About the Self-Assessment

The Program Self-Assessment helps programs determine how well they are implementing strategies to strengthen families. The Self-Assessment is based on findings from a national study that identified exemplary programs across the country. It allows all programs to compare their practices with those of the exemplary programs and identify areas for improvement. The Self-Assessment outlines how the protective factors can be supported through small but significant changes in program practice. It is written for programs committed to working with and supporting the families they serve. Versions of the Self-Assessment are available for:

- Center-based early care and education programs
- Home visiting programs
- Community-based programs such as family resource centers
- Family intervention programs such as mental health agencies
- Home-based early care and education programs

While there is significant overlap across these different versions, each also contains unique strategies specific to each setting.

The Program Self-Assessment materials in this document are applicable to organizations providing family intervention services such as early intervention, behavioral health, child protective, case management services and others. The strategies described can be implemented without creating new staff positions, making significant changes to existing facilities or raising additional financial resources.

Organization

The Self-Assessment outlines practices used by exemplary programs to support families, organized around six KY Strengthening Families protective factors:

- **Parental Resilience:** Families bounce back.
- **Social Connections:** Families have friends they can count on.
- **Knowledge of Parenting and Child Development:** Families learn how their children grow and develop.
- **Concrete Support in Times of Need:** Families get assistance to meet basic needs.
- **Social and Emotional Competence of Children:** Families teach children how to have healthy relationships.
- **Nurturing and Attachment:** Families ensure children feel loved and safe.

Each section starts with a brief description of the protective factor and core strategies for building that protective factor. Self-Assessment items are organized under each of these core strategies.

Completing the Self-Assessment

While the Self-Assessment forms may appear long at first glance, most sections have fewer than ten items. To make the process easier, the forms address specific practices; thus, multiple practice examples often appear under a single strategy. While the time it takes to complete the Self-Assessment will vary from program to program and from form to form, on average, it can be completed in approximately 30 minutes.

Center for the Study of Social Policy (CSSP) strongly recommends that programs create a Self-Assessment team that represents a number of different perspectives at your program, including: administrative staff and/or program director, direct service staff and families who participate in the program (or whose children participate in the program)

Including a diverse group of participants in the Self-Assessment evaluation process allows programs to benefit from a large variety of viewpoints and perspectives. Once a team has been identified, the process begins by following the steps outlined below.

First, each member of the team should fill out the Self-Assessment forms individually. Though it is recommended that all sections of the assessment be completed, you may decide to start by completing only two or three of the protective factors sections that may be more of a priority for your organization.

Next, the team should convene to share and compare assessments. Teams should use this time to discuss rating results that differ among various team members, giving each person an opportunity to describe why they rated the practice the way they did and—if appropriate—to provide an example. Once everyone has had a chance to speak, all team members should be given an opportunity to re-rate the practice. It is not necessary for the entire team to come to consensus on every practice, but it is important that all team members come to understand each other's perspectives and that a final decision is made on how to rate the item based on broad input.

It is recommended that you capture the consensus of the group on a final self assessment document. You may opt to enter the consensus version of the Self-Assessment online at [link to Mosaic]. Completing the Self-Assessment online allows the program to print reports showing strengths and areas to focus on improvement, as well as to link to parent and staff surveys.

Creating an Action Plan

Once all team members have re-rated the practices, the team identifies areas where the program scored highly. Next, the team creates a sustainability plan to keep these areas strong. In developing a sustainability plan for each successful area, teams should be sure to specify: key reasons for success in the area, what needs to be done to ensure continued strength in the area and who will be responsible for maintaining successful outcomes in the area

Next, the team highlights practice areas that a majority of the team rated poorly. While we encourage programs to work on each of these areas eventually, the team can begin by deciding whether each poorly rated practice should be addressed (1) immediately, (2) over time, or (3) not at all. In categorizing practices to address it is also important to think about practices that align with your organizations' priorities and also practices where small changes can lead to quick success. By beginning with these practices you will build momentum and ensure better follow though.

When a majority of team members identify items to be addressed immediately, teams brainstorm plans and activities to improve associated area outcomes. It is important that you encourage creativity, a willingness to test new ideas and include families in the planning and evaluation process. Teams should be sure to specify:
- The expected results
- All required resources (including staff hour costs)
- A timeline for achieving the desired results
- Who is responsible for each action step
- Check-in points for monitoring implementation progress
- How and when longer term action steps will be addressed/implemented

Parental Resilience: *Families bounce back.*

"Managing stress and getting through it when faced with challenges, adversity and trauma"

Being a parent can be a very rewarding and joyful experience. All parents experience stress from time-to-time. Thus, parental resilience is a process that all parents need in order to effectively manage stressful situations and help ensure they and their families are on a trajectory of healthy, positive outcomes. Parental resilience is the process of calling forth one's inner strength to proactively manage stress, meet personal/family challenges and be able to function well.

Programs can provide a variety of resources for families to help build and support parental resilience—all with low or no-cost to the program. For example, programs can:

- Demonstrate in multiple ways that parents are valued
- Honor each family's race, ethnicity, language, culture, history and approach to parenting
- Encourage parents to manage stress effectively
- Support parents as decision-makers and help build parents' decision-making and leadership skills
- Help parents understand how to buffer their child during stressful times

When supported by program policies, staff can employ these concrete Everyday Actions to help families reduce personal/parental stress and gain confidence in their ability to overcome challenges.

