

Think in the next.

# **OVERVIEW**

### **Objective**

• In May 2020, the Health Care Institute at the UCLA Anderson School of Management, surveyed Head Start staff to understand the changes they've experienced since the Coronavirus Pandemic began (March 2020).

### **Content**

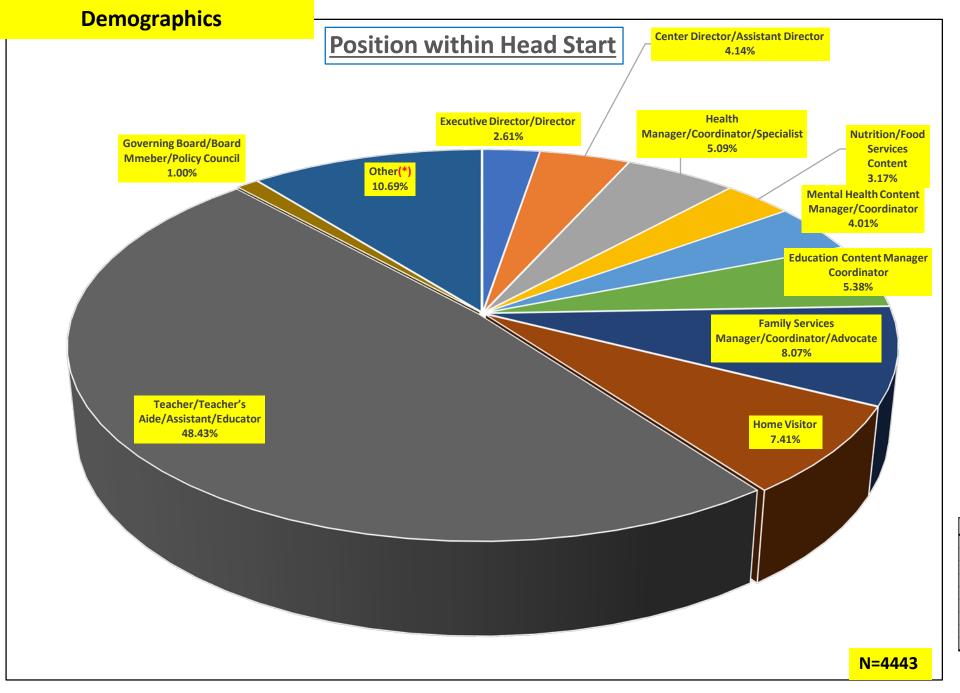
• The Head Start Coronavirus Pandemic Survey inquired about personal and work-related challenges, as well as feelings and thoughts as it relates to reopening Centers.

### Format & Distribution

- The survey consisted of 15 questions and was sent to past participants of the UCLA Head Start Management Fellows Program and the UCLA Health Care Institute.
- Additionally, recipients of the survey shared the survey with their grantee staff.

