

## **Mental Health and Staff Wellness: Emotionally Strong Together**

Glenna Davis: Hello everyone and welcome to “Head Start Forward: Mental Health and Staff Wellness, Emotionally Strong Together.” It is now my pleasure to turn the floor over to Dr. Futrell. Dr. Futrell, the floor is yours.

Dr. Bernadine Futrell: Thank you so much, Glenna, and thank you everyone. It’s such an honor to see so many of us coming together in this virtual space to have conversations around moving Head Start forward and getting back to in-person services. I’m Dr. Futrell, the proud director of the Office of Head Start, and I am here to welcome you to our third webinar in our series for our Head Start Forward campaign.

Today’s conversation is about mental health, staff wellness, and being emotionally strong together. Today, we’re going to share and connect as a united Head Start community, and we also get an opportunity that I hope to reflect on where we have been and where we plan to go. I welcome you again to the Head Start Forward webinar series because it’s important to note that the purpose of these is to bring us together to do more than we can on our own as we look forward to building back toward in-person services for our Head Start community. I want you to, as you think about some of the strategies and the things that are shared today, to think about what that means, not only for the people that you partner with, but also yourself. I encourage you to use this and use this space to learn, to grow, and to connect as we move together in this work.

Now with that introduction and that welcome, it’s my honor to turn over to the amazing team from the Office of Head Start, starting off with Sangeeta. Thank you.

Sangeeta Parikshak: Thank you so much, Dr. Futrell, for your opening and your welcome to everyone. We’re so excited to be here today. My name is Sangeeta Parikshak, I am the lead for early childhood behavioral health at the Office of Head Start, and I’m the co-federal project officer for the National Center on Health, Behavioral Health, and Safety. Today, we have a cadre of some of my favorite people from the Office of Head Start and across the National Centers. You all just heard from Dr. Futrell. She didn’t say this, but she is the first Head Start alum to become director of the Office of Head Start. You will also hear from Ann Linehan, our deputy director at the Office of Head Start, and Shawna Pinckney, director of the Grants Division at OHS.

Our all-stars from the National Centers include Neal Horen, the co-project director and co-PI from the National Center on Health, Behavioral Health, and Safety; Jessica Dym Bartlett, co-PI from the National Center on Parent, Family, and Community Engagement; and Allyson Dean, senior director of training and quality from the National Center on Early Childhood Development, Teaching, and Learning. Next slide please.

Today we have a full 90 minutes of what we hope will be useful information as programs plan to return to or continue in-person services. Like the prior webinar, the OHS Q&A portion at the beginning of this webinar will provide an opportunity for the Office of Head Start to respond to a range of questions that came in during the prior Head Start Forward webinars. After OHS provides responses to those questions, we will shift to the topic of mental health and staff wellness, which is the focus of today's webinar. We will hear from the three National Centers – Health, Behavioral Health, and Safety; Parent, Family, and Community Engagement; and Early Childhood Development, Teaching, and Learning – about ways to support Head Start in being emotionally strong together, rebuilding trauma-informed care into systems and practices, prioritizing staff wellness, supporting families successfully, and meeting children's social and emotional needs.

It's important to recognize that addressing mental health is integral to addressing COVID-19. COVID is a unique stressor in that everyone has been impacted. While we are moving forward, we are returning to a new normal, and with that comes a level of uncertainty. I want to emphasize that being emotionally affected by this pandemic is normal. It's also normal to experience anxiety, feelings of grief and loneliness, especially during times of uncertainty, and just like we teach children to cope, we as adults need to remember and in some cases relearn how to cope during this time of uncertainty, labeling our own feelings, taking a mental health break from the news, doing something we enjoy, taking care of our bodies in addition to our minds, and focusing on the facts – what it is we do now and what is in our control will help us go a long way. All these things are so important to recognize, remember, and practice so we can move forward stronger and better than before. Next slide, please.

We're going to begin today by focusing on what it is we do know. The Office of Head Start wants to answer your questions so you can feel confident to move forward. Shawna, I would love to start with you today. How are you doing?

Shawna Pinckney: Hi Sangeeta, I am doing well today. Thank you.

Sangeeta: So happy you could be with us today to help clear up some things for our audience. The first question that we would like you to help us answer is, can programs include in their policies and procedures the use of virtual makeup days throughout the year? For example, if it snows and programs need to cancel classes that day, can they make up the day virtually?

Shawna: Yes, we imagine that many of our grantees have existing policies and procedures around makeup days. And you certainly have the ability now to establish policies and procedures around makeup days. Many are usually related to weather-related events, but you can also add other expected closures. While programs are considering their policies and procedures, we would just encourage grantees to think about other considerations to ensure success in virtual makeup days, such as access to the internet and other technology that might need to be made available for families.

Sangeeta: Great. Next slide please. Shawna, we have another question for you. Currently we are submitting monthly Center Status Reports that include the number of children receiving in-classroom and virtual participation. Will this monthly reporting process continue through the ramp-up period?

Shawna: Yes. The Office of Head Start will continue to require programs to submit their Center Status Reports, including through the ramp-up period.

Sangeeta: And one more question for you, Shawna, next slide. Will the federal poverty guidelines be updated to reflect higher minimum wages?

Shawna: Only Congress has the authority to make adjustments to the federal poverty guidelines. Until such time as we learn that they are addressing the federal poverty guidelines, we've included here a link to where more information is available about the poverty guidelines.

Sangeeta: Thanks so much, Shawna. We're going to turn it over to Ann, we're going to take you off the hot seat for a second, Shawna. Ann, what do grantees do if there's conflicting guidance between local government and the CDC?

Ann Linehan: Well, folks that may be wondering ... Am I muted?

Sangeeta: No.

Ann: Folks may be wondering in the audience, "My Heavens, how many times are they going to revisit this question?" But it's a question that we continue to get, so we're trying to reinforce our messaging. I also want to note throughout our questions, you're going to see a lot of live links that have great material attached to them. But as we have been pretty consistent throughout, when there's conflicting guidance, you really look at your local health conditions. They really should be driving your program's decisions in cases where there is conflicting guidance from the CDC. And review the available guidance, continue working with your Health Services Advisory Committee. Boy, if we didn't know the importance of the Health Services Advisory Committee, we certainly have learned it in the past 16 months. And again, make the decisions that best support the safety of staff, children, and families.

Sangeeta: Thank you, Ann. Our next question is, programs understand how the expectation to return to in person applies to children attending centers. However does the same expectation apply to children enrolled in the home-based model?

Ann: Well, we'll start off with a big yes. The expectations for in-person services are the same for the home-based program option as they are for center-based. The goal here is really moving all our options toward in-person comprehensive services. Beginning in September, again, we always say as local health conditions allow. And for those that are operating summer programs, we certainly want to see that same move toward in-person services even in the home-based model.

