
**Instrument 2:
Online Annual Collaboration Survey**

Survey Introduction	3
Navigating through the survey	4
Survey Instrument	5
Context.....	5
Members.....	6
Process.....	7
Communication.....	8
Function.....	9
Resources.....	10
Leadership.....	11
Perceptions of Current Success.....	12
Perceptions of Future Success.....	12
Background Information.....	13

Survey Introduction

Introduction: The purpose of this survey is to gather information from leaders and staff from agencies and organizations involved in [insert name of local site’s Child Welfare Community Collaborations initiative]. This survey is part of a study of the *Child Welfare Community Collaborations to Strengthen and Preserve Families* (CWCC) initiative. Abt Associates and Child Trends are conducting the study to learn how grantees receiving funding under CWCC are approaching their collaborative work. The study is overseen by the Office of Planning, Research, and Evaluation (OPRE), in collaboration with the Children’s Bureau, in the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services (HHS).

Individuals and agencies often come together to work collaboratively to solve challenges in their communities. [Insert name of individual site’s Child Welfare Community Collaborations initiative]¹ is an example of a community collaboration initiative. This initiative is, in part, funded by ACF to conduct collaborative work to prevent child abuse and neglect. There are many ways that [select one, based on local grantee’s terminology: collaborations/coalitions/partnerships] develop and function depending upon the various needs of the collaborators and their communities. In order to assess the processes that are developing among members of your [select one, based on local grantee’s terminology: collaboration/coalition/partnership] and the potential outcomes of your work, we ask that you complete the questions in this survey. You are receiving this survey because you were identified by [GRANTEE ORGANIZATION] as a community partner contributing to grant activities under [Insert name of individual site’s Child Welfare Community Collaborations initiative].

Please answer the survey questions as completely and accurately as possible. When answering the questions, please think about your experiences with [Insert name of individual site’s Child Welfare Community Collaborations initiative] and please choose the answer to each question that reflects how you feel now. Your answers will be kept private to the extent permitted by law. Data collected from all survey respondents will be summarized in an aggregate report that will be shared with [insert name of lead grantee’s organization]. Some of the survey data may also be shared with the CWCC project team from [insert name of lead grantee’s organization], but none of the information you provide in the “Background Information” section of the survey (such as your role in the collaboration or the type of agency you work for) will be included in the data shared directly with [insert name of lead grantee’s organization]. Additionally, we may archive the data collected by this survey and allow access to the de-identified dataset to qualified researchers. Your participation in this survey is voluntary, and there are no penalties for choosing not to take part in the survey. We hope you will choose to complete all of the questions on the survey, but you may choose to skip any question you do not feel comfortable answering about your perceptions of [insert name of local CWCC-funded initiative]. Thank you in advance for your assistance in completing this survey and providing important information for the study.

The Paperwork Reduction Act Statement: The referenced collection of information is voluntary and will be used to better understand how grantees receiving funding under the *Child Welfare Community Collaborations to Strengthen and Preserve Families* (CWCC) initiative are approaching their collaborative work. The time required to complete this collection of information is estimated to average 30 minutes per response, including the time to review instructions and complete and review the collection of information. An agency may not

¹ Throughout this document, wherever terms are in brackets, the grantee’s own term will replace the bracketed terms in order to facilitate comprehension. Potential terms include: partnership, collaboration, coalition, collective impact, collaborative, collective, program, or project.

conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this collection is 0970-0541, which expires XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Abt Associates, 6130 Executive Blvd., Rockville, MD 20852, Attn: Allison Hyra.

