

Domains of Program Quality

Research on the efficacy of social service programs points to several quality domains that are critical for improving people's lives. These domains, along with [performance measurement](#), are the foundation of our Continuous Quality Improvement [framework](#), tools, and practices.

Accessibility

Barriers prevent some children and families from accessing needed programs and services. Common barriers include service locations that are difficult to reach with public transportation, service hours that require parents to take time off work, and the lack or limited number of services in the languages of community members.

Historically, these barriers tend to be more prevalent for certain populations, such as low-income neighborhoods; marginalized racial, ethnic, and immigrant groups; rural and remote areas; and non-traditional family structures. Many of these barriers may be difficult to see — much less address — given how deeply entrenched they are in how people, organizations, and society operate and how they affect the local population.

Accessibility describes how programs account for these barriers. It requires the deliberate and active identification of barriers and biases as well as organization and service designs that reflect the actual past-to-present experiences of these groups.

[Best Practices for Accessibility](#)

Accessibility Case Studies:

- [Care Management for High-Risk Pregnant Women](#)
- [WIC](#)

Family Engagement

Family engagement refers to the systematic inclusion of families in programs that promote children's development and wellness, including the planning, development, implementation, and evaluation of program services. In family-centered programs, traditional parental roles as program helpers are transformed into creative roles in which families partner with staff to establish goals and make decisions related to the programs. Through active and dynamic

forms of family engagement, families share power and responsibility with program staff which leads to improved parent/guardian-child and parent/guardian-program relationships, resulting in improved program efficacy.

Referrals & Partnerships

Communities often host a range of health and human services serving children and families, each addressing a different set of needs at different stages of life. A growing body of research finds communities benefit from an interdisciplinary set of providers working in concert; in different words, a coordination of care. Strong care coordination networks ensure families access the resources they need when they need them. This level of interconnectivity requires effective, sustainable systems of care coordination and for service providers to actively participate in their upkeep. In practice, care coordination often takes the form of **referrals** and/or **partnerships**.

Referrals are the processes through which one provider, having insufficient resources to address all of a client's existing and projected needs, seeks the assistance of another provider(s) that can either assist with or assume the client's care.

Partnerships are the close, formal relationships among providers that rely on one another to deliver services to their clients.

[Best Practices for Referrals & Partnerships](#)

Referrals & Partnerships Case Studies

- [Adopt-A-Mom](#)
- [Care Management for At-Risk Children](#)

Staff Support & Performance

Staff support is a critical component of organizational and program performance. When staff members feel supported professionally, personally and financially by their organization, they are better prepared and more motivated to perform and excel in their roles. Staff turnover, burnout, and lack of adequate support negatively impact service quality and a program's ability to achieve its outcomes. Organizations and programs with strong **staff support and performance** practices prioritize staff supervision, development, and retention initiatives within the organization, as well as provide cultural competency training, with the aim of ensuring that staff have the support and preparation they need to deliver quality services.

Trauma-Informed Approach

Research across the fields of behavioral health, medicine, education, child welfare, and social services demonstrates that past traumatic experiences can impact the ways in which individuals receive and respond to services and that trauma-informed approaches show better outcomes for service recipients.

Trauma, broadly defined, describes “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning and physical, social, emotional, or spiritual well-being.” Examples of experiences that can lead to trauma include exposure to violence, severe illness, natural disasters, and chronic poverty.

Adverse childhood experiences (ACEs) are a subset of adversarial experiences which, when experienced in childhood, increase the likelihood of negative physical and mental health outcomes later in life. Prolonged or severe exposure to traumatic life events can lead to toxic stress, which can be particularly damaging for young children who are in the peak years of brain development.

Trauma-informed practices, therefore, ensure that service providers are educated about trauma and understand how it can impact service recipients’ present-day behavior, needs, and service participation.

[Best Practices for a Trauma-Informed Approach](#)

Trauma-Informed Approach Case Studies

- [Bringing Out The Best](#)
- [NC Infant Toddler Program](#)

Use of Evidence

Social service organizations use best practice research and evidence in program design, implementation, and evaluation to maximize their ability to achieve positive service outcomes with limited resources, thereby increasing their positive impact on the lives of people in their community. An organization’s **use of evidence** includes reviewing the best available research that already exists in their field, incorporating best practices, collecting evidence of their own organization’s effectiveness, and contributing their data and research to the knowledge base of “what works” in their field.

[Best Practices in Use of Evidence](#)

Use of Evidence Case Studies

- [Wise Guys](#)