



## ***Family-Driven/Youth-Guided Care Self-Assessment Tool Overview and Guidelines***

### **Purpose of the Assessment/Tool**

This tool was designed to be used by HFA affiliates, regions and programs, in partnership with families, to review current practices, and to determine strengths and areas for growth related to FD/YG care.

The goal of using the tool is not so much to provide a score (although some scoring is needed) but rather as an opportunity for reflection and planning of quality improvement activities related to FD/YG care.

Questions on the tool address the guiding principles of FD/YG care and key aspects including: Communication, Partnerships, Trauma Informed Care, Cultural Competence, Peer Supports, Natural Supports, and Community Inclusion

The tool may also be used as an educational tool for families, youth, direct care staff, management, and leadership, to build awareness and knowledge of FD/YG care.

### **Who will complete assessments?**

At least 25% (leaders and managers may decide to ask for a higher percentage) of families in each program need to be surveyed.

Families should be given an option to not participate and be assured that this will not affect their child's care.

Each family should be asked only once to complete an assessment. However, some families may request to complete more than 1 assessment if:

- they have a child in more than 1 service (example: a child is in Day Treatment at Crestwood and receives Waiver services through HCC)
- they have more than 1 child in services

They may feel and respond differently about each program/service. This request should be honored when possible.

Special considerations may be needed in some situations such as:

- when parents are not involved in their child's life,
- when parents are alienated from one another but both want to have input,
- etc.

Special consideration will also be needed to allow the full range of families to participate and to assure that they feel safe in doing so. Families may need support in completing the tool by having it read to them individually or by having an interpreter work with them individually in another language. It is vital that those providing this extra support be viewed as impartial.

### **Who will administer the assessment to family members?**

The assessment should be administered by someone who has established a trusting relationship with the family member. It is recommended that a Family Advocate administer the assessment when possible. It is vital that those administering the assessment be viewed as impartial.

### **Creating a Safe and Supportive Assessment Environment**

The self-assessment process works most effectively if everyone, families and staff, understand why and how the assessment will be conducted. Assessments can sometimes make all concerned feel somewhat vulnerable. It is therefore important to prepare and to create a process that feels safe for everyone.

Leaders should plan to discuss the purpose of the self-assessment with management teams who should then discuss it with all staff. Staff who administer the assessment should continue this discussion with the family members who complete the assessment.

Emphasize the goal of quality improvement and identifying strengths, not “grading” the practice or individuals in it.

Create enthusiasm for the process and emphasize the positive potential outcomes. Talk about how the self-assessment process meshes with HFA’s Shared Vision, Mission Statement, and Philosophy of Service.

Create a process that assures confidentiality. Assure families that their feedback on the tool will not be linked to them.

Inform participants about how and when (Fall 2011) they will receive information about the outcome of the self-assessment.

### **Implementation:**

Staff who administer the assessment need to be prepared with: copies of the assessment tool, rosters, blank envelopes, and some self addressed (to the program) stamped envelopes.

The name of each family member who completes the assessment needs to be printed on a roster in order to keep track of who has completed the assessment.

The assessment may be done individually or in groups (with each family member completing an individual assessment).

Group implementation may be a good option for pre-established parent groups (PAP, support groups, etc) or for a group that is pulled together specifically for this purpose. It is not recommended that the assessment be read aloud to a group as it may prompt distracting questions and off topic conversations that could influence other participants and/or extend the length of time needed to complete the assessment.

It is recommended that assessments be completed in person, but they may be done by phone if need be, and if the family member is comfortable with that option. Please be sure to read the introduction on the 1<sup>st</sup> page of the survey to family members who complete the survey by phone.

If a family member does not understand a question, ask them to answer it by circling “N”.

### **Collecting completed assessments:**

Staff who administer the assessment will collect them from family members as they are completed. Family members should be asked to fold the assessment, place it in an envelope which has been provided to them, seal the envelope, and hand it back to the person who administered the assessment. The family member should be reminded that the completed assessment will be in no way linked to them, their child, or their family. If the family member is uncomfortable handing the sealed envelope directly to the person from the program who administered the assessment, they may mail it back to the program in a self-addressed, stamped envelope (provided by staff).

Staff who administer the assessment need to turn in packets of completed assessments and rosters to program managers. Managers should pass the packets containing completed assessments (removed from

envelopes, unfolded, and stacked) and rosters to leaders, who will then return them to Sue Mustard (HFA Director of Family Involvement) by June 30. Sue will pass them on to Strategy and Quality for data entry.

**Timeline:**

April:

- Leaders will discuss the purpose of the self-assessment and implementation plans with management teams.
- Management will discuss the purpose and implementation plans with all staff.
- Tools should be distributed to those who are to administer them.

May :

- Families will complete assessments
- Staff will collect completed assessments and fill out rosters

June:

- Packets of completed assessments and rosters will be collected by managers and leaders from staff
- All completed assessments and rosters must be turned in to Sue Mustard by June 30

July

- HFA Strategy and Quality will enter data and tally results
- Results will be reported on Balanced Score Cards

Summer & Fall 2011 - Affiliates and Regions will:

- Review results and share them with staff and families
- Identify areas of strength to build upon
- Identify and prioritize areas that need improvement
- Plan quality improvement activities

**The HFA FD/YG Self-Assessment Tool was designed using information and input from:**

Sue Mustard, Anne Sherman, Lisa Kinney, Heather Wester, Beth Caldwell, Kimberly Hoagwood, Nancy Craig Family Voices, The National Federation of Families, Youth Power NYS, The Building Bridges Initiative, Institute for Family Centered Care, Atlantic Coast Child and Welfare Implementation Center, Center for Effective Collaboration and Practice, South Bay Community Services, and Ohio Legal Rights Services.