EARLY HEAD START NATIONAL RESOURCE CENTER

Early Head Start Home-Based Program Option

Recruiting, Training, and Retaining Qualified Staff

Technical Assistance Paper No.2

Prepared by Early Head Start National Resource Center @ ZERO TO THREE

Technical Assistance Paper No. 2

Early Head Start Home-Based Program Option: Recruiting, Training, and Retaining Qualified Staff

This document was developed by the staff of the Early Head Start National Resource Center (EHS NRC) @ ZERO TO THREE in collaboration with the Head Start Bureau. The contents of this paper are not intended to be an interpretation of policy. The information and the Early Head Start program profiles are offered to assist programs in the effort to develop and implement high quality services for pregnant women and families with infants and toddlers.

Cover photo: Breckinridge-Grayson Programs, Inc. Early Head Start, Leitchfield, KY

Early Head Start National Resource Center @
ZERO TO THREE
734 15th Street, NW, Suite 1000
Washington, DC 20005-1013

Phone: 202-638-1144
Fax: 202-638-0851
Web site: www.ehsnrc.org

The EHS NRC is funded by contract #105-98-2055
U. S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Head Start Bureau

© 1999
ISBN #0-943657-43-1
Printed in the United States of America
First Printing, December 1999

Early Head Start Home-Based Program Option: Recruiting, Training, and Retaining Qualified Staff

Home visiting is a popular strategy for delivering Early Head Start services to expectant parents and families with infants and toddlers. Weekly home visits are one requirement for grantees choosing the Home-based program option. The selection, training, and on-going support of staff members hired to work with children and their families in their homes requires careful consideration of the unique needs of service providers doing this challenging job.

Why is Home Visiting Unique?

Home visitors perform some of the most difficult tasks, under some of the most complex work conditions.

- The work of the home visitor occurs in the context of an interpersonal relationship. Building these family relationships takes time and effort. Families under stress often feel powerless. Simply getting in the door can be a tremendous challenge. This is intensive, demanding work.
- Families in poverty experience a kind of pervasive stress that makes family members vulnerable to a host of other concerns. Home visitors must posses a broad range of knowledge and skills to meet a multitude of needs.
- Home visitors must be skilled at working with both children and adults. Maintaining a delicate balance between the adult's needs and the child's needs is central to working effectively with families.
- Home visitors must also be able to work one-on-one with individual families, as well as facilitate group socialization experiences as required in the *Head Start Program Performance Standards.*
- Home visitors must regularly enter unfamiliar environments, consider their own safety on a daily basis, and manage the uncertainty of what lies behind the closed door each time they visit a home.

Despite these challenges, home visiting is an effective program option because:

- Service providers are able to reach families who otherwise may not seek needed help due to limited transportation or other factors which make it impossible for families to visit clinics or service centers;
- Working families are able to receive services on weekends or evenings when traditional offices are normally closed;
- Home visitors frequently have the opportunity to interact with extended family members and more effectively support the entire family; and
- Working in the home environment allows the service provider to experience families' circumstances and learn about families' needs and strengths where they naturally occur.

Finding the right people to work effectively with both children and families requires particular attention to these unique aspects of the home visitors role, as well as the program supports that are necessary to help them do their job well.

Upper Des Moines Opportunity Inc. Early Head Start. *Spencer, Iowa*

RECRUITING QUALIFIED STAFF

Home visitors must have knowledge and experience in child development and early childhood education; the principles of child health, safety, and nutrition; adult learning principles; and family dynamics. They must be skilled in communicating with and motivating people. In addition, they must have knowledge of community resources and the skills to link families with appropriate agencies and services. ***Head Start Performance Standards 1304.52(e)***

The *Performance Standards* (1304) and *Program Option Regulations* (1306) provide a framework for Early Head Start home visitor qualifications. Within that framework, program developers must decide the specific educational, professional, and personal experiences that are necessary to do the job in the specific community and agency where they will work. The types of orientation, training, and supervision offered to home visitors that are professionally trained (i.e. social workers, nurses, early childhood educators) will differ from what is provided to home visitors without those qualifications and experience. In addition to the requirements set forth in the *Performance Standards,* there are three essential components to effective staff recruitment and hiring:

1. ***Determine the needs and resources of families.*** This is the time to revisit your Community Assessment and what was approved in your grant proposal. The needs of the infants and families that you serve will determine what kind of experience and training is best for achieving the outcomes you have specified.
2. ***Identify the knowledge, skills, and attributes home visitors and their supervisory staff must have to achieve program goals and meet the Performance Standards.*** Consider what you hope to accomplish with your program to select the people who can best do the job. For example, if a major program goal is to increase the rate of healthy, full-term births in the community, you might consider employing nurse home visitors to work with expectant parents because of their specific knowledge and training in the medical field. If job applicants with specific skills or training cannot be found in your community, consider how your approach to professional development will ensure that you are selecting the best applicant for the job.
3. ***Design creative hiring practices to help identify the best "match" between each job and the person you hire.*** Use the interview process to fully explore how the potential employee would handle a variety of situations. Think creatively about how you can, within confidentiality guidelines, watch the candidate "in action": using role plays, critiquing a videotape of a home visit, accompanying staff on an actual home visit, or participating in a group socialization experience. Involve a number of your staff in the interview process so you can get feedback about a candidate from different perspectives.

PROFESSIONAL DEVELOPMENT AND TRAINING

Grantee and delegate agencies must provide an orientation to all new staff, consultants, and volunteers that includes, at a minimum, the goals and underlying philosophy of Early Head Start and/or Head Start and the ways in which they are implemented in the program. ***Head Start Performance Standards 1304.52(k) (1)***

What if your community does not have a cadre of job applicants with the training and skills you are seeking? Once you have selected the staff with the greatest potential, how do you prepare them to do the job? When the "newness" of the job has worn off, how do you inspire your staff to learn new skills, or refresh the ones that they brought with them? How do you build individual and program excellence? Staffing issues such as these are directly related to your approach to professional development.

Mid-Iowa Community Action. *Ames, Iowa*

The Advisory Committee on Services for Families with Infants and Toddlers reported "programs are only as good as the individuals who staff them." Once you have recruited and hired qualified staff, on-going professional development activities are the key to building individual and program competence.

Preservice Training and Orientation: Bringing New Staff On-Board

How you bring new staff into your program sets the stage for how they work and grow within the organization. Consider the variety of learning experiences that may be offered to a new employee:

- Written materials regarding the organization and its' mission.
- Verbal and written polices and procedures.
- Shadowing experienced staff.
- Role-playing challenging situations.
- Case studies of particular families.
- Video observation of actual home visits or group socialization experiences.
- Mentorship or "buddy systems."
- Interdisciplinary or group staffing meetings.
- Individual reflective or supportive supervision, which involves a collaborative relationship between supervisor and staff member that provides regular opportunities to reflect on the work of providing high quality services to expectant parents and families with infants and toddlers.

Orientation to a new job is like being immersed in a different culture. Even when the employee comes to the job with a wealth of experience, there are *new ways* of doing the job in a *new setting*. Each organization has its own unique way of operating, from what is acceptable to wear, to how, what, and with whom you can communicate. Providing the necessary physical, psychological, and informational supports during this critical period is essential to successful staff recruitment and retention.

On-Going Professional Development

Professional development is a life-long, dynamic, and evolving process. Professional development activities should build on each other and repeat central themes and beliefs of the *Performance Standards* and your EHS program over time and in a variety of ways. An array of training strategies is necessary to meet the varied needs of individual staff. Each employee will bring different experiences and skills to the job and will require different approaches for building and refining their skills.

Making the Connection Between Training and Providing Effective Services

The goal of all professional development and training activities is to provide more effective services to infants and their families. How do you evaluate the impact of your professional development activities on what you do with children and families? Both formal and informal methods -for example, parent surveys or child development checklists - provide useful information. Evaluation is a integral part of training and professional development and must be planned for when you create your individual and program training plans.