1. **Parental Resilience: Self-Assessment Items**

How do programs demonstrate that parents are valued?

Item	5: Strongly Agree	4. Agree	3: Neither Agree Nor Disagree	2: Disagree	1: Strongly Disagree	Not Applicable	Comments
1.1 Staff strive to recognize and affirm the central role of parents in children's lives through every day interaction, informal communications, policies and practices.							
1.2 The program has multiple avenues for regular communication with families.							
a. The program provides an orientation for families about the program philosophy, goals and objectives.							
b. Staff use a variety of methods (e.g., new family orientations, small group meetings, individual conversations, questionnaires) to provide information and gather input from families throughout the year.							
c. Staff regularly ask parents about their observations of their child.							
1.3 All family members are made to feel welcome.							
a. Someone is available to greet families.							
b. Staff are respectful even when family visits are unexpected.							

1.4 Staff develop mutually respectful relationships with all family members by:							
a. Taking time to get to know family members individually, by name.							
b. Listening and learning about their interests, current activities, hopes and expectations for themselves and their children.							
c. Regularly inquiring about what is happening in their lives.							
d. Providing emotional support and encouragement.							
e. Sharing appropriate information about themselves.							
f. Recognizing and acknowledging parents' strengths, efforts and contributions.							
g. Taking time to understand the complex needs of individual parents, such as navigating child custody or the child support system, playing dual roles in a single-parent household or having children with different partners.							
h. Using intake forms, applications and surveys that are gender-neutral.							
1.5 Staff show that they value fathers and are sensitive to their unique needs by:							
a. Taking part in periodic training on understanding and appreciating fathers' needs and parenting.							
b. Providing information specific to fathers/male family members in a special area such as a lounge, bulletin board, or bookshelf.							
c. Providing a diaper changing table in the men's room or other area accessible to men.							
d. Providing peer activities or services that are man-to-man, father-to-father.							
e. Engaging male participants to greet other men at program activities.							
f. Establishing ongoing partnerships with community resources that provide services to fathers.							
g. Sharing responsibility for inviting fathers to attend programs and working to engage them in services.							
h. Being aware of barriers that limit father involvement, such as a difficult relationship with the child's mother, lack of information or non-custodial relationship.							
i. Encouraging fathers and male family members to engage in all aspects of the program, not only activities for fathers, including leadership roles.							

How do programs honor each family's race, language, culture, history and approach to parenting?

Item	5: Strongly Agree	4. Agree	3: Neither Agree Nor Disagree	2: Disagree	1: Strongly Disagree	Not Applicable	Comments
1.6 Program staff ensure that all families, regardless of family structure; socioeconomic, racial, religious, and cultural backgrounds; sexual orientation; abilities; or preferred language are included in all aspects of the program, including volunteer opportunities. a. Staff are trained to be knowledgeable about parenting practices and approaches to family decision-making of different cultural/ethnic groups. b. Parents have opportunities to share skills, talents and cultural traditions. c. Staff engage grandparents, elders and extended family members in discussions on parenting and the transmission of cultural beliefs. d. The program displays diverse families and family structures in books, posters and program materials.							
1.7 An effort is made to ensure program information and outreach materials are linguistically and culturally appropriate. Materials are: a. Translated, whenever possible, into the language(s) spoken by all families in the community served b. Reviewed by a Parent Advisory Committee to ensure that they are culturally relevant and linguistically accessible to all families in the program c. Designed or selected to reflect the culture(s) of the community served.							
1.8 As a part of staff orientation and ongoing staff development, program staff regularly have opportunities to develop skills and knowledge to work effectively with diverse families. Staff development may include: a. Inviting partner organizations to provide workshops for staff on working with diverse families. b. Coordinating site visits at organizations that serve different populations so that staff can learn how to best serve diverse families. c. Facilitating discussions to help staff members understand and appreciate their culturally different communication styles.							

Item	5: Strongly Agree	4. Agree	3: Neither Agree Nor Disagree	2: Disagree	1: Strongly Disagree	Not Applicable	Comments
1.9 The program seeks to reflect the community and families it serves by: a. Building a staff that reflects the community and families served. b. Intentionally recruiting and employing staff members who are skilled at working with the diversity of the families in the program. c. Connecting with elders and other trusted messengers of the diverse cultural groups represented in the community served. d. Seeking to hire staff members that provide families and children with connections to the diversity that exists in society—even if the program's community is mono-lingual, mono-ethnic or mono-cultural.							
1.10 The program supports participating immigrant and refugee families by: a. Ensuring that staff are knowledgeable about immigrant and refugee families' unique challenges and can help address them in a respectful manner. b. Maintaining up-to-date information on supports and services most relevant to immigrant and refugee families.							

How do programs encourage parents to manage stress effectively?

