

# Understanding the Role of Program Assessment in Child Abuse Prevention:

*Tools for Peer Review and Beyond*



**FRIENDS National Resource Center for Community-Based Child Abuse Prevention**  
*A Service of the Children's Bureau*



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First published 2006 as *Peer Review in CBCAP: Current Activities and Best Practices for Stronger Peer Review*. Revised 2009 and 2011 to *Peer Review in CBCAP: A Source Document for Best Practices*. To view the original document, please contact FRIENDS at [ylyayden@friendsnrc.org](mailto:ylyayden@friendsnrc.org) to request a copy.

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Dear Colleagues,

The FRIENDS National Resource Center on Community-Based Child Abuse Prevention is pleased to introduce *Understanding the Role of Program Assessment in Child Abuse Prevention: Tools for Peer Review and Beyond*.

Prior to the 2010 reauthorization of the Child Abuse Prevention and Treatment Act (CAPTA), peer review was a required activity for CBCAP State Leads (SLs). In order to support CBCAP SLs peer review efforts, in 2006 FRIENDS published *Peer Review in CBCAP: Current Activities and Best Practices for Building Strong Peer Review*. This resource was updated in 2009. The 2010 reauthorization of CAPTA removed the requirement that mandated CBCAP SLs to conduct a peer review process but many SLs found the process to be helpful and elected to continue peer review as part of their evaluation activities.

In 2013 FRIENDS surveyed the CBCAP SLs to determine interest in updating this document to strengthen its relevance to program assessment. The response clearly indicated such a revision would be helpful to the field. We are pleased to release the revised document: *Understanding the Role of Program Assessment in Child Abuse Prevention: Tools for Peer Review and Beyond*.

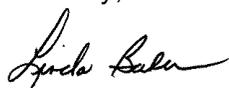
Since 2006 many people have assisted FRIENDS with this effort which has been led by FRIENDS staff Edi Winkle. A number of workgroups that included parent leaders, national partners, CBCAP SLs and community-based program staff have met over the years to contribute their insights and expertise. The 2014 update of this work was supported by a workgroup comprising many members that have been involved since 2006 as well as some new supporters. I would like to acknowledge and thank members of the 2013-2014 effort including Valerie Spiva Collins, MaryJo Alimena Caruso, Alicia Luckie, Julie Collins, Sam Bowman, Mary Hess, Emily Wachsberger, Nancy Gagliano, Annette Harrod, Wyn Frechette, Judy Richards and Hilda Green.

The assessments included in this document were originally created in a span of work that covered 2006-2011. That work was collaborative and included support from: Sue Bell, Lynette Boado, Sam Bowman, Katie Brandt, Eleanor Buffington, MaryJo Alimena Caruso, Ann Childress, Ron Clark, Julie Collins, Valerie Collins Russell, Eliza Cooper, Sarah Davis, Dave Derbes, Christina DiSalvo, Tina Faber, Wyn Frechette, Hilda Green, Rebecca Gillam, Rosie Gomez, Stephanie Jernstedt, Ray Kirk, Melissa Lim Brodowski, Denise McCaffrey, Debbie Mock, Leigh Moerdyke, Kristen Rector, Judy Richards, Cynthia Savage, Robin Suzor, Heidi Valdez, and Stephanie Wallio.

FRIENDS also would like to acknowledge state efforts in peer review that informed this work. The existing assessments from Illinois, Kansas, Massachusetts, Oregon, and Wisconsin were extremely helpful in laying the groundwork for the development of this tool.

I hope you find this document helpful in your program assessment and peer review efforts.

Sincerely,



Linda Baker, Director



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## Section 1

# INTRODUCTION

This program assessment tool is a resource for Community-Based Child Abuse Prevention (CBCAP) State Lead Agencies (SLAs) and their funded programs providing a tool for continuous quality improvement and evaluation using an internal or peer review process, or both. The following pages examine these processes by exploring the climate in which we practice and include:

### Setting the Stage

- Defining the historical connection
- Defining how current research impacts our field

### Implementation Science

- Illuminating what research tells us about effective practices for implementing evidence-based and evidence-informed programs and practices
- Illuminating what CBCAP programs need to know to improve their own practices

### Evaluation

- Understanding how an internal process—program assessment—and an external process—peer review program assessment—fit into an overall continuous quality improvement (CQI) approach
- Understanding what research tells us about how those processes help with program evaluation

### Protective Factors

- Demonstrating how program assessment processes can support and incorporate Protective Factors

### Parent and Community Engagement

- Highlighting parental and community roles in program assessment

This tool provides free and easy-to-use resources based on best practices developed over the intervening years to support programs in meeting CAPTA's overarching goals.

# SETTING THE STAGE

## *Background*

The Child Abuse Prevention and Treatment Act (CAPTA) legislation began with the Child Abuse Prevention Federal Challenge Grants Act in 1984. It was the first law directing Federal funds to assist state efforts in preventing child abuse and neglect. Since then, it has been reauthorized several times, but most recently by The CAPTA Reauthorization Act of 2010. Title II of CAPTA addresses the Community-Based Child Abuse Prevention (CBCAP) program.

In 2004, with the release of the Program Assessment and Rating Tool (PART) by the Office of Management and Budget (OMB), the federal government signaled an increased focus on accountability and measurable results in the CBCAP program, both at the state and local level. PART's commitment to Continuous Quality Improvement (CQI) stressed the importance of supporting and funding more evidence-informed and evidence-based programs and building a continuum of evaluation approaches. This shift and new awareness of evidence in programming was a tipping point for the field.

Continuing the focus on demonstrated results, the 2010 Reauthorization of CAPTA emphasized evaluation and CQI and required each CBCAP State Lead Agency to incorporate evidence-informed and evidence-based programs and practices. Key changes in child abuse and neglect prevention programming included:

- A plan to develop, or select, and fund evidence-informed or evidence-based community-based programs and activities designed to strengthen and support families
- A stronger emphasis on involving parents with program planning and implementation, both at the state and local level
- A shift from demonstrating program effectiveness based on peer review to one based on monitoring outcomes and evaluating results

The 2010 CAPTA language specifically states that all CBCAP SLAs must provide:

- Training and technical assistance plans, including a description of how the lead agency will provide assistance to its funded programs to develop evaluation plans
- A description of how the lead agency's activities, including those of the SLA's network and network members where appropriate, will be evaluated; SLAs are encouraged to assess culturally competent practices and parent leadership across all funded programs and activities.
- An overall evaluation plan that incorporates a continuum of evaluation approaches, including quantitative and qualitative data-collection methods, and if desired, peer review, and that demonstrates the effectiveness of the program's activities

In addition, in the last 10 years the field of prevention of child abuse and neglect has quickly moved toward stronger evidence and evaluation in all areas. Program Assessment has been informed and enriched by results from neuroscience and implementation science research; a portfolio of funded, evidence-informed and evidence-based programs and practices; and newly developed evaluation and CQI processes.

## **Definitions**

The following key definitions of terms used throughout this program assessment tool provide an overview of the climate and science in which we practice and are important to understand in thinking about how to incorporate this tool into program plans.

**Program Assessment** means actively engaging in self-evaluation and using the findings to inform and improve planning and implementation of program activities for the purpose of more effectively carrying out your mission and achieving desired outcomes.

**Evaluation Procedures** are processes that assess the results of program activities and provide information essential to improving them. Comprehensive evaluation plans look at practices on multiple levels and from many angles.

**Continuous Quality Improvement (CQI)** is a process to help programs ensure that they are systematically and intentionally improving their services and increasing the positive outcomes for the children and families they serve.

**Implementation** is the carrying out, execution, or practice of a plan, a method, or a design for achieving something. Implementation is the action that must follow any preliminary thinking for something to actually happen. In other words, implementation encompasses all the processes involved in moving a program to its desired outcomes.

**Peer Review** is a process of evaluation by one's cohorts. For prevention programs, peer review means connecting and developing relationships with other programs in the same field. This type of program assessment is a mutual relationship of sharing and learning between like but separate programs.

**Protective Factors** are a characteristic or situation that reduces or buffers the effects of risk, and promotes resilience in the face of risk. These factors are critical to ensuring that children and youth are successful at home, in school, at work, and in the community, now and as adults.

# IMPLEMENTATION SCIENCE

Implementing new ideas, programs, policies, or initiatives are challenging undertakings. Researchers, program developers, and others have been studying the concept of implementation science for several years and there is significant information available on effective ways to implement change.

Many prevention organizations have adopted implementation science in the last few years by researching best practices for implementing quality, evidence-based programs. CBCAP State Lead Agencies are learning how the key elements of effective implementation impact their work. In part, this means:

- Recognizing that it takes time to assess an organization's readiness for change and willingness to launch a new initiative
- Working with existing programs to consider the key elements, or drivers, of effective implementation in making program improvements

There are many models of implementation science but over the years, FRIENDS has worked most closely with models developed by the National Implementation Research Network (NIRN) and the Western Pacific Child Welfare Implementation Center (WPIC). We examine these models briefly here.

## ***The Basics of Implementation Science***

### **National Implementation Research Network Approach**

NIRN defines implementation science as “A *specified set of activities designed to put into practice an activity or program of known dimensions.*”<sup>1</sup> Most research on implementation science focuses on evidence-based practices or well-developed program models that may be emerging or supported by some evidence. However, the key elements, what NIRN calls implementation drivers, should be considered even when developing and implementing a new initiative that does not yet have an evidence base.

NIRN categorizes three types of implementation drivers:

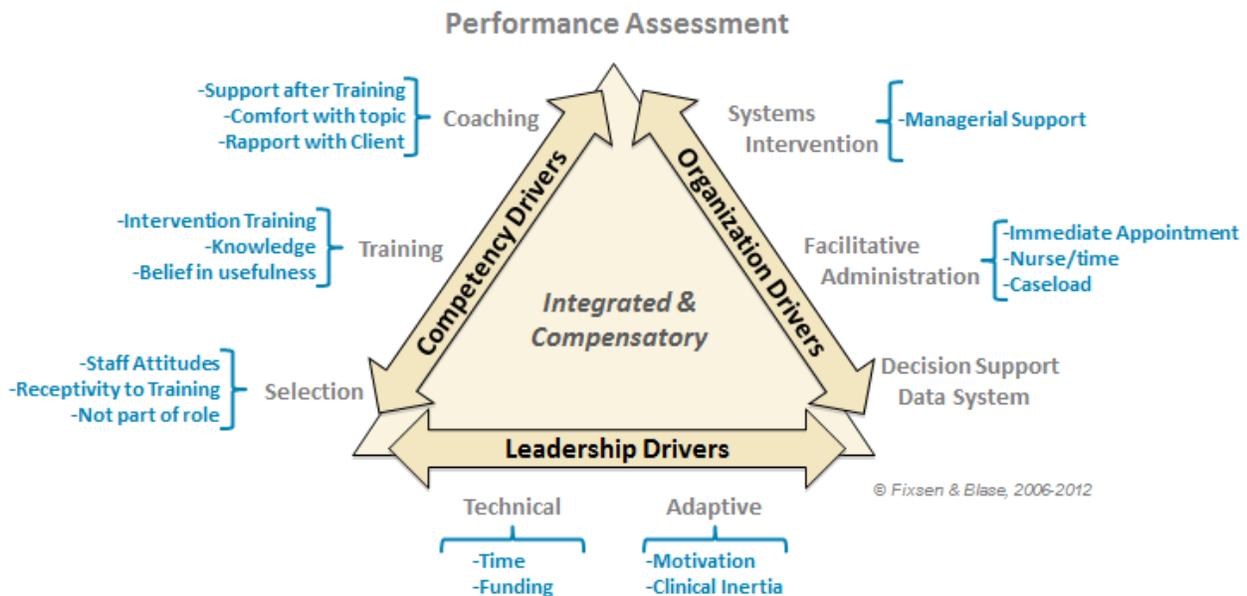
- **Competency drivers** include careful staff selection, training, and coaching.
- **Organization drivers** incorporate the various elements of the overall system and can include:
  - data systems that support decision-making (i.e., having effective systems in place to collect data on an organization's operations, client services, finances and other areas that contribute to decision making)
  - facilitative administration (i.e., proactively reducing implementation barriers and creating a hospitable environment for change)
  - systems interventions (i.e., managing multiple levels both inside and outside an organization, connecting to champions, and aligning policies with new procedures)

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<sup>1</sup> Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M. & Wallace, F. (2005). *Implementation Research: A Synthesis of the Literature*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231).