Again, we understand if it's not possible to do this, you really need to communicate with your Regional Office about the continued use of virtual or remote services for some children enrolled in calendar year 2021. We anticipate the programs should be able to fully return to their preapproved in-person options by January '22. We want to acknowledge that some parents and home visitors have expressed sincere hesitation to return for various reasons, and that's why we really are providing the ramp-up period, so programs have time to recruit and transition family and staff's safe return. Again, during the ramp-up period, it is OK to deliver virtual remote services to some children and families if, again, the local health conditions necessitate it or if the program is meeting the individualized needs of a child. Again, it's important to note the ramp-up period is underway now and goes through December 2021.

Sangeeta: Thank you, Ann. Shawna, I think we want to ask you the next question here. Are there other alternatives for home visits when staff have concerns about transmission such as in settings where porches, backyards, and outdoor spaces is very limited and/or staff use public transportation for home visits and cannot transport a pop-up tent?

Shawna: Yeah. As we're thinking about alternatives for home visits, we always want to start with what we can do around controlling and maintaining infections, COVID-19 infection, and illness. And we know that certainly being fully vaccinated continues to be the best way to prevent COVID-19 infection, as well as masks continue to be effective in preventing COVID-19 infection, particularly if you're taking public transportation. As Ann mentioned just shortly ago, we encourage programs to continue working with their local Health Advisory Committees and certainly follow their recommendations around COVID-19 prevention and for in-person home services based on the risk in the community. That said, programs that may not be able to conduct an in-home visit or that might have limited outdoor options might consider alternatives such as conducting a home visit in a public location where there's more space available and/or improved ventilation. And some examples would include libraries or other community centers, churches, and et cetera.

Sangeeta: Thank you, Shawna, I'm hearing a thread of working within our communities, what we have available to us, and I'm hearing also through the questions some uncertainty and hesitancy. Our next question for Ann is, how should we address vaccine hesitancy for staff and families?

Ann: It's interesting to provide this answer in light of what we're seeing in the news now. We're seeing so many communities that have low vaccination rates and spiking cases of COVID. This really is a thing that some communities are grappling with much more than others. We certainly understand the hesitancy, both from staff and families, and we know that that is going to be a challenge for programs' capability to provide full in-person services. We know that many Head Start staff and families, we see it on Twitter, we see it on Facebook, have gotten or are eager to get their COVID-19 vaccine and resume in-person services. We know that parents want to get their children back.

But we know that others have questions about safety and side effects and want to know more before committing. We know that vaccine hesitancy comes from many sources and it takes many different forms. And I think this is really important, understanding who is hesitant to be vaccinated, why they are, what information they need to make decisions is really critical. Again, I talked about these live links, this is really a helpful resource on tips for talking to Head Start staff and families about the vaccines and the strategies and how to have these conversations, right? I think knowing how to talk to people is really important and the tone of one's messaging.

Again, reiterating what Shawna just said in the last answer, we know the vaccination is the safest way to protect individuals and the people they live and work with from getting COVID-19. It's also a really important part of Head Start moving forward to return to safe, comprehensive in-person services. [Coughing] Excuse me. We recently announced updated guidance and flexibilities to assist with these efforts. Again, take a look at the two program instructions, the live links to here. And they're going to help you determine the one-time investments that best support staff, children, and families while adhering to federal, state, and local guidance. Additionally, there are other resources on ECLKC of vaccinating OHS staff and vaccination for Head Start families. Please explore these, and I think that they will help you in your outreach and support efforts.

The final thing that we want to say, we want to recognize, if you could go to the next slide, that we understand receiving the vaccination is a personal decision. We want to make sure that you're doing everything you can to make sure that your staff and families have reliable information and resource to help them make this decision and in consultation with their doctor. Again, Health Service Advisory and local health department community partners should be trusted resources easily available to make it easier for staff to share with families. It's tough when people are hesitant, and people are scared, but I think there are things that we can do to mitigate the fear that they have going forth.

Sangeeta: Thank you. And there was a lot in your response there, and we'll be talking more later on this webinar about how to have conversations, these sensitive conversations, difficult conversations. And I think the resources that we have there will also provide more about how to talk with families later on in the handout for everyone.

Ann, we've talked a lot about the vaccination and how to get people back, but once people are back, I mean, there's still other challenges that we're facing. And one is programs continue to struggle with recruiting and retaining qualified education staff. Low wages for education staff are one major challenge. So what can programs do to address this challenge?

Ann: Well when I was looking this slide over, I thought, I hate the expression, but we certainly feel your pain on this one. We know that Head Start has been struggling with staff shortages and high turnover rates well before the pandemic, especially among our education staff. We know that these challenges really persist throughout our current national staffing crisis. We

hear that programs are losing staff to other industries, again, due to higher pay or incentive packages often by competitors.

I think what we want you to know is we recognize how difficult this is, again, how it could interfere with achieving full in-person comprehensive services. But we also want to tell you, we are very seriously at work ourselves trying to figure out ways that we can support you in the short term and the long term to try to mitigate, again, some of these challenges. Again, we strongly, as you think about it, as management teams, leadership teams get together to think about, what can we do as an organization? Clearly involving the Policy Council and the board is really important. Again, keeping the Regional Office engaged in understanding the challenges you have and the steps you're trying to take to mitigate.

I think we want to take a look at some short-term fixes that we think will be helpful and some long term, if we could go to the next slide. I do want to say here, we talked about vaccine hesitancy. I think we also have hesitancy about taking advantage of some of these flexibilities, because I think sometimes programs get nervous. "Can we really do incentives? Can we really do hiring bonus?" There's so much text on this slide, but we're putting it here so you have it and you'll be able to use these slides again with your governing bodies and your Policy Councils to sit down and to say, "Look, the Office of Head Start said that we could use monies in these ways."

We think, again, there are things that you're going to be able to do, again, including bonuses, hazard pay, return-to-work incentives, child care stipends, retention bonuses, temporary raises for positions that are difficult to fill. Again, we understand it's got to be reasonable, but what was reasonable a year ago may look very different now. Again, we recognize that you have significant funds for one-time investments. This is not a long-term solution, but at least it's an opportunity to address some of the challenges this year.

If we dropped down and take a look at the second paragraph, there have got to be a lot of systemic analyses within organizations. "What do we really need to do to really change this environment on a long-term basis? How can we really find and retain qualified staff?" And this could mean significant changes in program design and budgets to better attract and retain qualified education staff, and we know that somehow this is accomplished through improved wages and benefits for qualified teachers, professional development and career growth opportunities for staff, guaranteed breaks of staff wellness supports. We're going to talk a little later about staff wellness supports, but really it's not a pandemic thing, it should be an everyday thing in terms of staff wellness strategies.

