

THE OREGON HOME VISITING CORE COMPETENCIES 2015

Oregon
Health
Authority

PUBLIC HEALTH DIVISION
Maternal and Child Health Section

Oregon Core Competencies

For the Home Visiting Workforce

Vision

Oregon's Home Visiting workforce serving families prenatally through age five will be prepared to promote and support optimal development of infants, young children and their families. Oregon families will receive culturally competent, linguistically appropriate and relationship-focused home visiting services provided by a workforce that demonstrates a common set of core competencies.

What are Core Competencies?

The Oregon Home Visiting Core Competencies are a set of attributes, knowledge, and skills that reflect best practice for professionals in the field.

Expectations for what the workforce should know (knowledge) and be able to do (skills) in a respectful and competent manner (attributes) in their roles working with families. The Oregon Core Competencies are organized under 10 Content Areas. Please refer to the section titled Organization of the Oregon Core Competencies.

The competencies listed under each Content Area are not intended to be an exhaustive list; rather, they provide general guidance for best practice in working with families in a variety of home visiting programs.

The Oregon Home Visiting Core Competencies support and is aligned with the Core Body of Knowledge for Early Childhood Educators, Core Knowledge Areas for Parent Educators, the Early Learning Division Equity Lens and trauma informed practices.



Why have Core Competencies?

Core Competencies create a common thread of Professional Development expectations across the variety of home visiting programs for the ultimate benefit of families in Oregon.

They are established to provide a framework and a common language for workforce development planning that supports state, local, agency and individual workforce development. The Oregon Home Visiting Core Competencies is intended to be used as a tool by the workforce to conduct ongoing self-assessments as well as professional development planning.

How Were the Oregon Core Competencies Developed?

Maternal, Infant and Early Childhood Home Visiting (MIECHV), a program of the Oregon Public Health Division funded by the Health Resource Services Administration (HRSA), has served as a resource to, and facilitator of, the Oregon Core Competencies Workgroup in the development of the Oregon Home Visiting Core Competencies.

The Core Competencies were developed based on selected criteria including evidence-based practice, research, a review of best practices and alignment with early childhood core systems. The Core Competencies were defined based on research from the National Center on Child Care Professional Development Systems and Workforce Initiatives Center (PDW Center) and the Workgroup Summary Report on Core Competencies for the Prenatal through Age Three Field from Zero to Three. A careful review of many other state's documents were considered in the development of this document.

Input was gathered on The Oregon Home Visiting Core Competencies by stakeholders, statewide Home Visiting program model leads, and representatives from local Home Visiting programs throughout the state.

Organization of the Oregon Home Visiting Core Competencies

The Oregon Home Visiting Core Competencies are organized under the 10 domain areas listed below. Each domain area begins with a description followed by the competency, which is organized by attributes, knowledge and skills.

Attributes are considered to be those inherent traits, values or beliefs of an individual within the home visiting field. Knowledge is defined as the information needed within each domain required to effectively work within the home visiting field. Skills are defined as strategies for application of knowledge within the home visiting field.

1. Cultural and Linguistic

Responsiveness:

Commit to understanding individuals and families within their cultural context and providing appropriate supports.

2. Dynamics of Family Relationships and Engagement:

Understand the complexity and diversity of family relationship, dynamics, and systems while working in partnership with families for the best interest of children.

3. Family Health and Well-Being:

Establish and maintain environments and supports that promote children's health, safety, nutrition, physical activity and adaptations for special needs, in partnership with families.

4. Family Self Sufficiency:

Actively engage family members in identifying and working towards self-sufficiency, as defined and desired by the family.

5. Human Growth and Development:

Apply the principles of development across the lifespan, including child growth and development; value each family member's unique biology, interests, needs and potential while nurturing relationships, starting with healthy infant-caregiver attachment.

6. Professional Best Practices:

Work with families in a professional, reflective manner; adhere to ethical standards, regulations and laws pertaining to the home visiting field.

7. Professional Well Being:

Examine one's own thoughts, attitudes, feelings, actions, strengths and challenges; seek appropriate supports and engage in self-care activities to ensure ability to effectively support families.

8. Screening and Assessment:

Use appropriate tools and methods for understanding child interactions, knowledge and skills as a means to support the child's development and make appropriate referrals for further evaluation.

9. Service System Coordination:

Understand the value of partnerships and collaborations between families and agencies/ organizations to meet family needs.

10. Social Emotional Well-being:

Understand supportive strategies for encouraging social emotional development and addressing challenging behaviors, and recognize the influence of temperament and emotional regulation capacity on behavior.

1. Cultural and Linguistic Responsiveness

Cultural and linguistic responsiveness requires an ongoing commitment to understanding individuals and families within their cultural context and providing appropriate supports. Cultural context includes age, cognitive and physical differences, communication, ethnicity, family composition, gender, race, religion, sexual orientation, language and socio-economic status. Home visitors acknowledge and respond with sensitivity to the unique culture of each family. They are aware of their own personal biases, judgments, and assumptions and seek to integrate culturally and linguistically responsive practices into their work.