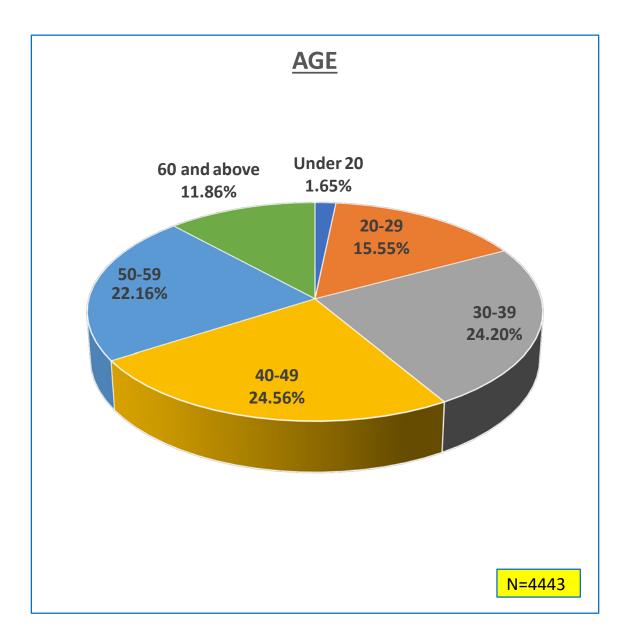
### Survey Reach

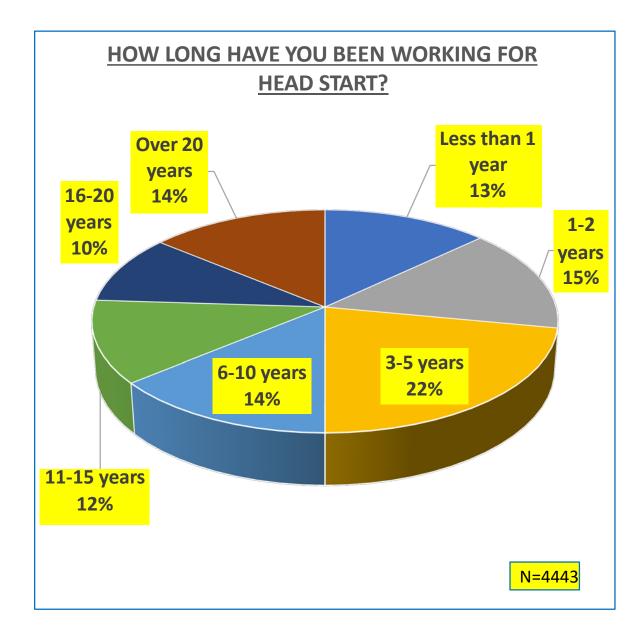
4,443 individuals responded to the survey within one week.



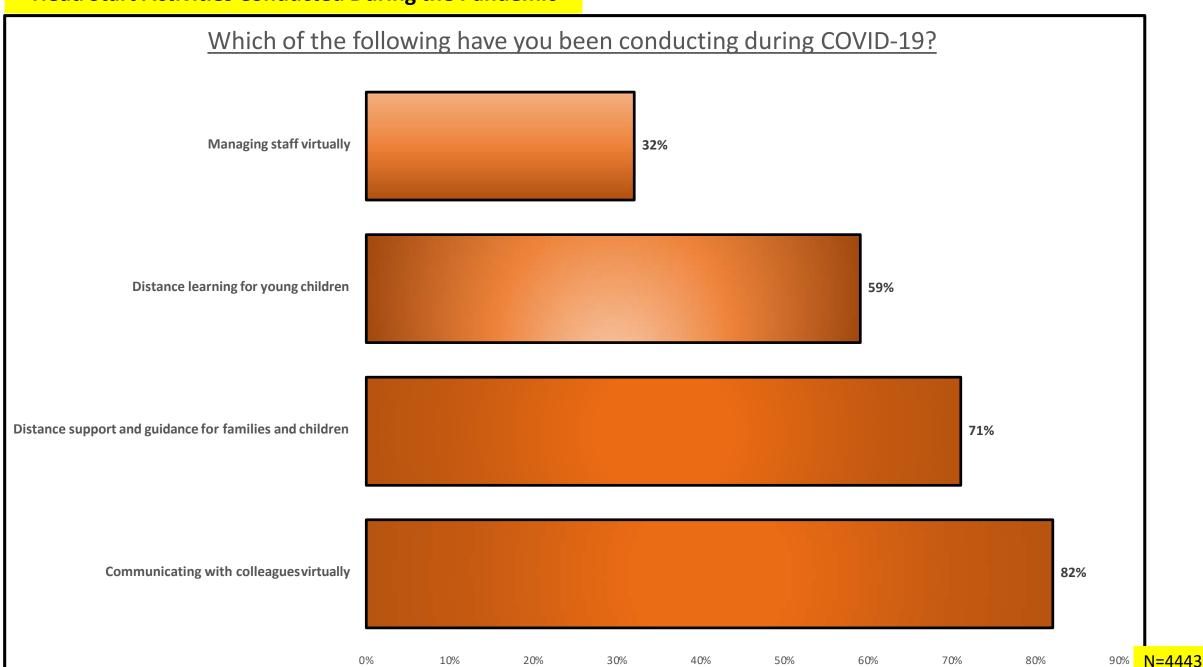
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### Demographics, cont.