It could result in major changes to the overall design and budget, but these should be thoughtfully considered. Again, reflect on data on staffing changes and consider wage comparability and data from the community assessments. Again, keeping your Regional Office engaged with you on the ways in which you are trying to address some long-term strategies that really could begin to alleviate some of these challenges. We know that they're significant.

And the last thing, and I think I just said it, if we could just go to the next page. I mean, what we're trying to do here is to encourage grantees to leverage the one-time funds as necessary. We think that this is an area where the one-time funds could really help with recruitment and retention of staff for this coming school year. Again, while doing something short term, also that simultaneously process of really doing a longer look at what long-term goals, actionable goals that programs need to consider to address this. We all want our programs open. We all want them to be open with qualified staff, but we know that there are challenges, but we think that there are some opportunities here and I would encourage folks to take a look at the, again, helpful resources that have been included here.

Sangeeta: Thank you so much, Ann. That's a very long answer, so I'm going to take you off the hot seat for a little while. We'll be back with you shortly. Shawna, I'm going to ask you this last question. What is the president's universal preschool plan and how do Head Start programs fit in?

Shawna: President Biden has proposed \$200 billion in UPK or universal pre-K funding over 10 years, specifically targeted to a national partnership with states to offer free, high-quality, accessible, and inclusive preschool for all 3- and 4-year-olds. This proposal is really quite remarkable and reflects the administration's commitment to early childhood education. It is one of the most significant investments that we can make as a country to increase access and opportunity for all children and families. Now, what we understand of the administration's proposal is that it includes a mixed delivery system that leverages existing capacities and plans to work in tandem with existing preschool programs, such as Head Start, licensed child care centers, and licensed family child care providers to enable children to attend preschool in a range of settings that of course meet quality standards.

Head Start programs certainly are now and would continue to remain a key part of this mixed delivery system. That is certainly exciting news. In this proposal, all employees participating in preschool and Head Start programs would earn at least a living wage of \$15 an hour. And teachers comparable with qualifications would receive compensation commensurate with kindergarten teachers. Now, all of that exciting news shared, at this time, this is only a proposal by the administration and because of that would need to be passed by Congress to be implemented. So stay tuned for more on that.

Sangeeta: Thanks for the exciting news, Shawna. I hope that made people smile and feel hopeful about next steps for Head Start. Next slide, please. We're going to go into a little bit of a round-robin here with Shawna and Ann. We continue to receive a lot of questions about how grantees can use their American Rescue Plan funds to support Head Start employees' wellness and to provide mental health support. The program instruction that was issued in early May on this topic provides examples of how grantees can use these funds. We want to spend a few minutes hearing from Ann and Shawna on this topic.

Ann: Sangeeta, you sort of set the stage for us in the very beginning. We know that the pandemic has taken an incredible toll on folks in so many various ways, uncertainty, anxiety,

trauma, grief, loss. We have spoken before about making sure grantees know how they can use these ARP funds to offer and expand fringe benefits. And this can mean offering mental health days or time off for mental health appointments, which is essentially sick leave, so as long as it's specified in a grantee's policies and procedures. These are allowable uses of ARP funds.

Sangeeta: We certainly have received that question a lot, so that's good to hear. Shawna, what else can programs do to support staff wellness with their ARP funds?

Shawna: The program instruction offered some additional notes around how programs can support staff wellness, including opportunities such as taking mindfulness breaks and other opportunities for self-reflection. As programs and grantees are thinking about opportunities to support staff mental health and wellness, we encourage programs to also think about their physical space. Can these funds be used to expand the physical space in their centers and classrooms? Or can funds be used to purchase additional and new equipment such as coffee machines, for example? Or what other sorts of renovations might be useful in this area for programs to make to their physical locations? Then certainly all of these strategies that programs are thinking about, I think you've heard the consistent theme to continue to engage in discussions with your Regional Offices around these investments as you're thinking through really helpful solutions for your staff.

Sangeeta: Thanks, Shawna. It sounds like purchasing a coffee machine could be something that they could do for their wellness space if needed. So that's great. Really helpful because I know grantees have had a lot of follow-up questions on that information, the PI. Ann, is there anything else you want to add to that?

Ann: Well, one thing that has been a common theme that we've heard from grantees because of the programs that were in person this year and because of social distancing, they had to have fewer children in the classroom. All of a sudden, I think they're realizing, "Wow, fewer kids, I feel less stressed." I mean, maybe a very obvious lesson to learn. We certainly want to encourage, if programs want to use their one-time funds to create more smaller groups and reduce that overall class size, that is absolutely acceptable. And we would encourage programs that have that capability to think about doing that.

Sangeeta: Shawna, is there anything else you want to add?

Shawna: Yeah. I wanted to take an opportunity to echo earlier comments just around recruitment and retention of staff. Certainly, other sorts of return-to-work incentives or child care stipends and other bonuses, if they're reasonable, are certainly allowable uses of these funds. We would want to make sure that grantees have these items established in your existing policies and procedures, but these measures should also be considered as part of staff wellness.

Sangeeta: Thank you, Shawna. I think what is really clear to me from much of this conversation is that Head Start programs do not operate in a vacuum. They are part of the communities that they serve, and grantees understand the needs of their staff and the circumstances of their

communities the best. I think that if I'm hearing you all correctly, it is not possible necessarily for OHS to address all aspects of every program's employee support needs, but we want to really encourage programs to keep in mind the cost principles, what is necessary, reasonable, and allocable along with adequate documentation and supportive written policies and procedures. I heard that a couple of times in your answers. These are all key when considering what is allowable for each individual program's unique circumstances.

I would really like to thank both Ann and Shawna for being here with us today. I hope that their answers to your policy-related questions can help alleviate some stress during this time of transition. I know I certainly feel better knowing some of these answers, so thank you. If you are still feeling uncertain or stressed, that's why we have our National Center experts that are here with us today. We're going to transition over to them now. Next slide, please.

As we transition to the focus on mental health and staff wellness, I want to draw your attention to the title of this webinar, "Emotionally Strong Together." Now is the time as we transition to a new normal to come together and increase our focus on equity, diversity, and inclusion. We all understand that COVID has impacted the ways we live, work, and play. We've heard it from Ann and Shawna as well, but we also need to keep at the forefront that the impacts it has had are vastly different depending on what resources you have, where you live, or the color of your skin, for example. COVID-19 is a unique stressor and that everyone has been impacted. Part of a trauma-informed approach which you will hear about in just a minute is understanding that not everyone's experience of that stressor is the same. Some populations have been disproportionately impacted by COVID-19. As programs continued to provide or transition back to in-person services, there may be questions about how to best support children, families, and staff. The good news that we want to share with you today is that best practice has not changed. The Head Start program's long history of promoting wellness and supporting families through stress, trauma, and adversity continues to help us navigate this pandemic.

