

# TOOLS TO STRENGTHEN FAMILIES AND COMMUNITIES

## *A Compendium*

Developed by the  
National Program Office of Free To Grow  
Mailman School of Public Health



**FREE TO GROW**

Head Start Partnerships  
to Promote Substance-free Communities

*Free to Grow is a national program that was developed with support from The Robert Wood Johnson Foundation and The Doris Duke Charitable Foundation with direction and technical assistance provided by the Mailman School of Public Health at Columbia University*

# ACKNOWLEDGEMENTS

*Tools to Strengthen Families and Communities* has truly been a collaborative project. The materials included in this manual were developed to respond to the identified needs of twenty communities through-out the country participating in a program called *Free to Grow: Head Start Partnerships to Promote Substance-free Communities*. Many of the tools were developed by the grantees themselves, shared, and adapted by their colleagues for use in their own programs and communities. Others were developed in collaboration with the technical assistance team of the Free To Grow National Program Office, located at the Mailman School of Public Health of Columbia University, as well as national experts in the fields of strengths-based family practice and community building. We would particularly like to thank the Free To Grow grantee staff and national experts who participated in the Family Core Competency working group, who dedicated many hours to sharing their lessons, and helping us tailor training materials and supervisory tools to the early childhood audience. Their names are listed below.

Karen Abman  
Thabiti Anyabwile  
Jennifer Boss  
Mary Dana  
Sheron R. Finister  
Cora Jackson  
Christy Klein  
Jill Kinney  
Grace Lyn Lucas  
Jan Martner  
Brian Mathers  
Lyn McNeff  
Joseph H. (Bo) Miller  
Helen Nissani  
Maricela Rios  
Ginger Ward  
Phillip H. Washington

A special thanks also to the members of the Free To Grow technical assistance team who took the lead in so many of the activities that resulted in the creation of these tools. Doug Vaughn and Michael Sparks, Associate Directors of the NPO, took primary responsibility for the development of family and community strengthening tools, respectively. George Vásquez, Senior Technical Assistance Associate, also provided expertise in developing tools to support the community-building process. This group was tireless in their efforts to be responsive to grantee's requests for support in assisting staff and community partners implement Free To Grow's comprehensive prevention approach on the ground. Finally, we would also like to acknowledge Kim Norland and Paula Glatzer for their dedicated copy-editing efforts to pull together such diverse materials into a well-organized and readable format.

# TOOLS TO STRENGTHEN FAMILIES AND COMMUNITIES: A COMPENDIUM

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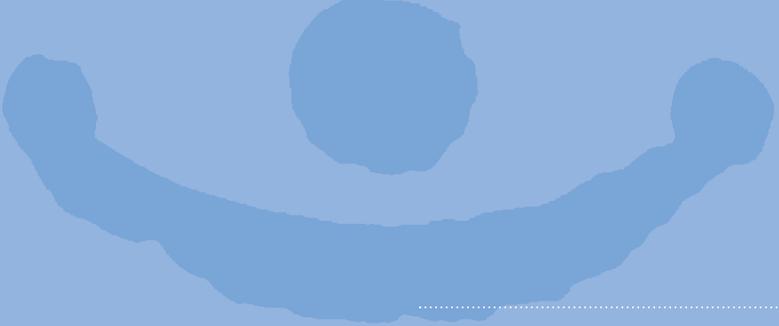
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# INTRODUCTION



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# INTRODUCTION

## About This Manual

In 1994, seeking to develop a prevention model that would reduce young children’s vulnerability to substance abuse and other high risk behaviors as they grew older, the Robert Wood Johnson Foundation launched an initiative called Free To Grow: Head Start Partnerships to Promote Substance-free Communities. Later joined by the Doris Duke Charitable Foundation in a national demonstration program, the approach has been developed in collaboration with twenty Head Start communities around the country. The program’s premise is simple. Drawing on the emerging research on risk and protective factors, as well as the ecological development of the child, Free To Grow’s approach focuses on building partnerships to strengthen the overall environment of the child, specifically their families and communities. Diverse community partners, including early childhood programs, law enforcement, schools, mental health and treatment organizations, community residents and many others, work together to implement a continuum of family and community strengthening strategies designed to promote stable, safe and nurturing family and community environments—environments which the research shows promote children’s healthy development, and reduce their later involvement in high risk behaviors.

*Tools to Strengthen Families and Communities* has been compiled to assist agencies interested in adapting Free To Grow principles and practices in their communities. Its materials were developed and tested in collaboration with the twenty Head Start agencies and their community partners who have participated in the model development and national demonstration phases of Free To Grow. Its contents are intended for use by those agency leaders, program managers and line staff with direct responsibility for implementing Free To Grow’s family and community strengthening strategies on the ground. The tools included here are augmented by a companion training manual specifically focusing on Free To Grow’s community

building components, called *Building Leadership for Community Development*, available in both English and Spanish versions.

In compiling these training and staff development tools, we tried to pull together a representative sample of the materials that grantees found most helpful to their Free To Grow implementation efforts. We have chosen not to reinvent the wheel, or publish materials which we felt would be easily accessible elsewhere. Thus, for example, we have not included basic materials on strengths-based family practice and case management, for which there are already many excellent resources around the country.

All tools included have been adapted and tested for use in Head Start, the nation’s largest early childhood program serving low-income children and their families. They have been structured to be accessible and helpful in non-clinical environments, and in agencies whose staff do not necessarily have clinical training. This translation was particularly important to the success of Free To Grow. We hope that other early childhood and family support programs will find these tools similarly helpful for better addressing the family and neighborhood environments of the children and families in their programs.

## Rationale for the Tools

The tools included in this manual were designed with two purposes in mind. First, our intention was to make best practices in family support and community-building *accessible* to the early childhood audiences with whom we were working. We wanted organizations to have samples of the kinds of screening, assessment and training tools which their colleagues had developed to support their efforts. We worked hard to make these instruments simple enough to administer in non-clinical environments, and consistent with the program’s existing organizational operations. Thus, for example, scaled family assessment tools were tested and validated to fit the requirements of Head Start’s Family Partnership Agreement protocols.

Second, we sought to reinforce the skills introduced in staff development workshops in Free To Grow's core competencies, including strengths-based family practice, motivational enhancement, collaboration, leadership development and community building. We understood that three or four day staff development workshops were but the beginning of the skill building process. Following the principles of adult learning, we developed tools which allowed opportunities for practice and integration of new skill sets within real life situations.

### Scope of the Materials

*Tools to Strengthen Families and Communities* is divided into four sections, each containing a number of tools developed to support a distinctive set of Free To Grow's core strategies. These sections include:

1. Family and Community Assessment Tools
2. Case Management and Family Support Tools
3. Tools to Strengthen Partnerships
4. Community Building Tools

As indicated above, the selected tools are by no means exhaustive. Rather, we have included those tools utilized most often by our grantees to support their efforts. Family and community assessment tools focus heavily on those which helped organizations do a better job of identifying high risk behaviors within the families and communities with whom they worked—an area where staff felt the need for greater levels of assistance. Program managers found that some of the simple observational tools included here helped cut through front line staff's reticence and fear to discuss behaviors such as alcohol and drug abuse, family violence and mental health issues.

Community building tools in this volume include a number developed after the original *Building Leadership for Community Development* training curriculum was written. Tool 5a, Steps for Building Relationships, was designed to give even greater specificity and concreteness to the steps of building relationships in neighborhoods through door-to-door activities such as “knock and talks” and one-on-one interviews with community residents. Tool 5c, Neighborhood Revitalization Planning Tools were particu-

larly helpful to those communities interested in adapting a block-by-block strategy to reduce neighborhood deterioration and enhance social capital.

### Limitations of the Tools

These tools, however, are not intended to stand alone. They were designed to support Free To Grow's larger objective of building community partnerships to strengthen both the family and community environments in which young children grow up. Thus, while organizations can certainly find materials relevant to discrete components of their work, it is our hope that those who utilize these materials will take a step back and embrace the broader framework of Free To Grow's vision—of working together to create families and neighborhoods where all children are truly “free to grow.”

# FAMILY AND COMMUNITY ASSESSMENT TOOLS

*Scaled Family Assessment Tools*

*Substance Abuse Attitude Survey*

*Family Screening and Observation Tools*

*Identifying High Risk Behaviors*

*Tips for Assessing Readiness to Change*

*Brief Home-Property-Neighborhood Observation Tools*

*Home Environmental Assessment*

*Neighborhood Property Analysis*

# SCALED FAMILY ASSESSMENT TOOLS

**Objective:**

To assess a family's strengths and needs in order to develop shared goals, and to determine the level of support needed.

**Intended Use:**

Scaled Family Assessment Tools provide a quantifiable way to assess a family's needs and strengths, and review progress toward goals. The scaled tools also allow programs to track cross-family trends, in order to assess communal service needs, as well as agency-wide success in helping families achieve goals.

**Audience:**

- Agency leadership: To track cross-family trends, service needs, and staff competencies
- Agency managers: To help workers triage families, and track progress toward goals
- Family workers: To provide quantitative data on family strengths and needs, determine level of support needed, and track progress toward goals.

**Outcome:**

- Strengthen agency and staff ability to identify families in greatest need of support
- Improve ability to track progress in helping families achieve goals
- Provide data to track cross-family trends
- Provide data to support agency quality assurance activities

**Context:**

A good assessment is the first step in building a relationship with a family. While the questions in an assessment tool provide a structure, the focus should be on conducting a dialogue that helps build trust and understand the family's strengths, needs and goals.

A well-done assessment of a family's strengths and needs, coupled with an assessment of the strengths and risks of the neighborhood and community in which the family lives, provide the foundation for strengthening the environment in which young children grow. Assessment is not a static, one-time event. Rather, it is an ongoing process, re-done at midpoints and at the end of a family's participation in a program. Informally, family workers are constantly assessing new information—taking what they learn through their relationship with a family and applying it to support the family's goals.

The best assessments are the ones in which all family members play a role in identifying both

risks and strengths, and in planning and implementing strategies for improvement. Assessment tools that have been tested for reliability and validity are recommended.

The assessment tool included here allows assessment of strengths and risks on a numerical scale, including comparisons across time, as well as across families. Scaled assessment tools are sometimes off-putting to workers, who may feel that they are “grading” families. It is helpful for workers to understand that the scaling systems strengthen their ability to track progress and identify those in greatest crisis—and can thus make it easier for them to support families.

### Tips for the Family Worker

- Clarify shared goals
- Take the time to get accurate information
- Make the process both user-friendly and credible
- Keep expectations realistic
- Treat families as you would expect to be treated

The Tiered Case Management Guide is used following the family assessment. It will help the worker identify the appropriate level of support a family needs.

### The Process

A family assessment is best conducted in a comfortable environment, and after a relationship has been established between the worker and the family. Home visits are preferred by some programs, but some families are not comfortable having workers in their homes.

The tool is not a rigid set of questions and answers but a guide for sharing information. The worker should begin by explaining the importance of the assessment to the family as well as to the program, emphasizing that the relationship will be supportive. The worker can take brief notes during the assessment, filling out the details back at the office. Let the family help set the pace of the assessment. If the family shares information in a different sequence than the tool, make notes and move forward. Sometimes the family may not want to complete the assessment all at once. The worker can always return to complete it later. The scoring of the tool is not to be done in front of the family; instead, it is a guide for you to establish the initial level of service and case management.

## FAMILY PARTNERSHIP PLAN

### Assessment of Strengths, Capabilities, & Needs

Family Name: \_\_\_\_\_ Advocate: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS:** Complete this assessment using information obtained from the family, staff observation and knowledge, and/or other existing family plans. Strengths and needs identified should be used to develop family goals and as a basis for determining how support is provided for the family. This form highlights strengths, needs, and capabilities commonly noted when working with families. This Family Partnership Plan should be individually tailored by adding observations and other information that pertain to the uniqueness of the family.

AREA & DIRECT INFORMATION	CAREGIVER SCORE		SCORING GUIDANCE
	Beginning of Year	End of Year	
<p><b>1. <u>EDUCATION:</u></b></p> <p><b>What level of education have you completed or are currently enrolled in?</b> Please specify grade level completed, or note GED, High School Diploma, College Degree, or any college credit obtained.</p> <p>_____</p> <p>_____</p> <p><b>Do you have plans to pursue any educational or career related goals?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, What do you have planned and when?</p> <p>_____</p> <p>_____</p> <p>Is there anything we can do to help you reach your educational goal?</p> <p>_____</p> <p><b>If you had to tell your child(ren) one thing about learning, what would you say?</b></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>1</p> <p>1.5</p> <p>2</p> <p>2.5</p> <p>3</p> <p>3.5</p> <p>4</p> <p>4.5</p> <p>5</p>	<p>1</p> <p>1.5</p> <p>2</p> <p>2.5</p> <p>3</p> <p>3.5</p> <p>4</p> <p>4.5</p> <p>5</p>	<p>Please note: The score assigned should represent the family's current status as closely as possible. A family does not have to meet all of the bullet points in a given category to receive that score.</p> <ul style="list-style-type: none"> <li>• Post-secondary education or training</li> <li>• Positive attitude toward learning</li> <li>• Sets and pursues long-range career and educational goals</li> <li>• Can pursue educational or personal development goals without additional resources or support</li> </ul> <ul style="list-style-type: none"> <li>• High school or equivalent education or enrolled for same</li> <li>• Enrolled in adult education, or vocational education</li> <li>• Has solid plans to pursue educational training of some sort</li> <li>• Capable of pursuing educational or personal development goals with little assistance</li> </ul> <ul style="list-style-type: none"> <li>• Considering personal education needs and options</li> <li>• Less than 9th grade education</li> <li>• Can set and pursue education goals with assistance</li> <li>• Has knowledge of and access to resources to enhance personal development or education</li> </ul> <ul style="list-style-type: none"> <li>• Less than 6th grade education</li> <li>• Does not consider learning a priority</li> <li>• Does not or cannot set or pursue systematic career and personal education goals</li> <li>• Very limited ability to participate in educational or personal development goals</li> </ul> <ul style="list-style-type: none"> <li>• Little to no formal education;</li> <li>• No interest in or access to remedial education</li> <li>• Unable to participate in educational activities</li> <li>• Pursuing educational or personal development goals not feasible</li> </ul> <p>***** COMMENTS/NOTES: *****</p>

AREA & DIRECT INFORMATION	CAREGIVER SCORE		SCORING GUIDANCE
	Beginning of Year	End of Year	
<p><b>2. EMPLOYMENT:</b>                      What type of skills, interests, or talents do you have? What do others say you do well?                      _____                      _____                      _____</p> <p>Are you currently employed?  <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If <u>yes</u>, where?                      _____                      _____</p> <p>How long?                      _____                      _____</p> <p>If not employed, do you wish to obtain employment, or do you need assistance with job skills?                      Employment: <input type="checkbox"/> No <input type="checkbox"/> Yes                      Skills: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Are other members of the household employed?  <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, please indicate who:                      _____                      _____</p> <p>Where is he/she employed?                      _____                      _____                      _____                      _____</p> <p>What other types of work have you done in the past? What have you liked or not liked about the work you have done?                      _____                      _____                      _____                      _____</p>	<p>1</p> <p>1.5</p> <p>2</p> <p>2.5</p> <p>3</p> <p>3.5</p> <p>4</p> <p>4.5</p> <p>5</p>	<p>1</p> <p>1.5</p> <p>2</p> <p>2.5</p> <p>3</p> <p>3.5</p> <p>4</p> <p>4.5</p> <p>5</p>	<ul style="list-style-type: none"> <li>• Currently employed in a stable job</li> <li>• Current job has a benefit package</li> <li>• Solid skills and confidence in skills</li> <li>• Currently not interested in employment by choice (job not needed or not feasible)</li> </ul> <ul style="list-style-type: none"> <li>• Has marketable skills</li> <li>• Has some benefits</li> <li>• Employment potential for advancement</li> <li>• Currently or recently employed or unemployed by choice (not needed or feasible)</li> </ul> <ul style="list-style-type: none"> <li>• Learning or willing to learn more marketable skills as needed</li> <li>• History of seasonal or temporary employment</li> <li>• Inadequate hours, benefits, stability, limited advancement potential</li> <li>• Actively seeking employment</li> </ul> <ul style="list-style-type: none"> <li>• Minimum job skills</li> <li>• No benefits, not sure where to find next job</li> <li>• History of performance problems at work</li> <li>• No career plans, employment needed</li> </ul> <ul style="list-style-type: none"> <li>• Unemployed no leads for job</li> <li>• No positive work history,</li> <li>• No interest in employment or unable to work due to emotional/physical status</li> <li>• Employment greatly needed</li> </ul> <p>*****                      COMMENTS/NOTES:                      *****</p>

AREA & DIRECT INFORMATION	CAREGIVER SCORE		SCORING GUIDANCE
	Beginning of Year	End of Year	
<p><b>3. HOUSING/COMMUNITY:</b>            Do you rent, own, lease or have other living arrangements?  <i>(Please circle answer or fill in blank)</i></p> <hr/> <p>Are payments for housing affordable for you?  <input type="checkbox"/> No   <input type="checkbox"/> Yes</p> <p>How many people live in your household?</p> <hr/> <p>Do you have concerns about your current housing situation?            If so, what are they? <i>(check for safety and healthy living conditions)</i></p> <hr/> <p>Do you feel that your community/neighborhood is a safe place to live? Please explain:</p> <hr/> <p>What do you think would make your community a better place to live ?</p> <hr/> <hr/> <hr/> <hr/>	<p>1</p> <p>1.5</p> <p>2</p> <p>2.5</p> <p>3</p> <p>3.5</p> <p>4</p> <p>4.5</p> <p>5</p>	<p>1</p> <p>1.5</p> <p>2</p> <p>2.5</p> <p>3</p> <p>3.5</p> <p>4</p> <p>4.5</p> <p>5</p>	<ul style="list-style-type: none"> <li>• Lives in housing of choice, or is satisfied with housing /community situation</li> <li>• Rent or payment options seem feasible and can be made without major concerns</li> <li>• Owns or has long-term occupancy</li> <li>• Housing is safe and meets family's needs.</li>   <li>• Lives in or has access to adequate housing</li> <li>• Rent or payment options can be met but are sometimes a concern.</li> <li>• Safe home and neighborhood or perceived as such by family</li> <li>• Tenancy is secure (or has been secure) for more than one year</li>   <li>• Payments for housing are difficult to make without assistance</li> <li>• Tenancy is secure for at least six months</li> <li>• Housing is not hazardous or unhealthy</li> <li>• Family feels neighborhood is relatively safe</li>   <li>• Lives in temporary or transitional housing;</li> <li>• Uncertain of where family will live a month from now</li> <li>• Lives in unsafe, deteriorating, or overcrowded housing</li> <li>• Finances for stable housing are not routinely available.</li>   <li>• Lives in dangerous conditions</li> <li>• Homeless or on the verge of homelessness</li> <li>• Has history of consistent homelessness</li> <li>• Unable to secure housing without extensive resources or help</li>   <li>*****            COMMENTS/NOTES:            *****</li> </ul>

AREA & DIRECT INFORMATION	CAREGIVER SCORE		SCORING GUIDANCE
	Beginning of Year	End of Year	
<p><b>4. TRANSPORTATION:</b></p> <p>Do you have access to safe transportation?  <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>What is your main source of transportation? Please circle response: own vehicle, vehicle of friend/family member, walking, bus or other public transportation</p> <p>Do you have a current valid driver's license?  <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If no, have there been problems with obtaining or keeping a license? Please explain:</p> <hr/> <p>In the state of Kentucky, it is a law that all children under 40 pounds be in a child safety seat while traveling. Do you need information about obtaining or correctly using a car seat for your child?  <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>It is also the law in the state of Kentucky that all passengers wear seat belts while traveling. Do you need information about obtaining or using seat belts in your main transportation source?  <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Do you have auto insurance?  <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Do you need information about possible resources regarding safe driving practices or about insurance for your car?  <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>1</p> <p>1.5</p> <p>2</p> <p>2.5</p> <p>3</p> <p>3.5</p> <p>4</p> <p>4.5</p> <p>5</p>	<p>1</p> <p>1.5</p> <p>2</p> <p>2.5</p> <p>3</p> <p>3.5</p> <p>4</p> <p>4.5</p> <p>5</p>	<ul style="list-style-type: none"> <li>• Has current driver's license</li> <li>• Auto is fully insured with comprehensive or adequate coverage</li> <li>• Has choice of transportation and/or access to transportation virtually all the time</li> <li>• Able to repair (or obtain repairs for) vehicle when needed; vehicle is safe</li> </ul> <ul style="list-style-type: none"> <li>• Has license</li> <li>• Has basic insurance coverage</li> <li>• Has adequate driving record</li> <li>• Has and maintains own vehicle or other means of transportation</li> </ul> <ul style="list-style-type: none"> <li>• Generally has access to some form of safe transportation as needed</li> <li>• Has driver license but history of driving or license problems</li> <li>• Driving not a major concern or need</li> <li>• Minimal or lack of insurance</li> </ul> <ul style="list-style-type: none"> <li>• Does not have license</li> <li>• Is driving without license or without insurance or both</li> <li>• Unpaid parking tickets or has other legal issues related to driving</li> <li>• Does not have safe or reliable transportation or means to obtain it</li> </ul> <ul style="list-style-type: none"> <li>• Has revoked or suspended license; not insurable</li> <li>• No access to transportation for basic needs</li> <li>• No money to obtain transportation</li> <li>• Previously incarcerated for traffic violations</li> </ul> <p>*****                  COMMENTS/NOTES:                  *****</p>

AREA & DIRECT INFORMATION	CAREGIVER SCORE		SCORING GUIDANCE
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<p><b>5. SERVICES &amp; RESOURCES:</b></p> <p>If you found yourself in need of a service or information about a service, what might you do? (<i>This is an excellent opportunity for you to explain Advocacy services and the community resource guide</i>)</p> <hr/> <hr/> <hr/> <hr/> <hr/> <p>Do you feel you have knowledge of the services that are available for persons in your community?  <input type="checkbox"/> No   <input type="checkbox"/> Yes</p> <p>Do you or have you used agency/program services? If so, what and when?</p> <hr/> <hr/> <hr/> <hr/>	<p>1</p> <p>1.5</p> <p>2</p> <p>2.5</p> <p>3</p> <p>3.5</p> <p>4</p> <p>4.5</p> <p>5</p>	<p>1</p> <p>1.5</p> <p>2</p> <p>2.5</p> <p>3</p> <p>3.5</p> <p>4</p> <p>4.5</p> <p>5</p>	<ul style="list-style-type: none"> <li>• Has knowledge of available services</li> <li>• Is able to access needed services when necessary</li> <li>• Knows where to find help if needed</li> <li>• Requires few (or no) formal resources</li> <li>• Has basic knowledge of existing services</li> <li>• Can access services independently</li> <li>• Lives in a community where resources are abundant</li> <li>• Appropriate use of services</li> <li>• Has some knowledge of available services</li> <li>• Only accesses needed services/resources in an emergency</li> <li>• Lives in a community where resources are adequate</li> <li>• Can access services with help</li> <li>• Has minimal knowledge of available services</li> <li>• Does not utilize resources appropriately</li> <li>• Lives in a community where resources are limited</li> <li>• Needed services typically initiated by an outside source</li> <li>• Has no knowledge of what services are available or how to find out what services are available</li> <li>• Services or resources are utilized only when initiated by an outside source</li> <li>• Lives in a community where resources are extremely limited</li> <li>• Services and resources are sometimes misused</li> </ul> <p>*****  COMMENTS/NOTES:  *****</p>

AREA & DIRECT INFORMATION	CAREGIVER SCORE		SCORING GUIDANCE
	Beginning of Year	End of Year	
<p><b>6. SPECIAL NEEDS/FAMILY SUPPORT:</b></p> <p>Do you have a child or family member with a disability or special need?  <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>How would you describe the need?            _____            _____</p> <p>Is there something we could do to help meet that need?            _____            _____</p> <p>Do you have people you can turn to when you need help, advice or just someone to listen?  <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Who has been helpful to you in raising your child(ren) and/or coping with daily situations? <i>(Check all that apply)</i></p> <p> <input type="checkbox"/> Parents _____ Spouse/Partner  <input type="checkbox"/> Friends _____ Other Agencies  <input type="checkbox"/> Other Family Members _____ Head Start  <input type="checkbox"/> Church _____ Day Care  <input type="checkbox"/> Counselor _____ Neighbors  <input type="checkbox"/> No One Noted _____ Others           </p> <p>What are some of your family's strengths?            _____            _____</p> <p>Are there specific emotional health needs that we might be able to help with?  <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, please specify:            _____            _____            _____</p>	<p>1</p> <p>1.5</p> <p>2</p> <p>2.5</p> <p>3</p> <p>3.5</p> <p>4</p> <p>4.5</p> <p>5</p>	<p>1</p> <p>1.5</p> <p>2</p> <p>2.5</p> <p>3</p> <p>3.5</p> <p>4</p> <p>4.5</p> <p>5</p>	<ul style="list-style-type: none"> <li>• Special needs family member cares for self as appropriate or family meets needs with little or no outside assistance.</li> <li>• Family notes at least four sources of support and access support as needed</li> <li>• Recognizes strengths and needs of family and works to build on strengths</li> <li>• Emotional needs are few and are recognized as well as being met appropriately</li> <li>• Special needs family member has areas of minor dependence that are necessary</li> <li>• Family notes at least two sources of support and accesses support as needed</li> <li>• Recognizes strengths of family</li> <li>• Emotional needs are recognized and met appropriately</li> <li>• Special needs family member relies on others for routine help; some emotional dependence</li> <li>• Family notes at least one source of support</li> <li>• Has difficulty recognizing strengths of family</li> <li>• Family has three or more emotional needs not being met at the present time</li> <li>• Special needs family member has minimal independent functioning; cannot live alone</li> <li>• Family does not access support from others</li> <li>• Does not recognize family strengths</li> <li>• Emotional needs of family are numerous and are not being addressed</li> <li>• Special needs family member unable to function independently; cannot survive without outside help</li> <li>• No sources of support are noted or recognized</li> <li>• Family does not recognize family strengths and focuses on difficulties</li> <li>• Emotional needs are overwhelming to the family</li> </ul> <p>*****            COMMENTS/NOTES:            *****</p>

