 **Family Needs Assessment**

**(Survey sent via Learning Genie)**

(*HSPPS 1302.52(b), 1302.50(b))*

**Why do we ask personal family questions?** – A Needs Assessment is required by Early Head Start and Head Start to support family strengths and any family needs, all which positively benefits your child's success in school and life! These personal questions are confidential staff will work with you to celebrate your strengths and any areas which you may want more information or community referrals. Thank you for your honest responses so we can best serve you!

**Only one survey completed per dual-enrolled family.**

**Demographics:**

**Child’s first and last name:**

**Parent/Guardian first and last name:**

**Date: \*\* Note that red questions are for the focus questions and the blue are supporting the focus questions.**

|  |
| --- |
| **FAMILY WELL-BEING – (PFCE Outcome 1):**  **Families are safe, healthy, and have increased financial security (10 categories)** |
| **Housing:** |
| ***1. Housing A: Do you currently have stable housing? Yes \_\_\_\_ No \_\_\_\_***    ***2. Housing B:***  ***Family’s Current Housing:***   * ***Own*** * ***Rent*** * ***Homeless*** * ***Shelter or Transitional Housing*** * ***Doubled Up*** * ***Hotel/Motel*** * ***At risk for eviction*** * ***At risk for foreclosure*** |
|  |
| **Food:** |
| ***3. Food A: Do you have enough food for your family monthly? Yes \_\_\_\_\_ No \_\_\_\_\_***    ***4. Food B: Would your family enjoy having more fresh fruits/vegetables for meals/snacks? Yes \_\_\_\_\_ No \_\_\_\_\_***    ***5. Food C: Does cost and/or availability of fresh fruits/veggies impact your family? Yes \_\_\_\_\_ No \_\_\_\_\_***  ***6. Food D: Would you like tips for cooking/preparing fruits/veggies? Yes \_\_\_\_\_ No\_\_\_\_\_***  ***More on the family story:*** |
|  |
| **Clothing:** |
| ***7. Do you have resources to provide your family with enough daily/seasonal clothing? Yes \_\_\_\_\_ No \_\_\_\_\_***    ***More on the family story:*** |
|  |
| **Transportation:** |
| ***8. Do you have reliable transportation? Yes \_\_\_\_\_ No \_\_\_\_\_***    ***More on the family story:*** |
|  |
| **Health Insurance and Medical Home:** |
| ***9. Health Insurance A: Does your enrolled child have health insurance? Yes\_\_\_\_\_ No \_\_\_\_\_***    ***10. Health Insurance B: Does anyone in your family need health insurance? Yes \_\_\_\_\_ No \_\_\_\_\_***    ***11. Medical Home A: Does your enrolled child have a primary care physician or a doctor/doctor’s office that he/she regularly sees? Yes \_\_\_\_\_ No \_\_\_\_\_***    ***12. Medical Home B: Does anyone in your family need a regular doctor/doctor’s office? Yes \_\_\_\_\_ No\_\_\_\_\_***    ***More on the family story:*** |
|  |
| **Dental Insurance and Dental Home:** |
| ***13. Dental Insurance A: Does your enrolled child(ren) have Dental Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_***    ***14. Dental Insurance B: Does anyone in your family need Dental Insurance? Yes \_\_\_\_\_ No\_\_\_\_\_***    ***15. Dental Home A: Does your enrolled child(ren) have a Dentist that he/she regularly sees? Yes \_\_\_\_\_ No \_\_\_\_\_***    ***16. Dental Home B: Does anyone in your family need a regular Dentist? Yes \_\_\_\_\_ No \_\_\_\_\_***    ***More on the family story:*** |
|  |
| **Economic Stability:** |
| ***17. Do you have enough household income to meet your family household needs?*** ***Yes \_\_\_\_ No \_\_\_\_***      ***More on the family story:***  **18. *NMCAA offers the following services. Please check all areas you would like more information for.***   * *Utilities Assistance Information (Heating for your home)* * *Tax Preparation (January-April)* * *Budget Counseling Workshops* * *Bankruptcy Education Workshops* * *Foreclosure Prevention Information (Can you pay rent or mortgage monthly?)* * *Homeownership Workshops*     19. **I need Weatherization for which county**:   * *\_\_\_Charlevoix, \_\_\_\_ Emmet, \_\_\_\_ Antrim, \_\_\_\_Grand Traverse, \_\_\_\_ Wexford, \_\_\_\_Missaukee, \_\_\_\_Leelanau, \_\_\_\_ Benzie, \_\_\_\_ Kalkaska, \_\_\_\_ Roscommon \_\_\_\_Does not Apply* |
|  |
| **Safety:** |
| ***20. Safety A: Do you and family members feel physically and emotionally safe in your home? Yes \_\_\_\_\_No \_\_\_\_***    ***21. Safety B: Please check any boxes below for areas you and/or your family members want support for:***     * ***Physical / Bodily Safety of All Types.*** * ***Emotional Safety*** *(Emotional Safety within the Household****).*** * ***Does Not Apply*** * ***Other***   ***22. If you entered “Other” for Safety B Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***23. Safety C: Please check all boxes to identify the safety items that you need for your home.***   * *Active Supervision in the home (Resources to learn ways to keep your children safe in your home.)* * *Gun safety / Trigger locks* * *Bathtub and water safety* * *Securing tall and heavy furniture* * *Outlet Covers* * *Smoke Detectors* * *Carbon Monoxide Detectors* * *Fire Extinguishers* * *Fire Ladders* * *Baby Gates (for protection from stairs, wood stove or fireplace).* * *Medication Lock boxes* * *Other*   ***24. If you answered “Other” for Safety, please specify. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |
|  |
| **Mental and Emotional Health: *(Normalize mental health needs!***  *We ask about mental health to support family wellness; we are not just a child development program.* ***Our program is here to support, not judge anyone.***  *You show courage and resilience by asking for help.  We ask about mental health to support family wellness. Children need mentally healthy families to succeed. Our program is here to support, not judge anyone.  Many families benefit from support for stress, anxiety, depression, self-harming (any form of harm to self), and/or suicidal thoughts.  We offer to connect families to mental health partners who are compassionate and respectful.* |