Attributes	<ul style="list-style-type: none">• Demonstrates an attitude of respect and sensitivity; builds on family cultural and linguistic diversity to support family outcomes.• Exhibits the ability to be respectful, responsive, and sensitive in interactions and relationships with families and community members.• Values ongoing education and training as a way to stay current with changing demographics and cultural factors in the population served.• Appreciates learning from members of the cultural group about cultural norms and behaviors; avoids making assumptions about practices.
Knowledge	<p>K.1.1 Understands that each person’s culture shapes his or her values, beliefs, and behaviors, is a source of pride and is an asset to embrace and celebrate.</p> <p>K.1.2 Recognizes that language and/or cultural values and beliefs influence the way families seek and access services.</p> <p>K.1.3 Recognizes that a family’s experience of systemic barriers such as limited resources, availability of services in their first language, lack of cultural responsiveness, immigration status and program policies may impact a family’s readiness to access services.</p> <p>K.1.4 Understands how disparities in program policies, design and practices impact equity in health and educational outcomes.</p> <p>K.1.5 Comprehends how racial and ethnic inequities in healthcare, education, housing, employment, law enforcement and other systems may marginalize and traumatize families across generations, generate chronic stress and disease and create trauma responses that further limit access to needed resources.</p> <p>K.1.6 Identifies how cultural identity and an individual’s cultural community provide an important source of resiliency for families.</p> <p>K.1.7 Recognizes and acknowledges how personal assumptions, perceptions, attitudes, beliefs and practices influence and contribute to successful relationships with families.</p>
Skills	<p>S.1.1 Provides responsive supports that celebrate home language and cultures.</p> <p>S.1.2 Demonstrates the ability to discuss and incorporate new culturally and linguistically relevant ideas and approaches into practices to engage and support families.</p> <p>S.1.3 Partners with families to promote advocacy and empowerment on behalf of the family system. Works to assure that family voice is considered and that rights and responsibilities are honored. Seeks out quality, equity-based resources that meet families’ language and cultural needs.</p>

1. Cultural and Linguistic Responsiveness

Skills

- S.1.4** Supports a variety of individuals from varying backgrounds and cultures including ability, age, ethnicity, family composition, gender, race, religion, sexual orientation, language and socio-economic status.
- S.1.5** Employs a culturally responsive and trauma informed approach in working with families to work toward equitable access to needed resources.
- S.1.6** Empowers and supports families' connection to their cultural communities.
- S.1.7** Utilizes strengths-based perspective to understand cultural identity and practices to support families and improve family outcomes.

2. Dynamics of Family Relationships and Engagement

Home visitors understand that parents are a child's first and most important teachers. They honor each family's unique values, beliefs, culture and community connections. Home Visitors understand the important role that families play in children's development and learning and overall family functioning. Home visitors engage families in the process of building and nurturing relationships and encourage participation in experiences that promote children's learning and development.

Attributes

- Appreciates the importance of developing trusting, mutually respectful relationships with families.
- Honors the diversity and uniqueness of each family.
- Respects a family's decisions regarding parenting.
- Appreciates the primacy of family-child relationships.
- Respects the influence of culture on caregiving practices and family relationships.
- Recognizes and respects the central role of families and parent/caregiver-child relationships in the care, development and well-being of unborn children, infants and toddlers.

Knowledge

- K.2.1** Understands the importance of first relationships to healthy development and attachment and recognizes the importance of nurturing, consistent, responsive and respectful parenting.
- K.2.2** Comprehends how family dynamics influence children's learning and development and how factors such as violence, addiction and mental health issues, incarceration, poverty, isolation and safety affect healthy family functioning.
- K.2.3** Is familiar with how to screen for domestic violence and how to provide appropriate referrals and support.
- K.2.4** Understands how family engagement in home visiting positively impacts children's learning and development; recognizes the importance of developing trusting, mutually respectful relationships with families to encourage engagement.
- K.2.5** Understands the importance of engaging families by assessing and building on existing family strengths and culture.
- K.2.6** Recognizes the primacy of the parent-child relationship and understands the impact of family, culture, religion, language, temperament and gender on these relationships.

2. Dynamics of Family Relationships and Engagement

Knowledge	<p>K.2.7 Is familiar with the influences of intergenerational relationships within the family structure.</p> <p>K.2.8 Understands the dynamics of various types of relationships: child to family, family to peer, family to community and the influence that culture has on these relationships.</p> <p>K.2.9 Recognizes the unique contributions of male caregivers in relation to children’s learning and development</p>
Skills	<p>S.2.1 Supports healthy parent-child interaction and offers positive support and guidance to families as children develop.</p> <p>S.2.2 Promotes the primacy of the parent-child relationship and offers positive, culturally and linguistically supportive guidance to families as children develop. Supports healthy parent-child interactions.</p> <p>S.2.3 Effectively assesses for domestic violence and provides appropriate referrals to ensure that a safety plan and supports are in place as needed.</p> <p>S.2.4 Utilizes strategies to build rapport with families and to develop a trusting, mutually respectful relationship with families. Works to maintain this relationship and keep families engaged in the program throughout the home visiting process.</p> <p>S.2.5 Assesses protective and risk factors from a strengths-based perspective. Implements strategies to effectively communicate with families of linguistic or cultural backgrounds that are different from one’s own.</p> <p>S.2.6 Promotes the primacy of the parent-child relationship and understands the impact of family, culture, religion, language, temperament and gender on these relationships. Offers positive, culturally and linguistically supportive guidance to families as children develop.</p> <p>S.2.7 Supports and encourages primary and extended family members’ involvement and engagement with children’s learning and development.</p> <p>S.2.8 Supports attachment relationships between families and children. Honors cultural and community influences and the unique qualities of these relationships.</p> <p>S.2.9 Supports and encourages the unique contribution of fathers and male caregivers in children’s learning and development.</p>

3. Family Health and Well-Being

Home Visitors value the culture and unique dynamics of each family and understand that to effectively support children they must understand and include the context and social connections of each family. Partnering with families by creating supportive and responsive relationships through a strength-based approach is crucial in ensuring the health and well-being of each child.