AREA & DIRECT INFORMATION	CAREGIVER SCORE		SCORING GUIDANCE
	Beginning of Year	End of Year	
<p><b>7. FAMILY WELLNESS:</b></p> <p>Do you have access to total care for adult members of your family? (Vision, dental, medical, mental health services, etc.)</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, how are these needs met?</p> <hr/> <p>Does your child(ren) have a doctor/medical care available when he/she is ill?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, who?</p> <hr/> <p>Is your child (or children) covered by some type of medical plan such as a medical card, KCHIP, or private insurance?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, please specify type of coverage:</p> <hr/> <p>(If eligible, but not currently covered, ensure that the family receives, completes and returns a KCHIP application)</p> <p>Are there current concerns about alcohol/drug use for you or anyone in your household?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Have you or other persons in your household participated in treatment for drugs and/or alcohol in the past year?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>1</p> <p>1.5</p> <p>2</p> <p>2.5</p> <p>3</p> <p>3.5</p> <p>4</p> <p>4.5</p> <p>5</p>	<p>1</p> <p>1.5</p> <p>2</p> <p>2.5</p> <p>3</p> <p>3.5</p> <p>4</p> <p>4.5</p> <p>5</p>	<ul style="list-style-type: none"> <li>• Very attentive to health care issues</li> <li>• Report quality and accessible medical care</li> <li>• Wellness needs are being met and there seems to be preventative care</li> <li>• No history of alcohol/drug abuse</li> </ul> <ul style="list-style-type: none"> <li>• Adequate medical and physical care provided</li> <li>• Wellness needs are being met as they occur</li> <li>• Several medical problems noted and are being addressed</li> <li>• No history of alcohol/drug abuse</li> </ul> <ul style="list-style-type: none"> <li>• Family reports inadequate or inaccessible health care</li> <li>• Wellness needs not met in a timely manner</li> <li>• Numerous medical problems noted some of which are not being addressed</li> <li>• Suspected or reported drug abuse in the past</li> </ul> <ul style="list-style-type: none"> <li>• Minimal attention to medical/physical care</li> <li>• Generally inadequate care; or requires extensive care</li> <li>• Medical problems noted are severe; potentially harmful</li> <li>• Suspected or reported history of drug/alcohol abuse, and possible current usage</li> </ul> <ul style="list-style-type: none"> <li>• Child(ren)'s health is endangered</li> <li>• Medical problems are not being addressed; no care is being received</li> <li>• Home environment does not promote healthy living</li> <li>• Suspected or reported history of drug/alcohol abuse in the past and possible current usage</li> </ul> <p>***** COMMENTS/NOTES: *****</p>

AREA & DIRECT INFORMATION	CAREGIVER SCORE		SCORING GUIDANCE
	Beginning of Year	End of Year	
<p><b>8. FAMILY FINANCES:</b></p> <p>Sometimes families have a hard time getting by on the money available. Please answer yes or no to the following:</p> <p>___ I am able to pay bills on time</p> <p>___ I know how to budget my money</p> <p>___ It is difficult to meet basic needs (food, clothing)</p> <p>___ I have a lot of debt</p> <p>___ I have good credit</p> <p>___ I am not able to get credit</p> <p>___ I have no credit</p> <p>___ I am able to save some money</p> <p>___ I have a checking account</p> <p>___ I have a savings account</p> <p>___ There is extra money for "wants" (aside from basics)</p> <p>___ I think my income will increase in the next year</p> <p>___ I have a reliable source of income</p> <p>___ I have to rely on others for financial assistance</p> <p><b>Do you or your family have other financial needs at this time?</b></p> <p style="text-align: center;"><input type="checkbox"/> No    <input type="checkbox"/> Yes</p> <p>If yes, please specify:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Would you like information about reducing debt?</b></p> <p style="text-align: center;"><input type="checkbox"/> No    <input type="checkbox"/> Yes</p> <p><b>Would you like information about credit counseling?</b></p> <p style="text-align: center;"><input type="checkbox"/> No    <input type="checkbox"/> Yes</p>	<p>1</p> <p>1.5</p> <p>2</p> <p>2.5</p> <p>3</p> <p>3.5</p> <p>4</p> <p>4.5</p> <p>5</p>	<p>1</p> <p>1.5</p> <p>2</p> <p>2.5</p> <p>3</p> <p>3.5</p> <p>4</p> <p>4.5</p> <p>5</p>	<p>• Sufficient income to meet needs and allow for "extras" and/or can save money</p> <p>• Keeps track of expenditures, or has a budget</p> <p>• Stable, steady income</p> <p>• Consistently pays bills on time</p> <p>• Sufficient income to meet basic needs</p> <p>• Attempts to budget money</p> <p>• Typically pays bills on time</p> <p>• Is able to save money</p> <p>• Minimally adequate income</p> <p>• Is not able to save money</p> <p>• Not able to make timely payments on a routine basis</p> <p>• No budget or financial plan in place</p> <p>• Occasionally able to meet basic needs</p> <p>• No credit or poor credit</p> <p>• Overwhelming debt load</p> <p>• Relies on others for financial assistance</p> <p>• Little or no money</p> <p>• Cannot meet basic needs</p> <p>• Is not able to pay bills</p> <p>• Has had legal problems due to finances</p> <p>***** COMMENTS/NOTES: *****</p>

AREA & DIRECT INFORMATION	CAREGIVER SCORE		SCORING GUIDANCE
	Beginning of Year	End of Year	
<p><b>9. CHILD CARE:</b></p> <p><b>How are children being cared for?</b> (Please circle appropriate response)</p> <p>Head Start      School      Home</p> <p>Day Care      Family/Relative Home</p> <p>Combination (Circle all that apply)</p> <p>Other (Please specify): _____</p> <p><b>Do you feel your child has quality, affordable childcare?</b> <input type="checkbox"/> No    <input type="checkbox"/> Yes</p> <p>If no, what are your concerns: _____</p> <p><b>What would make childcare easier for your family?</b> _____ _____</p> <p><b>Do you have friends/family members who can “pitch in” if you need last minute childcare?</b> <input type="checkbox"/> No    <input type="checkbox"/> Yes</p> <p><b>Families sometimes have a difficult time finding childcare. Which of the following statements do you think are true: (check all that apply)</b></p> <p>_____ I know what to look for in a good childcare provider</p> <p>_____ I have several childcare choices available</p> <p>_____ I do not need to use additional childcare</p> <p>_____ I am not able to afford childcare</p> <p>_____ Finding quality childcare is difficult</p> <p>_____ I need full day child care</p> <p>_____ I need second, or third shift child care</p>	<p>1</p> <p>1.5</p> <p>2</p> <p>2.5</p> <p>3</p> <p>3.5</p> <p>4</p> <p>4.5</p> <p>5</p>	<p>1</p> <p>1.5</p> <p>2</p> <p>2.5</p> <p>3</p> <p>3.5</p> <p>4</p> <p>4.5</p> <p>5</p>	<ul style="list-style-type: none"> <li>• High quality, affordable childcare is being used; or is not needed</li> <li>• Has a consistent, reliable resource for childcare with back up available</li> <li>• Minimal concerns about childcare; or is able to address concerns appropriately</li> <li>• Knows what to look for to find quality care for children</li> <li>• Childcare is hard to find and afford but family is able to provide care or it is not needed</li> <li>• Generally satisfied with childcare status and alternatives</li> <li>• Reliable source of child care, but limited back up resources</li> <li>• Knows what to look for to find quality childcare</li> <li>• Caregiver not always available or affordable, but is needed</li> <li>• Has minor concerns about childcare status; but is working toward a resolution</li> <li>• Unsure of what to look for to find high quality childcare</li> <li>• Lack of childcare detrimental to family</li> <li>• Rarely able to find or afford quality care</li> <li>• Limited resources or backup for childcare</li> <li>• Has several concerns about childcare</li> <li>• Uses inappropriate childcare</li> <li>• No resources for childcare, but has need for it</li> <li>• Does not know what to look for to find quality childcare</li> <li>• Lack of childcare is preventing parental growth/progress</li> <li>• Uses inappropriate childcare</li> </ul> <p>***** COMMENTS/NOTES: *****</p>

AREA & DIRECT INFORMATION	CAREGIVER SCORE		SCORING GUIDANCE
	Beginning of Year	End of Year	
<p><b>10. PARENTING:</b></p> <p><b>Which of the statements below do you agree with regarding parenting? (Check all that apply)</b></p> <p><input type="checkbox"/> I feel I am a good parent</p> <p><input type="checkbox"/> I know and understand my child's needs</p> <p><input type="checkbox"/> I have a consistent method of discipline</p> <p><input type="checkbox"/> We have daily routines in our home</p> <p><input type="checkbox"/> I enjoy being a parent</p> <p><input type="checkbox"/> We have family rules</p> <p><input type="checkbox"/> My child has other adult role models in his/her life</p> <p><input type="checkbox"/> My child enjoys being at home</p> <p><input type="checkbox"/> I feel comfortable showing affection to my child</p> <p><input type="checkbox"/> My child knows he/she is loved</p> <p><b>Do you have concerns about your child's behavior?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, please explain:</p> <hr/> <p><b>How are children disciplined at home?</b></p> <hr/> <p><b>What is the most difficult part of parenting for you?</b></p> <hr/> <p><b>Do you have parenting concerns?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, please explain</p> <hr/> <hr/> <hr/>	<p>1</p> <p>1.5</p> <p>2</p> <p>2.5</p> <p>3</p> <p>3.5</p> <p>4</p> <p>4.5</p> <p>5</p>	<p>1</p> <p>1.5</p> <p>2</p> <p>2.5</p> <p>3</p> <p>3.5</p> <p>4</p> <p>4.5</p> <p>5</p>	<ul style="list-style-type: none"> <li>• Consistent, observable, age appropriate parenting practices</li> <li>• Enjoys being a parent &amp; seems confident in skills</li> <li>• Understands child's needs and provides accordingly</li> <li>• Children know they are loved, and are shown affection</li> <li>• Reasonably consistent, age appropriate parenting practices</li> <li>• Has an understanding of child's needs and attempts to meet them.</li> <li>• Children know they are loved</li> <li>• Appears to have an effective method of discipline</li> <li>• Some daily routines</li> <li>• Inconsistent or ineffective discipline methods</li> <li>• Unsure of parental role</li> <li>• Some understanding of child's needs or development</li> <li>• Minimal routines in the home</li> <li>• Discipline methods seem to be inappropriate</li> <li>• History of parental problems</li> <li>• Little understanding of child development or needs</li> <li>• No routine or consistency</li> <li>• History of serious parental problems</li> <li>• Discipline is rigid, harsh or extremely permissive</li> <li>• No understanding of child development or needs</li> </ul> <p>*****                  COMMENTS/NOTES:                  *****</p>

**AUDUBON AREA HEAD START  
FAMILY ASSESSMENT SCORING**

**FAMILY NAME:** \_\_\_\_\_ **CHILD'S NAME:** \_\_\_\_\_

**FAMILY NAME:** \_\_\_\_\_ **DATE ASSESSMENT COMPLETED:** \_\_\_\_\_

**INITIAL ASSESSMENT SCORE:** \_\_\_\_\_ **SERVICE LEVEL:** \_\_\_\_\_

\*\*\*\*\*

**FAMILY ADVOCATE:** \_\_\_\_\_ **DATE ASSESSMENT COMPLETED:** \_\_\_\_\_

**END OF YEAR ASSESSMENT SCORE:** \_\_\_\_\_ **SERVICE LEVEL:** \_\_\_\_\_

\*\*\*\*\*

**SCORING CATEGORIES**

<b>SCORE</b>	<b>LEVEL</b>
10-14	LEVEL ONE
15-20	LEVEL TWO
21-30	LEVEL THREE
31-40	LEVEL FOUR
41-50	LEVEL FIVE

**\*Families scoring in level five require weekly contact**



## TIERED CASE MANAGEMENT GUIDE

Considerations	Service Level One	Service Level Two	Service Level Three	Service Level Four	Service Level Five
<b>Known, Observed, Expressed Needs</b>	Few needs observed. Family is able to meet own needs with little or no outside help.	Needs are minimal. Family requires help with needs only on occasion.	Extended need noted in at least one area. Moderate assistance is required to meet needs.	Extensive needs noted in two or more areas. Needs may be basic in nature; frequent assistance is required.	Numerous needs noted which require active, intensive support. Likely “crisis” level of functioning and/or safety needs noted.
<b>Family Strengths; Goal Work</b>	Family recognizes and uses strengths and capabilities.	Family recognizes strengths, but does not appear to use them consistently.	Some recognition of strengths, but family requires consistent support to make use of strengths.	Rarely acknowledges strengths. Consistent obstacles prevent family from using strengths.	Family requires ongoing support to develop/use strengths. Consistent difficulties deter family from strengths focus.
<b>Parenting Skills</b>	Enhanced parenting skills with self-directed supervision of children.	Basic parenting skills are in place; supervision of children is appropriate.	Some basic skills; however, methods and supervision are inconsistent.	Skills not apparent. Supervision of children is not consistently adequate.	Requires assistance with most basic parenting skills. Supervision of children is a safety concern.
<b>Community and Family Supports</b>	Strong network of support exists outside of Head Start staff.	Adequate network of support is present; may include staff.	Adequate support network is available, but is not used effectively.	Support not available on a consistent basis or family requires assistance accessing support.	Absence of support or need for numerous supports that include professional services.
<b>Risk Factors</b>	No risk factors noted, or are being handled effectively. No suspected violence.	Minimal risk factors present. No violence or history of violence.	At least two risk factors present that require assistance. History of violence.	Several risk factors present or suspected. Recent violent situations. Assistance required often.	Numerous risk factors noted/suspected. Ongoing assistance needed. Current violent behavior or history of violent behavior.
<b>Life Concerns</b>	Able to manage or resolve any difficulties without “outside” assistance.	Recognizes difficulties and can resolve them with self-initiated help.	Recognizes difficulties and makes attempts to resolve. Requires aid in seeking help.	Some recognition of difficulties and inconsistent attempts at resolution. Help needed often.	Rarely recognizes difficulties. Few or ineffective attempts at resolution. Likely needs several avenues of help.



# SUBSTANCE ABUSE ATTITUDE SURVEY

**Objective:**

To help workers gain an awareness of their personal attitudes about use and abuse of alcohol and drugs

**Intended Use:**

To help program leadership recognize and address misinformation and biases about alcohol and drug abuse among their staff members that could interfere with their ability to support families abusing or suspected of abusing substances

**Audience:**

- Supervisors of workers who interact with families

**Outcome:**

- Workers become aware of personal attitudes about substance use and abuse which can adversely affect the helping relationship

**Context:**

Every person has his or her own attitudes and beliefs about the use and abuse of substances such as illegal drugs, illegal use of prescription drugs, alcohol, and even tobacco. These attitudes are often deeply held and based on a person's own life history. Family advocates bring those values to their work. Some receive training and support to minimize the impact of those personal attitudes in order to be non-judgmental and more helpful to those being served. Many, however, do not. As a result, these attitudes may interfere with the helping relationship, and even do harm, though unintended, to those one hopes to support. Helping staff members build awareness of these personal attitudes is the first step toward understanding how they might affect their work.

An awareness of one's own attitudes and values is critical to family support work. Attitudes and values are internal and develop over years of life experience and can influence a worker's behavior, responses and approaches in the helping relationship. Many workers have not identified and explored their own attitudes, believing that they do not interfere with their work with others. Yet we all have deep feelings. When confronted with substance abuse, for example, those attitudes may be triggered and result in a response that is not helpful. This survey is a tool to begin the process of assessing personal attitudes, identifying both supportive attitudes and those that could be harmful.

The tool has no right or wrong answers, nor does it have a scoring function. It simply allows the worker and supervisor to identify the attitudes that generally help and those that generally hinder work with people abusing substances. The supervisor is responsible for working to change negative attitudes of the worker, acknowledging that attitudes are difficult to change. The supervisor may instead help the worker set aside personal attitudes, monitored by frequent consultation and quality assurance.



**POINTERS:** In addition to self-awareness and empathy, a family worker relating to someone misusing or abusing substances should strive for:

- respect for others
- openness to different perspectives
- belief that people can change
- an outlook that is nonjudgmental
- confidence in the power of positive motivation

### **The Process**

The survey is an open-ended list of attitudes about substance use and abuse. A manager may use this tool one-on-one with a staff member, or with the team, using the tool to spur a group conversation. The manager asks staff members to share their thoughts about each of the subjects in the five topic areas, discussing how the responses may help or hinder work with a family or an individual.

Using the tool is not a one-time event. It should be spread out over a few weeks, to adequately explore each of the factor areas. The manager may ask staff members to try out new behaviors in consultation and with families, bringing their experiences back to the manager and team. The issues raised during these discussions can also identify areas where ongoing staff development would be beneficial.

# SUBSTANCE ABUSE ATTITUDE SURVEY

## Factor I: Permissiveness

- Marijuana should be legalized.
- Personal use of drugs should be legal in the confines of one's own home.
- Daily use of one marijuana cigarette is not necessarily harmful.
- It can be normal for a teenager to experiment with drugs.
- Lifelong abstinence is a necessary goal in the treatment of alcoholism.
- Once a person becomes drug-free through treatment he can never become a social user.
- Parents should teach their children how to use alcohol.

## Factor II: Treatment Intervention

- Family involvement is a very important part of the treatment of alcohol and drug addiction.
- The best way to treat alcohol- or drug-dependent people is to refer them to a good treatment program.
- Group therapy is very important in the treatment of alcoholism or drug addiction.
- Urine drug screening can be an important part of treatment of drug misuse.
- Long-term outpatient treatment is necessary for the treatment of drug addiction.
- Paraprofessional counselors can provide effective treatment for alcohol and drug misusers.

## Factor III: Nonstereotypes

- People who use marijuana usually do not respect authority.
- Smoking leads to marijuana use, which, in turn, leads to hard drugs.
- Marijuana use leads to mental illness.
- Heroin is so addicting that no one can really recover once he/she becomes an addict.
- All heroin use leads to addiction.
- Weekend users of drugs will progress to drug misuse.
- A hospital is the best place to treat an alcoholic or drug addict.
- Recreational drug use precedes drug misuse.

## Factor IV: Treatment optimism

- Drug addiction is a treatable illness.
- Alcoholism is a treatable illness.
- An alcohol- or drug-dependent person who has relapsed several times probably cannot be treated.
- Most alcohol- and drug-dependent persons are unpleasant to work with.
- An alcohol- or drug-dependent person cannot be helped until he/she has hit "rock bottom."

## Factor V: Non-moralism

- Street pushers are the initial source of drugs for young people.
- Alcohol is so dangerous that it could destroy the youth of our country if not controlled by law.
- Angry confrontation is necessary in the treatment of alcoholics or drug addicts.
- Alcohol and drug misusers should only be treated by specialists in the field.
- Alcoholism is associated with a weak will.
- Using any hard drugs shortens one's life span.



# FAMILY SCREENING AND OBSERVATION TOOLS

**Objective:**

To help front-line family workers conduct a quick screen of potential high-risk circumstances in family dynamics and home environments

**Intended Use:**

These tools were designed to be used during a first home visit to a family recently enrolled in an early childhood development program. They are easily applicable to other programs with a home visiting component.

**Audience:**

- Family service supervisors and family service staff

**Outcome:**

- Workers are able to make an early assessment of high-risk circumstances affecting families.
- Agencies can begin to identify support or interventions to address high-risk circumstances early in their relationship with a family, extending the potential intensity and duration of their support.

**Context:**

Agencies often have only a limited time to work with families. These time frames are particularly challenging when a worker is trying to address high-risk circumstances, such as alcohol and drug abuse, family violence or depression. Early screening and observation tools, when administered respectfully, can be surprisingly effective at providing opportunities for sharing of sensitive information. They also provide workers, who may be uncomfortable asking about these issues, concrete tools for guiding conversations.

The following screening and observation tools were developed by the University of New Mexico CASAA program in collaboration with Laguna Pueblo Department of Education's Division of Early Childhood. The tools were designed to assist family advocates do a better job of assessing high-risk circumstances during their early home visits. By providing a simple set of concrete questions and observation criteria, the tools helped advocates overcome their own reluctance to raising sensitive issues, even when evidence was directly in front of them. The tools also provided a vehicle for making earlier assessments of families joining the early childhood program.

The early screening information can help lay the foundation for a more formal assessment later. More important, it provides a way to engage the family in discussion about high-risk behaviors that should receive attention immediately.

**POINTERS:**

- If you think there are risks that should get immediate attention, ask the family if they'd like help now
- Be respectful – ask families if they are ready to talk about issues, and honor their answers
- Plant a seed if a family isn't ready yet – you can return to it later

**The Process**

The Initial Screening Interview is designed to be conducted collaboratively with a family. It is helpful for workers to let families know that the tool's purpose is to help them understand the family's current life situation, so they can see what's most pressing for them. Workers should take only brief notes during the screening, filling in additional information when they return to the office.

After the interview and home visit, the worker should fill out the forms and identify further steps. Based on the program and the information from the families, the worker will respond as practices and procedures indicate. For example, if the family indicates that there are problems they want to deal with right away, the worker can make a referral to a provider, possibly offering to accompany the family to the first visit to facilitate the connection.

If there are problems but the family doesn't want to do anything about them, the worker can involve the supervisor or program team in the next steps to engage the family, and strategies to help move them forward. If there is risk of danger, the worker should also inform the proper authorities.

The Observation Tool should be reviewed before a home visit is made, in order to familiarize oneself with its contents. Workers should fill it out after a home visit is completed. If the initial visit does not provide an opportunity to see family members interacting with one another, these assessments should be reserved until a later visit.

# FAMILY ADVOCATE INITIAL SCREENING INTERVIEW

DATE: \_\_\_\_\_ INTERVIEWER: \_\_\_\_\_

NAME OF CHILD: \_\_\_\_\_ CLASSROOM: \_\_\_\_\_

PERSON INTERVIEWED: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

On a scale of 1 to 10, circle the number for each part of your life that best indicates the degree of happiness that you feel today.

	Completely Unhappy					Completely Happy				
Social Life	1	2	3	4	5	6	7	8	9	10
Cultural Life	1	2	3	4	5	6	7	8	9	10
Religious or Spiritual Life	1	2	3	4	5	6	7	8	9	10
Family Health	1	2	3	4	5	6	7	8	9	10
General Happiness	1	2	3	4	5	6	7	8	9	10

1. How often are books read to your children?
2. How many times a week does your family sit down to eat a meal together?
3. During the last year, have you had a feeling of guilt or remorse after drinking?
4. How and where do you get your medical needs met?
5. Have you ever felt threatened by or afraid of any family member?
6. During the last year, have you lost friends, girlfriends or boyfriends, because of drinking?
7. During the last year, has a friend or family member ever told you about things you said or did while you were drinking that you could not remember?
8. Do you sometimes take a drink in the morning when you first get up?
9. Have you lost interest in things you used to enjoy?
10. Do you have difficulty falling or staying asleep?
11. Have you had any thoughts about hurting or killing yourself?
12. During the last year, have you failed to do what was normally expected of you because of drinking?
13. How do you protect your child(ren) from abuse?
14. How many hours a day is your TV/VCR/DVD in use?
15. All families disagree and have conflicts. How do you and your family talk to each other when one of you is upset?
16. When you're out running errands, do you have someone to help watch your child(ren)?
17. What percent of time does someone else care for your child(ren)?
18. Have the children or child been present during threatening or violent arguments?



# FAMILY ADVOCATE OBSERVATION TOOL

NAME : \_\_\_\_\_ HOME LOCATION: \_\_\_\_\_

PERSON INTERVIEWED: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

INTERVIEWER: \_\_\_\_\_ DATE: \_\_\_\_\_

1. Is housing adequate? \_\_\_\_\_  
\_\_\_\_\_
2. Is clothing and hygiene adequate? \_\_\_\_\_  
\_\_\_\_\_
3. Are the children adequately supervised? \_\_\_\_\_  
\_\_\_\_\_
4. Does the parent look tired, sleepy, coherent, attentive? \_\_\_\_\_  
\_\_\_\_\_
5. Does person being interviewed display appropriate affect? \_\_\_\_\_  
\_\_\_\_\_  
Do others in household display appropriate affect? \_\_\_\_\_  
\_\_\_\_\_
6. Does family converse easily with child(ren)? \_\_\_\_\_  
\_\_\_\_\_
7. Do parents show affection and positive interaction? \_\_\_\_\_  
\_\_\_\_\_  
What other parenting behaviors were observed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Is there evidence of reading material in the home? \_\_\_\_\_  
\_\_\_\_\_
9. Is indoor/outdoor play environment safe? \_\_\_\_\_  
\_\_\_\_\_
10. Are appropriate toys available for the children? \_\_\_\_\_  
\_\_\_\_\_
11. Is the home sanitary? \_\_\_\_\_  
\_\_\_\_\_
12. Is there any evidence of drug or alcohol use? \_\_\_\_\_  
\_\_\_\_\_

Adapted from Laguna Pueblo Department of Education, Division of Early Childhood



# IDENTIFYING HIGH RISK BEHAVIORS

**Objective:**

To help front-line workers conduct short screenings to find indicators of possible substance misuse or abuse, mental health issues, or domestic violence in families.

