

Supporting Head Start Employee Well-Being During the COVID-19 Pandemic

Jessica Jeffrey, MD, MPH, MBA, Zara Szeftel, MD, Ariella Herman, PhD

The coronavirus disease 2019 (COVID-19) pandemic is impacting many aspects of individual, family and community life. This is especially true for vulnerable children and families, such as those served by Head Start. Added emotional and socioeconomic pressure on families during the pandemic has put disadvantaged children at higher risk for adverse home events, mental health symptoms and long-term developmental consequences.^{1,2} Head Start programs, which began in 1965, were developed to mitigate the effects of economic disadvantage by supporting the cognitive, social, psychological and educational development of vulnerable children.^{3,4} Early childhood intervention programs involve a comprehensive array of educational and psychosocial supports which depend on the work of the early childhood workforce.⁴ The recent implementation of COVID-19 social distancing guidelines has created numerous personal and work-place challenges, resulting in significant stress on the essential workers at Head Start.

There is a growing understanding of the connection between early educator well-being and quality of early childhood education.^{5,6} While there are broad considerations in this area, recent focus has been on the impact of the work environment, work-related stress, psychological and emotional well-being.⁶ In a sample of Head Start teachers, greater workplace stress (more demands, less control, low support) was associated with more conflict in teacher-child relationships.⁷ Additionally, teacher-perceived suboptimal working conditions, especially chaotic child care environments, have been associated with higher teacher 'psychological load' (depression, stress, and emotional exhaustion) which can interfere with effective social-emotional teaching.⁸ Furthermore, teachers with higher psychological load have been shown to have more negative reactions to

children, while teachers' coping abilities (reappraisal emotion regulation and problem-focused coping strategies) correlate with more supportive reactions to children.⁹ Given the impact of early educator well-being on children's social-emotional development, there has been research into which workplace supports and interventions can promote early educator well-being.^{6,10}

The UCLA Health Care Institute (HCI) at the UCLA Anderson School of Management has been dedicated to the implementation of health promotion interventions in Head Start for nearly 20 years.¹¹ Working at the program level, HCI provides tools, trainings and other supports for early childhood employees to optimize the health and well-being of the Head Start families they serve. In this paper, we describe the results of a large, nationwide survey conducted in May 2020 that assessed stressors impacting Head Start employees and suggest systemic approaches to supporting early childhood educator well-being in the face of unprecedented stressors brought on by the COVID-19 pandemic.

Pandemic Impact Survey

In May 2020, the Health Care Institute at the UCLA Anderson School of Management, surveyed Head Start employees to learn how their lives have changed since the COVID-19 pandemic began in March 2020. The Head Start Coronavirus Pandemic Survey consisted of 15 questions (check boxes and free response options) querying personal and work-related stresses, as well as feelings about reopening Head Start Centers during the pandemic. The survey also elicited strengths of Head Start employees. The survey was sent to past participants of the UCLA Head Start Management Fellows Program and the UCLA Health Care Institute. There were 4,443 individuals from 332 Head Start Agencies who responded within one week. Almost half of the

respondents (48%) identified as “teachers/educators/teacher’s aide.” The survey was written by the Health Care Institute and incorporated select questions from the Epidemic-Pandemic Impact Inventory.¹²

Results of the Survey

Distance Learning and Other Professional Challenges. Head Start employees face a number of professional challenges during the COVID-19 pandemic. A large percentage of employees reported a transition to distance learning and support for children and families (83%). Staff reported engaging in distance communication with staff (82% of respondents), distance support for families and children (71%) and distance learning for young children (59%). Many described challenges with the transition to remote work, most significantly, difficulty communicating with parents (48%), maintaining parent and child motivation (46%) and monitoring learner progress (40%). Technological issues were also reported, such as families having limited access to reliable internet or devices (35%), employees lacking experience in virtual teaching (36%) and access to flexible teaching materials (25%). Additionally, employees expressed concerns about virtual interactions not meeting the social needs of very young

children, especially in trying to help children cope during this crisis.

Personal, Family, and Professional Stressors

Survey results revealed an increase in personal and professional stressors for Head Start employees due to COVID-19. See Table 1. Personal stressors included an increase in mental health symptoms (64% of respondents), such as mood symptoms, anxiety symptoms, sleep disturbance (62%), and difficulty managing the uncertainty of the current situation. Home dynamics also changed due to the pandemic. Employees reported having to manage their own children’s schooling (41%) and emotional/behavioral problems (27%). Some also had more conflict in the home (18%). Employees described a decrease in activities that promoted well-being such as seeing close family and friends (88%), doing enjoyable activities/hobbies (79%), engaging in physical exercise (66%), healthy eating (64%) and religious activities (63%). Some also reported financial uncertainty about the future. Professionally, many employees reported a difficult time transitioning to working remotely (50%) and an increase in workload/responsibilities (42%). A large number reported anxiety about returning to work, specifically citing worries about