<p>Attributes</p>	<ul style="list-style-type: none"> • Values the importance of the caregiver’s health and well-being on the family system. • Respects a family’s decisions regarding health care and family health. • Values prevention and health promotion activities. • Respects the influence of culture on health care and healing practices.
<p>Knowledge</p>	<p>K.3.1 Understands how trauma has compounding effects on families and communities.</p> <p>K.3.2 Recognizes the effects of chronic stress on a family system.</p> <p>K.3.3 Understands how family well-being can be affected by poor health, poor birth outcomes, maternal depression, mental health challenges and other bio-psycho-social factors.</p> <p>K.3.4 Comprehends preconception, prenatal and postpartum health and development and how these affect development across the lifespan.</p> <p>K.3.5 Possesses knowledge in early childhood health and development and understands how to navigate healthcare systems to promote physical health.</p> <p>K.3.6 Understands the principles of home safety for young children and how to assist families in creating safe environments for children while honoring the family’s culture and beliefs.</p> <p>K.3.7 Recognizes the signs and symptoms of abuse: is familiar with the definitions of child abuse and neglect according to Oregon law and understands mandatory reporting laws.</p> <p>K.3.8 Understand the impact and importance of family planning and how birth intervals impact the health and well-being of parents and children.</p> <p>K.3.9 Understands the concept of a medical and dental home and is familiar with resources for primary care in the community.</p> <p>K.3.10 Recognizes that families may access health care, but not necessarily receive equitable services due to cultural biases or differences.</p>
<p>Skills</p>	<p>S.3.1 Responds to families who have experienced various types of trauma with an approach that reflects trauma informed principles.</p> <p>S.3.2 Works effectively with individuals exhibiting symptoms of chronic stress, including differences in perception and learning, emotional regulation, and impairments in planning, executing and processing functions.</p> <p>S.3.3 Utilizes skills such Motivational Interviewing, coaching, reflective listening and other non-coercive and culturally responsive strategies for supporting behavior change related to health and well-being.</p> <p>S.3.4 Provides culturally specific information to families about preconception, prenatal and postpartum health. Assists mothers in accessing healthcare services to promote healthy pregnancies and positive birth outcomes. Encourages healthy nutrition, participation in prenatal and postpartum visits and other health promotion activities.</p>

3. Family Health and Well-Being

Skills	<p>S.3.5 Provides information to families about early childhood health and development. Utilizes a culturally-sensitive approach to assist families in accessing healthcare services and encourages healthy nutrition, participation in well-child visits, adherence with immunization schedules, and other health promotion activities.</p> <p>S.3.6 Assists families in developing culturally relevant safety and crisis plans; helps to create safe environments for children.</p> <p>S.3.7 Applies knowledge of child abuse and neglect reporting laws to appropriately report child maltreatment as required by law.</p> <p>S.3.8 Provides information to families about family planning and birth intervals; makes appropriate referrals to healthcare providers.</p> <p>S.3.9 Ensures that families are connected to a primary care provider and makes appropriate referrals. Assists families in accessing health care as needed.</p> <p>S.3.10 Empowers families to advocate on behalf of their health care needs. Responds in a culturally sensitive manner to support families experiencing challenges in accessing equitable, culturally and linguistically appropriate health care services.</p>
---------------	---

4. Family Self Sufficiency

Home Visitors recognize that families are dynamic, complex and ever changing systems that include a variety of relationships. Self-sufficiency is the goal for all families and may look very different depending on many factors. Home visitors honor the culture of each family system and actively engage family members in identifying and working towards self-sufficiency, as defined and desired by the family.

Attributes	<ul style="list-style-type: none"> • Appreciates the economic, societal, historical and cultural influences that contribute to the family context and identity. • Appreciates how the above influences impact family self-sufficiency • Believes in the importance of empowering families to utilize their inherent strengths, resources and skills. • Values collaborative problem solving and culturally responsive strategies. • Believes that successful goal setting is accomplished in partnership with families and that families should take the lead in goal setting activities.
Knowledge	<p>K.4.1 Is familiar with strategies to guide families in goal setting and supports families through empowerment.</p> <p>K.4.2 Comprehends the impact of economic stability on family and self-sufficiency.</p> <p>K.4.3 Understands methods to help families identify and access a variety of community resources in order to work toward self-sufficiency; understands the elements of service planning, coordination and collaboration.</p> <p>K.4.4 Recognizes the impact of racism, bias and other forms of discrimination toward families.</p>

3. Family Self-Sufficiency

Skills	S.4.1	Partners with families to identify goals and objectives that align with families' strengths, interests and needs.
	S.4.2	Assists families in achieving economic self-sufficiency. Supports and promotes family's interest and desire in pursuing educational and career pathways as a means toward self-sufficiency.
	S.4.3	Takes appropriate initiative to seek culturally appropriate supports for children and families; engages in collaborative problem solving with families and other service providers.
	S.4.4	Coaches families in becoming advocates for themselves; respects the cultural norms and uniqueness of each family.

5. Human Growth and Development

Home Visitors have applicable knowledge of human growth and development, and specific knowledge of development of children from birth to age five. They utilize this knowledge to support their work with children and families. They recognize that development occurs on a continuum and that individuals develop at their own paces. Home Visitors respond to each developmental stage in research-based, culturally and linguistically responsive ways.

Attributes	<ul style="list-style-type: none">• Appreciates the linkages between mental, dental and physical health and development, including nutrition, across the lifespan.• Values the relationships between children and their families.• Appreciates families as learners and educators.• Respects the influence of culture on caregiving practices and developmental expectations of children.• Accepts that growth and development is an individual progression for children and their families; respects the natural cycle that occurs for each individual.• Values empowering families to understand their options for improving health and well-being.
Knowledge	<p>K.5.1 Understands typical and atypical growth and development from conception through infancy and early childhood. Considers the social, emotional, cognitive, language, physical and motor domains and cultural influences on health and development.</p> <p>K.5.2 Recognizes how critical health behaviors such as smoking, alcohol or drug abuse, poor nutrition, lack of sleep, sedentary lifestyle and environmental factors influence health and development. Recognizes the effects of alcohol, tobacco and drugs on family and children's learning and development.</p> <p>K.5.3 Recognizes how environmental factors, such as food access, safe housing and transportation impact family health and child development.</p> <p>K.5.4 Understands the effects of stress and adverse childhood events (ACEs) on family well-being and children's learning and development.</p> <p>K.5.5 Articulates resiliency factors such as safe nurturing environment and healthy relationships.</p>