| ***25. Mental and Emotional Health A:***  ***Do you feel that you and your family have all the support you need for mental and emotional health? Yes \_\_\_\_\_No \_\_\_\_\_***    ***26. Mental and Emotional Health B:***  ***Please check all that applies to your situation so we can best support your needs.***   * ***Stress*** * ***Anxiety*** * ***Depression*** * ***Any form of physical harm to body*** * ***Suicidal thoughts*** * ***Current or past trauma*** * ***Not applicable***   ***27. Mental and Emotional Help C: If you checked any of the boxes in question “Mental & Emotional Health B” Please answer the following question.***  ***Have you spoken with your doctor or a mental health professional (such as a psychologist, counselor, social***  ***worker, or therapist about your concerns noted above?***   * ***Yes*** * ***No*** * ***Not Applicable***     ***More on the family story:***  ***Some talking Points for Staff to use with families:***  **In our Program, we use “Your Journey Together,” and other resources that focus on supporting family Resilience, Strengths and Protective Factors.**  **□ Parental Resilience** Helps us bounce back from tough situations; positive well-being also promotes our children’s resilience & well-being  **□ Social Connections** Having supportive family, friends & neighbors, helps us feel valued, reduces our stress, and builds our family resilience  **□ Knowledge of Parenting and Child Development ~ *Parents are their child’s primary nurturer and teacher!***We parent based on how we were parented and how we want to parent. Supporting our resilience and knowing what to expect of children’s development makes parenting easier. Recognizing children’s strengths and their needs helps their development and positive well-being.  **□ Concrete Support in Times of Need** We all need help! Social connections & supporting our own resilience makes it easier for us to ask for help.  **□ Social and Emotional Competency of Children ~** Collaborate with educators to support our children’s social and emotional skills. Focusing on children’s strengths, helping them to get along with others, and express themselves will help them be resilient, and successful in life. |
|  |
| **Substance Misuse:** |
| ***28. Substance Misuse: Do you feel you have the support needed IF someone in your family were to misuse***  ***substances? (Our program is here to support your family; not judge. Responses are confidential).***  ***Yes \_\_\_\_\_No \_\_\_\_\_***  ***More on the family story:*** |
| **POSITIVE PARENT-CHILD RELATIONSHIPS - (PFCE Outcome 2): Beginning with transitions to parenthood, parents and families develop warm relationships that nurture their child’s learning and development.** |
| **Parenting Skills/Nurturing Relationships:** |
| ***29. Do you feel you have the tools for positive parenting and nurturing relationships with your children?***  ***Yes \_\_\_\_\_ No \_\_\_\_\_***    ***More on the family story:*** |
| **FAMILIES AS LIFELONG EDUCATORS - (PFCE Outcome 3): Parents and families observe, guide, promote, and participate in the everyday learning of their children at home, school, and in their communities.** |
| **Parents Supporting Learning:** |
| ***30. Parents are their child’s most important teacher right from birth and are essential in their child’s healthy***  ***development and learning. Do you feel you have the tools you need to support your child(ren) in learning***  ***(school readiness) at home? Yes \_\_\_\_ No \_\_\_\_***      ***More on the family story:*** |
| **FAMILIES AS LEARNERS - (PFCE Outcome 4): Parents and families advance their own learning interests through education, training and other experiences that support their parenting, careers, and life goals.** |
| ***Families as Learners:*** |
| ***31. Adult Education A: Does any adult in your home have interest in information for completing their GED OR***  ***High School Diploma OR adult job training programs?******Yes \_\_\_\_\_ No \_\_\_\_\_***    ***32. Adult Education B: Do any adults in your home have interest in local college programs?******Yes \_\_\_\_\_ No \_\_\_\_***    ***33.* *Family Languages:*  *We promote primary family languages. Would you like information for multiple***  ***languages are spoken in your home?***  ***Yes \_\_\_\_\_ No \_\_\_\_\_***      ***34. Primary Family Languages:***  ***Please let us know the primary family language spoken by you and your family:*** |
| **FAMILY ENGAGEMENT IN TRANSITIONS - (PFCE Outcome 5): Parents and families support and advocate for their child’s learning and development as they move to new learning environments, including EHS to HS, EHS/HS to other early learning environments, and HS to kindergarten.** |
| **Transitions:** |
| ***35. Are you confident in preparing your child for new transitions such as new settings like going from Early Head Start to Head Start, to kindergarten or family other changes?*** ***Yes \_\_\_\_ No \_\_\_\_***    ***More on the family story:*** |
| **FAMILY CONNECTIONS TO PEERS/COMMUNITY - (PFCE Outcome 6): Parents and families form connections with peers and mentors in formal or informal social networks that are supportive and/or educational and that enhance social well-being and community life.** |
| **Social Networks:** |
| ***36. Do you have family, friends, community-based groups, or recreational groups who support you? (These supports can even be the friendly person at the grocery store or the library).***  ***Yes \_\_\_\_ No \_\_\_\_***    ***More on the family story:*** |
| **FAMILIES AS ADVOCATES AND LEADERS - (PFCE Outcome 7): Parents and families participate in leadership development, decision-making, program policy development, or in community and state organizing activities to improve children’s development and learning experiences.** |
| **Advocating for your child, family, and community:** |
| ***37. Do you feel that you can “use your voice” to speak up or advocate for the needs of your child(ren), their***  ***school experiences and your family needs? Yes \_\_\_\_ No \_\_\_\_***    ***More on the family story:*** |