Table 1. Most Common Stressors Reported by Head Start Employees

Stressor	Respondents (%)
Personal	
Decrease in well-being—promoting activities:	88
Seeing close friends and family	79
Enjoyable activities/hobbies	66
Physical exercise	64
Healthy eating	63
Religious activities	64
Increase in mental health symptoms	62
Increase in sleep problems/poor sleep quality	41
Managing own children’s schooling	
Professional	
Anxiety about returning to work:	57 = yes, 20 = not sure
Being able to do job well	65
Being able to social distance at work	62
Contracting COVID-19	58
Lacking PPE	55
Difficulty transitioning to remote work	50
Increase in workload/responsibilities	42

Note: PPE = personal protective equipment.

not being able to do their job well (65%), not being able to social distance (62%), contracting COVID-19 (58%) and lacking access to testing and PPE (55%). They also had concerns about workplace adherence to CDC guidelines, having to leave home and put family at risk as well as worry about the financial and overall well-being of Head Start children and families.

Strengths and Innovation

In addition to describing personal and professional challenges and stressors, the survey highlighted employee strengths and ways they have extended themselves or innovated for Head Start families during the COVID-19 pandemic. The majority (91%) of employees reported being more appreciative of things they usually took for granted. They also reported having more quality time with friends and family, even from a distance (76%). In addition to working as distance educators, some employees described delivering classroom materials, meals and other essential items directly to families or by curbside pickup. They showed creativity in the ways they tried to connect with families virtually and through drive-by or letters. Some employees also found ways of supporting each other, offering relevant online trainings, webinars and mental health support.

Supporting Head Start Employee Well-Being During the COVID-19 Pandemic

The results of the pandemic survey illustrate how COVID-19 has generated unprecedented personal and professional stressors on Head Start employees, especially early childhood educators who are the virtual front-line workers. Similar to reports of other early childhood teachers during the pandemic, the survey revealed that distance learning has brought new challenges which contribute to increased workload and responsibilities for Head Start early childhood educators.¹³ Worries about a safe transition back to work were also a notable source of stress and may reflect changing public health guidelines and fluctuating infection risk.¹⁴ An increase

in personal stressors was reported including mental health symptoms, changes in home dynamics, and a decrease in activities that promote well-being, which is consistent with growing public health awareness of the pandemic's impact on mental health.¹⁵ It is important to highlight that despite the many challenges, Head Start employees showed resilience, finding creative ways to utilize their strengths in supporting Head Start families and colleagues.

As Head Start programs navigate the COVID-19 pandemic and plan to re-open, there is an opportunity to tailor systemic changes to support employees. Addressing the burden of personal and professional stressors brought on by COVID-19 and providing opportunities for employees to enhance strengths with targeted support may contribute to improved well-being, leading to more effective teaching. Systemic changes designed to target areas of workplace and personal stress could involve: (1) professional development (2) workplace safety and (3) COVID-19 educational resources. See Table 2. Professional development opportunities oriented towards learning how to engage children and families in online learning, trauma-informed educational practices and supporting professional well-being during this challenging time could reduce teacher stress and workload. Promoting workplace safety with a comprehensive return-to-work plan, including safety protocols and available PPE which adheres to CDC guidelines could address employee anxiety about returning to work. Finally, providing low literacy COVID-19 pandemic educational materials for families and Head Start employees could help increase awareness, enhance resilience, and promote emotional well-being. This may include information about coronavirus safety, psychoeducation about the impact of stress and uncertainty on mental health, recommendations for connecting with loved ones virtually, parenting while working at home and doing activities that promote well-being.

Table 2. Recommendations for Systemic Interventions to Support Head Start Employee Well-Being During the COVID-19 Pandemic**Professional development**

- Provide training on how to engage young children in online learning, including resources for virtual teaching and monitoring learner progress
- Provide workshops and/or webinars on trauma-informed care practices
- Provide workshops and/or webinars on professional well-being

Workplace safety

- Create a comprehensive return-to-work plan that adheres to CDC guidelines (including specific guidelines for social distancing and sanitation safety protocols that would affect workflow)
- Provide adequate PPE
- Address issues relating to job security

Low literacy COVID-19 resources for families and Head Start employees

- Education on COVID-19 and current public health guidelines
- Psychoeducation about the impact of stress and uncertainty on mental and physical health
- Recommendations for connecting with loved ones virtually
- Recommendations for parenting while working at home
- Recommendations for doing activities that promote well-being

Note: PPE = personal protective equipment.

Take Home Summary

Research shows that early educator workplace stress and emotional well-being are intimately connected to development of social-emotional competence in children. The COVID-19 pandemic has generated new challenges for early educators, increasing workplace stress and impacting emotional well-being. Implementing systemic changes in Head Start and other early education programs to promote early educator well-being may have positive downstream effects on vulnerable children in need.

References

1. Yoshikawa H, Wuermli AJ, Britto PR, *et al.* Effects of the global coronavirus disease-2019 pandemic on early childhood development: short- and long-term risks and mitigating program and policy actions. *J Pediatr.* 2020;223:188-193. <https://doi.org/10.1016/j.jpeds.2020.05.020>
2. Fegert JM, Vitiello B, Plener PL, Clemens V. Challenges and burden of the Coronavirus 2019 (COVID-19) pandemic for child and adolescent mental health: a narrative review to highlight clinical and research needs in the acute phase and the long return to normality. *Child Adolesc Psychiatry Ment Health.* 2020;14:20. <https://doi.org/10.1186/s13034-020-00329-3>
3. About the Office of Head Start. Office of Head Start. Updated June 23, 2020. Accessed July 30, 2020. <https://www.acf.hhs.gov/ohs/about>
4. Reynolds AJ. Developing early childhood programs for children and families at risk: research-based principles to promote long-term effectiveness. *Children and Youth Services Review.* 1998;20(6):503-523. [https://doi.org/10.1016/S0190-7409\(98\)00021-8](https://doi.org/10.1016/S0190-7409(98)00021-8)
5. Hall-Kenyon KM, Bullough RV, MacKay KL, Marshall EE. Preschool teacher well-being: a review of the literature. *Early Childhood Educ J.* 2014;42(3):153-162. <https://doi.org/10.1007/s10643-013-0595-4>
6. Cumming T. Early childhood educators' well-being: an updated review of the literature. *Early Childhood Educ J.* 2017;45(5):583-593. <https://doi.org/10.1007/s10643-016-0818-6>
7. Whitaker RC, Dearth-Wesley T, Gooze RA. Workplace stress and the quality of teacher-children relationships in Head Start. *Early Childhood Research Quarterly.* 2015;30:57-69. <https://doi.org/10.1016/j.jecresq.2014.08.008>
8. Jeon L, Buettner CK, Grant AA. Early childhood teachers' psychological well-being: exploring potential predictors of depression, stress, and emotional exhaustion. *Early Education and Development.* 2018;29(1):53-69. <https://doi.org/10.1080/10409289.2017.1341806>
9. Buettner CK, Jeon L, Hur E, Garcia RE. Teachers' social-emotional capacity: factors associated with teachers' responsiveness and professional commitment. *Early Education and Development.* 2016;27(7):1018-1039. <https://doi.org/10.1080/10409289.2016.1168227>
10. Smith S, Lawrence S. Early care and education teacher well-being associations with children's experience, outcomes, and workplace conditions: a research-to-policy brief. National Center for Children in Poverty. March 2019. Accessed July 30, 2020. http://www.nccp.org/publications/pub_1224.html
11. UCLA Health Care Institute. UCLA Anderson School of Management. Accessed July 30, 2020. <https://www.anderson.ucla.edu/centers/price-center-for-entrepreneurship-and-innovation/for-professionals/ucla-health-care-institute>

12. Grasso DJ, Briggs-Gowan MJ, Ford JD, Carter AS. Epidemic – Pandemic Impacts Inventory (EPII). 2020. University of Connecticut School of Medicine.
13. Pramling Samuelsson I, Wagner JT, Eriksen Ødegaard E. The coronavirus pandemic and lessons learned in preschools in Norway, Sweden and the United States: OMEP Policy Forum. *Int J Early Child.* 2020;52(2):1-16. <https://doi.org/10.1007/s13158-020-00267-3>
14. Coronavirus disease 2019 (COVID-19): reopening guidance for cleaning and disinfecting public spaces, workplaces, businesses, schools, and homes. Centers for Disease Control and Prevention. Updated May 7, 2020. Accessed July 30, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>
15. Coronavirus disease 2019 (COVID-19): coping with stress. Centers for Disease Control and Prevention. Updated July 1, 2020. Accessed July 31, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html>

About the Authors

Jessica Jeffrey, MD, MPH, MBA, is a child and adolescent psychiatrist at the UCLA Semel Institute for Neuroscience and Human Behavior. Dr. Jeffrey is the Associate Director of Ambulatory Services within the UCLA Department of Psychiatry and she also serves as the Associate Director of the Division of Population Behavioral Health. She is a Fellow of the American Psychiatric Association and a Distinguished Fellow of the American Academy of Child and Adolescent Psychiatry.

Zara Szeftel, MD, is an Assistant Clinical Professor of Psychiatry at the University of California, San Francisco (UCSF). She works as a child and adolescent psychiatrist in clinics at Benioff Children's Hospital and Zuckerberg San Francisco General Hospital. Dr. Szeftel also provides consultations to primary care physicians through the UCSF Child and Adolescent Psychiatry Portal.

Ariella Herman, PhD, is the Director of the UCLA/Johnson & Johnson Health Care Institute (HCI) in the Harold and Pauline Price Center for Entrepreneurial Studies at UCLA Anderson School of Management. Since 2011, the HCI has become a partner in the National Center on Health and now the National Center on Early Childhood Health and Wellness. Dr. Herman brings extensive expertise in health literacy to the HCI from her years of teaching, research and training.

The authors have reported no funding for this work.

Disclosure: Drs. Jeffrey, Szeftel, and Herman have reported no biomedical financial interests or potential conflicts of interest

Correspondence to Jessica Jeffrey, MD, MPH, MBA: jjeffrey@mednet.ucla.edu

This article was edited by Anne McBride, MD.