Establishing Links to Formal Education

Grantee and delegate agencies must establish and implement a structured approach to staff training and development, attaching academic credit whenever possible. This system should be designed to help build relationships among staff and to assist staff in acquiring or increasing the knowledge and skills needed to fulfill their job responsibilities. ***Head Start Performance Standards 1304.52(k) (2)***

Providing formal educational opportunities, including college credit, provides a structure and a potential career ladder to allow staff to achieve specific goals. The *Performance Standards* state that whenever possible, academic credit should be attached to educational opportunities for staff training and development. Academic credentials, such as the Child Development Associate (CDA), help assure that staff achieve entry level training and experience, however this should not be the final goal. As stated above, professional development is a life-long learning process.

Heartland Programs. *Salina, Kansas*

STAFF RETENTION

Keeping qualified staff is a continual challenge. While ongoing professional development allows for both personal and professional growth, it is often the tangible rewards that make a difference. Do staff have opportunities to advance within the organization? How is increased compensation tied to job performance, additional training, and education? Are the achievements of staff recognized?

One of the biggest obstacles to retaining well-qualified home visiting staff is the level of burn-out that is prevalent in this work. Thus, it is paramount that program administrators support and allocate funds to address the issue of stress management and mental health.

There are specific steps program directors can take to address the needs of the home visiting staff:

Nurturing the Nurturer: Ten Strategies that supervisors and administrators have found useful in nurturing home visitors, so that they can nurture families, so that they can nurture children.

1. Regular, formal reflective supervision.
Home visitors need a safe time and place in which they can candidly discuss the families with whom they are working from both objective and subjective points of view. They also need to receive nonjudgementnal and supportive feedback about their work.

2. Supervision in the field.
Home visitors feel validated when their supervisors visit homes with them, with the goal of understanding home visitors' experiences with their families, not monitoring their performance.

3. Informal peer support.
Home visitors should have as many opportunities as possible to come together with their colleagues to discuss the challenges of home-based intervention and share strategies for meeting the needs of their families and of themselves.

(Continued on page 5.)

(Continued from page 4.)

4. On-going didactic and experiential training.
Having regular opportunities to think intellectually about home visiting and to learn new information about families and techniques for working with them helps home visitors to become and feel more competent.

5. Interdisciplinary case conferences.
Because psychologically vulnerable families are often very complex, it is important to have scheduled, structured discussion of specific families that allows all the various professionals involved with the family to share their perspectives and expertise.

6. Accessible mental health consultation.
The psychological challenges that families often face require that home visitors have access to a mental health professional who can help them make family assessments, inform them of the needs of individuals with specific mental health diagnoses, advise them on intervention strategies, make treatment recommendations, and perhaps provide short-term treatment.

7. Standard protocols for family crises and high-risk situations.
Home visitors are much more effectively prepared for the challenging situations that confront them in the field if they are provided with explicit information on handling emergencies and crises (for example, when a child becomes ill during a home visit, when a family has no food or place to live, when the home visitor is exposed to inter-adult violence in the home, when the home visitor suspects or witnesses child maltreatment, etc.).

8. A focus on safety.
Contemporary home visitors, particularly those working in urban areas, often must work in unsafe communities. Their safety should be a primary consideration of their supervisors. The following five strategies contribute to the home visitors' safety and also enhance home visitors perception of security and trust in the agency for which they work:

- *Teaming:* Home visitors can go out together, particularly in the most dangerous neighborhoods. Supervisors can routinely accompany home visitors to the most dangerous homes or neighborhoods.
- *Police training:* A local police department may be able to provide self-defense and crime-prevention training. They can also inform home visitors of where the most dangerous neighborhoods are located, and what time of day it is safest to travel there. A relationship with the police department may also provide greater protection for the home visitors if the police are aware of their presence in the community.
- *Communication technology:* Cellular telephones and beepers provide an important connection between the home visitor and the agency, as well as a way to get immediate help in a crises. Allocating funds for this resource is more of a necessity than a luxury.
- *Crisis protocols:* Each home visitor should be instructed on what to do in a crisis situation, and should have the opportunity to practice these protocols in a "role play" to ensure they are well-prepared should an emergency arise. A supervisor or administrator should be "on-call" whenever a home visitor is in the field to immediately respond to a home visitor in a crisis situation.
- *Participant involvement in home visitor safety:* Families participating in the home visiting program should be encouraged to help plan for the home visitors safety. Family members often know of potential safety hazards in the neighborhood (i.e. crack houses, gang activity, etc.) and can inform home visitors of the safest way to travel through the neighborhood.