Item	5: Strongly Agree	4. Agree	3: Neither Agree Nor Disagree	2: Disagree	1: Strongly Disagree	Not Applicable	Comments
1.11 When common signs of stress occur, program staff reach out to families proactively and supportively. Some commons signs of stress include: • Parents' acknowledgement of stress or problems • Unusual parental behavior • Repeated unexplained absences • Repeated tardiness or missed appointments • Divorce, separation, military deployment, family dissolution, job loss or other family crises • Changes or fluctuations in a child's emotional state, acting out, distress, challenging behavior, fearful behavior, inappropriate language/behavior (such as sexual acting out), signs of abuse or neglect (such as bruises) or unexplained changes in child behavior.							

1.12 The program provides regular opportunities for parents to relieve stress through linking parents to organized support groups.						
1.13 Staff know how to respond appropriately to family crises that come to their attention. Staff receive training and support from other staff members on: a. Understanding the impact of family crises and/or loss on all family members—especially children—and how to respond appropriately. b. Supporting families' immediate/long-term plans. c. Talking to families about difficult issues and helping them access additional help. d. Maintaining confidentiality. e. Recognizing domestic violence, depression, developmental delays, mental illness, chronic health problems, substance abuse and other signs of imminent crisis and knowing how to respond appropriately. f. Understanding trauma and its impact on children and how staff can help. g. Other community agencies providing specialized services to families and children.						

How do programs support parents as decision-makers and help build decision-making and leadership skills?

Item	5: Strongly Agree	4. Agree	3: Neither Agree Nor Disagree	2: Disagree	1: Strongly Disagree	Not Applicable	Comments
1.14 Staff reinforce parental authority by: a. Respecting parents' directions and/or decisions about their children. b. Learning about parents' expectations and limits for their children. c. Talking respectfully with parents about how to handle differences in expectations regarding children's behavior and development. d. Understanding the parenting and child behavior norms of the parent's culture. e. Being careful not to contradict a parent in front of his or her child or other children.							

1.15 Parents are engaged as partners in developmental screenings or assessments of their child.							
a. All staff are trained in the program's confidentiality policy regarding screening and results.							
b. Parents are informed about the confidentiality policy and what it means to them.							
c. Parents participate in the screening and/or are informed of the results of all assessments as soon as possible.							
d. The program consults with parents immediately when child health, behavior or developmental problems are suspected or identified.							
e. Parents work with staff to develop plans and accommodations for their children based on the assessment.							
f. All plans for the child that result from assessments are fully discussed with parents and documented in the children's files, and parents are provided copies of the plan.							
g. The program assists parents in finding and connecting to specialists (e.g., a physician, physical therapist or child study team) for further evaluation when their children are identified in the assessment as having possible special needs.							
1.16 Parents and staff develop family plans together that:							
a. Identify the family's assets, interests, skills, needs and goals for themselves and their children.							
b. Identify services and opportunities within the program that may help parents achieve their goals and effectively use their skills and talents.							
c. Identify other community resources and opportunities that may help families achieve their goals, continue their learning and/or provide other avenues for involvement and leadership.							
d. Are updated regularly.							
1.17 The program provides opportunities and support for families to serve as leaders and decision-makers by:							
a. Providing opportunities for families to volunteer and contribute to the program,							
b. Encouraging and supporting parents in becoming active members of the program's governing/advisory groups and in taking on leadership roles.							
c. Asking families for regular input on programmatic decisions.							

1.18 The program promotes participation in activities by:
 	
  a. Addressing topics, issues and skills that families identify as important to them.
 	
  b. Designing activities to address interests of different family members (e.g., fathers, mothers, other family members).
 	
  c. Providing child care during trainings or workshops.
 	
  d. Conducting face-to-face or telephone outreach to families who might not otherwise participate.							

1.19 The program helps to support the continued development of parent leaders by supporting:
 	
  a. Personal growth—such as attending conferences or special events and collecting and sharing information of interest to other parents,
 	
  b. Leadership development trainings and mentoring activities.
 	
  c. Training opportunities for advocacy and civics (e.g., how local and state government works, how to foster change).							

1.20 The program helps to support parents' opportunities for leadership in community change by:
 	
  a. Hosting or linking parents to community events that help raise awareness of emerging community needs and assets.
 	
  b. Connecting parents to staff and advocacy groups that work on issues related to child, family and community needs.
 	
  c. Ensuring that local, state and federal policy information is discussed at staff meetings/advisory council meetings and relevant information is shared with families.
 	
  d. Connecting parents to groups that inform and shape policy at the local, state or national level.							

Social Connections: *Families have friends they can count on.*

"Having positive relationships that provide emotional, informational and spiritual support"

When parents have a sense of connectedness they have people who care about them as individuals and as parents. They feel secure and confident that they have others with whom they can share the joy, pain and uncertainties that come with the parenting role.

They seek timely assistance from people they have learned to count on and they feel empowered to "give back" through satisfying, mutually beneficial relationships. Several research studies have demonstrated that high levels of emotional, informational, instrumental or spiritual support is associated with positive parental mood; positive perceptions of and responsiveness to one's children; parental satisfaction, well-being and sense of competence; and lower levels of anger, anxiety and depression. Constructive and supportive social connections help buffer parents from stressors and support nurturing parenting behaviors that promote secure attachments in young children.

Programs can provide opportunities for parents to create and strengthen positive social connections. Programs should:

- Help families value, build, sustain and use social connections
- Create an inclusive environment
- Facilitate mutual support
- Promote engagement in the community and participation in community activities

2. Social Connections: Self-Assessment Items

How do programs help families value, build, sustain and use social connections?