5. Human Growth and Development

Knowledge	<p>K.5.6 Recognizes the importance of attachment and bonding on social-emotional development and relationships.</p> <p>K.5.7 Understands how developmental delay, physical impairments and other disabilities may impact learning and development.</p> <p>K.5.8 Is familiar with and respectful of child rearing practices from a variety of cultures.</p> <p>K.5.9 Understands the context of development within the parent-child relationship.</p> <p>K.5.10 Understands that school readiness is multi-faceted and influenced by family culture, including secure attachments and relationships, physical health and wellness, social- emotional health and development, resiliency, language, communication and literacy skills, cognitive development and strong family supports.</p>
Skills	<p>S.5.1 Integrates specific knowledge of prenatal, infant and toddler stages of development and learning into work with families. Shares information regarding human growth and development with families and community members in a culturally and linguistically responsive manner.</p> <p>S.5.2 Assesses the impact of health and nutrition practices that affect health and well-being. Provides information regarding the impact of critical health behaviors. Implements culturally relevant strategies to assist families in supporting children’s health, development and learning.</p> <p>S.5.3 Integrates knowledge of stress and adverse childhood experiences (ACES) in order to appropriately respond to families with whom they work.</p> <p>S.5.4 Problem-solves with families and communities to address environmental challenges to family health and well-being.</p> <p>S.5.5 Promotes healthy attachment and bonding within family relationships.</p> <p>S.5.6 Assesses for a variety of resiliency factors and family strengths to support family well-being and children’s learning and development.</p> <p>S.5.7 Utilizes culturally responsive developmental screening tools to link families with supports and resources when issues are identified. Responds to development that has been recognized as atypical by families and/or clinicians; provides follow up by providing culturally and linguistically appropriate referral sources and supporting families through the process.</p> <p>S.5.8 Seeks out information about child rearing practices across cultures and applies this knowledge when working with families.</p> <p>S.5.9 Discusses development with families in culturally and linguistically responsive ways to help them recognize their child’s individuality and emerging milestones</p> <p>S.5.10 Promotes school readiness behaviors including literacy, concentration, self-control, self-confidence, self-regulation and the development of thinking, reasoning and problem solving skills.</p>

6. Professional Best Practices

Home visitors adhere to the highest ethical conduct and best practices in their work with families. They integrate information from new research and emerging practices and follow all laws and regulations. They are committed to serving children by valuing the uniqueness and culture of each family. Home visitors use appropriate and effective verbal and written communication skills.

Attributes	<ul style="list-style-type: none">• Values creating positive, goal-oriented relationships with families.• Maintains confidentiality at all times.• Engages in authentic and honest interactions.• Values a high standard of integrity.• Believes in the importance of reflecting on one's own trauma history and its influence on building relationships with families.• Maintains responsibility for how one's own biases, values and attributes influence one's decisions, interventions and relationships.• Demonstrates the ability to build positive, trusting and culturally respectful relationships
Knowledge	<p>K.6.1 Understands the legal and ethical practices and policies related to serving families.</p> <p>K.6.2 Describes how laws relating to child maltreatment impact professional practice and responsibilities.</p> <p>K.6.3 Is aware of community resources and continually seeks out new resources to assist children and families.</p> <p>K.6.4 Understands that each family has their own unique perspective and culture that might not be the same as the home visitor.</p> <p>K.6.5 Understands safety practices for home visits and in community settings.</p> <p>K.6.6 Demonstrates knowledge in professional ethics and boundaries.</p> <p>K.6.7 Possesses knowledge of research-based curriculum and family systems theory.</p> <p>K.6.8 Understand the concepts and benefits of reflective practice.</p> <p>K.6.9 Is aware of various strategies for working with families that align with the language and culture of the family.</p> <p>K.6.10 Understands the need for ongoing professional development in order to increase knowledge and skills in working with families.</p>
Skills	<p>S.6.1 Maintains written notes and records to monitor screening, assessment, and progress; document concerns as required by their employing agency and upholds appropriate confidentiality of these records. Sustains appropriate boundaries and interactions with co-workers, families and other service providers.</p> <p>S.6.2 Complies with all legal requirements of child protection, including mandatory reporting laws, which pertain to the home visiting role.</p> <p>S.6.3 Provides and/or assures service coordination, referrals to community resources, and appropriate follow up. Works to build collaborative relationships with community partners to assure that families have access to services and supports that best fit their needs, language and culture.</p>

6. Professional Best Practices

Skills	S.6.4	Recognizes own bias and is self-aware, reflective, and culturally responsive with families, colleagues and community partners.
	S.6.5	Practices personal safety on home visits and in community settings.
	S.6.6	Acts within professional ethics and boundaries.
	S.6.7	Uses evidence-based practices and data in decision making and continuous quality improvement across the work.
	S.6.8	Participates in reflective practice and/or supervision and seeks opportunities to improve practice.
	S.6.9	Demonstrates the ability to employ a variety of strategies to work in partnership with families.
	S.6.10	Participates in professional development and learning activities to continually enhance knowledge and understanding.

7. Professional Well Being

Home visitors understand that in order to provide effective services to families they must provide care for themselves. By being self-aware and seeking supports, the home visitor ensures they are ready to support families in a variety of settings.