BEGIN YOUR SURVEY

EXIT SURVEY

Navigating through the survey

- This survey link is unique to you, so you should answer questions only from your perspective. Please do not share this survey link with anyone else.
- As you work through the survey, your responses are automatically saved. You may change a response by clicking on the **BACK** button. Use the **NEXT** button to advance to the next question.
- This survey will take approximately 20-30 minutes to complete. At any time, you may click on the **SAVE & CONTINUE LATER** button if you wish to temporarily pause the survey and return to it at a later time.
- The contact information for the research team is displayed at the beginning of the survey in case you experience any technical difficulties with the online survey.
- When you have completed the survey, please click on the **SUBMIT** button at the end of the survey. You may submit the survey even if there are some questions that you choose not to answer. Once you submit the survey, you will not be able to return to it without contacting us.
- If you have questions about the study or need help accessing the survey or navigating the screens, please email CWCCEvalTA@abtassoc.com or call 1-301-968-4467. If your call goes to voicemail, please leave a detailed message, including your name and phone number, and someone will return your call as soon as possible.
- If you have questions or concerns about your rights as a participant in this evaluation, please call Abt's Institutional Review Board at 877-520-6835.



Survey Instrument

Context

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. The agency/organization that I represent in this [coalition] ² has a history of collaborating with other local agencies/organizations in my county.	()	()	()	()	()
2. Participating agencies/organizations represented within this [coalition] encourage and support the activities of this coalition.	()	()	()	()	()
3. Members of our [coalition] represent the cultural diversity of our community.	()	()	()	()	()
4. Community members are aware of this [coalition].	()	()	()	()	()
5. Community members view this coalition as a leader in relation to the [coalition's] goals and activities.	()	()	()	()	()
6. Political leaders in our community support the mission of this [coalition].	()	()	()	()	()
7. Key community leaders in our community support the mission of this [coalition].	()	()	()	()	()
8. Community members support the mission of this [coalition].	()	()	()	()	()
9. Cultural leaders in our community support the mission of this [coalition].	()	()	()	()	()
10. Key stakeholders are members of this [coalition].	()	()	()	()	()
11. Policies, laws, requirements, or regulations that support the efforts of this [coalition] are in place.	()	()	()	()	()

² Throughout this document, wherever terms are in brackets, the grantee's own term will replace the bracketed terms in order to facilitate comprehension. Potential terms include: partnership, collaboration, coalition, collective impact, collaborative, collective, program, or project.

Members

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. [Coalition] members share an understanding and respect for each other.	()	()	()	()	()
2. [Coalition] members share an understanding and respect for the various organizations represented within this coalition.	()	()	()	()	()
3. [Coalition] members trust one another.	()	()	()	()	()
4. [Coalition] members are willing to compromise [recognizing that many decisions cannot fit the preferences of every member perfectly].	()	()	()	()	()
5. [Coalition] members believe the benefits of the collaboration will offset costs (e.g., such as loss of autonomy and turf issues).	()	()	()	()	()
6. [Coalition] members agree that a comprehensive response is needed to address the goals and objectives of this coalition.	()	()	()	()	()
7. [Coalition] members understand the roles, rights, and responsibilities of all participating members.	()	()	()	()	()
8. [Coalition] members bring unique skills to address this coalition's needs.	()	()	()	()	()
9. [Coalition] members and the agencies they represent are willing to distribute power in a manner that is in the coalition's best interest.	()	()	()	()	()
10. [Coalition] members feel ownership in the way the group works.	()	()	()	()	()
11. [Coalition] members feel ownership in the results/products of their work.	()	()	()	()	()
12. [Coalition] members and their respective agencies/organizations share credit for coalition successes.	()	()	()	()	()

Process

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. This [coalition] is as adaptable as necessary in meeting the needs of a changing community.	()	()	()	()	()
2. This [coalition] meets on a regular basis.	()	()	()	()	()
3. All [coalition] members participate in decision-making.	()	()	()	()	()
4. Strategies to carry out the goals and objectives of this [coalition] are clearly articulated.	()	()	()	()	()
5. [Coalition] members select or are assigned roles and responsibilities according to their interests and strengths.	()	()	()	()	()
6. There is a system in place for resolving conflicts between the demands of partnering agencies and demands of this [coalition].	()	()	()	()	()
7. This [coalition] has an established system to regularly assess community needs and resources.	()	()	()	()	()
8. There is a system in place by which progress toward goal attainment is measured.	()	()	()	()	()
9. This [coalition] markets its efforts and accomplishments to the community to obtain support.	()	()	()	()	()

