

SOCIAL WORKER TRAINING-TO-PRACTICE SURVEY

This survey is designed to obtain an assessment of practice and to learn whether the goals established (for advancing the family finding and engagement initiative in your county) have been met.

Please answer the questions as honestly as possible, as your responses will help to refine the process of family finding and engagement in your and other counties.

SECTION I: GENERAL INFORMATION ABOUT YOU

1. Today's Date: _____
2. Sponsoring Agency Contact: _____
3. What is your current position: _____
4. How long have you served in your current position?
 0–6 months 7 months–2 years 2.5 years–5 years
 5.5–10 years 11+ years
5. How long have you worked in this field (Family Finding and Engagement)?
 0–6 months 7 months–2 years 2.5 years–5 years
 5.5–10 years 11+ years
6. What is your role in the process of Family Finding and Engagement? Select from the following options.
 Parent/Community Partner Child Welfare CSE
 Parent's Attorney CASA GAL
 Other Court Personnel FFC Probation
 Other Law Enforcement Service Provider (*e.g., mental health, substance abuse*) _____
7. Did you receive the training as part of the Family Finding and Engagement program?
 Yes No
8. If Yes, date of training: _____
9. Target or non-target population:
 Target Non-target
10. Immediately following the Family Finding Training, I have used approaches and skills I learned:
 0 times 1–5 times 6–10 times 11–20 times 20+ times N/A
11. One month following the Family Finding Training, I have used approaches and skills I learned:
 0 times 1–5 times 6–10 times 11–20 times 20+ times N/A

SECTION 2: INFORMATION ABOUT YOUR PRACTICE

12. Does your current practice include Family Finding¹?

Yes No

13. Does your current practice draw from the work of staff at your agency dedicated to family finding?

Yes No

14. Does your current practice draw from the work of other agencies that perform outreach to family members?

Yes No

15. About how many family members, on average, do you come into contact with for each case?

0 1–3 4–6 7–10 10+

16. How much time per week does family find take for each case?

0 hours. 1–3 hours. 4–6 hours 7–10 hours 10+ hours

Which (maternal, paternal and other) family members, from the following list, do you routinely seek and attempt to contact? Check all that apply.

17. Which maternal family members do you routinely seek and attempt to contact? (Check all that apply)	18. Which paternal family members do you routinely seek and attempt to contact? (Check all that apply)	19. Which (other) family members do you routinely seek and attempt to contact? (Check all that apply)
a. <input type="checkbox"/> Mother	a. <input type="checkbox"/> Father	a. <input type="checkbox"/> Stepmother
b. <input type="checkbox"/> Grandmother	b. <input type="checkbox"/> Grandmother	b. <input type="checkbox"/> Stepfather
c. <input type="checkbox"/> Grandfather	c. <input type="checkbox"/> Grandfather	c. <input type="checkbox"/> Sister of step-parent
d. <input type="checkbox"/> Aunt (1)	d. <input type="checkbox"/> Aunt (1)	d. <input type="checkbox"/> Brother of step-parent
e. <input type="checkbox"/> Aunt (2)	e. <input type="checkbox"/> Aunt (2)	e. <input type="checkbox"/> Mother of step-parent
f. <input type="checkbox"/> Uncle (1)	f. <input type="checkbox"/> Uncle (1)	f. <input type="checkbox"/> Father of step-parent
g. <input type="checkbox"/> Uncle (2)	g. <input type="checkbox"/> Uncle (2)	g. <input type="checkbox"/> Child's sister(s)
h. <input type="checkbox"/> Great-aunt	h. <input type="checkbox"/> Great-aunt	h. <input type="checkbox"/> Child's brother(s)
i. <input type="checkbox"/> Great-uncle	i. <input type="checkbox"/> Great-uncle	i. <input type="checkbox"/> Family friend
j. <input type="checkbox"/> Child's cousin (1)	j. <input type="checkbox"/> Child's cousin (1)	j. <input type="checkbox"/> Family friend
k. <input type="checkbox"/> Child's cousin (2)	k. <input type="checkbox"/> Child's cousin (2)	k. <input type="checkbox"/> Other: _____
l. <input type="checkbox"/> Mother's cousin	l. <input type="checkbox"/> Mother's cousin	
m. <input type="checkbox"/> Child's great grandmother	m. <input type="checkbox"/> Child's great grandmother	
n. <input type="checkbox"/> Other: _____	n. <input type="checkbox"/> Other: _____	

¹ Family Finding refers to the practice of identifying, locating and contacting more than six (6) family members

20. For family members ***identified***, what activities involve them during service provision?

21. For family members ***located***, what activities involve them during service provision?

22. For family members ***contacted***, what activities involve them during service provision?

23. What supports do you receive from the higher administration to engage family in the child's service and permanency **planning**?