**Rev 11/22 P: Head Start\Univ\SS\Family Partnership Process \Family Needs Assessment**

.

**Tools and Talking Points to Support Learning About Families and to Build Positive Goal-Oriented Relationships**

**Head Start Parent and Family Engagement Outcomes:**

|  |  |  |  |
| --- | --- | --- | --- |
| **□ Family Well-Being** | **□ Positive Parent-Child Relationships** | **□Families as Lifelong Educators** | **□ Families as Learners** |
| **□ Family Engagement in Transitions** | **□ Family Connections to Peers and Community** | **□ Families as Advocates and Leaders** |  |

**Your Journey Together and Protective Factors:**

**□ Parental Resilience**: Helps us bounce back from tough situations; positive well-being also promotes our children’s resilience and well-being.

**□ Social Connections**:Having supportive family, friends, and neighbors, helps us feel valued, reduces our stress, and builds our family resilience.

**□ Knowledge of Parenting and Child Development ~ *Parents are their child’s primary nurturer and teacher!***We parent based on how we were parented and how we want to parent. Supporting our resilience and knowing what to expect of children’s development makes parenting easier. Recognizing children’s strengths and their needs helps their development and positive well-being.

**□ Concrete Support in Times of Need**: We all need help! Social connections & supporting our own resilience makes it easier for us to ask for help.

**□ Social and Emotional Competency of Children**:Collaborate with educators to support our children’s social and emotional skills. Focusing on children’s strengths, helping them to get along with others, and express themselves will help them be resilient, and successful in life.

**Active Listening Strategies:**

**Be affirming and validating ~** Affirm a family’s willingness and courage to their openness and sharing of personal information. Ex. – ***“That took a lot of courage to share that with me.” “Thank you for trusting me.” “I heard you say…is there more you’d like to share with me?”***

**Show sensitivity and compassion ~** Be empathic when a parent is emotional or vulnerable. When parents seem sad, angry, or confused, sometimes the best thing we can do is express our empathy rather than trying to fix***. “That sounds really difficult.” “That does not sound easy to experience.”***

**Ask clarifying questions ~** Timing questions right shows that you are interested and engaged. “***You seem to be saying….is that correct?” or “Thank you for sharing with me. What ways can I help?” Questions can be sensitive, so trust your gut on the timing of the question.***

**Considerations and Reflections for Conversations:**

* Discover skills and strengths (for family and yourself)
* Ask a family…What are your hopes and dreams?”
* “Have you thought about a goal you’d like to work on for your family?”
* What *Stressors* are in the way for the family? / What *Stressors* are in the way for me?
* How am I feeling? / How might the family be feeling?

**Tools and Considerations for working with Families – Also See Family Engagement Activities Guidance**

**Family Outcome Tool & Family Needs Assessment; Learning Genie**: Family Engagement and Communication App

**Your Journey Together:** (*Note the Adult Resilience Survey/Plan & Caregiving Practices (through age 18) & Strategies; Building Your Bounce; For Now, and Forever Booklets);* **e-Deca and Devereux Resources:** Reports/Resources, Parent Handouts (Find in Help – Available Documents)**; Conscious Discipline (*including our Premium Membership*); Theraplay; Mindfulness:** Mind Yeti; Self-Care

**FSW Credentialing:** Circle of Supports

**DEIB** – Diversity, Equity, Inclusion and Belonging. Foundational core of acceptance and belonging regardless of ability, age, belief systems, gender, family structure, race/ethnicity, sexual orientation, and socioeconomic status

**Father/Father Figure Involvement**

**“Using Your Past” Questions:** (healthychildren.org)

**Rev 11/22 P: Head Start\Univ\SS\Family Partnership Process \Family Needs Assessment**