As a starting point, we need to remember to offer space to families and staff to share about their experiences, to help inform how to meet families where they're at. Nurturing in responsive relationships and safe and predictable environments buffer the effects of stress for all of us, including those who have experienced trauma. We may not always know an individual's experience, but we can work to actively support resilience and healing for all children, families, and staff. Next slide, please.

We've had a number of questions from the field related to mental health and as we move Head Start forward to full in-person services. We've clustered some of these questions and concerns into four areas: staff wellness, trauma-informed care, sensitive conversations with families, and meeting children's social-emotional needs. We thought it was important to address these questions today and, at the same time, show you how these areas fit together.

Three colleagues, Neal, Jess, and Allyson, from three different National Centers will share their thoughts and resources on the questions we've heard from the field in these areas. I would like to welcome them all with us today. Next slide, please. Dr. Neal Horen, how are you today?

Neal Horen: Doing well, Sangeeta. Thanks.

Sangeeta: I'm so glad you're here with us. You're here representing the National Center on Health, Behavioral Health, and Safety, and mental health is your area of expertise. I was hoping you could kick us off today with this first question. We've been getting this quite a bit and we were hearing it prior to the pandemic, but has become even more prominent of a topic during the pandemic, and it's on trauma-informed care, what it is and how to get started implementing it. Give us some info.

Neal: Yeah. Well, so not an easy question to answer. In some ways, I wish I had Ann and Shawna just to take it because they did such a nice job of clearly articulating. That said, I'm going to guess that lots of folks have heard the term trauma-informed care, have thought about this. Those of you who've continued to provide in-person services, those of you who are in this move forward campaign, Head Start Forward campaign really thinking about this, hopefully are doing a lot of thinking about this. As you heard Sangeeta and others talk about the anxiety, the grief, the loss, the kinds of things that I think people start to, I don't want to talk about this, I want to sort of talk about what this is and hopefully offer a few things that folks can start to think about, "Oh, we already do that. We're doing that." Or, "Oh, we were thinking about that and that's perfect, that fits."

You'll also, I think, see that all of those topics, Sangeeta, that you laid out fit together with trauma-informed care when we talk about staff wellness and we talk about those kinds of challenging conversations. When we talk about social-emotional development, I think you're going to see threads run through there. When we talk about trauma-informed care, we're really talking about programs realizing that there is trauma that people have experienced both children, families, as well as staff. And to sort of start with that realization that it can be socio-cultural trauma, it can be all different sorts of forms of trauma, but that there's really healing and resilience that can happen. I think that's part of what we want to emphasize is that if we just get stuck on, "Oh my God, there's been so much trauma with..." Yesterday, we were talking about a syndemic and our comfort with the idea that there's been great upheaval around racial justice at the same time as this pandemic, it's a lot going on and for us to start to think about, "So what can we do? What is a trauma-informed program?"

It's one that sort of recognizes that there are a place where healing and resilience can happen, and we'll talk about that. It's a place where folks are really looking for signs and symptoms of trauma and not just saying, "Well, that's just how things are," but really cognizant of what the signs and symptoms of trauma are. And I want to talk a little bit about E's and R's, right? We're in Head Start. We love our letter recognition and things like that. A trauma-informed program really thinks about three E's: the event, the experience, and the effect of that event. If folks can start to think about in our program, do we think about some of those things. And it's not just about a pandemic, it could be any sort of emergency or trauma that's occurred.

You want to be thinking about those three E's and you really want to understand how that may impact young children. A trauma-informed program is one in which the whole staff, not just

one person who knows mental health, but the whole staff is aware of the brain science of how trauma may impact brain development. You're going to hear about how it might impact social-emotional development. We really want a trauma-informed program to be one that's thinking about, you don't have to be a neurologist and understand it in great depth, but you do need to understand that trauma can impact brain development. That's a good start, and understanding that might also impact behavior as you'll hear Allyson and others talk about today.

I think the other thing is to start to think about something that you've already mentioned about being responsive and consistent. Those kinds of things in a trauma-informed program are for all children. It is not sort of, we do this for children who we think have experienced trauma and we do this for other children. It's for everyone. Being consistent, responsive is helpful for everyone. You're making decisions that are really about concern, right? You hopefully have heard Bruce Perry talk about, not what's wrong with you, but what happened to you, right? There's a new book out that he and Oprah Winfrey have put out. Programs that are trauma informed are thinking in that way. We're concerned, we're not acting out of anger and things like that. I think that some of this is also about those four R's, about realizing the impact of trauma, recognizing it when you see it, responding appropriately, and resisting retraumatization. Sharday, if we can go to the next slide. Thanks.

Then the question always to me is, "OK, big guy, so what? That's great. You just explained some stuff, I probably heard it 20 times over the last five years. What do we do?" I'm going to tell you're going to do the stuff that you probably have been doing, and you've been doing it before a pandemic, you've been doing it during a pandemic, and you're going to really concentrate. If you're trauma informed, you're going to really think about things like those relationships with children and families, and the relationships among staff. You're going to think about those relationships form the basis for how we interact with children and how we help support them, whether they've experienced trauma or not, but in particular, if they've experienced trauma. We want to help children develop regulatory skills. It's the reason that you start out with babies saying, "Oh, you're so soft and cuddly and I like holding you." We do that because we're actually doing some regulation with babies and we continue to do that.

For children who have experienced trauma, it's even more important. So trauma-informed program is one in which everyone's thinking about, "How am I regulating myself?" We'll get to staff wellness in a bit and that will help. But it's also about, "How am I helping those children learn those skills?" We don't just get born and know exactly how to regulate our emotions. Then it's also about those cognitive skills. We know that children who have experienced trauma oftentimes can have difficulty with working memory, with paying attention, with executive functioning. And so rather than getting frustrated and really upset that a child's not paying attention, they're not following directions, we start to recognize, well, if a child's experienced trauma, that may actually be something we need to work on to support them, not get upset with them because they're having difficulty with that.

Those are the kinds of things that in trauma-informed programs, sort of good starting points and as I said, hopefully what you've been doing already, and my guess is, I've been around

Head Start long enough to know, you probably are and now it's even more important. As we are, some programs have been continuing to work in person and others are making that transition. When you're making that transition, you want to be prepared and these are the kinds of things to be thinking about. So Sharday, on the next slide, my brilliance will continue. Wow. I like how speedy. Yeah. OK. Good. Thanks.

As I mentioned, this is really for all children, right? I don't want people to say, "Oh, we're going to be trauma informed, so we're going to figure out who's experienced trauma. They're going to be in the trauma classroom, and we're going to do all kinds of things that we've heard trauma-informed care is about."

Trauma-informed care is about promoting healthy development. It's about relationships, it's about consistency, emotional regulation, and it's really best practice for everyone. There's not a child who's going to be like, "Boy, I just wish you were really unpredictable and inconsistent and I never knew what was going to happen next." There's not going to be a child who's going to say that. All children will benefit, but in particular, those children who've experienced trauma are really going to benefit from it.

