



# Los Angeles County Perinatal and Early Childhood Home Visitation Consortium

## Best Practices Workgroup

### Quality Standards for Home Visiting Programs

These recommendations are intended to promote the adoption of quality standards among new and existing home visiting programs, potential funders, policymakers, legislators, and members of the Consortium. Meeting these standards will help maintain high quality home-based support to strengthen all expectant and parenting families so that the children of Los Angeles County are healthy, safe, and ready to learn.

**Mission:**  
To coordinate, measure and advocate for high quality home-based support to strengthen all expectant and parenting families so that the children of Los Angeles County are healthy, safe and ready to learn.

<b>Domain</b>	<b>Recommended Quality Standards</b>
<b>1. Program Design and Structure</b>	The home visiting program uses a well-defined model design that specifies the program’s purpose, outcomes, duration, frequency of services, and curriculum.
<b>2. Staff Qualifications and Training</b>	Staff qualifications, program model, and curriculum training are clearly defined. An educational/training plan to meet any missing program model requirements is established, and ongoing professional development is required and monitored for home visiting staff, program supervisors, and directors.
<b>3. Staff Supervision</b>	An established structure is defined for program staff to implement reflective practice. The supervisor will be trained in reflective supervision. Staff receive individual and group “reflective supervision” at regularly specified time intervals to build skills, reduce vicarious trauma <sup>ii</sup> from working with high-need clients, and monitor services provided to clients. The program follows model’s standards with regard to supervisor-to-staff ratios and time intervals for regular supervision.
<b>4. Fidelity to Model</b>	Fidelity criteria are established and programs are monitored to document compliance with home visitation standards and fidelity criteria.
<b>5. Monitoring, Evaluation, and Oversight</b>	Performance monitoring and outcome evaluation methods and measures are clearly defined and implemented. Data are collected, evaluated, and shared with relevant audiences at regular intervals for program improvement and quality assurance purposes, as well as to demonstrate outcomes.



<b>6. Cultural Sensitivity</b>	<p>The program has clearly defined policies, procedures, and staff hiring and training practices that address inclusivity and are responsive to the ethnic, cultural, linguistic, gender, racial, and social diversity of the community being served by the program.</p>
<b>7. Participant Recruitment and Enrollment</b>	<p>The following are well defined: recruitment, outreach, eligibility and selection criteria, enrollment/disenrollment methods, and retention. Guidelines for establishing transition plans for participants exiting/ending the program are in place.</p>
<b>8. Records and Auditing</b>	<p>Agency records are maintained and audit-ready for fiscal/program accountability and quality improvement, and are audited at regular intervals via an appropriate channel. The program maintains and follows a confidentiality policy to protect participants' privacy.</p>
<b>9. Community Linkage</b>	<p>Program agreements<sup>iii</sup> are in place and/or strong links with other home visiting programs and community-based services are demonstrated to address short- and long-term family needs.</p>
<b>10. Family Engagement</b>	<p>The program receives family/participant feedback on quality of services via specified methods at regular, defined intervals. Policies and procedures are in place to utilize findings to improve upon and continue meeting participant and family needs.</p>
<b>11. Community Engagement</b>	<p>The program receives community feedback via specified methods<sup>iv</sup> at regular, defined intervals to assess community needs, relevance of program services, and program quality. Policies and procedures are in place to share data transparently and utilize findings to ensure continued responsiveness to community needs.</p>
<b>12. Workforce Development</b>	<p>To strengthen the existing home visiting workforce, ensure preparedness of the future workforce, and encourage professional investment in the field of home visiting, the program should form collaborative partnerships<sup>v</sup> with universities, colleges, or other educational programs offering public health, social work, nursing, human services, early care and education, and mental health coursework.</p>



<b>13. Collaboration</b>	The program shares knowledge, data, and best practices with other programs and stakeholders in the field to support advocacy efforts for the mutual benefit of the perinatal and early childhood professional community and the families they serve.
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i Reflective supervision is defined as: “a collaborative relationship for professional growth that improves quality and practice by cherishing strengths and partnering around vulnerabilities to generate growth,” Rebecca Shahmoon-Shanok. The three central elements of Reflective Supervision are regularity, reflection and collaboration. Reflective Supervision has a mentoring and monitoring component to ensure staff development and quality outcomes. The Reflective Supervisor who is successful at mentoring and monitoring must merge qualities of an effective, efficient administrative supervisor with the qualities of a thoughtful, responsive reflective supervisor.

ii Vicarious Trauma is defined by the American Counseling Association as follows: “The term vicarious trauma (Perlman & Saakvitne, 1995), sometimes also called compassion fatigue, is the latest term that describes the phenomenon generally associated with the ‘cost of caring’ for others (Figley, 1982). Other terms used for compassion fatigue are: secondary traumatic stress (Stemm, 1995, 1997); secondary victimization (Figley, 1982). It is believed that counselors working with trauma survivors experience vicarious trauma because of the work they do. Vicarious trauma is the emotional residue of exposure that counselors have from working with people as they are hearing their trauma stories and become witnesses to the pain, fear, and terror that trauma survivors have endured.”

iii For example, a Memorandum of Understanding (MOU), Memorandum of Agreement (MOA), etc.

iv For example, parent and community advisory boards, local community needs assessments, confidential program participant and staff feedback, etc.

v For example, internships, career days, supplementary coursework, etc.