



DHH Leader to Family Support Self Evaluation Tool

PURPOSE:

Many organizations that serve families with children who are Deaf/Hard of Hearing (DHH) recognize the value of engaging DHH community leaders in their organizations, and in connecting caregivers of DHH children with DHH adults. This self-evaluation tool is designed to help programs in planning, implementing, and evaluating the strength of DHH Leader-to-Family-Support and DHH engagement in their organization or systems. This self-evaluation tool is a companion to the Hands & Voices document, DHH Guidelines: Guidelines for Deaf and Hard of Hearing Mentor/Guide/Role Model Programs (<https://handsandvoices.org/fl3/fl3-docs/DHH-Guidelines.pdf>).

SUGGESTIONS FOR APPLICATION:

The tool contains 8 separate domains, which are listed below. When combined, these 8 domains address the recommended components for implementing robust DHH Leader-to-Family Support Programming and DHH Leader Engagement in organizations and systems. Programs may choose to utilize the tool to assess specific domains, or to evaluate the program/system overall. Repeat use of this self-assessment tool can assist in monitoring program progress and quality improvement.

Each domain contains instructions for how to score that domain. If using all 8 domains, total the scores of all 8 domains to receive an overall score.

The 8 domains are:

- Needs Assessment
- Funding for Programs
- Program Leaders (Coordinators, Managers, Directors)
- Program Design/Services Provided
- Hiring Practices
- Training Practices
- Ongoing Professional Development
- Evaluation and Reporting

Technical assistance for this self-evaluation tool is available through the Family Leadership in Language and Learning (FL3 Center). To request technical assistance, visit: <https://handsandvoices.org/fl3/request-ta.html>

I. Needs Assessment (4 points)

Conduct a thorough needs assessment of your state/territory's availability of DHH Leader -to -Family support to identify strengths, avoid duplication and competition for funding, while identifying gaps and creating programming complementary and supportive to existing services. The needs assessment should include:

- A. Convening a local stakeholder group who are an advisory group composed of a critical mass of members who are D/HH, especially those with experience with Early Intervention (EI) services and programs, along with representatives from the state EHDI system and EI providers with expertise and skill in providing services to families of infants and toddlers who are D/HH and parents of children who are deaf and hard of hearing
- B. Conducting surveys, focus groups and/or interviews with families, stakeholders, and D/HH adults to determine what services exist and what families need.
- C. Review needs assessments done by other sources such as the NCHAM Adult Involvement Learning Community and Lifetrack's Wilder Assessment.
 - www.infanthearing.org/dhhadultinvolvement/docs/Deaf%20and%20Hard%20of%20Hearing%20Adult%20Involvement%20in%20EHDI%20Programs%202017-2018%20Survey%20Findings.pdf
 - https://www.wilder.org/sites/default/files/imports/Lifetrack_DeafHardOfHearingNeedsAssessment_6-15.pdf

Use the following rubric to rate your current availability of DHH Leader -to -Family Support:

1. Families' needs are not met with current programs and additional programming is needed, and adequate funding does not exist. (1 point)
2. Families' needs are not met with current programs and additional programming is needed, and adequate funding exists. (2 points)
3. Families' needs are met with current programs, but funding is not adequate. (3 points)
4. Families' needs are met with current programs and funding is adequate. (4 points)

Needs Assessment Rating (1-4points): _____

Date & Notes:

II. Funding for Programs (9 points)

Adequate, sustainable funding is important for the ability of states and territories to deliver services directly to all families, according to their needs, providing flexibility and options. Funding should be adequate to provide services to all families regardless of their geographic location, language of origin in the home, socio-economic status, child's communication modality, level of hearing, etc. Funding is used to hire coordinators, Mentors/Guides/Role Models, provide ongoing training, and program evaluation. Score one point per item that is met.

1. Collaboratively identify potential funding mechanisms for sustainable support services to families from individuals who are D/HH.
2. Adequate funding to offer all families of newly identified children with the opportunity to access trained adult role models or guides in a formal program, preferably, at no cost to families.
3. Funding should allow for participation of all parents, no matter where they are located in the state or territory.
4. Funding to support paid staff at all positions: Coordinator, Mentors/Guides/Role Models, etc.
5. Funding to support paid training for all positions
6. Funding to cover expenses for travel etc.
7. Funding to provide program evaluation including client satisfaction surveying and reporting.
8. Funding should support participation of families whose first language is not English.
9. Adequate funding to offer all families of newly identified children who wish to acquire American Sign Language skills, the opportunity to access deaf mentors/Deaf Mentors who can provide instruction in group or on an individual basis.

