



Creating Core Competency Frameworks for Successful Home Visitors

Introduction

Home visiting programs rely on well-trained, knowledgeable staff to achieve program goals and positive child and family outcomes. Although home visitors come from various fields—such as nursing, social work, and early education—their work requires knowledge, skills, and attributes not linked to any particular discipline or degree. Collectively referred to as core competencies (see sidebar on the next page), these inherent “parts of the job” are key to providing high-quality care to families.

To support staff professional development and ensure service quality, some states are adopting core competency frameworks for all home visitors, regardless of which home visiting model they deliver. Frameworks help provide a shared language and set of expectations to enable training, professional development, and performance measurement across models.

Other related fields, such as early childhood education, have adopted core competency frameworks to define what staff need to know and do to succeed in their roles. This brief summarizes and compares several efforts to develop core competency frameworks for home visitors:

- ✓ Oregon Home Visiting Core Competencies
- ✓ Pennsylvania Home Visitor Competencies for Home Visiting Professionals (PHVC)
- ✓ Institute for the Advancement of Family Support Professionals National Family Support Competency Framework

The NHVRC is led by James Bell Associates in partnership with the Urban Institute. Support is provided by the Heising-Simons Foundation and the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the foundations.

Suggested citation: Peters, R., & Sandstrom, H. (2019, September). Creating core competency frameworks for successful home visitors. *National Home Visiting Resource Center Innovation Roundup Brief*. Arlington, VA: James Bell Associates and Urban Institute.

Oregon Home Visiting Core Competencies

About: The Oregon Health Authority (OHA) Maternal and Child Health section developed the Oregon Home Visiting Core Competencies framework in 2015 with the support of a Health Resources and Services Administration (HRSA) grant award. The award helped support the Oregon Core Competencies Workgroup, which facilitated the development of competencies based on evidence-based practice, previously developed core competencies from other states, and a workgroup summary report prepared by ZERO TO THREE and First 5 LA.

What Are Core Competencies?

Core competencies are the knowledge, skills, and attitudes or attributes a person needs to succeed at a job. Core competencies typically fall into several domains and may include different levels based on employees' point in their careers. Many fields embrace the concept of core competencies, as do different types of organizations, including corporations, government entities, and nonprofits.

Goals and Purpose: Oregon sought to develop a set of core competencies for home visitors to provide a statewide framework for professional and workforce development activities. Doing so could also help Oregon families receive culturally competent, linguistically appropriate, and relationship-focused home visiting services.

Who Was Involved: Robin Hill-Dunbar, workforce development coordinator at OHA at the time, led and coordinated the effort. Representatives from Early Head Start Home-Based Option, Healthy Families America, and Nurse-Family Partnership—all models that receive funding from the federal Maternal, Infant, and Early Childhood Home Visiting Program—collaborated to develop draft core competencies. OHA solicited and received feedback from more than 130 individuals representing 13 home visiting programs in the state, the OHA Office of Equity and Inclusion, and other stakeholders.

OHA solicited and received feedback from more than 130 individuals representing 13 home visiting programs in the state, the OHA Office of Equity and Inclusion, and other stakeholders.

Notable Details: The voluntary framework includes 150 competencies organized across 10 domains:

- ✔ Cultural and linguistic responsiveness
- ✔ Dynamics of family relationships and engagement
- ✔ Family health and well-being

- ✔ Family self-sufficiency
- ✔ Human growth and development
- ✔ Professional best practices
- ✔ Professional well-being
- ✔ Screening and assessment
- ✔ Service system coordination
- ✔ Social/emotional well-being

OHA created a document summarizing the 10 domains and competencies. The document defines each domain and associated attributes, knowledge, and skills. After the document's initial release, state and local programs implemented it and submitted feedback to be integrated into future updates. OHA also created a series of training modules corresponding to each domain and uses the competency framework to deliver a comprehensive, mixed-methods professional development plan annually. The modules are the basis for regional trainings, conferences, scholarships, and online training through the Ounce of Prevention in Oregon.

Implications: Oregon's efforts can help other states and programs create or adopt a set of core competencies to support quality home visiting services. For example, states can use or adapt the OHA training modules to support ongoing learning for their home visiting workforce. Home visiting programs can use the framework to outline areas for performance evaluation and then track performance across competencies. Detailing competencies can also support monitoring and evaluation of home visiting activities across models.

For More Information: Read the "[Oregon Home Visiting Core Competencies](#)" and view the [training modules](#).

Pennsylvania Home Visitor Competencies for Home Visiting Professionals

About: In 2015, the Pennsylvania Office of Child Development and Early Learning (OCDEL) released the PHVC framework outlining the professional knowledge, skills, and dispositions that enable home visitors to best support children and families. The competencies are intended for a range of professionals, including newly hired and experienced home visitors; program administrators; employees at professional development organizations; and federal, state, and local agency staff.

