

# 2021/2022 Prevention Resource Guide Survey

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) The purpose of this information collection is to gather feedback on the Resource Guide to inform future updates of the guide. Public reporting burden for this collection of information is estimated to average 5 minutes per respondent, 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 control number for this project is 0970-0401. The control number expires on 6/30/2024. If you have any comments on this collection of information, please contact Lyscha Marcynyszyn, Child Welfare Information Gateway, by e-mail at [Lyscha.Marcynyszyn@icf.com](mailto:Lyscha.Marcynyszyn@icf.com).

Please let us know how you are using this year's Resource Guide and provide feedback by completing the brief survey below. Your responses are anonymous and will help the Child Welfare Information Gateway (CWIG) to provide useful, informative, and relevant resources in the future. This survey is intended for customers who are at least 18 years old. If you have any questions or require accessibility assistance with this survey, please contact Child Welfare Information Gateway staff by email at [info@childwelfare.gov](mailto:info@childwelfare.gov) or by telephone at [800.394.3366](tel:800.394.3366). Thank you for helping us help you.

## 1. How many years have you read or used the Prevention Resource Guide?

- This is my first year.
- 2 – 4 years
- 5 – 10 years
- More than 10 years

## 2. Have you reviewed or read the 2021–22 Prevention Resource Guide?

- Yes
- No
- I'm not sure

### 2a. [If answered Yes to Q2] Please rate your level of agreement with the following statements regarding the Prevention Resource Guide and provide an explanation for your ratings in the space provided.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree

1. The Prevention Resource Guide is useful.	0	0	0	0	0
2. The Prevention Resource Guide is easy to read and understand.	0	0	0	0	0
3. I have a better understanding of different ways to implement a Protective Factors approach as a result of the information in the Prevention Resource Guide.	0	0	0	0	0
4. As a result of the information in Chapter 2, I have a better understanding of how to promote positive parenting norms, family-supportive policies, and equity.	0	0	0	0	0
5. As a result of the information in Chapter 3, I have a better understanding of what it means to take a public health approach to preventing child abuse and neglect.	0	0	0	0	0
6. As a result of the information in Chapter 4, I have a better understanding of ways that organizations can promote whole-family resilience and healing.	0	0	0	0	0
7. As a result of the information in Chapter 5, I have a better understanding of ways to invite community voice and develop authentic partnerships with people with lived experience.	0	0	0	0	0

**2b. [If answered Yes to Q2] Please provide an explanation for your rating above. \_\_\_\_\_**

**2c. [If answered Yes to Q2] Please select all of the ways you have used information from the Prevention Resource Guide and provide your response in the space provided.**

	I have already used the Resource Guide...	I intend to use the Resource Guide...
--	---	---------------------------------------

to support my own professional development.	<input type="checkbox"/>	<input type="checkbox"/>
to share with families and/or clients in-person.	<input type="checkbox"/>	<input type="checkbox"/>
to share with families and/or clients virtually.	<input type="checkbox"/>	<input type="checkbox"/>
to share in a formal training environment in-person.	<input type="checkbox"/>	<input type="checkbox"/>
to share in a formal training environment virtually.	<input type="checkbox"/>	<input type="checkbox"/>
to support collaborative, community-based prevention efforts.	<input type="checkbox"/>	<input type="checkbox"/>
to support practice improvement and/or sustain family-centered practice.	<input type="checkbox"/>	<input type="checkbox"/>
to implement, sustain, or improve programs.	<input type="checkbox"/>	<input type="checkbox"/>
to enhance my partnerships with parents, caregivers, and youth.	<input type="checkbox"/>	<input type="checkbox"/>
to increase my knowledge or transform my attitudes.	<input type="checkbox"/>	<input type="checkbox"/>
to share with professionals or colleagues.	<input type="checkbox"/>	<input type="checkbox"/>
to support policy change and/or sustain good policies.	<input type="checkbox"/>	<input type="checkbox"/>
to conduct research or evaluation.	<input type="checkbox"/>	<input type="checkbox"/>
to help with grant writing/fundraising.	<input type="checkbox"/>	<input type="checkbox"/>
for personal use.	<input type="checkbox"/>	<input type="checkbox"/>
I have not used nor intend to use the information and resources.	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please describe in the textbox below.)	<input type="checkbox"/>	<input type="checkbox"/>