Funding for Programs total (0-9): _____

Date & Notes:

III. Program Leader (Coordinator, Manager, Director) (4 points)

An effective program leader is essential in ensuring that services that meet the needs of families, services are responsive to client feedback and community need through comprehensive and on-going staff support, financial oversight, program evaluation and reporting. Score one point per item that is met.

1. Program Leader is preferably someone who identifies as Deaf or Hard of Hearing.
2. Position has a written job description outlining responsibilities such as:
 - a. Responsible for establishing policies and procedures
 - b. Responsible for hiring and managing staff
 - c. Responsible for initial and on-going training for staff
 - d. Responsible for financial oversight of the program in context to how the program is structured and funded
 - e. Responsible for program evaluation and reporting
3. Program Leader is accountable to a larger stakeholder community/advisory council which can provide feedback about the effectiveness of the program
4. Program Leader has an annual performance review and plan for on-going professional development.

Program Leaders total (0-4): _____

Date & Notes:

IV: Program Design/Services Provided (18 points)

Established procedures and policies are critical in creating programming and systems that parents and professionals can easily and effectively refer to and navigate. Score one point per item that is met.

1. D/HH mentor/guide/role model services abide by the policies and procedures outlined in their contract and by the agencies and organizations where the program is housed.
2. Determination by local stakeholders about when D/HH mentor/guide/role model services will be offered, what ages of children will be served, how often services will be offered to families, as well as a referral system, and how this service differs from other D/HH mentor/guide/role model services available.
3. A procedure for responding to parent inquiry, assisting with application process which is simple, easy and avoids unnecessary barriers to enrollment.
4. Careful determination of which staff will provide services to a family based on the family's needs/interest. The program will provide families sufficient background information about the mentors/guides/role models for the families to make informed decisions about whom to meet.
5. Procedure for scheduling meetings between families and D/HH mentor/guide/role models including confirmation of appointments, rescheduling, documentation.
6. Guidelines for successful initial and follow up calls, home visits, etc. including how to convey personal background information in an unbiased manner.
7. Strength-based programming and support for positive child/parent relationships.
8. Develop systems that ensure that neither geographic location nor socioeconomic status limits access to competent and skilled language instructors. State systems should consider utilization of all technology, including computer and videophones, to support teaching families .
9. Ensure access and cultural sensitivity to families whose first language is not English.
10. Develop and implement guidelines that address providing families with access to D/HH individuals who can provide family support (these guidelines should outline the background and training necessary for support personnel/role models who are themselves D/HH to interact with families of infants/children newly identified as D/ HH; these systems should guarantee that families have access to the services regardless of audiologic status (hearing levels or type) and the geographic location of the family).
11. Safety of D/HH mentors/guides/role models, families, and especially children, including mandatory reporting considerations.
12. Delineation of the types of services offered: language instruction versus life experience coaching as described under "definition of terms".
13. If a curriculum is followed, citation and training on the curriculum is established.
14. Collaboration with other programs, such as early intervention, local Hands & Voices chapters and other family-based organizations such as Family Voices, advocacy centers and health information centers.
15. At the end of services, programs provide resources for families to stay engaged with adult role models/guides and/or deaf mentors on an informal basis.
16. For families communicating in various modalities, they will be offered opportunities to meet with other families who use that modality with the intention of lifelong learning and community for child and family.
17. Periodic review of staffing, policies, procedures and the services provided to reflect current practices and responses of parent satisfaction feedback. This may include modifying service delivery to provide better program access to families and meeting family's needs.
18. Program Leader and D/HH mentors/guides/role models are integrated into local, state and national systems by serving on Advisory boards, serving in leadership positions etc.

Program Design/Services Provided Total Score (0-18): _____

Date & Notes:

V. Hiring Practices (6 points)

The strength of a program lies in its strong people with positive attitudes and their ability to respect the needs, values and perspectives of families. Strong individuals can share their stories with humor, grace, and a sense of purpose. Score 1 point per each item met.

1. Ensure the D/HH mentors/guides/role models represent the diversity of the EHDI population (e.g., deaf culture, hard of hearing, cochlear implant and hearing aid users, unilateral, cultural diversity).
2. Recruitment efforts are made to ensure staff diversity
3. Written job description for staff detailing job requirements, candidate qualifications and scope of work
4. Hiring practices are in accordance with the agencies and organizations where the D/HH mentor/guide/role model services are housed
5. Interview questions will assess the applicant's ability to provide services according to expectations
6. Ensure that program staff can accept, without judgment, a family's choices for communication, educational placement, technology use, etc.

Hiring Practices Total Score (0-6): _____

Date & Notes:

VI. Training Practices (9 points)

Quality Deaf Mentor, DHH Guide, and Role Model programs have training programs in place to provide a standard of care for services. This practice ensures families receive services by D/HH mentors/guides/role models who understand and honor the complexity of a family's journey and adhere to a consistent level of professionalism. All training should be provided by those with the necessary qualifications and skills to effectively train staff. Score one point per item met.

