**PURPOSE:** The purpose of this survey is tounderstand whether collaborative teams for specific projects and/or communication teams exhibit signs of healthy collaboration. The survey will be administered to Center staff when two or more Centers work together on discrete, co-created projects (e.g., tailored services projects) or on communication teams (e.g., for certain states or shared topics).

OMB #: 0970-0XXXX

Expiration Date: XX/XX/XXXX

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: This collection of information will be used to assess collaboration among teams within the Capacity Building Collaborative. Public reporting burden for this collection of information is estimated to average 14 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB number and expiration date for this collection are OMB #: 0970-XXXX, Exp: XX/XX/XXXX. If you have any comments on this collection of information, please contact Chereese Phillips, ACF, Administration on Children, Youth and Families by e-mail at Chereese.Phillips@acf.hhs.gov.

**Evaluation of the Child Welfare Capacity Building Collaborative**

**Collaborative Project Team Survey**

Thank you for considering participation in this survey! The Children’s Bureau funded James Bell Associates (JBA) and ICF to conduct a cross-center evaluation of the Capacity Building Collaborative. As part of that evaluation, this survey is an opportunity to learn about how the Center for States, Center for Tribes, and Center for Courts work together to deliver capacity building services.

We realize how limited your time is; the survey should take x minutes to complete. Your participation in the survey is voluntary. You may refuse to take part in the evaluation or exit the survey at any time. You may decline to answer any question you do not wish to answer. There are no risks involved in participating in the survey. While you will not receive any direct benefits from participating in this survey, your responses will help us learn more about how the Centers work together to deliver services.

Your survey responses will be stored in a password-protected electronic database. Only JBA team members will be able to access survey data. Your name or any other personally identifying information will not appear in any report. Your survey responses will remain private to the extent permitted by law. Your individual responses will not be shared with members of the Collaborative or the Children’s Bureau. Results may be presented by Center or by respondents’ demographic characteristics (e.g., role, years working with the Collaborative), however, only if the data represent 5 or more individuals to prevent identification of individuals. Survey data will be kept by JBA through MONTH YEAR.

If you have questions or concerns about the survey or the evaluation, you may contact Project Director Jim DeSantis at DeSantis@jbassoc.com.

Please select your choice below. You may print a copy of this consent form for your records. Clicking on the “Agree” button indicates that:

* You have read the above information;
* You voluntarily agree to participate;
* You are 18 years of age or older.
* Agree
* Disagree

# Section 1: Demographics

Please answer these first questions about your overall work in the Capacity Building Collaborative.

What is your primary role? (Select one)

*[NOTE: This question will not appear for Federal Staff]*

* **Federal Staff** (e.g., FPOs, Central Office, Regional Office, CFSR Unit, including contract staff)
* **Leadership** (e.g., Center Directors, Deputy Directors, Senior Managers/Supervisors, Management and senior management teams)
* **Center Staff** (Staff who work on universal, constituency, and tailored service development and delivery. As well as data staff and staff who work with CB in program areas, child welfare data, and research projects)
* **Knowledge Management Staff** (Staff who work primarily on knowledge management services)
* **Tailored Services Staff** (Staff who work primarily on the development and delivery of tailored services. This includes staff who are assigned as the primary contact for a state, all liaisons, and tailored services supervisors)
* **Universal/Constituency Services Staff** (Staff who primarily work for the Center on the development and delivery of universal and constituency services. All US/CS staff including writers, dissemination staff, instructional designers, project managers, CG leads)
* **Consultant** (Topical experts who are assigned as the primary contact to specific states including evaluation coaches and Capacity Building Coaches)
* **Evaluation** (Members of the evaluation team)

How long have you been a part of the Capacity Building Collaborative? Please count time spent working on previous rounds of the Capacity Building Collaborative.

*[NOTE: This question will not appear for Federal Staff]*

* Less than 1 year
* 1–2 years
* 3–4 years
* 5 years or more

What level of service planning, developing, or delivery do you work in? Please select all that apply.

*[NOTE: This question will not appear for Federal Staff]*

* Universal
* Constituency/Targeted
* Tailored
* Other
* If other, please describe: (open ended response)

What percent of your time do you estimate you spend working on the Capacity Building Collaborative? *[NOTE: This question will not appear for Federal Staff]*

* Less than 25%
* 25%-49%
* 50%-74%
* 75% or more

Please answer these next questions about **this specific collaborative team.**

How long have you been a part of this collaborative team?