Item	5: Strongly Agree	4. Agree	3: Neither Agree Nor Disagree	2: Disagree	1: Strongly Disagree	Not Applicable	Comments
2.1 Families have access to a comfortable space where they can meet informally.							
2.2 The program provides opportunities for families with similar interests, children's ages and/or circumstances (such as those with twins, parents of infants, parents with special-needs children or parents who speak the same language) to connect with one another: a. Formally, through parent support groups (including those with both broad and narrow focuses). b. Through parent mentoring and matching for one-on-one support. c. Informally, by introducing parents to one another.							
2.3 The program encourages positive relationships between families and staff members by planning informal social events where staff can interact with families.							
2.4 The program offers or connects families to resources to strengthen relationships between adults (e.g., healthy marriage skills,							

	5	4	3	2	1	NA	Comments
communication skills, conflict resolution, co-parenting).							
2.5 Program staff encourage newcomers and isolated or marginalized families to participate in program activities by: a. Calling, sending notes or making home visits inviting them to program activities. b. Connecting with them on social media platforms through program pages or groups. c. Offering support with transportation, child care or other barriers to participation.							
2.6 Staff receive training on how isolation/reluctance to participate can be the result of social exclusion due to differences in race, gender, language, culture, appearance, sexual orientation, ability, etc.							

How do programs create an inclusive environment?

Item	5: Strongly Agree	4. Agree	3: Neither Agree Nor Disagree	2: Disagree	1: Strongly Disagree	Not Applicable	Comments
2.7 The program and its staff model positive social skills and community building by: a. Inviting all families to program parties or social events. b. Encouraging newcomers and reluctant families to participate through special outreach efforts. c. Working with participating parents to establish ground rules for programs and activities that ensure inclusiveness.							
2.8 The program helps staff learn how to reduce stereotyping and bias by: a. Modeling inclusive behavior among the staff. b. Providing professional development opportunities on intentionally countering stereotypes and biases (including both explicit and implicit forms of biased behaviors). c. Providing training and support for helping families and children resolve conflicts effectively. d. Intervening appropriately to counteract prejudicial or discriminatory statements from children or adults (discussing similarities and differences; creating rules for fair treatment). e. Regularly reviewing policies, forms and documents to ensure that all content discourages beliefs and practices that stereotype, marginalize or discriminate against families.							

2.9 Families are encouraged to reach out and engage other families, including newcomers and more isolated members, in the program community.						

How do programs facilitate mutual support?

Item	5: Strongly Agree	4. Agree	3: Neither Agree Nor Disagree	2: Disagree	1: Strongly Disagree	Not Applicable	Comments
2.10 The program encourages parents to set up mutual support mechanisms (e.g., phone trees, car pools, babysitting co-ops, play groups, social media groups or pages where parents can communicate with one another).							
2.11 There is time built in to program activities for parents to network and share with each other.							
2.12 Parent-organized social/educational events and activities are encouraged and supported by: a. Providing information on outside activities for parents to attend together (for example, gathering at playgrounds, fun fairs or libraries). b. Providing supports such as gathering space, childcare and food so that parents can organize and participate in activities together. c. Providing regular opportunities for parents to relieve stress through linking parents to organized support groups.							

How do programs promote engagement in the community and participation in community activities?

Item	5: Strongly Agree	4. Agree	3: Neither Agree Nor Disagree	2: Disagree	1: Strongly Disagree	Not Applicable	Comments
2.13 Administrators and staff seek opportunities to build good relations within the immediate neighborhood or local community (e.g., inviting neighbors to open houses, using neighborhood resources for special projects, building relationships with local schools).							
2.14 Staff are visibly engaged with issues of concern to the community and are actively involved with other community							

	5: Strongly Agree	4. Agree	3: Neither Agree Nor Disagree	2: Disagree	1: Strongly Disagree	Not Applicable	Comments
organizations.							
2.15 The program provides and receives support from the local community (e.g., financial support, donated services, volunteer service, tangible gifts, discounted services, letters of support).							

Knowledge of Child Development: *Families learn how their children grow and develop.*

"Understanding child development and parenting strategies that advance physical, cognitive, language, social and emotional development"

No parent knows everything about children or is a "perfect parent." An understanding of parenting strategies and child development helps parents understand what to expect and how to provide what children need during each developmental phase.

All parents can benefit from increasing their knowledge and understanding of child development. Developing brains need proper nutrition, regularly scheduled periods of sleep, physical activity and a variety of stimulating experiences. What parents do and how they treat children is often a reflection of the way they were parented. Acquiring new knowledge about parenting and child development enables parents to critically evaluate the impact of their current parenting practices, and to consider that there may be more effective ways of guiding and responding to their children.

Programs can help parents increase their knowledge of parenting and child development. Programs should:

- Model developmentally appropriate interactions with children
- Provide information and resources on parenting and child development
- Encourage parents to observe, ask questions, explore parenting issues and try out new strategies
- Address parenting issues from a strength-based perspective

Program staff can help parents gain a high level of expertise about child development and parenting. It is crucial that staff provide information in multiple ways and at times that parents really need it and will put it into practice.

