Core Competencies for the Prenatal Through Age Three Workforce

The cross-sector core competencies for the prenatal through 3-year-old field are currently being broadened to encompass competencies needed for working with children 3-5 years old. In addition, ZERO TO THREE staff are developing online training and communities of practice, developing new partnerships with departments and service providers serving the prenatal to 5 population, and creating county and state policy recommendations to better foster cross-sector partnerships and services. This work continues to be supported by a broad partnership of leaders and administrators from early care and education, early intervention, child welfare and social services, physical health, home visitors, and mental health.

The training and competencies will be available July, 2015. Stay tuned!

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Core Competencies for the Prenatal Through Age Three Workforce

Strengthening the Prenatal Through Age Three (P-3) workforce in Los Angeles County is an essential building block toward achieving First 5 LA's countywide vision of enabling all young children to be healthy, ready to learn and reach their full potential. First 5 LA awarded a $2.8 million contract to ZERO TO THREE (ZTT) in December 2007 to facilitate the Prenatal through Three Workforce Development Project (P-3 WFD Project). The P-3 WFD Project's charge was to:

1. Identify core competencies needed by the P-3 workforce in Los Angeles County;
2. Develop training approaches to support development of these competencies; and
3. Create and field test strategies in selected Los Angeles communities for integrating the core competencies in professional development systems and developing strategies to sustain their use.

ZERO TO THREE served as a resource and facilitator to the Core Competencies Workgroup (Workgroup) . This report captures the Workgroup's consensus on the Core Competencies for the P-3 field and recommendations to First 5 LA regarding the local Prenatal-3 Workforce.

The competencies were created to summarize the basic knowledge, skills and attitudes needed for professionals across the sectors of early care and education, early intervention, mental health, physical health and social services/child welfare working with expectant parents, infants, toddlers and their families. The P-3 WFD Project's intent was to reach agreement on a universal set of core competencies necessary for all P-3 service providers, not to replace existing, discipline-specific competencies. These cross-sector core competencies were designed to facilitate partnership, coordinated service delivery, cross-sector workforce development and more effective and efficient services for expectant parents, infants, toddlers and their families.

The Core Competencies Workgroup membership was diverse in terms of profession and work setting. Its charge was to reach consensus on basic competencies needed by the cross-sector P-3 workforce in order to effectively address the needs of LA County's P-3 population. The Workgroup included experts in workforce development and those with knowledge of the needs of expectant parents, infants, toddlers and their families across Los Angeles communities.

To begin their task of developing cross-sector competencies, Workgroup members identified the following key questions:

- **Who** are the P-3 service providers?
- **What** are the competencies and evidence-based practices that early childhood providers need to carry out their jobs? [1]
- **How** can these competencies be embedded in existing and new training opportunities to build a sustainable P-3 workforce development system? [2]

To address the three questions, ZTT in partnership with First 5 LA:

- Identified and convened community experts in the prenatal and early childhood work sectors of early care and education, early intervention, mental health, physical health and social services/child welfare to form the Core Competencies Workgroup;
- Identified the different P-3 service providers in the five sectors (Appendix D);
- Partnered with national, state and local experts to identify and translate the best available research about professional development into practices that could be implemented locally;
- Conducted a literature review of workforce competencies across the five work sectors and gathered information about existing national, state and local efforts to develop core competencies for the five work sectors involved in this Project (Appendix E);

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[1] V. Buysse and P. Winton, personal communication, November 7, 2007.

[2] National Professional Development Center on Inclusion. (2011). The big picture planning guide: Building cross-sector professional development systems in early childhood, 3rd ed. Chapel Hill: The University of North Carolina, FPG Child Development Institute, Author. http://npdci.fpg.unc.edu/.

- Documented the alignment between the core competency domains with competency statements found for the five work sectors involved in this Project (Appendix F);
- Convened a Training Workgroup and a Sustainability Workgroup to support and complement the development and implementation of the competencies; and
- Assembled a P-3 WFD Project Training Network, to develop and implement cross-sector professional development based on the core competencies and the goals of improved cross-sector collaboration on behalf of the P-3 population.

An evidence-based decision making process guided the project in planning, development and implementation activities. The process involved carefully reviewing and appraising the best available research and integrating it with community, family and professional values and wisdom. [3]

The Workgroup defined the P-3 Workforce as: individuals who work in a public or private setting serving infants, toddlers, their parents or caregivers and/or expectant parents to ensure that children are supported in nurturing environments so that they reach their full developmental potential.

The Workgroup and additional First 5 LA staff created the ***Matrix of Recommended Core Competencies for the Prenatal through Three Field***. This Matrix highlights the eight recommended core competency domains, subdivided into the knowledge, skills and attitudes that comprise them. The competencies are designed for professionals from the sectors of early care and education, early intervention, mental health, physical health and social services/child welfare to use in working with expectant parents, infants, toddlers and their families.

The Core Competencies also inform intentional professional development approaches that ensure that expectant parents, infants, toddlers and their families receive services targeted to their unique developmental needs. Through this project new professional development opportunities were developed and piloted in selected Los Angeles communities to support cross-sector communication and professional development.

For further detail on the Core Competencies Workgroup's process and the competency domains and recommendations generated, please see the following full report. Additional information appears in the Appendices, including a glossary of frequently used terms, a bibliography of references used by the Workgroup and a table comparing the P-3 Workgroup domains to professional competencies identified within the five P-3 work sectors focused on by the Workgroup.

To share your ideas and comments about this report, please contact Tahra Goraya, Director ZERO TO THREE Western Office, or Leticia Sanchez, Program Officer with First 5 LA. ZERO TO THREE's participation in the Workforce Development Project is scheduled to conclude June 30th, 2013.

[3] Buysse, V. & Wesley, P.W.(2006). *Evidence-based practice in the early childhood field*. Washington, DC: ZERO TO THREE.

Core Competencies for the Prenatal Through Age Three Field

The Core Competencies for the Prenatal Through Age Three Workforce were designed to identify the knowledge, skills and attitudes needed by professionals across the early care and education, early intervention, mental health, physical health and social services/child welfare service sectors who are working with expectant parents, infants, toddlers and their families. These cross-sector core competencies are intended to facilitate partnership, coordinated service delivery, cross-sector workforce development and more effective and efficient services for expectant parents, infants, toddlers and their families. The Competencies are not intended to replace existing sector or discipline-specific competencies.

The resulting "Matrix of Recommended Core Competencies for the Prenatal Through Age Three Field" (begins on p. 6) and the recommendations presented in this report are the result of a 5-year process that engaged a Core Competencies Workgroup (Workgroup) comprised of leaders, community partners and family representatives from the five work sectors addressed in the WFD Project. These sectors are: early care and education, early intervention, social service/child welfare, physical health and mental health (P-3 workforce) . National and state-level subject matter experts in the areas of development of workforce competencies and professional development supported the Workgroup. ZERO TO THREE facilitated the Workgroup's efforts by conducting literature reviews, convening and facilitating meetings, and preparing resource materials and reports. The Matrix and the recommendations that follow it present the collective thinking of this diverse and expansive group.

These cross-sector core competencies are intended to facilitate partnership, coordinated service delivery, cross-sector workforce development and more effective and efficient services for expectant parents, infants, toddlers and their families.

Prior to convening the Core Competencies Workgroup, ZERO TO THREE reviewed literature for definitions of the term "competency." Based on this search, a working definition of "competency" was developed and used in an initial survey to Workgroup members' and other stakeholders to gather feedback and comments. The Workgroup reached consensus reached on the following definition: *"**Competencies** for prenatal through three service providers are the basic attitudes, knowledge, and skills needed to demonstrate effective services that meet the needs of expectant parents, infants, toddlers, and their families."*

The three aspects of competence - knowledge, skills, and attitudes - are defined as:

- *Knowledge* – What Prenatal to Age 3 (P-3) service providers need to know.
- *Skills* – What P-3 service providers need to be able to do.
- *Attitudes* – How P-3 service providers should approach their work.

The Core Competencies Workgroup also articulated a number of agreements that serve as an underlying framework for the "Matrix of Recommended Core Competencies for the Prenatal Through Age Three Field":

- The core competencies emphasize ***foundational and basic knowledge, skills and attitudes*** that are essential across the five work sectors of early care and education, early intervention, mental health, physical health and social services/child welfare.
- The core competencies are inclusive and reflective of ***competencies that are common across the five work sectors***.
- The core competencies create a common language and a foundation for ***cross-sector collaboration and professional development*** to deepen and support the work within each the five sectors.

As an initial step in developing the Matrix, ZERO TO THREE conducted a literature review of workforce competencies across the five work sectors. The Core Competencies Workgroup reviewed the Sources for Core Competencies Bibliography (see Appendix E), providing additional information on existing competencies and new competency development efforts in their respective fields.

The Workgroup then prioritized competencies by addressing the question, "What are three to five competencies fundamental to all work sectors and universal for all positions and roles within the work sectors?" This resulted in a comprehensive list of competency statements that varied in levels of specificity. The resulting statements were then grouped into "domains" or clusters of related content and organized to reflect domains found across the five work sectors. Brief descriptions of each domain and related competencies were then drafted by the Workgroup and disseminated for review and feedback by First 5 LA and the Training Workgroup prior to finalizing.

Fundamental Concepts

The Workgroup sought to ensure that the core competencies reflected the following concepts for effective service delivery for expectant parents, infants, toddlers and their families:

- **Unique Developmental Needs Prenatally Through Age Three.** Understanding the unique developmental needs of pre-natal, infant and toddler development is foundational to the core competencies. This includes physical growth from conception on and the child's temperament, but also the emerging capacity of the child to experience, express and regulate a range of feelings, develop satisfying relationships with others, and explore the environment and learn. [4]

- **Development Takes Place in Context of Family and Community.** Family relationships and community resources have direct and profound effect on a child's development. These include factors inherent to the child's relational, social and physical environment that can both support and pose risk to healthy development.

- **Relationship-Based Support and Services.** Just as children grow and develop in the context of supportive relationships within their families and the broader community, P-3 providers must actively build trusting, responsive relationships with families to support their growth and development.

- **Strengths-Based Approach.** Recognizing, leveraging and building family strengths is the most effective way to support families in supporting their child's development.

- **Wellness Promotion.** Health and wellness is an essential component along the continuum of promotion, prevention and intervention/ treatment services.

- **Early Identification and Response.** Early identification and appropriate intervention supports expectant parents, infants, toddlers, and their families are presented with health, developmental or behavioral problems.

- **Inclusion.** Embracing and recognizing the potential of all individuals is crucial to providing effective services for all expectant parents, infants, toddlers, and families including those with disabilities.

- **Culturally Responsive Practice.** Culturally responsive practice respects the diversity of parental goals and related caregiving practices. It leads to effective family partnerships, responsive service delivery and improved prenatal, child and family outcomes.

- **Ethical Professional Practices.** Ethical dimensions, including legal considerations, of working with children and families and the professional standards ensure that services are delivered in an effective manner.

- **Cross-Disciplinary Partnerships.** Awareness of the range of services available to meet the needs of children and families will help ensure families are connected to the information and services that best meet their needs. This awareness establishes connections to other child and family services and recognizes the value of collaborating with other providers within their agency, work sector, and community.

- **Evidence-Based Practice.** Practices reflect the current evidence-base and are subject to revision as new evidence emerges. Evidence-based practice represents the usage of available research evidence, community wisdom and the knowledge gained through their own experiences and reflections to make decisions about work with children and families. [5]

- **Cross-Sector Professional Development.** Typically, pre-service education and in-service training presents knowledge from each competency domain in a discipline-specific way. Understanding is enriched and deepened when information from different sectors is shared across disciplines.

These Fundamental Concepts provide the basis for the *Core Competencies for the Prenatal Through Age Three Workforce*.

[4] National Research Council. *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, DC: The National Academies Press, 2000.
[5] For a view of how others have defined and utilized evidence-based practice, refer to: Greenwood, P. (2010, January). *Preventing and reducing youth crime and violence: Using evidence-based practice*. Sacramento, CA: Governor's Office of Gang and Youth Violence Policy. Retrieved from: http://www.nursefamilypartnership.org/assets/PDF/Journals-and-Reports/CA_GOGYVP_Greenwood_1-27-10.