* Less than 6 months
* 6–12 months
* 13 months–2 years
* More than 2 years

Please describe the goals of this collaborative team.

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**[Please scroll down to section 2]**

# Section 2: Collaboration Health Assessment Tool (CHAT)[[1]](#footnote-2)

Please answer the following questions about this specific collaborative team. In the questions, “partners” refer to members of this collaborative team and “issue” refers to the issue being addressed by the collaborative team’s work.

Please rate your level of agreement with each of the items below.

| **Dimension** | **Subdimension** | **Item** | **Strongly disagree** | **Disagree** | **Neither agree nor disagree** | **Agree** | **Strongly Agree** | **Don’t Know** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Shared goal  | Shared aspiration | Our collaborative team has clearly defined the problem that it wishes to address. |  |  |  |  |  |  |
| Shared understanding ofchallenge | Partners understand why collaboration is required to address the problem. |  |  |  |  |  |  |
| Shared understanding ofapproach | Partners have a clear understanding of what a collaborative approach requires. |  |  |  |  |  |  |
| Shared resources | Sufficient resources forcoordinating infrastructure | We have sufficient resources for coordinating our collaborative team’s activities. |  |  |  |  |  |  |
| Shared data | We can access the data we need. |  |  |  |  |  |  |
| Financial support | There are sufficient funds to sustain collaboration operations. |  |  |  |  |  |  |
| Shared capabilities | We have skills/expertise/specialization to address the goals of the collaboration. |  |  |  |  |  |  |
| Mutually beneficial | My Center/CB feels it is worthwhile to stay and work within the collaborative team. |  |  |  |  |  |  |
| Shared authority | Participatory decision-making | All partners participate in decision-making. |  |  |  |  |  |  |
| Authority to commit | Partners have sufficient authority to commit their organizations to decisions. |  |  |  |  |  |  |
| Shared power | Partners are willing to distribute power to achieve our goals. |  |  |  |  |  |  |
| Sharedaccountability | Tracking progress and impact | We have a system in place by which progress towards shared goals is measured. |  |  |  |  |  |  |
| Shared responsibility | Each partner’s areas of responsibility are clear and understood. |  |  |  |  |  |  |
| Shared ownership of the final products or outcomes | Partners feel ownership in the results/products of their work. |  |  |  |  |  |  |
| Tracking collaboration’s health | We have a system in place to evaluate how well our collaboration is performing. |  |  |  |  |  |  |
| Whole-systemengagement | Stakeholders/community as stakeholders | Those affected by the issue are members of this Collaboration. |  |  |  |  |  |  |
| Needs-based response | Child welfare community (e.g., child welfare agency, tribal child welfare, CIP) needs inform our collaboration’s responses. |  |  |  |  |  |  |
| Diversity of stakeholders | Our collaborative team has a diverse range of members (e.g., Centers, topical experts, federal staff). |  |  |  |  |  |  |
| Communicationflows | Dissemination of evaluation data | The collaborative team reviews and shares its findings. |  |  |  |  |  |  |
| Adequate internalcommunication | Communication among partners is effective (promotes understanding, cooperation, and transfer of information). |  |  |  |  |  |  |
| Adequate externalcommunication | This collaborative team has an external communication strategy to help achieve our goals. |  |  |  |  |  |  |
| Shared language | We use common language to describe our approach. |  |  |  |  |  |  |
| Adaptive capacity | Commitment to seekinginnovative approaches | We seek out different viewpoints to find alternative solutions. |  |  |  |  |  |  |
| Learning culture | We have a practice of regular reflection to ensure we learn as we go. |  |  |  |  |  |  |
| Holding/authorizingenvironment | Generating support | Our collaborative team is continuously building support among Center and CB leadership. |  |  |  |  |  |  |
| Level of urgency | There is urgency across the Capacity Building Collaborative to address the issue. |  |  |  |  |  |  |
| Safety | This collaborative team has designed a safe environment in which disagreements and conflicts between members can be discussed. |  |  |  |  |  |  |
| Trust | Collaborative team members trust one another. |  |  |  |  |  |  |

Please answer the following open-ended questions.

What makes collaboration among this team successful? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What challenges have you experienced when collaborating with this team?

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Do you have suggestions to strengthen the collaboration among this team? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Adapted from Salignac F, Marjolin A, Noone J, Carey G. Measuring dynamic collaborations: Collaborative health assessment tool. Aust J Publ Admin 2019;1–23. <https://doi.org/10.1111/1467-8500.12386> [↑](#footnote-ref-2)