

# NATIONAL CHILD WELFARE RESOURCE CENTER FOR TRIBES

A Service of the Children's Bureau  
A Member of the T/TA Network



NRC4Tribes Needs Assessment

#1 – General Survey

## General Survey Informed Consent Form

You are invited to participate in a study to explore current practices in Tribal child welfare and review existing resources and tools in an effort to better understand the challenges facing Tribes and to identify systemic and practice issues. The new National Resource Center for Tribes (NRC4Tribes) will serve as a member of the Children's Bureau's Child Welfare Training and Technical Assistance Network (T/TA Network), which is designed to improve child welfare systems and to support States and Tribes in achieving sustainable, systemic change that results in greater safety, permanency, and well-being for children, youth, and families. The Children's Bureau ([www.acf.hhs.gov/programs/cb](http://www.acf.hhs.gov/programs/cb)) is located within the Administration for Children, Youth and Families within the federal Department of Health and Human Services. Partners of the NRC4Tribes include the Tribal Law and Policy Center, the Indian Child and Family Resource Center and the Native American Training Institute. The data analysis is being conducted by the Butler Institute for Families, University of Denver. Your participation is completely voluntary but it is very important. Your feedback will allow us to understand the needs of your tribal child welfare agency and the community you serve.

Your participation on this project will involve completing a brief questionnaire about needs of your tribal child welfare agency that should take less than 10 minutes to complete. Your involvement is completely voluntary. You may choose to not answer any questions on the questionnaire and are free to withdraw from the study at any time. Refusal to answer a question or withdrawal from participation involves no penalty.

All responses on the questionnaire will be completely confidential, and you will not be asked to provide your name or any other identifying information. Only the researcher will have access to the individual responses you provide. In addition, when the researcher reports information, it will be reported for the entire group of subjects, never for any one individual. All paper and electronic data will be maintained in secure, locked, password-protected files.

There are two exceptions to the promise of confidentiality. Any information you reveal concerning suicide, homicide, or child abuse and neglect is required by law to be reported to the proper authorities. In addition, should any information contained in this study be the subject of a court order, the University of Denver might not be able to avoid compliance with the order or subpoena.

The benefits of being involved in the needs assessment include having an opportunity to contribute to knowledge in the field about tribal needs and child welfare practice. Your participation will provide information that may lead to improvements in the health of your agency and in outcomes for children and families in your community. If you would like a copy of the results of the study, the researcher will be happy to provide one for you.

If you have any questions at all about the NRC4Tribes needs assessment, please feel free to contact us (Dr. Robin Leake, Butler Institute, University of Denver, 2148 S. High St., Denver, CO 80208, (303) 871-6813 or email us at [robin.leake@du.edu](mailto:robin.leake@du.edu)). If you have any concerns or complaints about how you were treated during the study, please contact Susan Sadler, Chair, Institutional Review Board for the Protection of Human Subjects, at 303-871-3454, or Sylk Sotto-Santiago, Office of Sponsored Programs at 303-871-4052, or write to either individual at: University of Denver, Office of Sponsored Programs, 2199 S. University Blvd., Denver, CO 80208-2121. This research project has been approved by the Institutional Review Board for the Protection of Human Subjects, University of Denver.

"I have read and understand the above description of the NRC4Tribes needs assessment. I have asked for and received a satisfactory explanation for any language I did not fully understand. I have had the chance to ask any questions I have about my participation. I agree to participate in the study, and I understand that I can withdraw my consent at any time. I have received a copy of this consent form."

Please type your name here if you understand and agree to participate: \_\_\_\_\_

Date: \_\_\_\_\_

**Section 1A: Tribal Child Welfare Services**

*These questions are about the capacity and infrastructure of your child welfare services. Your answers to these questions provide information that will help us in designing/developing training and technical assistance resources and delivery methods to meet tribal needs.*

1. Who provides **child welfare services** for American Indian/Alaskan Native children in your Tribal service area? (Please check all that apply)

- Tribal Child Welfare Program
- Bureau of Indian Affairs (BIA) Child Welfare Program
- State/County Child Welfare Program
- Private Agency or Non-Profit Corporation Child Welfare Program
- Other: Please describe \_\_\_\_\_
- Don't know

2. How many people are employed who provide child welfare services for your tribe?

- One-person office
- 2-5 staff
- 6-10 staff
- 11-20 staff
- More than 20 staff
- Don't know

3. Does your Tribal Child Welfare agency have an Indian Child Welfare Act (ICWA) program?

- Yes
- No
- Don't know

4. Does the State/County have identified workers who manage ICWA cases?

- Yes
- No
- Don't know

5. Does your Tribe actively manage cases in collaboration with state/county workers?

- Yes
- No
- Don't know

**Section 1B: Children's Bureau Federal Funding (IV-B and IV-E) for Tribal Child Welfare Services**

*These questions provide information about the capacity and infrastructure of your child welfare services.*