Attributes	<ul style="list-style-type: none"> Identifies and reflects on the personal impacts of working with high needs families. Values self-care to assure they remain effective and present with families. Explores and acknowledges how biases, values and attitudes influence decisions, interventions and relationships. Maintains responsibility to physical and mental health, recognizing that health impacts interactions with families and other service providers. Values building positive relationships. Is able to seek guidance or supervision when needed.
Knowledge	<p>K.7.1 Understands the principles of vicarious trauma and how it may affect their work with families, as well their own emotional and physical health.</p> <p>K.7.2 Understands the importance of taking care of one's own emotional and physical health; recognizes the importance of balancing work and personal life.</p> <p>K.7.3 Comprehends the importance of self-assessment and self-reflection and knows how to ask for support when needed.</p> <p>K.7.4 Identifies personal biases, judgments and assumptions and recognizes the potential impact on building relationships with families.</p>
Skills	<p>S.7.1 Recognizes the importance of reflecting on one's own trauma history as it relates to building relationships with families. Utilizes reflective supervision as a tool to manage potential vicarious trauma.</p> <p>S.7.2 Implements self-care to remain effective and present with families.</p> <p>S.7.3 Participates in reflective practice and/or and utilizes the opportunity to improve practice.</p> <p>S.7.4 Strives to mitigate the effects of personal biases, judgments and assumptions on professional relationships.</p>

8. Screening and Assessment

Home Visitors utilize and understand the benefits of standardized, valid and reliable screening and assessment tools in order to offer the appropriate supports and follow-up for each family. They also use multiple screening and assessment strategies, recognizing that each family is unique and their strengths and needs may not be captured through the use of a single tool.

<p>Attributes</p>	<ul style="list-style-type: none"> • Values the influences that home structure, culture and relational dynamics may have on the results of screening and assessment. • Believes that effective screening and assessment processes are implemented in partnership with families. • Respects the impact that the administration and results of screening and assessment can have on children and families. • Appreciates the benefits of using standardized screening tools to identify areas of developmental need.
<p>Knowledge</p>	<p>K.8.1 Appreciates the benefits and limitations of using standardized screening tools. Understands how to follow through when issues are identified.</p> <p>K.8.2 Recognizes the influence that culture and home language have on screening and assessment processes and that results may not represent the full scope of a child's development if screenings and assessments are delivered in a language other than the individual's first language.</p> <p>K.8.3 Identifies how developmental delays, physical and other disabilities impact learning and development.</p> <p>K.8.4 Understands social-emotional development and how it affects other areas of growth and development.</p> <p>K.8.5 Understands how to screen for domestic violence and how to provide appropriate referrals and supports that are culturally and linguistically responsive.</p> <p>K.8.6 Understands brain development concepts and how these can impact screening and assessment.</p>
<p>Skills</p>	<p>S.8.1 Uses screening, observation and/or assessment strategies to inform planning and provision of appropriate services that promote optimal development.</p> <p>S.8.2 Utilizes screening and assessment tools in a culturally and linguistically responsive manner.</p> <p>S.8.3 Assists families who need support for any area of development. Provides appropriate referral sources and interventions that are culturally responsive and linguistically appropriate.</p> <p>S.8.4 Utilizes screening and assessment tools to refer families when mental health supports are needed.</p> <p>S.8.5 Conducts screening for domestic violence and provides appropriate referrals and support.</p> <p>S.8.6 Employs a variety of intake tools to gather information to better understand the family's needs.</p>

9. Service System Coordination

Home Visitors provide leadership through sharing knowledge, expertise, and resources within an integrated system of supports. By seeing the connections and services beyond their own work, home visitors promote a collaborative and integrated system of service for children and families.

Attributes	<ul style="list-style-type: none">• Values being an active team member; contributes knowledge, observations and recommendations to best meet the needs of families.• Believes that all agencies and organizations in the system have unique contributions that support families in the community.• Values and supports family driven decision-making.• Values confidentiality and ethical behavior for all aspects of sharing family information.
Knowledge	<p>K.9.1 Identifies the importance of partnering with families to develop goals and connecting with other service providers, as necessary, to support the achievement of goals for the family.</p> <p>K.9.2 Understands the significance of clarity and consistency when communicating with families, team members and other service providers.</p> <p>K.9.3 Is familiar with an array of local resources within the community to serve families.</p> <p>K.9.4 Articulates the guidelines required to share family plans with community partners and other service providers.</p> <p>K.9.5 Is familiar with resources for health insurance coverage for families.</p> <p>K.9.6 Understands the potential emotional impact on families and home visitors as families transition into lower levels of care and/or out of the home visiting program.</p> <p>K.9.7 Is familiar with resources and supports for families as they transition out of home visiting services.</p>
Skills	<p>S.9.1 Engages with other services providers to create and maintain cross-agency and cross-work sector connections to best meet the individual needs of families.</p> <p>S.9.2 Works collaboratively within a cross-sector team that may include members from multiple departments and agencies. Provides constructive feedback on referrals to the original source and fosters collegial relationships across disciplines to share outcomes.</p> <p>S.9.3 Assists families to anticipate and obtain needed services from public and community resources.</p> <p>S.9.4 Follows appropriate procedures for sharing family information and plans with partners and system organizations.</p> <p>S.9.5 Assesses each family's health insurance status and provides resources and/or referrals for health insurance coverage as needed.</p> <p>S.9.6 Partners with families to make decisions about appropriate levels of care based on need and program requirements. Engages in reflective practice and seeks supervision as needed to meet the home visitor's needs throughout transitions.</p> <p>S.9.7 Develops transition plans with families that address short-term and long-term strategies for successfully transitioning out of home visiting. Makes appropriate referrals for other resources as needed. Encourages families to develop support systems in their families and communities.</p>

10. Social Emotional Well-being

Home visitors understand that social-emotional well-being is a critical component of human growth and development. By understanding the impact that healthy relationships and attachment have on the development of both the child and the family, home visitors can educate and support families in respectful and culturally responsive ways.