- **Leadership drivers** describe the skills needed by a leader to effectively manage a changing system:
  - adaptive leaders are effective where there is little agreement and less certainty. Adaptive leaders can recognize and navigate the layers of complexity involved in any large-scale systems reform.
  - technical leaders are effective where there is substantial agreement about what needs to be done and reasonable certainty about how to do it. Technical leaders respond to issues, organize groups to solve problems, and produce results.

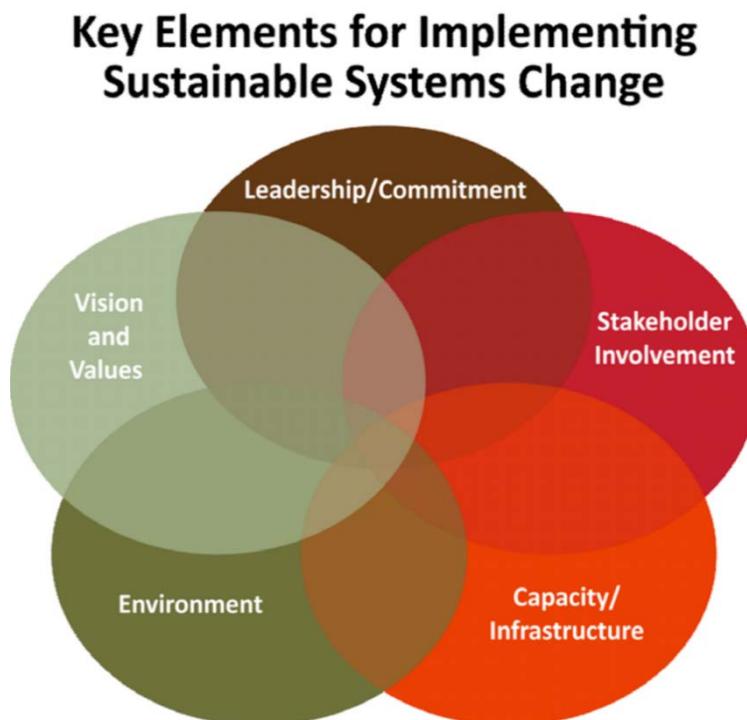
This diagram illustrates how these drivers are organized under the three primary headings.<sup>2</sup>



<sup>2</sup> The National Implementation Research Network, FPG Child Development Institute, University of North Carolina, Chapel Hill. Retrieved February, 2014 at <http://nirn.fpg.unc.edu/learn-implementation/implementation-stages>

## Western Pacific Child Welfare Implementation Center (WPIC) Approach

WPIC identifies five key elements for implementing sustainable systems change. Shown in the diagram below, all must be well considered when planning to implement a new program, policy, or wide-reaching systems change(s).



NIRN identifies six stages of implementation:

- Exploration
- Installation
- Initial Implementation
- Full Implementation
- Innovation
- Sustainability

WPIC's stages are similar but are condensed into four activity areas:

- Exploration activities
- Capacity Building activities
- Implementation activities
- Sustainability activities

While it is helpful to be aware of the uniqueness of each model, it is primarily important to remember that new programs, initiatives, and system changes, almost without exception, pass through several stages. Stages often overlap each other, the process is incremental, and there may be occasional setbacks. Stakeholders may be involved in more than one stage at a time, and they may need to revisit a stage periodically when shifts occur in the environment. There seems to be wide-spread agreement across models that implementation of an evidence-based practice takes two to four years, much longer than many funders, administrators, parents, and staff typically anticipate.

For more information on the NIRN Implementation Drivers please visit <http://nirn.fpg.unc.edu/learn-implementation/implementation-drivers>. For additional information on the WPIC approach, please see FRIENDS NRC Bulletin, *Putting What Works into Practice*, at [http://friendsnrc.org/doc\\_download/1619-putting-what-works-into-practice-brief](http://friendsnrc.org/doc_download/1619-putting-what-works-into-practice-brief). Users will find many similarities between the NIRN and WPIC approaches as well as some distinctions. Implementation teams should use the information and literature which seems to fit best for their organization. If this information is new to you or to learn more about the drivers, please visit FRIENDS Online Learning Community and explore the learning modules on Implementation Science at <http://friendsnrcelearning.org/>.

### ***Implementation Science and the Program Assessment Tool***

Program assessment plays a critical role in the various stages of implementation. For example,

- In exploration, agencies may wish to assess the current state of their program services
- In implementation, agencies may wish to assess their staff training efforts
- In sustainability, agencies may want to examine their efforts in Continuous Quality Improvement

The program self-assessments in this tool provide an avenue for conducting these evaluation efforts.

## EVALUATION

Evaluation is an underlying practice that contributes to effective programs. Well-designed evaluation allows a program to understand its strengths and weaknesses to better serve families. Comprehensive evaluation plans look at practices on multiple levels and from many angles and allow for a deeper understanding of the play between programmatic characteristics, service environment and delivery, and possible external factors. Program assessment can play a dynamic role in evaluation by focusing on a particular area. Using the program assessment tool as a part of Continuous Quality Improvement will support the overall evaluation plan.

### ***Continuous Quality Improvement***

Continuous quality improvement (CQI) is a process that helps ensure programs are systematically and intentionally improving services and increasing positive outcomes for families. It would be impossible to examine program assessment without considering the role of CQI. CQI is a cyclical, data-driven process; it is proactive, not reactive. A CQI environment is one in which data is collected and used to make positive changes—even when things are going well—rather than waiting for something to go wrong and then fixing it. For more on CQI, see <http://friendsnrc.org/continuous-quality-improvement>. Programs interested in a deeper understanding of the CQI processes can use the CQI assessment at page 51.

### ***Program Assessment***

Program assessment is the process of examining the practices currently in place to determine its effectiveness in providing services. This examination of effectiveness encourages stakeholders to identify a program's areas of strength and opportunity with the goal of continually improving service provision. Program assessment is a critical piece in CQI. The following steps describe how organizations can effectively design a process that will inform practice and create an environment that welcomes feedback (positive and negative) about the organization and its programs and services.

- 1) *Form an evaluation team.* Form a team that will organize and oversee the assessment process. The team should be a cross-section of the agency and include members from all levels (administration, board, direct service, support, parents, and youth). Also consider including key community members who provide referrals for your agency.
- 2) *Identify the area(s) that will be examined.* Specific areas may derive from other evaluation activities, such as customer comments, community feedback, staff transitions, or from a systematic choice, such as the board identifying a need to be examined (i.e., community collaboration). In addition, funders may dictate program assessment areas, such as requiring an assessment of engaging and retaining fathers. Whatever the case, organizations should pick one to three areas for assessment in each CQI cycle. This guideline allows for data collection without overwhelming staff with information collecting. To capture a baseline activity and subsequent levels of improvement (or decline), examine the same topics at regular intervals over a 12- to 24-month timeline.
- 3) *Determine who will complete the assessments.* Who participates in completing the assessment is important to gaining a comprehensive picture of services. To ensure a complete picture, the

assessment should be administered across multiple levels within the organization—management, board members, direct service staff, support staff, parents, and youth. In addition, key stakeholders from outside the agency which might include members of the community who refer to the program or interact with the program on a regular basis should also be asked to complete the assessment.

- 4) *Ensure that participation is anonymous and voluntary.* Management and the team overseeing the process should foster an environment that encourages open disclosure for honest evaluation.
- 5) *Determine how data will be analyzed.* Decide how data will be compiled and who will be responsible for that task. FRIENDS has created an Access database for the following assessment tools that allows organizations to compile the results and run reports. Learn more about this free resource at [www.friendsnrc.org/program-assessment](http://www.friendsnrc.org/program-assessment). Identifying one person within the organization to enter the data will streamline the data entry process.
- 6) *Report to the broader agency.* Reporting data is equally as important as collecting it and should include the areas of strength and areas for improvement revealed during the assessment process. Share the data with all levels of the agency, making sure to include those involved in completing the assessments.

This is only one example of the many ways program assessment can be achieved. Another example is the specialized process of peer review, which has a deep history in CBCAP.

## ***Peer Review***

The peer review process is one in which programs make connections and develop relationships with others who are working in the same field. This type of program assessment is a mutual relationship between similar but separate programs that supports peer learning and advances goals in communities of practice.

### **Structural Elements of Peer Review**

The structural elements of peer review can be examined within the framework of community, focus topic, and practice—the three structural elements of a community of practice. In other words, communities of practice are groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis.

The communities of practice framework is one way to look at the network of CBCAP Lead Agencies and prevention programs and can guide us through the peer review process. CBCAP Lead Agencies share a passion for strengthening families to prevent child abuse and neglect. They enhance their knowledge about best practices in the field of family support by sharing information and learnings with one another.

These three structural elements are equally important, and each contributes to a successful peer review model. Defining the three elements and examining current examples of CBCAP peer review practices will better our understanding of what peer review can look like across agencies.

Within communities of practice, a **focus topic** is an element that can inspire people to participate in the peer review process and creates a common ground for people to come together. For CBCAP agencies, the focus topic is child abuse prevention and family support. Child abuse prevention and family support are intrinsic to the work that is done each day with children and families and are reflected in the way programs reach out to communities. A strong focus topic, like prevention, has the potential to create an intersection for meaning and strategy.

The **community**, as a structural element, is a group of people who care about the focus topic. CBCAP agencies have a local, regional, and national community with which to share a passion for the focus topic of prevention. Community is a critical structural element because it is where relationships are built, learning takes place, and a mutual sense of belonging and commitment are developed.

**Practice** is what develops out of a community's passion for its focus topic and commitment to the group. It is a specific set of frameworks, ideas, and tools. One of the tasks of programs with a shared practice is to establish a baseline of knowledge, knowledge that everyone within the program or community should possess. While members of the community will have specific areas of expertise, a shared base of knowledge creates common ground for community members. Practice should remain focused toward the future and become integrated into the daily process of community members in order to facilitate improved service or program outcomes.

The combination of focus topic, community, and practice creates a peer review process with a strong foundation. This foundation leads the way to the specifics of the peer review process and highlights the benefits, strengths, and challenges of peer review practice.

## **Seven Steps To a Successful Peer Review Process**

- 1) *Form a peer review team.* A peer review team should be comprised of four to six program stakeholders who can participate in choosing peer review assessments, organizing the peer review meeting dates and activities, and participating in the review and debriefing process. FRIENDS recommends the peer review team consist of a diverse group drawn from peers from other CBCAP-funded programs, board members, community representatives, program partners outside of the CBCAP agency, State Lead Agency staff, direct line staff, parents, and other program participants, including youth. Parents and families receiving services are an especially important element; a peer review team is not complete without parents. A diverse peer review team ensures that opinions from all perspectives are factored into the review process.

Also identify an individual responsible for data entry; that person will be the point person for compiling the data.

- 2) *Attend a peer review team training.* Once a peer review team is formed, training should be the next step in the peer review process. Starting the process of program assessment and peer team site visits with training will help everyone understand the purpose, principles, and steps of peer review. Peer review training needs to emphasize the importance of confidentiality. All information about programs and program participants must remain confidential and be shared only as a piece of the peer review process. Training should be conducted on an ongoing basis to ensure the process stays fresh and teams stay current in practices and procedures. Trainings may be provided on-site or at a central location and could include some or all of the potential peer review

team. CBCAP Lead Agencies may contact FRIENDS to receive technical assistance in creating a peer review training that meets their specific needs.

- 3) *Identify and complete the assessments.* When choosing a tool, look for one that examines many areas of your program. The following are outcomes of an effective program assessment tool:
- Understand day-to-day aspects of operation
  - Increase understanding of the program mission and philosophy
  - Identify the program's strengths and recognize achievements of goals and objectives
  - Clarify areas for improvement or enhancement
  - Develop strategic plans to further develop specific program practices
  - Identify changing needs in the community

The assessments on pages 25-82 offer a variety of assessment areas for programs to explore. The list is not comprehensive, however; organizations may need to consider other resources for assessments in areas identified by the peer review team.

When it is time to complete the assessment, ensure effective data collection through careful preparation. Give stakeholders, staff, and participants who will be asked to complete the tool adequate information in advance so they can provide appropriate and useful feedback. Provide the context for completing the tool. For example, Are they evaluating only one service of the program or the agency as a whole? Are they examining any special procedures? Should they keep in mind any particular materials as they complete the assessment? Schedule an informational or question-and-answer meeting for individuals completing the assessment facilitated by a member of the peer review team.

