

# strengthening families

## staff survey

The program you work for is participating in an initiative called Strengthening Families. It assists family- and child-serving programs by building their capacity to work effectively with families. Your answers to this confidential survey will help us understand how Strengthening Families affects your day-to-day work and your program.

Please take a few minutes to complete this survey. There are no right or wrong answers: your opinions and experiences are very valuable to the continued development of this project. This survey is designed to be completely anonymous; no one in your program will have access to your survey or an opportunity to view individual response data. All data is kept electronically and reported only in aggregated form.

In this survey, the word “parent” refers to the primary person your program communicates with in regard to the child and is understood to include parents, grandparents, guardians, etc.

### BASIC INFORMATION

1. My job is:	<input type="checkbox"/> Early Care and Education Teacher/Classroom Assistant <input type="checkbox"/> Family Support Worker <input type="checkbox"/> Program Director	<input type="checkbox"/> Parent Educator <input type="checkbox"/> Administrator <input type="checkbox"/> Early Childhood Mental Health Professional
2. I have been in my current position for:	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> More than 3 years	<input type="checkbox"/> 1-3 years
3. I have worked in this field for:	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 3-5 years <input type="checkbox"/> More than 10 years	<input type="checkbox"/> 1-3 years <input type="checkbox"/> 5-10 years
4. How long are you planning to continue working at your agency?	<input type="checkbox"/> 0-6 months <input type="checkbox"/> 1-2 years <input type="checkbox"/> Don't know	<input type="checkbox"/> 7-12 months <input type="checkbox"/> More than 2 years
5. My program provides the following services (check all that apply):	<input type="checkbox"/> Family Support <input type="checkbox"/> Parent Education <input type="checkbox"/> Home Visiting <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> Adult Skill-Building/Education <input type="checkbox"/> Family Literacy	<input type="checkbox"/> Family Resource Center <input type="checkbox"/> Early Care and Education <input type="checkbox"/> Fatherhood Programming <input type="checkbox"/> Marriage Strengthening <input type="checkbox"/> Advocacy <input type="checkbox"/> Parent-Child Interaction

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## EXPERIENCE WITH STRENGTHENING FAMILIES

6. How familiar are you with Strengthening Families and the Protective Factors	<input type="checkbox"/> Very familiar <input type="checkbox"/> Know very little about it/them	<input type="checkbox"/> Somewhat familiar <input type="checkbox"/> Don't know about it/them
7. Overall, how much has Strengthening Families improved your program?	<input type="checkbox"/> Not at all <input type="checkbox"/> Moderately <input type="checkbox"/> Don't know	<input type="checkbox"/> A little <input type="checkbox"/> A lot
8. Which early childhood professional development activities have you attended in the past two years that increased your knowledge of working with children and families (NOT including Strengthening Families)	<input type="checkbox"/> CDA classes <input type="checkbox"/> FDC classes <input type="checkbox"/> Other credentialing program <input type="checkbox"/> Undergraduate college course(s)	<input type="checkbox"/> Graduate school course(s) <input type="checkbox"/> Community conference/workshop <input type="checkbox"/> Staff development activities at center

9. Which of the following activities have you participated in through this program:	Have you ever participated in this activity?		Estimate total hours of involvement	Satisfaction with activity: 1 = Very dissatisfied 2 = Somewhat dissatisfied 3 = Neutral/mixed 4 = Somewhat satisfied 5 = Very satisfied				
a. Training on Strengthening Families and/or Protective Factors	Yes	No		1	2	3	4	5
b. Staff meetings on Strengthening Families and/or Protective Factors	Yes	No		1	2	3	4	5
c. Training on parent engagement	Yes	No		1	2	3	4	5
d. Staff meeting on parent engagement	Yes	No		1	2	3	4	5
e. Training on children's social and emotional development	Yes	No		1	2	3	4	5
f. Staff meeting on children's social and emotional development	Yes	No		1	2	3	4	5
g. Strengthening Families Self Assessment or action planning	Yes	No		1	2	3	4	5
h. Strengthening Families learning network meetings	Yes	No		1	2	3	4	5
i. Direct supervision or support related to your work to support a family in your classroom	Yes	No		1	2	3	4	5
j. Specific activities to support or engage families in your center or community (list on back side of paper)	Yes	No		1	2	3	4	5

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10. Please rate the impact of Strengthening Families on the following aspects of your program	Satisfaction with activity: 1 = Very positive 2 = Somewhat positive 3 = No impact 4 = Somewhat negative 5 = Very negative				
a. Staff morale	1	2	3	4	5
b. Father involvement in the program	1	2	3	4	5
Parent input on:					
1. Curriculum design	1	2	3	4	5
2. Development of program policies	1	2	3	4	5
3. Staff hiring	1	2	3	4	5
4. Staff training	1	2	3	4	5
c. Supportive/respectful relationships between staff and parents	1	2	3	4	5
d. Opportunities for parent feedback	1	2	3	4	5
e. Parent engagement	1	2	3	4	5