Goals and Purpose: The PHVC framework facilitates home visitor self-assessments and outlines a framework for competency-based professional development.

Who Was Involved: The Family Support Stakeholders Committee created by OCDEL in 2011 led the development of the PHVC framework with support and collaboration from the Pennsylvania Department of Health; Pennsylvania Department of Human Services; Pennsylvania Early Learning Keys to Quality; and state-based home visiting agencies, including Early Head Start Home-Based Option, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers.

Notable Details: Competencies are organized into seven domains or knowledge areas:

- ✔ Family growth and development
- ✔ Professional practices for home visitors
- ✔ Cultural responsiveness
- ✔ Building relationship-based family partnerships
- ✔ Safety—individual, family, and community
- ✔ Family health and nutrition
- ✔ Community collaborations

The PHVC framework presents a definition for each knowledge area and its associated competencies (122 in total). Numbers vary from 9 competencies for the family health and nutrition domain to 22 competencies for family growth and development.

Home visitors can use the self-assessment checklist to note their abilities for each competency (i.e., limited, adequate, or strong) and to list related professional development. They can also review a step-by-step guide for interpreting results, record their reflections, and identify a professional development plan based on domains that need improvement.

The PHVC framework enables home visitors in Pennsylvania to map their own professional development trajectories and supports ongoing training for the state's home visiting workforce.

Implications: The PHVC framework enables home visitors in Pennsylvania to map their own professional development trajectories and supports ongoing training for the state's home visiting workforce. It encourages home visitors to engage in self-directed and self-paced learning. Other states can adopt the framework's self-assessment component to help home visitors create personalized professional development plans.

For More Information: Read "[Pennsylvania Home Visitor Competencies for Home Visiting Professionals.](#)"

Institute for the Advancement of Family Support Professionals National Family Support Competency Framework

About: The Institute for the Advancement of Family Support Professionals creates professional development resources such as online modules and personalized learning maps for a range of family support professionals. In 2018, it released the most recent version of the National Family Support Competency Framework, a set of home visitor competencies organized across 10 domains. The institute and its projects, including the framework, are supported by a HRSA Innovation Award in addition to other state and private foundation funds.

Developers of the National Family Support Competency Framework acknowledged earlier state-based work on creating core competencies for family support professionals and proposed a unified approach that encourages consistency while recognizing program and state diversity.

Goals and Purpose: The institute aimed to create a national framework of core competencies for home visitors. The initiative acknowledged earlier state-based work on creating core competencies for family support professionals and proposed a unified approach that encourages consistency in the field while recognizing program and state diversity.

Who Was Involved: The Iowa Department of Public Health and Virginia Department of Health received the HRSA Innovation Award that supported the institute's development and co-lead its ongoing work. Dr. Melissa Clucas at Iowa State University led analysis and synthesis of existing core competency frameworks, including frameworks from Oregon and Pennsylvania.

The Association of State and Tribal Home Visiting Initiatives administered an expert panel to review the draft National Family Support Competency Framework with grant support from the Heising-Simons Foundation. Early Impact Virginia, the James Madison University Health Education Design Group, and the University of Kansas Center for Public Partnerships and Research helped develop software and learning modules for the framework as part of an online training program.

Notable Details: The framework is based on a review that identified 21 states that had developed family support core competencies and 8 states that had developed broader early childhood core competencies.¹ Stakeholders provided feedback via multiple formats, including a

¹ The 29 states that had developed core competencies for family support or early childhood professionals were AL, AZ, AR, CA, CO, DE, FL, IA, ID, KS, MN, NC, ND, NE, NJ, NM, NY, OH, OK, OR, PA, RI, TX, VA, VT, WA, WV, WI, and WY.

national survey and focus groups conducted in some states. An expert panel also weighed in, recommending an introduction before each domain area.

The final framework includes 10 domains:

- ✔ Infant and early childhood development
- ✔ Child health, safety, and nutrition
- ✔ Parent-child interactions
- ✔ Dynamics of family relationships
- ✔ Family health, safety, and nutrition
- ✔ Community resources and support
- ✔ Relationships-based family partnerships
- ✔ Cultural and linguistic responsiveness
- ✔ Effective home visits
- ✔ Professional practice

Each domain is made up of dimensions (38 in total) that are, in turn, made up of components (116 in total). Each component is divided into three competency levels: recognizing, applying, and extending.

In mid-2019, the institute launched “My Career Compass,” a digital resource for home visitors across states and models to assess their skills and progress in each core competency and related areas. It is also in the process of developing a proctored national certification exam for home visitors.

Implications: The framework could help other states and programs create or adopt a set of core competencies that support quality home visiting services and meet local needs. It is already being adopted by other states, including South Carolina (see sidebar).