9. Celebrations.
The work of home visitors should be constantly celebrated, through self-recognition programs, regular informal and formal meetings of staff in which efforts are recognized, impromptu meals that provide sustenance to both body and spirit, and praise from supervisors.

10. Mental health time-outs.
Supervisors should be attuned to home visitors and recognize when they feel burned out or have had an experience that has been particularly exhausting, physically or mentally. In these circumstances, supervisors should help home visitors stop and take a "time out" (or a day off) from the difficult work of home visiting.

Harden, B. J., 1998, Zero To Three, Vol.17(4), pp.14,16.

IN SUMMARY....

Recruiting, training, and retaining qualified home visitors requires a comprehensive approach to professional development, including:

- Knowledge of the unique aspects of the home visitors role;
- Clearly articulated needs and resources of the families you are serving, and the staff qualifications to meet those needs;
- Hiring practices to identify the best match for the job;
- Professional development experiences that build on each other, use a variety of adult learning strategies, honor individual needs, and provide links to formal education;
- Evaluation mechanisms to ensure that your training and professional development experiences are having the desired impact on the work you do with children and families; and

Murray Early Head Start, *Murray, KY*

- Resources to maintain staff commitment and avoid turnover, such as adequate compensation, career advancement, and mental health needs.

Early Head Start Program Profiles

The program profiles which follow provide a snapshot of home visiting in action in three EHS programs that offer services through home visiting. Each program has outlined their particular approach to staff recruitment, training, and retention. All EHS programs are empowered to develop services to meet the needs of their own communities, thus each program model will be unique.

Hamilton Center, Inc. Terre Haute, Indiana

Hamilton Center Early Head Start provides home-based services to 60 families throughout Vigo County, Indiana. This mostly rural community is largely Caucasian, with a smaller African American and Asian population. The EHS program prioritizes families with the youngest moms, the youngest children, and the lowest income.

Needs and resources of participating families: Initially upon receiving the EHS grant award, we utilized the Community Assessments, gathered information from other programs in the community serving low-income families, and spoke with families about their needs. Now in our fourth year of operation, the participating families continually teach us about their resources and needs. Community partners continue to be a source of pertinent information.

The needs of families in our community include: formal education (GED, college), jobs with adequate salaries, medical care for adults, social support systems, transportation, safe neighborhoods, mental health services, and help with domestic violence issues. The resources of these families include: the knowledge of how to survive on a limited income, how to utilize community services, the desire to make positive changes in their lives, a love of their children, the willingness to share with others, and a network to get things done in the face of seemingly insurmountable obstacles.

Staff qualifications: We employ six EHS Educators to provide home visiting services. All Educators have Bachelor's Degrees in Child Development and Family Life or Early Childhood Education. Prior experience of these staff members include community early intervention programs and child care settings.

Staff hiring practices: The interview process consists of a panel interview. Candidates are questioned regarding their education, experience, interpersonal skills, attitudes/values, adaptability, maturity, and professional goals and objectives. Staff members ideally have a solid knowledge base of infants, toddlers, and families, but recognize that they have much to learn. Staff should have a passion for working with families and children, but will let families make their own choices. It is also important that staff members work well as a team, but are also able to work effectively on their own. Finally, we want staff who recognize that there is more than one answer to a question and no one individual has to have all the answers.

During the interview process we encourage the candidate to talk and share with us how they would handle certain situations, why they want to work with young children and their families, what they see as their strengths and weaknesses, what makes them feel successful, and what they want to get out of their employment.

Approach to training: The orientation process for new employees is tailored to meet the individual needs of the staff member. All employees attend an agency orientation meeting, and we use a checklist to ensure each employee has received information on key topics. Other orientation activities include: watching videos, shadowing veteran home visitors, one-to-one instruction with a supervisor, and selected readings.

On-going training is provided to all staff. We offer monthly inservice training, quarterly agency-wide training, weekly staff presentations, access to professional literature, and the opportunity to attend conferences and workshops.

