**2025 National Foster Care Month Campaign Page Survey**

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) The purpose of this information collection is to gather feedback on the National Foster Care Month campaign page to ensure capacity-building products and services meet the needs of child welfare professionals. 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 June 30, 2027. If you have any comments on this collection of information, please contact Jing Sun, Child Welfare Information Gateway, by e-mail at jing.sun@icf.com.

Please let us know how you are using this year's National Foster Care Month campaign page so we can continue to enhance our campaign efforts to better meet your needs. Your participation in this survey is voluntary, and your responses will be reported anonymously. 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 or by telephone at 800-394-3366. Thank you for helping us help you.

1. **Please describe why you are visiting the National Foster Care Month (NFCM) campaign page. Select all that apply.**
* To find resources and outreach tools that I can use in promoting awareness of NFCM in my community and/or among my friends and family.
* To find resources and outreach tools that I can use in promoting awareness of NFCM in my organization.
* To find resources and information for my work.
* To find general information on foster care/for my personal use/for my personal development.
* Other (Please describe in the text box below.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Which of the following bestdescribes your background or role?**

* Professional
* Advocate
* Student
* Parent (i.e., biological/birth)
* Kinship caregiver
* Youth experiencing or with experience in the foster care system
* Foster parent
* Prospective adoptive parent
* Adoptive parent
* Lived experience advocate or expert
* Member of the general public
* Other (Please describe in the text box below.) \_\_\_\_\_\_\_\_

**2a. [if respondent selected “*Professional”* in question 2] Which of the following best describes your professional background?**

* Foster care services
* Prevention services
* Family support services
* Child protective services
* Kinship care services
* Adoption services
* Youth engagement or youth services
* Legal/courts (e.g., guardian ad litem, court-appointed special advocate, attorney)
* Juvenile justice
* Law enforcement
* Health/mental health services
* Substance use services
* Researcher/evaluator/consultant
* Early childhood educator (0–5 years)
* Teacher (K–12)
* Professor/faculty (higher education)
* Media
* Other (Please describe in the text box below.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2b. [if respondent selected “*Professional”* in question 2] Which of the following best describes your workplace?**

* Local or county public/private agency
* State agency
* Tribal agency/organization
* Federal agency
* Community-based organization
* Mental/behavioral health agency
* 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 text box below.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2c. [if respondent selected “*Professional”* in question 2] Which of the following best describes your position or department within your workplace?**

* Client-facing staff (e.g., caseworker, direct service worker)
* Supervisor/manager
* Director/administrator
* Training /staff development
* Licensing unit
* Outreach/communications
* Mental health counselor
* Behavioral health unit
* Other (Please describe in the text box below.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. How long have you used National Foster Care Month information and resources?**

* + This is my first time.
	+ 1 year
	+ 2–4 years
	+ 5–10 years
	+ More than 10 years

**4. Which of the following best describes your involvement in National Foster Care Month campaigns?**

* I am currently leading/will lead a campaign within my organization or agency this year.
* I will be involved in a local campaign in my community.
* I am aware of campaigns in my community, but I will not be joining.
* I am not aware of any campaigns in my community but would like to lead or join one.
* Other (Please explain in the text box below.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. How useful are the resources and information available on the National Foster Care Month campaign page?**

* Very useful (Please explain in the text box below.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Useful (Please explain in the text box below.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Somewhat useful (Please explain in the text box below.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Not useful (Please explain in the text box below.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. On a scale of 1 (poor) to 5 (excellent), please rate the following about your experience on the National Foster Care Month (NFCM) campaign page.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|   | 1 | 2 | 3 | 4 | 5 | N/A |
| Ease of finding information on the NFCM campaign page |   |   |   |   |   |   |
| Ease of sharing the information and resources from the NFCM campaign page |   |   |   |   |   |   |
| Appeal of the NFCM campaign page design |   |   |   |   |   |   |
| Content that matches my needs and/or interests |   |   |   |   |   |   |
| Organization of information and resources |   |   |   |   |   |   |
| Content that promotes voices of individuals with lived experience (i.e., those who have personal experience with the foster care system) |   |   |   |   |   |   |
| Content that reflects diversity, equity, inclusion, and justice |   |   |   |   |   |   |

**6a. Please provide an explanation for your ratings above in the text box below.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. Please select all the resources you and your organization/agency have used or intend to use to educate and promote National Foster Care Month (NFCM). Please describe how you have used or intend to use the resources you selected in the text box below each item.**

|  |  |  |
| --- | --- | --- |
|  | **I *have already used* the…** | **I *intend to use* the…** |
| Outreach Toolkit\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Reflections: Stories of Foster Care \_\_\_\_\_\_\_\_\_\_ |  |  |
| Sample Federal, State, and local proclamations\_\_\_\_\_\_\_\_\_\_ |  |  |
| NFCM resources\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Children's Bureau-Funded Projects page (e.g., Quality Improvement Center on Engaging Youth and LGBTQ2S Youth in Foster Care) | 1.
 | 1.
 |
| Event page |  |  |

