

Gender-Responsive Program Assessment Tool

(Community Version)

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Gender-Responsive Program Assessment Tool

COMMUNITY

Introduction

The Gender-Responsive Program Assessment (GRPA) is an instrument by which program administrators, program staff, program evaluators, and agency monitors can evaluate the gender-responsiveness of programs for women and girls, and obtain feedback that can be used to improve the quality of a program's services. This assessment instrument is based on the fundamental elements of quality programming, including the adaptation of the following guiding principles from the *Gender-Responsive Strategies: Research, Practice, and Guiding Principles for Women Offenders* Report (Bloom, Owen, & Covington, 2003) published by the National Institute of Corrections, and the following definition: Being gender-responsive means creating an environment through site selection, staff selection, program development, content, and material that reflects an understanding of the lives of women and girls, and responds to their strengths and challenges (Covington & Bloom).

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|-------------------------|---|
| 1. Gender | Acknowledge that gender makes a difference. |
| 2. Environment | Create an environment based on safety, respect, and dignity. |
| 3. Relationships | Develop policies, practices, and programs that are relational and promote healthy connections to children, family, significant others, and the community. |
| 4. Services | Address substance abuse, trauma, and mental health issues through comprehensive, integrated, culturally relevant services. |
| 5. Socioeconomic Status | Provide women with opportunities to improve their socioeconomic conditions. |
| 6. Community | Establish a system of comprehensive and collaborative community services. |

The Gender-Responsive Program Assessment reviews the following program elements:

- Theoretical Foundation and Mission Statement
- Site and Facility
- Administration and Staffing
- Program Environment/Culture
- Treatment Planning
- Program Development
- Program Assessment and Evaluation

Scoring

The instrument uses a five-point Likert scale to indicate the respondent's agreement with each statement, measured on a continuum:

- 1 = No, not at all
- 2 = Yes, but needs significant improvement
- 3 = Yes, but needs some improvement
- 4 = Yes, functions reasonably well
- 5 = Yes, functions very well
- NA = Not applicable

1. Theoretical Foundation and Mission Statement

This includes, but is not limited to, a program’s:

- 1. Theoretical foundation (concepts based on research and practice that inform assumptions regarding the females being served and their needs)
- 2. Mission (what the program hopes to accomplish)
- 3. Model (the program’s approach to programming)

1=No, not at all and 5=Yes, functions very well						
The theoretical foundation of the program is gender-responsive (i.e., it is grounded in research on gender differences and female socialization and psychological development, including relational-cultural theory).	1	2	3	4	5	N/A
The program’s foundation is based on the integration of the following theories: relational, trauma and addiction.	1	2	3	4	5	N/A
The theoretical approach to treatment is based on a holistic model (physiological, social, emotional, spiritual, environmental).	1	2	3	4	5	N/A
The theoretical foundation of the program is grounded in research on female risks and female strengths.	1	2	3	4	5	N/A
The theoretical foundation of the program integrates an understanding of trauma theory and includes trauma-informed approaches and services.	1	2	3	4	5	N/A
The theoretical foundation of the program includes information on ethnic and cultural strengths and respect for differences.	1	2	3	4	5	N/A
There is a gender-responsive, strength-based mission statement written specifically for this program/facility.	1	2	3	4	5	N/A

Goals:

Strategies:

Target Date:

2. Site and Facility

This includes, but is not limited to, a program’s:

- 1. Location
- 2. Physical space (layout and design, including visual aspects and material resources)

1=No, not at all and 5=Yes, functions very well						
The facility is located at a safe site and near the communities the clients come from.	1	2	3	4	5	N/A
The physical space has been assessed for safety through the lens of trauma. It is recommended that clients be part of a walk-thru assessment.	1	2	3	4	5	N/A
The facility is clean and well maintained.	1	2	3	4	5	N/A
The interior is comfortable and welcoming for clients and staff members, and includes space for visits with family members and children.	1	2	3	4	5	N/A
Space (other than clients’ rooms) and materials are available that clients can use for relaxation and other therapeutic activities (such as art, dance, music, reading, meditation, and exercise).	1	2	3	4	5	N/A
The decor includes empowering images of females, including those of females from diverse ethnic and cultural groups.	1	2	3	4	5	N/A

Goals:

Strategies:

Target Date:

3. Administration and Staffing

This includes, but is not limited to, a program's:

- 1. Organizational policies and procedures
- 2. Recruitment and hiring practices
- 3. Staff training and development
- 4. Staff roles and responsibilities
- 5. Staff performance evaluation
- 6. Staff supervision

1=No, not at all and 5=Yes, functions very well						
Interviews with prospective employees include specific questions about their experiences with and attitudes about working with 1) adult and/or juvenile females, and 2) diverse ethnic and cultural groups.	1	2	3	4	5	N/A
Interviews include specific questions about training on trauma and experience with survivors.	1	2	3	4	5	N/A
The hiring process identifies candidates with an interest and commitment to working with women/girls.	1	2	3	4	5	N/A
Interviews with prospective employees include questions about their understanding of physical, emotional, and sexual boundaries.	1	2	3	4	5	N/A
The program staff reflects the diversity of the client population.	1	2	3	4	5	N/A
All staff members receive training in gender-responsive programming for females, including differences between males and females, female psychosocial development (including relational theory), female needs and challenges, and female strengths.	1	2	3	4	5	N/A
Administrators and staff are trained in a holistic model of addiction and fundamental knowledge about trauma and its impact.	1	2	3	4	5	N/A
All staff members receive training in strength-based, trauma-informed, culturally responsive therapeutic approaches.	1	2	3	4	5	N/A
There are staff members trained in trauma-specific therapeutic approaches designed for women/girls.	1	2	3	4	5	N/A
Staff roles and responsibilities are clearly defined and include gender-responsive practices.	1	2	3	4	5	N/A
The staff orientation process is separate from ongoing staff training requirements.	1	2	3	4	5	N/A
Staff meetings are held regularly and include discussions that facilitate gender-responsive and trauma-responsive learning and practice. All discussions include a trauma lens.	1	2	3	4	5	N/A

Trauma-informed supervision is used.	1	2	3	4	5	N/A
Ongoing staff reviews and evaluations focus on each staff members' ability to practice relational, strength-based, trauma-informed, and culturally competent approaches.	1	2	3	4	5	N/A
Administrators and staff at all levels model the behaviors expected of clients (with each other and when interacting with clients) and act as advocates.	1	2	3	4	5	N/A
Staff members at all levels access supervision (administrative and clinical) regularly, and supervisors monitor and mentor staff members regarding gender-responsive and trauma-responsive practices.	1	2	3	4	5	N/A

Goals:

Strategies:

Target Date:

4. Program Environment/Culture

This includes, but is not limited to, a program’s:

- 1. Physical safety
- 2. Psychological/emotional safety
- 3. Integration of relational, strength-based, trauma-informed, holistic, and culturally competent practices

1=No, not at all and 5=Yes, functions very well						
Physical and psychological/emotional safety are clearly defined for staff members and clients, and are included in program practices and materials.	1	2	3	4	5	N/A
Clients and staff members are prohibited from engaging in physical, sexual, or emotional abuse. There are clear ways (including confidential ones) for clients and staff members to report threats or the compromised safety of any client, staff member, or visitor.	1	2	3	4	5	N/A
Women’s privacy is respected at all times even if there is a need to conduct room searches.	1	2	3	4	5	N/A
All critical incidents are processed with the staff member(s) and individual client(s) involved. Other clients may be included if appropriate.	1	2	3	4	5	N/A
Staff members do not verbally harass/abuse clients and others, and clients are also expected not to use profanity, demeaning language, or slurs based on gender or ethnicity.	1	2	3	4	5	N/A
Staff members employ relational practice by validating clients’ feelings, using reflective-listening skills, fostering physical and emotional safety, developing trust, and interacting with clients therapeutically.	1	2	3	4	5	N/A
Motivational strategies are used to encourage positive behavior. Staff members focus on clients’ strengths, teach clients alternatives to unsafe and ineffective behaviors, and give clients appropriate control and decision-making opportunities individually and as a community.	1	2	3	4	5	N/A
Staff members are aware of the impact trauma has on a client and her behavior, and avoid re-traumatizing clients through their language and behaviors.	1	2	3	4	5	N/A
The behavior of staff members is culturally competent and responsive (i.e., they are aware of the unique interaction styles of many ethnic/cultural groups).	1	2	3	4	5	N/A
A defined program schedule creates a productive day in which clients participate in healthy, developmentally appropriate activities. Clients do not have excessive unstructured time and do have time for reflection.	1	2	3	4	5	N/A

Administrators and staff are responsible for creating and maintaining a therapeutic environment (based on safety, respect, and dignity).	1	2	3	4	5	N/A
When needed, disciplinary practices are strength-based, trauma-informed, and relational. These are learning lessons and not just punishment.	1	2	3	4	5	N/A

Goals:

Strategies:

Target Date:

5. Treatment Planning

This includes, but is not limited to, a program’s:

- 1. Case management services
- 2. Screening and assessment processes for clients
- 3. Client-orientation processes
- 4. Treatment/planning processes
- 5. Transition and continuing care planning process