- 4) *Invite your stakeholders and/or partner agency to your program to conduct a peer review.* After completing the assessment, formally invite peers from an outside agency to participate in this step of the review process by sending a letter outlining the peer review process, the partner program's role in the process, and the amount of staff time, including follow-up, required. Include specific dates and times as well as any preparatory work involved so that the staff will have all necessary information with which to decide whether to participate in the review.

Once a peer program has agreed to participate in the review process and a date and time have been set, provide the visiting team with any information they will need to conduct the visit, including directions to the program, an overview of program activities, results of the program self-assessment, and an agenda for the site visit that outlines meeting times, activities, and responsible individuals. Some agencies may conduct peer review with program partners that are familiar with their work and program operations; others will review programs that know very little about the families served by the program.

- 5) *Prepare the agenda and stress confidentiality.* An agenda for hosting a peer review site visit may contain the following components:
- Welcome and introductions
  - Tour of program
  - Observation of program activities
  - Findings from self-assessment tool
  - Peer-to-peer discussions
  - Identification of program strengths and challenges
  - Development of mutually agreed upon recommendations and workplan for program improvement
  - Evaluation of the peer review process

Include time for lunch, short breaks, and questions from peer review participants, and create a flexible agenda that allows the outside peer review team opportunity to gather information as questions arise. Prepare the host peer review team prior to the visit by reviewing the agenda, assigning roles for the visit, and reinforcing the purpose of the peer review process: to improve program practice.

Confidentiality is another important aspect of the peer review site visit. The visiting review team may observe program participants sharing personal information during a parent support group or discover a difficult challenge that the host program is working to overcome. In these instances, it is important to note that none of the information learned within the peer review process is to be shared outside of the peer review team and the host program.

- 6) *Conduct a reciprocal review.* Visit your partner agency to participate in a shared peer review process. Review each other's self-assessments, and collaborate to develop a workplan to implement recommendations for program improvement. Prepare to visit your partner program by reviewing necessary materials, such as the program's completed self-assessment, ahead of time. Keep an open mind if the agenda for the site visit differs from the agenda at your program's site visit, or if the program offers services in a way that is different from your program. Offer feedback that identifies strengths as well as challenges. Maintain confidentiality by only sharing information and observations with the peer review team and host agency in the context of the peer review process.
- 7) *Report results.* A major component of an effective peer review process is a debriefing session or follow-up report. It is essential that programs under review receive feedback, acknowledgement, and recommendations for improved program practice. This feedback may come in the form of a letter or a summary report and should include an oral debrief, which allows the agency under review to respond to the recommendations. Feedback should include identification of program strengths, recommendations for program enhancement, a plan for implementing recommendations, and technical assistance to support that implementation. Recommendations that lead to tangible results for CBCAP programs are evidence of a meaningful and successful peer review practice.

## How Peer Review Differs from General Program Assessment

Programs can experience many benefits of creating an environment that supports continuous quality improvement. Whether through program assessment, peer review, or another CQI process, reflecting on the status of your service provision is an important way of ensuring that service provision is at its best.

Programs might wonder whether general program assessment or peer review is best for their needs. The following table examines the process and pros and cons of each.

Peer Review	Program Assessment
<b>Process Comparison</b>	
Diverse team to guide the assessment process	Diverse team to guide the assessment process
Assessment tools can be completed on a variety of topics	Assessment tools can be completed on a variety of topics
Diversity of internal staff to complete the assessment	Diversity of internal staff to complete the assessment
Assessment completed by peer agency basing their responses on interactions with the program and after observing practices	
Data shared with host agency and peer agency	Data shared within the agency
Program-level information discussed with community of practice colleagues and workplan or improvement plan developed incorporating their objective third-party input	Program-level information discussed with inter-program team and recommendations developed to encourage strengths and support improvements
Reciprocal relationship developed with peers within your community of practice	
Opportunity to observe a similar agency in practice and use that information in your own program planning	
<b>Program Considerations</b>	
Pros: <ul style="list-style-type: none"> <li>▪ Encourages lasting relationships within the community of practice</li> <li>▪ Provides programs with an outside perspective on internal systems</li> <li>▪ Encourages continuous quality improvement through assessment of current practices</li> </ul>	Pros: <ul style="list-style-type: none"> <li>▪ Encourages continuous quality improvement through assessment of current practices</li> <li>▪ Supports interagency discussion to reflect on the status of current service delivery practices</li> </ul>
Cons: <ul style="list-style-type: none"> <li>▪ Process can be time intensive with site visits</li> <li>▪ Finding a program that serves families in a similar demographic to create meaningful comparisons</li> </ul>	Cons: <ul style="list-style-type: none"> <li>▪ Discussion is limited to interagency colleagues rather than a broader community of practice</li> </ul>

## Standards of Quality for Family Strengthening & Support

*The Standards of Quality for Family Strengthening & Support* is another tool that SLAs may find helpful.

The Standards were issued by the California Network of Family Strengthening Networks (CNFSN) in 2012 and adopted by the National Network of Family Support and Strengthening Networks in 2013. They are the only standards in the country to integrate and put into operation the *Principles of Family Support Practice* and the *Strengthening Families Approach*, including its research-based, evidence-informed “5 Protective Factors.” The vision for the Standards is that their implementation will help ensure that families are supported and strengthened through quality practice. [Or: Implementation of the Standards is intended to ensure that families are supported through quality practice.]

By establishing common language and expectations in the Family Support and Strengthening field across a range of programs, including Family Resource Centers, home visiting programs, and child development programs, the Standards are designed for use by all stakeholders—public departments, foundations, community-based organizations, and parents—for planning, providing, and assessing quality practice.

For more information on the Standards, visit <http://www.cnfsn.org/standards-of-quality.html>.

## THE PROTECTIVE FACTORS

Protective factors are conditions that, when present in families and communities, increase the health and well-being of children and families. These components are critical to ensuring that children and youth are successful at home, in school, at work, and in the community, now and as adults. Protective factors serve as buffers, helping parents who might otherwise be at risk of abusing their children to find resources, support, or coping strategies that allow them to parent effectively, even under stress.<sup>3</sup> The protective factors can be measured in a several ways:

### ***Program Assessment***

Based on experiences of and feedback from program staff, parents, program participants and community members, program assessment ensures that program elements are in place for developing and strengthening the protective factors. This program assessment tool assists in assessing program elements to determine whether the necessary elements are in place to help build the protective factors in the family.

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<sup>3</sup> Child Welfare Information Gateway <https://www.childwelfare.gov/preventing/preventionmonth/resource-guide/>, last accessed 14 August 2014

## Protective Factors Survey

Another approach to program evaluation, the *Protective Factors Survey (PFS)*,<sup>4</sup> helps determine whether the program is achieving what it should and whether protective factors are being built in families. The PFS is a 20-item measure designed for use with parents or caregivers receiving prevention services for child maltreatment, such as home visiting, parent education, and family support. A pre- and post-program survey for program participants, the PFS provides feedback to agencies for continuous improvement and evaluation purposes based on the following information:

- A snapshot of the families they serve
- Changes in protective factors
- Areas where workers can focus on increasing individual family protective factors

*The PFS is not intended for individual assessment, placement, or diagnostic purposes. Agencies should rely on other instruments for clinical use.*

Protective factors are a growing field and the number of protective factors that have been defined and operationalized is increasing. *Making Meaningful Connections: 2014 Prevention Resource Guide* has a nice synopsis of the current state of the field. It can be accessed at <https://www.childwelfare.gov/preventing/preventionmonth/resource-guide/>.

The most prevalent protective factors at use in prevention can be defined as:

<b>Family Functioning/Resiliency</b>	Having adaptive skills and strategies to persevere in times of crisis. Family's ability to openly share positive and negative experiences and mobilize to accept, solve, and manage problems.
<b>Social Emotional Support</b>	Perceived informal support (from family, friends, and neighbors) that helps provide for emotional needs.
<b>Concrete Support</b>	Perceived access to tangible goods and services to help families cope with stress, particularly in times of crisis or intensified need.
<b>Nurturing and Attachment</b>	The emotional tie along with a pattern of positive interaction between the parent and child that develops over time.
<b>Child Development/ Knowledge of Parenting</b>	Understanding and using effective child management techniques and having age-appropriate expectations for children's abilities.
<b>Social and Emotional Competence of Children*</b>	Forming secure adult and peer relationships; experiencing, regulating and expressing emotions.

\*Information for this protective factor was derived from *Core Meanings of the Strengthening Families Protective Factors* which can be found at <http://www.cssp.org/reform/strengthening-families/2013/Core-Meanings-of-the-SF-Protective-Factors.pdf>.

<sup>4</sup> FRIENDS NRC <http://friendsnrc.org/protective-factors-survey> last accessed 14 August 2014

## PARENT AND COMMUNITY ENGAGEMENT

The engagement of parents and the community— on boards, in work groups, as staff – is vital within prevention organizations. No CQI systems or evaluation processes are complete without their significant input, not just around their experience of the actual service but throughout the entire process of program design, delivery, and evaluation.

Ensure that diverse perspectives of all relevant stakeholders are represented throughout the evaluation process, including from the beginning, to:

- Reduce distrust and fear of evaluation
- Increase stakeholder awareness of and commitment to the evaluation process
- Increase the likelihood that stakeholders will adhere to subsequent recommendations that may affect their activities
- Increase the credibility of evaluation findings

### *The Role Families Play*

Families play a role in helping measure program performance through

- participating in evaluation plan design including Program Assessment
- participating on Program Assessment teams
- participating in data collection for Program Assessment

Measuring the full benefit of our programs and services helps program administrators and staff to understand the value families bring to the table and helps programs improve service provision while building protective factors in the families served.

#### **Kentucky**

Kentucky and other states are using the Peer Review process within the context of effective CQI. Parents are embraced as a part of the peer review team and are integral to the process. However, Kentucky is evolving its CQI process and seeking a more complete picture of the impact of its services. Kentucky is currently using the North Carolina Family Assessment for General Services (NCFAS-G) tool, which measures improvement in families. The SLA is seeking a way to link the measures in this tool to measuring individual protective factors in families.

#### **West Virginia**

West Virginia uses the West Virginia Family Survey (WVFS) tool to measure the protective factors in several of its family-centered programs. The State Lead Agency adapted the survey from the FRIENDS PFS to meet the needs of home visiting programs, family resource center programs, and other CBCAP-funded services. As a result, WV has been able to observe changes over time for participants enrolled in these programs, including how parents have developed competencies in the protective factors as a group. The state continues to implement parent satisfaction surveys as well to gather client input on their services.

WV also conducts peer review with many of its CBCAP funded services. The State Lead Agency and local organizations feel it provides important feedback to programs that is used to make program improvements. In the future, the state may implement a peer review process with their MIECHV In-home Family Education services.

## Section 2

### PROGRAM AND PEER REVIEW ASSESSMENTS

FRIENDS developed this program assessment tool with prevention programs in mind and to target key areas directly related to the work of CBCAP. Because this tool is in the public domain, it is an inexpensive alternative for programs as they implement program assessment as part of their evaluation plan.

#### ***Using the Tool***

The tool includes assessment items in five key areas. Some areas have subscales that are broken into specific topic areas. Programs can use the tool flexibly and choose any scales that meet their assessment needs. Assessments included in this resource are:

- Program Administration
  - General Information
  - Boards/Councils
  - Staff Roles and Capacities
  - Staff Training
- Program Services and Activities
  - General Information
  - Parenting Education
  - Child Development
  - Home Visiting
  - Center Environment
- Community Collaboration
- Continuous Quality Improvement
- Engaging, Retaining and Supporting Families
  - Parent Leadership
  - Working One-on-One with Families
  - Valuing and Supporting Families
  - Responding to Families in Crisis
  - Engaging and Retaining Fathers

The assessments (including subscales) are designed to be stand-alone tools, allowing programs to focus only on the areas of most interest. At the beginning of each key area are specific points relevant to using that section, such as places to find information, appropriate stakeholders for participation, and purpose of information assessed.

Each assessment is scored with a five-point Likert scale, an evaluation tool that elicits answers along a continuum of responses. The scale here ranges from strongly agree to strongly disagree, or a “Don’t Know” choice. A few items have a “Not Applicable” option— a choice provided only after much thought about giving programs the ability to opt out of items based on best practice knowledge. This format lends itself well to quantifying the responses. For more information on using data in evaluations, see the FRIENDS Evaluation Toolkit and the section on Putting Data To Use at <http://friendsnrc.org/evaluation-toolkit/evaluation-planning/utilizing-data>.