**2d. [If answered Yes to Q2] Please provide an explanation for your response above. \_\_\_\_\_**

**2e. [If answered Yes to Q2] Were the Conversation Guides helpful in helping you engage in conversations about protective factors with parents and caregivers? Please explain your response in the space provided.**

- Yes (Please explain in the textbox below.) \_\_\_\_\_
- No (Please explain in the textbox below.) \_\_\_\_\_
- N/A (Please explain in the textbox below.) \_\_\_\_\_

**3. How did you hear about the Prevention Resource Guide?**

- Search engine
- Conference or presentation (If known, please describe in the textbox below.) \_\_\_\_\_
- Email from the Child Welfare Information Gateway (If the email is known [e.g., E-blast!, E-Alert], please describe in the textbox below.) \_\_\_\_\_
- Browsing the Child Welfare Information Gateway or National Child Abuse Prevention Month websites
- Email from another organization (If known, please describe in the textbox below.) \_\_\_\_\_
- Link from another organization's website (If known, please describe in the textbox below.) \_\_\_\_\_
- Colleague or friend
- Hard copy received in the mail
- Podcast/webinar
- Other (Please describe in the textbox below.) \_\_\_\_\_

**4. Which of the following best describes your background or role?**

- Professional
- Student
- Relative/kinship caregiver
- Foster youth (current or former)
- Foster/adoptive parent
- Parent (i.e. biological/birth)
- Other (Please describe in the textbox below.) \_\_\_\_\_

**4a. [If answered *Professional* to Q4] Which of the following best describes your professional background or role in the child welfare field?**

- Prevention/family support
- Child protective services
- Foster care services
- Adoption services
- Youth services
- Juvenile justice
- Health/mental health
- Substance use
- Legal/courts
- Research/evaluator/consultant
- Early childhood educator (0-5 years)
- Teacher (K-12)
- Professor/faculty (higher education)
- Training specialist
- Licensing specialist
- Other (Please describe in the textbox below.) \_\_\_\_\_

**4b. [If answered *Professional* to Q4] Which of the following best describes your workplace?**

- Local or county child welfare agency
- State child welfare agency
- Tribal child welfare agency/organization
- Federal agency
- Community-based organization
- Faith-based organization
- National organization (e.g., nonprofit, advocacy)
- Training and technical assistance service provider
- Educational institution (early education, K-12, college, university)
- Other (please describe in the textbox below.) \_\_\_\_\_

**4c. [If answered *Professional* to Q4] Which of the following best describes your position?**

- Frontline worker (e.g., caseworker, direct service worker)
- Supervisor/manager
- Director/administrator
- Outreach coordinator
- Training Specialist
- Other (Please describe in the textbox below.) \_\_\_\_\_

**4d. [If answered *Professional* to Q4] How many years of service do you have in your current profession?**

- Less than 1 year
- 1-5 years of service
- 6-10 years of service
- 11-15 years of service
- 16+ years of service

**5. What suggestions for other types of content to include in the next Prevention Resource Guide do you have?** \_\_\_\_\_

**6. Please indicate with whom you plan to share information from the Prevention Resource Guide. Select all that apply.**

- Families or clients
- Community-based service providers
- Staff who report directly to me
- Colleagues
- I plan to use the information to increase or enhance my own knowledge
- Other (please describe in the textbox below.) \_\_\_\_\_

**7. Please share any additional comments or suggestions about the Prevention Resource Guide you may have.** \_\_\_\_\_