ORGANIZATION OF THE CORE COMPETENCIES FOR THE PRENATAL THROUGH AGE THREE FIELD

The members of the Competencies Workgroup recommended **eight core competency domains** as essential for Los Angeles P-3 professionals working with expectant parents, infants, toddlers and their families:

- **Domain #1:** Early Childhood Development
- **Domain #2:** Family-Centered Practice
- **Domain #3:** Relationship-Based Practice
- **Domain #4:** Health and Developmental Protective and Risk Factors
- **Domain #5:** Cultural and Linguistic Responsiveness
- **Domain #6:** Leadership
- **Domain #7:** Professional and Ethical Practices
- **Domain #8:** Service Planning, Coordination and Collaboration

The eight domains are organized as follows:

- A brief *Description and Key Concepts* introduces each competency domain. This overview of each domain briefly describes key concepts for professionals working with expectant parents, infants, toddlers and their families.

- Each core competency domain is subdivided into sections describing the core **knowledge** (what P-3 service providers should know), core **skills** (what P-3 service providers should be able to do) and core **attitudes** (how P-3 service providers should approach their work).

  The knowledge, skills and attitudes sections are identified by the competency statement numbering system. Knowledge statements are numbered beginning with the letter **"K."** Skills statements are numbered beginning with the letter **"S."** Attitudes statements are numbered beginning with the letter **"A."** *It is important to note that while attitudes themselves are not tangible, the competency statements are written to identify observable behaviors that indicate underlying attitudes.*

- The initial digit of the number associated with each competency statement reflects the domain as numbered above. For instance, statement **K1.1** is the first knowledge competency in the Early Childhood Domain.

- The knowledge and skill competency statements are written as observable behaviors and, where possible as measurable actions. The attitude competency statements either describe observable behaviors that reflect underlying attitudes *or* state essential attitudes that are more difficult to translate into behavioral terms, but nevertheless powerfully influence recipients of services.

The *Fundamental Concepts* described above are intentionally interwoven throughout the core competency domains. The eight competency domains are considered equally important and integrated to build upon and reinforce one another. Therefore, there is some repetition of knowledge, skills and attitude statements across the core domains. Although the core competency statements for each domain are presented discretely, readers will see themes embedded throughout all competency domains.

Matrix of Recommended Core Competencies For The Prenatal Through Age Three Workforce

DOMAIN #1: EARLY CHILDHOOD DEVELOPMENT

Description and Key Concepts:

P-3 service providers have knowledge of key developmental theories and concepts and use this knowledge to support the healthy growth and development of young children. P-3 service providers understand and are able to communicate how development unfolds through the early years from conception through age three years across social, emotional, cognitive, language, physical and motor development. They understand the individual nature of development and that development happens interactively and simultaneously across multiple domains. P-3 service providers respond to support children's development, including monitoring development and connecting the family to developmental screening, assessment, referral and/or intervention as appropriate to the P-3 service provider's role.

Domain #1: Early Childhood Development Core Competency Statements

Knowledge	
K1.1	Understands typical and atypical growth and development from conception through infancy and early childhood according to a general maturational timeline, considering the social, emotional, cognitive, language, physical and motor domains.
K1.2	Refers to the current evidence base on child growth and development and improves understanding of development by observing children.
K1.3	Using current research and professional literature, is able to describe developmental processes and the inter-related influences on development.
K1.4	Recognizes that a child's ability to exercise self-regulation and control over his/her body functions, emotions and behavior emerges over time as a developmental process.
K1.5	Understands the parent's/caregiver's role in supporting the child's development of self-regulation.
K1.6	Understands the impact of physical health on children's social, emotional, cognitive, language, physical and motor development and can describe the conditions that promote optimal health and safety.
K1.7	Describes parent/caregiver interactions with infants and toddlers that reflect a healthy relationship and support social-emotional development. Recognizes indicators of at-risk adult-child relationships.
K1.8	Describes how attachment develops between family members and a child and can recognize signs of healthy attachment and lack of healthy attachment.
K1.9	Is able to discuss the value of breastfeeding for promoting healthy development.
K1.10	Recognizes the strengths and abilities of all very young children, including those with special needs. Supports the practice of inclusion with typically developing peers when inclusive practice would best meet the needs of the child.
K1.11	Promotes acceptance of infants and toddlers with disabilities and special needs as valued and contributing family and community members.
K1.12	Is aware of available resources to support children with disabilities and special needs, including inclusion in family care settings, early education and community settings.
Skills	
S1.1	Discusses development with parents/caregivers to help them recognize their child's individuality and emerging milestones.
S1.2	Applies knowledge of child development and the multiple factors that influence development to observe and understand expectant parents, infants, toddlers and/or families.
S1.3	Makes decisions about services, supports and referrals based upon an understanding of the multiple domains of development and the child's environment, including the array of factors that influence development.
S1.4	Applies knowledge of typical child development, including social-emotional development, to identify early indicators of possible developmental delays or risks to development.
S1.5	Uses screening, observation and/or assessment strategies to inform planning and provision of appropriate services that promote optimal development.
S1.6	Explains early development to parents and caregivers and engages them in monitoring their child's health and development.
S1.7	Recognizes signs of possible child abuse and/or neglect that may appear as behavior problems, developmental delays or ill health and takes appropriate steps to address.
Attitudes	
A1.1	Appreciates the developmental process and the interrelatedness of social, emotional, cognitive, language, physical and motor development of young children.
A1.2	Respects and supports the relationships between children and their parents/ caregivers.
A.1.3	Accepts infants and toddlers with disabilities and special needs and recognizes that they are valued and contributing members of the family and community.
A1.4	Values the strengths, capacities and individuality of all children.
A1.5	Respects the influence of culture on caregiving practices and developmental expectations of children.

Description and Key Concepts:

P-3 service providers understand that services provided to children cannot be separated from family context and the social connections surrounding each child. P-3 service providers effectively partner with families to support health and development and understand that building a positive, supportive relationship with parents/caregivers is central to successful service delivery. P-3 service providers comprehend that family systems are complex, dynamic and unfold developmentally across a variety of relationships (parent to child; parent to parent; parent to provider; etc.). They recognize the family's strengths and vulnerabilities and work to empower families to support the expectant parents', child's and family's health and development. P-3 service providers understand the developmental progression of maturing relationships and use this knowledge to support the child, the family, the caregiver(s) and other service providers connected to the family.

Domain #2: Family-Centered Practice Core Competency Statements

Knowledge	
K2.1	Explains how infants' and toddlers' relationships with a small number of consistent, responsive care providers contribute to health and development.
K2.2	Describes the role of families in supporting very young children's health, learning and development.
K2.3	Describes the individual and cultural meanings and definitions of the term "family" and understands how to appropriately integrate this understanding into providing support and services.
Skills	
S2.1	Ensures parents/caregivers are engaged in planning and responding to any health, learning or developmental needs of their child.
S2.2	Establishes an ongoing alliance with families that supports their strengths, priorities and parenting practices.
S2.3	Applies evidence-based knowledge of the role of families and family dynamics in supporting development when planning and delivering services.
S2.4	Embeds services and supports in the context of each child's family and caregiving routines, as well as within neighborhood and community relationships.
S2.5	Supports families in identifying and achieving their own goals, and in their role as primary decision-makers on issues concerning their child.
S2.6	Supports families to obtain or advocate for the health and/or developmental services their child may need to support optimal development in all areas (social, emotional, cognitive, language, physical and motor).
S2.7	Supports the capacity of family members to meet the needs of infants and toddlers with social-emotional delays, developmental disabilities, health and educational needs.
S2.8	Provides information and guidance to families to assist their understanding of the overt and underlying causes of their child's behaviors and emotions.
S2.9	Assists expectant parents in understanding fetal development and families with infants and toddlers to understand their child's health and development and to anticipate emerging developmental milestones.
S2.10	Uses effective verbal and written communication skills to collaborate with families in an ongoing and positive manner to support each child's health, early learning and development.
S2.11	Uses easily understandable language about social and emotional milestones to help family members promote healthy relationships with each other and with their very young child.
Attitudes	
A2.1	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.
A2.2	Explores one's own experiences and biases to understand the family's attitudes and practices.
A2.3	Is open to reflecting on one's own biases and how they might influence guidance, services and supports offered to the family.
A2.4	Respects a family's decisions regarding parenting.
A.2.5	Respects the influence of culture on caregiving practices and family relationships.

Description and Key Concepts:

P-3 service providers understand and value the central importance of relationships in supporting the development of children. They apply this knowledge to assess the quality of relationships children experience and to create constructive and supportive relationships with families. They also apply this knowledge in their working relationships with other service providers. P-3 service providers understand and value the practice of self-reflection and effective communication as tools to develop and maintain positive relationships with children, families and service providers.

Domain #3: Relationship-Based Practice Core Competency Statements

Knowledge	
K3.1	Recognizes that the parent/caregiver-child relationship is the foundation of early development.
K3.2	Describes the importance of early parent/caregiver-child relationships and consistent, responsive interactions in building relationships that promote health, development and learning.
K3.3	Explains why successful work with families requires development of a trusting parent/provider relationship.
K3.4	Recognizes the importance of using evidence-based approaches to support the parent/caregiver-child relationship so that the child's learning, health and developmental needs are met.
K3.5	Recognizes the central role of relationships with other service providers in meeting families' needs.
K3.6	Strives to understand how one's own cultural values and those of the family may affect the development of a trusting relationship between the P-3 service provider and family members.
K3.7	Recognizes how the complexity of family systems requires working collaboratively across departments, agencies and work sectors based on each family's needs.
K3.8	Understands that the nature of relationships among P-3 service providers influences one's own work and relationships with children and families.
Skills	
S3.1	Helps parents recognize the learning that is taking place for a child through their interactions.
S3.2	Uses active listening and observation to identify what is important to families and bases P-3 service delivery upon this knowledge.
S3.3	Communicates effectively with families and with fellow service providers.
S3.4	Seeks and implements ways to communicate effectively with families of linguistic or cultural backgrounds different from one's own.
S3.5	Regularly examines one's own biases, strengths and needed growth to better support the unique needs of each family.
S3.6	Nurtures relationships with families with ongoing communication and respect for family strengths.
Attitudes	
A3.1	Displays openness to the family members' approaches to caregiving and child rearing and seeks ways to build a relationship of trust.
A3.2	Models positive and open attitudes in working collaboratively with service providers from other work sectors.
A3.3	Values the impact that relationships have on outcomes for expectant parents, infants, toddlers and their families
A3.4	Intentionally creates workplace relationships based on respect, consistency and collaboration and supports colleagues in building similar relationships with families and their very young children.

DOMAIN #4: HEALTH AND DEVELOPMENTAL PROTECTIVE AND RISK FACTORS

Description and Key Concepts:

P-3 service providers understand that multiple factors support or impede healthy development and the quality of relationships that support development, to include community, economic, political and cultural influences. P-3 service providers understand that the sources of resilience and risk, from an individual, family and community context, are important to consider in evaluating a child's current and future health and development. Professionals work with families to identify strengths and use these strengths as resources to help manage challenges and reduce risks. P-3 service providers understand that influences on the child and family system are bi-directional and dynamic. As an example, both parents and children influence one another as well as others in their social networks.