1. Unbiased delivery of services/respect for parent choice, including honoring a family's decision around technology use or not, language and communication modality or educational placement of the child.
2. How the mentor/guide/role model describes their personal background to help the family understand the circumstances surrounding their language acquisition/communication, educational placement, technology choices, etc.
3. How mentor/guide/role model will share positive experiences from their life to explain their story, refrain from sharing negative experiences or specifying specific people/programs/names related to negative experiences.
4. How to determine limitations of one's own experience and when to refer families to someone else with more expertise in a particular modality or experience.
5. Services provided to families delivered with adherence to confidentiality and safety rules.
6. Appropriate expectations/professionalism by staff (appointments kept, professional boundaries established and maintained, staying within the scope of mentor/guide/ role model job description despite professional background in another area).
7. Necessary documentation and reporting of activities to meet program and grant requirements and to provide families with strategies and progress updates.
8. Referral process to other D/HH mentor/guide/role models and outside programs.
9. For ASL or cued speech instructors, age-appropriate strategies and techniques for teaching sign language or cued speech to families and assessing language development by child and families.

Training Practices Total Score (0-9): _____

Date & Notes:

VII. Ongoing Professional Development (6 points)

Quality Deaf Mentor, DHH Guide, and Role Model programs have established practices and processes for on-going support for staff professional development, staff performance reviews, for continuous maintenance/updating of services and assisting families in transitioning out of the program. This practice will ensure the programs continuously evolve just as the needs of the families they serve may change over time. The Program Leader will oversee this process with consultation from an advisory group. Score one point per item met.

1. Consultation with an advisory group composed of a critical mass of members who are D/HH, especially those with experience with EI services and programs, along with representatives from the state/territory EHDl system and EI providers with expertise and skill in providing services to families of infants and toddlers who are D/HH and parents of children who are D/HH who continue to help identify funding mechanisms, review guidelines for the program, continue to review leadership training protocol and curriculum for role models/guides/mentors and ensure a quality mentoring and monitoring system for role models/guides/mentors.
2. Ongoing program oversight by program leadership trained in management of human and financial resources.
3. Ongoing professional training for program leadership and staff including providing opportunities for staff to meet other adults with diverse life experiences and families who have chosen diverse communication, educational placement and technology use for their children who are deaf and hard of hearing as well as exposure to vetted research about diverse communication among children who are deaf and hard of hearing, opportunities to attend workshops and conferences (local, statewide and national).
4. Annual formal evaluation of leadership and staff provides opportunities to assess the strengths and need for professional development, can ensure alignment with the program's goals and offer feedback from team members to the design and delivery of services.
5. Participation in national network of program leaders and trained staff, encouraging engagement outside the communication modalities of the program leader and staff.
6. Ongoing use of a quality assurance program for ASL instructors of parents/ families. The program should (1) assess their fluency in and knowledge of ASL (existing models for such assessment include the ASL Teachers Association, the Registry of Interpreters for the Deaf, and the ASL Proficiency Interview) and (2) determine their ability to tailor the instruction so that families are prepared to communicate with infants and very young children.

Ongoing Professional Development Total (0-6points): _____

Date & Notes:

VIII: Evaluation and Reporting (6 points)

Assessment of family satisfaction with the services they receive is critical to ensure programs are responding to families' needs and continually improving services. Programs also required to report their activities and family satisfaction to their funding sources and can assist their EHDl system in meeting their grant requirements by reporting data.

1. Data collection on all program activities (number of families served, number of presentations given, number of events staff attended, etc.)
2. Formal process to collect customer satisfaction data including questions about the professionalism of staff, respect for parent choice, delivery of unbiased information, staff punctuality and attendance at scheduled meetings, etc.
3. Report of measures of program effectiveness/program goals met.
4. If a satisfaction survey identifies dissatisfaction with services or breach of unbiased delivery of services, process for addressing issue and an appropriate resolution for the family.
5. Report on language instructors: States and territories report the percentage of families and children who can access ASL learning opportunities from a skilled, fluent ASL user. All families who chose ASL will have access to trained and skilled ASL instructors who use effective ASL learning programs for families with young children who are D/HH. Families who elect to use sign systems or cued speech also have access to users with fluency.
6. Assistance to EHDl Programs in reporting all families have access to professionals/individuals in a variety of different roles who are themselves D/HH.

Evaluation and Reporting Total Score:(0-6) _____

Date & Notes:

Total Score from sections I-VII: (0-62 points) _____

Date & Notes: