Resilient Early Childhood Systems Self-Assessment (RECSSA)

Instructions

Rate your organization/agency on the four systems domains: 1) **Leadership**; 2) **Quality Improvement**; 3) **Infrastructure**; and 4) **Partnerships and Alignment**. For each of the domains there is a set of three desired outcomes, each with four indicators of progress (1 - **Awareness**; 2 - **Building**; 3 - **Emerging**; 4 - **Developed**).

For each system domain's desired outcome, select the indicator that best describes your organization's current status or level. For some elements, your organization's capacity may not fully or exactly match any of the descriptions. In these instances, select the description that is most suitable for your organization. It may help to also think about where you want early childhood trauma-informed care and resilience in your community to eventually be.

While completing this form, keep in mind:

- The RECSSA is designed to be a tool for you to understand where your agency is in regard to early childhood trauma-informed care and resilience systems development in your community.
- The results of this assessment are not tied to employee evaluations or funding sources.
- Your agency is not expected to reach the "developed" level for each item by a specific time.
- Each community is unique with their own strengths and challenges.
- The data from this tool is intended to help your agency reflect on where you've been, understand the current state of your system, and make informed strategic decisions moving forward.

These references may be of assistance when completing this form:
RECSSA Matrix
RECSSA Framework
RECSSA Website

Hawaiʻi Community Foundation

1.   Role

Please select your role.

Mark only one oval.

◯ Support Staff

◯ Direct Service

◯ Management - Supervisor, Manager

◯ Executive Level

◯ Volunteer

◯ Other: _____

LEADERSHIP

This domain addresses building and improving the sociopolitical environment that surrounds the system, through system leadership so it produces the changes needed to sustain it. Leaders at different levels within and around the organization or agency are committed and demonstrate leadership to support trauma-informed care and practices.

Leadership: Outcome 1

Leadership demonstrates an understanding of the impact and prevalence of trauma in daily practice and works to create a respectful and supportive environment for staff and the community they serve.

Leadership: Outcome 1 Rating Scale

1 - Awareness

Leadership understands that knowledge about trauma could potentially enhance their ability to fulfill their mission.

Leadership seeks out information/data on trauma for the population served.

Leadership supports staff attending/receiving training for trauma.

Leadership demonstrates an understanding of the importance of staff well-being.

2 - Building

Leadership participates in trauma training.

Management responds to secondary trauma in staff (i.e., compassion fatigue, vicarious trauma, burnout).

Leadership prepares the organization for change and leads a process of reflection.

3 - Emerging

Leadership begins integration of principles into staff supports:

- Addressing staff trauma

- Self-care

- Supervision models

- Staff development

- Staff performance evaluations

Leadership begins integration of principles in org structures:

- Environment review

- Policies and procedures re-examined

- Self-help and peer advocacy incorporated

Leadership actively addresses the role of the organization in creating and perpetuating inequity.

Leadership gains an understanding of a "two-lens approach" blending western science research and practice with Native Hawaiian culture values and practices.

4 - Developed

Leadership, including hiring of new leaders, demonstrate a commitment to trauma-informed values (safety, choice, collaboration, trustworthiness, and empowerment) and reflect communities in Hawaiʻi.

Leadership promotes and participates in pilina between supervisor/subordinate through mindfulness and/or cultural practices (e.g., walking, story-telling, culturally sensitive activities).

Leadership advocates at a macro level with funders and policy-makers for systemic changes that support trauma-informed approaches.

2. **Leadership: Outcome 1**

Mark only one oval per row.

	1	2	3	4
Leadership demonstrates an understanding of the impact and prevalence of trauma in daily practice and works to create a respectful and supportive environment for staff and the community they serve.	◯	◯	◯	◯

Leadership: Outcome 2

An equity lens is applied to all programs and policies to address bias and the impact of historical trauma and systemic oppression on multiple generations of families.

Leadership: Outcome 2 Rating Scale

1 - Awareness

Leadership and staff demonstrate an understanding of historical trauma and the relationship of systemic oppression to intergenerational trauma.

2 - Building

Anti-bias or anti-racism training is required for all staff.
Staff begin to understand their role in advancing or perpetuating inequities.

3 - Emerging

Program or assessment data is disaggregated by relevant social factors.
Concrete steps are taken to ensure staff and leadership representation reflect the community they serve.

4 - Developed

All decisions are made using a racial equity lens, with the goal of creating outcomes that are no longer predictable by race or identity factor.
Language, both informally and formally, reflect an embedded equity and liberation framework.

3. **Leadership: Outcome 2**

Mark only one oval per row.

	1	2	3	4
An equity lens is applied to all programs and policies to address bias and the impact of historical trauma and systemic oppression on multiple generations of families.	⬭	⬭	⬭	⬭

Leadership: Outcome 3

Staff have access to meaningful leadership opportunities and are supported in trying new and innovative techniques to support keiki and their ʻohana.

Leadership: Outcome 3 Rating Scale

1 - Awareness

Staff input is considered by leadership when requested and only on occasion.

2 - Building

Staff leadership groups are formed to amplify their voice in the decision-making process. Direct care providers/frontline staff are routinely asked to share promising practices with one another.

3 - Emerging

Staff leadership groups are supported and given needed resources, including time for pilina within staff peer groups and between staff and leadership.

4 - Developed

Diverse representation of staff is included in all decision-making processes. Practices and policies incentivize and reward innovation.

4. **Leadership: Outcome 3**

Mark only one oval per row.

	1	2	3	4
Staff have access to meaningful leadership opportunities and are supported in trying new and innovative techniques to support keiki and their ohana.	◯	◯	◯	◯

QUALITY IMPROVEMENT (PROGRAMS)

This domain addresses establishing effective and high-performing programs and services within the system through incorporating trauma-informed care and practices. The organization or agency has a clear, focused strategy and plan for improving the quality of their early childhood programs with trauma-informed care and practices. There exists a culture of continual improvement and structures (e.g., data and dedicated time) to support learning and data-informed practices.

Quality Improvement: Outcome 1

Staff have access to needed supports, including coaching, consultation, meaningful professional development, wellness and self-care, and necessary materials and resources.

Quality Improvement: Outcome 1 Rating Scale

1 - Awareness

Most staff can define trauma.

Most staff understand impact of trauma on infants and early childhood, but may not yet recognize their own trauma.

Trauma is discussed in informal conversations.

2 - Building

Trauma training is institutionalized for all staff, incl. new staff orientation, includes understanding their own trauma and triggers.

Information on trauma is available and visible to staff and clients.

Direct care providers seek out opportunities to learn new skills.

Staff drive agenda-setting for professional development opportunities that directly align with their self-care needs and early care practice.

3 - Emerging

Staff develop and deepen trauma skills.

Staff apply new knowledge about trauma to their work.

Staff begin to incorporate self-care and wellness practices to prevent burnout and address secondary trauma.

4 - Developed

All staff are skilled in using trauma-informed practices – whether they work with clients or staff.

Ongoing coaching and consultation is available to staff on-site and in real time.

Impact of trauma is routinely discussed and addressed in performance management (to discuss professional development and self-care needs).

5. **Quality Improvement: Outcome 1**

Mark only one oval per row.

	1	2	3	4
Staff have access to needed supports, including coaching, consultation, meaningful professional development, wellness and self-care, and necessary materials and resources.	◯	◯	◯	◯

Quality Improvement: Outcome 2

It is a norm for all high-quality early childhood programs – birth to age 5 – to support the trauma-informed process with cultural responsiveness and aloha.

Quality Improvement: Outcome 2 Rating Scale

1 - Awareness

A cohesive definition of success is developed.

Key metrics are identified to measure progress and impact.

Trauma is discussed in programs supported by this organization.

2 - Building

Policies begin to be revised so that all programs within the organization include trauma-informed practices and use the same goals and measures of success.

Ensure that trauma-informed approaches include home grown components that are co-designed with local leaders and champions.

Org/program begins to identify internal trauma champions.

3 - Emerging

The policy revision process is formalized with intentional focus on the inclusion of diverse stakeholders.

A centralized integrated data infrastructure is developed to include developmental screening data and childhood development data.

All clients are screened for trauma and/or a "universal precautions" approach is used.

People with lived experience, such as historical trauma, play meaningful roles in organization (employees, consultants, board members, volunteers, etc.).

Changes to early learning environments are made.

Trauma-specific assessment and treatment models are available to those who need them.

4 - Developed

Comprehensive process is formally adopted to address policies that includes specific standards.

Open data sharing utilizing the integrated data system happens routinely.

Process in place to review program fidelity over time and appropriate corrective actions are taken.

Programs focus on reduction of stigma of trauma.

Community is continually involved to identify standards of success.

6. **Quality Improvement: Outcome 2**

Mark only one oval per row.

	1	2	3	4
It is a norm for all high- quality early childhood programs – birth to age 5 – to support the trauma- informed process with cultural responsiveness and aloha.	⬭	⬭	⬭	⬭

Quality Improvement: Outcome 3

Programs actively, appropriately and meaningfully engage parents/families in educational and decision-making opportunities.

