

The Family Connections Readiness Guide

Family Connections is a model for strengthening the capacity of Early Head Start and Head Start staff deal with parental depression and related adversities. The goal of Family Connections has been to develop training approaches and consultation strategies that could be made available to all Early Head Start and Head Start centers. These approaches and strategies were developed and tested in partnership with several Early Head Start and Head Start programs in the greater Boston area over several years. The outcomes of that experience are The Family Connections materials. These materials include information on depression and related adversities, detailed workshops, strategies for working effectively with children, families, and other staff, and this guide to assess a program's readiness to take full advantage of the Family Connections resource.

How can your program benefit the most from Family Connections?

Family Connections materials include short papers for staff, administrators and parents; training modules for staff; and guides for implementing this program of staff development and collaboration. These materials were designed to offer an introduction to depression and related mental health issues, a process for staff development to identify and support families dealing with depression and related adversities, and the tools a program would need in order to guide this capacity-building experience. But what is the best way for your program to use these materials? How can you and your program get the most out of these materials and the overall approach of Family Connections?

Considering how your program can reach out to parents who are struggling with depression is an important place to start. By seeking out this information you have already recognized that depression is a significant issue. The next steps involve three phases:

PHASE ONE: Assessing Your Program's Readiness

PHASE TWO: Identifying Key Leaders Within Your Program

PHASE THREE: Creating an Action Plan

Each phase presents its own unique goals, challenges, and opportunities to recognize a program's growth and success. The framework presented in this guide gives you the opportunity to reflect on your program and conduct a self-assessment, determine how prepared your program is to use the Family Connections approach, and decide how to use the Family Connections materials based on this information.

PHASE ONE

Assesing Your Program's Readiness

What is “readiness”?

Improving the services delivered by your program requires change. Positive change requires time, energy, commitment, resources, and leadership in order to take root. It also entails reflection and professional growth among program staff. In Phase 1, we offer you a way to reflect on and examine your program's resources, needs, and gaps in the area of mental health, and we will help you consider how prepared your program is to change. This assessment is the determination of readiness.

A. Goals

This phase is a time of self-study. The goal of this self-study is to generate a picture of your program's strengths, challenges and history, and to present strategies related to the mental health needs of children and families you serve. This will help you establish your level of readiness to deepen the relationship between the program and families, and your priorities for building concrete strategies toward that goal.

B. Challenges

All Head Start programs struggle with challenges such as enrollment, the role of families in the program, staff turnover, and the implementation of local and federal regulations. These challenges can burden programs, making new initiatives seem unmanageable – even those that seem exciting, desirable and valuable. Yet it is important to acknowledge that you and your staff face these challenges every day. Your overall experiences finding ways to accomplish your goals despite very real barriers will help you determine how to tackle the specific challenge of making change to better address mental health concerns.

C. Opportunities

Despite the very real challenges that all programs may face, it is also important to recognize your program's unique qualities and strengths. Rather than judge whether your program is ready or not to take on the Family Connections approach, you can use the framework below to gauge your program's level of readiness at this time. If done thoughtfully and inclusively, the process of conducting a self-study can open up discussions and ideas that can lead to unanticipated solutions, and can build energy within the program.

D. The Process

The questions in this section are designed to help you reflect concretely on your program's current structure, priorities, parent engagement practices, and ability to respond to the mental health needs of families and staff. The categories included in this assessment are:

- Program Staffing and Supervision
- Program History
- Goals for Parent Engagement
- Family Mental Health
- Staff Perspective on Parent Engagement
- Staff Mental Health
- Mental Health Services and Partners
- Capacity to Address the Mental Health Needs of Families
- Capacity to Address the Mental Health Needs of Staff

For each of the nine categories there is a set of questions to explore the status of your program within this category, examples of program readiness in this category at each of three levels, and a self-rating summary for the category.

Based on our experiences working with Head Start programs, we recommend the following process for conducting the self-study. First, as program administrator, we ask that you read through and reflect upon all of the questions, and write down your answers. Do not do the summary rating at this time. Next, gather a small group of program staff who represent a variety of roles, and have them reflect on the questions and write down their individual answers. When they have completed their responses, bring this group together for discussion. (If the assembly of a small group is not possible, then we strongly encourage you to enlist at least one other staff member, or mental health consultant, in the process.)

Once you have reflected on the questions and discussed your answers as a group, consult the provided guidelines for using the Family Connections materials based on your level of readiness.

We have described the levels of readiness in three tiers:

- Base level readiness
- Mid-level readiness
- High level readiness

Examples are provided within each category to help match your reflections with your program's current level of readiness. You may find your program described at different levels of readiness depending on the category. For example, a strong commitment towards encouraging parent involvement may exist (mid-level readiness), but your program may have little time and resources to devote to strengthening parent engagement (base level readiness). It is important to look at the range of ratings across categories, and examine specific areas of interest or concern. Then, discuss what the questions and ratings *as a whole* tell you about where your program is at this time. Keep in mind that a program's readiness can change quickly at different points in time. Many things can influence

whether a program is ready to take on new challenges, some of which may not be in the program's control, such as the loss of a key leadership position, new regulations, etc. A program that finds itself "not ready" is not a poor quality program, but may be at a point in time where a new initiative is not the first priority.

This section – Phase 1 – is the most extensive of all of the sections in this guide, as it is the basis for your self-study and needs to be as comprehensive as possible. It is essential that you include different points of view on the program, its strengths and challenges, and areas for growth. The process of gathering information from various people in different roles will be a challenging part of the process, to be sure, and you should be prepared for disagreement or dissent during this process. A certain level of trust will be needed for various staff to feel comfortable sharing differences of opinions and/or concerns about the program. However, this diversity of perspectives ultimately will help you as an administrator to determine the best direction to take and priorities for making change, and for identifying the key leaders who will work with you in this change process.

READINESS ASSESSMENT TOOL

1. Program staffing and supervision

A Are all of the administrative positions filled? If not, which positions are currently open, and for how long?

B. Is the program fully staffed? If not, which positions are currently open, and for how long?

C. Do staff members feel they receive adequate supervision? (Consider frequency, consistency and whether supervision occurs individually or as a group.)

D. Do staff members feel comfortable working together as a team?

Program Staffing & Supervision: Examples of Readiness

Base level of readiness	Mid-level of readiness	High level of readiness
• Program has a director. • Program has teaching staff and family service staff. • Openings occur frequently or open positions remain unfilled. • A plan for supervision exists, but has not yet been implemented.	• Program leadership is in place. • Program is fully staffed. • Some staff have regular supervision.	• Program has stable and effective leadership in place (e.g., organized, committed, motivated). • All staff positions are filled. • Staff work well together. • Supervision happens consistently across roles.

► Select your overall level of readiness for this category (Check one):

- ☐ Base level readiness
- ☐ Mid-level readiness
- ☐ High level of readiness

▶ Comments: Please address in this section any circumstances that affect the program meeting base level readiness.

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2. Program History

A. Is this a relatively new program? (e.g. think about how long the program has been operating, and how often staff have turned over.)

B. Has there been consistent leadership? How long has the current director been in his/her position?

C. Does the management staff have a style of leadership that is conducive to learning across positions and lines of authority? Are individuals in leadership roles available to staff on-site on a regular (daily) basis?

D. Does staff at multiple levels participate in decision-making in a democratic way within the program?

E. Is the Policy Council meeting regularly? Is there consistent membership?

F. Has the program received positive reviews in its Federal Review process?

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3. Goals for Parent Engagement

A. How does your program prioritize parent involvement?

B. What parent engagement activities do you currently offer?

C. How well are current efforts to engage families working? What have been the successes and challenges?

D. Is there regular parent involvement in the decision-making process around major policies and procedures in the organization?