Domain #4: Health and Developmental Protective and Risk Factors Core Competency Statements

Knowledge	
K4.1	Understands factors, including community, economic, political and cultural influences that can promote or impede health and development during the prenatal period through age three.
K4.2	Recognizes biological, health and social-emotional factors that impact a child's well-being.
K4.3	Understands prenatal development and potential threats to the mother's and baby's health during the prenatal period.
K4.4	Understands the impact of stress and trauma on a child's development.
K4.5	Recognizes attitudes and cultural context that may impact a mother's decision to initiate or continue breastfeeding.
K4.6	Recognizes attitudes and cultural context that may impact parenting practices.
K4.7	Can cite information from current professional literature and from professional practice about parenting practices, family functioning and parent/caregiver-child relationships and strategies for supporting key relationships.
K4.8	Understands that when the dynamics within a family change when, for example, a new baby arrives. The family may require support to adapt to this change.
K4.9	Understands parenting strengths that support a child's development.
K4.10	Identifies concrete supports that may help families in times of need.
K4.11	Understands the impact the broader health and social service systems (including prenatal and post-delivery health and dental care, mental health, early intervention, early care and education and child welfare) has on supporting a child's health and development during early childhood.
Skills	
S4.1	Uses accurate knowledge of child health and development to identify developmental warning signs.
S4.2	Identifies a potentially at-risk relationship or environment using knowledge of child and family development and social-emotional milestones.
S4.3	Takes appropriate actions to address risks, which may include delivering intervention, referring the family for appropriate services, or reporting concerns to a supervisor or appropriate agency as appropriate to the P-3 service provider's role.
S4.4	Identifies services that may be of assistance to the family and/or connect the family to other needed resources within the community, including but not limited to food, breastfeeding support, shelter, clothing assistance, financial help; or early intervention, physical health, oral health, and mental health services.
S4.5	Addresses attitudes, cultural context, or barriers that may impact a mother's decision to initiate or continue breastfeeding.
S4.6	Seeks and/or recommends supports for the parent/caregiver as well as the child when having identified an at-risk relationship and/or the presence of one or more risk factors.
S4.7	Functions as a team leader or works with a case manager or team to help coordinate the variety of services a family may need in response to the presence of one or more risk factors and/or an at-risk relationship with another family member.
S4.8	Recognizes signs of resilience in the child and family and works with the family to strengthen protective factors.
S4.9	Recognizes the impact of stress and trauma on children and families and supports families in reducing children's exposure to stress.
S4.10	Applies knowledge of factors that promote or impede development to assess risks to development.
S4.11	Applies relationship-based practices and family-centered principles to support the family in reducing risks that may negatively affect child health and development.
S4.12	Takes cultural values into consideration when assessing family strengths and risks.
Attitudes	
A4.1	Appreciates the economic, political and cultural influences that contribute to the family context.
A4.2	Displays willingness to learn about community and other conditions that affect children and families.
A4.3	Recognizes that collaborating and learning across disciplines and work sectors requires an open attitude.
A4.4	Assesses protective and risk factors from a strengths-based perspective.

Description and Key Concepts:

P-3 service providers acknowledge and respond sensitively to cultural differences among families. P-3 service providers seek to integrate culturally responsive methods into their work with expectant parents, infants, toddlers, and their families. P-3 service providers are aware of their assumptions about cultural attitudes and values and check those assumptions with members of the cultural group as well current research on cultural values and differences. Cultural responsiveness requires an ongoing effort to understand current culture-specific information, family preferences and evidence-based practices that support child and family development in the cultural context. P-3 service providers understand that while linguistic and cultural competence are not predicated on being bilingual, appropriate supports and resources matched to the family's preferred language are necessary to enhance the provider's responsiveness and communication with family members.

Domain #5: Cultural and Linguistic Responsiveness Core Competency Statements

Knowledge	
K5.1	Understands that each person's culture shapes his or her values, beliefs and behaviors.
K5.2	Understands that language and/or cultural values and beliefs may be a barrier for families in seeking and/or accessing services.
K5.3	Understands that a family's ability and willingness to access services is impacted by systemic barriers, such as limited resources, lack of cultural sensitivity, immigration status or local/state/federal or program policies.
K5.4	Understands the importance of acquiring language proficiency or using appropriate translation assistance that improves communication with children and families served.
Skills	
S5.1	Discusses and reaches agreement with families about culturally preferred practices to use in child-rearing and group care situations and remains open to accommodations supported by cultural values, the best available resources and practical wisdom so long as the child's safety and health are supported.
S5.2	Recognizes and acknowledges the family's definition of their own culture/cultural affiliation and values.
S5.3	Seeks to learn from members of the cultural group about cultural norms and behaviors and avoids making assumptions about practices.
S5.4	Employs observation and listening skills in order to understand the cultural values of families.
S5.5	Provides appropriate and respectful translation for adults for whom English is not the preferred language, using trained and qualified interpreters if needed.
S5.6	Supports the child's and family's home language and uses resources to communicate effectively with families in their preferred language.
S5.7	Participates in activities designed to improve the cultural competence of services for expectant parents, infants, toddlers and families.
Attitudes	
A5.1	Acts based on current culturally-relevant information and family preferences rather than broad generalities or stereotypes.
A5.2	Demonstrates a willingness to interact with families and P-3 service providers from a cross-section of cultural and ethnic backgrounds.
A5.3	Demonstrates cultural sensitivity by respecting and valuing diverse cultures, values, beliefs and behaviors.
A5.4	Reflects on one's own cultural values and attitudes to understand and appreciate those of others.
A5.5	Recognizes one's own limitations to working with families because of cultural and language differences.
A5.6	Treats others with the respect they would desire for themselves.
A5.7	Demonstrates a willingness to discuss and incorporate new culturally and linguistically relevant ideas and methods into one's practice to support families.
A5.8	Grows in cultural and linguistic responsiveness through a willingness to engage in ongoing education and training to stay current with changing demographics and cultural factors in the population served.

Description and Key Concepts:

P-3 service providers exercise leadership in sharing knowledge and resources with families, colleagues and the general public to promote best outcomes for expectant parents, infants, toddlers and their families. P-3 service providers intentionally express and demonstrate to other providers and clients the optimal practices in working with families and in working as part of a community system. This involves taking actions that assist families in achieving their self-identified goals and objectives. It also involves promoting public awareness of prenatal, infant, and toddler needs and effective ways of supporting expectant parents, infants, toddlers, and families. Seeing the services and connections beyond their own work sector that can support expectant parents, infants, toddlers, and families, enables P-3 service providers to be proactive in obtaining or providing services within their own program or from other programs in support of children and families. P-3 service providers takes a strengths-based approach in working with families in order to ensure that family members are supported in advocating for their child's and family's needs.

Domain #6: Leadership Core Competency Statements

Knowledge	
K6.1	Understands her/his level of leadership responsibility and expected outcomes of action at both the individual and organizational levels.
K6.2	Understands evidence-based and strength-based approaches and strategies for working with expectant parents, infants, toddlers and families of diverse backgrounds.
Skills	
S6.1	Promotes public understanding of children's needs across multiple domains (e.g., health and social, emotional, cognitive, language, physical and motor development).
S6.2	Advocates within the service and health care settings and in the community to identify and remove service delivery barriers for expectant parents, infants, toddlers and/or families in need.
S6.3	Advocates for system improvements to raise the quality of services provided to expectant parents, infants and toddlers and families to promote healthy child and family development.
S6.4	Engages in collaborative problem solving with families and other service providers.
S6.5	Takes appropriate initiative to seek supports and solutions for expectant parents, infants, toddlers and families.
S6.6	Uses self-knowledge and self-reflection in a relationship-based approach both to working with expectant parents, infants, toddlers and families and to working collaboratively with other service providers.
S6.7	Interacts successfully with families and P-3 service providers from a cross section of cultural and ethnic backgrounds.
Attitudes	
A6.1	Believes that each family has strengths and values that support their child's healthy development.
A6.2	Takes ownership for one's own continuing learning and reflection about expectant parents, infants, toddlers, families and service delivery strategies and systems.
A6.3	Respects and appreciates the contribution of individuals such as family or community members as partners in advocacy.

DOMAIN #7: PROFESSIONAL AND ETHICAL PRACTICES

Description and Key Concepts:

P-3 service providers follow and apply the highest quality practices possible that are consistent with the ethical and legal standards, requirements, and obligations of their own work sector. P-3 providers use evidence-based approaches when they are available and appropriate for the children and families they serve. They develop and improve practice based on emerging knowledge on the best approaches to achieving expectant parents' and families' goals for infants and toddlers. P-3 service providers follow the highest standards of ethical behavior and remain current on the laws affecting professional practice.

Domain #7: Professional and Ethical Practices Core Competency Statements

Knowledge	
K7.1	Understands the legal and ethical practices and policies related to serving expectant parents, infants, toddlers and their families.
K7.2	Describes how laws relating to child maltreatment impact professional practice and responsibilities.
Skills	
S7.1	Adheres to the professional and ethical standards of the P-3 service provider's own profession.
S7.2	Takes action to comply with the legal aspects of child protection that pertain to his or her role.
S7.3	Engages in discussion and reflection on how values and standards are demonstrated in one's own work.
S7.4	Maintains written notes and records to monitor progress and document concerns and maintains appropriate confidentiality of these records.
S7.5	Engages in discussion with supervisor and/other service providers to apply ethical solutions to situations encountered in practice.
S7.6	Establishes and maintains relationships of respect, trust, confidentiality, collaboration and cooperation with families, colleagues and service providers from other work sectors.
S7.7	Ensures that all interactions with families, co-workers and related agencies exemplify professionalism and are within the scope and limits of one's own role and competence.
S7.8	Uses appropriate and effective verbal and written communication skills in an ongoing and positive manner to collaborate with expectant parents and families of infants and toddlers.
S7.9	Continuously seeks to improve one's own work-related skills and performance through self-reflection with peers and supervisors and through continuing education to increase knowledge and skills.
S7.10	Provide and/or receive supervision supporting self-reflection, self-assessment and professional growth.
S7.11	Maintain appropriate boundaries in interactions with co-workers, families and other service providers.
Attitudes	
A7.1	Acknowledges the scope of practice of one's own field and welcomes opportunities for cross-disciplinary collaboration to support families' needs for comprehensive services.
A7.2	Maintains responsibility for one's own physical and mental health, recognizing that one's own health impacts interactions with expectant parents, infants, toddlers, families and other service providers.
A7.3	Recognizes that collaborating across disciplines and work sectors requires an open learning attitude.
A7.4	Acknowledges that one's own biases, values and attitudes influence one's decisions, interventions and relationships.
A7.5	Reflects on one's own continuing adherence to the ethics and standards associated with one's work role.

DOMAIN #8: SERVICE PLANNING, COORDINATION AND COLLABORATION

Description and Key Concepts:

P-3 service providers are aware that they are part of a system of services that supports expectant parents', children's, and families' multiple needs. Services provided require planning, including a coordinated effort with other work sector systems and providers. P-3 service providers understand their responsibility to work collaboratively with other P-3 service providers to coordinate services and meet families' and very young children's needs. Seeing the services and connections beyond their own work sector that can support families, enables P-3 service providers to proactively obtain and provide services from within their own program and engage the services of others as needed. P-3 service providers take a strengths- and relationship-based approach in working with families and in collaborating with other service providers.

Domain #8: Service Planning, Coordination and Collaboration Core Competency Statements

Knowledge	
K8.1	Understands the importance of partnering with families to develop goals and connecting with other service provider, as necessary, to support the achievement of goals for the child and family.
K8.2	Understands the importance of clarity and consistency when communicating with expectant parents, families, collaborating team members and other service providers.
K8.3	Understands family strengths and makes important connections with available resources to strengthen the family's ability to protect children and family members from risks.
K8.4	Is aware of available referral processes and available community resources and supports available to address the challenges encountered by the child or family.
Skills	
S8.1	Works collaboratively and flexibly in a team that may include members from multiple departments, agencies and work sectors.
S8.2	Engages with other service providers in a team setting to create and maintain cross-agency and cross-work sector connections to best meet the individual needs of infants, toddlers and their families.
S8.3	Provides feedback on referrals to the original source and fosters collegial relationships across disciplines to share outcomes on the child's well-being.
S8.4	Identifies and remedies barriers to communication in interactions with families and other service providers.
S8.5	Uses evidence-based processes and principles to improve the quality of relationships at all levels of early learning, health and developmental services.
S8.6	Builds trusting relationships with other service providers by recognizing the contributions of each service provider, being responsive and using open communication.
S.8.7	Offers creative solutions to challenging situations to ensure the needs of children and families are met.
Attitudes	
A8.1	Recognizes the importance of being an active team member who contributes knowledge, observations and recommendations to best meet the needs of individual children and families.
A8.2	Recognizes that it may be necessary to initiate collaboration with other service providers and work sectors to support the comprehensive needs of each child and family.
A8.3	Recognizes the limitations of one's own role and responsibilities and is prepared to link the child/family to other providers to obtain appropriate services for the child/family.
A8.4	Respects and appreciates the contribution of individuals such as family or community members as collaborative partners.
A8.5	Is committed to broadening one's own skills in planning and coordination and seeks ongoing learning and improved understanding.
A8.6	Approaches serving expectant parents, infants and toddlers with a creative attitude and open mind.