Staff retention: In order to retain our qualified staff we offer competitive salaries and benefits, recognize the accomplishments of staff, encourage staff to share their knowledge, do fun activities, and have an enjoyable and supportive work environment. We are developing a career ladder within the home visiting services. We also encourage our staff to be involved in teams that are working on agency-wide activities to keep them connected to the work of the agency as a whole. Staff are involved in making decisions about how the supply budget is spent, and select items that they will use in their work. We have also invested in technology to support staff in their work.

All supervisors have been trained in reflective supervision and all staff have a scheduled time to speak with their supervisor about their work with children and families. We also offer Mental Health Consultation on a monthly basis. We contract with a mental health therapist who is available to meet with staff regularly to talk confidentially about strategies for working with particular families, the staff members personal reactions to their work, and goal-setting for themselves and for the families they work with.

Contact: Anita Lascelles, Director 812-231-8336

Florida State University (FSU) Early Head Start Tallahassee, Florida

The Florida State University EHS serves 40 families in the home-based option and 20 children in the center-based option. The families in this rural community are predominately African American. FSU EHS recruits expectant women at 25 weeks or less of pregnancy, first-time parents, and new parents with infants less than one year of age for enrollment in home-based services. The mothers range in age from 17 to 28 years.

Needs and resources of participating families: The general needs of the families in our community were identified through a community assessment process conducted with the Healthy Start Coalitions and Pre-K Councils in the participating counties. Individual family needs are identified through the *Survey of Family Concerns,* developed by our project. The survey is completed during the application process with all families to determine whether the family would benefit from EHS. The survey process also helps families understand that enrollment in EHS requires their participation in weekly home visits of one and a half hours, and twice monthly group socializations.

The survey identified: prenatal education and care, maternal health and self-esteem, family building and support, nutrition education, infant health and development, parenting education and skill-building as part of what families need and want from the program. The resources of participating families include: support from relatives and friends; and collaborative partners in the community, including Florida Healthy Start, Healthy Families America, local Head Start programs, and Even Start.

Staff qualifications: Minimum staff qualifications for FSU EHS home visitors include a high school diploma and two years of experience in working with expectant women, or families with infants and toddlers. We currently employ four EHS home visitors: one is a licensed practical nurse, one is a certified home health aide, and one is a parent who received home visiting serves through he federal Healthy Start program and then trained as a Healthy Start home

visitor. One home visitor has her infant and toddler CDA, while the others are working toward their CDA credentials.

We believe that the personal characteristics of home visitors, such as a warm, outgoing personality, good listening skills, and sensitivity to cues, are the most important ingredients to effective home visiting. In our experience, well-trained paraprofessionals are able to relate well to the participating families, thus we hire home visitors from the communities which we serve.

Regardless of professional training and personal experience, we strongly believe that the key to home visitor effectiveness is strong, reflective supervision and ongoing training.

Staff hiring practices: All job applicants are screened by phone before being granted an interview. A team consisting of the Director, Home-based Supervisor, a program area specialist and Policy Council representative conduct interviews using a protocol consisting of probing questions and role playing. Role playing consists of "acting out" typical scenarios which might occur during home visits. All responses are recorded and scored using a rating scale. Final recommendations on hiring are made by the Director, in consultation with the Home-based Supervisor, and are approved by the Policy Council. All staff are hired for a 6 month probationary period and receive intensive supervision and support during the probationary period, including mentoring/modeling, videotaped role playing, and weekly observations of home visits by the Home-based Supervisor.

Approach to training: Our EHS program began with two weeks of intensive preservice training and on-going inservice training held monthly. Based on our previous experience with the federal Healthy Start program, we learned that merely covering core content in training does not ensure competency on home visits. Most home visitors need practice and guided opportunities to practice skills before they feel comfortable using those skills with families. Adequate time must be given for home visitors to master how to balance family issues with specific content to be covered in the home visit. Thus, the EHS Home-based Supervisor follows up on training by scheduling immediate home visit observations with each staff member to observe how they apply the new knowledge with their families and provide further guidance as necessary. Such focused supervisor observation not only provides assistance to the home visitor, but also provides important feedback to the project director about the effectiveness of training and curricula design. Regular inservice training also provides opportunities for home visitors to critique themselves via videotape and offers time for additional practice in specific topic areas.