Communication

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. A system of communication is in place for [coalition] members to discuss their efforts.	()	()	()	()	()
2. [Coalition] members frequently communicate formally (e.g., meetings, trainings, and interagency work groups).	()	()	()	()	()
3. [Coalition] members frequently communicate informally (e.g., memos, e-mail, phone, and social contact).	()	()	()	()	()
4. [Coalition] members' communication is adequate (in frequency) to effectively work towards meeting the coalition's goals and objectives.	()	()	()	()	()
5. Members of this [coalition] interact to discuss issues openly.	()	()	()	()	()
6. This [coalition] provides a safe environment in which disagreements and conflicts between members can be discussed.	()	()	()	()	()
7. Communication among [coalition] members is effective (promotes understanding, cooperation, and transfer of information).	()	()	()	()	()
8. This [coalition] has established communication channels with local community leaders.	()	()	()	()	()
9. This [coalition] has established communication channels with the broader community.	()	()	()	()	()

Function

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. This [coalition] has clearly defined the problem that it wishes to address.	()	()	()	()	()
2. The goals and objectives of this [coalition] are based upon key community needs.	()	()	()	()	()
3. This [coalition] has clearly defined short term goals and objectives.	()	()	()	()	()
4. This [coalition] has clearly defined long term goals and objectives.	()	()	()	()	()
5. Members agree upon the goals and objectives for this [coalition].	()	()	()	()	()
6. The goals and objectives set for this [coalition] can be realistically attained.	()	()	()	()	()
7. Members view themselves as interdependent in achieving the goals and objectives of this [coalition].	()	()	()	()	()
8. The goals and objectives of this [coalition] differ, at least in part, from each of the partner organizations.	()	()	()	()	()

Resources

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. There is adequate financial support to maintain [coalition] operations.	()	()	()	()	()
2. There is adequate in-kind support to maintain [coalition] operations.	()	()	()	()	()
3. There are plans in place to secure future funding for [coalition] operations.	()	()	()	()	()
4. There are sufficient funds to sustain [coalition] operations for the next two years.	()	()	()	()	()
5. Agencies/organizations represented in this [coalition] provide resources to support the [coalition] operations.	()	()	()	()	()
6. [Coalition] members seek outside sources of financial and in-kind support for [coalition] operations.	()	()	()	()	()
7. [Coalition] members recruit additional partners that can offer financial and in-kind support for coalition operations.	()	()	()	()	()
8. The professional expertise, skills, and specialization of [coalition] members have been identified and are used to advance the goals of the coalition.	()	()	()	()	()
9. Resources within our community (e.g., clerical assistance, time, and financial support) have been identified and are used to advance the goals of this [coalition].	()	()	()	()	()
10. Our [coalition] utilizes the cultural assets of our community.	()	()	()	()	()

Leadership

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. The [coalition] leader(s) has strong organizational skills.	()	()	()	()	()
2. The [coalition] leader(s) has strong interpersonal skills.	()	()	()	()	()
3. The [coalition] leader(s) supports and facilitates team building.	()	()	()	()	()
4. The [coalition] leader(s) utilizes members' skills and strengths to meet [coalition] goals and objectives.	()	()	()	()	()
5. The [coalition] leader(s) carries out the role with fairness.	()	()	()	()	()
6. The [coalition] leader(s) maintains a focus on the goals and objectives of the [coalition].	()	()	()	()	()
7. The [coalition] leader(s) supports members in carrying out their roles and responsibilities.	()	()	()	()	()

