# Peer Learning Group Survey

**PURPOSE**: For each Peer group managed by the Center for States, a survey will be created in on-line survey software to gather feedback that can inform project planning.



OMB #: 0970-0XXXX Expiration Date: XX/XX/XXXX

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to gather feedback on capacity building services to better meet the needs of child welfare professionals. Public reporting burden for this collection of information is estimated to average 20 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-XXXX. The control number expires on XX/XX/XXXX. If you have any comments on this collection of information, please contact Beth Claxon, ACF, Administration on Children, Youth and Families by e-mail at Beth.Claxon@acf.hhs.gov.

# Instructions for On-line Survey Development

For each Peer group managed by the Center for States, a survey will be created in on-line survey software to gather feedback that can inform project planning. Given the changing nature and context of each constituency group, it is important to get feedback from recipients without creating undue burden by answering excessive questions that only marginally apply. To address this, the survey will be tailored to the unique information needs of each group to ensure low burden. When creating each on-line survey, content specialists will use the required questions listed below and choose up to 19 context- specific optional questions that can be added to the survey, as needed. This will allow for unique information needs to be met.

It is expected that each tailored survey will have no more than 50 questions, including 31 required questions and a maximum of 19 optional questions, with a burden of no more than 20 minutes.

### Required Questions (31 total)

- 1. How long have you participated in this peer group?
- 2. How often does the peer group meet?
  - o More than once a month
  - o About once a month
  - o About every other month
  - o About every quarter (meets once every 3-4 months)
  - o About once every 6 months
  - o Fewer than 2 times a year
- 3. How often do you attend peer group meetings, activities, and events?
  - o I attend every meeting/event
  - o I attend many of the meetings/events
  - o I attend very few meetings/events
  - o I do not usually attend meetings/events
- 4. How often do you read/review the communications sent through the peer group?

1

- o I read/review every group communication
- o I read/review many of the group communications
- o I read/review very few group communications
- o I do not usually read/review group communications
- 5. Approximately how many peer learning activities/events do you attend each year?
  - o None
  - o 1-3 activities/events
  - o 4-6 activities/events
  - o More than 6 activities/events
- 6. What aspects of the peer group are most useful for your work? \_\_\_\_\_\_
- 7. How did you learn about the peer group? (Select all that apply)
  - o Capacity Building Collaborative webpage
  - o Center's Liaison
  - o Listserv
  - o Colleague who is familiar with Center's resources
  - o Hard-copy publication
  - o Advertisement (please specify): \_
  - o Search engine (e.g., Google, Yahoo)
  - o Social media (e.g., Facebook, Twitter, YouTube)
  - o Conference or presentation (please specify):
  - o Link from another webpage (please specify):
  - o Other (please specify): \_\_\_\_\_

Please rate your agreement with the following statements about the	e peer	group.
--	--------	--------

		Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Agree	Strongly Agree	NA	Don't Know
8.	Overall, I am satisfied with the peer group.	SD	2	3	4	5	6	SA	NA	DK
9.	The peer group has been helpful in my work.	SD	2	3	4	5	6	SA	NA	DK
10.	I would recommend participating in peer groups to others.	SD	2	3	4	5	6	SA	NA	DK
11.	The information, tools, and resources shared in the peer group is useful and relevant to my work.	SD	2	3	4	5	6	SA	NA	DK
12.	The meeting schedule is appropriate for meeting the peer group goals.	SD	2	3	4	5	6	SA	NA	DK
13.	The format of the peer group makes it easy for me to participate and be engaged.	SD	2	3	4	5	6	SA	NA	DK
14.	The technology (such as list serves, CapSHARE, MS Teams) enhances the peer group.	SD	2	3	4	5	6	SA	NA	DK

#### **Required Outcome Questions**

(Select up to 6 outcome questions tailored to the appropriate goals of the peer group)