POLICY AND PROGRAM RECOMMENDATIONS FOR INCORPORATING THE PRENATAL THROUGH AGE THREE CORE COMPETENCIES

The Prenatal through Three Workforce Development Project Core Competencies were intended to create a collective understanding and common language across the work sectors and disciplines and facilitate partnership, coordinated service delivery, cross-sector workforce development and more effective and efficient services for expectant parents, infants, toddlers and their families.

The Core Competencies Workgroup created recommendations to ensure that the identified Prenatal Through Age Three Core Competencies would be incorporated into workforce development efforts in Los Angeles County in alignment with the First 5 LA strategic plan for strengthening families, communities and systems. The Workgroup was asked to develop strategies to promote the development of competent P-3 service providers across the spectrum of promotion, prevention and intervention/treatment as well as policy and practice recommendations. The Workgroup was also asked to identify and prioritize policy and planning efforts, on the practice-, agency-, and systems-levels that may be necessary, to ensure broad dissemination and adoption of the P-3 workforce development core competencies. Further recommendations were generated from a joint meeting with the Core Competencies and Training Workgroups at First 5 LA.

The following recommendations are focused on a) agencies serving the P-3 population b) providers of workforce development efforts c) funders of P-3 workforce development programs, d) systems supporting the P-3 workforce.

A) Recommendations for Agency Practices

The Core Competencies Workgroup developed the following recommendations for P-3 service provider agencies and programs to use the core competencies to strengthen the P-3 workforce along the continuum of promotion, prevention and intervention/treatment:

- Develop training for trainers on the Prenatal Through Age Three Core Competencies so they can effectively integrate the knowledge, skills and values of the Competencies into their existing workforce development efforts.
- Work with providers of professional development to plan P-3 workforce development efforts based on the Prenatal Through Age Three Competencies.
- Work with conference planners to design conferences for the P-3 workforce across sectors and around the Prenatal Through Age Three Competencies.
- Provide the core competencies to staff to help them do a self-assessment of their own knowledge, skills and abilities. Use the results to plan professional development that helps staff focus on the "whole child" when working with children and families by emphasizing the development, health, education, and context of the child (e.g., family culture, environment, individual and family strengths and significant relationships).
- Use the core competencies in designing staff hiring/promotion requirements, orientation, job expectations, and performance appraisals.
- Look for potential hires that see themselves in line with the values, knowledge, skills and attitudes expressed in the competencies.

- Use the domains of the core competencies as a foundation for planning in-service training and professional development activities.
- Educate key personnel on the core competencies; use creative incentives in early efforts to do so.
- Create a video for directors that models training practices related to using the core competencies.
- Create a career pathway plan or matrix tied to the core competencies for use in professional development planning at individual staff and agency levels.
- Promote development of cross-sector resources and expert trainers.
- Engage parents and family members in discussing the desirable competencies of their P-3 service providers. Identify ways families can recognize these competencies in action.

B) Recommendations for Providers of P-3 Workforce Professional Development Efforts

Those who design, develop and implement training and other professional development efforts for the P-3 workforce can play a key role in integrating the Core Competencies into practice. To explore approaches for doing this, ZERO TO THREE worked with the Project's Training Network in creating and field-testing professional development approaches grounded in the Core Competencies and incorporating the best available evidence from the professional development research literature. The Training Network was comprised of expert trainers from the Project's five identified work sectors. Four awareness-raising, cross-sector training sessions were offered focusing on core competency domains 3 (Relationship-Based Practice) and 8 (Service Planning, Coordination and Collaboration). These sessions were followed-up by two individual consultation sessions for each participating individual. After developing a Training Guide, members of the Training Network co-lead sessions and provided consultation to the Field Test One cohort. This Cohort was a cross-sector group of P-3 professionals and program leaders recruited from throughout LA County. The materials used were refined based on feedback collected from a survey of participants in the first cohort and field tested again with a second cohort of P-3 professionals and program leaders based in Long Beach. The final copy of the Trainer's Guide will be available in 2013. Recommendations

emerging from these field tests to those organizations that develop and offer P-3 workforce development opportunities include:

- Develop new trainings that reflect the content of the Prenatal Through Age Three Core Competencies and fill gaps in existing training offerings.
- Clearly define learning goals, objectives and outcomes for existing trainings that reflect the knowledge, skills, and attitudes outlined in the Prenatal Through Age Three Core Competencies.
- Provide opportunities during training for cross-sector groups to come together so that further relationship-building and networking can take place.
- Where possible, use trainers who have been trained Prenatal Through Age Three Core Competencies that are familiar with the community within which the participants are based to offer training on topics relevant to expectant parents, infants, toddlers and their families.
- Develop additional content for a) awareness raising in all eight competency domains; b) in-depth knowledge and skill-building; and c) transformative learning to address underlying attitudes

C) Recommendations for Public and Private Sector Funders of P-3 Workforce Development

Funders from the public and private/philanthropic sectors are particularly well positioned to integrate the Prenatal Through Age Three Core Competencies into workforce development efforts. They can make use of the Core Competencies a requirement of those creating workforce development initiatives. This will assure professional development opportunities will reflect the content of the Core Competencies. Strategies to accomplish this include:

- Requiring the incorporation of core competencies in training for programs supported by First 5 LA.
- Requiring alignment of professional development goals with the Prenatal Through Age Three Core Competencies as a condition of receiving funding for the P-3 workforce professional development efforts.
- Fundraising efforts that foster cross-sector collaboration and use the Prenatal Through Age Three Core Competencies as the guiding document to inform the cross-sector work.
- Requiring conference planners to organize cross-sector conferences for the P-3 workforce that are based on the Prenatal Through Age Three Core Competencies.
- Continue to connect Los Angeles County agency representatives to share ideas and actions related to the core competencies. Engage the Department of Public Social Services (DPSS), Regional Centers and Department of Developmental Services (DDS) and other public and private sector funders in future discussions and applications of the Core Competencies.
- Share the Core Competencies with current statewide program improvement efforts such as the Early Learning Quality Improvement System Advisory Committee (ELQIS), California Comprehensive Early Learning Plan (CCELP), other First 5 Commissions, and other statewide professional development initiatives.

D) Recommendations to Support Systems Change

Workgroup members acknowledged that efforts must also be made to address issues through county-level leadership and in the pre-service professional development activities offered in institutions of higher education in order to improve the quality of the P-3 workforce. For example, the core competencies document could be useful in pre-service education as a guide to cross-disciplinary preparation of the P-3 workforce. While the following recommendations are beyond the scope of this Project, the Workgroup members emphasized that changes must occur within the County's system of higher education in order to improve the P-3 workforce. Their recommendations for changes at the county level and within higher education included:

- Create toolkits for agencies to guide them in incorporating the core competencies into agency practice. For instance, this might include tools to help assess providers' current level of competence, forms for incorporating competencies into personnel expectations and performance appraisals and sample statements of guiding principles.
- Create web-based tools with links to additional resources to educate key stakeholders about the content in the Competencies.
- Create "crosswalks" linking the Prenatal Through Age Three Workforce Development Project Core Competencies and competencies described by other programs, models and higher education (e.g., Early Start Personnel Manual, CA Infant-Family and Early Childhood Mental Health Training Guidelines) to show how the core competencies align in order to build support for the core competencies and to identify gaps in current workforce preparation systems.

- Align the core competencies with accreditation requirements and to promote dialogue among higher education faculty and administrators on the value of the core competencies as a starting point for pre-service education.
- Work with higher education institutions to integrate the use of the Competencies into their Prenatal Through Age Three classes and other professional development offerings.
- Work with higher education institutions to align their coursework with other departments offering degrees in different P-3 sectors.
- Create user-friendly crosswalks with parenting programs and models (e.g., Strengthening Families, Parent Café, Center on the Social and Emotional Foundations for Early Learning [CSEFEL]) to expand usability of the Competencies.
- Be intentional about the field-testing of the training approaches to gather lessons learned for systems change.
- Create tools to help programs and systems elaborate on core competency statements to differentiate levels of competency among entry level, mid-career and advanced professional roles.

STRATEGIES TO PROMOTE AWARENESS OF THE CORE COMPETENCIES

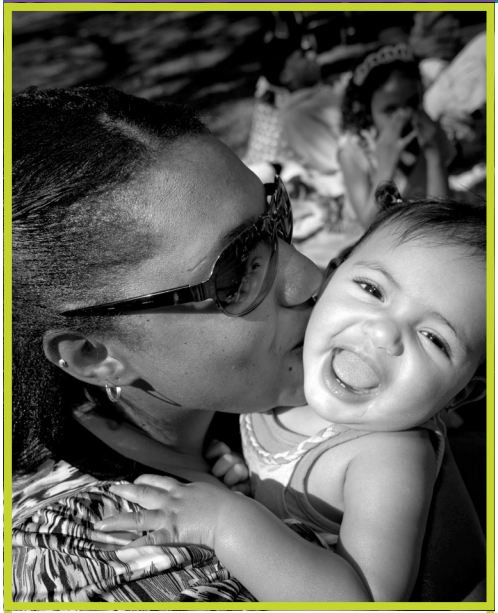
Recommendations were developed that could guide First 5 LA in developing materials to support dissemination of the core competencies and to promote broad understanding of competent P-3 practice.

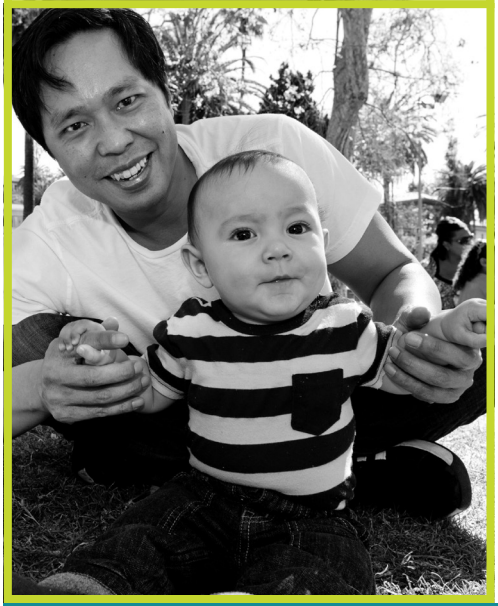
- Using multiple levels of media to communicate key messages to the larger community to build understanding of the core competencies and on how to identify competent service providers.
- Placing core competencies online for agencies to access.
- Marketing the Competencies as a "lens" for providing effective and high quality services.

The Workgroup members also considered ways in which they could use their own leadership positions to accelerate the adoption of the Prenatal through Three Workforce Development Project Core Competencies in Los Angeles County. Members identified ways they could serve as "ambassadors" for the Competencies and leverage their involvement with state and local advisory councils to communicate information related to the core competencies. Others suggested incorporating the values and discussions from their experience on the Workgroup with other organizations, institutions and projects/initiatives to further link the work. Workgroup members agreed to disseminate and discuss the core competencies with selected early childhood networks and collaboratives and identify additional proactive strategies to apply the principles on multiple levels.

To share your ideas and comments about this report, please contact Tahra Goraya , ZERO TO THREE Western Office Director, or Leticia Sanchez First 5 LA Program Officer. ZERO TO THREE's participation in the Workforce Development Project is scheduled to conclude June 30th, 2013.