Attributes	<ul style="list-style-type: none">• Appreciates the unique social-emotional developmental process of each child.• Values all children as contributing members of their families and communities.• Values the strengths, capacities and individuality of each child.• Appreciates the critical role that healthy attachment has on child development.
Knowledge	<p>K.10.1 Understands social-emotional development of young children and how it affects other domains of learning and development.</p> <p>K.10.2 Is familiar with the effects of Adverse Childhood Experiences (ACEs) and historical trauma.</p> <p>K.10.3 Is able to describe the four types of attachment and how to assess the quality of attachment between the caregiver and child.</p> <p>K.10.4 Understands how drug or alcohol abuse affects healthy family functioning and is able to respond and/or refer families in need of support.</p> <p>K.10.5 Understands the relationship of the physical environment and healthy relationships: child-to-family, family-to-peer and family-to-community.</p> <p>K.10.6 Recognizes the family's role in supporting the child's development of self-regulation.</p> <p>K.10.7 Understands typical and atypical child development. Understands how children and other family members with special needs impact family dynamics and the overall health and well-being of the family.</p>
Skills	<p>S.10.1 Assists families in supporting the social-emotional development of their children and provides strategies to support positive parenting behaviors.</p> <p>S.10.2 Utilizes strategies to support families to effectively manage chronic stress and trauma.</p> <p>S.10.3 Provides information to families about attachment and supports healthy attachment between the caregiver and child.</p> <p>S.10.4 Identifies and refers families in need of supports for drug and alcohol abuse.</p> <p>S.10.5 Supports the primacy of the parent-child relationship and understands the impact of family, culture, religion, language, temperament and gender on these relationships.</p> <p>S.10.6 Educates families on supporting the child's development of positive social skills, self-expression and self-regulation.</p> <p>S.10.7 Recognizes and supports family members with special needs. Provides information, referrals and coordination with other community agencies, as needed.</p>

Appreciation and Gratitude

It is with appreciation and gratitude that we would like to thank all of the individuals and programs that gave time and expertise into the creation of this document.

The development of these cross-model core competences were supported by the Health Resources and Services Administration, Maternal Infant and Early Childhood Home Visiting (MIECHV) Program under award number: D89MC28286.

For more information:

Robin Hill-Dunbar

Workforce Development Coordinator
Maternal Infant & Early Childhood Home Visiting
Robin.Hill-Dunbar@state.or.us
Public Health Division
Desk (971)673-1069

Workforce Development Resources:

<https://public.health.oregon.gov/HealthyPeopleFamilies/Babies/HomeVisiting/Pages/WorkforceDevelopment.aspx>

GLOSSARY OF TERMS

ACEs: The Adverse Childhood Experiences Study findings suggest that certain experiences are major risk factors for the leading causes of illness and death as well as poor quality of life in the United States. It is critical to understand how some of the worst health and social problems in our nation can arise as a consequence of adverse childhood experiences. Realizing these connections is likely to improve efforts towards prevention and recovery.

Attributes: Attribute is defined as a quality or characteristic of a person, place or thing.

Atypical Development: When children exhibit behaviors that fall outside of the typical, or expected, range of development. These abilities emerge in a way or at a pace that is different from their peers.

Best Practice: A method or technique that has consistently shown results superior to those achieved with other means.

Bias: A particular tendency, trend, inclination, feeling, or opinion, especially one that is preconceived or arbitrary.

Birth Intervals: The time elapsed between a completed pregnancy and the termination or completion of the next pregnancy. Parents manage the interval between births for personal, psychological, or economic reasons. Intervals of less than 17 months or more than 5 years increase the risk of certain maternal and child health problems, such as preeclampsia, eclampsia, low birth weight, preterm birth, and maternal mortality.

Bonding and Attachment: The non-verbal emotional relationship between a child and a caregiver defined by emotional responses to the baby's cues as expressed through movements, gestures and sounds. The success of this relationship enables a child to feel secure enough to develop fully and affects how he/she will interact, communicate and form relationships throughout life.

Boundaries: The limits of one's personal space and time, including physical, psychosocial, and interpersonal domains.

Collaborative Problem Solving (CPS): CPS is an approach to understanding and helping children with behavioral challenges originated by Ross W. Greene and originally described in his book *The Explosive Child*. The CPS model views behavioral challenges as a form of learning disability or developmental delay. In other words, behaviorally challenging children are lacking crucial cognitive skills, especially in the domains of flexibility, frustration tolerance, and problem-solving. Dr. Greene's model seeks to create fundamental changes in interactions between children with behavioral challenges and their adult caregivers by having caregivers engage children in solving problems collaboratively.

Culture: The learned and shared knowledge that specific groups use to generate their behavior and interpret their experience of the world. It includes but is not limited to: thoughts, beliefs, languages, values, customs, practices, courtesies, rituals, communication roles, relationships, expected behaviors.

Cultural Competence: The process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, disabilities, religions, genders, sexual orientation and other diversity factors in a manner that recognizes, affirms and values the worth of individuals, families and communities and protects and preserves the dignity of each. Operationally defined, cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services, thereby producing better outcomes.

Cultural Healing Practices: Treatments and remedies based in one's culture to heal sickness and illness. These may be alternative practices, or those outside of traditional Western medical practice.

Data Driven Services: Analyzing data and information to verify and measure the effectiveness of services. Using data helps organizations make informed policy and practice decisions, with the ultimate goal of improving outcomes for the families they serve.

Developmental Delay: When a child does not achieve developmental milestones within the typical range.

Disparity: Disparity is defined as a lack of similarity or equality, or a great difference. Although the term disparity is often interpreted to mean racial or ethnic disparities, many dimensions of disparity exist in the United States, particularly in health. If a health outcome is seen to a greater or lesser extent between populations, there is disparity. Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location all contribute to an individual's ability to achieve good health.