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree		Strongly Agree	NA	Don't Know
<ol> <li>I have improved my connections with peers/colleagues.</li> </ol>	SD	2	3	4	5	6	SA	NA	DK
Provide a specific example of how your work:	the peer	group has	improved	your relat	ionship wi	th peer	s or bene	efitted	
<ol> <li>I have improved my collaboration with other members of the group or other partners.</li> </ol>	SD	2	3	4	5	6	SA	NA	DK
Please provide a specific example group or other partners:		hat you ha	ave improve	ed collabo	oration with	n other	member	s of the	
How many others have you collab	orated wit	h?							
18. I have improved my skills in various aspects of my work.	OD	2	3	4	5	6	SA	NA	DK
Please provide a specific example	e of how yo	our skills h	ave increa	sed:	· · · · · · · · · · · · ·				
<ol> <li>I have increased my knowledge in topics relevant to my work.</li> </ol>	SD	2	3	4	5	6	SA	NA	DK
Please provide a specific example	e of the top	ics in whic	ch the peer	group ha	as increase	ed your	knowled	lge:	
20. I have discovered new tools, ideas, & ways of thinking from the relationships developed with the group.	SD	2	3	4	5	6	SA	NA	DK
21. How often are you applying o Frequently	what is lea	arned in th	ie peer gro	up to you	r work?				
o Occasionally									
o Not at all									
<ul> <li>22. Please select the various was (Select all that apply)</li> <li>o Support program improving o Support policy develop</li> <li>o Provide information to</li> <li>o Provide information to</li> <li>SKIP PATTER peers' is select</li> </ul>	ovement ment clients/fan my peers N: If 'provi	nilies de inform	ation to clie	ents/famil	ies' or 'pro	vide in			
<ul> <li>Support public awaren</li> <li>Grant writing/Fundraisi</li> <li>Train staff/colleagues</li> <li>SKIP PATTER</li> <li>information be</li> </ul>	ng N: If 'train	-		elected th	nen: In wh	at setti	ng will th	is	
o Formal Trai o Informal Tra o Distribute M o Classroom/ o Train the Tr	aining with laterials to University	Co-Work	ers						

#### 15. Please rate your agreement with the following statements about the peer group.

#### o Other

- o Conduct research & evaluation
- o My own professional development
- o I have not yet applied this to my work
  - o Other (Please describe): \_

Please provide a specific example of how you have applied information from the peer group to your work:

- 23. In what ways could the peer group be more useful to you? \_
- 24. What additional assistance or training do you or your organization need from this peer group?
- 25. Do you have any additional comments?
- 26. In which State/Territory/Tribe do you work? \_\_\_\_\_ (pull down list)
- 27. Which best describes your organization?
  - o State Child Welfare Agency
  - o County Child Welfare Agency
  - o Territorial Child Welfare Agency
  - o Tribal Child Welfare Agency
  - o State or County Court/Legal System
  - o Tribal Court/Legal System
  - o Private or Community-based Child Welfare Agency
  - o Local Government/Tribal Council
  - o Law Enforcement Organization
  - o Primary Care/Health Care Services Provider
  - o Behavioral/Mental Health Services Provider
  - o Substance Abuse Services Provider
  - o Domestic Violence Services Provider
  - o Juvenile Justice Organization
  - o Primary/Secondary Education
  - o College/University
  - o Technical Assistance Provider
  - o Federal Government
  - o Other (please describe):

#### 28. What is your primary role? <u>CW professional response options</u>

o Agency Director/Deputy Director

- o Program/Middle Manager
- o Supervisor
- o Caseworker/Direct Practice Worker/Frontline Staff
- o Parent Partner
- o Other (please describe):

#### Court professional response options

- o CIP or TCIP Director/Coordinator
- o CIP or TCIP Staff
- o Judge
- o Attorney for CW agency
- o Attorney for Parent
- o Attorney for Child
- o Attorney Guardian Ad Litem
- o Court Administrative Officer
- o Court/Attorney Data Manager/IT Staff
- o Court Appointed Special Advocate/Non-attorney GAL/Advocate