APPENDICES





Appendix A:
Project Participants

Appendix B:
Glossary of Key Terms

Appendix C:
Process Notes and Evaluation Findings

Appendix D:
Sample Work Roles

Appendix E:
Sources for Core Competencies Bibliography

Appendix F:
Alignment of P-3 Core Competency Domains with Work Sector Domains

APPENDIX A: PROJECT PARTICIPANTS

ZERO TO THREE wrote this report under contract from First 5 LA. The process of developing this report was collaborative, with many leaders of the prenatal and early childhood field shaping it through their participation, ongoing feedback and final review. This report reflects their thinking and recommendations, focused Los Angeles County's P-3 workforce. The contributions of these individuals are deeply appreciated and their names are acknowledged below. During the course of this multi-year project some of these individuals moved on to new positions and/or new places of employment.

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APPENDIX B: GLOSSARY OF KEY TERMS

Collaboration: Exchanging information, altering activities, sharing resources and enhancing the capacity of another for mutual benefit and to achieve a common purpose (Himmelman, 2002, p. 2).

Competency: Competencies of prenatal through age three service providers are the basic attitudes, knowledge and skills needed to demonstrate effective services that meet the needs of expectant parents, infants, toddlers and their families (as developed by the Prenatal through Three Workforce Development Project's Core Competencies Workgroup on April 18, 2009).

Coordination: Exchanging information and altering activities for mutual benefit and to achieve a common purpose (Himmelman, 2002, p. 2).

Cross-disciplinary: A team of professionals representing different work sectors who work collaboratively and share their expertise to resolve an issue or need and reach decisions through consensus.

Cultural Responsiveness: A set of congruent practice skills, behaviors, attitudes and policies in a system, agency, or among those persons providing services that enables that system, agency, or those persons providing services to work effectively in cross-cultural situations (California Department of Health Services, 1999, p. A-6).

Culture: Shared system of meaning, which includes values, beliefs and assumptions expressed in daily interactions of individuals within a group through a definite pattern of language, behavior, customs, attitudes and practices (Maschinot, 2008, p. 2).

Domain: In terms of professional practice "domain" also refers to a specified sphere of activity or knowledge (http://oxforddictionaries.com/definition/american_english/domain?region=us&q=domain).

Development: The sequence of physical and psychological changes that human beings undergo as they grow older (Cole & Cole, 1996, p. 6).

Evaluation: A form of research that involves the systematic assessment of the operation and/or outcomes of a program or policy, compared to explicit or implicit standards, in order to contribute to the improvement of the policy or program (Weiss, 1998, p. 330).

Evidence-based Practice: A decision-making process that integrates the best available research evidence with family and professional wisdom and values (Buysse & Wesley, 2006, p 12).

Family: A group of people who are important to each other and offer each other love and support…[regardless] of life styles, living arrangements and cultural variations (May, 1997).

Family-centered: Views the family as the unit of attention, embraces the concept of family choice and emphasizes the strengths and capabilities of families (Brotherson, Summers, Bruns, & Sharp, 2008, p. 53).

Family Strengths: Characteristics that family members identify as contributing to the growth and development of the child and family. Among the areas of family life that many families identify as strengths are coping strategies, nurturing relationships, communication, religious or personal beliefs, family competence and family/community interconnectedness (Texas Department of Assistive and Rehabilitative Services, 2009, p. 148).

Inclusion: Placement of a child at risk or with special needs in a community program the child might attend if he or she had no special needs (Klein & Gilkerson, 2000, p. 459).

Intervention/Treatment: Targeted and individualized attention to young children and families who are exhibiting symptoms of developmental disturbances. Level 3 of the Promotion – Prevention – Intervention/Treatment continuum (ZERO TO THREE, 2007).

P-3 Service Provider: An individual who works in a public or private setting serving infants, toddlers, their parents or caregivers and/or expectant mothers and fathers to ensure that children are supported in nurturing environments so that they reach their full developmental potential.

P-3 Work Sectors: The Core Competencies Work Group addressed five sectors within which P-3 service providers provide an array of services along the Promotion – Prevention – Intervention/Treatment continuum. These sectors include:

Early Care and Education: Early childhood professionals work in many settings – not just public schools but also child care programs, private preschools and kindergartens, early intervention programs including Head Start and Early Head Start, family support and home-based programs and so on…the professional roles assumed by early childhood professionals…[include] roles as lead teachers, mentor teachers, education coordinators, early childhood trainers, inclusion specialists, resource and referral staff, technical assistance specialists, early childhood technology specialists, early interventionists and home visitors (Hyson, 2003, p. 1).

Early Intervention: Early intervention service provider, or EIS provider, means an entity (whether public, private, or nonprofit) or an individual that provides early intervention services under Part C of the [Individuals with Disabilities Education] Act, whether or not the entity or individual received Federal funds under Part C of the Act and may include, where appropriate, the lead agency and a public agency responsible for providing early intervention services to infants and toddlers with disabilities in the State under Part C of the Act. (b) An EIS provider is responsible for – (1) Participating in the multidisciplinary team's assessment of an infant or toddler with a disability and a family-directed assessment of the resources, priorities and concerns of the infant's or toddler's family, as related to the needs of the infant or toddler, in the development of integrated goals and outcomes for the individualized family service plan (IFSP); (2) Providing early intervention services in accordance with the IFSP of the infant or toddler with a disability; and (3) Consulting with and training parents and others regarding the provision of the early intervention services described in the IFSP of the infant or toddler with a disability (U. S. Department of Education, 2007, p. 26499).

Mental Health: An array of providers touch the lives of young children. Many of these professionals are in positions to promote social-emotional needs and identify and provide intervention for mental health problems. Early care and education providers and primary health care providers often are the frontlines for the majority of children who will interact with one or more such providers during their early years. Therefore, the providers in education and health care are particularly important players in promoting healthy emotional development and identifying early signs of problems. In addition, for a subset of children and families who are at risk or have an identified problem, there are a host of other professionals (Perry, Kaufman, & Knitzer, 2007, p. 100).

APPENDIX B: GLOSSARY OF KEY TERMS

Physical Health: Responsible for the planning, implementing and evaluating of services that address the health priorities and primary needs of infants, mothers, fathers, children and adolescents and their families in Los Angeles County through ongoing assessment, policy development and quality assurance (County of Los Angeles Public Health, n.d.).

A specialty area within the larger field of public health, distinguished by: Promotion of health and well-being of all women, children, adolescents, fathers and families, especially in disadvantaged and vulnerable populations [and a] life cycle approach to theory and practice…focuses on individuals and populations, on health promotion and prevention and on family-centered systems of care in communities (MCH Leadership Competencies Workgroup, 2009, p.8).

Health workers – working in public, private and non-profit entities – deliver essential public services…services include diagnosing and investigating health problems and hazards in the community, educating people about health issues and behavior change and promoting and enforcing laws and regulations that protect health and ensure safety (Perlino, 2006, p. 2).

Social Services/Child Welfare: Home-based services provided to families…with the goal of protecting the child, strengthening and preserving the family and preventing unnecessary out-of-home placement of children, or promoting the return of children temporarily in out-of-home care (Child Welfare League of America, 2003, p. 159).

The professional activity of helping individuals, groups, or communities enhance or restore their capacity for social functions and creating societal conditions favorable to this goal… [to] help people obtain tangible services; counseling individuals, families, or groups; helping communities or groups provide or improve social and health services (Child Welfare League of America, 2003, p. 161).

Child welfare workers…are at the core of the child welfare system, investigating reports of abuse and neglect, coordinating substance abuse, mental health, or supplemental services to keep families intact and prevent the need for foster care; and arranging permanent or adoptive placements when children must be removed from their homes…Caseworkers perform multiple functions from intake to placement on any given case…supervisors help caseworkers perform these functions…assigning cases, monitoring caseworkers' progress in achieving desired outcomes, providing feedback to caseworkers in order to help develop their skills, supporting the emotional needs of caseworkers, analyzing and addressing problems and making decisions about cases (U.S. General Accounting Office, 2003, p. 6).

Prevention: Targeted approach toward children who are at risk of poor developmental outcomes through early identification and intervention strategies. Level 2 of the Promotion – Prevention – Intervention/Treatment continuum (ZERO TO THREE, 2007).

Professional Development: Structured teaching and learning experiences that are formalized and designed to support acquisition of professional knowledge, skills and dispositions, as well as, the application of knowledge in practice (Buysse, deFosset, & Winton, 2007, p. 7).

Promotion: Services aimed at maintaining social, emotional, cognitive, language, physical and motor well-being of all young children and their families and reducing the need for services later on. Level 1 of the Promotion – Prevention – Intervention/Treatment continuum (ZERO TO THREE, 2007).

Promotion-Prevention-Intervention/Treatment Continuum: Services to infants, toddlers, and their families can be described as falling along a continuum of need. Family or child needs may change over time, resulting in moving to different places along this continuum. Some services may straddle these categories, while others may clearly fall within one. Promotion services are universally beneficial and focus on maintaining well being and benefit all very young children and their families. Prevention services are specifically targeted toward very young children and their families when they are part of a group understood to be at greater risk, or when specific risk indicators have been identified. Intervention/Treatment services seek to alleviate suffering and restore healthy functioning and development. (ZERO TO THREE, 2007).

Protective Factors: Attributes that reduce the likelihood or severity of illness or disability and limit its severity (Chan, 2010) or serve as buffers, helping parents who might otherwise be at risk of poor outcomes to find resources and positive coping strategies that allow them to provide nurturing parenting, although they are under stress (Center for the Study of Social Policy, 2007).

Relationship-based: Quality relationships characterized by trust, support and growth exist among and between staff, parents and children; these relationships form the foundation for all the work that's done (Parlakian, 2001, p. 1).

Research: The systematic process of collecting, analyzing and interpreting information to in order to understand a phenomenon (Leedy & Ormond, 2001).

Risk Factors: Characteristics or hazards within the individual, family, community or environment that increase the possibility of the occurrence, severity, duration, or frequency of later disorders (Beckwith, 2000).

Self-regulation: The ability to attain, maintain and change your level of arousal appropriately for a task or situation (ABC Kids Occupational Therapy, 2008).

Self-reflection: Stepping back from the immediate, intense experience of hands-on work to examine one's thoughts and feelings about the work experience and identify interventions that best meet the family's goals of growth and development (Parlakian, 2001).

Sustainability: The continuation, strengthening and/or furthering of impact on the well-being of children and families over an extended period of time (First 5 LA, 2009, p. 8).

Strength-based Approach: Assumes that all families have strengths they can build on and use to meet their own needs, to accomplish their own goals and to promote the well-being of family members. The family-professional relationship starts not from an assessment of problems but from an attempt to fully understand the ways in which the family successfully accomplishes its goals and manages its problems (Powell, Batsche, Ferro, Fox & Dunlap, 1997, p.4).

APPENDIX B: GLOSSARY OF KEY TERMS

Glossary References

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APPENDIX C: PROCESS NOTES AND EVALUATION FINDINGS

OVERVIEW OF METHODOLOGY

An internal evaluation was completed of the Prenatal through Three Workforce Development Project to obtain feedback during the project and to compare perceptions of Workgroup members throughout the project. Four surveys were completed at different points in the project. The surveys included:

- Initial Survey
- Who, What and How Framework Collaborative Meeting Survey
- Mid-Process Survey
- Workgroup Post Survey

The findings included both quantitative results (e.g., using Likert scale ratings) and qualitative feedback. A summary of the results is below, followed by the specific findings from each survey, along with comparisons across surveys where appropriate.

SUMMARY OF RESULTS

The collaborative process generated many lessons and insights about crafting a cross-disciplinary effort to define workforce competencies and put these competencies into practice. Workgroup members reflected on their own experience and identified assets that supported their work. Workgroup members also identified elements that are likely to be helpful to future cross-sector workforce development efforts for the P-3 workforce development in Los Angeles County.

Responses included:

- Remain open to the perspectives of other sectors.
- Separate self from own discipline. Let go of own "professional ego" and sector-specific jargon and terminology.
- Value everyone at the table equally.
- Ensure every work sector is equally considered and valued, particularly since some work sectors are more respected than others by the public and within the early childhood field.
- Set up a process that encourages each work sector to contribute and advocate for the workforce issues and competencies within that sector.
- Identify and address sectors' differences in language used to describe and define competencies in order to develop common language and concepts that are recognized and accepted by all work sectors.
- Keep competency-related language basic without oversimplifying.
- Apply a wellness-based approach rather than an illness/condition/treatment-based approach to frame concepts with jargon-free language.