Stakeholders completing the assessment should choose the answer that most closely matches their opinion of how the program or agency is functioning. There are no right or wrong answers. Stakeholders who want to comment on a particular question or section can add remarks in the comments section at the end of each assessment.

The assessments include questions throughout that address culturally responsive practice, which FRIENDS defines as activities or services that are conducted and/or provided in a way that shows an understanding and respect for culture differences. This includes acknowledging differences in cultures, understanding how one’s own culture colors one’s perceptions, developing an appreciation of other cultures, and shifting practice styles to meet the needs of the clients’ cultures whenever possible. A person can never become fully competent in a culture that is not his or her own, but understanding and respecting the similarities and differences that are present is key to providing culturally sensitive and responsive services.

There is not a stand-alone assessment on cultural responsiveness in this tool. Instead, we have integrated these concepts throughout the various assessments. Agencies interested in examining their cultural responsiveness in more depth can explore the Cultural Competence Agency Self-Assessment Instrument from Child Welfare League of America at [www.cwla.org](http://www.cwla.org).



# Program Administration

This self-assessment tool will help agencies examine the administration of programs with relation to its CBCAP responsibilities. Agencies can use the entire tool or the individual subscales:

- General Information
- Boards/Councils
- Staff Roles and Capacities
- Staff Training

The rating for the items is described at the top of each subscale. For questions regarding the administration of the assessment and the scoring of the items, please see the *Use of Tool* section of *Peer Review in CBCAP*, page 18. "NA" (not applicable) should only be used when the box is clear of shading.

Answers to questions in this area may be found in various locations. For example, respondents may want to have access to items, such as program handbooks, public awareness materials, family assessments, policy and procedure documents, and meeting minutes.

## General Information Subscale

Please rank the items below using the following scale:

SA- Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Items	SA	A	N	D	SD	DK	NA
1. Program has a written vision/mission statement. <i>(Statement is consistent with the principles of strength-based and family-centered services and is culturally appropriate.)</i>							
2. The program has a policy for administering background checks for staff and volunteers.							
3. The program supports staff members by:							
a. Ensuring workers' and families' safety							
b. Ensuring that staff members have reasonable workloads							
c. Encouraging mentoring and regular communication among staff members							
d. Maximizing staff flexibility							
e. Providing wages that are consistent with experience and responsibilities							
f. Providing adequate benefits							
g. Addressing job-related stress							
h. Ensuring mechanisms are in place to report suspected child abuse and neglect							
i. Ensuring all staff are adequately trained to be culturally sensitive and responsive to the families served							
4. Staff receive ongoing supervision to monitor performance and set goals, based on their particular duties and their level of experience.							
5. Job performance reviews are conducted regularly.							

# Program Administration

## General Information Subscale *(continued)*

Please rank the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Items	SA	A	N	D	SD	DK	NA
6. Job performance reviews assess cultural sensitivity and responsiveness of employees.							
7. The program has effective monitoring and evaluation programs in place. <i>(For more information on effective monitoring and evaluation programs, visit <a href="http://www.friendsnrc.org/outcome/index.htm">www.friendsnrc.org/outcome/index.htm</a>)</i>							
<b>8. The program has evaluation components that monitor:</b>							
a. Overall service delivery that is culturally sensitive and responsive to the community and families served							
b. Cultural competence within the organization							
<b>9. The program's goals, missions, and objectives are clearly communicated for:</b>							
a. Staff							
b. Board/council							
c. Community							
10. The program uses evidence-based or evidence-informed curriculum in service delivery whenever possible.							
11. The program meets all local, state, and federal licensing, insurance, and safety standards.							
Comments on any items above:							

# Program Administration

## Boards/Councils Subscale

Please rank the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Items	SA	A	N	D	SD	DK	NA
1. The role of the board/council is clearly defined.							
2. Board/council meets on a regularly scheduled basis throughout the year.							
3. Parents that reflect the diversity of the community served (e.g. racial, ethnic, cultural, socioeconomic, family structure, etc.) comprise a significant portion of the board/council. (30% target)							
4. Parents' participation in the board/council is encouraged and supported by the agency. <i>Evidence that supports this may include orientation for parents and other committee members, leadership training and ongoing skills training, compensation for time and expenses (such as meals, transportation, and child care), background information is available for parents and committee members as needed, materials are provided in the primary language of the parent, and the board/council includes a designated contact or mentor for parents.</i>							
5. The board/council actively recruits members to ensure a broad representation of community partners.							
Comments on any items above:							

# Program Administration

## Staff Roles and Capacities Subscale

Please rank the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Items	SA	A	N	D	SD	DK	NA
1. Hiring practices are sensitive to the diversity of the community served.							
2. Hiring practices examine the applicant's experience, competence, and sensitivity in working with different races and cultures.							
3. The program strives to create a diverse staff that reflects the racial, ethnic, and cultural heritage of the families being served.							
4. Staff are adequately prepared to do the tasks required of them.							
5. Staff are aware of their responsibilities and how these are linked to the stated mission, goals, and outcomes of the program.							
6. Staff work together as a team.							
7. Staff is encouraged to give input through:							
a. Team meetings							
b. Group problem-solving							
c. Participating on committees							
8. Expectations and job responsibilities are clearly communicated to staff through:							
a. Initial orientation							
b. Written job descriptions							
c. Regular supervision							
d. Clear organizational chart							
e. Written personnel policies made accessible to all staff							
9. Staff are knowledgeable about:							
a. Child development							
b. Knowledge and skills parents need to promote healthy development in children							
c. Culturally sensitive and responsive services in the community							
d. Other services in the community							
e. The experiences of families using other services in the community							

# Program Administration

## Staff Roles and Capacities Subscale (continued)

Please rank the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Items	SA	A	N	D	SD	DK	NA
f. Strength-based approaches to supporting families							
g. Mandated reporting requirements							
<b>10. At least one staff member has skills in:</b>							
a. Facilitating parent-child activities and family events							
b. Early childhood education and childcare							
c. Home visiting							
d. Facilitating support groups							
e. Counseling							
f. Crisis management							
g. Parent leadership							
h. Advocacy							
i. Resource and referral							
j. Respite							
k. Fatherhood							
l. Community outreach							
m. Parent education							
n. Teen parenting							
o. Housing							
p. Other: <i>(Please specify)</i>							
<b>11. Staff provide an environment that encourages:</b>							
a. Parents to take the lead in making decisions about the family							
b. Families to set the agenda and priorities for services							
c. Family members to identify options and resources for addressing family priorities							

# Program Administration

## Staff Roles and Capacities Subscale *(continued)*

Please rank the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Items	SA	A	N	D	SD	DK	NA
d. Supporting family decisions as appropriate							
e. Families to set the pace at which they handle issues							
f. Respectful, culturally sensitive, and responsive relationships with families							
g. Families to recognize steps taken and acknowledge accomplishments							
12. Mechanisms are in place for staff who work with the same family to regularly share information while ensuring confidentiality.							

Comments on any items above:

# Program Administration

## Staff Training Subscale

Please rank the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Items	SA	A	N	D	SD	DK	NA
1. Staff are provided with professional development and training opportunities that are necessary for their work.							
2. All staff are provided initial training in:							
a. Principles of family support							
b. Working with the entire family in a culturally sensitive and responsive manner							
c. Assisting families in identifying and building on strengths and capacities							
d. Working collaboratively within the community							
e. Working collaboratively with diverse populations							
f. Document and record keeping							
g. Cultural competency							
h. Worker safety							
i. Recognizing risk factors							
j. Recognizing warning signs of domestic violence							
k. Providing services that are culturally sensitive and responsive							
3. All staff are provided ongoing training in:							
a. Principles of family support							
b. Working with the entire family in a culturally sensitive and responsive manner							
c. Assisting families in identifying and building on strengths and capacities							
d. Working collaboratively within the community							
e. Working collaboratively with diverse populations							
f. Document and record keeping							
g. Cultural competency							
h. Worker safety							
i. Recognizing risk factors							

# Program Administration

## Staff Training Subscale (continued)

Please rank the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Items	SA	A	N	D	SD	DK	NA
j. Recognizing warning signs of domestic violence							
k. Providing services that are culturally sensitive and responsive							
Comments on any items above:							

# Program Services and Activities

This self-assessment tool will help agencies examine the program services and activities with relation to its CBCAP responsibilities. Agencies can use the entire tool or the individual subscales:

- General Information
- Parenting Education
- Child Development
- Home Visiting
- Center Environment

The rating for the items is described at the top of each subscale. For questions regarding the administration of the assessment and the scoring of the items, please see the *Use of Tool* section of *Peer Review in CBCAP*, page 18. "NA" (not applicable) should only be used when the box is clear of shading.

## General Information Subscale

Please rank the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Items	SA	A	N	D	SD	DK	NA
1. Program activities and services are responsive to the identified needs and interests of families.							
2. Program activities and services are meeting the needs of families in a culturally sensitive manner.							
3. Families have opportunities to build relationships and informal networks with other families in the program through:							
a. Social activities							
b. Parent/child activities							
c. Peer mentoring ( <i>formal or informal processes</i> )							
d. Informal conversations							
e. Other:							
4. Activities and services offer a variety of ways to learn and practice skills in a culturally sensitive and responsive manner, such as:							
a. Workshops or classes							
b. Discussion/support groups							
c. Parent/child activities							
d. Home visits							
e. Counseling/coaching							

# Program Services and Activities

## General Information Subscale (continued)

Please rank the items below using the following scale:

SA- Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD- Strongly Disagree    DK- Don't Know

Items	SA	A	N	D	SD	DK	NA
f. Peer mentoring and other mentoring							
g. Educational materials							
h. Volunteer opportunities							
i. Parent leadership							
j. Parenting education							
k. Other:							
5. When appropriate, quality childcare, respite care, or children's activities are provided to facilitate parents' participation in services.							
6. While some of the activities are time-limited, the program offers opportunities for ongoing participation. (Examples of this may include volunteering, family social events, serving as board members and co-leaders, etc.)							
7. The program involves families who require accommodations by: <i>Note: Those requiring accommodations can be defined as anyone requiring specialized supports. Some examples of this may be parents of young children who need stroller access, persons who have inflexible work schedules, persons requiring translation, persons with special health or physical needs in accessing services, etc.</i>							
a. Ensuring facilities are accessible to all							
b. Supporting parents advocating for the special needs of a child or adult (such as needs for education, services, and access)							
c. Linking with other service providers who have the appropriate specialized services							
d. Ensuring activities are flexible and accommodating to all whenever possible							
e. Other:							
8. When needed, staff link or refer families to others who provide:							
a. Childcare/respite care							
b. Healthcare							
c. Mental health/counseling							

# Program Services and Activities

## General Information Subscale (continued)

Please rank the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Items	SA	A	N	D	SD	DK	NA
d. Drug and alcohol treatment							
e. Housing/shelter							
f. Food							
g. Clothing							
h. Economic supports							
i. Transportation							
j. Emergency/crisis resources							
k. General Equivalency Diploma (GED)							
l. Continuing education							
m. English as a Second Language (ESL) services							
n. Job training/employment counseling							
o. Legal issues							
p. Domestic violence							
q. Child welfare							
r. Developmental disabilities/screening							
s. Other:							
<b>9. Staff help families address barriers to accessing services, such as:</b>							
a. Lack of transportation							
b. Lack of childcare							
c. Inability to pay for program services							
d. Inability to pay for community services							
e. Lack of access to telephone or computers							
f. Difficulty filling out applications							
g. Difficulty demonstrating eligibility							
h. Language/literacy issues and lack of access to interpreters							



# Program Services and Activities

## Parenting Education Subscale

Please rank the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Items	SA	A	N	D	SD	DK	NA
<b>1. The program provides parents' opportunities to learn about child development, including:</b>							
a. General principles of positive parenting							
b. Appropriate expectations of their children							
c. Activities to engage in with their children							
d. Being sensitive to their children's cues and signals							
e. Age-appropriate discipline techniques							
f. Approaches that are culturally responsive to the families served							
g. Other:							
<b>2. The program helps participants:</b>							
a. Examine their values and behaviors							
b. See how their own childhood experiences effects their present family interactions							
c. Set goals for their family							
d. Recognize their strengths and abilities as parents							
e. Feel more confident about their parenting skills							
f. Explore cultural traditions and expectations about parenting							
g. Other:							
<b>3. The program provides opportunities for participants to develop and enhance:</b>							
a. Self-esteem							
b. Self-control							
c. Decision-making skills							
d. Communication skills							
e. Ability to access and use resources							