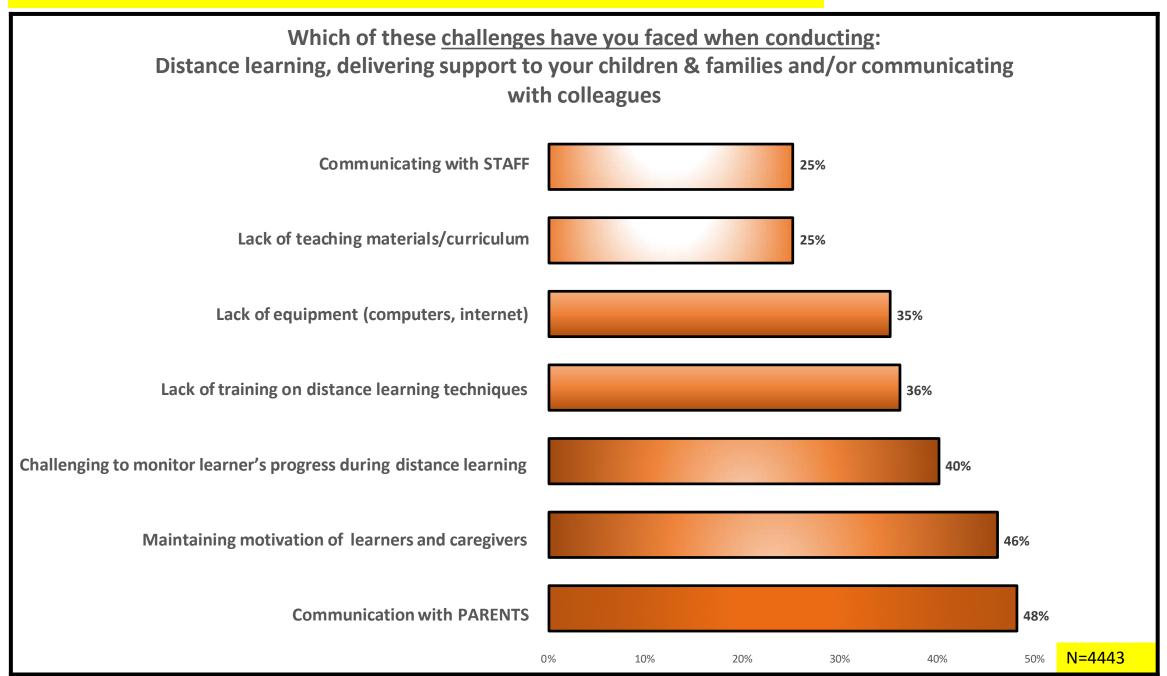
### **Head Start Activities Conducted During the Pandemic**



### **Other Activities Conducted During The Pandemic**

Services to Children & Families	Adapting to remote work	Mental Health Related Tasks	Professional Development
Delivery of meals and learning packets to homes	Provided staff trainings virtually	Online trainings and webinars on trauma, relationships, etc.	Coaching teachers
Reading to students virtually	Developed on-line/long distance recruitment and application process	Mental health and reflective consultation, conducted virtually	Conscious discipline and CCRR training
Providing essentials such as: diapers, wipes, formula	Tracking COVID-19 exposure among staff and families	Mental health and disabilities services via tele-health	Keeping up with ECE materials
Providing therapy through tele- health	Provided resources to staff on mental health, 401K, unemployment, medical/dental benefits, legal	Supporting staff in crisis/trauma/fear	
Created weekly greeting videos and short at-home lessons	Conducted monthly Policy Council/Board meetings virtually	Online trainings and webinars on Trauma, Relationships, etc	
Provided COVID-19 resources	Provided T/TA to tribal grantees virtually		
Facilitated group connections for families over Zoom	Distance support and guidance for teaching staff		
Managed classrooms for essential workers	Conducting home visits with children and families virtually		

