



**ORGANIZATIONAL SELF-ASSESSMENT FOR
PROVIDERS SERVING FEMALE VETERANS**

INSTRUCTIONS FOR COMPLETING THE *SELF-ASSESSMENT*

The central component of *Trauma-Informed Care for Women Veterans Experiencing Homelessness* is the *Organizational Self-Assessment for Providers Serving Female Veterans* (the *Self-Assessment*). The *Self-Assessment* is a tool that community-based organizations can use to evaluate current practices and adapt their programming to respond to the needs of female veterans experiencing homelessness. The *Self-Assessment* should be completed by all staff in an organization working with homeless female veterans. This group may include direct care staff (full-time, part-time, and relief), supervisors, case managers, clinicians, administrators (e.g., program managers, directors, executive directors, etc.), and support staff (e.g., office support, maintenance, kitchen staff, etc.).

The Self-Assessment is organized into six main “domains” or areas of programming:

- 1) **Supporting Staff Development**
- 2) **Creating a Safe and Supportive Environment**
- 3) **Assessing and Planning Services**
- 4) **Involving Consumers**
- 5) **Adapting Policies**
- 6) **Working with Children**

“When you think veterans—you don’t think of women.”

—Female Veteran

Within each domain is a list of trauma-informed practices. For each item, please consider the extent to which you agree that your program incorporates this practice using the following scale:

- Strongly Disagree (This rarely or never happens)
- Disagree (This usually does not happen)
- Agree (This happens some of the time)
- Strongly Agree (This happens most of the time)
- Do Not Know (I don’t know if this happens in the program)
- Not Applicable to My Program (This practice is not applicable to what we do in our program)

For example: “*The program incorporates military-related decorations and materials that include female veterans.*” Staff respond, “*Strongly Disagree, Disagree, Agree, Strongly Agree, Do Not Know, or Not Applicable to My Program.*”

When responding to *Self-Assessment* items, please answer based on your experience in the organization over the past six months. The *Self-Assessment* can be completed in one sitting or in sections and takes approximately 30-40 minutes to complete all at once.

Community-based organizations serve female veterans as well as others who are homeless. Many items in the *Self-Assessment* refer specifically to female veterans and represent trauma-informed practices for this unique population. Some items use the term “consumer.” These items represent trauma-informed practices that are applicable to all consumers served by the agency. The term “staff” refers to paid and voluntary individuals providing services, which include but are not limited to: those working directly with consumers and children, administrators, policymakers, groundskeepers, maintenance, transportation specialists, and community service providers.

I. SUPPORTING STAFF DEVELOPMENT

A. Training and Education

Staff serving female veterans at all levels of the organization receive training and education (e.g., face-to-face trainings, on-line courses, special presentations) on the following topics:

I. Supporting Staff Development A. Training and Education Trauma and Mental Health	Strongly Disagree (This rarely or never happens)	Disagree (This usually does not happen)	Agree (This happens some of the time)	Strongly Agree (This happens most of the time)	Do Not Know	Not Applicable to My Program
1. Traumatic stress and its impact on the brain and body						
2. Intimate partner violence and its impact						
3. Military sexual trauma and its impact						
4. Combat-related trauma and its impact						
5. Complex trauma and its impact						
6. Post-traumatic stress disorder (PTSD)						
7. Traumatic brain injury (TBI)						
8. How trauma affects development						
9. How trauma affects attachment to caregivers and others						
10. The relationship between childhood trauma and adult challenges and/or re-victimization (e.g., intimate partner violence, sexual assault, homelessness)						

<p>I. Supporting Staff Development</p> <p>A. Training and Education</p> <p>Trauma and Mental Health</p> <p>(continued)</p>	<p>Strongly Disagree (This rarely or never happens)</p>	<p>Disagree (This usually does not happen)</p>	<p>Agree (This happens some of the time)</p>	<p>Strongly Agree (This happens most of the time)</p>	<p>Do Not Know</p>	<p>Not Applicable to My Program</p>
<p>11. Cultural differences in how people understand and respond to trauma</p>						
<p>12. How working with trauma survivors impacts staff (e.g., compassion fatigue/vicarious trauma)</p>						
<p>13. Common mental health disorders among people who are homeless, including female veterans (causes, symptoms, treatments)</p>						
<p>14. Substance abuse disorders (causes, symptoms, treatments)</p>						
<p>15. Suicide (risk factors, red flags, crisis intervention)</p>						

I. Supporting Staff Development A. Training and Education Military Knowledge	Strongly Disagree (This rarely or never happens)	Disagree (This usually does not happen)	Agree (This happens some of the time)	Strongly Agree (This happens most of the time)	Do Not Know	Not Applicable to My Program
16. The different branches of the military						
17. Military-specific language/terminology, acronyms, rules/regulations						
18. How to read and understand military forms (e.g., DD214)						
19. The unique experiences of female service members						
20. Types of discharges from the military						
21. The experiences of female veterans upon discharge from the military						
22. Types of benefits for female veterans (e.g., VA, SSI, housing options)						
23. Eligibility criteria for various benefits						
24. The U.S. Department of Labor's assistance programs for veterans (e.g., Homeless Female Veterans, a new Homeless Veterans' Reintegration Program or Homeless Veterans with Families Program; Veterans Workforce Investment Program; Incarcerated Veterans' Transition Program)						
25. The specific service needs and preferences of female veterans (e.g., types of services, methods of delivery, who provides the services)						
26. The resources available to female veterans (e.g., VA, community-based, Web-based)						
27. The barriers/challenges to accessing services for female veterans (e.g., availability, location, experiences with the VA)						
28. The process for attaining benefits and services through the local VA						

I. Supporting Staff Development A. Training and Education Skills and Strategies	Strongly Disagree (This rarely or never happens)	Disagree (This usually does not happen)	Agree (This happens some of the time)	Strongly Agree (This happens most of the time)	Do Not Know	Not Applicable to My Program
29. Motivational interviewing techniques						
30. De-escalation strategies (e.g., ways to help people calm down before reaching the point of crisis)						
31. Steps for helping female veterans identify triggers (e.g., reminders of dangerous or frightening things that have happened in the past)						
32. Developing safety and crisis prevention plans						
33. Establishing and maintaining healthy professional boundaries						
34. Case management strategies for helping female veterans make and maintain community-based provider connections (e.g., VA, housing, employment, education)						
35. Providing culturally competent services to female veterans from a variety of backgrounds and experiences						

B. Staff Supervision, Support and Self-Care

I. Supporting Staff Development B. Staff Supervision, Support, and Self-Care	Strongly Disagree (This rarely or never happens)	Disagree (This usually does not happen)	Agree (This happens some of the time)	Strongly Agree (This happens most of the time)	Do Not Know	Not Applicable to My Program
36. Staff members have regular team meetings.						
37. Topics related to the needs and experiences of female veterans are addressed in team meetings.						
38. Topics related to self-care are addressed in team meetings (e.g., vicarious trauma, burnout, stress-reducing strategies).						
39. Staff members have a regularly scheduled time for individual supervision.						
40. Supervisors are trained in understanding trauma and trauma-informed care.						
41. Supervisors are knowledgeable about the VA and veteran-specific needs.						
42. Part of supervision time is used to help staff members understand their own stress reactions and how these impact their work.						
43. The organization has a process for helping staff members debrief after a crisis.						
44. The organization has a formal system for reviewing staff performance.						
45. The organization provides opportunities for ongoing staff evaluation of the program.						
46. The organization provides opportunities for staff input into agency practices.						

<p>I. Supporting Staff Development</p> <p>B. Staff Supervision, Support, and Self-Care</p>	<p>Strongly Disagree (This rarely or never happens)</p>	<p>Disagree (This usually does not happen)</p>	<p>Agree (This happens some of the time)</p>	<p>Strongly Agree (This happens most of the time)</p>	<p>Do Not Know</p>	<p>Not Applicable to My Program</p>
<p>47. Outside consultants or staff members with expertise related to female veterans provide ongoing education and consultation.</p>						
<p>48. Outside consultants or staff members with expertise in trauma and trauma-informed care provide ongoing education and consultation.</p>						
<p>49. Outside agencies with expertise in cultural competence (including military knowledge/competence) provide ongoing training and consultation.</p>						

II. CREATING A SAFE AND SUPPORTIVE ENVIRONMENT

A. Establishing a Safe Physical Environment

II. Creating a Safe and Supportive Environment A. Establishing a Safe Physical Environment	Strongly Disagree (This rarely or never happens)	Disagree (This usually does not happen)	Agree (This happens some of the time)	Strongly Agree (This happens most of the time)	Do Not Know	Not Applicable to My Program
1. The organizational facility has a security system.						
2. Agency staff monitors who is coming in and out of the program.						
3. The environment outside the organizational facility is well lit.						
4. The common areas are well lit.						
5. Bathrooms are well lit.						
6. Bathroom doors can be locked.						
7. The organization has a space that is only for women.						
8. The organization incorporates military-related decorations and materials that include and are relatable to female veterans.						
9. When applicable, there are private, locked spaces for belongings.						
10. The organization provides consumers with opportunities to make suggestions about ways to improve/change the physical space.						

B. Establishing a Supportive Environment

<p>II. Creating a Safe and Supportive Environment</p> <p>B. Establishing a Supportive Environment</p> <p>Information Sharing</p>	<p>Strongly Disagree (This rarely or never happens)</p>	<p>Disagree (This usually does not happen)</p>	<p>Agree (This happens some of the time)</p>	<p>Strongly Agree (This happens most of the time)</p>	<p>Do Not Know</p>	<p>Not Applicable to My Program</p>
<p>11. The organization regularly reviews rules, rights, and grievance procedures with consumers.</p>						
<p>12. Consumers are informed about how the program responds to personal crises.</p>						
<p>13. When applicable, expectations about room/apartment checks are clearly written and verbalized to consumers.</p>						
<p>14. When applicable, the organization obtains permission from consumers prior to giving a tour of its space (e.g., client notified of date, time, and who will see her space).</p>						
<p>15. Consumer rights are posted in places that are visible.</p>						
<p>16. Material is posted about traumatic stress (e.g., what it is, how it impacts people, and available trauma-specific resources).</p>						
<p>17. Material is posted about what it means to be a “Veteran.”</p>						
<p>18. Material is available about military sexual trauma (e.g., what it is, how it impacts people, and available resources).</p>						
<p>19. Material is posted about available benefits for female veterans.</p>						
<p>20. Material is posted about local VA resources for female veterans.</p>						
<p>21. Material is posted about community and Web-based resources for female veterans.</p>						

II. Creating a Safe and Supportive Environment B. Establishing a Supportive Environment Cultural Competence	Strongly Disagree (This rarely or never happens)	Disagree (This usually does not happen)	Agree (This happens some of the time)	Strongly Agree (This happens most of the time)	Do Not Know	Not Applicable to My Program
22. Organizational information (e.g., policies, procedures, services, requirements) is available in different languages.						
23. Consumers are allowed to speak their native language within the organization.						
24. When applicable, consumers are allowed to prepare or have ethnic-specific foods.						
25. The organization provides ongoing opportunities for consumers to share their culture with each other (e.g., potlucks, culture nights, incorporating different types of art and music, etc.).						
26. Staff shows respect for personal religious or spiritual practices.						
27. The organization demonstrates an understanding of the military culture (e.g., familiar with [and can refer to] acronyms, branches, forms, how the military system works, experiences of service members).						