- o Court Case Worker/Social Worker
- o Other (please describe): \_\_\_\_

#### Education professional response options

- o Dean/Director/Administrator
- o Teaching Faculty
- o Training Academy Leadership/Staff
- o Research Faculty/Staff (non-teaching role)
- o Student
- o Other (please describe): \_\_\_\_\_

#### 29. Which of the following best describes your primary work responsibilities? (Select 3)

- o Administration
- o Workforce Development/Training
- o Continuous Quality Improvement/Evaluation
- o Information Technology/SACWIS/Data Systems
- o Indian Child Welfare Act
- o Primary or Secondary Prevention
- o Child Protective Services
- o In-home Services/Promoting Safe and Stable Families
- o Foster Care/Placement/Licensing/Reunification
- o Adoption/Guardianship
- o Youth in Transition/Chafee/Independent Living Programs
- o Other (please describe):
- 30. What best describes you?
  - o Child Welfare Professional
  - o Other HHS Professional
  - o Legal Professional
  - o Education Professional
  - o Student/Intern
  - o Current or Former Foster Youth
  - o Biological Parent/Relative Caregiver/Family Member
  - o Non-Relative Foster or Adoptive Family Member
  - o Community Member/Community Leader/Tribal Elder
  - o Other (please describe): \_\_\_\_\_
- 31. How many years of service do you have in your current profession?
  - o Less than 1 year
  - o 1–5 years of service
  - o 6-10 years of service
  - o 11-15 years of service
  - o 16+ years of service

# Optional Questions (33 total) [Choose up to 19]

## **Facilitation Questions**

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Agree	Strongly Agree	NA	Don't Know	
<ol> <li>The facilitator helps us achieve the goals of the peer group.</li> </ol>	SD	2	3	4	5	6	SA	NA	DK	

2.	The knowledge, skills, and interaction style of the facilitator are appropriate for the goals of the peer group.	SD	2	3	4	5	6	SA	NA	DK
3.	The facilitator helps me to see how the peer group can be applied to my work.	SD	2	3	4	5	6	SA	NA	DK
4.	The facilitator helps me interact with my peers in a meaningful way.	SD	2	3	4	5	6	SA	NA	DK
5.	The facilitator encourages participation from all attendees.	SD	2	3	4	5	6	SA	NA	DK

# Organizational Context Questions

		Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree or Disagree	Somew hat Agree	Agree	Strongly Agree	NA	Don't Know
6.	The content of the peer group feels relevant to the values and context of my agency.	SD	2	3	4	5	6	SA	NA	DK
7.	The content provided in the peer group feels relevant to the values and context of the communities my agency serves.	SD	2	3	4	5	6	SA	NA	DK
8.	The leadership in our organization is interested in hearing my ideas about how we can improve agency results.	SD	2	3	4	5	6	SA	NA	DK
9.	I have a way of sharing my ideas within my agency to improve practices, policies or results for children and families.	SD	2	3	4	5	6	SA	NA	DK
10.	I have opportunities to learn new things that will help me improve my work.	SD	2	3	4	5	6	SA	NA	DK
11.	I feel empowered to try different strategies that might improve outcomes for children and families.	SD	2	3	4	5	6	SA	NA	DK
	We work as a team in my office to understand and improve outcomes for children and families.	SD	2	3	4	5	6	SA	NA	DK
13.	My agency will support me in applying the knowledge and skills I learned in the peer group to my work.	SD	2	3	4	5	6	SA	NA	DK