# Program Services and Activities

## Parenting Education Subscale (continued)

Please rank the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Items	SA	A	N	D	SD	DK	NA
f. Goal-setting skills							
g. Ability to manage stress							
h. Other:							
<b>4. The program provides opportunities that:</b>							
a. Strengthen parent-child relationships							
b. Enhance parent-child communication							
c. Allow parents and children to learn together							
d. Help families resolve conflicts							
e. Allow parents and children to discuss experiences involving discrimination							
f. Other:							
<b>5. Parents and caregivers have opportunities to observe their child interacting with other children and staff in the program.</b>							
<b>6. Program staff:</b>							
a. Model appropriate parenting techniques							
b. Coach parents and caregivers about how to interact effectively with their children							
c. Are knowledgeable about the parenting practices of different cultures and ethnic groups in their community.							
d. Respectfully reach out to parents to share their concerns about the children and parenting practices with the family.							
e. Other:							
<b>Comments on any items above:</b>							

# Program Services and Activities

## Child Development Subscale

Please rank the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Items	SA	A	N	D	SD	DK	NA
<b>1. The program provides opportunities for caregivers to learn about child development, including:</b>							
a. General principles of positive parenting							
b. Appropriate expectations of their children <i>(in areas such as bed wetting, eating habits, and discipline)</i>							
c. Activities to engage in with their children							
d. Sensitivity to their children's cues and signals <i>(in areas such as potty training, feeding and sleeping patterns)</i>							
e. Age-appropriate discipline techniques							
f. Other:							
<b>2. Children's activities:</b>							
a. Are fun, interesting, and educational							
b. Are age-appropriate							
c. Encourage problem-solving							
d. Enhance cultural appreciation							
e. Provide opportunities to succeed							
f. Provide opportunities for creativity and exploration							
g. Other:							
<b>Services for families with children from birth to age 5:</b>							
<i>If this section is not applicable, proceed to question 5.</i>							
<b>3. The children's component of the program provides culturally sensitive and responsive opportunities for children to develop:</b>							
a. Self-esteem							
b. Language skills							
c. Social skills							
d. Basic communication skills							
e. Motor skills							

# Program Services and Activities

## Child Development Subscale (continued)

Please rank the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Items	SA	A	N	D	SD	DK	NA
f. Cognitive development							
g. Other:							
<b>4. The program provides services or referrals for families in:</b>							
a. Developmental screenings ( <i>health, early intervention</i> )							
b. Play groups							
c. Childcare and early childhood education							
d. Parent-child activities							
e. Enhanced parent-child communication							
f. Other:							
<b>Services for families with children age 6 and up:</b> <i>If this section is not applicable, proceed to question 7.</i>							
<b>5. The children's component of the program provides culturally sensitive and responsive opportunities for children to develop:</b>							
a. Sense of personal responsibility							
b. Goal-setting skills							
c. Sense of accomplishment and belonging							
d. Critical thinking and problem-solving skills							
e. Communication and negotiation skills							
f. Enhanced parent-child communications							
g. Other:							
<b>6. Activities for children are culturally appropriate and include:</b>							
a. Social and recreational activities							
b. Learning and educational activities							

# Program Services and Activities

## Child Development Subscale *(continued)*

Please rank the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Items	SA	A	N	D	SD	DK	NA
c. Parent-child activities							
d. Other:							
<b>7. The program offers parenting education and/or appropriate referrals that address information in:</b>							
a. Social and emotional development							
b. Cognitive development							
c. Physical development							
d. Parent-child communication							
<b>Comments on any items above:</b>							

# Program Services and Activities

## Home Visiting Subscale

Please rank the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Items	SA	A	N	D	SD	DK	NA
1. Home visits are scheduled at times convenient for the family.							
2. To meet the family's needs and concerns, home visits are flexible.							
3. Families and home visitors are partners and together determine the content and duration of the visits.							
4. Home visitors are respectful of family circumstances and living conditions.							
5. Home visitors are respectful of the child-rearing practices and customs of individual families.							
6. Home visitors speak the primary language of the family or have access to translators.							
7. Home visitors acknowledge all caregivers and household members.							
8. Home visitors are able to interact with children, caregivers, and household members in a culturally sensitive and responsive manner.							
9. Home visitors are able to respond in a culturally sensitive manner to a wide range of family concerns, including but not limited to:							
a. Child and parental health and safety							
b. Child and adolescent development							
c. Parenting and child rearing							
d. Family relationships							
e. Setting personal and family goals							
f. Life skills							
g. Communication skills							
h. Accessing local resources							
i. Interactions with local institutions (e.g., schools and health centers)							
j. Issues of racism and discrimination							
k. Family crises							
l. Other:							

# Program Services and Activities

## Home Visiting Subscale (continued)

Please rank the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Items	SA	A	N	D	SD	DK	NA
<b>10. Home visitors are knowledgeable about:</b>							
<b>a. Community resources</b> <i>(e.g., formal/informal networks, local events, customs, etc.)</i>							
<b>b. Child abuse and neglect reporting requirements</b>							
<b>c. Indicators of protective factors</b> <i>(These include nurturing and attachment, parental resilience, social connections, knowledge of parenting and child and youth development, concrete supports)</i>							
<b>d. Indicators of risk factors</b> <i>(These include poverty and unemployment, social isolation, lack of social supports, violence in communities, domestic violence, substance abuse, young parents, family history of abuse, life stressors, families with disabilities, mental health issues, lack of resources)</i>							
<b>e. Indications of child abuse, domestic violence, depression, and substance abuse</b>							
<b>f. Problem solving and conflict resolution</b>							
<b>g. Positive parenting techniques</b>							
<b>h. Child development and developmental delays</b>							
<b>i. Other:</b>							
<b>11. Home visitors:</b>							
<b>a. Are responsive to parents' concerns</b>							
<b>b. Link parents to culturally appropriate community resources</b>							
<b>c. Make referrals to appropriate services</b>							
<b>d. Act as parents' advocates with community agencies</b>							

# Program Services and Activities

## Home Visiting Subscale *(continued)*

Please rank the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Items	SA	A	N	D	SD	DK	NA
e. Encourage parents to advocate for themselves							
f. Model appropriate behavior and interactions							
g. Accompany families to appointments, if asked							
h. Arrange for appropriate childcare, respite care, or transportation if needed							
i. Encourage parents to participate in group activities, events, or workshops with other families within the community							
j. Share information with families on relevant topics, issues, and concerns							
k. Are accessible to families between visits							
l. Other:							
<b>12. Home visitors receive:</b>							
a. Scheduled formal supervision							
b. Supervisor and peer support as needed							
c. Regularly scheduled trainings and educational opportunities <i>(recommended quarterly minimum)</i>							
d. Regular training in cultural responsiveness appropriate to the target population							
<b>13. Parents in home visiting programs are routinely encouraged to provide input into:</b>							
a. Service planning							
b. Implementation of services							
c. Evaluation of services							
d. Participation on advisory boards							
Comments on any items above:							

# Program Services and Activities

## Center Environment Subscale

Please rank the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Items	SA	A	N	D	SD	DK	NA
1. Families are greeted as they come in the door.							
2. Center makes appropriate culturally sensitive and responsive information readily available to families. (This may include such information as services available, hours of operation, fee schedule, names and phone numbers of key staff, etc.)							
3. The center has flexible scheduling and operating hours to reflect the needs of the families being served (e.g., employment or education schedules).							
4. The center and its environment are:							
a. Inviting and comfortable							
b. Reflective of the community and cultures it serves							
c. Reflective of cultural diversity							
d. Reflective of confidentiality							
e. Properly child-proofed							
f. Clean and well maintained							
5. The center includes:							
a. A welcoming reception area							
b. Space for caregivers to gather informally							
c. Group meeting space							
d. A place to prepare and eat meals							
e. A private area for confidential discussions							
f. A play/activity area for children							
g. An area in which children and caregivers can participate in activities together							
h. Adequate work space for staff							
i. A secure location for document storage							
j. Infant changing tables							
k. Resource/library area							
l. Food pantry							

# Program Services and Activities

## Center Environment Subscale *(continued)*

Please rank the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Items	SA	A	N	D	SD	DK	NA
m. Clothing closets							
n. Other:							
<b>6. The program is:</b>							
a. Easy to find ( <i>signs posted inside and out, as appropriate</i> )							
b. Located near public transportation and/or has parking available							
c. Located in a well-lit area							
d. Located in a community of need							
e. Maintained as a safe haven in the community							
f. Provides appropriate security measures							
<b>7. The children's activity area is arranged with learning centers that:</b>							
a. Allow children to make choices							
b. Encourage cooperative social interactions							
c. Capitalize on children's individual interests							
d. Are appropriate for a wide range of developmental capabilities							
e. Are cleaned and sanitized according to a regular schedule							
f. Other:							
<b>Comments on any items above:</b>							

# Community Collaboration

This self-assessment tool will help programs examine the roles of their organization within the community. It will analyze their ability to work cooperatively with other organizations, knowledge of available community resources and the ability to access those resources, as appropriate.

The rating for the items is described at the top of each subscale. For questions regarding the administration of the assessment and the scoring of the items, please see the *Use of Tool section of Peer Review in CBCAP*

## General Information Subscale

Please answer the items below using the following scale:

SA- Strongly Agree A-Agree N-Neutral D-Disagree SD- Strongly Disagree DK- Don't Know

Question	SA	A	N	D	SD	DK	NA
1. The program connects participants with appropriate community organizations/ resources by working with families to identify interests and needs.							
2. The program works to promote comprehensive and accessible services for families by:							
a. Advocating for local, state and federal-level policy changes that will promote better services for families							
b. Working with other service providers to increase understanding of and ability to relate to families of different cultural backgrounds							
3. The program works to promote comprehensive and accessible services for families by participating in collaborative planning bodies.							
4. The agency works to encourage community partnerships with public and private agencies.							
5. The agency consistently updates resource and referral information available within the community on:							
a. Education							
b. Healthcare							
c. Domestic violence							
d. Substance abuse							
e. Child welfare							
f. Mental health							
g. Immigration							
h. Childcare							
i. Housing							
j. Legal and Financial Services							
k. Other services affecting families: <i>(Please specify)</i>							

# Community Collaboration

## General Information Subscale *(continued)*

Please answer the items below using the following scale:

SA- Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD- Strongly Disagree    DK- Don't Know

Question	SA	A	N	D	SD	DK	NA
<b>6. The agency coordinates with local, public and private service providers and networks to:</b>							
a. Develop and streamline effective referral processes so that families get connected to needed resources in a timely manner							
b. Recognize, address and reduce or resolve competing/conflicting demands on families							
c. Assess gaps in services and designs plans to address those gaps							
d. Encourage and develop effective strategies to partner with family representatives ( <i>ie: participants or former participants</i> ) in efforts to strengthen the community's knowledge and capacity to serve families							
<b>7. The program works to ensure that community partnerships are:</b>							
a. Representative of the community							
b. Inclusive of the range of community resources for children and families							
c. Knowledgeable of cultural issues facing the families they serve							
<b>8. The agency updates their community partnership about new and/or related initiatives, funding opportunities and resources for families.</b>							
<b>9. The community demonstrates its support of the program by providing resources such as financial support, in-kind donations, and referrals for services.</b>							
<b>10. The program connects participants with other community organizations by:</b>							
a. Providing information or presentations on activities, events and services available within the community							
b. Providing appropriate referrals to meet their identified needs							
c. Encouraging participants to be active in neighborhood institutions such as churches, block clubs, play groups, cooperatives, etc.							
d. Identifying leadership opportunities within the community and encouraging participation							

# Community Collaboration

## General Information Subscale (continued)

Please answer the items below using the following scale:

SA- Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD- Strongly Disagree    DK- Don't Know

Question	SA	A	N	D	SD	DK	NA
e. Participating in community activities, fairs, celebrations, etc.							
f. Other:							
<b>11. The program and its participants engage in community-building activities such as:</b>							
a. Health and resource fairs							
b. Cultural celebrations							
c. Participating in school events							
d. Town hall meetings with public officials							
e. Community advocacy/self-advocacy							
f. Meeting with the media to promote coverage of community issues							
g. Fostering dialogue among groups within the community							
h. Other:							
<b>12. The program serves as a resource for the whole community by:</b>							
a. Sponsoring events for all families							
b. Providing resources or space for community events, meetings or organizing							
c. Distributing community news or information							
d. Other:							
<b>13. The program develops strong working relationships with other key providers of services and programs by:</b>							
a. Providing staff cross-training							
b. Coordinating scheduling of events							
c. Establishing an agreed-upon philosophy for practice							
d. Developing common referral intake forms and information-sharing protocols (For example: eligibility, key contacts, specific service agreements with service availability)							
e. Other:							

# Community Collaboration

## General Information Subscale (continued)

Please answer the items below using the following scale:

SA- Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD- Strongly Disagree    DK- Don't Know

Question	SA	A	N	D	SD	DK	NA
<b>14. The program adapts to:</b>							
<b>a. Changing needs of families and the community</b>							
<b>b. Cultural/ethnic changes in the community</b>							
<b>c. Economic and social trends</b>							
<b>d. Other:</b>							
<b>Comments on any items above:</b>							

# Continuous Quality Improvement (CQI)

This self-assessment tool will help identify the strengths and needs related to creating and/or maintaining a CQI environment to allow for stronger evaluation. Unlike the previous tools, FRIENDS recommends completing all sections of this tool in one round of peer review so as to gain a full picture of your CQI process and environment. This domain is therefore broken into sections and not subscales.