### **Challenges Faced Conducting Head Start Activities During The Pandemic**



# EXAMPLES OF CHALLENGES PROVIDING VIRTUAL SUPPORT

Equipment/Internet	Distance Learning	Motivation	Personal	Other
No affordable cameras or programs intended for web-based communication	Lack of knowledge on how to use technology – causes anxiety	Stressing importance of distance learning-difficult to get families' buy-in	Finding quiet place to work at home	Lack of support from upper management
Unreliable internet	Inexperience coaching teaching staff virtually	Getting children to focus on videos/lessons	Balancing own children's school with work and deadlines	
Families have limited access to devices/technology	Not able to individualize lessons based on each child	Parents not responding to correspondence re: lessons	Lack of motivation to eat healthier foods and be physically active	
		Stress level of parents over home schooling		

# **Epidemic-Pandemic Impact Inventory**

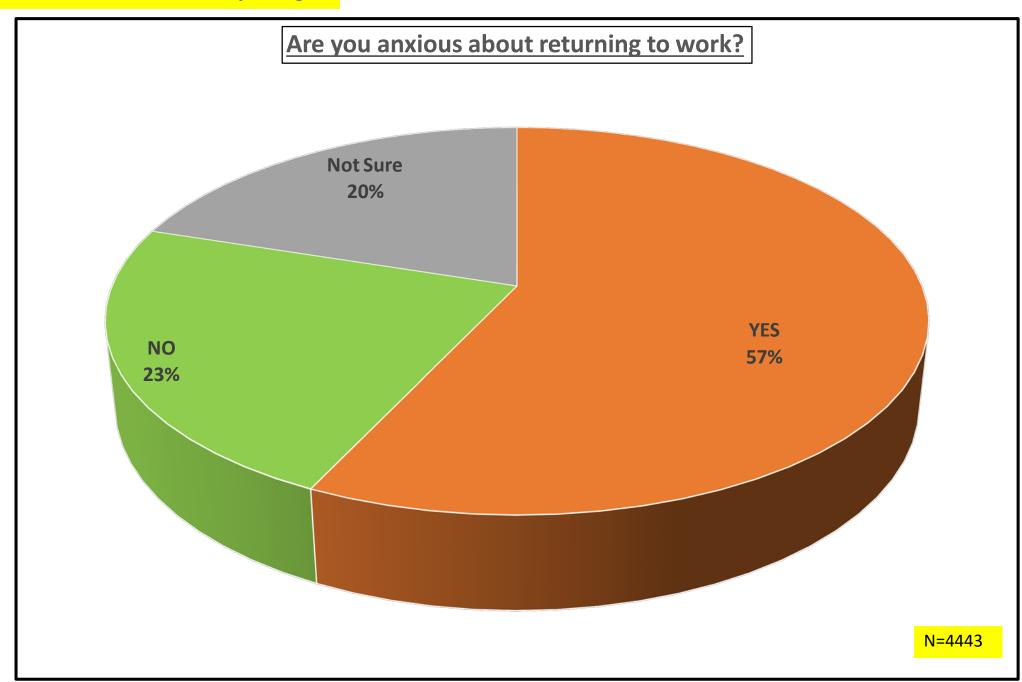
The Head Start Coronavirus Pandemic Survey incorporated select questions from the Epidemic-Pandemic Impact Inventory (Grasso et al., 2020) in order to learn about the experiences and changes in Head Start employees' lives related to the coronavirus pandemic.

