

## Promise Neighborhoods Research Consortium (PNRC)

### Survey of Current Supports for Successful Youth Development

Thank you for taking this survey. Your answers will help us better understand what is working well in your neighborhood, what is not working well, and what programs you would most like to see improved. Doing this survey is voluntary. If you do not want to answer a question, just leave it blank. The answers you give will remain private. Please make sure to read every question. Answer the questions completely and honestly, as no answers are right or wrong. Thank you very much for your help!

First, we are going to ask you a few questions about your neighborhood. *For this survey, "neighborhood" refers to the area that is the focus of your community effort. For some communities this might be an area surrounding a school. For others it might be a region within a town, city, or county. Please be sure to get clarification from the organizers of the survey.*

1. Which of the following describes your role in the neighborhood? *(Please check all that apply)*

- |   |   |
|---|---|
| <input type="radio"/> I live in the neighborhood  | <input type="radio"/> I am an employee of a government agency |
| <input type="radio"/> I am employed by the neighborhood elementary school               | <input type="radio"/> I am a policymaker                      |
| <input type="radio"/> I am a practitioner who works directly with children and families | <input type="radio"/> I am a researcher                       |
| <input type="radio"/> I am an employee of a community service or non-profit agency      | <input type="radio"/> I am a volunteer                        |
| <input type="radio"/> I am a daycare or preschool provider                              | <input type="radio"/> Other (explain) _____                   |
|   | <input type="radio"/> I don't know or it is not applicable    |

If you do NOT live in the neighborhood, please skip to Question #4.

2. How long have you lived in the neighborhood?

Number of years

Years

If you have not lived in the neighborhood a year, how many months have you lived in the neighborhood?

Number of months

Months

3. Do you plan to move to a new neighborhood in the next year?

Yes

No

4. Are you a parent or guardian of a child who is 20 years or younger?

Yes

No

If you are NOT a parent or guardian of a child who is 20 years old or younger, skip to Question #8.

5. How many children (who are 20 years old or younger) do you have? \_\_\_\_\_
6. What AGES are your children?
- Age of child #1 \_\_\_\_\_ Age of child #4 \_\_\_\_\_  
 Age of child #2 \_\_\_\_\_ Age of child #5 \_\_\_\_\_  
 Age of child #3 \_\_\_\_\_ Age of child #6 \_\_\_\_\_
7. What type(s) of babysitting or childcare arrangements do you have for your children? *(Please check all that apply)*
- Goes to a day care center  You or your spouse/partner takes care of your children during the day  
 Goes to childcare in a private home  Other family, friends, or neighbors take care of children during the day  
 We have a babysitter or nanny who comes to our home  None  
 Before-school care  Other \_\_\_\_\_  
 Afterschool care  
 Goes to summer programs
8. Where can you get online (for example, onto the Internet or Web) on a computer? *(Please check all that apply)*
- My home  
 My workplace  
 Local library  
 Nearby school, college, university  
 Community center or community organization \_\_\_\_\_  
 Other \_\_\_\_\_
9. How satisfied are you with the following ADULT EDUCATION and JOB services in the neighborhood?

	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	Don't know	Does not exist in neighborhood
Job education, training, and placement services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Available jobs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation to work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities to start small businesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Are there any BARRIERS that prevent you from using existing ADULT EDUCATION and JOB services in the neighborhood?

- Yes  Don't know  
 No  I do not need these services

10a. If there are barriers, what are some of those BARRIERS? *(Please check all that apply)*

- Services/programs are not helpful  No translation services available  
 Too hard to get to  No childcare available  
 Not open or available at convenient times  Staff are not friendly  
 Too expensive  I am uncomfortable or embarrassed to use  
 Takes too long to get the service or program  Other \_\_\_\_\_

11. How satisfied are you with the following HEALTH and FAMILY SUPPORT services in the neighborhood?

	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	Don't know	Does not exist in neighborhood
Medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug/alcohol abuse counseling or treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family support and counseling (for example DHS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Churches and faith groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neighborhood groups or clubs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neighborhood-wide events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Directory, website, or call-in center with information about programs in your neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Are there any BARRIERS that prevent you from using existing HEALTH and FAMILY SUPPORT services in the neighborhood?

- Yes
- No
- Don't know
- I do not need these services

12a. If there are barriers, what are some of those BARRIERS? *(Please check all that apply)*

- Services/programs are not helpful
- Too hard to get to
- Not open or available at convenient times
- Too expensive
- Takes too long to get the service or program
- No translation services available
- No childcare available
- Staff are not friendly
- I am uncomfortable or embarrassed to use
- Other \_\_\_\_\_  
\_\_\_\_\_

13. How satisfied are you with these items that help provide SAFE and HEALTHY LIFESTYLES?

	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	Don't know	Does not exist in neighborhood
Low-cost housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Police support, law enforcement, and crime prevention programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Playgrounds and parks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sidewalks and/or paths	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neighborhood grocery stores, food banks, or community gardens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stores with low-cost clothing or household items	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Are there any BARRIERS that prevent you from using the above items that provide SAFE and HEALTHY LIFESTYLES?

- Yes
- No
- Don't know
- I do not need these services

14a. If there are barriers, what are some of those BARRIERS? *(Please check all that apply)*

- Services/programs are not helpful
- Too hard to get to
- Not open or available at convenient times
- Too expensive
- Takes too long to get the service or program
- No translation services available
- No childcare available
- Staff are not friendly
- I am uncomfortable or embarrassed to use
- Other \_\_\_\_\_

15. How satisfied are you with the following PARENTING EDUCATION and SUPPORT services in the neighborhood?

	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	Don't know	Does not exist in neighborhood
Parenting education and support for parents-to-be	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parenting education and support for parents of children 0 to 2 years old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parenting education and support for parents of children 3 to 5 years old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parenting education and support for parents of children 6 to 12 years old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parenting education and support for parents of youth 13 to 18 years old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Are there any BARRIERS that prevent you from using existing PARENTING EDUCATION and SUPPORT services in your neighborhood?