4. Family Mental Health

A. What are the mental health needs of your families? What are the most urgent/concerning needs?

B. Does the program see depression as an important issue affecting families served?

C. Does the program see building resources about depression and skills to support families as useful goals?

5. Staff Perspective on Parent Engagement

A. What are the program staff's attitudes about parent engagement?

B. Does staff feel equipped to help families meet their needs? If no, why not?

C. Does staff feel prepared to support families' mental health? If no, why not?

Staff Perspective on Parent Engagement: Examples of Readiness

Base level of readiness	Mid-level of readiness	High level of readiness
• Staff identify parent engagement as challenging and burdensome. • Staff feel overwhelmed by family needs. • Staff feel unable to identify and support families' mental health needs.	• Staff recognize the importance of parent engagement. • Staff feel they can help families meet some of their needs. • Staff are interested in learning how to better support families' mental health.	• Staff value parent engagement and want to be partners. • Staff use family strengths to help them meet their needs. • Staff see themselves as a potential resource for depressed parents.

► Select your overall level of readiness for this category (Check one):

☐ Base level readiness

☐ Mid-level readiness

☐ High level of readiness

► Comments:

[illegible]

6. Staff Mental Health

A. What are the mental health needs of our staff? What are the most urgent/concerning?

B. Does the program see depression as an important issue affecting staff? How so? Are there other important mental health issues?

C. Does the program see building depression resources and skills to support staff as useful? How so?

Staff Mental Health: Examples of Readiness

Base level of readiness	Mid-level of readiness	High level of readiness
• Director acknowledges some staff may deal with depression, or that it is an issue about which more information is needed. • Depression is recognized, but is not a priority for programming or resource allocation.	• Director wants to support staff dealing with depression, or wants to get more information for staff education. • Program wants to build resources and skills to address depression among families and staff.	• Program has prioritized mental health as a need for families. • Director has prioritized supporting families dealing with depression. • Director has prioritized supporting staff dealing with depression and related issues. • Program is dedicated to building depression resources and skills for families and staff.

► Select your overall level of readiness for this category (Check one):

- ☐ Base level readiness
- ☐ Mid-level readiness
- ☐ High level of readiness

► Comments:

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7. Mental Health Services and Partners

A. What mental health services are available through your program, including the services of your mental health professional/consultant? Who provides which services to whom? How are services accessed?

B. How have the program's mental health partnerships changed over time?

C. How effective are these partnerships? (Consider quality and quantity of services, along with other issues.)

Mental Health Services and Partners: Examples of Readiness

Base level of readiness	Mid-level of readiness	High level of readiness
• Program has a mental health consultant. • Frequent changes in mental health consultants. • Minimally effective services (services not provided widely; service providers not well-qualified; services do not meet goals)	• Program has a mental health consultant and information on other resources in the community. • Consistent mental health consultant present. • Services are effective some of the time.	• Program has a mental health consultant and active partnerships with other resources in the community. • Consistent mental health consultant and long standing relationships in the community are active. • Services are consistently effective.

► Select your overall level of readiness for this category (Check one):

- ☐ Base level readiness
- ☐ Mid-level readiness
- ☐ High level of readiness

► Comments:

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8. Capacity to Address Mental Health Needs of Families

A. How effectively does staff communicate with families (e.g., frequency, type of information shared, etc.) about mental health?

B. Is leadership willing to commit staff time to focus on family mental health?

C. Is leadership willing and able to make the changes necessary for better practice and quality improvement for families? What would have to happen to make this possible?

• Communication is inconsistent and unpredictable. • Program leadership cannot prioritize family mental health currently. • Leadership is satisfied with current practice.	• Communication is regular and predictable for some staff and families. • Program leadership recognizes importance of family mental health. • Leadership wants to strengthen mental health support for families in the program.	• Communication is regular and predictable for all staff and families. • Leadership prioritizes family mental health and is willing to allocate resources. • Leadership has identified change as a priority for better practice and quality improvement.
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► Select your overall level of readiness for this category (Check one):

- ☐ Base level readiness
- ☐ Mid-level readiness
- ☐ High level of readiness

► Comments:

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9. Capacity to Address Mental Health Needs of Staff

A. How effectively does staff communicate with other staff (e.g., frequency, type of information shared, etc.) about mental health?