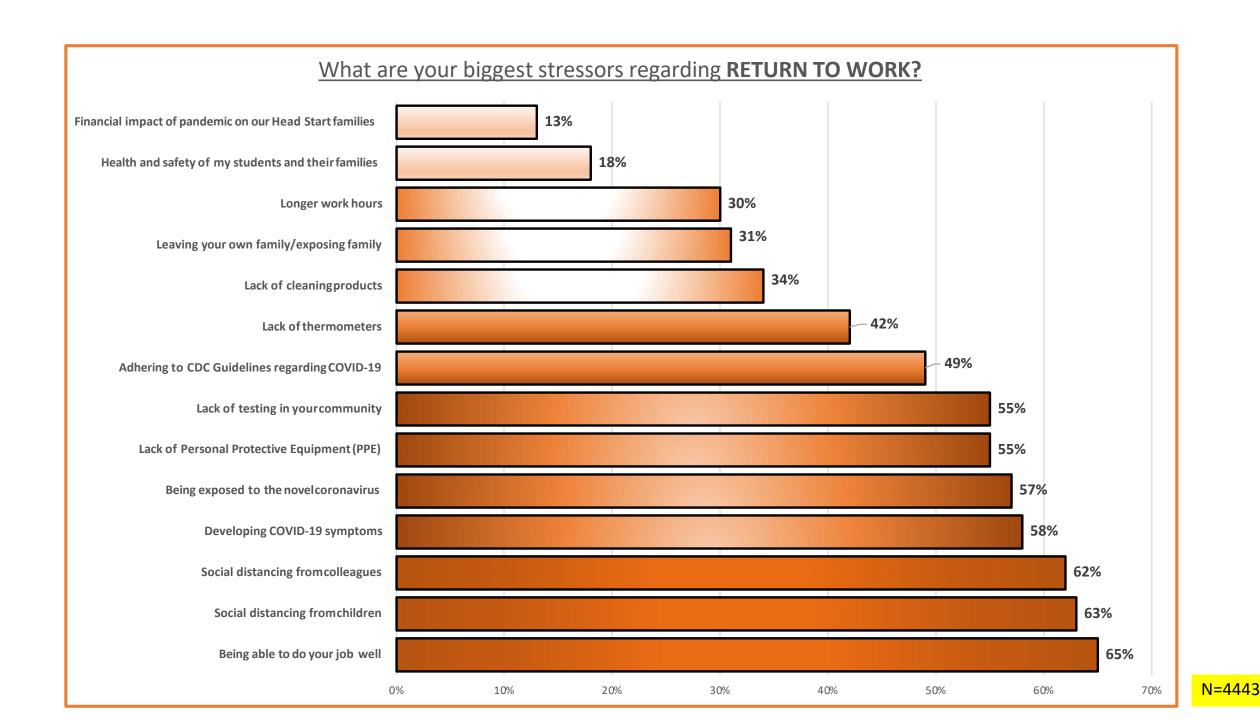
### **Changes Due to COVID-19 Pandemic**

EMOTIONAL HEALTH AND WELL-BEING IN THE HOME	
Increase in child behavioral or emotional problems	27%
Increase in child's sleep difficulties or nightmares.	20%
Increase in mental health problems or symptoms (e.g., mood, anxiety, stress).	64%
Increase in sleep problems or poor sleep quality.	<b>62</b> %
Increase in use of alcohol or other substances.	12%
Unable to access mental health treatment or therapy.	9%
More screen time on devices (e.g., looking at phone, playing video games, watching TV).	82%
PHYSICAL HEALTH PROBLEMS	
Increase in health problems not related to this disease.	16%
Less physical activity or exercise.	66%
Overeating or eating more unhealthy foods (e.g., junk food).	64%
More time sitting down or being sedentary.	83%
Important medical procedure cancelled (e.g., surgery).	14%
Unable to access medical care for a serious condition (e.g., dialysis, chemotherapy).	3%
Got less medical care than usual (e.g., routine or preventive care appointments).	47%
POSITIVE CHANGE	
More quality time with family or friends in person or from a distance (e.g., on the phone, Email, social media).	76%
More quality time with partner or spouse.	60%
More quality time with children.	60%
Improved relationships with family or friends.	55%
Developed new hobbies or activities.	45%
More appreciative of things usually taken for granted.	91%
More efficient or productive in work, employment, or school.	46%

## **Changes Due to COVID-19 Pandemic**

WORK/EMPLOYMENT	
Increase in workload or work responsibilities.	42%
Difficult time doing job well because of needing to take care of people in the home.	39%
Difficult time making the transition to working remotely from home.	50%
HOME LIFE	
Difficulty taking care of children in the home.	23%
Had to take over teaching or instructing a child.	41%
Increase in physical conflict with a partner or spouse.	7%
Increase in verbal arguments or conflict with other adult(s) in home.	18%
SOCIAL ACTIVITIES	
Separated from family or close friends.	88%
Unable to visit loved one in a care facility (e.g., nursing home, grouphome).	30%
Religious or spiritual activities cancelled or restricted.	63%
Unable to be with a close family member in critical condition.	26%
Unable to do enjoyable activities or hobbies.	79%
ECONOMIC	
Unable to get enough food or healthy food.	13%
Unable to pay important bills like rent or utilities.	12%
Unable to get needed medications (e.g., prescriptions or over-the-counter).	9%