In comparing pre- and post-responses on a survey of Workgroup participants, the Workgroup members reported they gained useful information from their interactions with other Workgroup members. This information enhanced their professional knowledge, knowledge of other work sectors and understanding of cross-disciplinary collaborative opportunities. The Workgroup process increased the resources, tools and strategies available to them for their own work, including increased connections to professionals outside their own sectors. Several Workgroup members reported that they have already been able to use the Who, What, How Framework and materials provided to the Workgroup in their own work.

SUMMARY OF RESULTS OF EACH SURVEY

Initial Survey

A brief online Initial Survey was administered prior to the Core Competencies and Training Workgroups prior to their first meetings. The survey gathered baseline data across work sectors on the thoughts and knowledge of invited members and others directly involved with the Project. The purpose of this survey was to:

- Learn about participants' current level of understanding related to P-3 competencies and professional development; and
- Identify participants' current thoughts and knowledge on P-3 workforce work sector competencies and professional development approaches and methods.

The Initial Survey was administered online using Zoomerang software's email deployment option that sends the survey link directly to the intended respondents' email addresses. This summary presents responses from those who responded by May 18, 2009. A total of 37 staff and Workgroup members submitted responses, for a response rate of 79 percent.

Definitions. On the Initial Survey "competency" was defined as *"the skill sets and/or knowledge P-3 service providers need to possess in order to provide quality services to infants, toddlers and their families."* Sixty percent of respondents said the definition describes competency to an extent but was not a comprehensive definition. Forty percent thought that it was an accurate and comprehensive definition of competency. Many participants suggested changes or additions to the presented competency definition, several of which addressed disposition, behavior and ability. This indicated that the Core Competencies Workgroup would need to work to reach consensus on an alternative definition of "competency" (see p. 3 of the Summary Report for the revised definition).

Participants were also presented with the working definition of "professional development" as *"structured teaching and learning experiences that are formalized and designed to support acquisition of professional knowledge, skills and dispositions, as well as the application of knowledge in practice."*[1] The majority of respondents (72 percent) agreed that the definition was accurate and comprehensive. Twenty-five percent of participants replied that the definition was not comprehensive and one respondent (3 percent) thought the definition was not accurate. This working definition was ultimately adopted by the Workgroup.

Knowledge of Workforce Work Sectors. To gauge knowledge of the Project's five work sectors, respondents were asked to rate their level of knowledge regarding current efforts to address competencies and to build/strengthen professional development within early care and education, early intervention, mental health, physical health and social services/child welfare at the local, state and national levels on a one-to-four scale ranging from "not at all knowledgeable" to "very knowledgeable." Overall, participants thought they were more knowledgeable at the local Los Angeles County level than at the state and national levels. At the local level, a range of respondents were "somewhat" or "very knowledgeable" of:

- Current efforts to address competencies across work sectors (range: 54 percent for the social services/child welfare sector to 70 percent for the early intervention sector).
- Current efforts to build/strengthen professional development (range: 44 percent in the physical health sector to 64 percent in early intervention).

[1] Definition from: National Professional Development Center on Inclusion. (2007). *New directions and promising approaches to address professional development challenges.* Preconference presented at the International Division for Early Childhood, Niagara Falls, Ontario.

Work Sector Coordination. The survey asked respondents to rate the level at which the identified work sectors are currently coordinating their professional development efforts. Responses indicated that participants believe that work sectors are currently not coordinating professional development efforts, with the majority of respondents indicating the following:

- The Workgroup sectors support and develop competencies at the local (70 percent), state (84 percent) and national (92 percent) levels "a little" or "not at all."
- The Workgroup sectors establish and provide professional development at the local (81 percent), state (86 percent) and national (92 percent) levels "a little" or "not at all."

Impact within Work Sector. Participants were asked how they saw themselves impacting competencies or professional development within their own work sector. With regards to influencing **in-service trainings**, 60 percent of respondents rated they could impact competencies and 61 percent rated they could impact professional development. For **practice** they rated themselves 49 percent on competencies and 50 percent on professional development; on **evaluation** 49 percent and 47 percent, respectively, and on **academia/pre-service training** 49 percent and 44 percent. A sizeable proportion of respondents also indicated that they could have an impact on policy (38 and 42 percent) and research (35 and 39 percent).

Professional Development Approaches. To identify participants' thoughts on the effectiveness of different professional development approaches to building a sustainable approach to professional development for the P-3 workforce, participants rated various approaches on a one-to-four scale ranging from "not at all effective" to "very effective." Of those familiar with the listed approaches, the following approaches were most likely to be rated as "very effective": reflective practice (64 percent), mentoring (63 percent) and modeling (53 percent). Workshops received the lowest rating, with only 14 percent rating this approach as "very effective." Approximately one-quarter of respondents indicated they were unfamiliar with or unsure how to rate the approaches of co-instructing (33 percent) and community of practice (25 percent).

Who, What and How Framework Collaborative Meeting Survey

On April 27, 2009 28 members of the Core Competencies and Training Workgroups, Project subject matter experts and consultants attended a *Prenatal through Three Workforce Development Project Meeting* on the Who, What, How Framework (WWH) (refer to p. 1 of the Summary Report). A paper survey was provided to attendees at the end of the Meeting to determine if meeting objectives were attained and to collect comments and suggestions. The survey form consisted of closed- and open-ended questions. A total of 21 attendees completed and returned the survey, a response rate of 75 percent.

Meeting Objectives and Structure. On a 4-point Likert scale ranging from "strongly disagree" to "strongly agree," survey respondents were asked to rate their level of agreement to a series of meeting objective and structure statements. As shown in Table C1, the majority of respondents agreed or strongly agreed that the meeting had attained its objectives and was well organized.

Table C1: Meeting Objectives Ratings

	Sample Size	Strongly Disagree	Disagree	Agree	Strongly Agree
I better understand the Who, What and How (WWH) Framework.	N=21	5%	0%	43%	52%
The WWH Framework is a useful approach to planning workforce development.	N=20	5%	0%	50%	45%
The WWH Framework is a relevant approach to planning workforce development.	N=20	5%	0%	50%	45%
Overall, the meeting was well organized.	N=20	5%	0%	25%	75%
Overall, the teaching methods utilized during the meeting were appropriate for the audience.	N=20	5%	0%	45%	50%
I feel prepared to apply the WWH Framework to the Project.	N=20	5%	5%	65%	25%
I identified what is needed to move the core competencies and/or professional development work forward.	N=19	0%	16%	69%	16%
I learned planning strategies and examples to assist in the development of cross-sector competencies and professional development related to the Project.	N=18	6%	11%	67%	17%

* Note: percentages do not equal 100 percent due to rounding.

Likes, Suggestions and Comments. The evaluation form included three open-ended questions to gather information about what respondents liked about the meeting, suggestions for future meetings and any other meeting-related comments or suggestions. When asked, "What did you like most about this meeting?" respondents indicated they liked interacting with people from different work sectors, learning about the WWH Framework and appreciated how the meeting was organized. Meeting attendees were asked, "What kind of information would you like to see included at future Project meetings?" Several suggestions concerned narrowing the scope of the Project and providing more examples on the application of the WWH Framework. Respondents were also provided with an opportunity to "share any other comments or suggestions you have regarding this meeting."

Plus/Delta. At the conclusion of most Workgroup meetings, participants were invited to provide feedback on the meeting in accordance with the Plus/Delta format, which is a simple process for gathering oral feedback on positive aspects and areas for change about a meeting. During this process, participants were asked to report on positive aspects of a topic (recorded under the + column on a flip chart or white board) and areas to change or requests for future meetings (recorded under the Δ column). Overall, Workgroup participants were positive about meeting facilitation, receiving information on the "big picture" of the Project and the sharing of information and resources, while areas to change largely addressed logistical concerns. This feedback was used to guide future meetings.

Mid-Process Survey

An online Workgroup Process Survey gathered data to assess how Workgroup members perceived their participation the Project. The information garnered from this survey was used to guide future Workgroup meetings. The survey was adapted from a Communities of Practice Indicators Worksheet developed by the FPG Child Development Institute[2] and is based on the Project approach and short-term outcomes. Workgroup members, consultants and content experts actively participating in the Core Competencies Workgroup at the time of survey dissemination were asked to complete the survey following their third Workgroup meeting and to return it within seven weeks. Of the 17 participants, 82% (14) completed the survey. The following summary demonstrates that at the midpoint the Workgroup, for the most, part adhered to a community of practice structure and the Project approach and was making strides toward short-term outcomes.

Membership. Workgroup participants rated that "all" or "most" of the members represented a variety of work sectors (100 percent) and expertise (97 percent). A slightly smaller proportion of participants reported Workgroup members "displayed most of the time" or "displayed all of the time" a common sense of purpose about their roles in the Workgroup (86 percent). Seventy-nine percent felt that members' responsibility for designing a plan of action to address the Workgroup's purpose was demonstrated "all" or "most of the time."

Process/Activities. The majority of respondents replied that at meetings members engaged in joint activities and discussions "all" or "most of the time" (83 percent) and built relationships with each other (86 percent) suggesting an experience of mutuality and sense of community. The majority of participants responded that learning useful information from interactions with others on the Workgroup had been displayed "all" or "most of the time" at the meetings (92 percent). One hundred percent perceived that members engaged in collaborative reflection on their experiences and concerns "all" or "most of the time." With regard to whether their own level of self-reflection had increased by their participation in the Workgroup, 77 percent responded "all the time," while 23 percent responded "a little."

Knowledge. Seventy-nine percent of respondents reported that members were generating new knowledge as a group through their interaction and had built a shared repertoire of resources, experiences and tools to address the Workgroup's purpose "all of the time" or "most of the time." Seventy-one percent of respondents said "all" or "most of the time of the time the Workgroup's knowledge was successfully translated into practical strategies; however, 29 percent felt this occurred only "a little." Similarly, while 57 percent of respondents replied that members "all" or "most of the time" felt connected with other members in the Workgroup who were outside of their work sector, 43 percent perceived this connection was displayed only "a little."

Project Approach and Short-Term Outcomes. The usefulness of evidence-based practices to the Workgroup's decision-making process was displayed "all" or "most of the time" according to 86 percent of respondents. A slightly smaller percentage of respondents (79 percent) rated that members were addressing issues of culture in the planning of the Workgroup work "all of the time" or "most of the time." The majority of respondents felt "all" or "most of the time" they advocated for and promoted cross-service sector P-3 workforce efforts outside of the Workgroup meetings (93 percent) and that members had a consensus on Project work and deliverables (86 percent).

Workgroup Meeting Comments. Responses to the open-ended question, "What would you keep the same about the Workgroup meetings?" appreciated the preparation, planning and materials developed for the meetings, the sharing of competency information from the different work sectors and the timing of the meetings. Regarding "What changes to the Workgroup meetings would you suggest?" the most common suggestion was to have more time for small group work.

Workgroup Post Survey

The purpose of this survey was to gather post-Workgroup data from active Workgroup participants in order to assess:

- Level of collaboration and cooperation among the Workgroup in accordance with principles of a community of practice;
- Satisfaction with participation in the Project;
- Change in participants' level of cross-sector understanding related to P-3 workforce core competencies and professional development; and
- Current and intended use of Project related resources and information.

The first part of the survey was identical to the questions asked on the Mid-Process Survey. The survey also contained items asked in the Initial Survey with regard to knowledge of different work sectors and perceived level of cross-sector collaboration. In addition, the Post Survey included items related to satisfaction and use of Project resources and information. The Post Survey was administered online. Core Competencies Workgroup participants completed the survey following their last Workgroup meeting and were given approximately three weeks to complete it. Nine Workgroup participants, out of 18, completed the survey for a response rate of 50 percent.