**Intended Use:**

- These tools are meant to be used to get a quick idea of the possible presence of substance abuse, family violence or mental health difficulties in a family.
- If the indicators are strong, the tools should also be used to help the worker and family develop an immediate response of safety or referral for a more thorough assessment.

**Audience:**

- Leadership: Understand trends among families served to assist in building partnerships needed to provide support
- Managers: To provide line staff with concrete tools to assess presence of high risk behaviors
- Family Workers: For use when high risk behaviors are suspected

**Outcome:**

- Enhance staff's ability to identify and act upon high risk behaviors in a timely manner.
- Identify families in need of on-going support

**Context:**

There are many barriers that make it difficult to discuss high risk behaviors. Fear, denial and shame all play a part. Simple assessment tools offer concrete ways for front line workers to address these issues in a structured and less threatening way.

Many front line workers who are not trained to address high risk behaviors sometimes find themselves in situations where they have a suspicion that alcohol or drug abuse, family violence or mental health issues exist in a family with whom they are working. The following tools are designed to assist workers identify signs and symptoms, and provide simple questions which can help determine appropriate next steps.

### Tips

- Provide training and support to line workers before asking them to utilize these tools
- Front line workers shouldn't try to solve these issues themselves—organizations need to build supervisory practices to support them in making informed choices about next steps

### The Process

The screening tools may be used in a variety of situations, including during an initial screening, a more formal family assessment, or when you have indicators of problems. It is not recommended to use the tools during a recruitment meeting, without obvious indicators of the presence of high risk behaviors. Some programs use these tools before a formal assessment and plan development to get a head start on providing supportive services to families in need.

The tools are best used informally. An experienced worker may not need the tool with her during a family discussion, as she knows the questions to ask and the behaviors to look for. Less experienced workers may prefer, with the family's consent, to use the tool as a discussion guide.

The worker and supervisor should use the information from the tools to begin developing next steps with a family. When there are obvious indicators, a counseling or treatment partner is a valuable member of the team to help develop strategies for follow-up. Local domestic violence and law enforcement agencies will also have protocols which should be followed should family violence be identified.

## IDENTIFYING SUBSTANCE ABUSE

Physical signs and symptoms of substance abuse will vary depending upon the drug being used, but there are common indicators you may encounter. Keep in mind that physical illness and other mental health problems may produce some of the same indicators or occur along with a substance abuse problem. Not all of the signs will be present and may not be obvious in some cases.

1. Secrecy or avoiding contact; difficult to engage; not answering the door when home
2. Missed appointments or absenteeism from work or school
3. Decline in work performance or in children's school performance
4. Messy or disorganized home environment
5. Legal difficulties
6. Changed behaviors with regard to socializing, childcare, or schedules (e.g., frequently sleeping in)
7. Complaints from neighbors or housing authorities about parties, excessive noise
8. Increased isolation from family and friends
9. Mood swings; outbursts of anger, paranoia, or defensiveness
10. Financial difficulties not otherwise explained
11. Evidence of accidents, falls, or frequent illness, especially sinus problems
12. Physical evidence of alcohol or drug use (empty bottles, drug paraphernalia such as syringes, cigarette rolling paper, pipes, "bongs", etc.)
13. Change in sleep patterns, appetite, or mood
14. Dilated or constricted pupils; lapses of concentration; lethargy or excessive drowsiness ("nodding off"); slurred speech (alcohol or depressants); excessive excitability or rapid speech (stimulants); memory lapses or "blackouts", i.e., not being able to remember all or part of an evening when intoxicated (alcohol)
15. Care-taking behavior by children in the home (e.g., with parents, younger siblings, household chores, etc.)

### Asking the right questions:

Questions about substance use are part of any family assessment and should be asked in a routine manner. If family members are willing to respond, basic questions could include:

- What substances are being used?
- How recently, how much, and how often are the substances used?
- What happens when the person uses? Are there negative consequences? Does the person feel guilt or remorse?
- Why does the person say they use the substance? (Using to deal with negative feelings or situations tends to be higher risk.)
- Has the person ever thought they had a problem with alcohol or other drugs?
- Has the individual ever stopped using or tried to stop using? If so, why?



## IDENTIFYING FAMILY VIOLENCE

### SIGNS TO LOOK FOR—ADULT TO ADULT VIOLENCE

1. A woman tells you her partner always puts her down in public
2. The woman becomes quiet when her partner is nearby
3. The partner sits in on home visits and appears to be controlling when or about what information is shared
4. The woman seems afraid to make her partner angry
5. The partner controls the family finances as well as the coming and going of the woman (e.g., she has to ask permission to attend a school function)
6. She regularly cancels plans at the last minute
7. You see the partner violently losing his temper
8. The woman does not seem to know what she wants or how she feels
9. The woman has injuries with unlikely excuses for their cause
10. There are absences from work and school
11. The woman stops seeing her friends and extended family and becomes more isolated
12. The woman laughs off her partner's violent temper or behavior
13. She frequently blames herself for things that go wrong in the home
14. There is aggressive behavior (e.g., hitting, yelling, etc.) or care-taking by the children in the home

### SIGNS TO LOOK FOR—CHILD ABUSE AND NEGLECT

1. Past problems with abusive or neglectful behavior toward children
2. Problems with substance abuse that have been going on for a while or that appear serious
3. Past and present problems with violence between adults, between adults and teenagers or between children
4. Family has been without reliable supportive extended family and friends for a long time
5. Anger problems or impulse control problems
6. Depression or other psychiatric problems that they have had for a long time if they are not getting the help they need
7. Parents who are not warm or nurturing to their children, criticize their children a lot or discipline them harshly
8. An increased incidence of neglect or evidence that the parents really do not understand the basic needs of their children



# IDENTIFYING MENTAL HEALTH ISSUES

## SIGNS TO LOOK FOR—GENERAL MENTAL HEALTH

Many of the general indicators from the substance abuse section apply here as well. Keep in mind that there may be cultural and gender differences in the way mental disorders are described and experienced. For example, some people may focus more on physical complaints (e.g. fatigue or aches and pains) than on emotional concerns.

1. Secrecy or avoiding contact; difficult to engage; not answering the door when home
2. Missed appointments or absenteeism from work or school
3. Decline in work performance or in children's school performance
4. Messy or disorganized home environment
5. Poor personal hygiene
6. Changed behaviors with regard to socializing, childcare, or schedules (e.g. frequently sleeping in)
7. Increased isolation from family and friends
8. Mood swings; excessively elevated mood; pervasive sadness; irritability; paranoia; confusion; defensiveness
9. Change in sleep patterns, appetite or mood
10. Increased fatigue, worry or anxious feelings
11. Care-taking behavior by children in the home

## SIGNS TO LOOK FOR—DEPRESSION

While more common in women, depression also occurs in men but the signs and symptoms may not be as obvious.

1. Feelings of sadness most of the time
2. Lack of enjoyment from doing things previously found pleasurable, including interacting with family and friends
3. Oversleeping (difficulty getting out of bed) or difficulty sleeping well at night
4. Feelings of fatigue
5. Reduced sexual energy
6. Loss of appetite or feeling like eating all the time
7. Difficulty focusing and being forgetful
8. Increased aches and pains that persist
9. Feeling bad about oneself most of the time
10. Feeling anxious and upset, but not sure why
11. Increased irritability
12. Thoughts of death including thoughts of suicide

## IDENTIFYING MENTAL HEALTH ISSUES

### SIGNS TO LOOK FOR—ANXIETY DISORDERS

1. The person is always worried about things, even when there are no signs of trouble
2. Reports frequent aches and pains that can't be traced to physical problems
3. The person is often tired, but has trouble sleeping
4. Appears physically tense or reports feeling tension in the body much of the time
5. Reports of panic attacks (heart racing, dizziness, difficulty breathing, tingling)
6. Reports of nightmares and flashbacks to past accidents or trauma (e.g. a sexual assault)
7. Repeated hand washing or obsession with germs; overly concerned about checking locks or leaving the stove on when leaving the house
8. Can't get thoughts out of their head about losing control and harming someone they care about
9. Fears about meeting new people, being embarrassed in social situations, or leaving the house

### SIGNS TO LOOK FOR—THOUGHT DISORDERS

Mental health issues, such as schizophrenia, are relatively rare. In addition to the general symptoms listed above, most people know when they encounter an individual who has a thought disorder. Psychotic symptoms may also be caused by substance abuse or by certain physical conditions. Some other signs that can occur include:

1. The person exhibits unusual thoughts and speech patterns; has trouble focusing on a topic; loose or bizarre associations with the ideas they express; talks rapidly with a flood of thoughts
2. The person is not oriented to time, person or place
3. They express or exhibit hallucinations (hearing things, seeing things) or delusions (imagining things or holding strong personal beliefs that are not true)
4. There have been dramatic changes in behavior, including social isolation or withdrawal

# TIPS FOR ASSESSING READINESS TO CHANGE

**Objective:**

To assess the level of a person's readiness to make changes in behaviors, especially high-risk behaviors.

**Intended Use:**

This tool is used to determine readiness to make changes in negative behaviors.

**Audience:**

- Family worker: To informally assess family readiness to change

**Outcome:**

- The use of this tool will help a worker determine how receptive a person is to changing his or her behavior, allowing the worker to move them toward changing those behaviors. Often, the process of assessing readiness in and of itself can help the person see problems more clearly.

**Context:**

People engaged in high-risk behaviors fall across a continuum of readiness to change. Some may not know their behaviors are problematic, or may not care too much even if they do know. Others know they should change, yet have reasons not to. The people most likely to make changes are those who know they should and are ready to do so. Workers often want people to make changes regardless of readiness. Resistance is likely to occur when someone who is not ready is told to make changes.

Readiness to change is a complex issue, as there are many ways for a person to stay comfortable, even if engaged in difficult or dangerous behaviors. These tips can help workers successfully assess how comfortable a person is and move them into enough discomfort so change makes sense.

There are two basic techniques used to make the assessment: Look for signs and ask open-ended questions and follow-up inquiries. During supervision and consultation sessions, scenarios and role-playing can be used to practice the skills of assessing readiness.

As important as it is to identify an individual's readiness for change, the worker should also engage the rest of the family in discussion, to assess how ready they are. The best situation is when an individual and the rest of the family all see the need and ability to make changes.

### Tips

- Use only open-ended exploration and follow-up questions
- Affirm comments and behaviors that show signs of increased interest in change
- Explore both the benefits of the behavior and the drawbacks
- Reinforce the drawbacks
- Have the person envision a dream for the future, then ask if it can be achieved the way things are now

### The Process

A worker uses this tool in the belief that the individual is thinking about making changes. A person may say things directly, or there may be behaviors that indicate the person is considering change. The tool is a guide for the worker to assess the person's readiness.

The tool has two sections. The first is a set of behaviors to look for that might indicate movement toward seeing the need to make changes. The second is a set of questions for the worker to use to elicit information from the individual and family that help assess readiness. Workers should be familiar enough with the tool to conduct the assessment without the forms in front of them. There is no scoring of the tool; it is used simply to open discussion and to elicit the person's readiness for change.

## TIPS FOR ASSESSING A FAMILY MEMBER'S READINESS TO CHANGE

### Look for signs of readiness to change:

- The person becomes less resistant and “on edge” in their interaction with you.
- The person seems to have “talked through” the area of concern and becomes more quiet and thoughtful.
- The person seems to have reached some resolve about the issue and may seem more peaceful or settled. Others might be feeling some of the loss associated with the situation and could be tearful or resigned.
- While the resistance decreases, talk about making the change increases (reason for changing, intention to change, problems with the way things are, etc.).
- The person may start asking questions about change, such as what he or she could do about the problem, how other people change, etc.
- The person starts talking about how things might be if they made the change: both the positive outcomes and the challenges of making the change.
- The person tells you about trying out some new behaviors related to changing, e.g., cutting down on alcohol use.

(Miller & Rollnick, 2002)

### Ask directly about the person's readiness to change:

- Ask an open-ended question about readiness to change such as, “How ready do you feel to make some changes in this area?”
- Listen and reflect back what you hear. In general, people fall somewhere along the line of being “Not Ready,” “Unsure,” or “Ready.”
- Ask for more information: “What are some of the things that have got you thinking about making a change?” “What would have to happen for you to be more ready to consider making a change?” “What are some of the things that make you unsure about making a change?”
- Listen and summarize what the person says.
- If appropriate, ask a key question: “Where does this leave you now?”
- If the person does not appear to be ready for change, reflect this back to him or her and leave the door open for future discussion. Consider approaching the issue through one of the methods described above.



# BRIEF HOME-PROPERTY-NEIGHBORHOOD OBSERVATION TOOLS

**Objective:**

To identify physical health and safety risks that exist in a family's home, including the interior and exterior of the home, the property and the neighborhood

**Intended Use:**

- These three tools can be used to conduct a quick assessment of the interior and exterior of a home to identify issues that negatively impact the health and safety of the family.
- They also can be used to establish a plan to address the identified risks.

**Audience:**

- Leadership: To track trends and identify partners to assist in remediation of problems
- Managers: To help workers develop a broader understanding of the environmental risks that might endanger families
- Family workers: To observe and record health and safety risks to families

**Outcomes:**

- Improve ability of workers to help families address risk factors in their immediate environment
- Provide cross-family data to identify partners to address issues through action and public policy

**Context:**

Family workers are generally trained to assess the individual's or family's strengths and risks but may ignore the health and safety risks in the home, the property or the neighborhood. These risks may put the family in jeopardy and, if left unaddressed, act as a barrier to the family's well-being.

Workers can be more helpful to families when they see and understand the factors in the home and neighborhood that can cause risks or provide supports.

A family worker going to and from a home visit can observe conditions in the neighborhood and the home which may affect the family. Some problems can be addressed by the worker, such as home cleanliness or even minor repairs. Other conditions, however, may be beyond the worker's responsibilities and should be addressed by the relevant municipal organization.

### Tips

- Look for obvious risks, such as exposed wiring or no heat in the winter
- Look for less obvious signs, such as junk in the yard that may be unsightly or even dangerous
- Ask the family and other neighborhood residents about their view of what you see

### The Process

These three tools are used to record conditions in the home and neighborhood. Observations should be made while traveling to and from the home, observing the outside of the home and property as well as inside the home. After the visit, the worker should record what was seen, assessing the strengths in the environment that can be used to support the family, and the risks that need attention. This information can be used by leadership or the governance group to determine which partner organizations could assist in resolving the issues.

# OBSERVATIONAL TOOLS

## SIMPLE IN-HOME OBSERVATION TOOL

1. Is housing adequate? \_\_\_\_\_  
\_\_\_\_\_
2. Is clothing and hygiene adequate? \_\_\_\_\_  
\_\_\_\_\_
3. Are the children adequately supervised? \_\_\_\_\_  
\_\_\_\_\_
4. Does the parent look tired, sleepy, coherent, attentive? \_\_\_\_\_  
\_\_\_\_\_
5. Does person being interviewed display appropriate affect? \_\_\_\_\_  
\_\_\_\_\_
- Do others in household display appropriate affect? \_\_\_\_\_  
\_\_\_\_\_
6. Does family converse easily with the child(ren)? \_\_\_\_\_  
\_\_\_\_\_
7. Do parents show affection and positive interaction? \_\_\_\_\_  
\_\_\_\_\_
- What other parenting behaviors were observed? \_\_\_\_\_  
\_\_\_\_\_
8. Is there evidence of reading material in the home? \_\_\_\_\_  
\_\_\_\_\_
9. Are the indoor and outdoor play environments safe? \_\_\_\_\_  
\_\_\_\_\_
10. Are appropriate toys available for the children? \_\_\_\_\_  
\_\_\_\_\_
11. Is the home sanitary? \_\_\_\_\_  
\_\_\_\_\_
12. Is there any evidence of drug or alcohol use? \_\_\_\_\_  
\_\_\_\_\_

Note the conditions, and if you have any concerns about safety, cleanliness, health issues or other concerns, bring it up to your supervisor for discussion and action.



## SIMPLE HOME/PROPERTY OBSERVATION TOOL

1. Dwelling—does it look clean and safe, or are there obvious things needing repair or are even dangerous? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Trash/Debris—does it look pretty clean of debris around the dwelling, or is it quite a mess or even unsanitary? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Vehicles—are vehicles operable and safely parked, or are there cars inoperable or parked illegally or dangerous? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Landscape/Fences—do the grounds around the dwelling look okay, or are there broken fences, dead landscaping, open standing water or sewage? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Detached Structures—if there are structures, are they solid and safe, or do they look run down, unlocked and open to the public, or hazardous? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note the conditions, and if you have any concerns about safety, cleanliness, health issues or other concerns, bring it up to your supervisor for discussion and action.



## SIMPLE NEIGHBORHOOD OBSERVATION TOOL

1. Is the neighborhood clean of debris such as broken glass, litter or animal droppings?

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2. Is there adequate lighting? \_\_\_\_\_

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3. Are there people engaging other people in friendly conversation? \_\_\_\_\_

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4. Are there groups of people who appear suspicious or who are aggressive? \_\_\_\_\_

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5. Are there many empty lots or vacant buildings? \_\_\_\_\_

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6. Is there public drinking visible? \_\_\_\_\_

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7. Is automobile traffic safe? \_\_\_\_\_

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8. Are there sidewalks and other pedestrian friendly locations? \_\_\_\_\_

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9. Is there public transportation accessible to residents? \_\_\_\_\_

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Note the conditions, and if you have any concerns about safety, cleanliness, health issues or other concerns, bring it up to your supervisor for discussion and action.



# HOME ENVIRONMENTAL ASSESSMENT

**Objective:**

To help workers determine the health and safety risks that exist in the home

**Intended Use:**

This tool is used to identify interior issues that negatively impact the health and safety of a home's inhabitants. The results can be used to make a plan to address those risks and as a source of data about neighborhood housing conditions in general.

**Audience:**

- Leadership: To track trends and identify partners to assist in remediation of problems
- Family workers: To observe and record health and safety risks to families

**Outcome:**

- Improve ability of workers to help families address interior health risks
- Provide data to identify partners to address neighborhood issues

**Context:**

Workers who make home visits are in a unique position to serve as advocates for improving interior housing conditions. It is not uncommon for families living in rental property to tolerate substandard health and safety conditions out of fear of landlord retaliation. Mold, mildew, asbestos, lead paint, radon and other problems may exist in rental property. Owner-occupied property can also suffer from the same issues, and owners may need assistance in addressing them. Sometimes mediation with landlords will be required; other times the need will be to identify resources available to homeowners to fix problems.

Communities with high levels of rental housing and economic pressure to increase rents must find methods of holding landlords accountable for meeting state and local health and safety codes. Typically, residents struggling to find rental housing at affordable prices hold little power to negotiate the interior quality of the property. Sometimes health and safety problems result from substandard conditions within rental property. At other times, a home visit may reveal problems that the owner occupant cannot afford to fix.

The tool can be used to evaluate individual homes or assess a section of a neighborhood. Multiple property assessments can be used to develop local policies to create safer housing for both owners and tenants.

**The Process**

The Home Environmental Assessment tool can be used two ways. The home visitor can complete the survey with the resident and go over the results, using the information as an educational vehicle to discuss what next steps are necessary to address issues. This method shares power with the resident to determine a level of intervention that is comfortable. Alternately, the home visitor can ask permission of a resident to walk through the interior of the residence and fill out the survey without his or her participation. Both methods can be used to determine an appropriate intervention.

There is no quantifiable level of problems on the assessment that automatically demands intervention. For example, the presence of rats and

rodents requires attention, but how immediate a response depends on the specific circumstances. Similarly, the real or suspected presence of lead requires immediate attention if there are young children, but if only adults live in the home, the immediacy is reduced. The steps that are required can best be determined with support from a supervisor or community partner, such as the local code enforcement officer, who has the authority to address the identified issues.



**POINTERS:**

- **Try to engage the resident in the process of performing the home assessment**
- **Use the assessment information to determine appropriate steps for remediation**
- **Use the data to support larger policy strategies to improve housing stock**

# HOME ENVIRONMENTAL ASSESSMENT

Resident Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Follow-up visit or phone call okay?  Yes  No

Type of Housing:  House  Apartment  Rental  Owner Occupied  
 Landlord if not Occupant: \_\_\_\_\_  
 City water  Well water  Bottled water for drinking/cooking

**Present within one block radius:**

Vacant lot  Vacant building  Garbage  Smells  Factory  
 Auto body/Paint Shop  Car repair shop  Dry cleaner  Laundromat  Bus stop  
 Beauty/Nail shop  Street debris/sewer  Heavy traffic  Freeway  High tension lines

**Residents**

Name	Age	Sex	Ethnicity	Known Allergies	In-home smoker?	Home-bound?

**Common Health/Allergy Triggers**

If a trigger is present, indicate location and severity of problem using the following scale: 0 = not a problem; 1 = slight problem, minimal remediation needed; 2 = moderate problem, remediation required; 3 = severe problem, immediate remediation required  
 Also indicate occupant's knowledge level about triggers present using the following scale: 0 = no knowledge; 1 = some knowledge; 2 = moderate knowledge; 3 = very knowledgeable

Trigger	Living Room	Family Room	Kitchen	Bathroom	Bedroom 1	Bedroom 2	Bedroom 3	Other	Knowledge Level	Able to change?
<b>Dust and Lead</b>										
Carpet										
Rugs										
Curtains/Drapes										
Blinds										
Open shelves										
Stuffed toys										
Fans										
Air conditioner										
Upholstered furniture										
Peeling paint										
<b>Mold and Mildew</b>										
Visible mold or mildew										
Plants/clay pots										
Discolored or stained walls										
Discolored or stained ceiling										
Leaky pipes or faucets										
Leaking roof										
<b>Vermin</b>										
Holes in wall										
Open garbage can										
Cockroaches										
Rodents										
Other										

Other Environmental Dangers		Knowledge Level	Able to change?
Are vermin treatments in use? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What kind? <input type="checkbox"/> Sprays/Bombs <input type="checkbox"/> Chalk <input type="checkbox"/> Tempo <input type="checkbox"/> Gel <input type="checkbox"/> Sticky trap <input type="checkbox"/> Boric acid <input type="checkbox"/> Bait station/poison <input type="checkbox"/> Spring trap			
Who applies the treatments? <input type="checkbox"/> Resident <input type="checkbox"/> Landlord <input type="checkbox"/> Commercial service			
Are sources of formaldehyde present? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What kind? <input type="checkbox"/> Particleboard <input type="checkbox"/> Foam insulation <input type="checkbox"/> Synthetic materials in cabinets or furniture <input type="checkbox"/> Other			
Are asbestos hazards present? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What kind? <input type="checkbox"/> Pipe insulation <input type="checkbox"/> Furnace/boiler insulation <input type="checkbox"/> Old floor tiles <input type="checkbox"/> Wallboard repair <input type="checkbox"/> "Popcorn" ceiling <input type="checkbox"/> Asbestos shingle siding <input type="checkbox"/> Renovations/repairs			
Does resident use cleaners, polishes, air fresheners or disinfectants? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does resident use glues, solvents, varnishes or building materials? <input type="checkbox"/> Yes <input type="checkbox"/> No Where are they stored?			
Is the home in an area where Radon is common? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has the Radon level ever been measured? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there a wood-burning stove or fireplace used in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there a smell of smoke inside when it is in use? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are kerosene, oil or gas stoves or heaters without vents used in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are candles or incense being burned in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are there items in the home that are dry-cleaned? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is clothing stored in mothballs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If there is a garage, is it attached to the home? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the resident have a car? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How long does the resident let the car idle in the garage before driving away?			
Is there a smell of gasoline or other strong chemical odors? <input type="checkbox"/> Yes <input type="checkbox"/> No			
At home, does resident engage in Car, boat, truck maintenance or repair? <input type="checkbox"/> Yes <input type="checkbox"/> No Furniture repair or refinishing? <input type="checkbox"/> Yes <input type="checkbox"/> No Soldering? <input type="checkbox"/> Yes <input type="checkbox"/> No Ceramics/pottery? <input type="checkbox"/> Yes <input type="checkbox"/> No Photo developing? <input type="checkbox"/> Yes <input type="checkbox"/> No Stained glass work? <input type="checkbox"/> Yes <input type="checkbox"/> No Fine art painting? <input type="checkbox"/> Yes <input type="checkbox"/> No Model building? <input type="checkbox"/> Yes <input type="checkbox"/> No Other activities (specify) ? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Assessment done by: _____	Date: _____		

# NEIGHBORHOOD PROPERTY ANALYSIS

## **Objective:**

To identify the exterior aspects of residential properties contributing to neighborhood deterioration and to use that data to create improvement plans

## **Intended Use:**

This tool can be used by local residents or community workers to identify blighted housing stock in neighborhoods. The results of a property-by-property assessment will provide a snapshot of the level of physical deterioration within a neighborhood and serve as a guide for prioritizing properties for improvement.