B. Is leadership willing to give staff time to focus on their own mental health?

C. Is leadership willing and able to make the changes necessary for better practice and quality improvement for staff? What would have to happen to make this possible?

• Communication is inconsistent and unpredictable. • Program leadership cannot prioritize staff mental health currently. • Leadership is satisfied with current practice.	• Communication is regular and predictable for some staff. • Program leadership recognizes importance of staff mental health. • Support is available if requested. • Leadership wants to strengthen mental health support for staff in the program.	• Communication is regular and predictable for all staff. • Leadership prioritizes staff mental health and is willing to allocate resources. • Policies and procedures are in place and utilized for staff mental health support. • Leadership has identified change as a priority for better practice and quality improvement.
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► Select your overall level of readiness for this category (Check one):

- ☐ Base level readiness
- ☐ Mid-level readiness
- ☐ High level of readiness

► Comments:

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Calculating Your Program's Overall Level of Readiness

Summarize your assessment in the table below, using the ratings for each category and comments from the collective discussion among your staff. Then calculate your total score using the scoring plan that follows the table.

Category	Rating Level (Base, Mid, High)	Strengths in this Category	Barriers to Making Change	How Much of a Priority for Change
1. Staffing and Supervision				
2. Program History				
3. Goals for Parent Engagement				
4. Family Mental Health				
5. Staff Perspective on Parent Engagement				
6. Staff Mental Health				
7. Mental Health Services/ Partnerships				
8. Capacity – Mental Health Needs of Families				
9. Capacity – Mental Health Needs of Staff				

Categories rated Base Level Readiness: _____

Give 1 point for each category in this rating level: Total = _____

Categories rated Mid-Level Readiness: _____

Give 2 points for each category in this rating level: Total = _____

Categories rated High Level Readiness: _____

Give 3 points for each category in this rating level: Total = _____

Total Points (add points for each level) = _____

Guidelines for using the Family Connections materials based on your level of readiness

Base Level of Readiness: Score 9-14 points

- Read through the Family Connections materials, especially the short papers provided for staff. These short papers will give you and the program's staff information about parent engagement, depression, resilience, and other related subject matter. They will also provide starting points for better practice, encouraging your program's growth and use of the Family Connections materials.

- Consider using the results from this self-reflection as a guide for setting priorities for program improvement.

Mid-level of Readiness: Score 15-21 points

- Read through all of the Family Connections materials, including the short papers, guides, Lessons Learned, and the Training Modules.

- Pay special attention to the *Lessons Learned* and *Training Modules* sections.

- Determine whether your program has a staff person who can commit to overseeing an internal training process. If this is possible, we encourage a program at this level to use the *Training Modules*.

High Level of Readiness: Score 22-27 points, with no categories rated 1

- Read through all the Family Connections materials.
- Consider whether a team of two or more staff people including mental health consultants can commit to overseeing this process long term. With such support, the full array of materials can be used effectively.

Our overall approach is

1. To gradually increase staff's capacity to understand and cope with mental health issues.

2. To gradually increase staff's competence in their primary roles by adding resources to deal with parents and children who present mental health issues.

We view this approach as the start of a long-term process through which Early Head Start and Head Start programs can develop resources to cope with the mental health challenges posed by families. Different centers will have access to different levels of leadership to implement the program. In the following section, we discuss ways to identify key leaders.

PHASE TWO

Identifying Key Leaders Within Your Program

Identifying key leaders in your program to oversee the Family Connections process is an important ingredient to success. Leadership is essential to introduce a new project, sustain the model, and bring about change throughout the program. In addition, making the process possible requires allocating time, structuring time for planning, training, and meeting, and developing systems to support reflective practice and supervision.