Perceptions of Current Success

	1 Completely Unsuccessful	2	3	4	5 Somewhat Successful	6	7	8	9	10 Completely Successful
1. How successful is this [coalition] at implementing strategies to address [coalition] goals and objectives?	()	()	()	()	()	()	()	()	()	()
2. How successful is this [coalition] at achieving its current goals and objectives?	()	()	()	()	()	()	()	()	()	()
3. How successful is this [coalition] in making a difference within the community it serves?	()	()	()	()	()	()	()	()	()	()
4. In comparison to the efforts of a single partnering agency/ organization, how effective is this [coalition] in achieving its goals and objectives?	()	()	()	()	()	()	()	()	()	()
5. In comparison to the efforts of a single partnering agency/ organization, how efficient is this [coalition] in achieving its goals and objectives?	()	()	()	()	()	()	()	()	()	()

Perceptions of Future Success

	1 Not at All Confident	2	3	4	5 Somewhat Confident	6	7	8	9	10 Very Confident
1. How confident are you that this [coalition] will still exist in the community two years from now?	()	()	()	()	()	()	()	()	()	()
2. How confident are you that this [coalition] will continue to successfully achieve its goals and objectives?	()	()	()	()	()	()	()	()	()	()
3. How confident are you that this [coalition] will continue to make a difference within the community it serves?	()	()	()	()	()	()	()	()	()	()

Background Information

1. Please select all of the categories that describe your role (as an individual) in the [name of site's Child Welfare Community Collaborations initiative]:

- Direct service provider
- Supervisor
- Administrator
- Collaboration project staff
- Judge / Magistrate / Court personnel
- Business person
- Representative of a faith-based organization
- Data manager
- Other: _____

2. If you describe yourself as coming from an agency or organization, with what type of organization are you most closely associated?

- I do not describe myself as coming from an agency or organization *[Skip to Question 7]*
- State/local/tribal child welfare agency (Department of Human Services, Child Welfare, Social Services)
- Other state/local/tribal human service provider
- A private non-profit or for-profit human service provider (mental health provider, parent training program)
- Community Mental Health Center
- Other behavioral health provider, including mental health and substance abuse providers
- Early Childhood Education Center or K-12 School
- The justice system
- Local/tribal government
- A private business
- A faith-based organization
- An advocacy organization
- Other community-based service organization
- Other: _____

3. **[Year 1 only]** When did **your organization** become involved in [name of site's Child Welfare Community Collaborations initiative]?

- Before or during proposal development (before grant award in September 2018 [2019 for FY19 grantees])
- During the planning period (after grant award, but before implementation began)

-
- After implementation began (after the planning phase concluded and strategies and activities began)

4. **[Year 1 only]** When did **you personally** become involved in [name of site's Child Welfare Community Collaborations initiative]?

- Before or during proposal development (before grant award in September 2018 [2019 for FY19 grantees])
- During the planning period (after grant award, but before implementation began)
- After implementation began (after the planning phase concluded and strategies and activities began)

5. **[Years 2-4 only]** How long has **your organization** been involved in [name of site's Child Welfare Community Collaborations initiative]?

- 0-5 months
- 6-12 months
- 13-18 months
- 19-24 months
- Between 2-3 years
- More than 3 years

6. **[Years 2-4 only]** How long have **you personally** been involved in [name of site's Child Welfare Community Collaborations initiative]?

- 0-5 months
- 6-12 months
- 13-18 months
- 19-24 months
- Between 2-3 years
- More than 3 years

7. [Coalitions] often hold collaborative meetings as part of their planning process. Collaborative meetings refer to meetings with other partners working on the same collaborative goals under an initiative, including both general meetings involving all the partners and workgroup meetings involving a smaller number of partners.

- Have you been invited to attend collaborative meetings?
 - Yes
 - No
- Do you attend collaborative meetings?
 - Yes
 - No

-
- If you attend collaborative meetings, approximately how many collaborative meetings for this project have you attended...
- In the past two months? _____
 - In the past six months? _____