3.   Knowledge of Parenting and Child Development: Self-Assessment Items

How do programs model developmentally appropriate interactions with children?

Item	5: Strongly Agree	4. Agree	3: Neither Agree Nor Disagree	2: Disagree	1: Strongly Disagree	Not Applicable	Comments
3.1 Staff demonstrate a strong understanding of child development.							
a. Staff model developmentally appropriate responses to children's behavior, interests, temperaments and need for exploration and learning.							
b. Staff understand and can explain the development arc for young children.							
c. Staff can explain to parents how various activities and							

Item							
interactions support their child's development.							
d. Staff participate in regular training that updates their knowledge on advances in understanding child development.							
3.2 Staff work collaboratively with parents to coordinate support for children's development.							
3.3 Staff develop an ongoing partnership with parents to ensure regular communication, common understanding of the child's development and coordinated action to provide each child with the appropriate experiences for their developmental stage.							
3.4 Physical discipline (i.e., spanking or hitting) is not allowed in the program by staff or parents.							
3.5 When staff talk with parents about discipline, they:							
a. Explain why physical discipline is not allowed in the program, even though this may be different from the family's approach to discipline.							
b. Provide information on age-appropriate positive discipline techniques and reasonable expectations.							
c. Offer ideas for alternate ways to manage children's behavior and to recognize and reinforce desired/appropriate behavior.							
d. Encourage parents to discuss behavior challenges they may have at home.							
e. Connect parents to other parents who can share or model positive parenting approaches.							
f. Recognize different parental and cultural approaches to discipline and discuss them with parents.							
g. Make arrangements to have appropriate language and cultural interpreters to support difficult conversations with families.							

How do programs provide information and resources on parenting and child development?

Item	5: Strongly Agree	4. Agree	3: Neither Agree Nor Disagree	2: Disagree	1: Strongly Disagree	Not Applicable	Comments
3.6 Parenting information and materials used by the program are culturally and linguistically appropriate, and:							
a. Are available in the language spoken by program families.							
b. Reflect a diversity of racial and ethnic backgrounds and							

family structures. c. Encourage parents to reflect on their own parenting history and culture, rather than encouraging stereotypes.							
3.7 Parenting and child development information is provided through multiple avenues to meet diverse learning styles, including: a. Books and videos in a resource library. b. Parenting classes. c. Support groups. d. Regular postings on bulletin boards in public spaces. e. Opportunities for parents with similar concerns to come together and share specific information on such issues as accident prevention, toilet training, routine preventative health care, nutrition, sleep patterns, Shaken Baby Syndrome, safe sleep, etc. f. Posting of information and links on a program website and/or social media pages accessed by participants.							
3.8 Parent education offerings and staff coaching on parenting are responsive to the needs of parents in different circumstances. For example: • Different parenting styles of mothers and fathers and the strengths of each • Needs and concerns of first time parents • Needs of parents who are parenting a child with a disability • Noncustodial parents • Nontraditional caregivers (e.g., grandparents, foster parents)							
3.9 If the program serves expecting families and new mothers and fathers, the program provides opportunities for parents to learn about: • Prenatal and infant health and development • The birth process and what to expect • The needs of postnatal women and their families • The developing role of first time parents (including adolescent parents, if appropriate) • Planning for the child's needs after birth (e.g, car seats, cribs).							

How do programs encourage parents to observe, ask questions, explore parenting issues and try out new strategies?

Item	5: Strongly Agree	4: Agree	3: Neither Agree Nor Disagree	2: Disagree	1: Strongly Disagree	Not Applicable	Comments
3.10 Parents and staff work together to design and organize opportunities for parent led discussions (such as a Community Café or Parent Café series) to explore: a. Cultural/ethnic expectations and practices about parenting. b. Different parenting practices. c. Parent/child relationships. d. How to interact effectively with their children (e.g., listening; appreciating ideas, efforts and feelings; creating a non-threatening environment).							
3.11 Staff recognize and support the parenting challenges experienced by families with children who have special needs by: a. Regularly checking in with parents about parenting issues. b. Being sensitive to parents' frustration, protectiveness, guilt, loss and other related feelings, and acknowledging the challenges families may be experiencing. c. Supporting parents in understanding appropriate developmental expectations for their children with special needs. d. Checking in with parents about the impact their children's special needs may have on family dynamics and parental stress. e. Being especially supportive at the time that special needs are initially identified. f. Connecting parents with materials and websites, support groups, play groups and community resources specific to their children's special needs. g. Ensuring that program parent-child activities are appropriate for families with children with special needs.							

How do programs address parenting issues from a strength-based perspective?

Item	5: Strongly Agree	4. Agree	3: Neither Agree Nor Disagree	2: Disagree	1: Strongly Disagree	Not Applicable	Comments
3.12 Staff share their observations of children with parents to help the parents recognize: a. Their child's unique assets, temperament, personality, communication styles and behavioral cues. b. Their children's positive social skills and developmentally appropriate behavior. c. Their children's independence and abilities. d. Activities families can use at home to foster development.							
3.13 Staff reinforce positive parent-child interactions by: a. Noticing and acknowledging when parents are attuned to their children's needs or are communicating effectively with their children. b. Sharing something positive with parents about their children's behavior and development. c. Modeling positive discipline.							
3.14 Staff proactively and respectfully address concerns about parenting techniques or behavior by: a. Asking open-ended questions to understand the behavior from the parent's perspective. b. Acknowledging young children's frustrating behavior and recognizing parents' efforts to deal with it effectively. c. Sharing concerns about a child's behavior and/or about the parents' parenting practices and respectfully offering alternatives. d. Connecting parents to resources and supports that may help to address parenting issues. e. A parent appears to be frustrated or stressed and in need of support. f. A parent appears to be having difficulty relating to or communicating with their child.							

Concrete Support in Times of Need: *Families get assistance to meet basic needs.*

"Access to resources that address a family's basic needs and minimize stress caused by challenges."

When parents are faced with very trying conditions such as losing a job, substance abuse, not being able to feed their family or trauma, they need access to concrete support to address their needs and help to minimize the stress.

Assisting parents to identify, find and receive concrete support in times of need helps to ensure the basic necessities are met. A strengths-based approach helps parents feel valued because they are acknowledged as knowledgeable and competent. They develop a sense of self-confidence and self-efficacy because they have opportunities to build their skills, experience success and provide help to others. Thus, access to concrete support in times of need must be accompanied by a quality of service coordination and delivery that is designed to preserve parents' dignity and to promote their and their family's healthy development, resilience and ability to advocate for needed services and resources.

Programs can help parents to identify, find and receive concrete support in times of need. Programs should:

- Respond immediately when families are in crisis
- Provide information and connections to services in the community
- Help families to develop skills and tools they need to identify their needs and connect to supports

Even though community-based programs are not always equipped to provide all the services and supports families may need, they can still play a vital role in helping families access concrete supports in times of crisis. Programs can also play a critical role in helping families develop their own proactive strategies for meeting needs in the future.

4. Concrete Supports—Self-Assessment Items

How do programs respond immediately when families are in crisis?

Item	5: Strongly Agree	4. Agree	3: Neither Agree Nor Disagree	2: Disagree	1: Strongly Disagree	Not Applicable	Comments
4.1 Parents are encouraged to turn to staff in the event of a crisis through: a. The fact that staff listen, show concern and share their own personal challenges as appropriate in informal conversations and regular interactions. b. Materials regularly provided to participating families. c. Information on which staff members can help families with particular issues.							
4.2 Staff proactively respond to signs of parent or family distress by: a. Offering to connect families to resources, including help lines, community resources or public agencies. b. Making space available for staff to meet with parents privately. c. Keeping family issues confidential unless given explicit permission to share information (except when potential							

abuse or neglect is at issue and a report is made).						
4.3 When a family is experiencing extreme difficulties or crisis:						
a. At least one staff member with a close relationship with the family reaches out to the family proactively.						
b. If the family wants assistance, staff and supervisors work with the family to help them manage the crisis.						
c. The program has resources for family assistance, such as diapers, transportation or even emergency funds.						
d. The program has flexible hours of operation to accommodate families outside of regular business hours.						
e. Staff continue to offer support to the family and monitor the situation daily until the situation is manageable.						

How do programs provide information and connections to services in the community?

Item	5: Strongly Agree	4. Agree	3: Neither Agree Nor Disagree	2: Disagree	1: Strongly Disagree	Not Applicable	Comments
4.4 The program maintains up-to-date information about services in the community that includes hours of operation, fees, locations, eligibility requirements, language capacities, etc. Services to be included are: • Food pantries • Health providers • Domestic violence services • Shelters • Respite care for children • Alcohol and substance abuse services • Mental health services (for adults and children) • Economic supports • Legal assistance • Quality early care and education							
4.5 The program actively builds collaborative links with other service providers by:							
a. Bringing services on site, when possible.							
b. Easing the referral process by ensuring the workers in different programs know each other and work together.							
c. Coordinating follow-up efforts across service providers, ensuring that the family is involved in service coordination and informed about all communication.							
d. Developing memorandum of understanding or							

established processes to coordinate services.

e. Using input from parents to fill gaps in services.

How do programs help families to develop skills they need to identify their needs and connect to supports?

Item	5: Strongly Agree	4. Agree	3: Neither Agree Nor Disagree	2: Disagree	1: Strongly Disagree	Not Applicable	Comments
4.6 Staff help parents to identify and mobilize their own resources to address their families' needs by:							
a. Encouraging families to take the lead when creating a plan to address family needs, including addressing barriers and anticipated outcomes.							
b. Communicating to families that seeking help is not an indicator of weakness or failure as a parent, but rather is a step toward building resilience.							
c. Encouraging parents to advocate for themselves and their child.							
d. Providing information and guidance to families so that they understand their rights in accessing services, gain knowledge of relevant services and learn how to navigate through service systems.							
e. Connecting parents to peer-to-peer navigation support.							
4.7 When staff make referrals to outside services, they support family leadership by:							
a. Brainstorming with families about what resources would be helpful.							
b. Respecting when a family is not comfortable with a specific provider by helping them to either address and resolve the issue or identify other resources.							
c. Helping parents learn how to address barriers to utilizing services (e.g., lack of transportation or childcare, fees, language barriers, lack of translation services, lack of cultural sensitivity and inclusiveness).							
d. Coaching parents as they fill out initial paperwork required to access these services, (e.g., insurance and eligibility forms).							
e. Following up with families on referrals to ensure that they were satisfied with the services they received, and providing help in advocating for themselves if they were not satisfied.							
f. Making a personal connection between families and							

service providers (if families have agreed to share information through written consent).						

How do programs respond to possible child abuse or neglect?

Item	5: Strongly Agree	4. Agree	3: Neither Agree Nor Disagree	2: Disagree	1: Strongly Disagree	Not Applicable	Comments
4.8 When children enter the program, staff discuss child abuse and neglect prevention with all parents and caretakers. This discussion includes explanations of: a. The program's policies and practices that are designed to keep children safe from harm. b. Staff members' responsibility as mandatory child abuse and neglect reporters. c. How the state defines child abuse and neglect. d. The program's protocols regarding child abuse and neglect reports.							
4.9 All staff members are trained according to their state's mandatory child abuse reporting laws.							
4.10 Staff receive additional training on child abuse and neglect including: a. Recognizing and responding to early signs of possible child abuse and neglect, including physical and behavioral indicators. b. Following the program's protocols for reporting child abuse and neglect. c. Understanding how cases are generally handled by the child protective services agency once a report is made. d. The relationship between domestic violence and reporting of child abuse and neglect, and clear protocols to follow when domestic violence is suspected or disclosed. e. Recognizing cultural practices that can trigger reporting of child abuse and neglect (e.g., the practice of coining to treat fevers, the use of corporal punishment for toilet training, leaving a young sibling in the care of an older sibling) and respectfully discussing ways that parents can prevent the likelihood of mandatory reporting.							

4.11 The program's protocols for reporting possible child abuse and neglect:
 	
    a. Are consistent with state child welfare reporting guidelines.
 	
    b. Are reviewed annually or anytime changes are made to state guidelines.							

4.12 Staff members are trained that when a child abuse or neglect report needs to be filed, they have specific responsibilities to both the child welfare agency and to families that include:
 	
    a. Coordinating with investigative authorities to ensure that staff actions and interactions with the family do not hinder the investigation.
 	
    b. Providing objective and accurate information on the concerns that led to the report, as well as information on family strengths.
 	
    c. Explaining their status as mandated reporters to families and their commitment to the goal of keeping children safe.
 	
    d. Striving to be calm, caring and supportive of the family during the reporting process.
 	
    e. Answering questions that the family may have regarding the reporting process and how the Child Protective Services system typically responds.
 	
    f. Offering support for families by answering questions, connecting them to resources they may need listening attentively and providing and friendly advice.							

4.13 If a child is placed into child welfare custody, staff are trained to continue to support the child and the family by:
 	
    a. Maintaining contact with the child and family, if possible.
 	
    b. Advocating for the family with the Child Protective Services system, when possible.
 	
    c. Helping parents connect with resources to help reunite them with their child.							

4.14 Program staff seek to collaborate with child welfare caseworkers and Child Protective Services staff to promote the child's ongoing healthy development by:
 	
    a. Helping to maintain stability for children involved in the system.
 	
    b. Engaging in co-case management practices, if possible.
 	
    c. Conducting joint home visits.
 	
    d. Attending Child Protective Services meetings to share information.							

Social and Emotional Competence of Children*: Families teach children how to have healthy relationships.*

"Family and child interactions that help children develop the ability to recognize, communicate, and regulate their emotions"

Early childhood is a period of both great opportunity and vulnerability. Early childhood experiences set the stage for later health, wellbeing and learning. In the past, most of the focus was on building young children's academic skills in an effort to ensure they were prepared for school. However, in recent years a growing body of research has demonstrated the strong link between young children's social-emotional competence and their cognitive development, language skills, mental health and school success. These dimensions of social-emotional competence do not evolve naturally. Numerous research studies show that a relationship with a consistent, caring and attuned adult who actively promotes the development of these dimensions is essential for healthy social-emotional outcomes in young children.

Programs can help to promote the social and emotional competence of children. Programs should:
- Help parents foster their child's social emotional development
- Include children's social and emotional development activities in programming
- Help children develop a positive cultural identity and interact in a diverse society

Whether working primarily with parents or with young children themselves, program staff should receive training on the importance of social and emotional development – and can play a significant role in helping parents to both enjoy and facilitate children's growing competencies in this area.

5. Social and Emotional Competence of Children—Self-Assessment Items

How do programs help parents foster their child's social emotional development?

Item	5: Strongly Agree	4. Agree	3: Neither Agree Nor Disagree	2: Disagree	1: Strongly Disagree	Not Applicable	Comments
5.1 The program introduces family members to social and emotional development by:							
a. Providing parents with information on the importance of supporting children's healthy social and emotional development—and its connection to success in school and life.							
b. Helping parents understand age-appropriate social and emotional skills and behaviors.							
c. Providing opportunities to discuss social and emotional issues within a racial and cultural context.							
d. Offering parents ideas on how to foster a child's social and emotional learning at home.							
e. Asking about parents' observations of their child's social and emotional development.							
5.2 Program activities provide opportunities to strengthen bonds							

Item	5: Strongly Agree	4. Agree	3: Neither Agree Nor Disagree	2: Disagree	1: Strongly Disagree	Not Applicable	Comments
between parents and their children (e.g., parent-child playgroups, playing together in cooperative games or make believe, cooking, making an art project together).							
5.3 Staff respect families' knowledge and expertise about their children's unique strengths and challenges as they share information about social and emotional competence.							