Goals

This phase is focused on the identification of individuals who might be effective leaders for the Family Connections process within your program. While the program director must support and be involved in the process at all levels, it is ideal to have a separate point person who will lead the overall initiative, working with internal staff and external resource personnel to ensure that implementation is carefully thought out and followed in a step-by-step manner. This person can be an external consultant, as we have been for the many programs serving as pilot sites for the development of Family Connections. Or it may be an internal person: an educational coordinator, parent liaison, or other staff member who is given the time and authority to coordinate this undertaking.

Challenges

When identifying an appropriate leader from within your staff, you may encounter some staff resistance because of competing priorities, fear and stigma associated with mental health, and/or perceived preferential treatment of certain individuals who have been selected for this role. Similarly, when looking for an external consultant as a leader, there may be concerns related to cost, and to knowledge of and integration into your specific program culture. Addressing these issues and making your decision may seem challenging. They need to be recognized, acknowledged and understood before moving too swiftly to a leadership choice.

Opportunities

In adopting the Family Connections approach, you have decided to build your program's capacity to better recognize and address the mental health needs of children, families, and staff. Attending in a focused way to the impact of depression upon caregiving may illuminate areas of improvement that are unexpected, such as program structures or procedures that support staff supervision and help staff feel more competent in their jobs.

When we talk about "program capacity," often we think about what we don't have: enough staff, enough time, enough money to do X. However, another opportunity inherent in this self-study process is the opportunity to examine new ways to use the same staff you have. Perhaps you have unfilled roles in your program – but you have staff in other positions whose skills could be better used in new roles. We encourage you to open yourselves up to a flexible discussion of your capacity, and the consideration of current staff and resources in a new light.

The Process

First, consider the results of your self-assessment, and the level of readiness of the program. This assessment should give you a starting place for thinking about the kind of leader you will need for the next steps of implementation. If the program is at a base level of readiness, you might require a leader with certain skills in mental health and parent engagement who

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can work with you and your staff to build the program to a mid-level of readiness, addressing some of the programmatic limitations that need to be changed as well as staff attitudes and skill needs. If your program is at a high level of readiness, you may already have the capacity and staff in place to take on the Family Connections program as part of your overall approach to program improvement and quality.

Based on our experiences working with Head Start programs, we feel there should be a team of leaders sharing the responsibilities of overseeing this initiative. First off, teamwork is an opportunity for collaboration and sharing expertise. It can make a position of responsibility feel less burdensome and more fun, even, if the team works well together. Given the mental health focus of the Family Connections interventions, counselors, social workers, and psychologists, contracted or on staff, can be excellent candidates for the team. As you and your planning group meet, discuss potential challenges and benefits to this role. What does his/her present job description entail? Does it include staff training? Is this individual trained and comfortable to add that task if it has not been included before? If his/her services are contracted, is this activity included in the contract's description?

If you identify a mental health professional as your project leader, consider similar questions about the person's role in your program. Is the mental health professional able to prepare and facilitate the trainings within the hours he/she works? If the mental health professional is on-site on a part-time basis, will that allow her/him the necessary time and connection to the staff to be an effective trainer?

At any level of readiness, the leadership of this process will require certain kind of skills and competencies. When considering who might oversee the process in your program, you should look for an individual or team of staff people who:

- ▶ Trust and respect teachers and case managers' abilities to reach out to families
- ▶ Is comfortable teaching large groups
- ▶ Is comfortable training on topics including, but not limited to: communication, program climate, child development, and mental health issues
- ▶ Wants to take a leadership role in the program's efforts to support staff and parent mental health

PHASE THREE

Creating an Action Plan

Now that you have done your program self-assessment and established key leaders to coordinate the process of implementing the Family Connections materials, it is important to take time to create an action plan. An action plan is a useful tool to help you organize your reflections into concrete action steps. This process not only helps with collaborative planning and moving implementation forward, but also allows each participant to evaluate if and how their goals were met at each phase. The action plan is a literal map for the process that is reviewed at regular intervals, revised as needed when unanticipated gains or barriers are encountered, and renewed when stated goals and action steps are completed. It is an approach that is effective regardless of where a program is in the planning and implementation process, and regardless of the level of readiness.