6. Do you know what Title IV-B funding is?

- Yes
- No



*If No, here is a definition of Title IV-B funding:*

*Please note that (1) Title IV-B subpart 1 provides grants to states and tribes for programs directed toward the goal of keeping families together by promoting the safety, permanence and well-being of children in foster care and adoptive families; and (2) Title IV-B subpart 2 provides grants to prevent the unnecessary separation of children from their families, improve the quality of care and services to children and their families, and ensure permanency for children by reuniting them with their parents, by adoption or by another permanent living arrangement. IV-B funds are available to tribes according to a formula that is based on population and according to a 5 year Plan. A match is required.*

**Please move on to question #9.**

*If Yes, please answer questions 7 and 8:*

7. Does your Tribe receive federal Title IV-B funding from the Federal Department of Health and Human Services, Administration for Children and Families, Children's Bureau?

Yes                       No                       Don't know

8. If your Tribe does not receive federal Title IV-B funding, why not? (Please check all that apply)

- Not eligible  
 IV-B development process is too time-consuming/difficult for the amount of funding  
 We do not know enough about it to apply for the funding  
 We are not interested  
 Other (please describe) \_\_\_\_\_

9. Do you know what Title IV-E funding is?

Yes                       No

*If No, here is a definition of Title IV-E funding:*

*Please note that Federal IV-E funding provides reimbursement for a percentage of certain child welfare agency cost, specifically foster care maintenance, administration and training. A match is required depending upon the reimbursement category. It has been available to tribes through a IV-E agreement with the state and now directly from the federal government in accordance with an approved Tribal Title IV-E Plan.*

**Please move on to Section 1C, question #13.**

*If Yes, please answer this question:*

10. Does your Tribe receive federal Title IV-E funding through a Tribal/State IV-E agreement?

Yes                       No                       Don't know

**If you answered Yes or Don't know to question #10, please move on to question #12.**

*If you answered No to question #11, please answer this question:*

11. Is your Tribe considering (or "have a plan to") establishing a Tribal/State IV-E agreement?

Yes                       No                       Maybe                       Don't know



11a. If yes, please describe why:

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11b. If no, please describe why not:

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12. Is your Tribe considering accessing (or “have a plan to access”) Title IV-E funding **directly from the Federal Government?**

- Yes       No       Maybe       Don't know

12a. If yes, please describe why:

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12a. If yes, please describe why:

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**Section 1C: Law Enforcement and Courts**

These questions provide information concerning two other entities that handle child welfare cases - law enforcement and courts.

13. Who provides **law enforcement services** for your Tribe? (Please check all that apply)

- Tribal Law Enforcement
- Bureau of Indian Affairs (BIA) Law Enforcement
- Federal Bureau of Investigation (FBI)
- State/County Law Enforcement
- Other: Please describe \_\_\_\_\_
- Don't know

14. Does your Tribe have a **Tribal Court** that handles **child welfare cases** (including ICWA cases)?

- Yes
- No
- Don't know

15. Which **court system** handles the **majority** of your Tribe's child welfare cases (including ICWA cases)?

- Tribal court
- State/County court
- Don't know

16. Who presents child welfare cases in court on behalf of your child welfare program? (Please check all that apply)

- Tribal attorney
- Tribal court advocate (non-lawyer)
- Child Welfare Agency Director/Supervisor
- Child Welfare Worker
- Other \_\_\_\_\_

17. Are there **jurisdictional disputes** concerning which government (tribal, state, or federal) handles child welfare cases in your community?

- Frequently
- Rarely
- Sometimes
- Don't know

18. If there are jurisdictional disputes concerning child welfare cases in your community, who do these jurisdictional disputes concern? (Please check all that apply)

- Which **child welfare agency** handles the case
- Which **law enforcement agency** handles the case
- Which **court system** handles the case
- Other: Please describe \_\_\_\_\_
- Don't know



**Section 2: Training and Technical Assistance**

*This Section will help us to identify some specific training and technical assistance needs.*