Diversity: The concept of diversity encompasses acceptance and respect. It means understanding that each individual is unique, and recognizing our individual differences. These can be along the dimensions of race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, or other ideologies. It is the exploration of these differences in a safe, positive, and nurturing environment. It is about understanding each other and moving beyond simple tolerance to embracing and celebrating the rich dimensions of diversity contained within each individual.

Engagement: Participation necessary to obtain optimal benefits from an intervention, i.e. the degree of attention during home visits.

Equity Lens: The Equity and Empowerment Lens (with a racial justice focus) is a transformative quality improvement tool used to improve planning, decision-making, and resource allocation leading to more racially equitable policies and programs. At its core, it is a set of principles, reflective questions, and processes that focuses at the individual, institutional, and systemic levels by: deconstructing what is not working around racial equity; reconstructing and supporting what is working; shifting the way we make decisions and think about this work; and healing and transforming our structures, our environments, and ourselves.

(Source: <https://multco.us/diversity-equity/equity-and-empowerment-lens>)

Evidence Based Program: A program is proven effective through research. Programs are considered to be evidence-based if they meet the following criteria: Evaluation research shows that the program produces the expected positive results; The results can be attributed to the program itself, rather than to other extraneous factors or events; The evaluation is peer-reviewed by experts in the field; and The program is “endorsed” by a federal agency or respected research organization and included in their list of effective programs.

Family System: The social interactions, patterns, and interdependence that exist between members of families.

Fetal Alcohol Spectrum Disorder (FASD): Fetal Alcohol Spectrum Disorder is a continuum of various permanent neurological and congenital birth defects caused by fetal exposure to alcohol during pregnancy.

FERPA: The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

Health Equity: Refers to the attainment of the highest level of health for all people. Health equity involves focused societal efforts to address avoidable inequalities by equalizing the conditions for health for all groups, especially for those who have experienced socioeconomic disadvantage or historical injustices.

High-risk Concerns: Unsafe conditions that can affect the family or child's safety, health or living situation in a negative way. For instance, domestic violence, substance abuse, untreated mental health disorders, and unsafe living conditions.

HIPAA: The Health Insurance Portability and Accountability Act of 1996 is a federal law that provides federal protection for individually identifiable health information and gives patients an array of rights with respect to that information.

Historical Trauma: Refers to cumulative emotional and psychological wounding, extending over an individual lifespan and across generations, caused by traumatic experiences. The historical trauma response (HTR) is a constellation of features in reaction to this trauma.

Inclusion: The act of creating environments in which any individual or group can be and feel welcomed, respected, supported, and valued to fully participate. An inclusive and welcoming climate embraces differences and offers respect in words and actions for all people. It is a respectful way of creating value from the differences of all members of our community, in order to leverage talent and foster both individual and organizational excellence.

Infant Mental Health: The ability to develop physically, cognitively, and socially in a manner which allows infants and toddlers to master the primary emotional tasks of early childhood without serious disruption caused by harmful life events. Because infants grow in a context of nurturing environments, infant mental health involves the psychological balance of the infant-family system. (World Infant Mental Health Association)

Intergenerational Trauma: Intergenerational trauma affects multiple generations of families. While each generation of that family may experience its own form and self-perceived degrees of trauma, the first trauma experience can be traced to current family challenges.

Marginalize: To put or keep someone in a powerless or unimportant position within a society or group.

Medical Home: A Medical Home is defined by seven qualities essential to medical home care: accessible, family-centered, continuous, comprehensive, coordinated, compassionate and culturally effective. Ideally, medical home care is delivered within the context of a trusting and collaborative relationship between the child's family and a competent health professional familiar with the child and family and the child's health history. Providing comprehensive care to children in a medical home is the standard of pediatric practice. Research indicates that children with a stable and continuous source of health care are more likely to receive appropriate preventive care and immunizations, are less likely to be hospitalized for preventable conditions, and are more likely to be diagnosed early for chronic or disabling conditions.

Motivational Interviewing: A collaborative, person centered form of guiding to elicit and strengthen motivation for change. Focuses on exploring and resolving ambivalence and centers on motivational processes within the individual that facilitate change.

Parallel Process: Parallel process occurs when two or more systems, individuals or groups, who have significant relationships with each other have similar thoughts, behaviors and cognition due to their relationship. One of the basic tenants of parallel process is "Do unto others as you would have them do unto others".

Preconception: Preconception health is a woman's health before she becomes pregnant. Understanding how health conditions and risk factors could affect a woman or her unborn baby if she becomes pregnant is at the forefront of preconception health.

Professional Burnout: Burnout can result from chronic exposure to suffering and often involves varying levels of exhaustion, cynicism, and reduced sense of accomplishment.

Prenatal: Prenatal care is the health care a woman receives while she is pregnant.

Protective Factors: Protective factors are conditions or attributes in individuals, families, communities, or the larger society that, when present, mitigate or eliminate risk in families and communities that, when present, increase the health and well-being of children and families. Protective factors help parents to find resources, supports, or coping strategies that allow them to parent effectively, even under stress.

Reflective Supervision: Reflection in a supervisory relationship requires a foundation of honesty and trust. The goal is to create an environment in which people do their best thinking—one characterized by safety, calmness and support. Generally, supervisees meet with supervisors on a regular basis, providing material (like notes from visits with families, videos, verbal reports, etc.) that will help stimulate a dialogue about the work. As a team, supervisor and supervisee explore the range of emotions (positive and negative) related to the families and issues the supervisee is managing. As a team, they work to understand and identify appropriate next steps. Reflective supervision is not therapy. It is focused on experiences, thoughts and feelings directly connected with the work. Reflective supervision is characterized by active listening and thoughtful questioning by both parties. The role of the supervisor is to help the supervisee to answer her own questions, and to provide the support and knowledge necessary to guide decision-making. In addition, the supervisor provides an empathetic, nonjudgmental ear to the supervisee. Working through complex emotions in a “safe place” allows the supervisee to manage the stress she experiences on the job. It also allows the staff person to experience the very sort of relationship that she is expected to provide for infants, toddlers and families.