How do programs include children's social and emotional development activities in programming?

Item	5: Strongly Agree	4. Agree	3: Neither Agree Nor Disagree	2: Disagree	1: Strongly Disagree	Not Applicable	Comments
5.4 The program supports children's social and emotional development with intentional practices that include: a. Encouraging children to express their feelings in ways that are the most comfortable for them. b. Actively involving children in solving their conflicts and problems (e.g., helping children talk out problems and think of solutions; sensitizing children to feelings of others). c. Setting clear expectations and limits for behavior. d. Helping children separate emotions from actions (e.g., not reacting by hitting even when angry).							

How do programs help children develop a positive cultural identity and learn to interact in a diverse society?

Item	5: Strongly Agree	4. Agree	3: Neither Agree Nor Disagree	2: Disagree	1: Strongly Disagree	Not Applicable	Comments
5.5 Staff receive training on how cultural differences affect social and emotional development, especially differences in: a. How the sense of identity is fostered as an individual and/or as part of a family or clan in different cultures. b. The extent to which nonverbal communication is predominant across cultures. c. Diverse cultural views of success and appropriate child							

development.							
5.6 Staff are encouraged to enhance their own understanding and appreciation for different races, ethnicities, sexual orientations, languages and cultural expressions through: a. Being encouraged to share and reflect on their own cultural background, including self-awareness of biases they may hold. b. Being provided with professional development opportunities that allow them to learn more about the history and experiences of different racial and cultural groups. c. Being trained in how to sensitively ask questions about each family's specific experience and cultural perspectives.							
5.7 Program policies and practices support the preservation of home languages by building upon the home languages and dialects of the children and families they serve.							

Nurturing and Attachment: *Families ensure children feel loved and safe.*

"A child's early experience of being nurtured and developing a bond with a caring adult"

Juggling the demands of work, home and other responsibilities leaves many parents feeling like they do not have nearly enough time for their children. But even small acts of kindness, protection, and caring – a hug, a smile, or loving words make a huge difference to children.

Infant brains develop best when a few stable caregivers work to understand and meet the infant's need for love, affection, and stimulation. A lack of contact or interaction with a caregiver can change the infant's body chemistry, resulting in a reduction in the growth hormones essential for brain and heart development. Furthermore, children who lack early emotional attachments will have a difficult time relating to peers. Parents nurture their older children by making time to listen to them, being involved and interested in the child's school and other activities, staying aware of the child or teen's interests and friends, and being willing to advocate for the child when necessary.

Programs can help to promote the social and emotional competence of children. Programs should:
- Model nurturing care to children
- Respond proactively when social or emotional development needs extra support

6. Nurturing and Attachment—Self-Assessment Items
How do programs model nurturing care to children?

Item	5: Strongly Agree	4: Agree	3: Neither Agree Nor Disagree	2: Disagree	1: Strongly Disagree	Not Applicable	Comments
6.1 Families are invited to observe their children interacting with other children and/or staff in the program.							
6.2 Staff nurture children and model nurturing for parents by:							
a. Responding consistently to children in a warm, supportive manner.							
b. Creating an environment in which children feel safe to comfortably express their emotions without fear of judgment.							
c. Showing warmth through appropriate physical contact,							
d. Demonstrating mutual respect between children and adults (e.g., listening attentively, making eye contact, treating children fairly).							
e. Responding sympathetically to help children who are upset, hurt or angry.							
f. Encouraging children to express their feelings through words, artwork and expressive play.							
g. Modeling empathy and appropriate emotional responsiveness.							

Item							
6.3 Staff receive training, consultation and ongoing coaching to support their skills in supporting children's social emotional development, including: a. Fostering children's social and emotional development in the context of their culture and language. b. Understanding the impact of loss or trauma on children and how to respond appropriately. c. Recognizing the role of sensory awareness and integration in social emotional development. d. Understanding gender differences in child rearing and its impact on social and emotional development. e. Promoting positive relationships among children living in the same household. f. Recognizing and responding to the impact of child or parental trauma on parent-child relationships.							

How do programs respond proactively when children are experiencing stress?

Item	5: Strongly Agree	4. Agree	3: Neither Agree Nor Disagree	2: Disagree	1: Strongly Disagree	Not Applicable	Comments
6.4 Staff receive training on talking with parents about helping children in times of family crisis.							
6.5 Parents and staff receive ongoing training and up-to-date information on dealing with stress and trauma including: • Impacts of stress on the child's brain/development • Recognizing the signs of stress in children • How stress may impact the child's behavior and how to shape adult responses to the child's behavior • The important role that parents and caring adults play in buffering children during stressful times							
6.6 Parents and staff have access to a mental health consultant who can help them address the needs of children and other family members during stressful times.							
6.7 Staff receive program support when working with families under stress through: a. Acknowledgement and support for their efforts from supervisors and administrators. b. Opportunities to process their own reactions. c. Access to a mental health consultant. d. Time off if needed.							