When appropriate, responses between the Initial and Mid-Process Survey and the Post Survey were compared by conducting paired t-tests on the data to determine if there were any differences in responses between the

[2] Winton, P., & Ferris, M. (2008). *Communities of practice indicators worksheet.* Retrieved from: http://community.fpg.unc.edu/resources/planning-and-facilitation-tools/FPG-Community-of-Practice-Indicators-Worksheet-2008.pdf/view

surveys. Six individuals completed both the Initial and Post Surveys and eight individuals completed the Mid-Process and Post Surveys. Statistical difference was set at a significance level of $p \leq .05$ for a two-tailed test. Any differences found are discussed below.

Process: Membership. Workgroup participants rated that "all" or "most" of the members represented a variety of work sectors (100 percent) and expertise (89 percent). There was a statistically significant difference in ratings of work sector variety such that more respondents reported this variety in the Workgroup on the Post Survey than on the Mid-Process Survey. Participants reported Workgroup members "displayed most of the time" or "displayed all of the time" a shared common sense of purpose about their roles in the Workgroup (100 percent); and were responsible for designing a plan of action to address the Workgroup's purpose (89 percent).

Process: Process/Activities. All participants responded that learning useful information from interactions with others on the Workgroup had been displayed "all" or "most of the time" at the meetings (100 percent). With regard to mutuality or sense of community, the majority of respondents replied that members engaged in joint activities and discussions "all" or "most of the time" (89 percent) and built relationships with each other (89 percent). Ratings were significantly more positive on the Post Survey than Mid-Process Survey with regard to engagement in joint activities and building relationships. All of the respondents perceived that members engaged in collaborative reflection on their experiences and concerns at meetings "all" or "most of the time." Concerning whether their own level of self-reflection had increased by their participation in the Workgroup, the majority (89 percent) responded "all" or "most of the time." Ratings were significantly greater on both reflection items on the Post Survey than on the Mid-Process Survey.

Process: Knowledge. All of the respondents reported that members built a shared repertoire of resources, experiences and tools to address the Workgroup's purpose "all" or "most of the time." Eight-nine percent of participants reported that members generated new knowledge as a group through their interactions in the Workgroup. Respondents said that members were successful in turning the Workgroup's responsibilities into practical strategies "all" or "most of the time" (89 percent) and felt connected with others in the Workgroup outside of their work sector (78 percent).

Process: Project Approach and Short-Term Outcomes. All respondents rated that members addressed issues of culture in the planning of the Workgroup work and that members reached consensus on Project work and deliverables "all" or "most of the time." A majority of respondents felt that the usefulness of evidence-based practice to the Workgroup's decision-making process was displayed "all" or "most of the time" (89 percent) and that participants advocated and promoted cross-service sector P-3 workforce efforts outside of the Workgroup meetings (89 percent).

Satisfaction with Participation in Workgroup. To gauge Workgroup participant satisfaction, respondents were asked if they believed their participation in the Core Competencies Workgroup contributed to the early childhood field, was worthwhile and was relevant to their organization on a four-point scale ranging from "strongly disagree" to "strongly agree." All participants "agreed" or "strongly agreed" with the statements, indicating a high level of satisfaction.

Understanding of Work Sectors: Knowledge of Workforce Service Sectors. Similar to the Initial Survey, participants reported being more knowledgeable at the local Los Angeles County level than at the state and national levels. At the local level, for the most part the majority rated that they were "somewhat" or "very knowledgeable" about current efforts to address competencies across service sectors, ranging from a high in the early care and education sector (100 percent) to a low in the mental health sector (44 percent). At the state level, those who rated themselves as "somewhat" or "very knowledgeable" ranged from a high in the early care and education sector (78 percent) to low in the mental health and physical health sectors (33 percent each). Similarly, at the national level the range of "somewhat" or "very knowledgeable" respondents was high in the early care and education sector (67 percent) to a low in the mental health, physical health and social services/child welfare sectors (33 percent each). A statistically significant difference from Initial to Post Survey was revealed at the local level for the early care and education sector such that respondents were more positive in their self-rating of sector knowledge on the Post Survey.

In general, the findings for participant knowledge of current efforts to build/strengthen professional development efforts were lower compared to the knowledge of competencies. Respondents who were "somewhat" or "very knowledgeable" of professional development at the local level ranged from a high in the early care and education sector (100 percent) to a low in the physical health sector (44 percent). Knowledge of professional development efforts at the state and national levels were rated lower. Ratings of "somewhat" or "very knowledgeable" at the state and national levels were highest for the early care and education sector (56 percent) and lowest for the physical health sector (11 percent). There were several differences between Initial and Post Survey: perceived knowledge was rated greater on the Post Survey for the early care and education sector at the local and national levels, early intervention at the national level and mental health at the local level.

Understanding of Work Sectors: Work Sector Coordination. Workgroup members and First 5 LA staff indicated there is a fair amount of coordination among the identified P-3 service sectors. The majority responded that work sectors are coordinating "a lot" or "somewhat" at the local (89 percent), state (78 percent) and national (67 percent) levels. Post Survey ratings of local and state levels reported greater perceived collaboration than was reported on the Initial Survey. A smaller portion of participants indicated that work sectors were coordinating to establish and provide professional development compared to ratings of coordination on competencies. It was reported by the majority of respondents that service sectors were coordinating "a lot" or "somewhat" on professional development at the local level (78 percent), a statistically significant increase in perceived cross-sector coordination compared to ratings on the Initial Survey. However, the majority reported there was still only "a little" or "no" coordination at the state (56 percent) and national levels (67 percent).

Information and Resources. Workgroup participants were asked to report what information and resources received had been useful and relevant to their work. Eighty-nine percent of respondents replied that the Resource Notebook and 56 percent reported the WWH Framework were useful and relevant. Participants identified these as resources they used within their own organizations. Responses to how Workgroup participants planned to use the Project's materials and information to promote cross-sector collaboration indicated that participants were planning to incorporate these materials into organizational protocols and dialogue with other sectors.

The Post Survey concluded by asking respondents for any other ideas, comments, or suggestions related to their participation in the Core Competencies Workgroup. Members expressed a desire to be kept involved in the Prenatal through Three Workforce Development Project.

APPENDIX D: SAMPLE WORK ROLES

Early Care & Education	Mental Health	Early Intervention	Child Welfare	Physical Health
• Aide • Assistant Teacher • Associate Teacher • Early Head Start Home Based Educator • Early Head Start Manager • Family Child Care (FCC) Aide • FCC Network Coordinator • FCC Provider • Family Friend and Neighbor Caregiver/ License-exempt Child Care Provider • Family Literacy Trainer • Family Literacy Coordinator • Master Teacher • Nanny • Program Director • Resource and Referral Specialist • Resource and Referral Trainer • Site Supervisor • Teacher[i]	• Prevention, Intervention/ Treatment • Child Care Mental Health Consultant • Clinical Social Worker • Developmental Psychologist • Early Childhood Mental Health Specialist • Early Interventionist • Licensed Mental Health Professionals • Mental Health Therapist • • Promotion • • Those who focus on supporting healthy development, such as early care and education providers, support group facilitators, parent educators[ii]	• Aide • Assistant • Early Interventionist I • Early Interventionist II • "Qualified personnel who provide early intervention services...: (1) Audiologists. (2) Family therapists. (3) Nurses. (4) Occupational therapists. (5) Orientation and mobility specialists. (6) Pediatricians and other physicians for diagnostic and evaluation purposes. (7) Physical therapists. (8) Psychologists. (9) Registered dieticians. (10) Social workers. (11) Special educators, including teachers of children with hearing impairments including deafness) and teachers of children with visual impairments (including blindness). (12) Speech and language pathologists. (13) Vision specialists, including ophthalmologists and optometrists."[iii]	• Attorney • CASA • Case Worker • Child Protection W orker • Child Welfare Instructor • Child Welfare Policy Advocate • Foster Parents • In-home Aides: Homemaker, parent aide, human service aide, parent educator, family support worker ("all share the common purpose of helping to maintain children in intact families") • Judge • Kinship Caregivers • Permanency Planning Worker • Public Health Nurse • Social Worker[iv]	• Care Coordinator • Certified Lactation Educator • Early Childhood Educator/New Parent Coach • Family Medicine Provider • Health Educator • Hospital Case Manager • Hospital Discharge Planner • Hospital Liaison • Hospital Social Worker • Internal Medicine Provider • Lactation Consultant • Lactation Specialist • Lactation Support Peer Counselor • Nurse Home Visitor • Nurse Midwife • Nursing Staff Supervisor (RN, LCSW, or licensed developmental psychologist) • Nutritionist • Obstetrician • Pediatrician • Pediatric Dentist • Pediatric Nurse Practitioner • Pediatric Office Receptionist • Perinatal Case Manager • Public Health Dentist • Public Health Nurse • Registered Nurse • Social Worker[v]

[i] Insight Center for Community Economic Development (2007). *Early care and education career lattices in Los Angeles.* Oakland, CA: Author.
[ii] Meyers, J. (2007). Developing the workforce for an infant and early childhood mental health system of care. In D. Perry, R. Kaufmann and J. Knitzer (Eds.), *Social and emotional health in early childhood: Building bridges between services and systems.* Baltimore, MD: Brookes.
[iii] Department of Education. Early intervention program for infants and toddlers with disabilities: Proposed rule. *Federal Register,72,* 26456- 26531. 2007.
[iv] Child Welfare League of America (2003). *CWLA standards of excellence for services to strengthen and preserve families with children.* Washington, DC: Author.
[v] Perlino, C. M. (2006). *The public health workforce shortage: Left unchecked, will we be protected?* Washington, DC: American Public Health Association.

APPENDIX E: SOURCES FOR CORE COMPETENCIES BIBLIOGRAPHY

Purpose of this document:
This bibliography identifies resources that informed the work of the Core Competencies Workgroup in formulating core competencies for the prenatal through age three (P-3) workforce. These documents represent information on the P-3 workforce, competencies for the P-3 workforce or competencies developed through the efforts of local, state or national working groups.

General Resources

Annie E. Casey Foundation. (2003). ***The unsolved challenge of system reform: The condition of the frontline human services workforce.*** Baltimore, MD: Author. Retrieved from http://www.caseyfoundation.org/KnowledgeCenter/Publications.aspx?pubguid=%7BA4B76C41-76F0-4ACA-A475-1665F3519663%7D.
This document provides an overview of challenges for the workforce in early care and education, child welfare, early intervention and social services.

Burns, P., Flaming, D., & Economic Roundtable. (2006). ***LA Workforce Investment.*** Los Angeles, CA: Economic Roundtable. Retrieved from http://www.economicrt.org/publications.html.
This document, commissioned by First 5 LA, provides data on the prenatal through five workforce in Los Angeles County.

National Child Care Information and Technical Assistance Center (2009, July). ***The early childhood professional development systems toolkit: With a focus on school-age professional development.*** Fairfax, VA: Author and Child Care Bureau. Retrieved from http://nccic.acf.hhs.gov/pubs/pd_toolkit/index.html.
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National Professional Development Center on Inclusion. (2008). ***What do we mean by professional development in the early childhood field?*** Chapel Hill, NC: The University of North Carolina, FPG Child Development Institute, Author. Retrieved from http://community.fpg.unc.edu/resources/articles/files/NPDCI-ProfessionalDevelopment-03-04-08.pdf.

Winton, P. J., McCollum, J. A., & Catlett, C. (Eds.). (2008). ***Practical approaches to early childhood professional development: Evidence, strategies and resources.*** Washington, DC: ZERO TO THREE.

Wisconsin Early Childhood Collaborating Partners (n.d.). ***Wisconsin early care and education career guide.*** Retrieved from http://www.collaboratingpartners.com/career_g/WI_IndvPDP.html.
Attempting to unify the early childhood community, provides career guidance covering child care, public education, Head Start, health, mental health, family support, family literacy and early intervention.

ZERO TO THREE. (1990). ***Preparing practitioners to work with infants, toddlers and their families: Issues and recommendations for the professions.*** Washington, DC: National Center for Clinical Infant Programs.