The other piece though is to start to think about safety. In many cases, Head Start programs are the safe haven. That's the place where children and families and quite honestly staff who've experienced trauma in any way, shape, or form really sort of see Head Start as that's my place of safety. That said, we want to go an extra step. In a trauma-informed program, I want to start to think about, what's going to make this feel safe for someone who has experienced a lack of safety, a break in trust, or the other kinds of things that happen with trauma? Maybe it's a special place in the classroom. It's a place where we can have children who can calm down. Allyson obviously can speak to this better than I can, about how we set up classrooms to ensure that children really have a place where they can be quiet, they can calm a bit. What about children whose trauma has been, they've experienced homelessness or food insecurity? How do we start to think about, in our program, ways in which to set things up so that those children who've had those experiences actually have a place that makes it feel more safe. And then these last two ... Yep.

Sangeeta: Sorry. I just wanted to jump in here real quick because you're using terms like consistency, safety, and you mentioned Allyson, and I just wondered if she could jump in here real quick and talk a little bit about routines for us.

Allyson Dean: Sure. I'm happy to. I think this is just so critical. I'm so glad that Neal added this to his talking points. That predictability and consistency is what's going to act as a bit of a protective factor for kids as they come back, and for adults really. I think we are really good at doing that, right? We set up our classrooms, we're in the moment. We do that really well as Head Start staff. Now, I think we need to think about being a bit proactive and setting those things up before kids arrive at our doors, or before we arrive at a home visit in person for the first time in six months, right? So preparing children and families in advance, whether you're sending home a social story or a note, or you're having a visual connection with a family and a

child just to reestablish that connection. Establishing those routines happens just even before children arrived back, and I think that would be something I would just add to what Neal's sharing here. So, thanks.

Sangeeta: Thanks, Allyson. And so, Neal, I know you were on a roll. Could you continue on, please?

Neal: Yeah. Just what Allyson said. That's the end of the role. No, I mean, I do. I think that, and you're probably going to hear this ... I mean, I know you're going to hear it, but I'm going to pretend. I think you're going to hear it when Jess talks about having conversations, when Allyson ... We know that this is the crux of our Head Start work, is those relationships that get developed. We've heard in other spaces in early care and education that about expulsion and suspension, obviously something we have policies about, but the idea that's been posited is no child really has those kinds of issues ever arise if there's a really good relationship with the child and a good relationship with the family. Those relationships, particularly for the children who've experienced trauma, are really instrumental in sort of the repair work. And that's the other piece of the trauma-informed program is repair work – is being open to the idea that there may be some, some work to be done to repair the relationship, to repair some of the things that have happened because of the trauma. And so I just want to go on to this last little piece around trauma-informed care.

Lastly is, I don't know. I mean, I was sort of looking at all the chat. I'm like man, we, we ask people to do a lot of stuff in Head Start our staff. I think it's important to really think about how we're supporting our staff and not just saying, "You need to be trauma informed. Go, here's some information go." We actually have to think about what does that mean. We have to think about how do we help that collaboration, right? You're on the front lines. Head Start staff are out there really doing this trauma-informed work on a daily basis oftentimes. How do we sort of build in some support for, for staff? And, and it's also me trying to make a segue into this next section on staff wellness, but we have to really think about how we're taking care of one another, how we're celebrating one another. That when you are sort of ... I've talked with staff, a teacher in a classroom has come down to, "Boy. I thought I was going to really have a tough day with, with that particular child. And I really remembered to do X." And I'm like, that's right, that's all it is, is just one small interaction.

It's for somebody like me who plays golf very poorly, it's just one shot. One thing. Celebrating that success is really important. And then overall within the program really saying, we are about wellness. We want to be trauma informed, we want to support children and families, but we also want to be well ourselves. That's the only way. We know that the research shows that you're not able to do these things if you're not OK, if you're not doing well. And so I think that that's the other piece of trauma-informed care, is all this staff wellness piece, that I just wish we had a question about. So, so ...

Sangeeta: Neal, I know that we do have a question coming up. But I just, I, I want to make, make it clear that part of a trauma-informed care approach includes the parents. Jess, could

you just jump in here and talk a little bit about how to engage parents around a trauma-informed care approach?

Jessica Dym Bartlett: Absolutely. Yeah, Neal. I was so glad that you raised the importance of including families. And of course, since I'm from parent, family, and community engagement and that National Center, I wouldn't be doing my job if I didn't mention how important family voices in trauma-informed care. And that we really need to engage parents and other caregivers and other family members as part of our trauma-informed care planning and organization to make sure that the program strategies reflect their beliefs, values, strengths, and needs. Because trauma-informed care, as Neal has and will tell you, is not one thing, right? It really is a tailored approach that has some common elements to it. Heightening, really elevating parent and caregiver voice is really critical. And do you mind if I make a second point Sangeeta? Do we have time?

Sangeeta: Go for it. Yep.

Jessica: All right. I just wanted to mention something because I know all of you, all of us, are we're caregivers at heart. When we hear that kids and families are going through a really rough time and would experience trauma, we often want to be empathetic by asking them about it. I just wanted to sort of put up a flag to let people know that the prevailing wisdom in the field is clear that we should never ask people to tell their trauma stories. That can actually harm, cause more harm than good. So [Inaudible] really important to have those conversations about what's going on, in terms of what supports families need, families need, but not to delve too deeply into the details of those experiences and just being very careful about that boundary.

Sangeeta: Thank you so much, Jess. Really important points. Sharday, can we go to the next slide? So I know Neal you've put together some resources related to trauma-informed care. Is there anything you wanted to say about it before we move to the next question?

Neal: Well, just, just, just one thing and then we, we can sort of move on. It, it, it's not me putting them together, it's our team, Julia and Amy and our entire center, but, and it's not just our center, right? I think one of the things that you should know is trauma-informed care is not mental health and only the folks who do mental health think about it. It is every part of your program. The more you start to think about that mental health is everyone's business and the more you start to think about that the person in your front office who greets people is just as critical to addressing mental health as your mental health consultant, the better off you're going to be. And these are the kinds of things where you start to, you can see some of them are our, our world, our Head Start world, ECLKC, but we also have things from SAMHSA – the Substance Abuse and Mental Health Services Administration – really encourages some of these are deeper, sort of more research-based kinds of things and some of them are much more of a practical hands-on things that y'all are I know looking for. So really encourage you to, to sort of explore the National Child Traumatic Stress network. NCTSN is a great resource for folks. I know, I think Julia put it in the chat. You'll have a whole handout with all of the resources, not just on this part, but everything we talk about today.

Sangeeta: Awesome. Thanks Neal. Next slide please. We've been talking about staff and we made sure to incorporate staff wellness in the title, right? So one question we've been hearing is how can staff wellness be prioritized? It's important, but how can we prioritize it in such a way that providers can reflect on their own mental health needs while also doing the job that they care about, which is supporting others?