# OTHER EXAMPLES OF BIGGEST RE-OPENING STRESSORS -- PERSONAL STRESSORS

Personal Health	Family Health	Financial	Other
Not being able to afford medical insurance and not being able to get the health care if ever needed	Sending my child back to daycare	Losses to 401K savings	Anxiety and fear of unknown-what is new normal supposed to look like?
Returning to stress of work as a single parent who already is experiencing anxiety and depression	Elderly parents and potentially exposing them	Financial hardship on my own family	
Complications if exposed to coronavirus	Arranging childcare is nearly impossible and a huge source of stress		
My own pre-existing chronic illnesses	Health and safety of my own family and loved ones		

# OTHER EXAMPLES OF BIGGEST RE-OPENING STRESSORS -- PROFESSIONAL STRESSORS

Health of Children	Health of Staff	Home Visits	Families
How do we love children with social distancing?	Long term social, emotional, psychological problems for staff	Re-acclimate staff to pre- pandemic standards	Providing items that families need after emergency resources are gone
Sick children attending school, parents don't want them home	Staff who are asymptomatic and accidentally exposing others	Fear of conducting home visits during pandemic	Choosing which families to serve under new guidelines
Behavior issues of children who have suffered from trauma, loss of family member, etc	Staff mental health and trauma		Migrant families who are not eligible for state benefits
How do you teach children to social distance?	Feeling that you're supporting families by yourself without the built-in time to debrief		Low literacy materials on COVID-19 for parents
	Need for Low literacy messaging for staff about COVID-19		Social emotional health of families
			Impact of virus on rural villages already affected by substance/alcohol abuse

# PROFESSIONAL STRESSORS, CONT.

Policies/Procedures	PPE/Supplies	COVID-19
How to open and maintain CDC safety regulations and how to keep children and staff safe	Providing parents with thermometers and teaching them how to use them	True impact of virus on children
Having enough staff to complete the job efficiently	Scarcity of hand sanitizer, masks and planning for screening of staff and children	Opening too early with little reliable guidance from CDC and government
Lack of information, being held accountable for staff who are unable to complete virtual work		Risk of having to go through the stay at home orders and school closures again
No policies to hold families accountable if children are sick		Staff unable to return to work if schools don't open, need to care for their own children
Ensuring compliance of new procedures.		Financial Impact on programming
Staff training needed on basic sanitation		Worried about a mass breakout at our admin office of classrooms
Not knowing what OHS is expecting of grantees		
Enforcing parents who do not follow guidelines (increasing risk of exposure) needs support from admin		

### **IMPACT OF THE CORONAVIRUS PANDEMIC ON HEAD START STAFF BY POSITION**

Executive director/Center Director/Assistant Director	300
Education Content Manager Coordinator	240
Family Services Manager/Coordinator/Advocate	359
Health& Mental Health Manager/Coordinator/Specialist	546
Homevisitors	330
Teacher/Teacher's Aide/Assistant/Educator	2155
Other	440

Other (*):	
Bus Driver	
Cook	
Custodian	
Early intervention (disabilities) and school readiness specialist	
Nurse	
Office assistant	
Quality Assurance Specialist/data manager	
Secretary/clerk	
Transportation Manager	

### Main Head Start Activities Conducted During the Pandemic

	Distance learning for young children	Distance support and guidance for families and	Managing staff virtually	Communicating with colleagues virtually
	• · · · · · · · · · · · · · · · · · · ·	children		,
Executive director/Center Director/Assistant Director			92%	92%
Education Content Manager Coordinator			89%	91%
Family ServicesManager/Coordinator/Advocate		87%		88%
Health& Mental Health Manager/Coordinator/Specialist		84%		93%
Home visitors		93%		83%
Teacher/Teacher's Aide/Assistant/Educator	75%			75%