<p>II. Creating a Safe and Supportive Environment</p> <p>B. Establishing a Supportive Environment</p> <p>Privacy and Confidentiality</p>	<p>Strongly Disagree (This rarely or never happens)</p>	<p>Disagree (This usually does not happen)</p>	<p>Agree (This happens some of the time)</p>	<p>Strongly Agree (This happens most of the time)</p>	<p>Do Not Know</p>	<p>Not Applicable to My Program</p>
<p>28. The organization informs consumers about the extent and limits of privacy and confidentiality (e.g., the kinds of records that are kept, where they are kept, who has access to this information, when the program is obligated to report information to child welfare or police).</p>						
<p>29. Staff does not talk in common spaces about consumers.</p>						
<p>30. Staff does not talk outside of the program about consumers.</p>						
<p>31. Staff does not discuss the personal issues of one consumer with another consumer.</p>						
<p>32. Consumers who have violated rules are approached in private.</p>						
<p>33. There are private spaces for staff and consumers to discuss personal issues.</p>						

II. Creating a Safe and Supportive Environment B. Establishing a Supportive Environment Safety and Crisis Prevention Planning	Strongly Disagree (This rarely or never happens)	Disagree (This usually does not happen)	Agree (This happens some of the time)	Strongly Agree (This happens most of the time)	Do Not Know	Not Applicable to My Program
<i>For the following items, the term “safety plan” is defined as a plan for what a consumer and staff members will do if the consumer feels threatened by another person outside of the agency.</i>						
34. Consumers work with staff to create written, individualized safety plans.						
35. Written safety plans are incorporated into consumers’ individual goals and plans.						
<i>For the following items, the term “crisis-prevention plan” is defined as an individualized plan to help each consumer manage stress and feel supported.</i>						
36. Every consumer in the organization has a written crisis-prevention plan.						

Written crisis prevention plans include the following:

37. A list of triggers (e.g., situations that are stressful or overwhelming and remind the person of past traumatic experiences).						
38. A list of ways that the person shows that she is stressed or overwhelmed (e.g., types of behaviors, ways of responding, etc.).						
39. Specific strategies and responses that are helpful when the person is feeling upset or overwhelmed.						
40. Specific strategies and responses that are not helpful when the person is feeling upset or overwhelmed.						
41. A list of people with whom the person feels safe and can go to for support.						

II. Creating a Safe and Supportive Environment B. Establishing a Supportive Environment Open and Respectful Communication	Strongly Disagree (This rarely or never happens)	Disagree (This usually does not happen)	Agree (This happens some of the time)	Strongly Agree (This happens most of the time)	Do Not Know	Not Applicable to My Program
42. Staff uses descriptive language, rather than characterizing terms, to describe consumers (e.g., describing a person as “having a hard time getting her needs met” rather than “attention-seeking”).						
43. The organization uses “people-first” language rather than labels (e.g., “people who are experiencing homelessness” rather than “homeless people”).						
44. Staff members use motivational interviewing techniques with consumers (e.g., open-ended questions, affirmations, and reflective listening).						
45. Staff acknowledges female veterans’ military service and strengths, skills, and past successes related to this service.						

II. Creating a Safe and Supportive Environment B. Establishing a Supportive Environment Consistency and Predictability	Strongly Disagree (This rarely or never happens)	Disagree (This usually does not happen)	Agree (This happens some of the time)	Strongly Agree (This happens most of the time)	Do Not Know	Not Applicable to My Program
46. When applicable, the organization regularly schedules community meetings for consumers.						
47. The organization provides advance notice of changes in the daily or weekly schedule.						
48. The organization has structures in place to support staff consistency with consumers across roles and shifts (e.g., trainings, staff meetings, shift change meetings, and peer supervision).						
49. The organization is flexible with rules, if needed, based on individual circumstances.						