Quality Improvement: Outcome 3 Rating Scale

1 - Awareness

Staff and leadership demonstrate an understanding of the impact of trauma on parents and caregivers from different backgrounds and how that affects relationships and intergenerational trauma.

2 - Building

Staff identify information opportunities to build relationships with parents.

Programs identify meaningful engagement opportunities and/or roles for parents at caregiving sites/settings (before, during or after care hours).

3 - Emerging

Programs offer information and tools to parents/families about stress, trauma and resilience that include cultural practices and activities.

Programs actively seek and respond to feedback from parents through talk-story.

4 - Developed

Parents/families are actively engaged in decision-making.

Routine positive, informal and formal communication happens between staff and families due to ongoing pilina-building practices.

7.   **Quality Improvement: Outcome 3**

Mark only one oval per row.

	1	2	3	4
Programs actively, appropriately and meaningfully engage parents/families in educational and decision-making opportunities.	◯	◯	◯	◯

INFRASTRUCTURE (ORGANIZATION)

This domain addresses developing the resources and supports needed to function effectively and with quality. The organization or agency has the resources and infrastructure (e.g., funding, staffing, facilities and policies) needed to implement and scale effective trauma-informed care models. Resources and infrastructures are adequate and aligned, and coordinated across institutions, and receive adequate attention from leaders at different levels.

Infrastructure: Outcome 1

Trauma-informed organizations have made trauma-responsive practices the organizational norm and has become so accepted and embedded that it no longer depends on a few leaders.

Infrastructure: Outcome 1 Rating Scale

1 - Awareness

Informal practices exist for all staff to meet their own needs for healing and well-being.

2 - Building

Organization values and prioritizes the trauma lens.

Trauma is cited in mission statement and/or other policy documents.

Organization mission statement and framework of the their work is inclusive of the diverse cultures of Hawaiʻi.

Org begins to identify potential resources and toolkits for trauma specific treatment and to promote resilience.

Org finds ways to hire people who reflect in their attitudes and behaviors alignment with trauma-informed principles.

Org begins to review tools and processes for universal screening of trauma.

3 - Emerging

Language is introduced throughout the org. that supports safety, choice, collaboration, trustworthiness and empowerment.

Policies in place to actively address staff trauma.

Org has a ready response for crisis management that reflects resilience and trauma-informed principles and values.

Changes to workplace environments are made.

4 - Developed

All aspects of organization have been reviewed and revised to reflect trauma-informed values and approach.

Resources dedicated to trauma-informed care and practices (e.g., funding, grant writing, staffing, enhancing benefits).

The organization uses data to inform decision-making at all levels.

The business model including fiscal structures works to meet the need to address trauma.

Human resource policies support hiring staff with knowledge and expertise in trauma transforming it into a trauma-responsive workplace.

The org and staff become advocates and champions of trauma within their community."

8. **Infrastructure: Outcome 1**

Mark only one oval per row.

	1	2	3	4
Trauma-informed organizations have made trauma-responsive practices the organizational norm and has become so accepted and embedded that it no longer depends on a few leaders.	◯	◯	◯	◯

Infrastructure: Outcome 2

Strong infrastructure for data collection is in place for developmental screening (i.e., ASQ, ASQ-SE) and ACES data, including accessibility of this data to early care practitioners and families.

Infrastructure: Outcome 2 Rating Scale

1 - Awareness

Developmental screening (i.e., ASQ, ASQ_SE) and ACES data are not collected, but early care practitioners know about this data.

2 - Building

Developmental screening and/or ACES data are administered for most children, but processes and resources for data collection vary within the program or local system, or from year-to-year. An infrastructure for managing and sharing data does not yet exist.
Not all early care practitioners and families have ready access to the data.

3 - Emerging

The program/organization is in the process of establishing the universal collection of developmental screening and ACES data across the organization or local system annually (or in appropriate intervals).
Process for easy data accessibility and sharing are also in development.

4 - Developed

The program/organization has universal processes and resources to collect developmental screening and ACES data on all children.
Data are readily available to early care practitioners and families.

9.   **Infrastructure: Outcome 2**

Mark only one oval per row.

	1	2	3	4
Strong infrastructure for data collection is in place for developmental screening (i.e., ASQ, ASQ-SE) and ACES data, including accessibility of this data to early care practitioners and families.	◯	◯	◯	◯

Infrastructure: Outcome 3

Early care practitioners/ professionals can access a sustainable and thriving network of infant and early childhood mental health (IECMH) consultants.

Infrastructure: Outcome 3 Rating Scale

1 - Awareness

Informal processes exist to access a limited number of trained IECMH consultants.

There exists a resource for mental health professionals to be specialized in infant and early childhood mental health.