Neal: Yeah. I think that part of this is to understand it's not a separate thing. Much like trauma-informed care is not a separate, oh yeah, that thing, neither is staff wellness. It's not just, "Oh, we're going to do a class on Wednesday and that's it and we've addressed it." It's to start to think about how are we embedding this within our program.

What we know is that when staff wellness is addressed, we get at things like job retention, going back to some of the policy questions that were asked earlier today. We get at things like adults who are better able to regulate given the stress ... my mom was a pre-K and kindergarten teacher for 30 years. I know what the stress can look like. And so when we help by addressing staff wellness, we are supporting those adults to support children and families. I think that that's a critical piece here. It gives them those tools and when those staff are attuned to their own wellness, I think it's also really important that they then are able to be more reflective about the wellness of the children and families that they're serving. So, Sharday, can we talk a little bit on this next slide and I'm going to keep us moving because I want to make sure we get to everything today. Click.

I think that part of this is to really understand that continued time for staff, particularly as we're moving forward, is unbelievably important right now. For those programs that have been in person throughout just as important, right? You all should be spending time reflecting on how are people doing? How are we addressing your wellness? Are people getting adequate time to just step and take a breath? As we move forward, are we allowing for time for staff? Are we thinking about breaks and not saying well, it's just the way we do things, but really thinking about the stress, the anxiety, the grief and loss. Not only have children and families potentially experienced grief and loss, so have our staff. One of the things to think about is how we give some space for that, knowing that the better staff are doing the more, the better able they're going to be to do their jobs.

Then lastly, because we know about from, from research, if, what we know from research is that caregivers who are stressed usually are not as able to offer praise nearly as much. They tend to use much more punitive or harsh discipline. We know that if you're, if you're stressed, you're probably going to end up seeing more challenging behavior, which is just going to stress you more. Addressing that is really important and doing it at every level. We integrate it, not just for the teacher in the classroom, but for all staff in a staff meeting, we do it, we incorporate into our supervision. Those are the kinds of things that it's not just staff wellness and there's a committee and they go do things, but we're embedding it. So next slide please.

This is really, again, sort of a return back to just keeping in mind and, and a lot of the work out of the Office of Head Start that's been done around disasters and other emergencies, is really important to, to use as learning points, which is you have to understand that everyone's sort of

experiencing different feelings about this. Some, some level of extremes exist on either end in terms of who's experience, really negative things versus positive things. We need to make a space for our staff. And I don't know, Allyson, if you want to say a little bit about that reflective supervision piece that might be helpful.

Allyson: Sure. I just think that really one of the things that Head Start staff do so well is really share experiences and, and come together to support one another. Whether that's in reflective supervision, one-on-one where you're asking staff, what did this bring up for you, how are you, sort of grounding yourself when you're working with children and families in this area. It's super important to role-play and talk that through and just have a safe space to do that reflective supervision and also peer groups. Both of those are a great way to make sure that staff feel supported.

Neal: OK. I think, I don't know if there's any question, anything else we want to get to Sangeeta before we sort of move on?

Sangeeta: Yeah. I think one question that I think is really important and I want to make sure that, that people get the answer to it is, it has to do with trauma-informed care and a trauma-informed program. As you're talking about staff wellness, I'm thinking about all the different pieces that fall into a trauma-informed program. One question that's come up is, for example, what is a trauma-informed program? We've trained our teachers on the pyramid model and conscious discipline, does this make us a trauma-informed program?

Neal: That's a great question and hopefully Jess will another, a real expert in trauma-informed work will jump in as well. There's not a certificate. There's not a program where you just get trained and say, "Oh, we're a certified trauma informed and you're not." I mean, I know we wouldn't do that in Head Start, that's in like other things. But there's, so there's not a training. I, I would say that the kinds of things, and it's not a commercial for any particular curriculum or training, but the kinds of things like pyramid model or conscious discipline, are the kinds of trainings that set people up for some of the basic foundations that we've been talking about around responsive relationships and consistency and the kinds of things that are helpful for all children.

I think the challenge is, is that for some children who have experienced trauma, who are having more extreme difficulty, those may not be quite enough. Not that they're not great things, but that you have to start to think about, do we really understand the brain science? Do we understand the signs and symptoms? Do we understand what to do? Again, reading the four R's document from SAMHSA is going to be helpful, but it's not going to be enough to say, and we're trained and we're done. This is sort of ever, ever it's ongoing work for folks to sort of get there. There's not a certificate that you get a little stamp that says you are. But Jess, I don't know if you want to jump in and then I can stop talking, Sangeeta.

Jessica: I agree with you wholeheartedly. I think, this is one thing that we want to make sure people don't think of as a one and done, like you learn one model or you learn one technique. I

think I agree with Neal. If you go through the SAMHSA guidance for trauma-informed approaches and [Inaudible] behavioral sciences, which is on the web and it's the 2014 document. Then I think what's the really helpful thing to do is to go through the ease of the R's, the, the different, the different, the alphabet soup that they have there, because what it can do is give you the categories of things to be thinking about in your organization. Secondary traumatic stress, and staff when they're exposed to kids and families who are experiencing trauma, et cetera, so that you can really make sure that you're thinking about a systemwide approach.

Sangeeta: Awesome. Thanks so much, Jess and Neal. So Jess since we have you on, I'm going to move on to a question for you and talk about family. Sharday, could we go to the Having Sensitive Conversations with Families slide please?

Jess, I'm so excited to hear from you. We have been focusing on children and staff, so we really want to turn our attention to family. I know you're here representing the National Center on Parent, Family, and Community Engagement, so this is really your bread and butter. One question we have been hearing is around sensitive conversations. We have provided guidance on having difficult conversations in the past, but now we are hearing that it is even, maybe even more sensitive due to the uncertainty, kind of surrounding the pandemic. How can we have a conversation that is successful in this space?

Jessica: Thanks, Sangeeta. Yeah, this was such a critical question and I'm sure coming up for, for so many of us. We're hearing it a lot. I can tell you that I have multiple mental health degrees and I still think about this quite a lot for myself and my own work. It's an ongoing learning process. I think we just have to treat it that way. It's a set of, of skills. So one thing is to go easy on yourself and don't expect that you just are born with those skills or have them, but that we actually have to work on them.

I think in, particularly in, during these times as we move forward, both from COVID-19, but also some of the structural racism and oppression that we're all now witnessing, but that's always been there, it's, we're going to be having this conversations a lot and I'm sure you all are already. In some ways we're talking about this as preparing for in-person services, but we know also that programs are already working in person or some programs are doing that work. This is going to be coming up in terms of newly enrolled, returning families, et cetera. Just thinking about those different scenarios will be important.