III. ASSESSING AND PLANNING SERVICES

A. Conducting Intake Assessments

III. Assessing and Planning Services A. Conducting Intake Assessments The intake assessment for female veterans includes questions about:	Strongly Disagree (This rarely or never happens)	Disagree (This usually does not happen)	Agree (This happens some of the time)	Strongly Agree (This happens most of the time)	Do Not Know	Not Applicable to My Program
1. Personal strengths						
2. Cultural background						
3. Cultural strengths (e.g., world view, role of spirituality, cultural connections)						
4. Social supports in the family and the community						
5. Current level of danger from other people (e.g., restraining orders, history of intimate partner violence, threats from others)						
6. Suicidal thoughts and behaviors						
7. Military service (branch, rank, job in the military)						
8. Experiences in the military						
9. History of trauma (e.g., physical, emotional or sexual abuse; neglect; loss; interpersonal violence; community violence; past homelessness; combat; military sexual trauma)						
10. History of mental health issues						
11. History of substance use/abuse						
12. Previous head injury						
13. Quality of relationship with child or children (e.g., caregiver/child attachment)						
14. Housing history						
15. Employment and job training history						
16. Perceived barriers to housing and employment						

<p>III. Assessing and Planning Services A. Conducting Intake Assessments (continued)</p> <p>The intake assessment for female veterans includes questions about:</p>	<p>Strongly Disagree (This rarely or never happens)</p>	<p>Disagree (This usually does not happen)</p>	<p>Agree (This happens some of the time)</p>	<p>Strongly Agree (This happens most of the time)</p>	<p>Do Not Know</p>	<p>Not Applicable to My Program</p>
<p>17. VA services that they have received/are receiving and their experiences with them</p>						
<p>18. How best to receive information and communicate with providers (e.g., cell phone, text messaging, Web-based, in-person)</p>						
<p><i>Intake assessment tools for female veterans include:</i></p>						
<p>19. A screening for post-traumatic stress disorder</p>						
<p>20. A screening for traumatic brain injury</p>						

<p>III. Assessing and Planning Services A. Conducting Intake Assessments Intake Assessment Process</p>	<p>Strongly Disagree (This rarely or never happens)</p>	<p>Disagree (This usually does not happen)</p>	<p>Agree (This happens some of the time)</p>	<p>Strongly Agree (This happens most of the time)</p>	<p>Do Not Know</p>	<p>Not Applicable to My Program</p>
<p>21. There are private, confidential spaces available to conduct intake assessments.</p>						
<p>22. Staff informs consumers about why questions are being asked.</p>						
<p>23. Throughout the assessment process, staff checks in with consumers about how they are doing (e.g., asking if they would like a break, water, etc.).</p>						
<p>24. The organization provides an adult translator for the assessment process if needed.</p>						
<p>25. Consumers are given the option of writing down responses to assessment questions, when preferred.</p>						

III. Assessing and Planning Services A. Conducting Intake Assessments Intake Assessment Follow-up	Strongly Disagree (This rarely or never happens)	Disagree (This usually does not happen)	Agree (This happens some of the time)	Strongly Agree (This happens most of the time)	Do Not Know	Not Applicable to My Program
26. Based on the intake assessment, staff determines female veterans' eligibility for VA and non-VA benefits and services.						
27. Based on the intake assessment, consumers are referred for specific services, as necessary.						
28. Releases and consent forms are updated whenever it is necessary to speak with a new provider.						
29. The assessment is updated on an ongoing basis.						

B. Developing Goals and Plans

III. Assessing and Planning Services B. Developing Goals and Plans	Strongly Disagree (This rarely or never happens)	Disagree (This usually does not happen)	Agree (This happens some of the time)	Strongly Agree (This happens most of the time)	Do Not Know	Not Applicable to My Program
30. Staff partners with consumers in setting goals.						
31. Consumer goals are reviewed and updated regularly.						
32. Staff offers consumers step-by-step support as they begin to access outside services.						

C. Offering Services and Supports to Female Veterans

<p>III. Assessing and Planning Services</p> <p>C. Offering Services and Supports to Female Veterans</p> <p>Emotional Supports</p>	<p>Strongly Disagree (This rarely or never happens)</p>	<p>Disagree (This usually does not happen)</p>	<p>Agree (This happens some of the time)</p>	<p>Strongly Agree (This happens most of the time)</p>	<p>Do Not Know</p>	<p>Not Applicable to My Program</p>
<p>33. The organization has connections with mental health agencies with expertise in trauma (e.g., interpersonal violence, military sexual trauma, childhood abuse, combat-related trauma).</p>						
<p>34. The organization has connections with mental health agencies with expertise in working with female veterans.</p>						
<p>35. The organization has connections with agencies that provide substance abuse treatment.</p>						
<p>36. The organization has connections with agencies that provide services specifically for veteran youth/young adults.</p>						
<p>37. The organization has connections with agencies that can address the needs of the gay, lesbian, bi-sexual, transgendered veteran community.</p>						
<p>38. The organization provides or refers female veterans to gender-specific therapy groups.</p>						
<p>39. The organization provides or refers female veterans to support groups with other female veterans.</p>						
<p>40. The organization supports a variety of peer-to-peer activities among female veterans within the agency.</p>						
<p>41. The organization provides opportunities for former homeless female veterans to mentor female veterans who are currently homeless and receiving services.</p>						
<p>42. The organization provides opportunities for female veterans to express themselves in creative and nonverbal ways (e.g., art, theater, dance, movement, music).</p>						

III. Assessing and Planning Services C. Offering Services and Supports to Female Veterans Instrumental Supports	Strongly Disagree (This rarely or never happens)	Disagree (This usually does not happen)	Agree (This happens some of the time)	Strongly Agree (This happens most of the time)	Do Not Know	Not Applicable to My Program
43. The organization has connections with agencies that provide a variety of services including housing, legal and educational advocacy, job training and placement programs, and health services.						
44. The organization has connections with the U.S. Department of Labor's Veteran employment and training service providers.						
45. The organization offers child care support/alternatives for female veterans while they participate in services.						
46. The organization offers transportation options (e.g., bus passes, stipends) for female veterans.						
47. The organization considers child care and transportation issues when referring female veterans for additional services.						
48. The organization has connections with area hospitals/clinics/organizations that can provide gender-specific health care (female physicians, mammograms, etc.).						

<p>III. Assessing and Planning Services C. Offering Services and Supports to Female Veterans Staffing and Hours</p>	Strongly Disagree (This rarely or never happens)	Disagree (This usually does not happen)	Agree (This happens some of the time)	Strongly Agree (This happens most of the time)	Do Not Know	Not Applicable to My Program
49. Female veterans have access to female case managers.						
50. Female veterans have access to female case managers who are veterans.						
51. The organization has clinicians with expertise in trauma and trauma-related interventions available (on staff or available for regular consultation).						
52. The organization has female clinicians who are veterans on staff or available for consultation.						
53. The organization has flexible hours for female veterans who work day and evening shifts.						

Community Outreach						
54. The organization has a relationship with its state VA women veterans coordinator.						
55. The organization has regular contact with the closest VA and Vet Center.						
56. The organization is aware of, and advertises, local stand-downs.						
57. The organization maintains communication and connections with a variety of agencies that provide services to female veterans.						
58. The organization educates community providers (mental health, homelessness, law enforcement, employers, schools, etc.) about the needs of female veterans.						
59. The organization provides community-based outreach regarding available resources and support for female veterans (street outreach, shelters and housing programs, colleges/universities, law enforcement agencies, employment and housing agencies, etc.).						