11. Please rate the amount of information you have for each of the following items:	1 = No information 2 = Heard of it 3 = Some information 4 = A lot of information NA = Not part of my job responsibilities				
a. Age appropriate behavior for children	1	2	3	4	NA
b. How to identify a child's special needs	1	2	3	4	NA
c. How to address children's challenging behavior	1	2	3	4	NA
d. How trauma impacts children's social and emotional development	1	2	3	4	NA
e. Different strategies for involving parents	1	2	3	4	NA
f. The lives, circumstances, and interests of parents/families/children I work with	1	2	3	4	NA
g. The culture and values of the parents/children attending our program	1	2	3	4	NA
h. How to convey information on parenting and child development	1	2	3	4	NA
i. Signs of stress in children and adults	1	2	3	4	NA
j. Services and resources for families in our community OR a person in my program who has this information	1	2	3	4	NA
k. How the child welfare system works	1	2	3	4	NA

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12. Over the past year, how often did you engage in the following activities?		
a. Greeted parents by name	<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never	
b. Asked parents about their hopes and dreams for themselves and their family	Estimate number of times	
c. Helped a parent that seemed isolated connect with others in or out of the program	Estimate number of times	
d. Worked with a family to help them connect to a service or community support	Estimate number of times	
e. Worked with a parent that was struggling with a child development issue	Estimate number of times	
f. Addressed a parenting issue that you were concerned about with a parent	Estimate number of times	
g. Provided support or help to a parent that seemed stressed or in crisis	Estimate number of times	
h. Hosted, helped to organize, or attended parent/family activities in your program	Estimate number of times	
i. Helped a parent develop strategies for dealing with child behavior issues	Estimate number of times	

13. I feel that it is important to my job to:		1 = Strongly agree 2 = Agree 3 = Neutral 4 = Disagree 5 = Strongly disagree				
a. Get to know the parents of each of the children in my program		1	2	3	4	5
b. Foster a sense of community among the families I work with		1	2	3	4	5
c. Talk with parents about parenting and child development		1	2	3	4	5
d. Respond when families are going through a difficult time		1	2	3	4	5
e. Connect families to services and resources in the community (or connect them to someone in my agency who can)		1	2	3	4	5
f. Help parents to understand and respond to their children's emotions		1	2	3	4	5
g. Respect parents' values and decisions about their children		1	2	3	4	5
h. Talk with parents about parenting practices that concern me		1	2	3	4	5
i. Help parents strengthen Protective Factors in their family		1	2	3	4	5
j. Prevent child abuse and neglect		1	2	3	4	5
k. Personally acknowledge parent efforts and contributions		1	2	3	4	5
l. Help parents deal with children's challenging behaviors		1	2	3	4	5

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	<p>1 = I need much more skill-building in this area</p> <p>2 = I need some skill-building in this area</p> <p>3 = My skills in this area are satisfactory</p> <p>4 = My skills in this are strong</p> <p>NA = Not applicable to my job responsibilities</p>
14. How comfortable are you in the following areas?	
a. Reaching out to parents who are hard to engage	1 2 3 4 NA
b. Addressing children's challenging behaviors	1 2 3 4 NA
c. Talking with families about a crisis they are having	1 2 3 4 NA
d. Talking with parents about parenting practices or behavior changes that concern me	1 2 3 4 NA
e. Successfully connecting families to the help they need	1 2 3 4 NA
f. Talk with families about what they need	1 2 3 4 NA
g. Partnering with parents to better understand and address their children's challenging behaviors	1 2 3 4 NA
h. Connecting with parents who have different lifestyles, cultures, attitudes, and values than mine	1 2 3 4 NA
i. Responding to a family that is under stress	1 2 3 4 NA
j. Following my program's protocol in making a report to child protective services	1 2 3 4 NA

## BACKGROUND

15. My age is	<input type="checkbox"/> 18-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50	<input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51 or older
16. I have completed (select highest level):	<input type="checkbox"/> High school <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> CDA	<input type="checkbox"/> Associate's Degree <input type="checkbox"/> Master's Degree or higher <input type="checkbox"/> FDC
17. Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
18. Race/Ethnicity (please choose the ONE that best describes what you consider yourself to be):	<input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other: _____	<input type="checkbox"/> Asian <input type="checkbox"/> African National/Caribbean Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> White (Non-Hispanic)

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19. Please rate your level of agreement with the following statements:	1 = Strongly agree 2 = Agree 3 = Neutral 4 = Disagree 5 = Strongly disagree
a. My supervisor emphasizes that we should get to know parents	1 2 3 4 5
b. My supervisor helps me locate resources and services for families	1 2 3 4 5
c. My supervisor supports me when I have to talk with families about difficult issues	1 2 3 4 5
d. My program supports my efforts to reach out and connect with families	1 2 3 4 5
e. My supervisor models supportive/respectful relationships with staff and/or parents	1 2 3 4 5

20. Please rate your level of satisfaction with the aspects of your job listed below	1 = Very dissatisfied 2 = Somewhat dissatisfied 3 = Neutral/Mixed 4 = Somewhat satisfied 5 = Very satisfied
a. Your workload	1 2 3 4 5
b. Quality of supervision you receive	1 2 3 4 5
c. Salary raises	1 2 3 4 5
d. Opportunities for advancement	1 2 3 4 5
e. Being valued for your work	1 2 3 4 5
f. Cultural sensitivity in your agency	1 2 3 4 5
g. Physical working conditions	1 2 3 4 5
h. Overall job satisfaction	1 2 3 4 5

*The Strengthening Families Staff Survey was developed by Strengthening Families Illinois ([www.strengtheningfamiliesillinois.org](http://www.strengtheningfamiliesillinois.org)) and the Center for the Study of Social Policy. Strengthening Families is a project of the Center for the Study of Social Policy ([www.cssp.org](http://www.cssp.org)).*