Cultural Competence Resources

Chang, H. (n.d.). ***Getting ready for quality: The critical importance of developing and supporting skilled, ethnically and linguistically diverse early childhood workforce.*** Oakland, CA: Children Tomorrow. Retrieved from http://www.californiatomorrow.org/media/gettingready.pdf.
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National Association for the Education of Young Children (2009, June). ***Quality benchmark for cultural competence project.*** Retrieved from http://www.naeyc.org/files/naeyc/file/policy/state/QBCC_Tool.pdf.

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Sareen, H., Vicensio, D., Russ, S., & Halfon, N. (2005, July). ***The role of state early childhood comprehensive systems in promoting cultural competence and effective cross-cultural communication.*** In N. Halfon, T. Rice, & M. Inkelas (Eds.) *Building State Early Childhood Comprehensive Systems Series,* No. 8. Los Angeles, CA: National Center of Infant and Early Childhood Health Policy at UCLA. Retrieved from http://www.eric.ed. gov/.

Developmental Screening Resources

American Academy of Pediatrics (2006). ***Identifying infants and young children with developmental disorders in the medical home: An algorithm for developmental surveillance and screening.*** *Pediatrics,* 118, 405-420. Retrieved from http://pediatrics.aappublications.org/.

Georgetown Center for Child and Human Development website: http://gucchd.georgetown.edu.
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Inkelas, M., Martinez, S., Espinosa, L., Zepeda, M., Smith, K., Mackie, J. & Brown, L. (2007, September). ***Policy scan: Desired results and achieving improvement in a system of early identification and intervention in Los Angeles County.*** Los Angeles, CA: Early Developmental Screening and Intervention Initiative. Retrieved from http://www.first5la.org/files/EDSIreport091807.pdf.
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APPENDIX E: SOURCES FOR CORE COMPETENCIES BIBLIOGRAPHY

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This report was completed for a project funded by the California Department of Education and presents a review of early childhood educator competency systems developed in other states. It also represents the results of a series of focus groups conducted in California in 2007 to gather input from the field of early care and education on the appropriate direction for developing competencies for early childhood educators in California. There is currently an advisory committee working to take the recommendations of this report and develop specific competencies for early childhood educators under the guidance of WestEd and the California Department of Education.

The Family Child Care Accreditation Project Wheelock College (2005). ***Quality standards for NAFCC accreditation*** (4th ed.). Salt Lake City, UT: National Association for Family Child Care. Retrieved from http://ccrain.fl-dcf.org/documents/-99/631.pdf.
Provides standards for family child care providers seeking accreditation through the national association.

Hyson, M. (Ed.) (2003). ***Preparing early childhood professionals: NAEYC's standards for programs.*** Washington, DC: National Association for the Education of Young Children.
Presents guidelines for early childhood education teacher preparation programs in four-year colleges and community colleges and guidelines developed by the Council on Exceptional Children, Division of Early Childhood for degree programs in Early Childhood Special Education. Guidelines for early childhood education teacher program accreditation are also available at: http://www.naeyc.org/accreditation.

ZERO TO THREE. (2008). ***Caring for infants and toddlers in groups.*** Washington, DC: Author.
Provides standards for programs providing child care for infants or toddlers in group settings such as child care. Available at: www.zerotothree.org.

Early Care and Education – Web Resources

California Curriculum Alignment Project website: http://www.childdevelopment.org/cs/cdtc/print/htdocs/services_cap.htm.
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Child Development Division, California Department of Education (2006). ***Infant/toddler learning & development program guidelines.*** Sacramento, CA: Author. Retrieved from http://www.cde.ca.gov/sp/cd/re/documents/itguidelines.pdf.
Provides a variety of materials to provide guidance on quality to programs and individual practitioners, including California Infant and Toddler Learning and Development Program Guidelines; California Infant/' Toddler Learning and Development Foundations; California Child Development Permit: Infant-Toddler Specialist.

National Alliance for Family Friend & Neighbor Child Care, Bank Street College website:
http://www.bankstreet.edu/naffncc/.
Reports, resources and assessment instruments to assess license-exempt child care.

National Infant Toddler Child Care Initiative website: http://nitcci.nccic.acf.hhs.gov/index.htm.
Provides fact sheets, technical assistance papers and issue briefs about building systems of child care designed to support quality care for babies and toddlers.

Program for Infant Toddler Care (PITC) website: http://www.wested.org/cs/we/view/pj/249.
Supports statewide training and technical assistance to improve the quality of early care and education programs for infants and toddlers.

Early Childhood Mental Health Resources

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Fight Crime: Invest in Kids California. (2006). ***From promise to practice: Mental health models that work for children and youth.*** Oakland, CA: Author. Retrieved from http://www.calendow.org/uploadedFiles/FCIK_toolkit.pdf.
The Lewin Group (2006, July). ***Education, resources, empowerment and skills (Project ERES): The challenge of overcoming stigma*** (TCE 0406-2006). Los Angeles, CA: The California Endowment. Retrieved fromhttp://www.calendow.org/uploadedFiles/MHI_calendow_case_education.pdf.
The Lewin Group (2006, July). ***Collaboration and network building with other systems of care*** (TCE 0411-2006). Los Angeles, CA: The California Endowment. Retrieved from http://www.calendow.org/uploadedFiles/MHI_calendow_case_collaboration.pdf.

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Provides information on a wide range of issues affecting young children. Includes the University Center for Excellence in Developmental Disabilities, National Center for Cultural Competence and National Technical Assistance Center for Children's Mental Health.

Korfmacher, J., & Hilado, A. (2008). ***The competent early childhood mental health specialist.*** *Herr Research Center for Children and Social Policy at Erikson Institute Research Brief,1,* 1-8. Retrieved from www.erikson.edu/hrc.
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Early Intervention Resources

California Interagency Coordinating Council on Early Intervention (2010, November). ***Early Start Personnel Model: A guide for planning and implementing professional development in support of early intervention services.*** Retrieved from http://www.dds.ca.gov/earlystart/docs/ICC_PersonnelManual.pdf.
This manual presents the recommended personnel competencies updates required by the state's Personnel Model.

Center to Inform Personnel Preparation Policy and Practice in Early Intervention and Preschool Education website: http://www.uconnucedd.org/projects/per_prep/per_prep.html.
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Center to Inform Personnel Preparation Policy and Practice in Early Intervention and Preschool Education (2006, August). ***Study VII data report: Part C – Competence and confidence of practitioners working with children with disabilities*** (CDFA #84.325J). Farmington, CT: University of Connecticut, A.J. Pappanikou Center for Excellence in Developmental Disabilities Education, Research and Service. Retrieved from http://www.uconnucedd.org/projects/per_prep/per_prep_resources.html.

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Kellegrew, D. H., Pacifico-Banta, J., & Stewart, K. (2008). ***Training early intervention assistants in California's community colleges*** (Issues & Answers Report, REL 2008 – No. 060). Washington, DC: U.S. Department of Education, Institute of Education Sciences, National Center for Education Evaluation and Regional Assistance, Regional Educational Laboratory West. Retrieved fromhttp://ies.ed.gov/ncee/edlabs/projects/project.asp?ProjectID=165.
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Family Engagement Resources

Barrett, S. D., Lee, S. S., Turnbull, A., & other participants at the NPDCI National Planning Meeting. (2007, February). ***National Professional Development Center on Inclusion: Recommendations for meaningfully involving families in state planning meetings.*** Paper presented at the meeting of the NPDCI National Planning Meeting. Washington, DC. Retrieved from http://community.fpg.unc.edu/resources/planning-and-facilitation-tools/NPDCI-RecommendationsforInvolvingFamilies-03-2007.pdf/view.
Checklist of activities to strengthen family participation.

Hemmeter, M. L., & Salcedo, P. S. (2005). ***DEC recommended practices: Parent checklist.*** In S. Sandall, M. L. Hemmeter, B. J. Smith, & M. E. McLean (Eds.) *DEC recommended practices: A comprehensive guide for practical application in early intervention/early childhood special education* (pp. 277-280). Longmont, CO: Sopris West. Retrieved from http://www.dec-sped.org/uploads/docs/about_dec/recommended_practices_tools/Parent%20Checklist.pdf.
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Wollesen, L., & Feifer, K. (2005). ***Life skills progression (LSP): An outcome and intervention planning instrument for families at risk.*** Baltimore, MD: Brooks.

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Social Work/Child Welfare Resources

California Association of Deans and Directors of Schools of Social Work and California Social Work Education Center (2004, July). ***Master plan for social work education in the state of California.*** Retrieved from http://calswec.berkeley.edu/CalSWEC/Publications_4.html.
Contains summaries of studies of the social work and child welfare workforce, education career ladder and college/university training programs.

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Provide professional standards for best practice in service delivery. Additional information available at: http://www.cwla.org/programs/standards/cwsstandards.htm.

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APPENDIX F: ALIGNMENT OF P-3 CORE COMPETENCY DOMAINS WITH WORK SECTOR DOMAINS

Definitions

Core Competencies:

Competencies of prenatal through age three service providers are the basic attitudes, knowledge and skills required to provide effective services that meet the needs of expectant parents, infants, toddlers and their families.

P-3 Service Provider:

An individual who works in a public or private setting serving infants, toddlers, their parents or caregivers and/or expectant mothers and fathers to ensure that children are supported in nurturing environments so that they reach their best developmental potential.

Explanation of Table

The table presented on the following pages was designed to serve as a planning template to guide the Core Competencies Workgroup in the identification of the core competency domains for the Prenatal through Age Three Workforce Development Project.

Column 1 lists the Workgroup recommended core competency domains. Columns 2-6 list domain titles from representative documents from the P-3 work sectors of early care and education, early intervention, social services/child welfare, mental health and physical health.

This table will be updated and revised in 2013.

Column #1	Column #2	Column #3	Column #4	Column #5	Column #6
Prenatal through Three Workforce Development Project **Core Competency Domains**	**Workforce Sector Domain Titles**				
	Early Care and Education[i]	**Early Intervention**[ii]	**Social Services/ Child Welfare**[iii, iv]	**Mental Health**[v]	**Physical Health**[vi]
Early Childhood Development	Child Growth and Development		Apply Knowledge of Human Behavior and the Social Environment	Infant/Toddler and Preschool Development	
Family-Centered Practice	Family and Community		Family-Centered Approach to Child Protective Services	Parenting, Family Functioning and Parent-Child Relationships	
Relationship-Based Practices					Nurse Practitioner-Patient Relationship Teaching – Coaching Function
Health and Developmental Risk and Protective Factors	Family and Community		Effects of Abuse and Neglect on Child Development/ Human Development Family Violence	Parenting, Family Functioning and Child-Parent Relationships Biological and Psychosocial Factors Risk and Resiliency	
Cultural and Linguistic Responsiveness	Cultural Diversity Dual Language		Culture and Diversity in Child Welfare Practice Engage Diversity and Difference in Practice Advance Human Rights and Social and Economic Justice Respond to Contexts that Shape Practice		Cultural Competence

APPENDIX F: ALIGNMENT OF P-3 CORE COMPETENCY DOMAINS WITH WORK SECTOR DOMAINS

Column #1	Column #2	Column #3	Column #4	Column #5	Column #6
Prenatal through Three Workforce Development Project **Core Competency Domains**	**Workforce Sector Domain Titles**				
	Early Care and Education[i]	**Early Intervention**[ii]	**Social Services/ Child Welfare**[iii, iv]	**Mental Health**[v]	**Physical Health**[vi]
Leadership and Advocacy	Administration and Management				Managing and Negotiating Health Care Delivery Systems
Professional and Ethical Practices	Professionalism and Professional Development	Professional and Ethical Practices	Legal Aspects of Child Protection Case Planning and Family-Centered Casework Writing Skills/ Documentation Identify as a Professional Social Worker and Conduct Oneself Accordingly Apply Social Work Ethical Principles to Guide Professional Practice Apply Critical Thinking to Inform and Communicate Professional Judgments	Ethics	Professional Role Monitoring and Ensuring the Quality of Health Care Practice
Service Planning, Coordination and Collaboration		Collaborative Partnerships Transition Planning	Health and Medical Issues DCFS-Specific Issues	Interdisciplinary/ Multidisciplinary Collaboration	

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