Reliable: Reliability refers to the repeatability of findings. If studies are done a second time, they have the same results. If more than one person is observing behavior or some event, all observers should agree on what is being recorded in order to claim that the data are reliable.

Research Based: Founded on facts and practices that have been based on research.

Resiliency factors: Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress — such as family and relationship problems, serious health problems or workplace and financial stressors. It means “bouncing back” from difficult experiences. A combination of factors contributes to resilience. Many studies show that the primary factor in resilience is having caring and supportive relationships within and outside the family. Relationships that create love and trust provide role models and offer encouragement and reassurance help bolster a person’s resilience.

Retention: The act of keeping families enrolled and engaged in home visiting programs.

School Readiness: Children possessing the skills, knowledge, and attitudes necessary for success in school and for later learning and life.

Secondary Trauma Stress -also called Compassion Fatigue: Results from indirectly knowing about a traumatic event that has affected a significant other or trauma survivor. The symptoms are similar to posttraumatic stress disorder and can involve experiences of intrusion, avoidance and arousal.

Self-sufficiency: The ability to supply one’s own needs without external assistance.

Self-reflection: Careful thought about your own behavior and beliefs.

Sexual orientation: A person’s sexual identity in relation to the gender to which they are attracted.

Socio-economic status: The social standing or class of an individual or group. It is often measured as a combination of education, income and occupation.

Strengths-Based Approach: Strengths-based practice is a collaborative process between the person supported by services and those supporting them, allowing them to work together to determine an outcome that draws on the person's strengths and assets. Working in a collaborative way promotes the opportunity for individuals to be co-producers of services and support rather than solely consumers of those services.

Stressor: A chemical or biological agent, environmental condition, external stimulus or an event that causes stress to an organism. An event that triggers the stress response may include: environmental stressors (elevated sound levels, over-illumination, overcrowding); daily stress events (e.g., traffic, lost keys, quality and quantity of physical activity); life changes (e.g., divorce, bereavement); workplace stressors (e.g., high job demand vs. low job control, repeated or sustained exertions, forceful exertions, extreme postures); chemical stressors (e.g., tobacco, alcohol, drugs); and social stressors (e.g., societal and family demands).

Stressors have physical, chemical and mental responses inside of the body.

Temperament: Traits which address an infant's level of activity, her adaptability to daily routines, how she responds to new situations, her mood, the intensity of her reactions, her sensitivity to what's going on around her, how quickly she adapts to changes, and how distractible and persistent she might be when engaging in an activity.

Trauma Informed Approach: Refers to how a program, agency, organization or community thinks about or responds to those who have experienced or may be at risk for experiencing trauma.

Trauma Sensitive: Working respectfully and collaboratively with an individual who has experienced trauma to promote personal healing and recovery.

Typical Development: When children's development usually follows a known and predictable course. The acquisition of certain skills and abilities is often used to gauge children's development. These skills and abilities are known as developmental milestones. Such things as crawling, walking, saying single words, putting words together into phrases and sentences, and following directions are examples of these predictable achievements. Although not all children reach each milestone at the same time, there is an expected time-frame for reaching these developmental markers.

Validity: Refers to the credibility or believability of research.

Vicarious Trauma: Is progressive and results from chronic exposure and engagement with trauma survivors. This form of work related trauma/stress results in changes in world views and sense of self – including sense of safety, trust, control, and spiritual beliefs.

Glossary Sources

Centers for Disease Control: Division of Violence Prevention: <http://www.cdc.gov/violenceprevention/acestudy/>

Explorable: <https://explorable.com/>

Learning Disabilities (LD) Online: <http://www.ldonline.org/>

Center on the Social Emotional Foundations of Early Learning:

http://csefel.vanderbilt.edu/resources/wwb/wwb23.html?utm_source=News+and+Notes+from+the+Field+No.+7+-+10-14-12&utm_campaign=news+%26+notes+Vol1&utm_medium=email

http://www.mentalhealth4kids.ca/healthlibrary_docs/PrinciplesOfStrength-BasedPractice.pdf

American Psychological Association: <http://www.apa.org>

Zero To Three: <http://www.zerotothree.org/>

World Infant Mental Health Association: <http://www.waimh.org/i4a/pages/index.cfm?pageid=1>

Help Guide- Mental health: http://www.helpguide.org/mental/parenting_attachment.htm

American Institute of Stress: <http://www.stress.org/military/for-practitionersleaders/compassion-fatigue/>
Healthypeople.gov: <http://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities>
National Council on Aging: <http://www.ncoa.org/improve-health/center-for-healthy-aging/about-evidence-based-programs.html>
Office of Women's Health: <http://www.womenshealth.gov/publications/our-publications/fact-sheet/prenatal-care.html>
The Sanctuary Model: <http://www.sanctuaryweb.com/parallel-process.php>
Center for the Study of Social Policy: <http://www.cssp.org/reform/strengthening-families/2013/Core-Meanings-of-the-SF-Protective-Factors.pdf>
US Dept. of Health and Human Services: <http://www.hhs.gov/ocr/privacy/hipaa/understanding/>
Motivational Interviewing Network: <http://www.motivationalinterviewing.org/>
Fetal Alcohol Spectrum Disorder Center for Excellence: <http://fasdcenter.samhsa.gov/askTheExpert/index.aspx>
US Dept. of Education: <http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>
Healthy Families America: <http://www.healthyfamiliesamerica.org/home/index.shtml>
The Office of Head Start: <http://www.acf.hhs.gov/programs/ohs>
National Center for Cultural Competence: <http://nccc.georgetown.edu/>