A. Goal

The goal of this third phase is to develop a program-specific Action Plan that integrates the information gathered from the assessment process, and serves as a guide for the program's team to move through implementation of the Family Connections materials and strategies you have selected.

B.Challenges

The action planning process is the first task of the newly named leadership team or person. As such, there are challenges inherent in its development. First, if there is a team, finding time to meet within the context of busy and demanding schedules is always going to be difficult; do not let this derail the process at the start! Second, deciding upon priority areas for action will potentially expose competing needs and interests from different parties and perspectives. These differences need to be discussed and negotiated, with some consensus achieved that is documented in the action plan. A benefit to the self-assessment process is that these differences may already have been aired or at least identified, and therefore a response or compromise can be anticipated.

C.Opportunities

The action plan represents action - movement in the change process. This is an exciting time!

D.The Process

The components of an Action Plan can vary from program to program, as each program has its unique set of resources, demands, constituents, and needs. Rather than set specific components out for you, we have developed a template (next page) that is based upon your identification of priority areas for action. These priority areas are to be drawn from your self-assessment: staff perspectives on parent engagement, for

example, or family mental health. Where are the categories where our program demonstrates the least readiness? Is there a cluster of categories that together generates concern and that we want to address through Family Connections?

For your program, identify one to three areas that will be your focus for the Family Connections work. Then, for each priority area, define the specific strategies you will use to make progress in that area. From the Family Connections approach, we suggest three kinds of activities and strategies: those that focus on staff development and support, those that focus on parent engagement and outreach, and those that focus on program development (such as program-wide procedures or structures). When you have defined your strategies, identify the external resources you want to engage in order to support change in this priority area. For example, will you need a trainer to conduct trainings on depression for your staff? Will you need a translator for parent workshops on depression?

Select a point person from the team who will be responsible for seeing that the next steps toward implementing these strategies are taken. Finally, set time frames for accomplishing your tasks, to keep everyone accountable for moving forward on the process.

The template and example action plan that follow are shared as guides for you and your team. We encourage the creation of a living document such as this to keep everyone focused on the stated goals, to monitor the process of achieving those goals, and to demonstrate the progress over time. As consultants, the series of action plans we have seen a program create over time can be a gratifying concrete summary of the hard work that is required for success.

Recommended Action Plan Framework for the Family Connections Process

	Staff Development/Support Strategies	Parent Outreach Strategies	Program Development Strategies	External Resources	Point Person(s)
Priority Area 1:					
Priority Area 2:					
Priority Area 3:					
Next Steps					
Timeline (Short-term and long-term)					

	Staff Development/Support Strategies	Parent Outreach Strategies	Program Development Strategies	External Resources	Point Person(s)
Priority Area 1: Increase and improve staff interactions with parents	Distribute relevant Family Connections short papers Present Workshops: "Engaging Parents," "Perspective Taking"	Open House for parents to visit classrooms and get to know staff better	Develop a Parent Engagement Team to focus on this priority	Mental Health Consultant, other Head Starts in the agency	Educational Coordinator, Parent Engagement Team
Priority Area 2: Provide information about depression	Workshop: "What Is Depression? 1," Family Connections short papers	Distribute Family Connections short papers for parents	Support for supervisors in order to help staff integrate new information	Mental Health Consultant	Disabilities Coordinator
Priority Area 3: : Develop mental health resources	Survey staff regarding the mental health support and resources they need	Survey parents regarding the mental health support and resources they need	Contact community health clinics for up-to-date information. Attend community health fair	Mental Health Consultant, Community Clinic Director	Program Director
Next Steps	Module Two of the Family Connections Trainings	Develop a weekly parents group	Help create an agency-wide mental health resource guide		
Timeline (Short-term and long-term)	Priority 1&2: within 9 months Priority 3: Next September Next Steps: Spring of next year	Priority 1&3: done by this spring Next Steps: Next September	Priority 1: within 6 months Priority 2: within 9 months Priority 3: this year Next Steps: Long-term		

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