When we looked at what programs were really interested in and the types of questions we've been getting lately about this, we noticed a few themes. One was themes around areas that were particularly challenging. This is interestingly not specific to the field of ECE or even to Head Start. This is true in home visiting and lots of social services. It's just hard to have a conversation about things like the pandemic that bring up such emotions, strong emotions in everyone, right? You can say the word vaccine without any descriptor of it and it gets everyone into an emotional state, understandably. Same with mask wearing and lots of other things. How

do we have those conversations when everyone is having such strong feelings and fear and anxiety?

Similarly when child and family safety issues are identified, we've seen some indicators of upticks in intimate partner violence and certainly trouble meeting basic needs. We're wondering what's going to happen with abuse and neglect. And that, [Inaudible] that will go up, and certainly grief and loss. Those are all pretty, pretty intense topics for families and for staff.

Also, families are really struggling with adult mental health and substance abuse problems more than ever. That's been very well documented. Then this idea of, all right, we'll start using this word and see how people like it, but syndemic, which is kind of a double pandemic. But more importantly, and seriously acknowledging that many, that people of color are often experiencing both the pandemic and all of this racial and ethnic discrimination and violence that is so public and present and pervasive and, and visible right now. But the good news is that amazingly all the strategies that worked well in the past and that you've been successful using in the past are going to work here. It just needs some tweaking so that they meet your needs and families' needs in terms of the topics. I just wanted to make, to take a few moments to highlight some of those key messages and strategies and attitudes and practices. Next slide please.

I think we don't give enough thought to preparation, and I cannot tell you how soothing it is to have practiced anything. To me, this is one of the most central components of having a really successful, sensitive conversations with families. So why prepare? Got a lot on your plate? It's got to be a good reason why you're going to spend time doing something else. And it's because to make sure that you're in the very best possible position and that the family is in the very best possible position to be able to have a positive, goal-oriented conversation and to reinforce positive relationships that already exist and to develop new ones and all of that. So come reaching out to families ahead of time, even if it's only a couple of days, because this is a new family and you have to immediately talk about safety issues. Connecting ahead of time is really important, just starting that relationship going.

[Inaudible] I can also point to ... we have a resource. PFCE is a resource on challenging conversations, which you'll see listed in the end of this section. You'll see that it mirrors many of these same steps with some slight tweaks, particularly the first and the fifth bullet here, which we felt were really important to add. One of the things that good preparation also does is to increase the likelihood that you'll be able to develop these positive relationships, but just most successful, right? When we established trust, when we started the relationship building. Ideally these relationships are built over time, these small, simple, everyday interactions that are positive and that are tough and that we've moved through. Under the certain, current circumstances, you might not have had as much time to prepare. But even a little advanced work and connection with families to make a big difference.

I think, one thing that's important forever, and this is something that I'm sure you all have your own personal and professional experience with over the last year and a half is how much parents, caregiver, stress, anxiety, depression, burnout have risen dramatically during the

pandemic. One in four parents in one study are reporting increased psychological distress during this time. It wouldn't be surprising, right, that parents are struggling and looking more anxious and irritable and distressed. And maybe that makes conversations a little bit harder.

On top of it, we're stressed, right? So, I mean, I generally as dispositionally, I am an upbeat person and I can tell you that if you ask anyone in my life, over the last year, whether I have been as good mooded, they'd say, no. I've been grumpier and more irritable and we're worried and all of those things, right? This is something we're all going through, and so we really need to be thoughtful when we're interacting with one another. That sometimes when both people are having a hard time, things can kind of go awry quickly. And so we have to think about both ends.

I think, another thing to do to, to prepare is to really think about the types of questions you might encounter. I think you probably have some good information on this already. I'm sure you're already answering difficult questions and you're already in sensitive conversations. But what might, what else might come up? What are the range of possibilities? You might even make a Q&A sheet for yourself, so you have a little bit of a script and a little bit of a muscle memory. The reason I recommend that is not to give a canned response. You want to be human and present and listen, but you also don't want to be caught off guard and to have how you're feeling emotionally in that moment, kind of interfere with the message that you're really trying to convey, or the questions that you're asking as a way that you're interacting with families. Having just a little bit of a, essentially a cheat sheet, I think can be super, super helpful. And one way to create that is just by starting with the questions, the question, what are families wondering as we move forward?

I also highly recommend practicing sensitive conversations. I know it can feel silly and hokey, staring in the mirror, talking to a colleague or it can make you feel vulnerable or all of those things, but it is well worth it. Again, from personal experience, I can tell you that every time I have practiced, I have done better in a conversation and I've just been able to be more present because I'm not so worried about all the details. I have a sense that I know what I'm going to do, what the plan of action is, and I can go with the family where they need to go without that stressing me out. This is not exactly a groundbreaking idea, practice, right? I mean, when we want to do something well, we practice. I just think that we often forget, again, going back to this idea of what an important and difficult set of skills it is to have a conversation well about a sensitive topic. It's really worth engaging in training on it, practicing with each other, et cetera. I think both people in that interaction ... I often feel a little shy about asking people to practice with me because I don't want to impede on their time. What I always hear and what I always feel when I do it for other people is that we both learned a lot from how we have that conversation and how someone else would have framed it and talking through that.

All right. A huge piece, which I think Neal really touched on, is getting back to values and beliefs and opinions, right? It's tough when we're all feeling emotionally charged, or unsafe, or worried, or really sure that this is the right way to go, and families are in a different position. Right? To really do some thinking ahead of time about those hot button issues that tend to be

most difficult to discuss, that might get a rise out of you most likely. Really good to know where your hot buttons are and where our families ... And also just reflecting on, how's your relationship going with this family? Where are you in that relationship? And what are your feelings about them? It would be nice if we could say we all feel neutral and equally adore every single family. I think we need to access that. But I think we also know that sometimes we have a harder time, for whatever reason, with some families. Really thinking about preparing for that, if you know you tend to be triggered in the conversation.

To think about the fact that there are valid ... that people's opinions, worldviews, values are valid and important to them, whether or not you agree with them. And so are yours. It's just important to be able to explore that with families, right? To be able to ask what's meaningful to them, why they're making the decisions they're making, but in a nonjudgmental and nonbiased way.

Another thing I would recommend is to engage in mindfulness practices yourself right before one of these meetings. I used to do this. I started this myself as a practice before going into family therapy meetings, when I was being trained as a family therapist, and I was a young fledgling, and I was terrified of walking into a family meeting and being outnumbered and all of that. I would read and read and read and get ready and blah, blah, blah. It didn't help equip me. The thing that helped was grounding myself beforehand, so I could walk in and be present and be able to just really listen well to the families.

Finally, just to remember, Neal, I think you mentioned this already, space and I'm sure Allyson's going to talk... has plenty to say on space as well, but space both literally and figuratively, right? One that's warm and inviting and available that you're not going to be interrupted in the middle of a conversation, which can feel very disrespectful to families. But also there's an emotional environment, right? When we bring our warm and inclusive and respectful attitudes and behaviors, we're creating a welcoming environment. OK. Next slide.