## **Audience:**

- This information is useful for neighborhood groups working to improve the overall quality of housing in their area. The data can also help a neighborhood revitalization project determine which properties pose health and safety risks for children and families. The data then serve as a baseline to measure improvements in property maintenance and blight reduction.

## **Outcomes:**

- Problem properties are identified for neighborhood improvement efforts
- A data bank is created for prioritizing property maintenance and blight reduction

## **Context:**

Neighborhoods that suffer from blight or have substandard housing with exterior problems are magnets for crime. They may also have high levels of social disorganization or social isolation of residents. Improving problem property sends a signal that people care about their neighborhood. Communities where residents invest in their environment see reductions in crime, as well as renewed pride and commitment to maintaining improvements. Neighborhoods on the mend offer children and families safer, cleaner and more hospitable environments to live and play, resulting in improved individual and family functioning.

Families deserve safe neighborhoods. They want places where their children can play without fear. They need adequate services. And they want neighborhoods that are free from blight. While people have a right to this kind of environment, they usually don't know how to make it happen.

The Neighborhood Property Analysis is a tool that allows for a rating of each property in a target neighborhood. The tool measures these aspects of residential property:

- trash and debris
- problem vehicles

- landscaping and fences
- detached structures, such as carports
- family dwellings

It is best to implement the property assessment process in the context of a broader, carefully planned, neighborhood revitalization. The information yielded by the assessment shows which properties have the most problems. It is essential to feed this information back to community members in a way that allows them to voluntarily make necessary changes. However, in every neighborhood there are a few property

owners who are unwilling to make necessary improvements. If the problems violate the local municipal code, then Code Enforcement can work with the property owner. But again, every effort should be made to offer incentives and resources to assist owners to make needed improvements.

As the process progresses, problems are identified and corrected. Then, other positive things may happen. Residents interact more, children come outside to play, crime and violence begin to dissipate, and residents seem more engaged in supporting the neighborhood.

### **The Process**

The process of collecting the data is not complex. Individuals who will be working property to property should be trained to “see” the problems listed on the assessment form. If multiple people collect the information, they should complete an assessment on a test house in order to compare their results as individuals sometimes see the same property differently. The person doing the assessment observes and documents problems in each of five categories. Each issue has a value of 1 through 10. Items with a 3 are considered serious problems that require immediate attention, while items with a 10 rating require the notification of the proper authorities.

Once information is collected, the data can be used in many ways. Information can be used one-on-one with residents to develop a property improvement plan or it can be used as the basis of a community meeting to look at cross-neighborhood results. The goal is to use the information to help residents improve their property and create a safe and healthy neighborhood environment.



#### **POINTERS:**

- **The process should be used to document property conditions and move neighborhood improvement forward**
- **Be sure to educate residents about the benefits of the process**
- **Use the data to determine which properties need immediate attention and which can wait**

# NEIGHBORHOOD PROPERTY ANALYSIS

This form is to be completed by trained and organized resident groups to provide indicators of how well a property and block (neighborhood) is resisting deterioration for the elements tracked. All items are to be identified with the realization that this form is the same as a photograph of each property to document conditions existing on an exact time and date. This information is to provide a guide for evaluating what can be done to improve the quality of life in a neighborhood and where resources can best be applied to obtain results that benefits the entire block.

## PROPERTY ANALYSIS INSTRUCTIONS

- This is a property assessment tool. Observations of private property are to be made from street, sidewalk or alley.
- Mark all boxes in each category that provides the best description of the condition that exists during the inspection.
- Items with a 10-point deduction are items considered to be causing immediate danger to residents and/or public safety. When found, are to be reported to proper authorities immediately.
- Photograph each property, taking multiple photographs of major problems items.
- Provide any further comments:
- Submit all forms to the team leader for processing of graphics and to be used as a reference for residents, property owners and resource providers.

ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_ ASSESSOR (s): \_\_\_\_\_

\_\_\_ SINGLE FAMILY \_\_\_ < 8 UNITS \_\_\_ > 8 UNITS \_\_\_ OCCUPIED \_\_\_ VACANT \_\_\_ FOR SALE \_\_\_ BOARDED

TRASH/DEBRIS	VEHICLES	LANDSCAPE FENCES	DETACHED STRUCTURES	FAMILY DWELLING
Blown-in papers (fast food wrappers); leaves	1 Parked across sidewalk	1 Not landscaped	2 Not consistent to other buildings or landscape	1 Weathered paint
Yard waste visible	1 Parked on grass or dirt	1 Regular yard maintenance required	1 Stands out as substandard to block	2 Need paint (chipped/bare wood)
Heavy trash and yard waste visible	3 Vehicle blocking driveway	2 Weeds and landscaping need attention	2 Weathered paint	1 Weathered roof
Trash containers in front or side	2 Expired registration less than six months	1 Trees and shrubs limit night lighting and visibility	1 Needs paint (chipped/bare wood)	2 Roof need immediate repair
Overflowing trash containers and/or minor car parts	2 Expired in excess of six months or missing plates	3 Restricted vision from street to doors and windows	2 Roof(s) weathered	1 Minor deterioration of exterior walls
Empty alcohol containers present	1 Heavy dust and debris around the vehicle	1 Trees and shrubs growing over property lines	2 Roof(s) need immediate repair	3 Minor broken or missing structural parts
Large number of alcohol containers visible	2 Flat or very low tires	3 Shrubs extending over sidewalks	3 Broken windows	2 Minor structural repairs needed
Items (tools, toys, hoses, etc.) left unattended	1 Missing parts or broken windows	3 Trees below 8 ft over sidewalks/10 ft over streets	3 Minor broken or missing structural parts	1 Major structural repairs required

Developed by Vallejo Fighting Back Partnership





# CASE MANAGEMENT AND FAMILY SUPPORT TOOLS

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*Tip Cards to Help Staff Talk About Sensitive Issues*

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*Goal Cards*

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*Case Management Tools*

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*Role Play Exercises Addressing High Risk Behaviors*

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*Consent to Exchange Information*

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# TIP CARDS TO HELP STAFF TALK ABOUT SENSITIVE ISSUES

**Objective:**

To help family workers discuss risky behaviors and situations with the families they serve

**Intended Use:**

These Tip Cards are used to improve workers' ability to discuss difficult and sensitive issues in the family, particularly high-risk behaviors

**Audience:**

- **Managers:** To use in staff training and skill development following formal training in motivational interviewing
- **Family Workers:** To use after training, to prepare for a meeting with a family where high-risk behaviors are suspected

**Outcomes:**

- Workers are more comfortable talking about high-risk behaviors with families and better able to assist them in making changes.
- Families talk more openly about their high-risk behaviors.
- Families can begin to make changes in their behaviors

**Context:**

Family workers often work with families struggling with high-risk behaviors. Sometimes a family may be ready for help and only needs someone to ask the right questions to get them to admit there is a problem and begin to find a solution. Workers need to know what to say when faced with evidence or suspicion of these behaviors to get the family to discuss them and hopefully, move on to action.

There are many reasons, including fear, personal issues or lack of knowledge or skills that can prevent workers from helping families address high risk behaviors. Knowing how to discuss sensitive issues in a caring and nonjudgmental manner is the best way to help a family in these circumstances.

For many people, admitting and discussing their high-risk behaviors is very difficult. The Tip Cards give family service workers appropriate, caring and nonjudgmental questions and responses to use when the worker suspects, sees indicators or is told about high-risk behaviors by a family.

The spirit of the approach is respectful, quietly attentive, supportive of the individual's right to make decisions and, if desired, take action.

The interviewer invites a person to look at the behavior and selectively reinforces the client's own statements for making or maintaining change.

Working in high-risk situations requires a level of confidence and skill. Using the Tip Cards in supervisory meetings is one way to get advice, feedback, coaching and practice. The more a worker practices a skill or a situation, the more comfortable it becomes.

Workers who have had some of the same life issues as the families they serve may have to work on their own attitudes. The supervisor can use these cards to help the worker understand his own issues that may interfere with good family work.

### Examples of situations when the Tip Cards might be useful:

- Suspicion of high-risk behaviors with no evidence. The family seems open to talk about hard things.
- Suspicion of high-risk behaviors with no evidence. The family is not open to talk.
- Evidence of high-risk behavior that is never brought up by the family.
- A parent discloses a high-risk situation and asks for help.
- A family admits to mixed feelings about taking action on a difficult situation.
- Uncertainty if a person understands the need to change or if they even want to change.

### The Process

These cards can be used in two ways. Assuming prior training, the cards can be reviewed just before the family visit to remind the worker of the methods and words to use to enhance discussions with the family and to reduce the worker's anxiety about bringing up difficult or sensitive issues. It is not recommended that the cards be used in the actual meeting with the family.

The cards may also be used in staff training to reinforce skills to engage families in discussion about high-risk behaviors. The supervisor can use the cards in a discussion format at a team meeting, eliciting each person's own understanding of and comfort in bringing up the issues with a family. Alternately, the supervisor may use role-playing or scenarios to give workers practice with the techniques, getting feedback from the team and the supervisor. The result is that workers become more comfortable in addressing high-risk behaviors with their families and are better able to assist them in making changes.

# TIPS & TECHNIQUES FOR TALKING WITH FAMILIES ABOUT SENSITIVE ISSUES

## TIP #1

You suspect that there might be high risk issues, but you have no “evidence.” The family doesn’t seem too defensive so you feel comfortable asking questions about the issue.

- Spend time building or strengthening rapport with the family: ask general open-ended questions; spend some time listening to what they have to say; find ways to express genuine praise and appreciation (e.g., “Thank you for letting me come into your home.”)
- Bring up the issue directly in a natural, non-accusative, routine manner, e.g., “Something we ask everyone about is the presence of potentially risk or harmful situations, and I wonder if you’d mind if I asked a few questions?”
- If they agree, ask, “What behaviors or situations in your family concern you or might be harmful to anyone in your family?” If needed, prompt: “For example, some families are concerned about alcohol or other drug use, angry behavior, upset feelings, or violence. What issues are *you* concerned about?”
- Listen and reflect back what you hear with brief summary statements, e.g., “You and your boyfriend have been arguing a lot.”; “You’re worried about not finding a job.”; “You’re concerned about friends coming around with beer and wanting to party all the time.”
- Continue to ask open-ended exploring questions.
- Listen and occasionally summarize (“Let me make sure I’m getting this...”; “Anything else?”; “Did I miss anything?”)
- If the family member is willing to talk about change, encourage them to do so. Consider using one the following approaches: Tip # 5, Tip #6.
- If the family members do not agree that there are any concerns, reflect back what you hear: “At this point, there is nothing you are concerned about.” Add, “If something does come up, please let me know right away. I want everyone in your family to be safe, just as you do.”
- Don’t argue with the person. If you sense resistance or defensiveness, reflect that back to the person, e.g., “You seem to be irritated by these questions.”; “You’d rather not talk about these things right now.” Emphasize the individual’s personal choice and control, e.g., “It’s up to you to decide what you are willing to talk about or how I might be helpful to you.”; “You don’t have to do anything you don’t want to do.”
- You can bring the issue up some other way some other time. Consider using the approach discussed in Tip #2.



## TIP #2

You suspect that there might be high risk issues, but you have no “evidence.” You sense some defensiveness in the family and you want to raise the issue more cautiously.

- Spend more time building or strengthening rapport with the family: ask general open-ended questions; spend some time listening to what they have to say; find ways to express genuine praise and appreciation (e.g., “Thank you for letting me come into your home.”)
- From more general open-ended explorations, gradually guide the discussion to potential areas of concern. For example:

“Tell me how things have been going for you in general.” After listening and reflecting, you can try asking questions about relationships; socializing or “partying”; mood, worries, or concerns. e.g., “How is it for you spending time with your boyfriend?” “How does drinking fit into your socializing?” “What are some of the things that worry you right now?” “How have you been feeling emotionally?”

OR

“I’d like to know a little more about you and your family’s routine. If it’s okay with you, I’d like to spend a few minutes having you tell me about a typical day in your life from beginning to end. Include anything you like, including when you get up, what you eat, how you exercise, and what you do for fun.” Suggest selecting a recent day (weekend or weekday or both) and let the person move through at his or her own pace. Listen and reflect, asking simple open questions such as “What happened then?” or “How did you feel about that?” Let the person finish before returning to any areas of concern that got mentioned or ask: “Are there any things about your routine that you have concerns about or would like to change?”

- Continue to ask open-ended exploring questions.
- Listen and occasionally summarize (“Let me make sure I’m getting this...”; “Anything else?”; “Did I miss anything?”)
- If the family member is willing to talk about change, encourage them to do so. Consider using one the following approaches: Tip #5, Tip #6.
- If no issues come to the surface, you can see how the family does in the program and bring things up some other time or in some other way.



### TIP #3

You see indicators of high risk issues, but nothing is said about them by anyone in the family.

- Spend a little time in an opening conversation and find a way to briefly affirm the person (e.g., “Thank you for letting me come into your home.”)
- Bring up the issue directly in a natural, non-accusative, casual manner, e.g., “There are some beer bottles on the front porch.” “There’s a hole in the wall by the bedroom door.” “Your husband seems pretty upset.” “It looks like you’ve been crying.” “You were sleeping in this morning.”
- If they appear open to talking, ask them to elaborate. “Tell me about…” “the use of alcohol in your house”, “how the hole got there”, “what’s going on with your husband”, “why you’ve been crying”, or “how you’re feeling.”
- Reflect back what you hear.
- Continue to ask open-ended exploring questions.
- Listen and occasionally summarize (“Let me make sure I’m getting this…”; “Anything else?”; “Did I miss anything?”)
- If the family member brings up a concern or is willing to talk about change, encourage them to do so. Consider using one of the following approaches: Tip #5, Tip #6.
- If the family member does not want to talk about the situation, reflect that back to them: “This is something you don’t want to talk about right now.” If appropriate add, “I’m required to check out these things just to be sure everyone is okay (or safe). I’m sure you want that as well.” Emphasize the individual’s personal choice and control, e.g., “It’s up to you to decide what you are willing to talk about or how I might be helpful to you.”
- Don’t argue with the person. You can bring the issue up some other way later. Let them know you will be available to talk about the situation when and if they choose to do so.



#### TIP #4

A parent discloses a high-risk behavior or situation and asks for help.

- Affirm the parent for the step they have taken: “Thanks for telling me, it must have been kind of scary to do that.” “You’ve shown a lot of courage by bringing this up.”
- Ask them to elaborate: “Tell me more about what has been going on.”
- Explore the urgency of the situation: “What caused you to bring it up to me now?”
- Listen, reflect, and occasionally summarize what you hear.
- **If there are immediate risks** (e.g., children involved, suicidal thoughts, threats of violence), direct the discussion to action steps: “Let’s talk about what you can do now, as well as think ahead a little. What would help you this minute?” If the person seems overwhelmed or unable to generate ideas, become more active in crisis management: “I’m concerned about this situation. Let me talk about some steps we can take to make sure everyone is safe.” (e.g., crisis mental health services, police protection, shelter care, emergency medical care, detoxification, etc.)
- **For less urgent situations**, explore mixed feelings about change (Tip # 5); assess readiness for change (see below); or look at the importance of the change to the person and his or her level of confidence for achieving the change (Tip #6).
- If appropriate, ask for a decision about the next step: “What do you want to do about this situation?”
- Discuss options that can include goal setting and making a referral (see below).



## TIP #5

Exploring mixed feelings about making a change or taking action on a difficult situation: the “Good Things” vs. the “Less-Good Things.”

- Ask an open-ended question: “What are some of the good things about keeping things just the way they are?” “What do you like about \_\_\_\_\_ (your use of alcohol, your diet, your relationship, etc.)?” [NOTE: For those who are *already raising concerns about their behavior*, continue drawing out the “less-good things” (“What else concerns you about your relationship?” or “What other things are not so good about your use of alcohol?”). Be sure to follow up with questions about the positive things about the current behavior/situation to explore any mixed feelings.]
- Listen, reflect, and periodically summarize what you hear. “Let me make sure I’m getting this... What else?”
- After listening to the “Good Things,” summarize what you have heard so far.
- Ask the reverse open-ended question: “On the other hand, what do you dislike about \_\_\_\_\_?” “What are some of the not-so-good things/disadvantages about keeping things the way they are?” [Or, if you started first with concerns, ask “What are the things you *like* about \_\_\_\_\_?”]
- Listen, reflect, and periodically summarize what you hear.
- After exploring the “Less Good Things,” summarize both sides of the mixed feelings. In general, start with the “Good Things,” and then follow with the “Less Good Things”: “On the one hand, you like [list of Good Things] and on the other hand [list of Less Good Things].” Note: If you sense the person is a bit defensive about changing, you might start with the “Less Good Things” first and end with the less confrontational “Good Things” about the behavior.
- Ask, “Did I get it all?” (Reflect any new information.)
- Ask a key question: “Where does that leave you now?” “What do you want to do about \_\_\_\_\_ (your anxiety, marijuana use, drinking, etc.) at this time?”
- If the person appears ready, discuss options including negotiating a plan and making a referral (see below).

*Adapted by Bo Miller, M.S.W., from the work of Stephen Rollnick (Rollnick, Mason, & Butler, 1999)*



## TIP #6

Exploring a person's willingness to make a change and confidence in his or her ability to accomplish that change ("Importance and Confidence").

- Ask the person to discuss the **importance** of making a change  
"On a scale of 0-10 (where 0 means not at all important and 10 means very important), how important is it for you to make a change in \_\_\_\_\_?" OR "How ready are you to consider a change in \_\_\_\_\_?"
- Ask for elaboration: "Tell me why you picked this number..." Listen and reflect back what you hear.
- Ask open-ended "scaling" questions:  
"What makes this a '4' for you rather than a '0'?" (That is, "Tell me what makes this somewhat important to you?"— the possible pros of making a change.)  
"What keeps you from having a higher number, say an 8 or a 9?" (The possible cons for making a change.)  
"What would it take for you to move from a 4 to a 9?"
- Listen and summarize. Ask if you "got it all."
- End this portion of the discussion with: "Where does this leave you now?"
- Ask clients to discuss their **confidence** in being able to make a change  
"On a scale of 0-10 how confident are you that — if you wanted to — you could make a change in \_\_\_\_\_ (your marijuana use, your drinking, your relationship, etc.)?"
- Ask open-ended "scaling" questions including:  
"What makes this a '2' for you rather than a '0'?" (That is, "Tell me what gives you some confidence that you might be able to change if you wanted to?")  
"What keeps you from having a higher number, say an 8 or a 9?" (The possible barriers to making a change.)  
"How can I help you move from a 2 to a 9?" Or "What resources would you need..."
- Listen, summarize, and ask, "Where does this leave you now?" "What would you like to do about this situation?"

*Adapted by Bo Miller, M.S.W., from: Rollnick, S. (1998). Readiness, importance, and confidence: Critical conditions of change in treatment. In W. R. Miller & N. Heather (Eds.), Treating addictive behaviors: Processes of change (2nd ed., pp. 4960). New York: Plenum Press and from Rollnick, Mason, & Butler (1999)*



# GOAL CARDS

**Objective:**

To help people take a broad look at a range of factors impacting their lives, prioritize their needs, and set specific goals

**Intended Use:**

The Goal Cards are a user-friendly tool for helping a family or individual sort through issues and determine their most important goals

**Audience:**

- Family workers: to help individuals or families identify their own goals

**Outcomes:**

- Individuals or families are more likely to work on resolving difficulties, since they were actively engaged in identifying problems.
- Workers are better able to support the individual or family accomplish their goals.

**Context:**

Many people do not have a clear idea of what they want to accomplish. This simple tool is meant to be both fun and informative, providing an alternative way for individuals or families to think about the issues impacting their lives.

Assessment and goal-setting are integral parts of most programs working with individuals or families. For many, identifying goals is difficult. This user-friendly tool provides a structured process to identify specific goals and select a few to work on. The individual, family or worker should feel free to add goals not included in the cards.

The act of identifying needs and setting goals is motivating in itself, and good sense tells us that when people set their own goals, they are more likely to follow through on them. Even the act of handing a person the Goal Cards is empowering. It says, in effect: “You are in charge of deciding how to live your life. You are capable of making good choices. I have confidence in you!” Since the process emphasizes the capacity of the individual rather than worker expertise, it conveys the message that the person can make changes and will be given credit for those changes. A person’s motivation and confidence tend to increase with the knowledge that someone else believes in her ability.

The Goal Cards list hundreds of factors that impact health and well-being. When people take a systematic look through the cards, it lets them think about a wide range of issues that may have an impact on their life. This can be especially helpful during times of crisis, when people tend to focus exclusively on one or two problems, but haven’t considered the “big picture.” It also helps people discover how seemingly unrelated factors in their lives are connected; in other words, it helps them to think holistically about their life.

With these cards, individuals identify and prioritize factors they would like to work on in order to change their lives and set specific and meaningful goals. The process starts with small goals, many of which will be readily achievable, leading to success, which will enhance both their confidence and motivation for further change.

### The Goal Cards help people:

- take a broad look at factors impacting their lives
- identify and prioritize their needs
- set specific goals to work toward

### The Process

Give each individual a set of cards and explain that they represent major areas of life, with specific goals in each area. Ask the person to take some time to look through each card and write down any item that needs attention or that she would like to change. Let the person know that she may select many items on one card and none at all on others. If you see that she is selecting many items, ask her to select those with the most impact or those things she wants to change in the near future. Allow her to add any other goals that may not be listed on the cards.

Afterwards, have the person select the top four or five goals from the list and have her rank her top goals in order of importance.



#### POINTERS:

- **If working with several family members, have them identify fewer individual goals or discuss the priority “family” goals.**
- **Language is important – “Select those things you would like to change” is empowering while “Pick your biggest problems” is not.**
- **If people have difficulty narrowing down their selections, ask questions to facilitate the process.**

Following the selection and ranking process, the worker’s role is to encourage, support, provide resources, and assess progress. Also, it may be helpful to break individual goals into easily achieved steps with clear timeframes for accomplishing them. Return to the list of goals from time to time to assess progress. If the situation deteriorates, the worker can help identify different goals. If all of the goals have been met, the worker should acknowledge the progress and ask if she is ready to take on additional goals.