- Yes
- No
- Don't know
- I do not need these services

16a. If there are barriers, what are some of those BARRIERS? *(Please check all that apply)*

- Services/programs are not helpful
- Too hard to get to
- Not open or available at convenient times
- Too expensive
- Takes too long to get the service or program
- No translation services available
- No childcare available
- Staff are not friendly
- I am uncomfortable or embarrassed to use
- Other \_\_\_\_\_

17. How satisfied are you with the following CHILDCARE and SUPERVISED ACTIVITIES for children and youth?

	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	Don't know	Does not exist in neighborhood
Day care for infants and toddlers, 0 to 2 years old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day care or preschool for 3 to 5 year olds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day care or preschool for 0 to 5 year olds with special needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervised after school activities or sports for elementary students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervised after school activities or sports for middle school students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervised after school activities or sports for high school students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Are there any BARRIERS that prevent you and your child from using existing CHILDCARE and SUPERVISED ACTIVITIES for children and youth in the neighborhood?

- Yes
- No
- Don't know
- I do not need these services

- 18a. If there are barriers, what are some of those BARRIERS? *(Please check all that apply)*

- Services/programs are not helpful
- Too hard to get to
- Not open or available at convenient times
- Too expensive
- Takes too long to get the service or program
- No translation services available
- Staff are not friendly
- I am uncomfortable or embarrassed to use
- Other \_\_\_\_\_

19. How satisfied are you with the following YOUTH EDUCATION, PREVENTION, and SUPPORT in your neighborhood?

(Note: **Youth prevention** are those programs that help youth develop in positive ways and prevent problem behavior such as bullying, violence, drug and alcohol abuse, and suicide. **Mentoring** programs are those that match students with a mentor, “big brother/sister”, or an older advisor/guide).

	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	Don't know	Does not exist in neighborhood
Elementary Schools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevention and support for children in elementary school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mentor programs for children in elementary school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Middle Schools/Jr. High Schools.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevention and support for youth in middle school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mentor programs for youth in middle school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High Schools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevention and support programs for youth in high school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mentor programs for youth in high school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
College preparation for youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
College support (scholarships, financing, mentoring)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth job opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Church youth groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





22. Please check TWO resources or services that you would like IMPROVED or DEVELOPED in the neighborhood?

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="radio"/> Job education, training, and placement</li> <li><input type="radio"/> Available jobs</li> <li><input type="radio"/> Transportation to work</li> <li><input type="radio"/> Opportunities to start small businesses</li> <li><input type="radio"/> Financial education</li> <li><input type="radio"/> Medical services</li> <li><input type="radio"/> Dental services</li> <li><input type="radio"/> Drug/alcohol counseling or treatment</li> <li><input type="radio"/> Family support and counseling</li> <li><input type="radio"/> Churches and faith groups</li> <li><input type="radio"/> Neighborhood groups or clubs</li> <li><input type="radio"/> Neighborhood-wide events</li> <li><input type="radio"/> Resource directory, website, or call-in center</li> <li><input type="radio"/> Low-cost housing</li> <li><input type="radio"/> Police and crime prevention</li> <li><input type="radio"/> Playgrounds and parks</li> </ul> | <ul style="list-style-type: none"> <li><input type="radio"/> Public transportation</li> <li><input type="radio"/> Sidewalks and/or paths</li> <li><input type="radio"/> Grocery store, food banks, community gardens</li> <li><input type="radio"/> Store with affordable clothing and household items</li> <li><input type="radio"/> Parenting education and support</li> <li><input type="radio"/> Day care</li> <li><input type="radio"/> Schools (specify) _____</li> <li><input type="radio"/> After school activities and sports</li> <li><input type="radio"/> Prevention and support programs for youth</li> <li><input type="radio"/> Mentoring programs for youth</li> <li><input type="radio"/> Youth jobs</li> <li><input type="radio"/> Church youth groups</li> <li><input type="radio"/> Other _____</li> <li><input type="radio"/> Other _____</li> </ul> |
|---|---|

23. Please feel free to write any additional comments you may have in the box below

You are almost finished!

Lastly, we would like to ask you questions about yourself

24. How old are you? \_\_\_\_\_
25. What is your gender?
- Female  Other \_\_\_\_\_
- Male
26. What is your marital status?
- Currently married/have a partner  Separated
- Widowed  Never married or had a partner
- Divorced
27. What is your ethnicity or race (*Please check all that are true for you*)?
- White
- Black or African American
- American Indian or Alaska Native
- Hispanic, Latino, or Spanish origin (specify origin) \_\_\_\_\_
- Asian (specify) \_\_\_\_\_
- Pacific Islander (specify) \_\_\_\_\_
- Other (specify) \_\_\_\_\_
28. What is the highest degree or level of school that ANYONE (including you) in your household has completed?
- No schooling completed
- Grade 1-11 (Specify) \_\_\_\_\_
- Grade 12; no diploma
- Regular high school diploma
- GED or alternative credential
- Some college credit but less than one year of college credit
- 1 or more years of college credit, NO DEGREE
- Associate's degree (for example: AA, AS)
- Bachelor's degree (for example: BA, BS)
- Master's degree (for example: MA, MS, MBA)
- Professional degree (for example: MD, DDS, DVM)
- Doctorate degree (for example: PhD, EdD)

