

First 5 Monterey County Quality Framework

Research and experience demonstrate that to effectively promote optimal child and family outcomes, quality matters. First 5 Monterey County (F5MC) defines quality by the following approaches, characteristics, and ways of implementing direct services and programs.

CROSS-CUTTING ASPECTS OF QUALITY

Quality programs are intentionally designed and delivered for children prenatal through age five.

All aspects of quality program development and delivery are sensitive to and informed by how children develop and learn. According to the National Association for the Education of Young Children, developmentally appropriate practices build upon children's unique developmental trajectories, interests, abilities, and community/cultural values and expectations. Programs engage children in activities that are flexible and responsive to children's current knowledge, abilities, interests, and their life experiences.

Quality programs are relationship-based.

According to the National Scientific Council, consistent relationships with caring adults/caregivers are critical for healthy development, and learning occurs within a context of relationships. For this reason, it is important that programs are designed and delivered in ways to ensure that positive relationships are built and maintained between and among program facilitators, participants, and community providers/agencies.

Quality programs honor and respect the diversity of children and families.

Quality programs honor and respect the diversity of children and families, in terms of their socio-economic status, family structures, individual abilities, beliefs, interpersonal styles, language preferences, attitudes, and behaviors. Programs use content and materials that are culturally relevant and responsive, and have opportunities for inclusion of diverse populations. Staff are culturally attuned and responsive to the diversity of the children and families with which they work.

Quality programs promote protective factors.

The Strengthening Families Protective Factors Framework¹ shows that, when the following protective factors are addressed, families are able to promote optimal child development: Parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children.

Quality programs are trauma-informed.

Adverse childhood experiences (ACEs) can significantly increase stress hormones and negatively impact emotional, social, and physical health. To support families and children who have been affected by trauma, programs:

- Provide emotional and physical safety
- Establish trust and strong relationships
- Provide families with the choice of services and support
- Provide opportunities for collaboration and shared power with families
- Empower parents

¹ To access the full Protective Factors Framework, visit:
<http://www.cssp.org/reform/strengtheningfamilies/about#protective-factors-framework>

Quality programs engage in a process of continuous learning and improvement.

There are always new things to learn that will help organizations, programs, or individuals more effectively support the children and families they serve. Continuous quality improvement is a process that supports staff as they strive to learn and improve the quality of their programs. Both management and line staff participate in program quality improvement and agency decision making by tracking and reflecting upon processes, outcomes, and client feedback. This provides regular opportunities to assess fidelity to an established model or approach, and also to inform modifications in implementation that could increase program effectiveness.

Quality programs are intentionally designed and delivered to target measurable outcomes for children and families.

Programs are most effective when they identify and track changes in the measurable outcomes that align directly with the program goals and objectives.

Quality programs engage in reflective practice and supervision.

Reflective processing is central to implementation of quality programs, allowing for critical thinking, self-awareness, and processing new information and perspectives. Ongoing, reflective supervision provided by a qualified reflective practice practitioner can support direct services and care coordination.

Quality programs are community-based.

Quality programs reflect the needs, qualities, and dynamics of the communities they serve. Programs are designed in ways that are deeply informed by and sensitive to their communities.

Quality programs are provided when and how families need them.

Flexible staffing and program planning ensures services are provided at convenient times so that family members can participate year round without conflicts with school, work, or other commitments. This includes services offered on evenings, weekends, and holidays. The time, location, intensity, and mode of program delivery is accessible to families, and is responsive to the families' levels of need and preferences.

Quality programs engage parents/caregivers as active participants in developing goals, objectives curriculum, and policies.

Parent engagement and shared leadership deepen participation, reflection, and relationships within a program. Quality programs include parents as key participants in curriculum development, identification of goals and objectives, and reflective processes. There are formal roles for parents, such as positions on program advisory, planning or decision-making. Informal connections between families and service providers are fostered.

Quality programs support peer relationship-building.

Quality programs create opportunities for parents to receive support from peers to encourage engagement, reduce stigma, and increase a sense of connection to other parents with similar circumstances.

Quality programs have well-trained, competent staff members.

Well-trained and competent staff members are critical to successfully improving child and family outcomes. Quality programs intentionally plan, implement, and document professional development in a wide range of skills and knowledge, including but not limited to:

- Interpersonal communication and facilitation
- Reflective practice
- Child development
- Cultural responsiveness
- Leadership and management

ASPECTS OF QUALITY FOR SPECIFIC SERVICES AND PROGRAMS

The cross-cutting aspects of quality direct services and programs above apply to all types of services and programs. In addition, research has demonstrated that there are quality characteristics that are specific to a type of service and program. Some of the cross-cutting aspects may be reiterated, to demonstrate how they apply in a specific context.

Home Visiting

Quality home visiting programs have:

- *Appropriate caseload size:* Each staff member who manages cases is assigned a caseload that ensures sufficient time to meet with families and plan future activities. Caseload numbers vary based upon program purpose and focus.

Group Parenting Classes

Quality group parent education classes emphasize:

- *Parent partnership and leadership:* Educators actively partner with parents, model relationships and behaviors, and create opportunities for parents to identify and use protective factors.
- *Peer support for parents:* Peer support is facilitated to encourage engagements, reduce stigma, and increase a sense of connection to other parents.
- *Interactive methods:* Group discussion, role playing, active modeling, homework exercises, and viewing positive parenting approaches videos are incorporated into classes.
- *Application of new skills:* Quality programs provide opportunities for parents to practice new skills learned during classes.

Parent-Child Playgroups, and Family, Friend, and Neighbor Provider-Child Playgroups¹

Quality playgroups have:

- *Appropriate group size:* Group sizes are typically limited to 4-12 families/providers. Quality programs use the children's ages, physical environment, and comfort of the facilitator to determine the ideal group size within this range.
- *Consistent participants:* The group is comprised of consistent participants in order to support the formation of relationships and a learning group.
- *Warm introduction:* Introductory session is led before the playgroup commences to welcome and orient new parents/caregivers.
- *Articulated program structures:* Quality programs intentionally articulate the playgroup structure and frequency of sessions. A playgroup may, for example:
 - Have a standardized number of sessions that will be included in one series (e.g. regular series meet for 10 sessions).
 - Determine whether year-long playgroups will be provided (e.g. one playgroup will be offered year-long for families/providers with more intense needs).
- *Opportunities for reflection:* Parent/providers reflection circles are offered to allow time to reflect, ask questions, and incorporate new learning and knowledge.

¹ Key aspects are highlighted here. For more specific recommendations for implementation, see the F5MC Best Practices in Playgroups available at <https://www.first5monterey.org/userfiles/file/F5MCBestPracticesinPlaygroups.pdf>

Integration and Navigation of Care and Support

Quality care coordination includes:

- Trust and respect are established between the service provider and family.
- An understanding of the unique family context (e.g. strengths, values, needs, etc.) and life experiences, including adverse childhood experiences.
- The establishment of goals and achievable milestones in an articulated, holistic care plan for both the child and parent(s)/caregiver(s).
- Care plans are focused on intervention and prevention.
- Follow through on referrals to support family access of the recommended service.
- Regular “check-ins” between the family and care coordinator occur, to monitor success of referrals, changes in family context over time, progress on goals and outcomes, and changes in the care plan.
- Service providers are supported by reflective supervision.
- Roles and responsibilities of each service agency involved are clearly defined, and service providers build relationships and capacity within a provider network.
- Care coordination is multi-disciplinary and non-duplicative.
- Relevant information is shared and monitored confidentially among service providers.
- Common, effective, and adaptable tools and protocols are used among service providers.