# GOAL CARDS

Developed by Home, Safe

## SUBSTANCE ABUSE

(card 1)

### I WOULD LIKE TO:

Prevent access to liquor	Control wine drinking
Control beer drinking	Help kids not to drink
Control liquor drinking	Take care of health problems
Comply with legal requirements	Stop drinking
Improve relationships damaged by drinking	
Rebuild relationships damaged by drinking	
Make friends who don't use alcohol	
Other:	

## SUBSTANCE ABUSE

(card 2)

### I WOULD LIKE TO:

Stay drug free	Get medical help
Comply with court orders	Stop using drugs
Prevent access to buy drugs	Reduce drug use
Learn drug-free ways of living	
Make friends who don't use drugs	
Other:	

## HEALTH: PHYSICAL PROBLEMS/CONCERNS

### I WOULD LIKE TO:

Reduce headaches	Reduce backaches	Reduce stomachaches
Reduce accidents	Reduce injuries	Reach my desired weight
Practice safer sex	Get enough exercise	Manage high blood pressure
Cope with allergies	Increase energy	Get a pregnancy test
Get birth control	Reduce pain	Reduce alcohol use
Reduce drug use	Reduce smoking	Protect against AIDS
Address physical problems to do with: heart, digestive system, skin, eyes, hearing, muscles, bone, other area		
Other:		



## HEALTH CARE

### I WOULD LIKE TO:

Get insurance coverage	Schedule routine care
Get vaccinations	Get emergency care
Have a physical exam	Have a gynecological exam
Get prenatal care	Get a regular doctor
Get well-child care	Have access to hospitals
Get help with medical costs	Get help with a long-time medical problem
Have access to counseling/ mental health care	Stop throwing up
Overcome eating disorders	Prevent diseases

## MOODS

### I WOULD LIKE TO:

Manage my anger	Reduce frustration	Reduce anxiety
Experience joy	Decrease loneliness	Begin to feel emotions
Feel happier	Feel less confused	Relax
Be affectionate	Feel wanted	Experience excitement
Feel needed	Feel worthwhile	Feel less overwhelmed
Stay calm	Develop courage	Manage mood swings
Feel less afraid	Be loving	Talk about feelings
Feel less jealous	Feel more secure	Feel less depressed
Feel less guilty	Feel hopeful	Develop confidence

## TROUBLE WITH CHILD PROTECTIVE SERVICES (card 1)

### I WOULD LIKE TO:

Control alcohol use	Supervise kids
Reduce fighting	Control drug use
Improve behavior	Discipline wisely
Stop running away	Guard against injuries
Ensure safety	Prevent failure to thrive
Find reliable baby-sitters	Improve parenting skills
Comply with court orders	
Reduce reports to Child Protective Services	



## TROUBLE WITH CHILD PROTECTIVE SERVICES

(card 2)

### I WOULD LIKE TO:

Get kids to school regularly  
Keep kids out of foster care  
Prepare for dependency hearings  
Know when and how to intervene  
Provide meals regularly  
Other:

Get kids home from foster care  
Get clarity on what abuse is  
Get clarity on what neglect is  
Provide clothing

## SCHOOL (KIDS)

### I WOULD LIKE TO HELP MY CHILD:

Get along with teachers  
Obtain school supplies  
Participate in sports  
Get back into school  
Do extracurricular activities

Improve grades  
Behave well  
Learn study skills  
Cope with learning disabilities  
Get a tutor

Reduce fighting  
Cope with hyperactivity  
Learn to read

### I WOULD LIKE TO:

Explore home schooling  
Get involved with my kids' schooling

Explore alternative schools  
Other:

## RELATIONSHIPS

### I WOULD LIKE TO:

Identify shared values  
Spend time with friends  
Develop real friendships  
Get along at work  
Cooperate with each other  
Find someone I can count on  
Find someone to talk to about things that worry me  
Begin or continue family traditions  
Other:

Find common interests  
Find a good partner  
Rebuild relationships  
Get along at school  
Develop problem solving abilities  
Improve communication skills  
Find someone who accepts my children, no matter how they act  
Foster good relationships with family members

Spend quality family time  
Improve social skills  
Create a happy marriage  
Get along with neighbors



## HOUSEWORK

### I WOULD LIKE TO:

Pay bills	Store cleaners safely
Get help with shopping	Clean car
Store toys	Clean yard
Get help with cooking	Clean kitchen
Vacuum	Clean up garbage
Get help with laundry	Develop routines
Clean kids' rooms	Clean living room
Get help with chores	Clean bathroom
Have kids help with housework	Other:

## PERSONAL GROWTH AND FULFILLMENT

### I WOULD LIKE TO:

Find inner peace	Clarify personal values	Become active
Feel hopeful	Get more education	Travel
Plan for the future	Get motivation	Become organized
Develop career goals	Feel like I belong	Get married
Have a big family	Be myself	Learn a skill
Have a small family	Stay single	Be more open minded
Learn to make wise decisions	Become independent	
Develop a sense of meaning for my life	Develop a vision of the future	
Put my spiritual beliefs into practice	Get more education	

## FURNISHINGS

### I WOULD LIKE TO:

Find or repair furniture or appliances, including:

Stove	Cribs
Refrigerator	Tables
Heater	Chairs
Phone	Sofas
Washer	Dressers
Dryer	Beds
Plumbing	Other:



## MONEY/BILLS

### I WOULD LIKE TO:

Get ongoing income	Pay off debts
Apply for State aid	Get help with debts
Get money for utilities	Establish credit
Get money for rent	Borrow money
Get help with bills	Stick to a budget
Have enough money for basic needs	Save money
Cope with collection agencies	Find a protective payee
Get financial aid for schooling	Have enough money for extras
Learn to negotiate with creditors	Other:

## LEGAL ISSUES

### I WOULD LIKE TO:

Go to court	File bankruptcy	Deal with lawsuits
Guard against threats	Retain or get custody	Get a divorce
Deal with debt collectors	Collect child support	Learn about adoption
Learn about paternity suits	Learn about juvenile detention	
Get a protection order	Learn about diversion programs	
Explore counseling programs	Complete community service	
Find legal services	Get protection from a violent or abusive person	
Prevent eviction	Comply with probation/court orders	
Other:		

## CLOTHES

### I WOULD LIKE TO:

Find laundry facilities  
Decide on appropriate clothing  
Get clothes for work  
Get kids' clothes  
Get coats  
Get shoes  
Have fashionable clothes  
Find clothes I feel good in  
Other:



## DENTAL CARE

### I WOULD LIKE TO:

Schedule checkups  
Get rid of toothache  
Decrease headaches  
Decrease stiff neck  
Have cavities filled  
Get braces  
Buy toothpaste and toothbrushes  
Learn to care for teeth  
Other:

## APPEARANCE

### I WOULD LIKE TO:

Improve my skin	Buy clothes
Improve my hair	Care for clothes
Reach ideal weight	Improve image
Fix teeth	Take time for grooming
Strengthen muscles	Improve hygiene
Learn how to use makeup	Learn how to style hair
Other:	

## RECREATION AND EXERCISE

### I WOULD LIKE TO:

Find a hobby	Spend time with friends	Find recreational facilities
Make friends	Join a team	Take lessons/join a class
Play with kids	Prevent injuries	Play games/sports
Do aerobics	Garden	Draw
Lift weights	Care for injuries	Get appropriate clothing
Find time to exercise	Increase stamina	Schedule enjoyable family time
Become stronger	Get equipment	
Participate in activities: fishing, reading, swimming, jogging, walking, hiking, skating, rowing, reading, basketball, handball		



## DAILY ROUTINES

### I WOULD LIKE TO:

Keep up with housework  
Get enough sleep  
Schedule time for fun  
Have time to relax  
Have time for myself  
Complete housework  
Spend family time  
Spend time with friends  
Keep up with correspondence  
Other:

Keep up with commitments  
Make time to exercise  
Spend time with partner  
Spend time with each child  
Make regular meals  
Keep up with laundry  
Make grooming routines  
Make and keep appointments  
Learn that it is okay to say “no”

## SEXUALITY

### I WOULD LIKE TO:

Prevent AIDS  
Explore sexual identity  
Improve my sex life  
Educate my kids about sex  
Prevent sexually transmitted diseases  
Deal with unwanted pregnancy  
Find the best method of birth control  
Get treatment for sexually transmitted disease  
Other:

Get reliable birth control  
Find a partner  
Leave an abusive partner  
Protect against sexual abuse  
Get prenatal care

## PAST TRAUMA/ABUSE

### I WOULD LIKE TO RECOVER FROM TRAUMA OR ABUSE IN MY PAST, SPECIFICALLY:

Sexual abuse  
Physical abuse  
Loss of a loved one  
Domestic violence  
Loss of a home  
Loss of a job  
Loss of a child to foster care  
Other:

Rape  
Incest  
Abortion  
Death of a child  
Fire or explosions  
Natural disasters  
Loss of a close friend

War  
Suicide  
Miscarriage  
Crime  
Divorce  
Emotional abuse



## CHILD OR TEEN BEHAVIOR

### I WOULD LIKE TO HELP MY CHILD:

Find a job	Attend school	Stay safe
Reduce lying	Learn respect	Reduce arguing
Reduce stealing	Be toilet trained	Learn about safer sex
Reduce yelling	Help with chores	Improve grades
Obey house rules	Reduce swearing	Learn responsibility
Learn social skills	Get along with peers	Get along with adults
Stop or avoid alcohol	Learn to disagree	Cope with hyperactivity
Stop or avoid smoking	Reduce talking back	Stop or avoid using drugs
Stop or avoid running away	Learn how to manage money	
Learn how to implement family values	Care for possessions	

## TRANSPORTATION

### I WOULD LIKE TO:

Repair car	Buy a car	Use car seat
Get bus pass	Use bus	Use seat belts
Learn to drive	Use taxi service	Walk
Use ferry	Use train	Carpool
Get stroller	Get baby pack	Hitchhike
Buy motorcycle	Get driver's license	Use subway
Fix brakes	Use boat	Use life jackets
Use bicycle	Ride with friends or relatives	
Other:		

## REST AND RELAXATION

### I WOULD LIKE TO:

Get enough privacy	Get enough sleep
Get enough exercise	Find time to rest
Get bedding	Worry less
Reduce interruptions	Have peace and quiet
Get a comfortable bed	Have my own space
Reduce pain	Learn relaxation techniques
Get help with housework	Schedule time for myself
Other:	



## FOOD

### I WOULD LIKE TO:

Make use of food banks	Shop wisely
Get help with cooking	Get food stamps
Cope with allergies	Get pet food
Plan appetizing meals	Stick to a healthy diet
Reach healthy weight	Learn to cook
Learn about nutrition	Get enough, healthy food
Learn budgeting skills	Sign up for meals at school
Find thrift stores to stretch dollars	Other:

## ADULT EDUCATION

### I WOULD LIKE TO:

Get education	Earn high school diploma
Get job training	Earn G.E.D.
Improve reading skills	Attend parenting classes
Attend anger control classes	Find time and money to attend
Attend community education classes for fun	Other:

## CHILD CARE

### I WOULD LIKE TO:

Find nearby child care	Form a child care co-op
Find drop-in child care	Find affordable child care
Find weekend child care	Find night-time child care
Get help to pay for child care	Find after-school child care
Use family or friends for child care	Learn about child development
Learn to evaluate caregivers for safety	
Get reliable transportation to and from child care	
Other:	



Cutting template



# CASE MANAGEMENT TOOLS

**Objective:**

To identify and provide the appropriate level of support and services to families

**Intended Use:**

These tools are to be used to strengthen case management.

- **Case Consultation Presentation Guidelines:** These guidelines assist the worker in preparing the needed information for a presentation to the case consultation team, for problem-solving around family issues, as well as enhancing staff skills and knowledge.
- **Case Recordings:** This tool is a sample document to record all of the information from an interaction with a family, in order to track the information and prepare for the Case Consultation. It can also be used by management for purposes of quality assurance.

**Audience:**

- **Managers:** To use in training and supporting staff in case consultation strategies
- **Family workers:** To give structure to the case consultation process

**Outcome:**

- Families get the appropriate amount and intensity of services to help them achieve their goals.

**Context:**

Case management is the means of providing services and support to individuals and/or families. Simply, it is what the family service worker does to help an individual or family. Case consultation is a technique to ensure that the services and supports provided are appropriate.

Case consultation is a case management technique that allows the family service worker to draw on the perspectives and experience of supervisors, colleagues and/or partners. By sharing the details of a family's situation in consultation, a worker can enlist the help of others to find the best combination of services to assist a family. The case consultation process is also a powerful staff development tool allowing the worker to enhance his problem solving abilities as exposure to varied solutions increases.

**The Case Consultation Process**

Case consultation may be one-on-one between supervisor and worker, or with the entire team of workers. It may be used for solving problems with families, and it always has a focus of staff learning and growth. In partnership endeavors, there may be teams from several agencies, provided written permission has been given by the family.

To prepare for a case consultation, a worker uses the Case Presentation Guidelines to structure the presentation. The guidelines help organize facts of the family encounter, which were recorded in detail on the Case Recordings tool, into a presentation that accurately conveys the family's situation and areas of need.



# CASE PRESENTATION GUIDELINES

The Case Presentation Guidelines are intended to help prepare the supervisee for team consultation and may be helpful in coping with anxiety that presenting a case arouses. The following is intended to guide your presentation:

## **Background Information:**

1. *Identifying Information:* Describe the client by answering the following questions:
  - Who is the client? (Note: The client may, in many cases, be an entire family rather than an individual.)
  - How old is the client?
  - Is the client male or female?
  - What is the client's ethnicity?
2. *Reason for referral/primary risk factors:* Describe the client's primary areas of concern. This information will come from Family Partnership Plan, a referral form, or the clients own words. Share only the information that is needed to understand the problem.
3. *Family:* Describe who makes up the client's family by using the following questions as a guide:
  - Who is in the family?
  - Is there a Head Start child in the family?
  - Is the client a parent or legal guardian of the HS child?
  - Are there siblings?
  - How does the client describe his/her extended family?
  - What is the family structure?
  - What is the age of the parents?
  - What is the client's educational level?
  - What is the client's socio-economic status?
  - Is the client employed? If so what is his/her occupation?
  - What language does the client/family speak?
4. *Acculturation to the United States:* Discuss whether the client has assimilated to U.S. values and lifestyles. Additional questions may include:
  - What is the client's immigration status?
  - How long has the client lived in the community?
  - What is the client's country of origin?

5. *Living Arrangements:* Describe how the client lives by using the following questions as a guide:
  - Does the client rent or own?
  - Does the client live in an apartment, house or rent a room?
  - Does the client live by themselves or with multiple families?
  - How many people live in the home?
  - What are the client's housing conditions?
  - What are the client's sleeping arrangements?
6. *High Risk Behaviors:* Describe any high risk behaviors by answering the following questions:
  - Is there any known substance abuse? If so, what does the client use, how often and how much, what effect is it having and have there been attempts to stop?
  - Is there any known domestic violence?
  - Is there any known child abuse? If so, how recent was it, what was the nature of the abuse, what was the age of the child, does the alleged perpetrator have access to the child, what is the history of abuse?
  - Is there any known criminal history?
7. *Medical and/or Mental Health Issues:* Describe what you know about the client's medical/mental health history.
  - Include any previous mental health services

**Assessment:**

1. *Describe how the client/family relates to you:*
  - What if any is the level of resistance?
2. *Describe the family strengths:*
3. *Summarize the problems the family has encountered:*
4. *Describe the family goal:*
5. *Describe the work that has been done with the family thus far.*
6. *What are the questions you would like to discuss?*

## CASE RECORDINGS

A Case Recording is a written description of an interaction that has taken place in the interview with a client/family that allows for an analysis of observations and reactions made by the staff person. Case recordings are intended to assist the supervisor develop supervisee skills and knowledge. Staff should be directed to write down everything they can remember as opposed to a summary of the interview. This means that if staff consider something unimportant he/she may not include it and the supervisor can be unaware of a key dynamic that might affect the entire case situation. In addition, the case recording gives reality to concepts which might otherwise seem academic—i.e. resistance, denial, depression, drug use, domestic violence. In addition, it requires that staff rethink each interview consciously and provides a direction and structural framework for one-to-one case consultation.

Client name: \_\_\_\_\_ Meeting date: \_\_\_\_\_ Service level: \_\_\_\_\_  
 Child's name: \_\_\_\_\_  
 Child's name: \_\_\_\_\_ Staff member name: \_\_\_\_\_  
 Client's age: \_\_\_\_\_ Date reviewed in supervision: \_\_\_\_\_  
 Client's ethnicity: \_\_\_\_\_ Date submitted: \_\_\_\_\_

**FAMILY GOAL:** (Clearly state the family goal)

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**PURPOSE OF THE MEETING:** (Clearly state the goals and the objectives you had in meeting with this client this session. How do these relate to the goals?)

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**CONTENT:** (Using a *dialogue format*, record significant exchanges that you thought were particularly important from the beginning, middle and end of this meeting.)

INTERVIEW CONTENT (may also include client behavior i.e. non-verbal communication)	OBSERVATIONS	IMPRESSIONS	QUESTIONS/CONCERNS	SUPERVISORY COMMENTS







# ROLE PLAY EXERCISES ADDRESSING HIGH-RISK BEHAVIORS

**Objective:**

To give staff members the opportunity to practice their skills working with families with high-risk behaviors and to receive feedback and coaching

**Intended Use:**

The following role plays are intended to be used for staff learning as part of in-service training

**Audience:**

- Family service supervisors and family service workers

**Outcome:**

- By using role play, staff members are able to practice skills that are used when working with families in home visits and other meetings. Through practice and feedback, skills and confidence are increased

**Context:**

Skill development is generally strongest when training is followed by practice and coaching. When only training is provided, workers are left on their own to develop their skills in the field. Simulations and scenarios are good tools to replicate real work with peers, supervisors and partners in a learning environment utilizing a cycle of practice, feedback, discussion, and practice again.

Each role playing exercise includes a description of the general situation and a more specific “immediate situation.” In some, there are additional notes for individuals who will be playing specific family members. These notes are not intended to be shared with the group as a whole.

It is suggested that staff members review and have available some of the points on how to identify and make referrals for high risk behaviors. Staff should also review the key components of motivational interviewing.

Be clear about how the simulation will be practiced by the group. Generally, there are four ways to use these scenarios.

1. Have one person volunteer to play the family support worker. Give that person the option of pausing the action to get help and ideas from the group.
2. Have one person act as a funnel for the ideas of the group for interacting with the client. This is a slow-motion version in which the person acting as the funnel delivers a response, gets the client’s reaction, and then asks for ideas for the next thing to say.
3. Have two or three people play the role of the family support worker working with the client in front of the group. They can play “tag-team” by passing off to the next person after each interaction or after a set period of time (1-2 minutes) or when they get stuck. Other group members act as observers and coach the team if they get stuck.
4. With a larger group, you can have small groups practice the simulations simultaneously with a person taking each role and one acting as coach or observer. Bring the whole group

**Tip:**

It can be helpful to have observers track particular motivational strategies used by the person playing the worker such as:

- the number of reflective responses
- the number and types of questions asked (open vs. close-ended)
- examples of affirming family members; using summaries; etc.

Observers can also track examples of the worker:

- providing information
- giving advice
- offering solutions

It is often helpful to make an observer's sheet in advance that lists behaviors to be tracked.

back together after a set period of time and debrief their experiences.

The simulations can be adapted to match situations encountered in the community or to mirror specific situations that workers are encountering in the field. It is also possible to use these situations as the basis for group discussion rather than actually enacting them.

The simulations are not the most difficult or challenging situations family support workers might face. People who volunteer to role play clients don't need to play the most resistant client imaginable. The idea, at least initially, is to practice in a situation where the "clients" might actually respond to a motivational approach.

Give people playing the family support worker time to think about how they are going to approach the session. How will they open the session? What are their goals for the session? What strategies will they use? etc.

**Guidelines for Debriefing the Simulations**

- First ask the people playing the family service worker what seemed to work for them in the session and what did not work so well.
- Ask for a similar response from the person playing the client. How did they feel during the session? What seemed to work? What put them off?
- Ask for input from observers including any tallying of interviewer actions (reflections, questions, etc.).
- Develop some questions for the simulations that get at specific issues and skills. For example: What was the high-risk behavior or situation being addressed? How did family members feel about this situation and the interaction with the family support staff? What strategies were being used to approach the issue and how did they work? What other approaches might be tried? What could be done differently? What resources does this family need? How can they be connected to those resources? What issues arose about how these high-risk situations are handled as an agency? What skills are needed to boost effectiveness?

## ROLE PLAYING EXERCISES

### ROLE PLAYING

#### Exercise 1

The family member is a 20-year old single mother. She has a 5-year-old girl in Head Start by a previous partner who is out of the picture and an 8-month-old infant boy by her current boyfriend, a 22-year-old she had been going with for 2 months when she got pregnant. The mother is receiving assistance. The boyfriend lives much of the time in the home. He does not appear to have steady employment. The family support person has gone through the family assessment with the mother and is working on a family partnership plan with some input from the boyfriend. Needs that have emerged include: the mother's desire to complete her GED; the boyfriend's desire to find work to support the family; parenting skills (the 5-year-old still has tantrums, occasionally wets her pants, and talks back); basic home management skills; better housing. The mother has told you that her boyfriend tries to find work and is very supportive of her. He doesn't get along too well with the 5-year-old and will sometimes stay away from the apartment for a few nights in a row without contacting her. She says he is worried about her "finding someone else," but she stresses to him that she loves him and wouldn't look for anyone else. She is bothered by men who come on to her around the housing project and tries to keep that from him.

**Immediate situation:** The mother calls you in the morning and says she had an argument with her boyfriend last night. He slapped her face and pushed her down in front of the children and left. She wants to see you right away. You discuss plans for keeping her safe and arrange to see her in the early afternoon. When you see her, the first thing you notice is that there appears to be a bruise under her make-up and her lip looks a little swollen on the same side.

**Information for the client only:** Your boyfriend had been drinking when he accused you last night of sneaking behind his back with other men. Although he had been verbally abusive to you in the past, this was the first time he struck you. You were angry at him when you called the family support worker, but your boyfriend came by soon afterward and apologized. He was crying and said he doesn't know what had gotten into him. Part of you feels like the whole situation was your fault—you should understand that he loves you and is under a lot of pressure to find work. You're lucky to have someone who cares. Although you rarely drink yourself, you have been a little worried about his drinking, but you accept his explanation that he sometimes needs to blow off steam. He certainly doesn't drink as much as your father did, who died of alcoholism when you were 15. You are wondering how to keep the family support worker from getting all worked up about this situation even though there's part of you that is still a little scared by your boyfriend's behavior. You feel like leaving, but decide to stay for the appointment anyway. You apply make-up to the bruise on your face where your boyfriend hit you with the back of his hand.

## ROLE PLAYING

### Exercise 2

A 22-year-old mother and 23-year-old father have one son (4 years-old) who just started in Head Start. They also have an 18-month-old daughter. You are aware that the older child has missed some school because of colds and ear infections. The father is employed in construction and the mother works occasionally helping a cousin with housecleaning jobs. The family support person has had some difficulty making contact with the family to complete a family assessment—not answering the phone or not being at home on attempted home visits. Last Monday the family support worker attempted a visit mid-morning and found the mother in bed. She wouldn't let the worker in because it was "too messy."

**Immediate situation:** As the family support worker, you have arranged to come back to meet with her early in the afternoon on the next day. The husband will be at work. You suspect that there may be some form of substance abuse going on.

**Information for the client only:** Both you and your husband like to party, especially on the weekends. You will typically drink 4 or 5 beers on weekend nights and will smoke some marijuana. Your husband drinks more, occasionally up to a 12-pack. He has had a DUI and takes it easy on the marijuana because of the possibility of drug tests on the job. You both smoke cigarettes, although you try not to smoke in front of the kids. You will occasionally have a beer or two on weeknights to unwind; you have also started having a toke or two of marijuana in the morning to get going and to help you deal with the daily routine. You are a little worried about your growing reliance on alcohol and marijuana during the week as well as how you and your husband both overdo the weekend drinking sometimes. You don't like the hangovers and have had a few situations where you woke up and couldn't remember part of what happened the night before when you were drinking. (This has happened more frequently to your husband.) You also worry about the legal consequences of use, but generally feel it's no one else's business. You and your husband both think marijuana should be legalized. The Head Start staff members seem nice—you like your son's teacher—so you are willing to meet with the family support person, but you are a little wary.

## ROLE PLAYING

### Exercise 3

You have been meeting with the parents of a 5-year-old girl for over six months. The mother is 25 years old and the father is 28. They also have two older children (boys 6 and 8) who are in school. The father works in a low-paying job in retail as an assistant manager at a store in a nearby mall. The mother has returned to part-time clerical work with help from her mother who watches the children after school. The family did not show any major signs of risk in the family assessment and they have been fairly active in meeting the goals of the family partnership plan which include having the father take some classes at the local community college. The family support worker has been meeting with them once per month for about 5 months just to check in.

**Immediate situation:** You have arranged a routine late-morning meeting with the parents on the mother's day off before the husband goes into work. When you arrive, the wife is still in her robe and looks like she just got out of bed. She appears to have been crying and the mood is somewhat tense between the couple.

**Information for the clients only:** Mother: You have had periods of being down in the past, particularly after the birth of your first child. You've never asked for help on this before and things seem to get better over time. You would be embarrassed to admit you had a "mental health" problem. Your mother complained about her worries and anxieties and you found that extremely distressing. Over the last six weeks you feel like you have "crashed." You've been sad and worried about the future for no reason; you've lost your appetite and had trouble sleeping; you feel like a failure and sometimes think your family would be better off without you. Some days it is all you can do to get up and deal with the day. You've been taking time off from your part-time job and you are afraid you will lose it.

Father: You have been both concerned and irritated by your wife's slip into depression. You've tried to be supportive and cheer her up but nothing seems to work. You find it hard to deal with her when she mopes around and starts crying for no reason. She always pulled herself together in the past, why can't she do it now? You wonder if she isn't jealous about the classes you are taking at the college, but you both agreed that she would wait until you got through school and the kids were older before she would start back. On the one hand, you would like things to get better, but you don't really want to air the family's problems in public by asking for help.



# CONSENT TO EXCHANGE INFORMATION

## **Objective:**

To get consent to share information needed to provide services across agencies

## **Outcomes:**

- The agencies will have written documentation of confidentiality and consent agreements, protecting the privacy rights of the families and reducing the possibility of the agency violating confidentiality laws.
- Families will feel safer to talk about problem behaviors if they know their information will not be shared with people not entitled to that information. As a result, there is more likelihood of families getting the services they need, and achieving better outcomes

## **Context:**

Federal law, Code of Federal Regulations 42 C.F.R. Part 2, is very specific as to the protection of confidentiality for persons receiving medical, mental health, substance abuse and other treatments. Confidentiality requirements for HIV issues are even more stringent. These requirements have been instituted to protect people's rights to privacy. Individuals who are receiving services may share information about their situation, but that information must be held in confidence, even if the provider knows the person is telling others. As a result of inattention to such rules in the past, federal policies have become stricter, with harsher penalties for violation of confidentiality.

The helping relationship requires an atmosphere of safety and trust for the family, which can easily be lost if family members feel that their rights are being violated. At the same time, it is often helpful for agencies to work together on behalf of a family. In these circumstances, special attention must be paid to addressing confidentiality requirements.

Increasingly, the organizations working with families at the community level find that the families with whom they work often face complex and multi-faceted challenges which cross organizational borders. They may also find that families already have relationships with many organizations, with multiple workers engaged in providing support. In these circumstances, both families and organizations are often better served by more holistic and coordinated support.

Many organizations are seeking to build cross-agency collaborations that allow for this kind of coordinated support. In so doing, it is critical that issues of confidentiality be adequately addressed by the agreements drawn up across

agencies. In practice, the simplest way to address confidentiality rules is to obtain consent from families to exchange information across agencies. The need and rationale for disclosure should be shared with the family, and details regarding what information can be shared should be specified in the informed consent process. Families may revoke their consent at any time, either verbally or in writing.

The form included here is a model for the type of agreement that can be drawn up with families to permit cross agency exchange of information. Individual organizations may need to adapt its structure to conform to internal confidentiality requirements

**Elements of Consent for Release of Information:**

- Program name
- Person or program to receive the information
- Client's name
- Purpose or need for the disclosure
- The specific amount and kind of information to be released
- A statement that the client may revoke the consent at any time
- Date, event or condition upon which the consent will expire
- Signature of the client
- Date upon which the consent is signed

*From Code of Federal Regulations: 42 C.F.R. Part 2*

# CONSENT TO EXCHANGE CONFIDENTIAL INFORMATION

I, \_\_\_\_\_, authorize \_\_\_\_\_  
to exchange confidential information that may include past services, education, medical, psychological, and treatment history in order to assist me and/or my family members in developing and implementing a comprehensive family service plan.

\_\_\_\_\_  
Nature of Information

\_\_\_\_\_  
The Purpose of Disclosure

This consent pertains to the following individuals or family members:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The agencies with whom this information will be exchanged are the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that the agencies listed above will not disclose the information without a valid reason to do so. I also understand that I can revoke this consent at any time in writing, except as to information that I have already agreed to share.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent, Guardian, or Authorized Representative of Minor

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Staff

\* The client has the right to obtain a copy of this form

Consent Expires: \_\_\_\_\_  
(The consent will expire a year from the day the form was filed unless otherwise requested by the client)





# TOOLS TO STRENGTHEN PARTNERSHIPS

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*Partnership Self-Assessment Survey*

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*Treatment Partnership Service Agreement*

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*Collaborative Case Consultation Tools*

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# PARTNERSHIP SELF-ASSESSMENT SURVEY

**Objective:**

To help partners assess the status and quality of their efforts together

**Intended Use:**

This tool was developed to help new partnerships track their progress. It is intended for use four to six months after a partnership begins.

**Audience:**

- Leadership and staff of community-based partnerships

**Outcome:**

- Partners will improve the quality of their work together through an atmosphere of learning and self-reflection.

**Context:**

Partnerships take work. It's not always immediately clear what benefits will accrue from collaboration. Successful partnerships, like successful organizations, need to assess what is working well, and what is not. Only in doing so can they take the corrective actions needed for success.

The following assessment tool is designed to facilitate a dialogue among partners. It is generally helpful for individuals to complete the assessment by themselves first and then share their responses with the larger group. This reduces group pressure to agree up front. After filling out the self-assessment, group members should utilize the results to identify priority areas for improving their efforts together.



## A PARTNERSHIP SELF ASSESSMENT

This tool was designed to help you assess the status of your current partnerships. Use the following scale to guide your assessment:

- 1 = we've barely done this
- 2 = we've talked about this issue, but haven't acted on it yet
- 3 = we've made some progress here, but need to make more
- 4 = we've successfully done this throughout our start-up work
- 5 = we've integrated this into the on-going operations of our team

### ENGAGEMENT

- \_\_\_\_\_ We've built consensus about what the vision of the partnership's work will look like in our community among team members.
- \_\_\_\_\_ Team members have been involved in the preparation of strategic plans to guide our work.
- \_\_\_\_\_ There are people sitting at the table that our organization has never collaborated with before.
- \_\_\_\_\_ We've met with individual members of our team outside of regular meetings to build relationships with them, and understand their vision of what our partnership can be like.
- \_\_\_\_\_ We've used an existing relationship to open the door to a new relationship with an individual, organization, constituency we've never worked with before.
- \_\_\_\_\_ We've tried to "get in the back door" with stakeholders where we've initially met a road block.
- \_\_\_\_\_ We've learned new things about our community through our meetings.
- \_\_\_\_\_ Parents and other residents are actively participating in our partnership.
- \_\_\_\_\_ Law enforcement is actively engaged in our efforts.
- \_\_\_\_\_ Schools are actively engaged in our efforts.
- \_\_\_\_\_ We've adjusted meeting times to meet the needs of a diverse range of participants.
- \_\_\_\_\_ We've provided child care, food, and/or transportation to assist members' participation.
- \_\_\_\_\_ We've articulated clear roles and responsibilities for all partners.
- \_\_\_\_\_ We've created time-limited opportunities for participation in program activities.
- \_\_\_\_\_ We're sharing human and/or financial resources with partners to support their engagement.
- \_\_\_\_\_ We've drawn up memoranda of understanding regarding member's engagement in implementing specific components of our partnership.

## TEAM BUILDING

- \_\_\_\_\_ We've utilized facilitation support to help us strengthen the team's functioning.
- \_\_\_\_\_ Our group leadership is skilled at building consensus among team members.
- \_\_\_\_\_ We've built structures into our team meetings so that all members have an opportunity to be heard.
- \_\_\_\_\_ People in the group feel comfortable disagreeing with one another.
- \_\_\_\_\_ We have a good time when we meet, and members look forward to our meetings.
- \_\_\_\_\_ We've created opportunities for members to utilize their distinctive skills in achieving our work together.
- \_\_\_\_\_ We've created opportunities for group members to learn from one another.
- \_\_\_\_\_ We've assigned specific tasks to specific team members to accomplish between meetings.
- \_\_\_\_\_ We've made a decision at each meeting that moves the work forward.

# TREATMENT PARTNERSHIP SERVICE AGREEMENT

**Objective:**

To establish a formal working relationship between two agencies

**Intended Use:**

To detail the roles and functions of both parties in a treatment partnership

**Audience:**

- **Leadership:** To establish agreements that detail the roles and functions of both organizations in a treatment partnership
- **Managers:** To implement and monitor compliance with the agreed-upon roles and functions of a partnership

**Outcome:**

- Improved access to treatment

**Context:**

Access and entry into substance abuse treatment can often be a difficult and frustrating process for agencies working with families, as well as the families themselves. There are many personal barriers to treatment but institutional barriers can also exist. A treatment partnership reduces institutional barriers by detailing roles and functions between agency and provider to increase the likelihood of treatment success.

A treatment partnership is a formal agreement between an agency working with families and a treatment agency or independent treatment provider. The agreement guarantees access to services for individuals referred for treatment and sets forth the supports the family service program will provide to enhance treatment. The treatment partnership is formalized using a Memorandum of Understanding (MOU) or a Standard Service Agreement, detailing the roles and functions of both parties.

Partnership Service Agreements can also be utilized to negotiate assistance with assessment, staff development or other services that can enhance an agency's ability to meet the needs of vulnerable families. For example, agreements can include help with staff training and skill development, participation in case consultation, and meeting with families in their homes or other

community settings. Other roles may include supports following formal treatment, shared case conferencing, information exchange and facilitating access for the treatment provider to reluctant clients.

Examples of services that can be provided through a treatment partnership include:

- Expedited referral
- Training for family advocates in motivational interviewing
- Home visits to do an assessment of needs
- Skill development to help staff identify families with known or suspected substance issues
- Tips on how to speak to an individual or family to reduce resistance
- Facilitation of the agency's case consultation process
- Relationship-building and development of agreements with other mental health and treatment organizations and resources

### **The Process**

The first step is for the leadership and key staff of your program and the treatment agency to meet and discuss the general needs of the families being served and whether the partnership will be a good fit in terms of capacity, services provided, eligibility and funding. If the resources of the two agencies are complementary, the sample agreement can be used as a discussion guide to determine the precise roles of each agency. It is advisable that a lawyer review the final agreement to be sure it conforms to all federal and local laws and requirements.

# SAMPLE TREATMENT PROVIDER AGREEMENT

The purpose of this agreement is to establish a formal working relationship between the \_\_\_\_\_ Program and \_\_\_\_\_ (Provider). Both partners have recognized the need to establish a working relationship to provide effective, intensive and immediate services to substance abusing families. In doing so each partner agrees to the following:

- I. The \_\_\_\_\_ **Program** agrees to:
  - a. refer family member to treatment and provide the treatment provider with all available background information in order to complete a thorough assessment.
  - b. physically take the family member to the assessment and treatment if transportation is a problem.
  - c. attend team meetings and/or interventions as requested.
  - d. include the family & treatment provider in all major case decisions (e.g., removals, reunifications, changes in treatment, etc.).
  - e. provide services in accordance with agreements.
  - f. provide treatment provider with signed releases of information.
  - g. provide treatment provider a copy of the case plan, and notify provider of any changes in the case plan.
  - h. return phone calls within one working day.
  - i. maintain weekly contact with treatment provider through scheduled phone or in person contacts to share information, ensuring communication is open to avoid secrets with the parent.
  - j. inform the family that there will be an open sharing of information between family service worker, advocate and treatment provider to facilitate recovery.
- II. **Provider** agrees to:
  - a. provide treatment services (pre-treatment, assessment and/or in-patient/out-patient treatment) to chemically dependent family members within 48-hours of request. During treatment, services will be provided to extended family members and caregivers to support the recovery process.
  - b. immediately notify Program family service worker of any treatment issues (e.g. missed sessions, changes in attitude, indicators of use, etc.)
  - c. participate in all staffing/team meetings, cross training and provider meetings as requested.
  - d. notify Provider immediately upon learning of or observing any indicators of abuse or neglect.
  - e. maintain weekly contact with Provider family service worker through scheduled or in person contacts (allowing staff to have access to their clients at the treatment site) to share information, ensuring open communication to avoid secrets with the parent.

- f. provide Program family service worker with written updates as requested with appropriate signed releases (e.g. for court, reunifications, etc.).
- g. provide services in accordance with agreements.
- h. return phone calls within one working day.
- i. inform the family that there will be an open sharing of information between family service worker and treatment provider to facilitate recovery.
- j. provide regular unscheduled urine screens to the family member on a weekly basis while in primary treatment. After primary treatment, provide random urine screens to the parent throughout aftercare and provide the results of all screens to the Program staff.
- k. attend court hearings as needed (with a subpoena) when the safety or permanency of a child is at risk due to a contested custody case.

Both partners have read and fully support the agreement as outlined. Each recognize that this is a collaborative effort and for our clients to be successful and view us as a team, we must work together to assist the person in becoming sober. In signing this agreement we acknowledge the fact that we cannot do this alone and therefore must come together to effect change. This agreement symbolizes that commitment.

\_\_\_\_\_

(Representative)

\_\_\_\_\_

Date

\_\_\_\_\_

(Provider)

\_\_\_\_\_

Date

# COLLABORATIVE CASE CONSULTATION TOOLS

**Objective:**

To introduce staff to the potential opportunities and challenges of working collaboratively on behalf of families' well-being

**Intended Use:**

These simulations and case studies can be used to foster discussion and practice skills needed to build cross-agency collaborations.

**Audience:**

- Staff members of diverse agencies who are new to collaborative case consultation

**Outcome:**

- Staff members increase awareness of the diverse partners who can support their efforts on behalf of families.
- Staff members are able to leverage a broader range of resources on behalf of families.

**Context:**

In vulnerable communities, it is common for families to have diverse needs that cannot be met by a single organization. Often, families have relationships with many organizations who do not communicate with one another or coordinate efforts. Cross agency consultation provides an opportunity to support families in a more holistic way, reducing duplication of effort and better leveraging the range of available resources.

The following simulation and case studies have been structured to help staff understand some of the opportunities and challenges faced by organizations seeking to partner to support families in their programs. The first simulation has been specifically designed to include non-traditional social service partners, such as neighborhood association leaders and housing personnel. The case studies have been written to suggest opportunities to partner with groups like law enforcement and community development organizations to devise solutions to issues identified by families. The goal of these exercises is to help participants learn to understand and appreciate the distinctive resources that diverse partners can each bring to solving a family situation.

**The Simulation Process**

Simulations such as the ones that follow are generally best utilized during staff development or extended supervisory sessions. Be prepared with copies of the description of the roles to be handed out to participants. For the simulation to be effective, participants should not know one another's roles.

It's not unusual for a simulation to get off to a slow start. Give participants time to "own" their roles. When debriefing, focus on some of the issues related to having diverse agencies in the room. Which partners were easy to work with? Which were more difficult? Why? Use these debriefings to identify areas requiring further staff development or discussion.

### **The Case Study Process**

The four case studies included here have been adapted from actual situations that emerged in the Head Start organizations who participated in the Free To Grow national demonstration. It's often helpful to have staff members work in pairs or small groups to discuss each case study, with reporting back to a larger group. This process allows for a greater number of persons to provide input, and to express differing views about how the situation might best be handled. Urge staff to be specific about how diverse partners might be able to assist in resolving identified issues, paying particular attention to helping participants think beyond the "usual suspects" to identify partners capable of instituting changes that could help not only individual families, but the larger community of families as well.

# COLLABORATIVE CASE CONSULTATION SIMULATION

## **The players in the situation**

### Family members & Friends (not present for the case consultation)

Mother – Mary, age 22  
Child in HS – Jadah, age 4  
Grandmother – Phyllis, age 37  
Neighbor across the street – Barney, age unknown

### Staff and Partners

Family Advocate – Clair  
HS Supervisor – Reuben  
HS Teacher – Jean  
MH Consultant – Beatrice  
Family Resource Center Manager – Jeanine  
Apartment Manager – Patrice  
Neighborhood Association President – Karen

## **Description of the situation**

After working with a family for three months, the HS Advocate Clair has become frustrated that the family has done nothing from their Family Partnership Agreement. The goals of the FPA included:

- Improve her reading – Mary
- Getting a GED – Mary
- Finding reliable transportation to get around – Mary and Phyllis
- Making new friends – everyone
- Reducing smoking – both Mary and Phyllis
- Getting apartment cleaned up and free of mice
- Control Jadah’s temper tantrums

Every time the Advocate makes a home visit, there is some “crisis” that needs to be taken care of, so the Advocate never can get to the FPA goals. They had their electricity shut off; the child support checks have not been sent, so had to go to food and clothing banks; Phyllis’ sister passed away and they all had to go to the funeral across the state; Jadah has been sick during this long, cold winter. Twice the Advocate came for a visit and no one was home. Phyllis has been sick for a while, with severe coughing and difficult breathing. Clair is fairly new as a Family Advocate, and she is not sure what to do, other than to ask her supervisor to talk it over.

The Supervisor, Reuben, decided to use this situation as an opportunity to have a collaborative case conference, since there are so many issues and everyone needs to be in on the discussion. He asked Clair to prepare for a Case Consultation. Reuben will help Clair prepare, and he will facilitate the consultation.

## **Clair**

You are the Family Advocate, and you have been working with this family for three months. You get along well with Mary, and you found out that both of you attended the same elementary school across town, giving you an immediate relationship with her. You realized that too often you and Mary get caught up in talking about the school and teachers you both had while attending, even

though you were 6 years ahead of Mary. You have been very helpful to Mary and Phyllis when all the crises pop up, including taking them to several agencies for help and donations.

You are concerned that Jadah has been sick a lot, but the teacher hasn't said anything about it, so maybe it's not so bad. Phyllis tells you that winter colds are something in the family for generations. You've suggested taking Jadah to the doctor, but they have not followed up on your recommendation. You know they have really made no progress on the goals in the Family Partnership Agreement. You know they have an old car that needs repairs, but you forget to mention that until very late in the consultation.

It is a problem, though, when you go out for a home visit and they are not at home. You can't help, and it takes you 40 minutes round trip, time you don't really have to waste. You've tried calling ahead, and even when they say they'll be there, they are getting worse at not being home. You are even suspecting they may be home, but are not answering the door. You're stuck, not knowing what to do. You've prepared your presentation to the group, and you will present that information and what you'd like from the consultation.

### **Reuben**

You are Clair's supervisor, and you have been pleased with her work since she was first hired. You've been a supervisor for three years, after being a HS teacher for a year. You've not gone out on too many home visits, and never with Clair to this family. You knew there were some missed sessions, but that information hadn't really sunk in, especially knowing about the death in the family recently. When Clair came to you about everything, you were surprised, yet saw this as an opportunity to use the agency's new collaborative case conferencing approach. You were in on the planning of this strategy, so you know a great deal about how to make it work.

However, you also know that you sort of missed the boat, by not attending to what Clair was telling you, and what she was not telling you. You want to be very helpful when the group meets, so you dominate much of the conversation, often giving members of the group their tasks to help the family. You don't see that as dominating, just being helpful and really focused to get a plan in place.

### **Jean**

You have Jadah in the classroom, and you see Mary frequently. They live close enough to walk to the center. Mary is always talking about how tough it is to get around, to have enough money, to get more schooling for her GED. You've told her about the GED class in the evening here, but she has not wanted to start the classes while all this other stuff is going on. Just recently, you've wondered if Mary can read well enough to get her GED. When you did your home visit at the first of the year, you thought this might be a solid family, but you now see the tough conditions in their lives.

Jadah is a hard child sometimes. She can be very loving and fun to be with, and she can also be quite oppositional and even defiant. She doesn't sit still for long periods, and you have referred her for some observation and testing by the MH consultant.

### **Beatrice**

You are the HS Mental Health consultant and have been for several years. You do child observations in the classroom, assessments of children, and consult with staff and parents about behaviors and behavior change. Recently, you have begun doing work directly with the parents, as a member of the case consultation team. You have seen Jadah in the classroom, and you, too, have raised concerns about her physical well-being and her oppositional behavior. You met with Mary one time, and you are quite glad this consultation is being done today. You believe there are some significant problems that are not being addressed, wondering about mild depression and her lack of bonding with Jadah.

### **Jeanine**

You are the Family Service Center Manager, located across the street from the elementary school. This is a city-funded program for families in the neighborhood. Over the years, funding has been reduced, so the center is only open between 2:30-6:00 pm. As a result, the programming is mostly for elementary children after school. Your charter includes family services, but all the services once co-located there have pulled out and are now back in the agency offices.

You have been trying to develop informal supports for the families in the neighborhood. You started a Time Dollar reciprocity program a year ago, and it is still operating, though with fewer members than you'd like. Even so, there are some members who might be of some help in this family, if Mary would become a member herself. You know Mary, and had even tried to recruit her once, to no avail. When Barney's name is mentioned, you let everyone know that he is a Time Dollar member.

### **Patrice**

As the apartment manager, you've been asked to join this consultation to help with some of the housing concerns with this and other families. You are new to this complex, and frankly appalled at the nasty conditions in many of the apartments. You did an inspection of all apartments a month ago, and Mary's was one of the worst—mouse tracks all over, mold, chipped paint, and clutter all over. Since there were other complex issues in progress, you've not been able to get back to Mary to deal with the mice and the paint.

Your maintenance budget is paltry, and you have to be very careful to not overspend. This means you are already finding yourself having to prioritize who gets what help. The owners are in another state, and you feel they are only concerned about profit.

### **Karen**

You are the President of the local Neighborhood Association, and have been a member of the case consultation team since the beginning. Your association is made up of both homeowners and tenants, since you know that they both are important to the neighborhood. Recently, the association has been putting more attention to the deteriorating apartment buildings in the area, since you are concerned both for family safety and health, as well as property values. The building Mary lives in isn't the worst, but it is bad from your perspective. Your association has pretty good relationships with the city officials, but the recent cutbacks in staff due to budget reductions has hurt their ability to actually get out and do their job on the streets. You see this situation with Mary and her family as only a drop in the bucket, and your attention is focused on getting the entire complex up to standards. Barney is a member of the association.

### **Questions for large group discussion**

1. How clear and complete was the presentation from "Clair"?
2. What information came out later in the consultation that was not presented at the beginning?
3. How would knowing the information earlier impact the discussion?
4. Were Clair and Reuben prepared with the right partners at the table?
5. How would you assess Reuben's interaction with Clair to assist in her (attitude, skills, and knowledge) learning?
6. How did the consultation support "learning" among the partners?
7. How did the simulation strengthen the partnerships?
8. How did the simulation model the learning environment principles?



## CASE CONSULTATION

### Case Study 1

A 22-year old mother and 23-year old father have one son (4-years old) who just started in Head Start. The couple also has an 18-month old daughter. According to Head Start staff, the older child has missed multiple days of school because of colds and ear infections. The father has a history of alcohol abuse and is unemployed. The mother works occasionally helping a cousin with housecleaning jobs. The family lives in a neighborhood where unemployment rates are high as are crime rates. There is a police presence in the neighborhood, but attitudes about the police by community members are very negative.

The newly hired Family Advocate has had some difficulty making contact with the family to complete a family assessment – the family often does not answer the phone or is not at home during attempted home visits. Last week the advocate attempted a visit during the mid-morning and found the mother was in bed (the father did not seem to be at home). When the mother opened the door, the advocate thought she could smell marijuana and could hear the 18-month old crying in the background. The mother would not let the advocate in because it was “too messy.”

The advocate brings up the issue with her supervisor as she is very concerned for the health and safety of the children. The advocate is also frustrated with the problems in completing a family assessment.

#### **Discussion questions:**

1. What are the major issues present in this scenario?
2. What are some of the immediate steps the advocate needs to take?
3. What can the advocate do to successfully get into the home and complete a family assessment?
4. What can the supervisor do to help the advocate get into the home?
5. Because the advocate is new to the job, what can the supervisor do to ensure that this seemingly very sensitive case is handled properly?
6. Who are some of the potential partners that could help this family?
7. What roles will those partners play?
8. What could be done to help improve the relationship between the police and the community members?



## CASE CONSULTATION

### Case Study 2

During a Family Advocate's recent visit to the Head Start agency, the mother reported hearing gunshots relatively close to her home during the evening hours. She does not know exactly where they came from and is not aware of who might be responsible. She also reported to the advocate that she has noticed increasing numbers of people loitering on the corners. She suspects that there is drug dealing occurring at these locations. The mother expressed to the advocate that she is very concerned about the safety of her children as well as her's and her husband's.

When asked if she has talked to anyone else about these concerns and fears, she says that she has only talked to one other person about them – her next-door neighbor. The neighbor is also concerned that the neighborhood is becoming increasingly unsafe and violent. However, neither of them knows what to do.

The advocate reports on the woman's concerns to her supervisor. In response to the report, the supervisor tells the advocate she'll get back to her about it. Right now, everyone in management is preparing for the PRISM review coming up in two days. The advocate is not sure how to proceed – *either* to not pursue the issue until the review is over *or* move ahead in dealing with the woman's concerns some other way with some of their partners.

*This scenario is designed to address internal relationships and workloads, as well as how key partners are in building the array of supports for families. Read the scenario, then begin your discussion by responding to each of the questions below, one at a time.*

#### Discussion questions:

1. What happened between the advocate and the supervisor, and what contextual factors influenced that interaction?
2. How could the Advocate have presented the case more convincingly to the supervisor?
3. What should the supervisor have done at that moment?
4. What else needs to be known in order to better understand the nature of the problem and how that problem manifests itself in the community?
5. If the Advocate still believes that there are issues that need to be addressed and her supervisor is continuing to offer no assistance, who else can the Advocate talk to?
6. Who are the partners who can assist in this situation?
7. What role is there for partners in helping the Advocate directly? Indirectly?
8. What could the partners do to engage the supervisor, even with the PRISM starting?
9. Who might those partners be?



## CASE CONSULTATION

### Case Study 3

After a couple months following the new Head Start school year, a team of four Family Advocates have all been talking about not being able to get anything done with families in the “Bottoms” neighborhood. They believe that the main problem is that there are no resources in the neighborhood—there is no grocery store, no transportation, no agencies, and the list goes on.

The team of Family Advocates reports that the residents talk often about the “outsiders” who come in to their community and say they are going to help, but leave having done nothing or creating something that doesn’t last. Often, this is also without the help of the community.

Meanwhile, the police ignore the area with a “what happens, happens” attitude, even though they are aware of the serious problems with drug use and crime in the neighborhood. All 57 families are poor, but most people know each other and even try to help one another with their limited means.

For the first time, there are seven families living in the “Bottoms” who have children in Head Start. These seven families all report that they are too scared to let their children outside their homes. The team of Family Workers asks for this issue to be addressed at the next Team Meeting with their supervisor.

***As a group of Family Workers and their supervisor, discuss the questions below with a goal of finding the help needed to provide support and services to the HS families, as well as the other residents in the Bottoms.***

#### **Discussion questions:**

1. What are the family and community risk and protective factors in the “Bottoms”?
2. What are the community building issues that must change in order to help the families?
3. Who are the *formal* partners needed to provide integrated family and community building?
4. Who are the *informal* partners needed to provide integrated family and community building?
5. What roles could those potential partners play in this situation?
6. How are potential partners approached and who does this?
7. What role does the supervisor play in bringing all the different concerns from the four Family Workers to the table?
8. What can the supervisor do to ensure that the Family Workers do not get overly frustrated with the situation?



## CASE CONSULTATION

### Case Study 4

The family advocate and her supervisor are making a home visit to a Head-Start family, whose advocate had quit a couple weeks ago. This is her first year as an advocate and she is still a little timid about her job. She has lived in the neighborhood surrounding the HS center and knows a number of the residents. The supervisor is accompanying the advocate, in order to observe and assess further training needs. The advocate is bi-lingual (English and Spanish) and has been assigned to this family who are mostly monolingual Spanish. The supervisor has only rudimentary Spanish speaking skills and knows it'll be tough for her to understand everything.

The mother is unemployed, and her husband is a day laborer in the construction business. He is sometimes home and sometimes away on jobs for a while. He is out of town at the time of this visit, leaving the family without transportation.