Every two weeks, home visitors have an opportunity to meet as a group to discuss strategies for dealing with common challenges, explore new topics, and stay abreast of new activities in the EHS program. Our EHS home visitors often participate in pilot training projects of the FSU Center for Prevention and Early Intervention's national home visiting training institute. These training sessions are used to refine home visiting content, determine appropriate context for use of specific curriculum topics, outline realistic scenarios, and focus on supervisory issues.

We are partners in the Florida A&M University EHS/HS Training Partnership. This collaborative initiative provides EHS caregivers and home visitors with college credit courses leading to a Bachelor's degree in Early Childhood Education. The grant funds tuition and books, while FSU EHS provides classroom space and Quality Improvement Funds for fees associated with the college application and entrance exams. In addition, all FSU EHS employees are eligible to take up to 6 hours of tuition-free university course work per school term, providing the courses are directly related to their current job responsibilities.

Staff retention: FSU EHS home visitors are university employees with full benefits, including state retirement, life, and health insurance. Salaries are based on the university pay scale. Staff are encouraged to obtain higher degrees, and are rewarded with an increase in salary.

Supervision of home visitors who are spread over several counties and office locations can be a challenge for even the most experienced managers. Therefore, supervisors are responsible for no more than 4 to 6 home visitors, based on their office and work locations.

We have found the supervision of paraprofessional home visitors requires increased support, with weekly individual conferences which include time for discussion of caseloads, strategies for working with individual families, review of

weekly written reports, and mentorship. It is also important for the supervisor to be familiar with each family. Our Home-based Supervisor co-visits each newly referred family within the first month to explain her role as supervisor. On-going, periodic co-visitation facilitates the Supervisor's monitoring and assessment of services, understand families strengths and needs, and helps her to effectively manage any crisis situations which may arise.

Home visiting, especially in rural areas, can be a lonely job. The stress of working with family facing complex problems can sometimes dampen enthusiasm and ability to cope. We have found that it is important for the supervisor to have daily contact, even if only by phone, and at least weekly individual conferences, usually at the home visitors office. Performance and morale are also boosted by offering regular opportunities for home visitors to meet together and share experiences, celebrate successes, brainstorm ideas, solve problems, and laugh and cry together. Additionally, a Mental Health Consultant periodically conducts staff sessions on relaxation techniques and stress reduction strategies. All staff are encouraged to access counseling services as needed.

Contact: Rebecca Pruett, Director 850-922-1330

First Steps Early Head Start Canon City, Colorado

First Steps Early Head Start provides home-based services to 75 children in a rural, mountain community. The participating families are primarily Anglo, with a smaller percentage of African American, Asian, and Native American families.

Needs and resources of participating families: The strongest needs of our families include: jobs that pay an adequate salary, drug and alcohol abuse treatment, and issues of domestic violence. The resources in the community include the strong collaborative relationships among service agencies, and the inner resourcefulness the families have in order to cope with life in an economically depressed location.

Staff qualifications: The minimum educational requirement is a GED; however we have employed staff with advanced training at the Master's level. Staff are selected primarily for their ability to establish rapport with families and to follow a strengths-based approach to their work with children and families. Personal experience is also valued, for example, we have home visitors who have raised twins, had a child with special needs, or delivered a baby prematurely.

Staff hiring practices: We attempt to recruit staff from qualified participating families. Potential candidates are interviewed by two staff members and one parent. The skills that we are looking for include the ability to establish rapport, and a family-strengths based approach to their work. We value staff who have relevant personal experience, such as a child with a disability. The interview consists of probing questions, responding to specific scenarios, and gaining an understanding of the candidates philosophy of raising children.

Approach to training: All staff receive an orientation to the center prior to going on any home visits. This includes familiarization with community collaborations and funding sources. Next, staff attend a week-long Parents as Teachers training. This training provides information regarding the principles of home visiting, recognizing family strengths, skill building, child development, screening, working with high needs families, and includes observation of a home visit.

Following the PAT training, the home visitor is assigned to a "buddy" in the EHS program. New staff accompany their more experienced colleague on several home visits. New staff are also assigned a Mentor who provides reflective supervision. The Mentor meets individually with the home visitor twice a month for one hour during the first two months, and then monthly for on-going support.