**8. Please select all of the ways you have used and/or intend to use information offered on the National Foster Care Month (NFCM) campaign page.**

|  |  |  |
| --- | --- | --- |
|  | **I *have already used* the NFCM resources…** | **I *intend to use* the NFCM resources…**  |
| To support public awareness or advocacy efforts for NFCM  |  |  |
| To support protective capacities of families and communities  |  |  |
| To increase my knowledge or transform my attitudes  |  |  |
| To share with others  |  |  |
| To implement, sustain, or improve programs (e.g., program management, logic model development, program evaluation, change management)  |  |  |
| To share in a formal training environment  |  |  |
| To support practice improvement and/or sustain good practice  |  |  |
| To support policy change and/or sustain good policies  |  |  |
| To conduct research or evaluation  |  |  |
| For grant writing/fundraising  |  |  |
| For my own professional development  |  |  |
| For personal use  |  |  |
| For a class assignment  |  |  |
| I have not used nor intend to use NFCM resources. |  |  |
| Other (Please describe in the text box below.) \_\_\_\_\_\_\_\_\_\_ |  |  |

**8a. Please provide an explanation for your response above in the text box below. \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**9. Please rate your agreement with the following statements regarding the National Foster Care Month (NFCM) campaign page.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|   | Strongly disagree | Disagree | Neutral | Agree | Strongly agree | N/A |
| The NFCM campaign page increased my knowledge of how family connections can be preserved and how culture and community connections can be prioritized to support children and families who experience foster care.  |   |   |   |   |   |  |
| The NFCM campaign page provides access to quality outreach tools to use in campaigns at the State and/or local level.  |   |   |   |   |   |  |

**9a. Please provide an explanation for your ratings above in the text box below.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10. *[If respondent checked have used or intend to use “to share with others” in Q8]* Please indicate who you have shared and/or plan to share the information you found on the National Foster Care Month (NFCM) campaign page.**

|  |  |  |
| --- | --- | --- |
|  | **I *have already shared* the NFCM resources with…** | **I *intend to share* the NFCM resources with…**  |
| Families or clients  |  |  |
| Community-based service providers  |  |  |
| My supervisor and/or agency leader | 1.
 | 1.
 |
| My agency’s outreach and marketing representatives | 1.
 | 1.
 |
| Staff who report directly to me  |  |  |
| Colleagues  |  |  |
| Friends and family  |  |  |
| Other (Please describe in the text box below.) \_\_\_\_\_\_\_\_\_\_ |  |  |

**10a.** **Please provide more information about your response above in the text box below. \_\_\_\_\_\_\_\_\_\_\_\_**

**11. How did you hear about the National Foster Care Month campaign this year?**

* Search engine (e.g., Google, Yahoo)
* Notification (e.g., email, intranet posting) from my local or State agency or organization
* Linked from another website (Please describe in the text box below.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Conference or presentation
* Email from Child Welfare Information Gateway or the Children’s Bureau (Please describe in the text box below.) \_\_\_\_\_\_\_\_\_\_\_\_
* Notification (e.g., email, intranet posting) from another organization (e.g., America Bar Association's Center on Children and the Law, Foster Club, National Foster Parent Association) (Please describe in the text box below.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Notification (e.g., email, intranet posting) from my internal organization
* Browsing Child Welfare Information Gateway’s website
* Colleague or friend
* Social media (e.g., Facebook, X [formerly Twitter])
* Hardcopy publication
* Podcast/webinar
* Mobile app search
* Other (Please describe in the text box below.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**12. Please indicate which tools from the Outreach Toolkit you have used and/or intend to use to help educate and promote awareness for National Foster Care Month in your network or community?**

|  |  |  |
| --- | --- | --- |
|  | **I *have already used* these tools from the Outreach Toolkit.** | **I *intend to use* these tools from the Outreach Toolkit.** |
| Graphics |  |  |
| GIFs |  |  |
| Zoom/Teams virtual background |  |  |
| Email signature |  |  |
| Social media banners (Facebook, LinkedIn, and X [formerly Twitter]) |  |  |
| Social media posts (some available in Spanish) |  |  |
| Social media story filters |  |  |

**13. Please select all the ways in which you have used and/or intend to use the tools in the Outreach Toolkit to educate and promote awareness of National Foster Care Month.**

|  |  |  |
| --- | --- | --- |
|  | **I *have already used* the tools in the Outreach Toolkit to…** | **I *intend to use* the tools in the Outreach Toolkit to…**  |
| Post on X (formerly Twitter) |  |  |
| Post on Facebook  |  |  |
| Post on Instagram  |  |  |
| Post on LinkedIn  |  |  |
| Update my social media profile picture and/or banners  |  |  |
| Post a link on an organization’s website  |  |  |
| Provide information to colleague or child welfare professional  |  |  |
| Provide information in an email newsletter |  |  |
| Post information on my organization’s internal website or intranet  |  |  |
| Use a virtual background to show support in meetings |  |  |
| Other (Please describe in the text box below.) \_\_\_\_\_\_\_\_\_\_ |  |  |

**14. Do you have any additional comments or suggestions (e.g., suggestions for a theme or tools for future campaigns) about the National Foster Care Month campaign information and resources or Child Welfare Information Gateway's other products and services?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_