The appointment is scheduled at noon. As the advocate and supervisor enter the apartment, they notice that the three small children – twins age 2, and infant 6 months old – are wearing winter coats inside the house, that the apartment is cold, and the heating unit is covered with a piece of fabric and is being used as a table with some religious statues.

As they start talking, the advocate explains that they came to get to know each other and to talk about how their plan is going. The mother shares that she is happy for her child, and she couldn't wait for her oldest child to get into HS, so she would have only three small children to take care of all day.

During the conversation, the advocate notices that she is becoming very cold and asks the reason why the heater is not turned on, since the weather outside is below 40 degrees. The mother shared that the unit is not working and they have been living like this for the last 2 years. Also, the heater is the only place in the apartment where she can put her religious statues. At this point, the advocate asks the woman if they have approached the landlord to have the heater fixed and her response was that she could not do that because they do not have papers. They are afraid that they can be deported to Honduras and they would rather live like this than the way it used to be back in their native country. They are used to the cold she says.

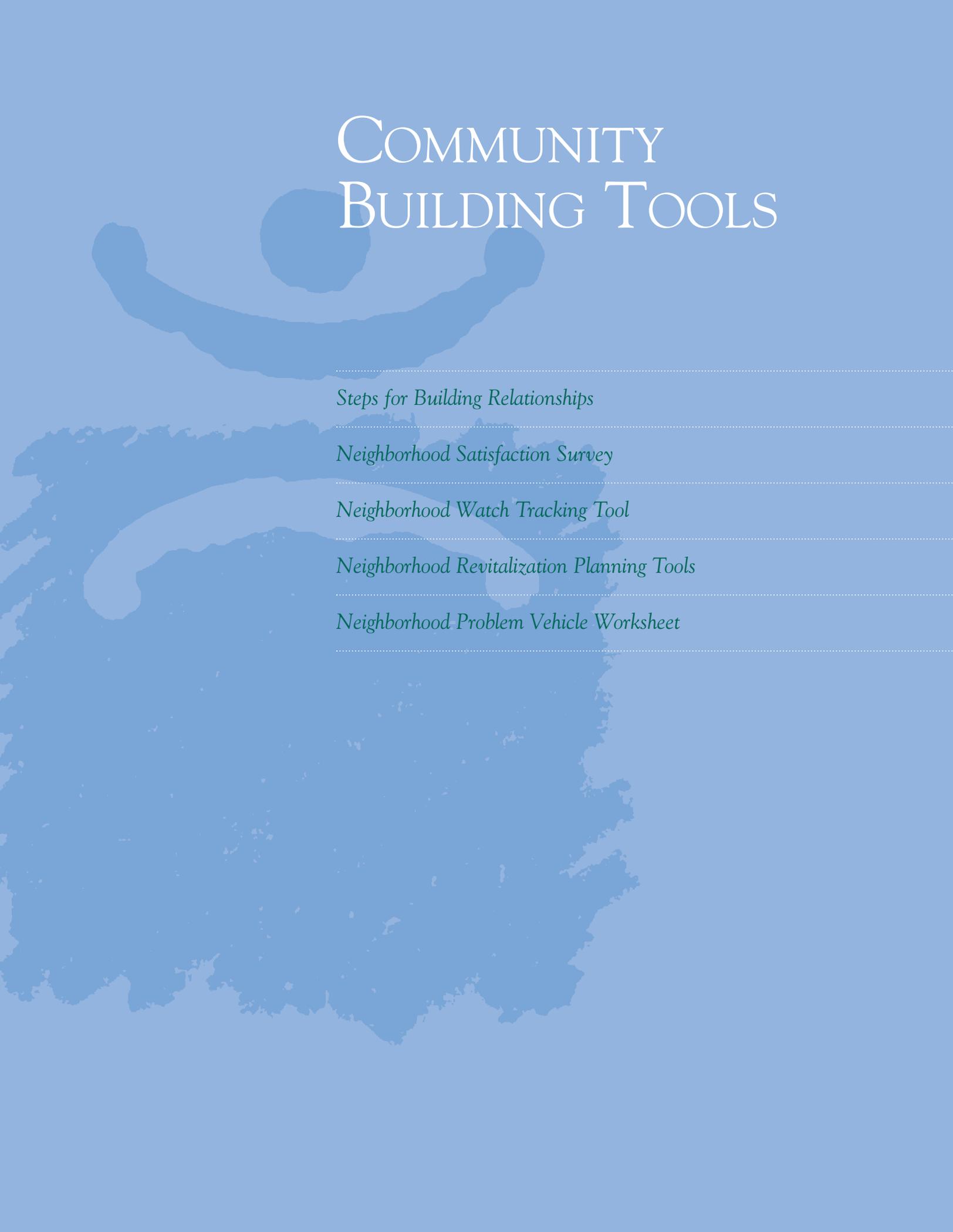
The advocate explains to the family that although they do not have papers, they still have rights and that HS could help them correct the problem without jeopardizing their staying in this country. At this point in the conversation, the supervisor started to notice some hesitation from the advocate while doing the translation. When questioned by her supervisor about what is going on, the advocate indicates that she is not feeling comfortable with the situation, first because she feels it is not their role to talk about heating system and second that her concern is the legal status of this family. As a resident, she knows how scared the people are who are here without papers.

#### **Discussion and problem solving**

As a group, discuss and respond to the questions below.

1. What are the problems this family is facing?
2. What are likely additional problems that were not discussed?
3. What additional questions would you ask of the family?
4. What additional observations would you make of the family, home and neighborhood?
5. As a Family Advocate, what would you do in this situation, while still in the apartment?

6. As a Supervisor, what would you do in this situation, while still in the apartment (remembering your role in this visit was to observe the advocate to determine additional training needs)?
7. Once back at the center, what would be the next steps in addressing the factors that were observed and reported? Particularly, what additional partners would need to be engaged for what purpose?
8. What lessons have been learned from this scenario?



# COMMUNITY BUILDING TOOLS

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*Steps for Building Relationships*

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*Neighborhood Satisfaction Survey*

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*Neighborhood Watch Tracking Tool*

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*Neighborhood Revitalization Planning Tools*

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*Neighborhood Problem Vehicle Worksheet*

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# STEPS FOR BUILDING RELATIONSHIPS

**Objective:**

To help community outreach workers develop relationship-building skills to support efforts toward community change

**Intended Use:**

This tool guides workers in building relationships with residents.

**Audience:**

- Managers and front-line staff: To support their neighborhood outreach efforts

**Outcome:**

- Workers improve their ability to engage residents, so that more neighbors participate.

**Context:**

Engaging residents in vulnerable communities in community change activities can be difficult. Social isolation, mistrust of outsiders, and fear of retaliation can all act as barriers. The work requires committed individuals who are capable of reaching out and building relationships, often one by one, with neighborhood residents. This relationship-building is the critical first step in any community change initiative.

A “knock-and-talk”—an informal conversation between an outreach worker and a resident—is a powerful way of meeting people at the neighborhood level and assessing their hopes and concerns. The process of meeting people in their home or yard and really listening to them is frequently a new experience.

All too often, individuals and organizations engaged in neighborhood work come with an agenda or program that they tell residents is “in their best interests.” And while the proposed work may, in fact, be helpful to individuals and families, it is not the residents’ agenda and may not reflect their concerns. When this happens, it is no wonder that residents don’t want to participate in activities or come to meetings.

The knock-and-talk process moves the neighborhood worker from selling his agenda to listening to the needs of residents. Understanding the way in which residents view and experience issues allows for a bottom-up approach to identifying issues and devising solutions that reflect the strengths and weaknesses of those affected.

**Tip:**

Choose staff carefully to participate in knock-and-talk activities. Some workers are uncomfortable approaching people in their homes, some may feel unsafe. It is often helpful to identify a resident with whom your program already has a relationship to provide entree to others in the neighborhood. The individual can accompany staff members on their initial visits to the neighborhood, and help establish your credibility as someone who can be trusted.



# STEPS FOR BUILDING RELATIONSHIPS

## KNOCK AND TALKS

### GENERAL OVERVIEW: THE WHOLE PROCESS

- To establish relationships with neighborhood individuals, look for potential leaders, to make an assessment of what is happening in any neighborhood, and/or to obtain support for work that will be done in their own community.
  - The Knock and Talk is one of the most effective ways to contact potential resident partners and can be adapted to build relationships in the community.
  - The Knock and Talk is a direct contact with a resident, parent, or business person who you may want to team up with to work on a project like a neighborhood revitalization, community action group or neighborhood watch. If this outreach activity is done properly, personal relationships will be formed to create a solid foundation for making positive changes in a community.
  - Most of the time you will need to do a “cold canvassing” also known as a “cold call” which means that it will be a direct approach to persons about whom you have no information. Since you need to include individuals from the neighborhood you must contact residents face-to-face.
  - The chances of having a successful interview increase when you call on a resident as a result of a common acquaintance to provide you with a “referral.” When you meet someone for first time and mention that a common friend or acquaintance has given you permission to use his/her name as a reference, you will automatically be afforded some degree of acceptance, a “borrowed prestige,” which will allow your contact to be more open to hear what you have to say. Referrals of this sort usually work to your advantage.
  - There are three different types of people you want to reach through Knock and Talks:
    1. Families with whom your partners have existing relationships i.e. Head Start families, Neighborhood Watch members, and other neighborhood residents.
    2. Candidates to participate in the leadership development training program. The goal is to recruit more families and community members to learn leadership skills that will help improve the quality of life of the families and their surrounding community.
    3. The community at large. This outreach process is designed to recruit community members to work in specific projects that are going to benefit the surrounding families and community.
- Keep in mind, this activity can go outside the boundaries of a specific target neighborhood. It is often useful to work with residents outside a specific neighborhood on issues such as in a campaign for a citywide policy change or community awareness campaign.
- The key skill that we must develop fully is LISTENING, LISTENING, and LISTENING! This is one of the most critical communication skills. To better understand the issues of our communities, we need to take sufficient time to listen to those individuals we are trying to recruit in our outreach efforts.
  - You are bringing good news but be prepared for some rejection. Remember, people have a built-in fear of strangers so this is not personal.
  - Be prepared to knock on a door at least five times in a one-month period if you do not get a positive answer on the first attempt.

## **SPECIFIC STEPS IN THE PROCESS**

### **FIRST VISIT:**

Your goal is to build relationships, provide brief information about your work and obtain some information about the neighborhood.

#### **STEP # 1: What We Need to Know Before Going in the Neighborhood**

1. Dress appropriately for the neighborhood you will be working on. Do not over/under dress since both can offend residents.
2. You must have a positive frame of mind. You are promoting an idea that is going to assist the residents.
3. Go in pairs. It is better if you go with someone from the neighborhood or familiar with it. If you still are in the process of finding a resident to go with you, you may need to team-up with a co-worker for the first couple of visits to the neighborhood.

#### **STEP # 2: What We Need to Know Before Knocking on the Door**

1. Make an assessment of the physical environment of the neighborhood. Drive around several blocks in the area to get a general sense of the area. Things to look for: litter on the street, run down homes, front yards with furniture to be discarded, broken fences, abandoned cars, liquor/beer bottles, as well as well kept properties, green front yards, clean cars, etc.
2. Check the condition of the surroundings of the house you are visiting (front yard, stairs, paint, backyard, if visible, side of the house, etc.). Look for cleanliness, and deterioration. Check for names on the door or mailbox so you can address people by their names.
3. Make several copies of the “Activity: Knock and Talk” form and place them in a binder to create a “Knock and Talk Log Book” specific to the neighborhood you will be assigned to work.
4. Be sure to bring along this Log Book to record as much detailed information about your visit as possible, since the next visit may be performed by another outreach worker.
5. This Log Book should be available to any team member working on this project and wanting to know the progress of this activity. Also, any outreach worker must review this Log Book before heading out to the neighborhood.

#### **STEP # 3: How to Perform the Knock and Talk**

1. Ring the bell or knock on the door, up to 3 times, giving time for people to come to the door (elderly, busy, etc.) If there is no answer, make a notation on the Log Book, you may need to come back at different time and/or day.
2. As people open the door, be friendly and wear a smile (remember you are bringing good news!) Be aware that the first 30 seconds are crucial since first impression counts. Your news is about improving the quality of life for their children, their family, and their neighborhood. You will, eventually, be sharing information about services that they may not even know they may qualify for and obtain, if needed.
3. Your intention is to create interest in what you have to say. Ask them if they can spare 10 to 15 minutes of their time. If they agree to spend few minutes with you, proceed with the following steps:
  - a. Identify yourself and the organization you are representing, (give a business card, or show I.D.)

- b. Tell them that you are not selling anything.
- c. Talk about your organization, your program and your role. Indicate that you want them to participate in the process by providing information about issues and problems in their neighborhood and what they think are possible solutions.
- d. After your brief presentation (no more than 5 minutes) about who you are and why you are talking with him/her, they will have sense that there is something to be gained from talking with you. Request permission to ask few questions, stressing the idea that they do not need to answer all the questions if they do not feel comfortable at this time.
- e. While talking with the individual, check your surroundings looking for clues about the quality of life of this person/family (Do they have children? Do they have a computer? Did you notice strong odors coming from the house, visible empty beer bottles, roaches, mice droppings, suspicion of physical abuse, evidence of building problems inside their apartment/ house like mildew, mold, broken pipes, etc.? What is the mood of people? Did they invite you in? Did you feel safe?)
- f. Be mindful of the person's body language while talking with you. (Is this person friendly, making eye contact, smelling of alcohol while talking, drowsy, sleepy, incoherent, blocking the view by placing him/herself in front of the door, speaking through the door screen?, etc.)
- g. If you feel that his/her comfort level is low, ask the person if he/she would like you to come back at another time, ask for the best day and time to come back. Once you have obtained an appointment, provide your business card and suggest that if something comes up and s/he is not available, to call you so the meeting can be rescheduled.
- h. Also, ask for his/her phone number so you can call if something comes up for you that you cannot meet at the set time

#### **STEP # 4: What To Do After Completing the Interview**

1. At the end of your meeting, thank the person for the time given to you and commit to keep the person informed of what is happening in relation to the issue you have discussed. Ask if it would be fine to come back and talk with him/her within a week or two.
2. Before going to the next door, write down your comments on your Log Book.

#### **SECOND VISIT:**

**Your goal is to deepen your relationship with the residents and obtain more information regarding their neighborhood and how it may affect them personally.**

#### **STEP # 1: Reinforcing the Trust in You and Your Organization**

1. Before knocking on the door, review the documentation from the first visit.
2. If the information was taken by a different person and you have questions, try to talk to the previous interviewer to get clarification or more detailed information before going to the neighborhood.
3. Once in the neighborhood, if you did not do the first contact, identify yourself and the organization and indicate that (name of the first person) was not available and that you are part of the same team. Remember to be friendly and put on a smile as people open the door. Indicate who you are and that you are there to follow up on the meeting he had before with (name of the first person). Share information of what has been happening in the neighborhood since the last visit.

Elaborate on how your organization and partners will be available to help them to improve the quality of life of their children and family, and their neighborhood.

4. Ask them if they can talk with you for about 30 minutes.

## **STEP #2: ASKING QUESTIONS**

1. Your presentation is crucial at this point because you are trying to get information that they may be reluctant to share with you. You can say something like: “many government agencies, non-profit organizations, private enterprises, landlords, etc., try to figure out what to do to improve the city, a neighborhood, a block, the place where you live....but they never bother to ask you, the residents, what you think the problems are and what you think are the solutions.” This is exactly what you are trying to do, you are giving residents a voice ...an opportunity to have their opinions heard and be included in the decision making process. Your goal is to ensure they understand that you want their voice to be heard.

The best way to do this is by asking, open-ended questions about safety, crime, nuisances, what is good about their neighborhood, what they would like to see improved and how this can be done from their point of view. You never ever promise to deliver anything, you can assure them that their ideas will be seriously considered but you are not making decisions by yourself. Also, be sure to let them know that you will be getting back to them as other ideas and plans may emerge to improve the neighborhood. Stress that you will need their help to make any changes in the neighborhood real.

Be aware that another critical skill to be developed is the ability to ask open-ended questions, like: What problems do you think we should try to work first? Why do you think we should start with that problem? What are some of the things you like about this community that makes you stay here?

2. After you hear what they have to say about their important issues, you will get into the specifics of your visit: collecting signatures, neighborhood revitalization, attending a meeting, recruitment for leadership development training, information about services, participation in the project that you are involved with, etc.
3. At this point, ensure that they understand it will be require some work on their part to achieve their own goals. Your message will be something like this: “I will show the way but you will do the walking.” “I am here to support your efforts.”
4. At the end of your meeting, thank the person for their time and commit to keep them informed of what is happening in relation to the issue you have discussed. Tell them that you will be available if they have questions or if they need some clarification on the conversation. Remind them that you will keep them informed on any new developments.
5. Before going to the next door, write down your comments on your Log Book.

## **THIRD VISIT AND SUBSEQUENT VISITS:**

**Your goal is to continue strengthening the relationship and begin to match supports to their needs.**

1. Review the documentation from previous visits. If the information was taken by a different person, and you have questions, try to talk to these persons to get clarification or more detailed information.

2. With the resident, review the conversations they have had in the previous encounters and make a point to provide new information. You now want to ask more specific open questions related to the project you are working on by asking the person how s/he would like to be involved. You may want to give examples of different kind of activities: attending neighborhood meetings, joining you in visiting neighbors, cooking for meeting attendees, making phone calls, doing clerical work, participating in trainings, taking a leadership role to mobilize residents, providing child care for meetings, doing translations, etc.
3. Also at this point, you should have materials to hand out that relate to the issues they have discussed before. If no issues were identified, bring some information that may catch their attention and will help to deepen the trust in you. Examples include opportunities for first time home buyers, information that is child related (if they have children), information on job opportunities, etc. If they are immigrants try to obtain material in their native language, or indicate where they can get support services in their language. Remember that people will get involved as long as they see a benefit for themselves.
4. By now, you should be able to take notes in their presence. That will give them a sense that whatever they share with you is information not going into the waste basket. Ask permission to document your conversation and if they feel that certain information should not be recorded, honor their request.
5. After three visits you should feel comfortable asking this neighbor to participate in a more active role in the activities you are promoting.

Remember these guidelines are based on neighborhood coordinators' experience. After a few tries you should have your own style based on this guideline. Each person will have his/her own way to approach community members, but in the end, the participation of residents in community activities or supports is what it counts.







# NEIGHBORHOOD SATISFACTION SURVEY

**Objective:**

To assess the level of satisfaction of residents and understand their quality of life issues

**Intended Use:**

This survey is used by individuals and groups working to devise neighborhood interventions based on resident-identified issues. The survey can also be used as a pre-post survey to measure the degree that residents perceive change resulting from interventions at the neighborhood level.

**Audience:**

- Members of community partnerships working on neighborhood-based interventions

**Outcome:**

- The survey will provide information about neighborhood issues that will lead to appropriate interventions. When used as a post-intervention survey it will measure resident perception of their effectiveness.

**Context:**

Often neighborhood interventions are undertaken without adequately asking residents about their hopes and concerns. Working in neighborhoods requires the trust and support of the people living there. Residents who live in challenged neighborhoods often are disengaged from neighborhood life and distrust outsiders, even those with good intentions. A strategy such as the Neighborhood Satisfaction Survey, which engages residents in the discussion of goals, is a critical first step in building credibility.

The Neighborhood Satisfaction Survey identifies issues experienced by residents of a neighborhood. It is scaled to facilitate tracking of progress impacting those concerns.

The survey reflects a composite of issues that, over time, residents in many neighborhoods have identified as concerns. It does not measure interior or exterior property issues, which are addressed with separate tools. This survey deals with drug and alcohol use, crime and violence, neighborhood and civic involvement, length of time in the neighborhood, home ownership, and other related issues.

**The Process**

The survey is designed to be used when community outreach workers meet with residents on a one-on-one basis. The worker can explain that the

information will be used to address issues that the residents identify as important. In this way, the tool becomes part of a relationship-building strategy instead of an intrusive data-collection process.

Some workers report that using the tool and recording answers as they are given works well and complements the relationship-building. Others say that they are more comfortable asking the questions in the context of a general discussion with residents and then recording the information later. While the latter approach may enhance the relationship-building, it might also result in less accurate recorded responses.

The collected information should be analyzed to identify trends and key issues. As noted above, it can also be used to determine residents' perception of change at the completion of the neighborhood intervention.



**POINTERS:**

- Don't compromise the relationship-building with residents for the benefit of the data collection
- Use the survey as a tool to elicit information from residents and deepen the understanding of key issues, as well as the resident's willingness to participate in solving problems
- Use the survey at the completion of the neighborhood intervention as well as at the beginning to assess progress

# NEIGHBORHOOD SATISFACTION SURVEY

1. How many people live here with you? (include yourself) \_\_\_\_\_
2. Are there children in the house? (circle one) Y N If yes, how many? \_\_\_\_\_  
(Go to question #4 if there are no children in the house)
3. Write down the number of children in each age group  
0-5 \_\_\_\_\_ 6-12 \_\_\_\_\_ 13-15 \_\_\_\_\_ 16-20 \_\_\_\_\_
4. Write down the number of people in each age group that live in your house (include yourself)  
21-30 \_\_\_\_\_ 31-40 \_\_\_\_\_ 41-54 \_\_\_\_\_ 55 and over \_\_\_\_\_
5. How long have you lived in or near this location? (circle one)  
(a) Less than 6 months (b) 6 to 11 month (c) 1 to 2 years  
(d) 3 to 5 years (e) 6 to 10 years (f) Over 10 years

**How would you rate each of the following in your neighborhood?**

	Very Good	Good	Neither Good or Bad	Bad	Very Bad
6. Condition of Homes					
7. Condition of Yards					
8. Adequacy of Lighting					
9. Cleanliness of the Area					
10. Feelings of Safety					
11. Friendliness of Neighbors					
12. Quality of Public Services					
13. Quality of Schools					
14. Congregation of People/Kids on Street					
15. Noise					
16. Access to Transportation					

**If you've lived here 1 year or more, have any of the following changed in the last year?**

(Go to question #17 if you have lived here less than 1 year)

	Much Better	Slightly Better	The Same	Slightly Worse	Much Worse
6a. Condition of Homes					
7a. Condition of Yards					
8a. Adequacy of Lighting					
9a. Cleanliness of the Area					
10a. Feelings of Safety					
11a. Friendliness of Neighbors					
12a. Quality of Public Services					
13a. Quality of Schools					
14a. Congregation of People/Kids on Street					
15a. Noise					
16a. Access to Transportation					

17. Do you belong to a Neighborhood Association or Block Watch? (circle one) Y N
18. Are you currently involved in any Civic Association? (circle one) Y N
19. Are you registered to vote in this location? (circle one) Y N
20. Do you feel friendly with people on your block? (circle one) Y N

**Administrative Use Only** Date: \_\_\_\_\_  
 Neighborhood Code: \_\_\_\_\_ Survey No. \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Language: English \_\_\_ Spanish \_\_\_ Other \_\_\_\_\_

21. How often do you speak with your neighbors? (circle one)  
 (a) Daily (b) Every 2-3 days (c) Weekly (d) Every 2-3 weeks  
 (e) Monthly (f) Every 2-3 months (g) Yearly (h) Never
22. What do you like best about this neighborhood? (circle only one, write in other if top reason is not listed)  
 (a) Safety (b) Community spirit/friendliness (c) Convenient location (d) Schools  
 (e) Cleanliness of streets and homes (f) Parks (g) Other \_\_\_\_\_
23. Do you agree, "If something is wrong in my neighborhood, my neighbors will fix it." (circle one)  
 (a) Strongly agree (b) Agree (c) No opinion (d) Moderately disagree (e) Strongly disagree
24. Would you recommend this neighborhood to other people as a good place to live? (circle one) Y N
25. How safe do you feel in your neighborhood? (circle one)  
 (a) Safe (b) Somewhat safe (c) Uneasy (d) In fear
26. How serious a problem is crime in your neighborhood? (circle one)  
 (a) Serious (b) Somewhat serious (c) Not at all serious
27. How would you describe the problem of drug abuse in your neighborhood? (circle one)  
 (a) Crisis (b) Serious problem (c) Minor problem (d) Not a problem
28. In the last year has there been more or less drug abuse? (circle one)  
 (a) More (b) Same (c) Less
29. How often do you see people drunk or high on drugs? (circle one)  
 (a) Often (b) Once a month (c) Rarely (d) Never
30. How often do you see people selling drugs? (circle one)  
 (a) Often (b) Once a month (c) Rarely (d) Never
31. In the past 12 months has anything been taken from you? (circle one) Y N
32. If an item was taken from you, did this happen in your neighborhood? (circle one) Y N
33. In the past 6 months have you been attacked? (circle one) Y N  
 (Go to question #35 if you were not attacked in the past 6 months)
34. If you were attacked in the last 6 months, did this happen in your neighborhood? (circle one) Y N
35. Please indicate if the following illegal or threatening activities are: Not a Problem, Needs Improvement, or Unsatisfactory on your block.