For More Information: Visit the website for the [Institute for the Advancement of Family Support Professionals](#).

Other states are developing core competency frameworks for home visitors:

- South Carolina convened a consortium of more than 30 organizations (home visiting models, state agencies, and evaluators) that chose to adopt the National Family Support Competency Framework rather than create a new framework. A subset of the state’s home visiting workforce took the framework’s initial assessment; results helped the state prioritize professional development and training activities for the coming years.
- Georgia is developing a core competency framework for home visitors and supervisors with support from a HRSA Innovation Award. The state also plans to develop a career ladder framework that can exist alongside core competencies. Some of the content from Georgia’s effort overlaps with the National Family Support Competency Framework. Georgia is also exploring how the institute augments professional development for home visitors and supervisors.

Commonalities and Differences

The efforts presented in this brief developed a set of core competencies to guide home visiting work and support professional development, training, and assessment. The three frameworks cover most of the same domains and concepts, although each organizes and defines them slightly differently. For example, Oregon divides each of its 10 core competency domains into knowledge, skills, and attributes. The Pennsylvania framework and National Family Support Competency Framework (labeled as Iowa in the exhibit) do not explicitly distinguish between these categories.

Exhibit 1 summarizes the concepts represented in each core competency framework. It presents the domains represented across the three frameworks and a short summary of what each domain entails. In some cases, a state’s framework might include components of a domain that are embedded within a different domain already represented in the table (indicated by a, b, or c; see notes for additional information).

Exhibit 1. Crosswalk of Core Competency Domains by Framework

Domain	Iowa	Oregon	Pennsylvania
Cultural and linguistic responsiveness. Understanding and being sensitive to a family’s cultural context; providing appropriate resources.	X	X	X
Child health, safety, and nutrition. Collaborating with families to build a safe and healthy environment for child growth; understanding infant mental health, nutrition, and signs of child abuse.	X	a	a
Community collaborations/service system coordination. Engaging with community resources and organizations in partnership with families.	X	X	X
Effective home visits. Conducting assessments and planning in a family’s own home; engaging in data collection and documentation.	X	b	b
Family health, safety, and nutrition. Supporting family health, including child health.	X	X	X
Growth and development. Understanding human growth and development across the lifespan.	X	X	X
Professional practice for home visitors. Adhering to ethical standards and regulations for home visitors; engaging in reflective practices.	X	X	X

Domain	Iowa	Oregon	Pennsylvania
Professional well-being. Being self-aware and caring for oneself; seeking guidance when necessary.	X	X	
Relationship-based family partnerships. Acknowledging the importance of the caregiver/parent-child relationship and engaging in collaborative goal-setting in partnership with the family.	X	X	X
Screening and assessment. Utilizing standardized screening tools to identify appropriate supports while acknowledging a family’s strengths and the limits of diagnostic tools.	c	X	c
Social emotional well-being. Understanding social emotional development processes; supporting healthy caregiver-child attachment.	d	X	

Notes:

- a. Oregon and Pennsylvania include competencies related to child health, safety, and nutrition under broader domains: “Family Health and Well-Being” (Oregon) and “Family Health and Nutrition” (Pennsylvania). Only Iowa has two separate domains for family and child health.
- b. Oregon and Pennsylvania include competencies related to data and documentation under broader domains: “Professional Best Practices” (Oregon) and “Professional Practices for Home Visitors” (Pennsylvania).
- c. Iowa and Pennsylvania include competencies related to screening under other broader domains.
- d. Iowa uses the term “Infant Mental Health” to cover social emotional development in its framework.

The frameworks also take slightly different approaches to self-assessment. Pennsylvania’s framework includes self-assessment checklists where home visitors can rate themselves as limited, adequate, or strong on each competency. The National Family Support Competency Framework details three different levels of skill for each competency, and home visitors can select which level matches their current experience.

Individual frameworks also present topics not included in the other frameworks. The National Family Support Competency Framework includes components specific to autism and oral health care, for example, while the Oregon and Pennsylvania frameworks do not specifically address these concepts. Oregon is the only state to have a competency specifically related to self-care for home visitors, and the National Family Support Competency Framework includes competencies related to self-care underneath its “Professional Practice” domain.

Summary

A number of states and organizations have begun to develop core competency frameworks that outline the knowledge, skills, and attitudes or attributes home visitors need to succeed at their jobs. The efforts described in this brief were created as part of a consensus-building process that engaged a variety of stakeholders. The resulting frameworks share many common domains, with varying levels of detail and focus.

A shared set of core competencies for home visitors could help unify the field across models and states while supporting needed diversity. Core competency frameworks could guide hiring, assessment, professional development, and even a certification program to further professionalize the home visiting field.