IV. INVOLVING CONSUMERS

A. Involving Current and Former Consumers

IV. Involving Consumers A. Involving Current and Former Consumers Current Consumers	Strongly Disagree (This rarely or never happens)	Disagree (This usually does not happen)	Agree (This happens some of the time)	Strongly Agree (This happens most of the time)	Do Not Know	Not Applicable to My Program
1. The organization provides consumers with opportunities to express their needs and concerns.						
2. The organization provides opportunities for consumers to lead activities.						
3. Current consumers are involved in the development of agency activities and services.						
4. Current consumers are given opportunities to evaluate the organization and offer their suggestions for improvement in anonymous and/or confidential ways (e.g., suggestion boxes, regular satisfaction surveys).						
Former Consumers						
5. Formerly homeless consumers are involved in program development.						
6. Formerly homeless consumers are involved in providing services.						
7. Female veterans who have experienced homelessness are invited to share their thoughts, ideas, and experiences with the organization.						

V. ADAPTING POLICIES

A. Creating Written Policies

V. Adapting Policies A. Creating Written Policies	Strongly Disagree (This rarely or never happens)	Disagree (This usually does not happen)	Agree (This happens some of the time)	Strongly Agree (This happens most of the time)	Do Not Know	Not Applicable to My Program
1. The organization has a written statement that includes a commitment to understanding trauma and engaging in trauma-sensitive practices.						
2. The organization has a written statement that includes a commitment to understanding the needs of female veterans and tailoring services to meet those needs.						
3. The organization has a written commitment to demonstrating respect for cultural differences and practices.						
4. The organization has a written commitment to hire staff who have experienced homelessness.						
5. The organization has a written commitment to hire female veterans and/or female military-affiliated staff and former homeless female veterans.						
6. The organization has a written policy to address potential threats to consumers from persons outside of the agency.						
7. The organization has a written policy outlining program responses to consumer crises (e.g., self-harm, suicidal thinking, aggression towards others).						
8. The organization has written policies outlining professional conduct for staff (e.g., boundaries, responses to consumers, etc.).						

B. Reviewing Policies

V. Adapting Policies B. Reviewing Policies	Strongly Disagree (This rarely or never happens)	Disagree (This usually does not happen)	Agree (This happens some of the time)	Strongly Agree (This happens most of the time)	Do Not Know	Not Applicable to My Program
9. The organization reviews its policies on a regular basis to identify whether they are sensitive to the needs of trauma survivors.						
10. The organization reviews its policies on a regular basis to identify whether they are sensitive to the specific needs of female veterans.						
11. The organization involves staff in its review of policies.						
12. The organization involves consumers in its review of policies.						

VI. WORKING WITH CHILDREN

<p>VI. Working with Children</p> <p>The following are trauma-informed practices for working with children:</p>	<p>Strongly Disagree (This rarely or never happens)</p>	<p>Disagree (This usually does not happen)</p>	<p>Agree (This happens some of the time)</p>	<p>Strongly Agree (This happens most of the time)</p>	<p>Do Not Know</p>	<p>Not Applicable to My Program</p>
<p>1. The organization incorporates child-friendly decorations and materials.</p>						
<p>2. The organization provides a space for children to play.</p>						
<p><i>The intake assessment includes questions about:</i></p>						
<p>3. Children’s trauma exposure (e.g., neglect, abuse, exposure to violence).</p>						
<p>4. Children’s achievement of developmental tasks.</p>						
<p>5. Children’s history of mental health issues.</p>						
<p>6. Children’s history of physical health issues.</p>						
<p>7. Children’s prior experiences of homelessness.</p>						
<p>8. Children’s experiences during and after the deployment of their parents.</p>						
<p>9. Based on the intake assessment, children are referred for further assessment and services as needed.</p>						
<p>10. Staff works with consumers to identify a plan to address their children’s needs.</p>						
<p>11. Every child in the program has a written crisis-prevention plan.</p>						

VI. Working with Children (continued)	Strongly Disagree (This rarely or never happens)	Disagree (This usually does not happen)	Agree (This happens some of the time)	Strongly Agree (This happens most of the time)	Do Not Know	Not Applicable to My Program
12. The program has connections with mental health agencies that have expertise in working with children who have experienced trauma.						
13. The program has access to early childhood education programming.						
14. The program has access to services that are designed for military families and children of veterans.						