Organization leadership may not be bought into the importance of IECMH consultants.

2 - Building

The organization has secured resources to provide IECMH consultation for a subset of early care practitioners/professionals or for a limited period of time.

There is a growing number of mental health professionals with an infant and early childhood mental health specialization.

3 - Emerging

Policies are developed that actively support staff in accessing needed help from IECMH consultants and a process for support is clearly identified and communicated.

Resources are allocated to fund some IECMH consultation, but the funding is not stable.

A standard level of competency for trauma-informed care in infant and early childhood mental health is established.

4 - Developed

Quality, onsite and real time coaching, consultation and supervision is available to staff.

Resources are available to fund reimbursement for mental health consultant FTE in early childhood programs.

Organization leaders are committed to ensuring resources of mental health consultation remain a priority.

10. **Infrastructure: Outcome 3**

Mark only one oval per row.

	1	2	3	4
Early care practitioners/ professionals can access a sustainable and thriving network of infant and early childhood mental health (IECMH) consultants.	⬭	⬭	⬭	⬭

PARTNERSHIPS AND ALIGNMENT (COMMUNITY)

This domain addresses creating strong and effective linkages across system components. The organization/agency and other similar and connected entities form partnerships with the broader system of leaders and providers in early childhood, health and behavioral health. This may include public health, mental health, informal care networks, social services.

Partnerships and Alignment: Outcome 1

Early care organizations and programs work with other community and statewide partners to strengthen collaboration around being trauma-informed.

Partnerships and Alignment: Outcome 1 Rating Scale

1 - Awareness

Early care organizations are aware of key partners in their communities.

Early care organizations actively identify gaps in services and seek out appropriate partners.

2 - Building

Early care organization staff, including teachers and other direct care providers regularly communicate and collaborate with external partners.

3 - Emerging

Community partners regularly share disaggregated data on the impacts of their services.

Community partners are embedded in the work of early care organizations with clear expectations for communication and success.

4 - Developed

People outside the agency (from Board to community) understand the organization's mission to be trauma-related

External agencies and community members routinely turn to the organization for expertise and leadership in trauma-informed care."

11.   **Partnerships and Alignment: Outcome 1**

Mark only one oval per row.

	1	2	3	4
Early care organizations and programs work with other community and statewide partners to strengthen collaboration around being trauma-informed.	⬭	⬭	⬭	⬭

Partnerships and Alignment: Outcome 2

The organization/program has or participates in an integrated early learning, health and behavioral health data system.

Partnerships and Alignment: Outcome 2 Rating Scale

1 - Awareness
Early learning, health and behavioral health data systems are separate.

Data sharing agreements do not exist between the organization and public agency partners.

2 - Building
The organization and partner agencies have established data sharing agreements.

3 - Emerging
A shared integrated data system is being developed to support data sharing practices between the organization and partner agencies.

4 - Developed
A robust data system that includes child-level early learning, health and behavioral health data exists.

Partner agencies and organizations have established protocols for regular and consistent data sharing.

Organizations use early learning, health and behavioral health data to inform decision-making at all levels

12. **Partnerships and Alignment: Outcome 2**

Mark only one oval per row.

	1	2	3	4
The organization/ program has or participates in an integrated early learning, health and behavioral health data system.	⬭	⬭	⬭	⬭

Partnerships and Alignment: Outcome 3

Funders and policy-makers actively, appropriately and meaningfully partner with community organizations to advocate for and meet the needs of early care practitioners, keiki and their 'ohana.

Partnerships and Alignment: Outcome 3 Rating Scale

1 - Awareness

Organizations and community partners have independent visions of a trauma-informed system. Policy-makers and funders have some knowledge of trauma-informed care, but do not have a vision for a trauma-informed system.

2 - Building

Organizations and community partners have shared their visions for a trauma-informed system with one another and are working to establish a shared vision.

3 - Emerging

Organizations and community partners have communicated their shared vision with parents, other community stakeholders, funders and policy-makers.

Partner organizations and their staff have organized to become advocates and champions of trauma-informed decision making at all levels.

Champions for a trauma-informed system emerge at the policy-/decision-making level.

4 - Developed

Advocacy occurs at a macro-level with payors and policy-makers for systemic changes that support trauma-informed approaches.

13. **Partnerships and Alignment: Outcome 3**

Mark only one oval per row.

	1	2	3	4
Funders and policy-makers actively, appropriately and meaningfully partner with community organizations to advocate for and meet the needs of early care practitioners, keiki and their ohana.	⬭	⬭	⬭	⬭

All Pau!

Mahalo for completing the Resilient Early Childhood Systems Self-Assessment.

14. Comments or Questions

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