Seasoned home visitors, who have been on the job for at least a year, can become a "buddy" for new staff. These experienced staff must be knowledgeable about available resources, skilled in crisis management, and effectively maintain professional boundaries while establishing supportive relationships with families.

All home visitors meet together twice a month for one and a half hours to discuss their work, share resources, and support one another. Each month, one half day is set aside for inservice training. This inservice may range from training from the WestEd Program for Infant Toddler Caregivers, to a guest speaker on a topic of interest. Each year we provide a week-long training retreat during which staff do not serve families.

A local community college offers classes in Early Childhood Education during evening hours which enables staff to earn credits toward an AA degree.

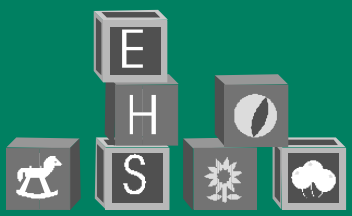
Staff retention: We have found the best way to retain qualified staff is to make sure that they have wonderful training opportunities and professional growth experiences. We encourage staff to make presentations and become trainers. Flexibility is important both for our staff and our families; work hours can be arranged to allow staff to meet their own family obligations as long as work duties are fulfilled. We also honor staff for their expertise and try to utilize their unique talents and skills to the fullest.

The mentoring strategies mentioned above, including reflective supervision, are used to address the mental health needs of staff. Every six months the mentor accompanies the home visitor to observe: ability to establish rapport, observations of child development, parent/child activity, and discussion. The mentor records the home visit word-for-word to help home visitors assess their skills and areas for improvement.

Contact: Katherine Bair, Home Visitation Coordinator 719-269-1523

Selected Resources

- Almonte, B. E. (1994). Professionalism as culture change: Issues for infant/family community workers and their supervisors. *Zero to Three,* 15 (2), 18-23.
- Eggbeer, L. & Fenichel, E.(Eds.) (1995). *Educating and Supporting the Infant/Family Work Force: Models, Methods, and Materials.* Washington, DC: ZERO TO THREE.
- Fenichel, E. (1992). *Learning through supervision and mentorship to support the development of infants, toddlers, and their families: A sourcebook.* Washington, DC: ZERO TO THREE.
- Fenichel, E., and Eggbeer, L. (1990). *Preparing practitioners to work with infants, toddlers, and their families: Issues and recommendations for educators and trainers.* Washington, DC: ZERO TO THREE.
- Gomby, D., & Cuiress, P. (Eds.) (1999). Home visiting: Recent program evaluations. *The Future of Children,* 9(1).
- Harden, B. J. (1997). You cannot do it alone: Home visitation with psychologically vulnerable families and children. *Zero to Three, 17* (4), pp. 10-16.
- McGuckin, R. & McClellan, P. *Model Personnel Policy Manual for Child Care Agencies.* Luberville, PA: Support Services for Child Care Professionals.
- National Resource Center for Family Centered Practice. (1996). *Family based job descriptions.* Washington, DC: Department of Health and Human Services.
- Powers, S., & Fenichel, E. (1999). *Home visiting: Reaching babies and families "where they live."* Washington, DC: ZERO TO THREE.
- U. S. Department of Health and Human Services. (1997). *Home-Based Program Option.* Washington, DC: Head Start Bureau
- U. S. Department of Health and Human Services. (1997). *Head Start Home-Based Handbook.* Washington, DC: Head Start Bureau.
- U. S. Department of Health and Human Services. (1997). *Home-Based Supervisor's Guide.* Washington, DC: Head Start Bureau.
- U. S. Department of Health and Human Services. (1997). *Fun and Learning for Parents and Children: An Activities Handbook.* Washington, DC: Head Start Bureau.
- Head Start Bureau. (1997). *Head Start at Home: A Partnership with Parents* [2 Videos]. Available from Head Start Publications Management Center, fax: (703) 683-5769.
- U. S. Department of Health and Human Services. (1997). *User's Guide for A Partnership with Parents.* Washington, DC: Head Start Bureau.



Early Head Start National Resource Center @ ZERO TO THREE