Child Welfare Agency Resources:				
<i>Please rate the extent to which each of the following categories is an area of strength or an area of need for training and technical Assistance (T/TA) for your Tribal Child Welfare program or Agency.</i>	Critical need area for T/TA	Moderate need area for T/TA	Strength area (little or no need for T/TA)	Don't know
<b>Child Welfare Services:</b>				
Child Welfare policies, procedures and practice model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of assessment tools (safety, risk, well-being) for decision-making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-Home Services (placement prevention and/or post reunification)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Plan development and monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reunification Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanency options for children and families (adoption, guardianship, customary/cultural adoption)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recruitment and retention of resource families (including kinship)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Living/Transitional Living services for youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traditional activities that support and strengthen families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Protection teams (child welfare based)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multidisciplinary teams (prosecution based)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Legal and Judicial Services:</b>				
Tribal Child Welfare Code Revisions <i>(Providing child welfare laws separate from juvenile delinquency; incorporating Tribal custom and tradition such as customary adoption, Tribal specific placement preferences, and legal infrastructure for Title IV-E compliance)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Indian Child Welfare Act (ICWA):</b>				
ICWA training for state/county CW staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ICWA training for Tribal court staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ICWA training for Tribal CW staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Child Welfare Agency Resources:				
<i>Please rate the extent to which each of the following categories is an area of strength or an area of need for training and technical Assistance (T/TA) for your Tribal Child Welfare program or Agency.</i>	Critical need area for T/TA	Moderate need area for T/TA	Strength area (little or no need for T/TA)	Don't know
<b>Indian Child Welfare Act (ICWA):</b>				
Qualified expert witness training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ICWA Policies and Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establishment of Tribal-specific Placement Priorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Court orders and legal procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardian ad Litem (GAL) and/or Court Appointed Special Advocate (CASA) assigned to CW cases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State/County and federal court system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Organizational Effectiveness:</b>				
Agency vision, mission and values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff recruitment/retention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clear job descriptions and staff performance measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New worker (core) trainings for workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training and development for experienced staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisor training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State, regional or national Peer Networks for staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workload issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workplace morale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burnout/Vicarious trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partnering with community members, Tribal Council and Elders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing community partnerships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data-informed decision-making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community outreach and awareness activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Child Welfare Agency Resources:				
<i>Please rate the extent to which each of the following categories is an area of strength or an area of need for training and technical Assistance (T/TA) for your Tribal Child Welfare program or Agency.</i>	Critical need area for T/TA	Moderate need area for T/TA	Strength area (little or no need for T/TA)	Don't know
<b>Systems of Care Principles:</b>				
Engaging families and youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partnering with Tribal, federal and State/County agencies to assure culturally competent service plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family decision-making processes (FGDM, FGC, FUM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addressing historical trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintaining cultural values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Data Collection and Technology:</b>				
Automated case management and data system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer equipment (hardware and software)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improved service monitoring and outcomes tracking system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cross-systems data sharing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selecting data systems and/or data system vendors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Community Resources			
<i>In your community, please indicate Availability of Services in the following areas:</i>	Yes	No	Don't know
Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faith-based services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education services (Headstart, GED Programs, Special education)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wraparound services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<b>Community Resources</b> <i>In your community, please indicate Availability of Services in the following areas:</i>	<b>Yes</b>	<b>No</b>	<b>Don't know</b>
Developmental disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**1. In your opinion, what training or technical assistance support would be most helpful to strengthen your child welfare program?**

**2. Please describe any innovative strategies that your Tribe's child welfare program has developed, especially those that incorporate Tribal custom and tradition in the child welfare program.**



**3. Please provide any other comments about your child welfare services and/or training and technical assistance needs.**

**Section 3: About You**

*This Section provides us with general information that tells us who has completed this questionnaire and helps us to understand your relationship to Tribal child welfare services. **All questions are optional.***

1. Please write the State where most of your reservation land lies: \_\_\_\_\_

2. Name of Tribe: \_\_\_\_\_

3. What is the approximate size of your enrolled Tribal population?

- Less than 250
- 250 to 500
- 500 to 1,000
- 1,000 or less
- 1,000 to 5,000
- 5000 to 10,000
- 10,000 to 20,000
- More than 20,000
- Don't know

4. What is your job title and/or Tribal community position? (Please check all that apply)

- Tribal Child Welfare Agency (please check one of the following):
  - Senior Management Staff
  - Mid-Level Management Staff
  - Direct Service Staff
- Tribal Law Enforcement
- Tribal Court Personnel (Judge, Prosecutor, Clerk, etc.)
- Tribal Leader (Elected and/or Traditional)



- Other Tribal Government Employee
- State/County or Federal government (BIA, IHS, etc.) employee
- Community service provider
- Private agency employee
- Licensed Foster care, kinship or Indian custodian
- Adoptive Parent
- Family member receiving child welfare services
- Other Community member

Please describe: \_\_\_\_\_

5. Are you a member of the Tribe that you are working with?
- Yes                       No

**HOW TO SAVE AND EMAIL COMPLETED SURVEYS**

Please go to **File > Save As** and save a copy of your completed survey to the Desktop  
(Feel free to change the file name so you know which one is filled out)

Start an email message to: [anna.deguzman@du.edu](mailto:anna.deguzman@du.edu)

Attach the file you just saved

And click on Send!

**Thank you for completing this NRC4Tribes Needs Assessment survey!!!**