

# 2021 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 Ashley Turk, Child Welfare Information Gateway, by e-mail at [Ashley.Turk@icf.com](mailto:Ashley.Turk@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. Thank you for helping us help you.

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

- This is the first year I have accessed the Prevention Resource Guide, but I have not yet read it this year.
- This is the first year I have accessed the Prevention Resource Guide, and I have already read it.
- 2 – 4 years, but I have not yet read it this year.
- 2 – 4 years, and I have already read it this year.
- 5 – 10 years, but I have not yet read it this year.
- 5 – 10 years, and I have already read it this year.
- More than 10 years, but I have not yet read it this year.
- More than 10 years, and I have already read it this year.

1a. 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.

|  | Rating         |       |                            |          |                   |
|--|----------------|-------|----------------------------|----------|-------------------|
|  | Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
| The Prevention Resource Guide is useful.   | 0              | 0     | 0                          | 0        | 0                 |
| The Prevention Resource Guide is easy to read and understand.  | 0              | 0     | 0                          | 0        | 0                 |
| 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                 |
| 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                 |
| 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                 |
| 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                 |
| 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                 |

Please provide an explanation for your rating above in the textbox below.

---

1b. 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.)

**Please provide an explanation for your response above in the textbox below.**

---

1c. 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.)

---

1d. How did you hear about the Prevention Resource Guide?

- Search engine

- Conference or presentation (If known, please describe in the textbox below.)

---

- Email from Child Welfare Information Gateway (If known, please describe in the textbox below.)

---

- Browsing Child Welfare Information Gateway's website

- 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.)

---

**2. 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.)
- 

**2a. 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.)
- 

**2c. 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.)
-

**2d. 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.)
- 

**2e. 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

**3. Which of the following subscription services do you receive? (Check all that apply.)**

- I am not registered for any subscription services.
  - National Child Abuse Prevention Month Subscriptions
  - Child Welfare Information Gateway E-Alert!
  - Children's Bureau Express (CBX)
  - Child Welfare in the News
  - Adoption Triad
  - Information Gateway Quick Links
  - My Child Welfare Librarian
  - I get e-mails from Child Welfare Information Gateway but I'm not sure if they are a subscription service.
  - I'm not sure
  - Other (Please describe in the textbox below.)
- 

**4. What formats do you prefer to receive and share child welfare information and resources?**

|  | Formats you prefer to receive information in | Formats you prefer to share information in |
|--|--|--|
|  |  |  |

|  |                          |                          |
|--|--------------------------|--------------------------|
| Guidebooks or toolkits                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Pamphlets or short handouts            | <input type="checkbox"/> | <input type="checkbox"/> |
| Mobile applications                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Journal articles                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Online news articles                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Videos                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Virtual trainings                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Conference presentations               | <input type="checkbox"/> | <input type="checkbox"/> |
| Presentation slides (e.g., PowerPoint) | <input type="checkbox"/> | <input type="checkbox"/> |
| Webinars                               | <input type="checkbox"/> | <input type="checkbox"/> |
| Online e-books                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Technical reports or briefs            | <input type="checkbox"/> | <input type="checkbox"/> |
| Infographics                           | <input type="checkbox"/> | <input type="checkbox"/> |
| Podcasts                               | <input type="checkbox"/> | <input type="checkbox"/> |
| Emails                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Calendars                              | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                          |                          |
|--|--------------------------|--------------------------|
| Facebook posts                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Twitter posts                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| LinkedIn posts                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Newsletters                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Text messages                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Please describe in the<br>textbox below.) | <input type="checkbox"/> | <input type="checkbox"/> |

**5. Do you have any additional comments or suggestions about the Prevention Resource Guide (e.g., topics or information you would like to learn more about)?**

---