The rating for the items is described at the top of each subscale. For questions regarding the administration of the assessment and the scoring of the items, please see the *Use of Tool* section of *Peer Review in CBCAP*, page 18. "NA" (not applicable) should only be used when the box is clear of shading.

Please rank the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

## Section 1 – Understanding of Participant Needs and Desires

Items	SA	A	N	D	SD	DK	NA
1. Community needs are understood before services are planned.							
2. The target population and its needs and desires are clearly identified. <i>(This would include cultural needs.)</i>							
3. Participant satisfaction is measured formally on a routine basis. <i>(Using surveys, comment box, etc.)</i>							
4. Participant satisfaction is measured informally on a routine basis. <i>(Using interviews, casual observations, discussions with staff and consumers, etc.)</i>							
5. Staff has empathy for and understanding of families from different cultures.							
6. Services are designed to meet the needs of families of different cultural backgrounds as identified in the community needs assessment.							

Comments on any items above:

# Continuous Quality Improvement (CQI)

Please rank the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

## Section 2 – Evidence-Based (EB) and Evidence-Informed (EI) Programs and Practices

Items	SA	A	N	D	SD	DK	NA
<b>1. The concept of EB and EI Programs and Practices is understood by:</b>							
a. Participants							
b. Staff							
c. Board/council members							
d. Funders							
e. Other key stakeholders <i>(Please specify):</i>							
<b>2. The value and importance of using EB and EI Programs and Practices is recognized by:</b>							
a. Participants							
b. Staff							
c. Board/council members							
d. Funders							
e. Other key stakeholders <i>(Please specify):</i>							
<b>3. In selecting EB and/or EI Programs and Practices, the target population's language, ethnicity, and cultural background are considered.</b>							
<b>4. The program is offering EB and/or EI Programs and Practices.</b>							
<b>5. The core components of the EB and/or EI Programs and Practices have been identified and are being implemented and monitored for fidelity.</b>							
<b>Comments on any items above:</b>							

# Continuous Quality Improvement (CQI)

Please rank the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

## Section 3 – Logic Model

A logic model is a map of the program. It is a simple, straight-forward illustration of what the program does, why the program does it, and how observers will know if the program is successful. There is a wide variety of logic model formats, but most have the same key components.

For more information on logic models, please visit FRIENDS Evaluation Toolkit at <http://www.friendsnrc.org/evaluation-toolkit>.

Items	SA	A	N	D	SD	DK	NA
<b>1. The assumptions the program makes about why services should be effective appear valid.</b> <i>(Assumptions, also referred to as underlying theory or rationale, should include a statement of the target population's needs, existing research base, practice-based evidence, and the context of the program.)</i>							
<b>2. The agency has a logic model for each of its funded programs.</b>							
<b>3. The logic model includes well-defined:</b>							
<b>a. Vision statement</b> <i>(also referred to as a long-term goal or long-term impact).</i>							
<b>b. Description of population served, including its needs and desires, which were identified in the comprehensive needs assessment.</b>							
<b>c. Outcomes and indicators that are directly linked to services/activities.</b> <i>(Outcomes can also be referred to as goals or objectives. Indicators can also be referred to as performance objectives, performance targets, or objectives. For more information, please refer to FRIENDS Evaluation Toolkit referenced above.)</i>							
<b>d. Services to be delivered, including the "dose" of services (duration and intensity) and the targeted number of participants.</b>							
<b>e. Resources to provide the services are:</b> <i>(also referred to as inputs or investments)</i>							
<b>1) Identified</b>							
<b>2) Adequate</b>							

# Continuous Quality Improvement (CQI)

Please rank the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Items	SA	A	N	D	SD	DK	NA
4. Outcomes identified in the logic model relate to the agency's mission and values.							
5. The logic model is reviewed and revised as needed.							

Comments on any items above:

## Section 4 – Evaluation Activities

1. The program has a documented evaluation plan.							
2. The evaluation plan includes a mechanism to evaluate the program's cultural sensitivity and responsiveness.							
3. The evaluation plan was developed in partnership with participants, staff, and other stakeholders, including community elders.							
4. Evaluation tools adequately measure program indicators described in the logic model.							
5. Process/implementation measures are included in the evaluation plan. <i>(Process/implementation measures examine the way services are conducted, allowing for quality evaluation between providers, locations, and fidelity to model issues.)</i>							
6. There is an established plan for data management. <i>(data entry and storage)</i>							
7. Staff who administer the evaluation tools have been trained to conduct the evaluations.							
8. There are specified timelines for administering, reviewing, and sharing evaluation findings.							
9. Informal evaluation is a daily activity that is effectively documented for inclusion in the data summary. <i>(Informal evaluation activities include self-observations, direct or indirect feedback from participants, staff, funders, and other stakeholders, debrief sessions, supervision observations, staff communication.)</i>							

# Continuous Quality Improvement (CQI)

Please rank the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Items	SA	A	N	D	SD	DK	NA
<b>10. Quantitative data is collected.</b> <i>(Examples include scaled responses to measurement tools, counts of families participating in services, or number of visits a family received)</i>							
<b>11. Qualitative data is collected.</b> <i>(Examples include group or case notes, checklist items, comments on a standardized measurement tool, supervision notes, or staff observations)</i>							
<b>12. Participants are given full disclosure about the evaluation, their participation, and the intended use of the data.</b>							
<b>13. Data shared is compliant with agency privacy policies.</b>							
<b>14. Results of the evaluation data are reviewed by a committee of staff, participants, and stakeholders for recommendations prior to final reporting.</b>							
<b>15. Evaluation reports are prepared and disseminated to key stakeholders, funders, staff, and participants.</b>							
<b>16. The evaluation plan is updated as needed.</b>							
<b>Comments on any items above:</b>							
<b>Section 5 – Standardizing Policies and Procedures</b>							
<b>1. Each program has a policies and procedures manual.</b>							
<b>2. The target population and a statement of its needs and desires are clearly spelled out in the policies and procedures manual.</b>							
<b>3. The manual includes:</b>							
<b>a. Administrative forms related to that program</b> <i>(i.e., class rosters, intake forms, checklists, etc.)</i>							

# Continuous Quality Improvement (CQI)

Please rank the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Items	SA	A	N	D	SD	DK	NA
b. Program-specific policies							
c. Policies related to cultural sensitivity and responsiveness							
d. Policies related to parent leadership							
e. Guidelines for initial and ongoing training of staff							
f. Precise description of how services are delivered							
g. Employee and volunteer job descriptions							
h. Program's logic model and evaluation plan							
4. Staff are knowledgeable about policies and procedures.							
5. Participants have the knowledge and ability to access all program policies and procedures.							
6. Policies and procedures are supportive of the agency's program goals and objectives.							
7. CQI activities are defined and explained as an expectation in the policy manual.							
8. Manual is reviewed and updated as needed.							
Comments on any items above:							
<b>Section 6 – Trained and Supported Staff</b>							
1. Job descriptions include details of staff and volunteer roles in implementing the program.							
2. Staff supervision includes time for informal and formal evaluation of staff performances and participant outcomes.							
3. The staff meets as a team on a regular basis to share and dialogue.							

# Continuous Quality Improvement (CQI)

Please rank the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Items	SA	A	N	D	SD	DK	NA
4. The Board/Council meets regularly with the program director and appropriate staff.							
5. Adequate pre-service training is available to:							
a. Line Staff							
b. Supervisors							
c. Volunteers							
6. Routine in-service training is available to:							
a. Line Staff							
b. Supervisors							
c. Volunteers							
7. A grievance process is in place in the event conflicts occur.							
Comments on any items above:							

## Section 7 – Data-Driven Decision Making

1. The team responsible for analyzing and reviewing data receives input and support from staff, participants, and other stakeholders.							
2. The team reviews, analyzes, discusses data, and makes suggestions for improvements.							
3. Decisions for change are based on all data, including financial resources and agency capacity.							
4. Improvement plans are documented, prioritized, and reviewed regularly.							
5. Program improvement goals are reflected in all relevant documents. <i>(logic models, policy and procedural manuals, evaluation plan, etc.)</i>							

# Continuous Quality Improvement (CQI)

Please rank the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Items	SA	A	N	D	SD	DK	NA
<b>6. Participants, staff, funders, and other relevant stakeholders are notified of the program improvement:</b>							
<b>a. Goals</b>							
<b>b. Progress</b>							
<b>7. Successes are reported and celebrated.</b>							

Comments on any items above:

## Section 8 – Safe and Supported Environment

<b>1. Formal evaluation processes include an explanation to participants on why the information is requested and how it will be used.</b>							
<b>2. Staff and participants' privacy is respected during evaluation activities.</b>							
<b>3. All staff, including line staff, volunteers, and supervisors, feel comfortable expressing concerns and suggestions. (This may be demonstrated through self-reporting and sharing.)</b>							
<b>4. Participants feel comfortable expressing concerns and suggestions. (This may be demonstrated through self-reporting and sharing.)</b>							

Comments on any items above:

# Continuous Quality Improvement (CQI)

Please rank the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

## Section 9 – System-wide Support of CQI

Items	SA	A	N	D	SD	DK	NA
1. As needed, the agency's mission and values are reviewed and revised with input from appropriate stakeholders.							
2. The agency supports creating and maintaining a CQI environment, including providing the necessary resources and infrastructure.							
3. The board/council supports creating and maintaining a CQI environment, including providing the necessary resources and infrastructure.							
4. The agency models CQI in its administrative functions.							
5. Staff and volunteers understand and support the need for a CQI process.							
6. Participants understand and support the need for a CQI process.							
Comments on any items above:							

# Continuous Quality Improvement (CQI)

# Engaging, Retaining, and Supporting Families

This self-assessment tool will help agencies examine how programs engage, retain, and support the families they are tasked with serving under their CBCAP responsibilities. Agencies can use the entire tool or the individual subscales:

- Parent Leadership
- Working One-on-One with Families
- Valuing and Supporting Families
- Responding to Families in Crisis
- Engaging and Retaining Fathers

The rating for the items is described at the top of each subscale. For questions regarding the administration of the assessment and the scoring of the items, please see the *Use of Tool* section of *Peer Review in CBCAP*, page 18. "NA" (not applicable) should only be used when the box is clear of shading.

Answers to questions in this area may be found in various locations. For example, respondents may want to have access to items such as program handbooks, policy and procedure documents, and any relevant evaluation materials.

## Parent Leadership Subscale

This Parent Leadership section measures how well a program develops, implements, and internalizes parent leadership. In order to embrace parent leadership, a program must operate with a philosophy that creates opportunities for parents to grow and develop.

Parent leadership begins when programs support and encourage the development of leadership skills in parents and eliminate barriers to active parent participation. Parent leadership occurs along a continuum of involvement, engagement, and partnership and can affect parents and agencies to varying degrees. Meaningful parent leadership can be identified where parents and programs work together to improve and deliver program services, promote parent engagement, and advocate for policies that ensure strong and healthy families.

Parent leaders represent the needs and perspectives of parents and serve as a parent voice to help shape the direction of their families and communities. Any parent can be a parent leader.

