigma		Service style (e.g. user-friendliness)	
Communication with services		Service criteria (e.g. priorities)	

9b. Please tell us briefly about these issues.

**Your work with young people with mental health, emotional or behavioural problems.**

10. Thinking about the last time you dealt with a child or adolescent with mental health, emotional or behavioural problems, what was the problem ?

10a. What did you do, if anything, in relation to the problem ?

10b. What would you like to have done ?

10c. Why do you think things did not work out as you hoped ?

11. Please think about the most worrying young person with mental health, emotional or behavioural difficulties you have dealt with within the past 3 years. What was the problem ?

11a. What did you do, if anything, in relation to the problem ?

11b. What would you like to have done ?

11c. Why do you think things did not work out as you hoped ?

12. Now please think about a young person with mental health, emotional or behavioural difficulties over the past three years where you were happy with what happened. What was the problem?

12a. What did you do, if anything, in relation to the problem ?

12b. What would you like to have done ?

12c. Why were you happy with what happened ?

13. Within the past year, roughly how many children or adolescents with mental health, emotional or behavioural problems have you dealt with ?

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14. Is there anything else you would like to say about services for emotional, mental health or behavioural problems in young people?

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**Thank you very much for your help with this important work.**

Would you like a copy of the final SNAP Report ?

Yes	
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No	
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If "yes", please complete these details.

Name .....

Address.....

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