Illegal or Threatening Activities	Not a Problem	Needs Improvement	Unsatisfactory
a. Speeding Traffic			
b. Cars Spinning Donuts			
c. Abandoned Vehicles			
d. Vandalism			
e. Thefts			
f. Assaults			
g. Graffiti			
h. Noise			
i. Drinking on Private Property			
j. Alcohol Containers Left in Street			
k. Hazardous Chemicals Present			
l. Fighting Dogs			
m. Domestic Violence			
n. People Intimidating Others			
o. Prostitution			
p. Gangs			
q. Drug use			
r. Drug Dealing			
s. Drug Paraphernalia/Remnants on Street			

# NEIGHBORHOOD WATCH TRACKING TOOL

**Objective:**

To help residents create a local Neighborhood Watch, sometimes called “block watch,” program

**Intended Use:**

This tool is designed to help community leaders establish a successful Neighborhood Watch program by comparing their progress to established milestones.

**Audience:**

- Community Outreach Workers or others who are assisting local residents establish a Neighborhood Watch program

**Outcome:**

- An active and successful Neighborhood Watch program is established in the community

**Context:**

Neighborhoods today, independent of the socioeconomic status of the residents, have high levels of social isolation. Neighborhoods with the least social connectedness have higher risks for crime and violence. The Neighborhood Watch structure provides opportunities for residents to get to know each other. They also receive training on how to create an environment that resists criminal activity. The dual benefits of increasing neighborhood cohesion and crime prevention make this process especially useful to residents.

Individuals who work to support neighborhoods understand that the greater the level of resident isolation, the greater the level of neighborhood disorganization. When neighborhoods experience problems including blight, crime and violence, residents look to local authorities for relief. Too often, their calls for assistance are not met satisfactorily.

The Neighborhood Watch process knits residents into a cohesive whole, with more power to positively impact their neighborhood than when they act alone. In addition, Neighborhood Watch is usually implemented in collaboration with local law enforcement. When residents better understand the roles and functions of law enforcement, previous animosities can be overcome.

The Neighborhood Watch process, while initially focused on reducing crime and violence, trains residents to address other problems. In this way, Neighborhood Watch can function as a community action group addressing a wide variety of issues that affect children and families.

There are standard guidelines that national law enforcement groups have developed to establish consistency in the methods for creating and running a Neighborhood Watch. The tracking tool lists those elements and gives a means to measure progress toward achieving them.



## ELEMENTS OF AN EFFECTIVE NEIGHBORHOOD WATCH PROGRAM

Elements of an Effective Neighborhood Watch Program	In Very Good Shape (next steps?)	Satisfactory Progress (next steps?)	Needs Much More Attention (next steps?)	Have Not Started (next steps?)
Is the effort to start a Neighborhood Watch in collaboration with local law enforcement?				
Have residents expressed concerns about crime and safety in their neighborhood and indicated interest in forming a neighborhood watch program?				
Has a local resident been identified as a temporary lead in the process?				
Has the resident leader submitted an application to the police for support to create a new neighborhood watch program?				
Has the resident leader identified at least five additional people who would be willing to attend a neighborhood watch introductory meeting?				
Has a first meeting been scheduled with residents and police?				
Was there good turnout at the first meeting?				
If residents decided to proceed with forming a watch program was a neighborhood watch captain identified?				
Were additional training meetings scheduled with police?				

Elements of an Effective Neighborhood Watch Program	In Very Good Shape (next steps?)	Satisfactory Progress (next steps?)	Needs Much More Attention (next steps?)	Have Not Started (next steps?)
At subsequent neighborhood watch meetings, did attendance grow?				
Did the residents assume control of running the subsequent meetings?				
Are the residents keeping records of problem activity and turning in logs to police?				
Has a neighborhood watch map been created and distributed to neighbors?				
Is the group meeting at least monthly?				
Do problems appear to be improving?				

# NEIGHBORHOOD REVITALIZATION PLANNING TOOLS

**Objective:**

To help an organization initiate a neighborhood revitalization

**Intended Use:**

To use when planning a neighborhood revitalization

**Audience:**

- These tools are used by the partnership that is overseeing the neighborhood revitalization.

**Outcomes:**

- An appropriate target neighborhood will be selected
- A strong partnership will be established to direct the work
- Increased accountability among the partners

**Context:**

It is not easy to launch a revitalization project to improve the quality of life in challenged neighborhoods. It is essential to build a partnership whose members work toward a shared vision of change. It is also important to introduce the process to neighborhood residents, establishing an atmosphere of trust with the partners. These tools will help get the work started on firm ground and maintain momentum to completion.

There are many models of neighborhood revitalization in use today. This model was developed by Vallejo Fighting Back Partnership and has been successfully used by them.

A neighborhood revitalization project takes 12 to 18 months of intensive work. It takes a strong partnership consisting of individuals and organizational representatives who share an interest in improving neighborhoods. The members of the partnership need to include those who reflect community development interests, crime and safety interests, resident concerns and family support and social services. This partnership will be responsible for selecting a target neighborhood to begin the revitalization work.

The first tool in this section is a list of potential partners and the roles they might play.

The second tool is a list of criteria for selecting a target neighborhood for revitalization. Additional criteria will be unique to each community.

The third tool is a template for a letter of notification to be sent to all the residents and property owners in the selected neighborhood. The letter is important because it provides information about who is involved in the process and what the residents can expect from the work.

The final tool is an example of a time line of activities related to this work. While the sequence of activities can be adjusted somewhat to suit a particular community, the outline here has been shown to be successful in neighborhoods throughout the country.

## The Process

### Building Partnerships

Neighborhood revitalization generally works best if the core group, or “Core Team,” consists of representatives from key local organizations that have, as part of their mission statement, a shared commitment to:

*Improve the neighborhood environment:*

- Code Enforcement
- Building Department
- Housing organizations such as NeighborWorks or the city/county housing department
- Law Enforcement
- Fire Department
- Sanitation Department
- Chamber of Commerce

*Build neighborhood support structures:*

- Neighborhood associations
- Crime Watch groups (police/sheriff)
- Local community organizing groups

*Strengthen families:*

- Head Start or other early education organizations
- Substance abuse and mental health treatment organizations
- Family Resource Centers
- Schools
- Representatives from the religious community

These are examples of the range of organizations that could participate in implementing a neighborhood revitalization project.

### Selecting the Neighborhood

What should the Core Team look for in a possible target area? Some of the key criteria are:

- Where do your partner organizations have established relationships with families that might jump-start the relationship-building in a neighborhood?
- Where is there a high level of police calls for service? Families will work to make neighborhoods safer on behalf of their children.
- Which neighborhoods have a significant degree of physical deterioration? Improving the look of a neighborhood can be a powerful incentive for residents.
- What is the ratio of owner-occupied to rental housing in the possible target neighborhoods?

Both home owners and tenants have a stake in improving their neighborhood.

- Is there any pre-existing resident leadership in possible target areas?
- Are there nearby alcohol outlets (liquor stores, bars, etc) that impact the neighborhood?
- If a specific area is selected for revitalization, will it stimulate improvements in nearby areas? Will other neighborhoods pick up the concept and run with it?
- What resources does the Core Team have available? This will influence how many blocks or housing units can be included in the revitalization.

### Neighborhood Notification

Prior to the selection of a neighborhood, it is important for the Core Team to walk around and get a feel for it. How bad are the problems? Are there assets to build on? Are the residents open to neighborhood improvement? If the team spends time in potential neighborhoods, many residents will have an idea that something is in the works. Many will welcome the presence of the team members. Others will be less inviting.

Once the decision has been made, the Core Team should formally advise the residents that their neighborhood has been selected for revitalization. The third tool is a sample of letters to be sent to residents notifying them of the selection of their neighborhood. These letters can be modified to fit a particular community. They should be sent to home owners and tenants, as well as property owners who may live elsewhere.

Landlords are very important to the success of the revitalization process.

### Developing a Time Line of Activities

After the partnership has chosen a revitalization neighborhood, the implementation time line form should be distributed to team members. During the process of reviewing the steps associated with the work, a shared understanding of appropriate time lines for each step will emerge and partner tasks will solidify. Once dates have been agreed upon they should be recorded on the form and will serve as touch points to be used to track progress.

It is likely that dates will need to be modified as the work progresses, as neighborhood work rarely unfolds in predictable ways. Still, the time line ensures that no steps are overlooked. When multiple organizations, agencies and individuals are all working together on a neighborhood revitalization plan, tracking the progress of the many pieces is essential.



**POINTERS:**

- Add to the list of criteria for neighborhood selection as necessary, but don't overcomplicate the process
- Use the time line to track progress
- Make sure all partners have a role in the work
- Be flexible with the timeline as work progress
- Be prepared to revise it as needed.



## KEY PARTNERS AND ROLES FOR PARTICIPATION IN THE NEIGHBORHOOD REVITALIZATION PROCESS (PARTIAL LIST)

- *Police Department*  
Securing neighborhoods, training
- *Head Start and other early childhood programs*  
Access to families, community-building and family support activities
- *Family Resource Center*  
Services for families
- *Neighborhood Associations*  
Guiding and shaping community action
- *Code Enforcement*  
Problem abatement in neighborhoods
- *Building Department*  
Enforcement of health and safety standards for rental property
- *Fire Department*  
Weed abatement, hazardous waste removal
- *Local garbage collection service*
- *Faith Community*  
Service delivery for families, person power for clean-ups
- *Neighborhood Housing Organizations*  
First time homebuyer opportunities
- *Chamber of Commerce*  
Jobs programs, person power for neighborhood clean-ups
- *Social Service Organizations and Providers*  
Network of needed services for individuals and families in neighborhoods
- *Local School Representative*  
Meeting space, coordinated services for families, community awareness

## POSSIBLE CRITERIA FOR SELECTION OF A NEIGHBORHOOD REVITALIZATION TARGET AREA

**A target area can range from one to six blocks in size. The Team considers the following criteria for selecting:**

- *High level of crime and violence*  
Does the location have problems with crime and violence? Do neighbors report being afraid when walking in the neighborhood? Are there police calls for service in the area?
- *Significant level of physical distress*  
Does the neighborhood show signs of deterioration and blight? Are there abandoned vehicles on streets or lawns? Is there trash in vacant lots? Are residences in need of significant repair?
- *Number of Head Start Families in area*  
Where do the Head Start families live? Is there an intersection between where these families live and some of the other criteria? Are there other families participating in early education programs in the community living in areas that require attention? If so, where?
- *Level of neighborhood organization*  
Is there an existing neighborhood group in place in the neighborhood? How about a neighborhood watch program, either active or dormant? Are there informal leaders in the neighborhood who are interested in seeing improvement and have influence with other residents in the area?
- *Role of alcohol outlets*  
Are there bars, liquor stores or grocery stores selling alcohol in the immediate area that appear to be negatively affecting the neighborhood? If so these businesses will require attention.
- *Ratio of owner occupied vs. rental properties*  
What is the ratio of owners to renters in the neighborhood? Generally having some home ownership increases the likelihood that the revitalization will take root and grow. A ratio of 70% rentals to 30% owner occupied is a good place to begin. But this work can be done with 100% rentals if necessary.
- *Resources available to the Team*  
This approach is dependent on a partnership with a shared vision and commitment to participate in the activities over 12-18 months. It is difficult to work in more than two neighborhood revitalization areas, at the same time. And even two require significant partner resources to ensure success.
- *Stimulation of similar resident-driven projects in nearby areas*  
This work stimulates interest from residents in nearby blocks that may or may not be as challenged as the one selected to work in. To the extent this can be anticipated and support can be provided for a more resident-driven set of activities then positive changes can occur in surrounding areas. This increases the likelihood of success in the target neighborhood.

December 10, 2000

Dear Resident,

Your neighborhood has been selected to participate in a project called “The Vallejo Neighborhood Revitalization Program.” Numerous agencies and organizations, including Vallejo Fighting Back Partnership, Vallejo Police Department, Vallejo Fire Department, Vallejo Code Enforcement, Vallejo Neighborhood Housing Services, Vallejo Neighborhoods Improvement Program, members of the faith community, community residents and other interested groups have come together to help residents develop solutions to problems that contribute to alcohol and drug related crime and violence as well as other issues that may detract from the quality of life in a neighborhood. Parts of the program include a neighborhood clean-up, code enforcement, weed removal, home improvement, increasing the availability of social services and increased neighborhood cohesion and organization.

For this project to succeed we need your help. In the other areas of the city where this effort has been implemented, the success has rested with the participation of the residents and their willingness to become active participants in solving any problems that may exist. We will assist you in this process and bring the resources that the City of Vallejo has at its disposal and the expertise of various non-profit agencies in the areas of information and referral, community organization and alcohol and drugs. The work is exciting and rewarding and will lead to a safer and improved environment for the adults and children alike who live nearby

In the near future, members of the Revitalization Program team will be going door to door to meet you and further describe the project, how it works and the many resources available including property maintenance grants, paint grants and low interest home improvement loans. We look forward to talking with you and determining how we might work together for the betterment of your neighborhood.

Sincerely,

Nimat Shakoor-Grantham  
Vallejo Code Enforcement

Reggi Garcia  
Vallejo Police Dept.

Michael Sparks  
Fighting Back Partnership

Diciembre 10, 2000

Estimado Residente,

Su vecindario ha sido elegido para participar en un proyecto llamado "Revitalización de Vecindarios de Vallejo." Algunas agencias y organizaciones, incluyendo Vallejo Fighting Back Partnership, Vallejo Police Department, Vallejo Fire Department, Vallejo Code Enforcement, Vallejo Neighborhood Housing Services, Vallejo Neighborhoods Improvement Program, miembros de la comunidad religiosa, residentes y otros grupos interesados, se han unido para ayudar a los vecinos a buscar soluciones a problemas relacionados con crímenes y violencia provocados por el alcohol y las drogas así como también otros problemas que afectan la calidad de vida en un barrio. Partes del programa incluye una limpieza comunitaria, arrancar la mala yerba, mejorar la apariencia de las casas, aumento en los servicios sociales comunitarios así como también el aumentar la organización y unificación de la comunidad.

Para que este proyecto sea exitoso necesitamos de su ayuda. En otros barrios de la ciudad donde este esfuerzo ha sido implementado, el éxito ha dependido de la participación activa de los residentes y su deseo de involucrarse en la búsqueda de soluciones a problemas que podrían existir. Nosotros vamos a ayudarle en este proceso y vamos a traer recursos que la Ciudad de Vallejo tiene a sus disposición así como la experiencia de varias organizaciones sin fines de lucro en las áreas de información y referencia, organización comunitaria y soluciones para el abuso de alcohol y drogas. El trabajo es interesante y da mucha satisfacción ya va a proveer un ambiente seguro y mejor no solo para los adultos sino también para los niños del vecindario.

Muy pronto, miembros del equipo de la Operación Revitalización van a ir de puerta en puerta para ponerse en contacto con Uds. y describir en detalle el programa, como trabaja y los diferentes recursos a su disposición incluyendo préstamos para reparaciones, fondos para pintar caas y préstamos a bajo interés para mejoras. Nos pondremos en contacto para ver de que manera podemos trabajar juntos y mejorar su comunidad.

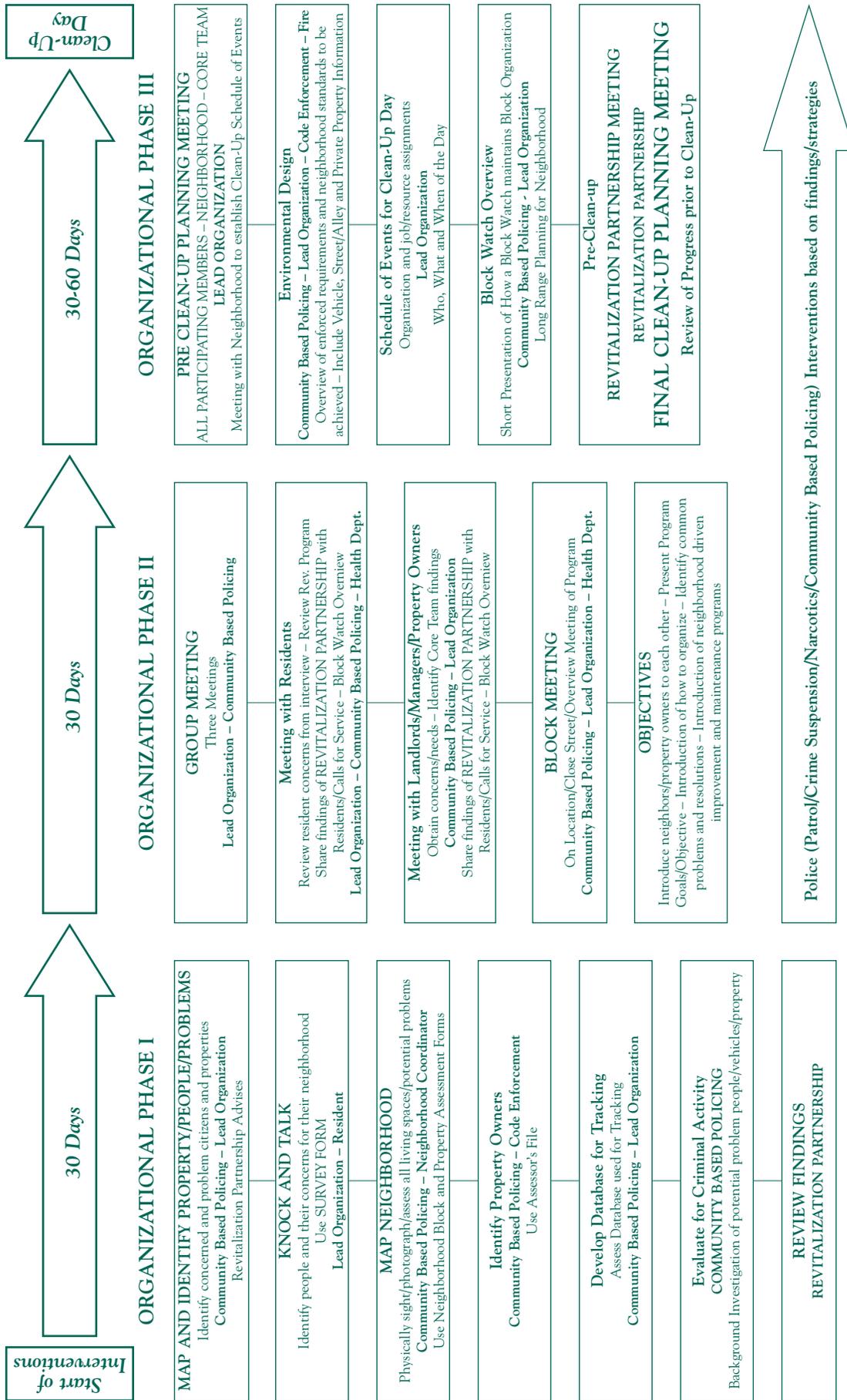
Sinceramente,

Nimat Shakoor-Grantham  
Vallejo Code Enforcement

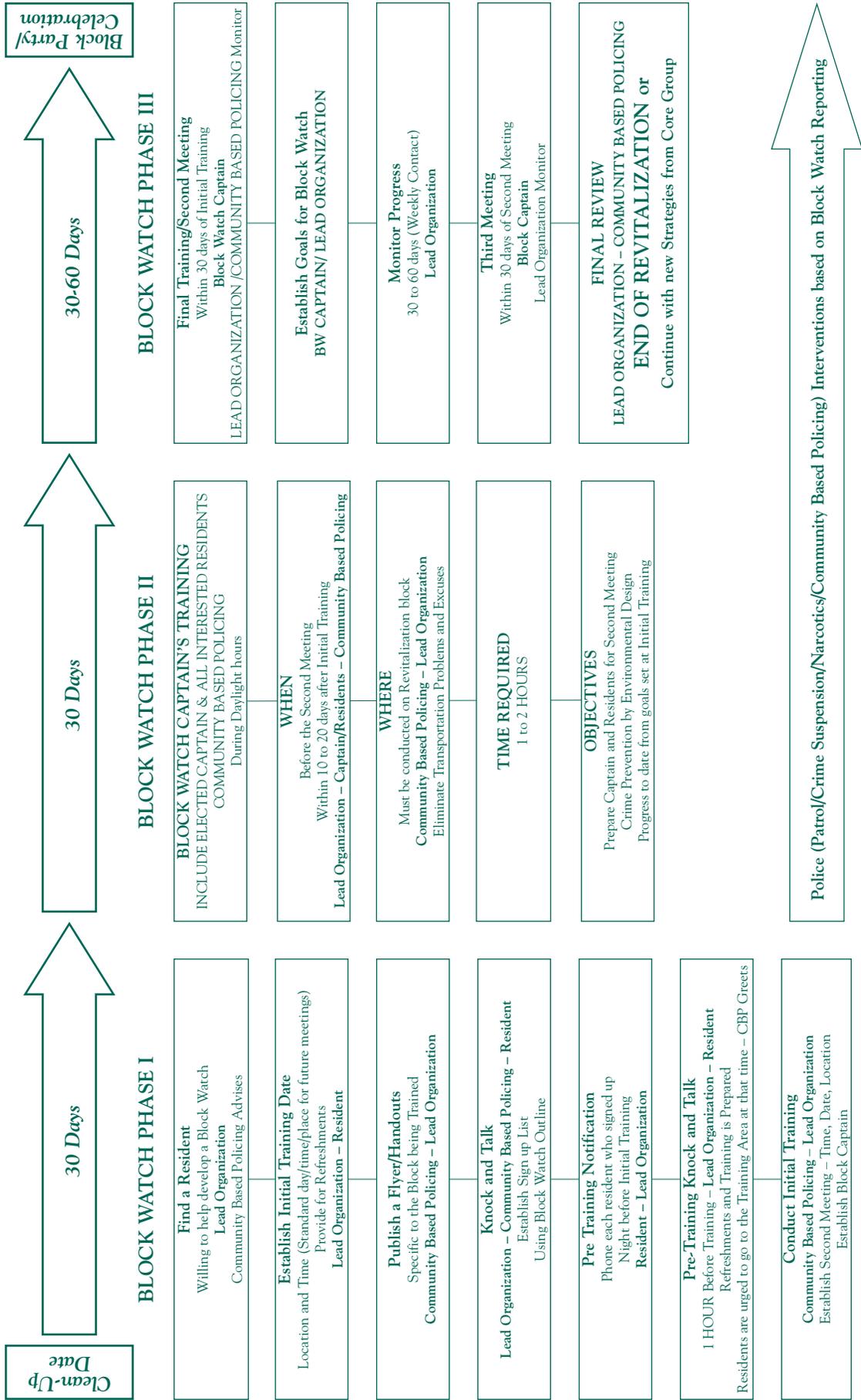
Reggi Garcia  
Vallejo Police Dept.

Michael Sparks  
Fighting Back Partnership

# NEIGHBORHOOD REVITALIZATION TIMELINE



# NEIGHBORHOOD REVITALIZATION TIMELINE



# PROBLEM VEHICLE WORKSHEET

**Objective:**

To identify problem vehicles in a neighborhood

**Intended Use:**

This tool is used to identify abandoned and problem vehicles that contribute to neighborhood blight. It requires partnerships between those completing the form and the local agency that has the authority to remove vehicles that are out of compliance with local or state codes.

**Audience:**

- This tool is valuable to organizations involved in neighborhood revitalization interventions, as well as residents working to improve their neighborhood.

**Outcome:**

- The number of abandoned automobiles in a neighborhood is reduced.

**Context:**

Challenged neighborhoods frequently suffer from an accumulation of old and abandoned vehicles in front yards, parking areas, streets or driveways. Such vehicles are examples of the "Broken Window Theory," which holds that both real and symbolic broken windows serve as magnets for crime. Residents often complain that local authorities do not respond to requests to remove these cars.

Addressing problem vehicles can serve as a visible first step in a neighborhood's efforts to revitalize and reclaim the community.

Revitalizing or improving living conditions in challenged neighborhoods is a complex process requiring multiple interventions that occur simultaneously and addressing problem vehicles will not, by itself, solve the deeply rooted causes of neighborhood deterioration. The problems associated with old and abandoned vehicles are both real and symbolic. Vehicles which are leaking oil or serving as a place to store debris or even illicit drugs can be seen as an environmental or public health hazard. But they also project a sense of resident dissociation from community life and contribute to a blighted environment that reinforces the feeling that no one cares about the neighborhood.

Residents often ask for assistance in removing problem vehicles as a visible first step in reclaiming their neighborhood. Their removal is

a statement that residents or other concerned organizations are reinvesting in the neighborhood and serving notice that things are changing for the better.

**The Process**

It is common for residents to be introduced to the idea of problem vehicle removal during a Neighborhood Watch training or other neighborhood association meeting. When introduced this way, completed Problem Vehicle Worksheets are usually turned into the Neighborhood Watch Captain, who forwards them to the police department or code enforcement for action. However, individual residents or resident groups can also send the worksheets directly to the local authority responsible for the problem. In this case, it is especially important that the authority agrees

beforehand to remove reported vehicles within certain time frames. If police or code enforcement fail to respond, it reinforces the belief that those with power “don’t care.”

The tool itself is self-explanatory. On the worksheet, one notes where the vehicle is located and specific details about it. This information is essential for police or code enforcement to determine what action is to be taken. For example, localities differ in how they treat abandoned vehicles on public versus private property.

If community members are engaged in this work, it is essential that they understand local laws pertaining to problem vehicles so they know what is possible and if appropriate action is being taken.



**POINTERS:**

- **Be sure residents understand local laws about removal of problem vehicles from public and private property**
- **Hold local authorities accountable for acting on Problem Vehicle Worksheets in a timely manner**
- **Consider addressing problem vehicles as a way to make a powerful early statement about neighborhood improvement**







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