1=No, not at all and 5=Yes, functions very well						
The case management system includes screening, assessment, treatment planning, continuing care, and collaboration, including referrals for any additional services.	1	2	3	4	5	N/A
A defined screening protocol is gender-responsive (i.e., screening is conducted only in those areas that impact immediate client safety and/or environmental safety, every effort is made to make the client feel comfortable, and unnecessary personal questions are avoided).	1	2	3	4	5	N/A
Assessment of clients is based on gender-responsive theory and practice (i.e., it is designed to build a therapeutic relationship between the staff and client that is characterized by mutuality, empowerment, respect, and support).	1	2	3	4	5	N/A
Screening and assessment tools are valid and reliable for use with women/girls. They are gender-responsive and culturally aware; they include attention to trauma, relationships, community connections, client strengths, substance abuse, and child care responsibilities.	1	2	3	4	5	N/A
The assessment process includes a protocol for planning client safety that is designed to foster physical and emotional well-being and safety during and after the process.	1	2	3	4	5	N/A
The client-orientation protocol is well defined and gender-responsive (i.e., the staff creates a safe, comfortable space for clients to acclimate; connect; share thoughts, feelings, and concerns; learn about the program; tour the facility; and meet staff members and clients).	1	2	3	4	5	N/A
The client handbook is gender-appropriate and includes information on physical and emotional/psychological safety, relational supports, and advocacy services.	1	2	3	4	5	N/A
Program planning starts with a client’s current situation and proceeds in a manner that is sensitive to the pace and direction that she chooses and is capable of.	1	2	3	4	5	N/A
Meeting a client’s basic needs for food, clothing, shelter, economic sufficiency, and safety is a priority in the treatment/service planning process.	1	2	3	4	5	N/A

Meeting a client’s individual, relational, and community-based needs is part of the treatment/service planning process.	1	2	3	4	5	N/A
Goals for clients are clear, differentiated from one another, measurable, and attainable. Both short- and long-term actions are specified.	1	2	3	4	5	N/A
Family members, educational/vocational service providers, and other relevant community supports are included in the plan for continuing care for each client.	1	2	3	4	5	N/A
Initial community support contacts are facilitated for each client, while she is still in the program. This involves referrals to appropriate community agencies.	1	2	3	4	5	N/A
Discharge planning is individualized; inclusive of women’s risks, needs, and strengths, and initiated during case planning and as a part of ongoing case management.	1	2	3	4	5	N/A
Follow-up is also a component of collaborative case management.	1	2	3	4	5	N/A

Goals:

Strategies:

Target Date:

6. Program Development

This includes, but is not limited to, a program's:

- 1. Therapeutic approach
- 2. Services and delivery methods
- 3. Educational and vocational services
- 4. Integration of services

1=No, not at all and 5=Yes, functions very well						
Program services are relational, strength-based, trauma-informed, and culturally responsive.	1	2	3	4	5	N/A
All services are based on gender-responsive principles, and the curricula and materials used are gender-responsive and trauma-informed.	1	2	3	4	5	N/A
Female-only groups are used for treatment.	1	2	3	4	5	N/A
Treatment is based on a holistic model (physiological, social, emotional, spiritual, and environmental).	1	2	3	4	5	N/A
Groups are structured and use a process that facilitates connection between women/girls.	1	2	3	4	5	N/A
A variety of therapeutic interventions are used (e.g., relational, family, expressive, cognitive, body-oriented, and dynamic/systemic).	1	2	3	4	5	N/A
The program integrates mental health, substance abuse, and trauma services.	1	2	3	4	5	N/A
The program helps to prepare clients to be economically self-sufficient.	1	2	3	4	5	N/A
The program offers opportunities for cultural and spiritual exploration.	1	2	3	4	5	N/A
The program utilizes female role models and mentors.	1	2	3	4	5	N/A
Child care is provided onsite or nearby.	1	2	3	4	5	N/A
Mental/emotional health services that are specifically designed for females are offered onsite or by referral.	1	2	3	4	5	N/A
Trauma-specific programming is available for those needing this level of service (or referrals are available).	1	2	3	4	5	N/A
Medical/physical health services that are specifically designed for females are offered onsite or by referral.	1	2	3	4	5	N/A

Spiritual services are offered onsite or by referral.	1	2	3	4	5	N/A
Educational and vocational services are offered onsite or by referral.	1	2	3	4	5	N/A
Services for clients who are pregnant and/or parenting are offered onsite or by referral.	1	2	3	4	5	N/A

Goals:

Strategies:

Target Date:

7. Program Assessment and Evaluation

This includes, but is not limited to, a program's:

1. Ability to collect data needed for program assessment
2. Method of self-evaluation

1=No, not at all and 5=Yes, functions very well						
A data collection system is in place that collects and stores information regarding women's intake, assessment, participation in programming, and outcome information.	1	2	3	4	5	N/A
Data on clients are collected regularly through a feedback loop (from clients, staff members, clients' family members, and other stakeholders) and are input regularly into an existing database.	1	2	3	4	5	N/A
A gender-responsive program assessment tool is utilized.	1	2	3	4	5	N/A
Both qualitative (e.g., focus groups) and quantitative data (e.g., numbers served) are collected.	1	2	3	4	5	N/A
Process and outcome evaluations are conducted regularly.	1	2	3	4	5	N/A
Client outcomes relate to stated program goals. Outcomes include, but are not limited to, improved relationships with family members, peers, and the community; educational and skill improvement; self-efficacy; recovery from dependence on alcohol and/or other drugs; improvement in the effects of trauma; improvement in mental health, and improved employment (where applicable).	1	2	3	4	5	N/A
Client referrals (and outcomes of the referrals) are tracked on a regular basis.	1	2	3	4	5	N/A

Goals:

Strategies:

Target Date: