

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.



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

- ☐ I read/review every group communication
 - ☐ I read/review many of the group communications
 - ☐ I read/review very few group communications
 - ☐ I do not usually read/review group communications
5. Approximately how many peer learning activities/events do you attend each year?
- ☐ None
 - ☐ 1-3 activities/events
 - ☐ 4-6 activities/events
 - ☐ 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)
- ☐ Capacity Building Collaborative webpage
 - ☐ Center's Liaison
 - ☐ Listserv
 - ☐ Colleague who is familiar with Center's resources
 - ☐ Hard-copy publication
 - ☐ Advertisement (please specify): _____
 - ☐ Search engine (e.g., Google, Yahoo)
 - ☐ Social media (e.g., Facebook, Twitter, YouTube)
 - ☐ Conference or presentation (please specify): _____
 - ☐ Link from another webpage (please specify): _____
 - ☐ Other (please specify): _____

Please rate your agreement with the following statements about the 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)

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

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Agree	Strongly Agree	NA	Don't Know
16. I have improved my connections with peers/colleagues.	SD	2	3	4	5	6	SA	NA	DK
Provide a specific example of how the peer group has improved your relationship with peers or benefitted your work: _____									
17. I have improved my collaboration with other members of the group or other partners.	SD	2	3	4	5	6	SA	NA	DK
Please provide a specific example of ways that you have improved collaboration with other members of the group or other partners: _____									
How many others have you collaborated with? _____									
18. I have improved my skills in various aspects of my work.	SD	2	3	4	5	6	SA	NA	DK
Please provide a specific example of how your skills have increased: _____									
19. I have increased my knowledge in topics relevant to my work.	SD	2	3	4	5	6	SA	NA	DK
Please provide a specific example of the topics in which the peer group has increased your knowledge: _____									
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 what is learned in the peer group to your work?									
<input type="radio"/> Frequently <input type="radio"/> Occasionally <input type="radio"/> Not at all									
22. Please select the various ways you have applied the information from the peer group in your work. (Select all that apply)									
<input type="radio"/> Support program improvement <input type="radio"/> Support policy development <input type="radio"/> Provide information to clients/families <input type="radio"/> Provide information to my peers <ul style="list-style-type: none"> ▪ SKIP PATTERN: If 'provide information to clients/families' or 'provide information to my peers' is selected: How many people have you shared with? _____ <input type="radio"/> Support public awareness/advocacy efforts <input type="radio"/> Grant writing/Fundraising <input type="radio"/> Train staff/colleagues <ul style="list-style-type: none"> ▪ SKIP PATTERN: If 'train staff/colleagues' is selected then: In what setting will this information be used? <input type="radio"/> Formal Training with Co-Workers <input type="radio"/> Informal Training with Co-Workers <input type="radio"/> Distribute Materials to Co-Workers <input type="radio"/> Classroom/University <input type="radio"/> Train the Trainer 									

<ul style="list-style-type: none"> <input type="radio"/> Other <input type="radio"/> Conduct research & evaluation <input type="radio"/> My own professional development <input type="radio"/> I have not yet applied this to my work <input type="radio"/> 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?

- ☐ State Child Welfare Agency
- ☐ County Child Welfare Agency
- ☐ Territorial Child Welfare Agency
- ☐ Tribal Child Welfare Agency
- ☐ State or County Court/Legal System
- ☐ Tribal Court/Legal System
- ☐ Private or Community-based Child Welfare Agency
- ☐ Local Government/Tribal Council
- ☐ Law Enforcement Organization
- ☐ Primary Care/Health Care Services Provider
- ☐ Behavioral/Mental Health Services Provider
- ☐ Substance Abuse Services Provider
- ☐ Domestic Violence Services Provider
- ☐ Juvenile Justice Organization
- ☐ Primary/Secondary Education
- ☐ College/University
- ☐ Technical Assistance Provider
- ☐ Federal Government
- ☐ Other (please describe): _____

28. What is your primary role?

CW professional response options

- ☐ Agency Director/Deputy Director
- ☐ Program/Middle Manager
- ☐ Supervisor
- ☐ Caseworker/Direct Practice Worker/Frontline Staff
- ☐ Parent Partner
- ☐ Other (please describe): _____

Court professional response options

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

- ☐ Court Case Worker/Social Worker
- ☐ Other (please describe): _____

Education professional response options

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

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

- ☐ Administration
- ☐ Workforce Development/Training
- ☐ Continuous Quality Improvement/Evaluation
- ☐ Information Technology/SACWIS/Data Systems
- ☐ Indian Child Welfare Act
- ☐ Primary or Secondary Prevention
- ☐ Child Protective Services
- ☐ In-home Services/Promoting Safe and Stable Families
- ☐ Foster Care/Placement/Licensing/Reunification
- ☐ Adoption/Guardianship
- ☐ Youth in Transition/Chafee/Independent Living Programs
- ☐ Other (please describe): _____

30. What best describes you?

- ☐ Child Welfare Professional
- ☐ Other HHS Professional
- ☐ Legal Professional
- ☐ Education Professional
- ☐ Student/Intern
- ☐ Current or Former Foster Youth
- ☐ Biological Parent/Relative Caregiver/Family Member
- ☐ Non-Relative Foster or Adoptive Family Member
- ☐ Community Member/Community Leader/Tribal Elder
- ☐ Other (please describe): _____

31. 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

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
1. The facilitator helps us achieve the goals of the peer group.	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	Somewhat 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
12. 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
14. I appreciated the chance to help the Center for States create [Name of Product].	SD	2	3	4	5	6	SA	NA	DK
15. My opinion was valued in reviewing [Name of Product].	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
17. I will share what I learned from [Name of Product] with others.	SD	2	3	4	5	6	SA	NA	DK
SKIP PATTERN: If 4, 5 or 6 are selected for item above ask: Please provide the number of people that you are planning to share with/have shared with? _____									
SKIP PATTERN: If 1, 2 or 3 are selected for item above ask: Why are you not planning to share what you learned with others??									
18. Publications, tools, and learning experiences are easily accessible on the Center website.	SD	2	3	4	5	6	SA	NA	DK
19. I know how to access Center resources and find what I need.	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 products, publications, and other resources be more responsive to your child welfare workforce or the populations you work with? _____									
31. In what ways would you like to be able to use Center publications, tool, and products in the future? _____									
32. What suggestions do you have for improving Center publications and products? _____									
33. What topics would you like to see the Center develop resources on? _____									

34. How have you used Center publications, tools, or products? (Select all that apply)

- ☐ Integrate into a new or existing training program
- ☐ Spark discussion in meetings
- ☐ Share with internal and external partners to promote a common understanding
- ☐ Encourage or energize staff
- ☐ Individual professional development
- ☐ Encourage leadership, stakeholder, and/or frontline buy-in
- ☐ Develop policies or programs
- ☐ Introduce a new practice or improve upon an existing practice
- ☐ Monitor and evaluate practice changes
- ☐ 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.
- ☐ Never
 - ☐ Once
 - ☐ Every Few Months
 - ☐ Monthly
 - ☐ A Few Times a Month
 - ☐ Weekly
 - ☐ Two to Three Times a Week