Product/Publication Questions

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Agree	Strongly Agree	NA	Don't Know
<ol> <li>I appreciated the chance to help the Center for States create [Name of Product].</li> </ol>	SD	2	3	4	5	6	SA	NA	DK
<ol> <li>My opinion was valued in reviewing [Name of Product].</li> </ol>	SD	2	3	4	5	6	SA	NA	DK
16. The information provided in the [Name of Product] helped me to understand [topic].	SD	2	3	4	5	6	SA	NA	DK
<ol> <li>I will share what I learned from [Name of Product] with others.</li> </ol>	SD	2	3	4	5	6	SA	NA	DK
SKIP PATTERN: If 4, 5 or 6 are selec are planning to share with/have share		n above	ask: Pleas	e provide	the numbe	er of pe	ople that	you	
SKIP PATTERN: If 1, 2 or 3 are select learned with others??	ted for iter	n above a	ask: Why	are you no	ot planning	to sha	re what y	/ou	
<ol> <li>Publications, tools, and learning experiences are easily accessible on the Center website.</li> </ol>	SD	2	3	4	5	6	SA	NA	DK
<ol> <li>I know how to access Center resources and find what I need.</li> </ol>	SD	2	3	4	5	6	SA	NA	DK
20. Publications and learning experiences are relevant to the present-day and emerging needs of the families I work with.	SD	2	3	4	5	6	SA	NA	DK
21. Center Products are shared and used as part of peer group activities.	SD	2	3	4	5	6	SA	NA	DK
22. Center publications, tools, and videos are useful and valuable to my work.	SD	2	3	4	5	6	SA	NA	DK
23. I view the Center as a trusted source for child welfare resources.	SD	2	3	4	5	6	SA	NA	DK
24. I view the Center as a primary source for child welfare resources.	SD	2	3	4	5	6	SA	NA	DK
25. Publications and learning experiences are published in a timely manner.	SD	2	3	4	5	6	SA	NA	DK
26. Center products helped me identify new approaches, innovations, or strategies that are applicable to my work.	SD	2	3	4	5	6	SA	NA	DK
27. Center products incorporate innovative approaches and insights that are useful in my work.	SD	2	3	4	5	6	SA	NA	DK
28. The information in Center publications and products is	SD	2	3	4	5	6	SA	NA	DK

easy to understand and apply to my work.									
29. Use of Center products or learning experiences has informed practice, programs, or policy in my agency.	SD	2	3	4	5	6	SA	NA	DK
30. In what ways could Center pro child welfare workforce or the				r resources	s be more	respon	sive to y	our	
31. In what ways would you like to	be able to	use Ce	nter public	ations, too	I, and proc	lucts in	the futu	re?	
32. What suggestions do you have	for impro	ving Cer	ter publica	ations and	products?				
33. What topics would you like to s	ee the Ce	nter dev	elop resou	rces on?					

- 34. How have you used Center publications, tools, or products? (Select all that apply)
- o Integrate into a new or existing training program
- o Spark discussion in meetings
- o Share with internal and external partners to promote a common understanding
- o Encourage or energize staff
- o Individual professional development
- o Encourage leadership, stakeholder, and/or frontline buy-in
- o Develop policies or programs
- o Introduce a new practice or improve upon an existing practice
- o Monitor and evaluate practice changes
- o Other (please describe):

#### **Other Optional Questions**

- 1. What additional assistance do you or your organization need [with this topic, from this peer group}?
- 2. What additional information or resources can you recommend [on this topic, from this peer group]?
- 3. Was [specific activity or event] helpful? If so, why, and if not, how can it be improved?
- 4. What information and activities might assist in preparing you [and the youth ambassadors] for another/future [activity or event]?
- 5. What additional topics do you hope to learn about or discuss with peers?
- 6. What would make [listserv, activity, event, peer group] more valuable to you?
- 7. What [sessions, activities, events] were most valuable to your work?
- 8. As a result of this/Prior to this [peer group, activity, event] over the past 6 months I have engaged with other attendees outside of official activities.
- o Never
- o Once
- o Every Few Months
- o Monthly
- o A Few Times a Month
- o Weekly
- o Two to Three Times a Week