**Please rank the items below using the following scale:**

**SA- Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD- Strongly Disagree    DK- Don't Know**

Items	SA	A	N	D	SD	DK	NA
<b>1. The program provides training on parent leadership principles and core philosophy for:</b>							
<b>a. Administrators</b>							
<b>b. Volunteers</b>							
<b>c. Staff</b>							
<b>d. Board/council members</b>							

# Engaging, Retaining, and Supporting Families

## Parent Leadership Subscale (continued)

Please rank the items below using the following scale:

SA- Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD- Strongly Disagree    DK- Don't Know

Items	SA	A	N	D	SD	DK	NA
e. Parents/caregivers							
2. The program has adopted principles, goals, and objectives that emphasize the importance of parent leadership.							
3. Program policies provide parents with leadership opportunities as a standard of practice.							
4. Parent leadership opportunities are embedded in all aspects of service delivery.							
5. Parents are active members on program committees, councils, and boards.							
6. The program has a parent leadership development plan that provides for continued individual growth and expansion of leadership skills and opportunities.							
7. Parents are provided a range of opportunities for contributing to the program, including:							
a) Program planning							
b) Program review and evaluation							
c) Developing and adapting curriculum							
d) Programming decisions							
e) Program outreach							
f) Co-facilitating and/or facilitating activities							
g) Greeting or orienting new participants							
h) Fundraising							
i) Volunteering in various areas							
j) Creation of promotional materials							
k) Program awareness							
l) Parent recruitment							
m) Other:							

# Engaging, Retaining, and Supporting Families

## Parent Leadership Subscale (continued)

Please rank the items below using the following scale:

SA- Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD- Strongly Disagree    DK- Don't Know

Items	SA	A	N	D	SD	DK	NA
8. Parents who take leadership roles within the program are representative of the larger community in terms of race, culture, language, and education.							
9. The program promotes and models parent leadership in a number ways by:							
a. Including parents in meetings with organizational partners							
b. Including parents in strategic planning sessions							
c. Including parent input on RFP designs							
d. Including parent input during the planning and design phase of new programs or services							
e. Using teams of parent leaders and staff to co-present at conferences and meetings							
f. Encouraging and supporting parents in serving on community boards and committees at the local, state, and national levels							
10. The program actively encourages the adoption of policies at the federal, state, county, or other jurisdictional level that support parent leadership.							
11. Parent leaders are encouraged to participate in community advocacy.							
12. Parent leaders are encouraged to inform, educate, and engage their peers and other community members in topics they are interested in.							
13. Program provides individual feedback and recognizes parents' leadership accomplishments.							
14. Evaluation and monitoring of the program includes measures of the program's success in building parent leadership.							

# Engaging, Retaining, and Supporting Families

## Parent Leadership Subscale (continued)

Please rank the items below using the following scale:

SA- Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD- Strongly Disagree    DK- Don't Know

Items	SA	A	N	D	SD	DK	NA
15. The program devotes resources, including money and staff time, to promoting parent leadership.							
16. The program policy manual reflects the responsibilities and value of parent leaders.							
17. The program uses a variety of strategies to identify and recruit parents to participate in leadership and advisory roles.							
18. The program intentionally and meaningfully engages both mothers and fathers as parent leaders.							
19. Program services, activities, and parent leadership opportunities are geared toward both mothers and fathers.							
20. The program recognizes the specific achievements and contributions of parent leaders:							
a. Internally within the organization							
b. Externally within the community							
21. The program has established a mechanism to provide adequate resources for parent leaders, such as:							
a. Stipends							
b. Assistance with transportation							
c. Childcare							
d. Providing meals when appropriate							
e. Translation/interpretation services							
f. Access for persons with special needs							
g. Specialized training							
h. Other:							

# Engaging, Retaining, and Supporting Families

## Parent Leadership Subscale (continued)

Please rank the items below using the following scale:

SA- Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD- Strongly Disagree    DK- Don't Know

Items	SA	A	N	D	SD	DK	NA
<b>22. The program reduces barriers to parent leadership by holding meetings that are at a:</b>							
<b>a. Convenient or appropriate time for parents</b>							
<b>b. Safe and accessible location</b>							
<b>23. Roles and expectations are clearly communicated to parent leaders.</b>							
<b>24. The program ensures that all information shared with parents is free of jargon and can be easily understood.</b>							
<b>25. The program maintains a listing of parent leaders and their skills to support the program.</b>							
<b>26. The program supports and benefits from more than one parent leader where it is feasible.</b>							
<b>27. The program provides ongoing skill development opportunities for all parents by:</b>							
<b>a. Providing internal trainings</b>							
<b>b. Sponsoring their attendance at conferences, workshops, or trainings</b>							
<b>c. Providing access to publications and other pertinent materials</b>							
<b>d. Providing access to information shared at meetings</b>							
<b>e. Providing peer mentors</b>							
<b>f. Providing constructive feedback</b>							
<b>g. Offering training and support in advocating for issues important to them</b>							
<b>h. Other:</b>							
<b>28. The program connects with all parents in multiple ways, including:</b>							
<b>a. Electronic communication (e-mail, text, Twitter)</b>							
<b>b. Non-electronic communication (handouts, traditional mail, brochures)</b>							
<b>c. Feedback opportunities (surveys, focused discussions)</b>							

# Engaging, Retaining, and Supporting Families

## *Parent Leadership Subscale (continued)*

Please rank the items below using the following scale:

SA- Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD- Strongly Disagree    DK- Don't Know

Items	SA	A	N	D	SD	DK	NA
d. Informal opportunities for staff and parents to exchange ideas.							
e. Formal opportunities for staff and parents to exchange ideas.							
Comments on any items above:							

# Engaging, Retaining, and Supporting Families

## Working One-on-One with Families Subscale

This section measures programs' individualized work with families. If programs are doing a good job in this area, they will be meeting the outcome that families are served in a respectful, non-judgmental way and work as equal partners with staff in achieving successful outcomes.

Please rank the items below using the following scale:

SA- Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD- Strongly Disagree    DK- Don't Know

Items	SA	A	N	D	SD	DK	NA
<b>1. Programs demonstrate respect, responsiveness, and support of families through access to or referral for:</b>							
a. Culturally sensitive services							
b. Linguistically sensitive services							
c. Convenient hours							
d. Scheduled appointments							
e. 24-hour support, when feasible (e.g., warm line, hotline)							
f. Consistent and accountable services (e.g., showing up on time, following through on commitments, etc.)							
g. Creative outreach to engage or re-engage isolated families							
h. Ongoing contacts to inquire about how families are doing							
i. Personnel policies that establish protection of confidentiality through electronic and face-to-face communication							
j. Appropriate crisis intervention services							
k. Facilities that are physically accessible to all							
<b>2. Families have the opportunity to receive individualized support by:</b>							
a. Meeting privately with staff							
b. Being matched with a primary contact with whom they are comfortable							
c. Receiving clear information about each staff person's expertise and being free to seek out other staff or a referral on identified issues							

# Engaging, Retaining, and Supporting Families

## Working One-on-One with Families Subscale (continued)

Please rank the items below using the following scale:

SA- Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD- Strongly Disagree    DK- Don't Know

Items	SA	A	N	D	SD	DK	NA
<b>3. Family confidentiality is maintained. Families:</b>							
a. May request that certain information be kept confidential							
b. Must provide informed, written consent before information is shared							
c. Receive consent forms that are easy to understand and written in the family's primary language.							
d. Know the potential consequences of sharing information							
e. Know the potential benefits of sharing information							
f. Can withdraw informed, written consent at any time for any reason							
g. Get copies of reports and have access to materials and files about their families							
h. Are informed under which circumstances confidentiality cannot be honored (e.g., suspected abuse and neglect)							
i. Are assured that information is maintained in a confidential manner (records, sign-in logs, communication notes, supervision notes)							
<b>4. Families have the opportunity to voice concerns about services without fear of retribution and have mechanisms to address those concerns. Procedures are in place to:</b>							
a. Inform families of the grievance procedure and whom they should contact if they have an issue							
b. Allow families to change to a different staff person or have a third party discuss resolutions or referrals, if the family has an issue with a staff person							

# Engaging, Retaining, and Supporting Families

## Working One-on-One with Families Subscale (continued)

Please rank the items below using the following scale:

SA- Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD- Strongly Disagree    DK- Don't Know

Items	SA	A	N	D	SD	DK	NA
<b>5. Staff and families partner to:</b>							
a. Identify each family member's strengths, needs, priorities, and preferences							
b. Create a family plan that addresses the areas identified							
c. Identify and address barriers to families' ability to access services they need <i>(Barriers may include substance abuse, developmental delays, domestic violence, mental health, chronic health problems, homelessness, availability of services, financial resources, etc.)</i>							
d. Identify and offer services provided by the agency							
e. Identify community services needed and provide referral and assistance to those services <i>(i.e., assistance with completing applications and making initial contact)</i>							
f. Follow up to ensure that the family is connected with referred services, and that those services are meeting the identified needs							
g. Provide referral and linkage to crisis services for the family as needed							
<b>6. Staff and families identify strengths and needs in all five protective factors, which include:</b>							
a. Parental resilience <i>(includes the ability to solve problems and awareness of personal skills and challenges)</i>							
b. Social connections <i>(includes the presence of friends, family members, neighbors, and other members of a community who provide emotional support and concrete assistance to parents)</i>							
c. Knowledge of parenting and of child and youth development <i>(includes accurate information about raising children and appropriate expectations for their behavior)</i>							

# Engaging, Retaining, and Supporting Families

## Working One-on-One with Families Subscale (continued)

Please rank the items below using the following scale:

SA- Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD- Strongly Disagree    DK- Don't Know

Items	SA	A	N	D	SD	DK	NA
d. <b>Concrete supports:</b> <i>(includes financial security to cover day-to-day expenses and unexpected costs, access to formal supports like TANF and Medicaid, housing assistance, and informal support from social networks)</i>							
e. <b>Nurturing and attachment</b> <i>(includes the family's relationship and bond, and the environment needed for them to thrive)</i>							
<b>7. Staff and families review family plans periodically. This includes:</b>							
a. <b>Ensuring family plans are used as a guide for service delivery</b>							
b. <b>Partnering with families to revise family plans as needed</b>							
c. <b>Family plan review meetings that invite all providers or persons that families identify and feel are important</b>							
d. <b>Ensuring the appropriate services are in place as changes occur in families' situations</b>							
<b>8. Families are given opportunities to participate in Continuous Quality Improvement through:</b>							
a. <b>Comments and suggestion boxes</b>							
b. <b>Providing consistent feedback about whether the agency's services are meeting family needs</b>							
c. <b>Outcome evaluation surveys</b>							
d. <b>Participation on planning and/or advisory committees</b>							
<b>Comments on any items above:</b>							

# Engaging, Retaining, and Supporting Families

## Valuing and Supporting Families Subscale

When parents and other caregivers feel valued and supported in the context of a learning relationship, they are more likely to take responsibility for and use new information.

To complete this section, we recommend you have access to a variety of information sources, such as family interviews, focus groups, case notes, policy and procedure manuals, and evaluation data.

Please rank the items below using the following scale:

SA- Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD- Strongly Disagree    DK- Don't Know

Items	SA	A	N	D	SD	DK	NA
<b>1. Parents are represented in the following program functions:</b>							
a. Governing board/council							
b. Committees or work groups							
c. Hiring and training							
d. Program or service planning							
e. Facilitation/co-facilitation							
f. Strategic planning							
g. Peer review assessment							
h. Other:							
<b>2. Parents have opportunities to volunteer in the program. (Examples include classroom support, home visits, field trips, advocates, mentors, and office support.)</b>							
<b>3. The program has access to resources for supporting parents in each of the protective factors:</b>							
a. Parental resilience (includes support in problem solving, personal goal setting, crisis management, and skill achievement)							
b. Social connections (includes networking opportunities, support groups, mentoring/coaching, and other community-building activities)							
c. Knowledge of parenting and of child and youth development (includes support in parent/child interaction, parenting skill development, parenting education, and positive discipline techniques)							

# Engaging, Retaining, and Supporting Families

## Valuing and Supporting Families Subscale (continued)

Please rank the items below using the following scale:

SA- Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD- Strongly Disagree    DK- Don't Know

Items	SA	A	N	D	SD	DK	NA
d. <b>Concrete supports</b> (includes transportation, childcare, food, clothing, and other basic living needs)							
e. <b>Nurturing and Attachment</b> (includes support in parent/infant bonding, positive discipline, and environmental and physical factors that support relationship building)							
<b>4. Staff get to know parents' individual stories and regularly inquire about how they are doing. This is demonstrated by:</b>							
a. <b>Parents reporting feeling welcome</b>							
b. <b>Staff knowing family members by name</b>							
c. <b>Staff maintaining regular contact with families</b>							
d. <b>Staff asking parents if the services provided are what they need</b>							
<b>5. Resources are intentionally provided to support parents' attendance at trainings or special events.</b> (Examples include funding, use of office equipment, transportation, stipends, childcare, etc.)							
<b>6. Parents have opportunities to share the information they acquire at training through interaction in the community and at events.</b>							
<b>7. The program supports the development of parent networks by creating:</b>							
a. <b>Informal opportunities to socialize and foster a sense of community</b> (Examples may include a comfortable environment, access to facilities for unstructured time, drop-in times, a message board for community events, access for parent-driven networking, etc.)							
b. <b>Formal opportunities to socialize and foster a sense of community</b> (Examples may include the ability to schedule access to facilities, phone trees, car pools, babysitting co-ops, play groups, family nights, celebrations, field trips, information about community activities, etc.)							