24. What supports do you receive from the higher administration to engage family in the child's service and permanency planning **activities**?

25. What forms of long-term commitment do family members provide?

26. On average, how many family members do you find by mining the case file? *Check only 1.*

- 1–10 11–20 21–30 31–40 N/A

27. On average, how many family members do you find by other means, after you have mined the case file? *Check only 1.*

- 1–10 11–20 21–30 31–40 N/A

Please state whether you agree with the following statements by selecting **one** response.

Statement	Not at all	A little	Some-what	Yes	N/A
28. My supervisor supports my efforts to locate and contact family(ies).	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
29. We have staff support dedicated to family finding.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
30. The training was valuable; I have additional skills in finding and communicating with extended family members.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
31. I have to work harder at finding paternal family (first 5 family members) than maternal family (first 5 family members).	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
32. After the first 5 family members on each side, the differences between finding paternal and maternal family lessen	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
33. Family finding does not figure into my performance is evaluated	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

What **family engagement** activities have taken place among those you serve? *Answer "Yes" if these activities have taken place for over ½ of your case load.*

Family Engagement Activity	The following activities were mandated by court order in my cases	The following activities were conducted in my cases	Select all the family members who were present Ch = Child M = Mother F = Father Sb = Sibling MR = Maternal Relative PR = Paternal Relative NRE = Non-relative Extended family	Number of family members involved, on average
	a.	b.	c.	d.
34. FTM Meeting	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ch <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Sb <input type="checkbox"/> MR <input type="checkbox"/> PR <input type="checkbox"/> NRE	0

35. Plan with family input	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ch <input type="checkbox"/> MR	<input type="checkbox"/> M <input type="checkbox"/> PR	<input type="checkbox"/> F <input type="checkbox"/> NRE	<input type="checkbox"/> Sb	0
36. Plan with family as main decision maker	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ch <input type="checkbox"/> MR	<input type="checkbox"/> M <input type="checkbox"/> PR	<input type="checkbox"/> F <input type="checkbox"/> NRE	<input type="checkbox"/> Sb	0
37. Supervised visitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ch <input type="checkbox"/> MR	<input type="checkbox"/> M <input type="checkbox"/> PR	<input type="checkbox"/> F <input type="checkbox"/> NRE	<input type="checkbox"/> Sb	0
38. Discharge with permanency	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ch <input type="checkbox"/> MR	<input type="checkbox"/> M <input type="checkbox"/> PR	<input type="checkbox"/> F <input type="checkbox"/> NRE	<input type="checkbox"/> Sb	0
39. Follow-up care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ch <input type="checkbox"/> MR	<input type="checkbox"/> M <input type="checkbox"/> PR	<input type="checkbox"/> F <input type="checkbox"/> NRE	<input type="checkbox"/> Sb	0
40. Behavioral health services referred	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ch <input type="checkbox"/> MR	<input type="checkbox"/> M <input type="checkbox"/> PR	<input type="checkbox"/> F <input type="checkbox"/> NRE	<input type="checkbox"/> Sb	0
41. Behavioral health services provided	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ch <input type="checkbox"/> MR	<input type="checkbox"/> M <input type="checkbox"/> PR	<input type="checkbox"/> F <input type="checkbox"/> NRE	<input type="checkbox"/> Sb	0
42. Job readiness services referred	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ch <input type="checkbox"/> MR	<input type="checkbox"/> M <input type="checkbox"/> PR	<input type="checkbox"/> F <input type="checkbox"/> NRE	<input type="checkbox"/> Sb	0
43. Job readiness services provided	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ch <input type="checkbox"/> MR	<input type="checkbox"/> M <input type="checkbox"/> PR	<input type="checkbox"/> F <input type="checkbox"/> NRE	<input type="checkbox"/> Sb	0
44. Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ch <input type="checkbox"/> MR	<input type="checkbox"/> M <input type="checkbox"/> PR	<input type="checkbox"/> F <input type="checkbox"/> NRE	<input type="checkbox"/> Sb	0

OPTIONAL: Please comment on the Family Engagement Activities you have been involved with so far.

Comments on Activities

FTM Meeting _____

Plan with family input _____

Plan with family as main decision maker _____

Supervised visitation _____

Discharge with permanency _____

Follow-up care _____

Behavioral health services referred _____

Behavioral health services provided _____

Job readiness services referred _____

Job readiness services provided _____

Other _____

Other _____

Other _____

Are there any other concerns or comments that should be raised?

Thank you for your time in completing this survey.