### Main Challenges Faced Conducting Head Start Activities During the Pandemic

	Lack ofequipment	Lack of training on distance	Maintaining motivation of	Challenging to monitor	Communication with
	(computers, internet)	learning techniques	learners and caregivers	learner's progress	PARENTS
				during distance	
				learning	
Executive director/Center Director/Assistant Director			59%		53%
Education Content Manager Coordinator			60%	52%	
Family Services Manager/Coordinator/Advocate			54%		65%
Health& Mental Health Manager/Coordinator/Specialist	56%				53%
Home visitors			58%		68%
Teacher/Teacher's Aide/Assistant/Educator	53%	53%		56%	56%

## **Three Biggest Stressors Regarding RETURN TO WORK**

	Adhering	Social	Social	Being	Leaving your	Health and	Financial
	to CDC	distancing	distancing	exposed to	own	safety of the	impact of
	Guidelines	from children	from	the novel	family/exposi	children and	pandemic on
	regarding		colleagues	coronavirus	ng family	their families	our Head
	COVID-19						Start families
Executive director/Center Director/Assistant Director	89%					82%	86%
Family Services Manager/Coordinator/Advocate				63%	64%		82%
Health& Mental Health Manager/Coordinator/Specialist					68%	76%	64%
Home visitors				66%	67%	78%	
Teacher/Teacher's Aide/Assistant/Educator		73%			68%	72%	

TOP 1
TOP 2
TOP 3

## RECOMMENDATIONS FOR HEAD START GRANTEES

# 1. <u>Create and present a comprehensive strategic return-to-in-person-work plan to Head Start employees</u> <a href="mailto:entailing the following:">entailing the following:</a>

- Procedures for classroom drop-off and pick-up to minimize exposure of Head Start employees, children and families to coronavirus.
- Structure classroom to have smaller class sizes and create a plan to address bathroom and other shared spaces.
- Adopt strict sanitation strategies, informed by CDC guidelines.
- Provide Head Start employees with personal protective equipment. Communicate to employees that they are valued by Head start .
- Address issues relating to job security.

### 1. Provide professional development opportunities to keep staff and families engaged:

- Instruct Head Start employees in ways to optimally engage children and families in online learning, accounting for developmental considerations of young children who will not be able to engage for sustained periods of time and families who may be stressed.
- Create easy ways for families to report the outcomes of home activities.
- Workshops and/or webinars on trauma-informed care practices.
- Workshops and/or webinars on professional wellbeing.

# RECOMMENDATIONS FOR HEAD START GRANTEES, CONT.

# 3. <u>Provide low literacy educational materials for families and Head Start employees. Potential topics</u> include:

- Education about the coronavirus.
- Use of a thermometer to detect coronavirus symptoms.
- Instructions about returning to school to increase the likelihood children don't come to school if sick.
- Communication tips given sustained, close-contact with family members at home may be stressful during safer-at-home orders.
- Tips for incorporating physical activity at home, taking into consideration limited time, availability of equipment, and ability to be outside the home.
- Ways to connect with family and friends virtually (physical distancing with social contact).
- Psychoeducation about uncertainty, stress and anxiety, including impact on sleep and craving unhealthy foods. Include topics such as limiting media exposure, gratitude practices, and grounding practices.
- Tips related to parenting while working at home, including self-compassion practices and practical tips

### A UNIQUE OPPORTUNITY TO ENGAGE & SUPPORT STAFF

The challenges presented by COVID-19 are unprecedented. As Centers begin to re-open and our Head Start staff are at the front lines, we have a unique opportunity to engage and support staff more deeply than ever before.

- Access to technology and low literacy education materials are more critical than ever; lack
  of resources threatens to widen gaps leaving many of our most vulnerable children at a
  greater risk of falling farther behind.
- Expanded access to trauma, grief and mental healthcare and resources is a top priority as staff, children and families navigate re-entry.
- Grantees should have strategic implementation plans, stronger communication and infrastructure that allows them to be flexible to successfully navigate their new normal.

The Head Start community was and continues to be deeply impacted by the COVID-19 pandemic, and OHS continues to do incredible work to help staff rise to the challenge.

It all starts with the L.O.V.E.®

Listening
Observing
Valuing
Encouraging

### References

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