**Family Needs Assessment 2023-2024  
(Survey sent via Learning Genie)**

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

**Complete only one survey per family unless a parent/guardian lives in a separate home and your child lives or visits in both homes.**

* **If you are enrolled in Early Head Start and Head Start, complete one survey for Early Head Start only, but not for Head Start.**
* **Why do we ask personal family questions?** 
  + **We need your honest responses to meet our federal requirement for every family to complete a Family Needs Assessment. This is for the staff working with you, for partnering to celebrate your strengths, and any family needs that you may have. We are here to support your whole family!**
  + **Your responses are considered a donation of your time, which meets another federal requirement, called "in-kind."**

***Your children need you to be involved in all that we do in our program, and we need you also! Thank you for your help!***

**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.***

* *Homebuyer Education or Coaching*
* *Homeless Prevention*
* *Foreclosure Prevention Information (If you can’t pay mortgage monthly?)*
* *Home Improvement (Home repair and/or preparing your home for the weather)*
* *Supportive Services for Veteran Families*
* *Pre or Post Bankruptcy Education*
* *Budget Coaching*
* *Asset Building (Ways to build a strong financial future for your family)*
* *Family Self-Sufficiency*
* *IDA – Individual Development Account (A match savings account to build assets)*
* *Money Management Workshops*
* *Utility Assistance*
* *Fee Tax Preparation (Jan-Apr)*
* *Commodity Supplemental Food Program*
* *Emergency Food Assistance Program*
* *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*
* *Recreational Drug lock bag*
* *Narcan (Can reverse an overdose from opioids, including heroin and fentanyl*
* *Door alarms*
* *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***
* ***Does not apply.***

***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.)***

* ***Yes***
* ***No***
* ***Does not apply.***

***More on the family story:***

**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 kind 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/Guardians are children's most important teachers and are critical to their 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 family changes or going to new settings? - Ex - Transitioning from Early Head Start to Head Start, or to kindergarten, etc.***

***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, and/or community, school or recreational groups which help you feel supported? 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 advocate and speak up for the needs of your children, their school experiences and your family? Yes \_\_\_\_­ No \_\_\_\_\_***

***More on the family story:***

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**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 9/23 EHS HS Team \Family Engagement \ Needs Assessment \ Family Needs Assessment**