# Engaging, Retaining, and Supporting Families

## Valuing and Supporting Families Subscale (continued)

Please rank the items below using the following scale:

SA- Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD- Strongly Disagree    DK- Don't Know

Items	SA	A	N	D	SD	DK	NA
8. Parents report that staff respect their cultural backgrounds and customs.							
9. The program is accommodating to parents' schedules by providing:							
a. Flexible hours							
b. Childcare support							
c. Transportation assistance							
d. Other:							
10. Parents see other parents in leadership positions within the program.							
11. Parents report their ideas and suggestions are valued and implemented.							
12. Parents report their ideas or expertise are sought out to enrich the program and its design.							
13. Parents are included and recognized as a vital component of program success.							
14. Parents describe the impact the program has had on themselves and their family.							
15. Staff work with parents in partnerships based on respect and equality. This is demonstrated when:							
a. Parents can trust that the information they receive from agency staff is accurate and clear							
b. Meeting minutes reflect parent participation							
c. Parents are provided with meeting information, including minutes and other documents							
d. Policies and procedures reflect that the program values and supports parents							
e. Staff communicate with parents in a way that is culturally respectful							
f. Staff use a strength-based approach when interacting with parents							

# Engaging, Retaining, and Supporting Families

## Valuing and Supporting Families Subscale (continued)

Please rank the items below using the following scale:

SA- Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD- Strongly Disagree    DK- Don't Know

Items	SA	A	N	D	SD	DK	NA
<b>16. Staff orientation and ongoing training reflect:</b>							
a. Clear expectations and roles for parents within the program							
b. A strength-based approach to working with families							
c. Parents as partners (e.g., co-trainers/co-facilitators)							
d. A focus on the cultural diversity of the community or communities being served							
Comments on any items above:							

# Engaging, Retaining, and Supporting Families

## Responding to Families in Crisis Subscale

This Responding to Families in Crisis section measures how well a program works with families when they are experiencing a crisis that is out of the norm for their typical interactions. Organizations should utilize this section if they are interested in measuring their response in this area.

Please rank the items below using the following scale:

SA- Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD- Strongly Disagree    DK- Don't Know

Items	SA	A	N	D	SD	DK	NA
<b>1. Families have access to support when they are in crisis, through:</b>							
a. Day-to-day interactions with staff							
b. Outreach and referrals							
c. Crisis lines/support line							
d. Access to internet technology/social media							
e. Program materials							
f. Other:							
<b>2. The program responds to family crises by:</b>							
a. Ensuring that staff are available to help families needing crisis support							
b. Making space available for staff to meet privately with families							
c. Promoting strength-based practices and policies both internally and with the public							
d. Other:							
<b>3. Staff respond appropriately to family crises. Staff receive ongoing training on:</b>							
a. Confidentiality							
b. Conflict resolution							
c. Establishing and maintaining professional boundaries							
d. Talking to families about difficult issues							
e. Building mutually respectful relationships with families through skillful communication (e.g., effective listening, family conferencing, culturally sensitive and responsive interactions)							

# Engaging, Retaining, and Supporting Families

## Responding to Families in Crisis Subscale (continued)

Please rank the items below using the following scale:

SA- Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD- Strongly Disagree    DK- Don't Know

Items	SA	A	N	D	SD	DK	NA
f. Helping families develop resiliency through strength-based immediate and long-term plans							
g. Self-care and wellness							
h. Personal safety							
i. Mandatory reporting laws							
j. Other:							
<b>4. Staff receive training in recognizing issues that can lead to family crisis such as:</b>							
a. Domestic violence							
b. Developmental delays							
c. Physical and developmental disabilities							
d. Mental illness (including depression and talk of suicide)							
e. Chronic health problems							
f. Abuse and neglect							
g. Substance abuse							
h. Impact (psychological, emotional, physiological, developmental, behavioral) of traumatic experiences (e.g., neglect, abuse, exposure to domestic violence and community violence)							
i. Inadequate concrete supports (including job loss, homelessness, lack of adequate food)							
j. Challenging behaviors (including discipline issues and troubles at school or with law enforcement)							
k. Other:							
<b>5. Staff respond to family crises immediately by:</b>							
a. Listening, showing concern, and offering help in a culturally sensitive and responsive manner							

# Engaging, Retaining, and Supporting Families

## Responding to Families in Crisis Subscale (continued)

Please rank the items below using the following scale:

SA- Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD- Strongly Disagree    DK- Don't Know

Items	SA	A	N	D	SD	DK	NA
b. Addressing child and family safety							
c. Being sensitive and responsive to the impact of family stress on children							
d. Sharing information about available crisis and support lines and community resources							
e. Offering guidance and assistance in accessing the services needed							
f. Participating in joint problem-solving with the family							
<b>6. Staff follow up with families in a timely manner to:</b>							
a. Find out if their needs were met							
b. Provide opportunities for the family to remain in program activities after referral, if appropriate							
c. Identify additional or secondary resource or referral needs							
d. Identify strategies with the family to prevent this crisis from recurring							
<b>7. Staff develop and maintain strong working relationships with other key providers of services and programs.</b>							
<b>8. The program maintains resources and referral links to crisis services, such as:</b>							
a. Concrete supports (including food pantries, shelters, clothing closets)							
b. Domestic violence services							
c. Respite care							
d. Alcohol and substance abuse services							
e. Mental health services							
f. Economic supports (e.g., public assistance, unemployment)							
g. Legal assistance							
h. Medical services							

# Engaging, Retaining, and Supporting Families

## Responding to Families in Crises Subscale (continued)

Please rank the items below using the following scale:

SA- Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD- Strongly Disagree    DK- Don't Know

Items	SA	A	N	D	SD	DK	NA
i. Other:							
<b>9. Staff receive support when working with families under stress, through:</b>							
a. Consistent and ongoing supervision							
b. Strength-based supervision							
c. Acknowledgement of their effort							
d. Opportunities to process their own emotional reactions							
e. Encouragement to take time away from work (including daily breaks and vacations)							
f. Access to the same resources available to families (including mental health consultations, stress management workshops, and support groups)							
g. Cross-disciplinary team meetings (including internal and community partners)							
h. Opportunities for professional development/continuing education							
<b>10. Through collaboration with others, the program has grown its capacity to support families.</b>							
<b>11. Families provide feedback on crisis services through:</b>							
a. Customer satisfaction surveys							
b. Parent advisory councils or groups							
c. Other:							
<b>Comments on any items above:</b>							

# Engaging, Retaining, and Supporting Families

## Engaging and Retaining Fathers Subscale

Please rank the items below using the following scale:

SA- Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD- Strongly Disagree    DK- Don't Know

Items	SA	A	N	D	SD	DK	NA
1. Staff and consumers clearly understand the value of fathers in all areas of the program and services.							
2. The agency states its commitment to the healthy development of the father-child relationship through its:							
a. Mission, values statement, and/or principles							
b. Strategic plan							
c. Policies and practices							
3. Fathers participate in leadership roles by:							
a. Recruiting participants							
b. Participating on parent and leadership councils							
c. Providing input and feedback on services and program development							
d. Providing input and feedback on program policies and procedures							
e. Facilitating/co-facilitating program activities							
f. Other:							
4. Mothers are encouraged to involve fathers ( <i>custodial and noncustodial</i> ) in their children's lives.							
5. Healthy relationships of the parents, whether or not they are together, are encouraged and supported. <i>Note: This may include referral to support services for resolving differences with the children's healthy development as the goal.</i>							
6. The agency provides opportunities for all staff to examine and express their own attitudes and beliefs about supporting fathers. ( <i>Examples include in-services, brown bag lunches, tip sheets, and staff meeting agendas for administrative, direct, and support staff.</i> )							

# Engaging, Retaining, and Supporting Families

## Engaging and Retaining Fathers Subscale (continued)

Please rank the items below using the following scale:

SA- Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD- Strongly Disagree    DK- Don't Know

Items	SA	A	N	D	SD	DK	NA
<b>7. Staff provide fathers with resources and referrals that help them in their parenting roles in the areas of:</b>							
<b>a. Child safety</b>							
<b>b. Child development</b>							
<b>c. Parenting</b>							
<b>d. Domestic violence</b>							
<b>e. Child abuse and neglect</b>							
<b>f. Substance abuse</b>							
<b>g. Mental health services</b>							
<b>h. Job training</b>							
<b>i. Homelessness</b>							
<b>j. Emotional distress response</b>							
<b>k. Recreational activities (e.g., parent-child activities such as youth sport leagues, community events, and public parks and facilities)</b>							
<b>l. Other:</b>							
<b>8. Staff use a strength-based approach in working with fathers.</b>							
<b>9. Staff acknowledge parents as the experts on their children and consult with fathers and mothers about their children's development and education.</b>							
<b>10. Staff help fathers identify goals to strengthen their relationships with their children</b>							
<b>11. The agency provides resources to support father engagement, such as:</b>							
<b>a. Technology</b>							
<b>b. Staff time</b>							
<b>c. Funding</b>							
<b>d. Other:</b>							

# Engaging, Retaining, and Supporting Families

## Engaging and Retaining Fathers Subscale (continued)

Please rank the items below using the following scale:

SA- Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD- Strongly Disagree    DK- Don't Know

Items	SA	A	N	D	SD	DK	NA
12. Staff provide outreach to fathers ( <i>custodial, noncustodial, nonresidential</i> ) to participate in their children's lives and program activities, as appropriate.							
13. All correspondence is addressed and sent to each parent, as appropriate.							
14. The agency has a designated contact for staff and public regarding fatherhood programming.							
15. The agency offers opportunities for fathers that include:							
a. Special events that celebrate fatherhood							
b. Resource areas for fathers							
c. Involving fathers in home visiting, screening, assessment, and service planning							
d. Activities and materials that appeal to fathers							
e. Gender-appropriate speakers on relevant topics							
f. Other:							
16. The agency recruits and retains fathers in ongoing services by:							
a. Designing services that are relevant and engaging to men							
b. Being sensitive to issues of cultural diversity, including traditional masculine roles and ways of relating in the father's culture							
c. Scheduling times and locations that are safe and convenient for fathers							
17. The physical environment welcomes fathers through positive portrayals of fathers/men and children in photos, posters, bulletin boards, displays, and reading materials.							
18. Staff evaluations/development plans include assessment of employee performance related to father engagement.							

# Engaging, Retaining, and Supporting Families

## Engaging and Retaining Fathers Subscale (continued)

Please rank the items below using the following scale:

SA- Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD- Strongly Disagree    DK- Don't Know

Items	SA	A	N	D	SD	DK	NA
19. The agency is perceived by the media and community at large as father-friendly.							
20. The agency promotes and demonstrates responsible and involved fatherhood in the community by:							
a. Effectively recruiting fathers							
b. Including fathers in leadership roles							
c. Including fathers in program development activities							
d. Planning special events that recognize fathers							
e. Conducting public awareness activities							
f. Recognizing fathers in agency materials							
g. Submitting educational materials like press releases to the media (e.g., local newspaper)							
h. Other:							
21. The agency supports fathers in balancing work and family life by offering:							
a. Support for staff who are fathers (e.g., family leave)							
b. Support for consumers who are fathers (e.g., tip sheets)							
Comments on any items above:							

*Note: Many of the statements in this section of the Peer Review Tool were based on items in The Father Friendly Check-Up™ for Social Service Programs developed by the National Fatherhood Initiative, [www.fatherhood.org](http://www.fatherhood.org), latest version 2011.*