The What and How of Having Sensitive Conversations. I know many of you have probably seen the PFCE's resource on attitudes and practices. I refer you to that particular resource, if you want to read more and those same attitudes and practices of bias as we move forward, in some of the same ways, but also some ways that are different. I will highlight a couple that you see here in green and just briefly describe the others. But of course the major place to begin is to be focusing on family strengths.

We know every family has strengths. Really in the worst and worst, worst of conditions of parenting struggles that look the worst that they can look, all families have strengths. We need to become skilled at identifying them and being able to highlight them for parents and families and really being oriented toward strengths versus solely oriented toward problems and deficits. You know, families are just so keenly aware of their own struggles, and so many service systems remind them all the time about what they're not doing well. This is such a good opportunity for us to come in and to be able to boost competence and confidence by pointing out specific ways in which their family strengths are showing up. I think what's one thing to say about that is, just the way we would compliment a young child. We don't want to say, "Oh, you're a good girl." Or

we don't want to say, "Oh, you're a great parent." What we want to say is, "I really loved the way I ... It was terrific the way you really looked into your baby's eyes while you were feeding her." Or something specific so that it feels real and not just kind of like a gentle platitude.

I think most of all we need to just maintain the stance of families being our partners. When we get into anxious times and anxious states, we often want to create things in positive ways with the very best of intentions. But, of course, families are the ones who really are the experts on their kids, and they are making all the decisions for their children around development and learning. And that's rooted in all of their beliefs and identities and current conditions. Making sure that we really are connecting with families before we make any decisions that affect them, right? And that we engage in problem-solving with them along the way, while still pointing out strengths, of course.

Just to wrap up a few last points on this piece, maintaining a position where we really value and understand parents are the experts on their own children, even when we disagree with choices they may be making about health and safety or other things. They understand their children, and ultimately they're in charge, right? We need to be able to value that and have open, nonjudgmental conversations about those things, even when conversations are really tough.

The same goes with their contributions, right? That families always are making valuable contributions, even when things are hard. So being open to a family's suggestions, being open to starting where they want to start, as opposed to what we need to work out or get done, is really, really critical and ultimately more efficient in the long run. I remember many times where I've tried to get an intake done at a mental health agency or sort of have some piece of paperwork and ended up realizing that was dumb, I should have just started with where the family was. And ultimately, everything got done.

Now of course is a time where we need to be able to translate all these attitudes into practices. You'll see here, the relationship-based practices that we've been promoting as part of PFCE for quite a while right now. Focusing on the family child relationship. We've talked enough about that at this point, but I really wanted to highlight the key practice of reflecting on personal and family cultural perspectives, particularly in relation to the topic you're discussing. You always want to do this, but I think right now we're seeing a lot of division around certain issues like vaccinations, right? And there are a lot of reasons that we need to reflect on that people might be making decisions that they're making. For instance, maybe there is a cultural group that has a long history of being mistreated by the medical system. You might not be so eager to go back to that medical system to get a vaccine. It might worry you. If you have historical trauma, if you're worried about immigration and engaging with state and federal bodies.

All of those things could go into making decisions that might be different. And it might be based on survival. It may be based on beliefs about health and wellness and illness and all of those things. But the point is to wonder and to take a stance of curiosity and then to reflect on what those two things are.

[Crosstalk]

Sangeeta: I'm going to interrupt you for just a minute. This is really amazing information. And it's a lot that we have packed in to our 90 minutes. I think I'm going to have to move us along here, but I feel like one of the main things I keep hearing you saying, you haven't used this word yet, is empathy, having empathy for others, having grace during this time. And also that these conversations, we're labeling them as difficult for a reason. I really want to encourage our participants to take the time to go through all the resources that PFCE has pulled together for us around this. And I'm going to move us along to the next section. So Sharday if you wouldn't mind going to Meeting Children's Social and Emotional Needs. Perfect.

Knowing how to have all these sensitive conversations are important considerations in response to this next question that we are hearing regularly, which is about how to best prepare children who may be returning to group care or in-person learning for the first time after the pandemic, or even for children who are new to Head Start. So Allyson given that your expertise is in early childhood development, teaching, and learning, could you start us off with this question please?

Allyson: Sure. And I've got to, yeah, thanks. Sharday, you're reading my mind. A couple of points. First of all, I think it's important to remember and anticipate that after any break children are not going to remember all of the routines and practices that were in place before they were home for an extended period of time or hybrid or however we've been interacting. We're going to have to be purposeful about reteaching some of those things. That means reminding children about routines and expectations. We should just plan for that, right? It's going to happen and thinking about some of the visual reminders that could be helpful. Again, as I said earlier, what can we do even before children arrive at our door or before we arrive at an in-person home visit for the first time.

Sending out some information ahead of time, having a quick conversation. and reminding folks. This is what's going to be the same in your school. This is what's going to be a little bit different. These are the friends that you'll reconnect with, and you're going to meet some new friends. Just anything that helps children be prepared ahead of time. And then reconnecting, just making sure that we're building time into the day just to be together to reestablish relationships. And again, to do that before children arrive back. These are really important things for all of us right now, and especially for children. I just think the more preparation, just like Jess said in her section, preparation is the key here.

Sangeeta: Yeah. So true. Allyson, next slide please. Another thing we're hearing in the field is about children who are having lapses in services. Can you tell us a little bit more about that?

Allyson: Yeah. I think that that is certainly not something new. We've always sort of managed that in Head Start, trying to get those referral and evaluations in place, but it's definitely been exacerbated. The thing that makes me feel comforted is that in Head Start, we know how to do this. We know how to put interim plans in place for services. We know how to follow children's interests and development and let that be our guide and really planning ahead. The one thing I would say is a little different this time is you maybe haven't been face-to-face with some

children in a while. So really relying on families. If there are itinerant specialists that have been doing virtual services with children, connecting with them. Again, just really connecting ahead of time so that you know, that you're prepared.

Remembering to take advantage, as we heard earlier from Ann and others, this is the time to take advantage of that additional funding you have. If there are environmental modifications, if there is some professional development that you think staff need to have to be ready to welcome back children during an interim period with services might not be available. Those are things that you should take advantage of ahead of time, and really make sure that whoever is on that team for that child has connected and is ready to welcome the child and family back.

Then of course, even now, even if you are not fully back yet, really now is the time to really reestablish and connect with all of those local and community agencies that support children with disabilities. Your LEA or other IDEA partners, now is the time to really be thinking and getting ahead of that curve and being thoughtful and creative about how you can partner with those folks to really embrace children with disabilities or suspected delays as they return back to full in person.

Sangeeta: Then I know that we have the new ECE guidance that came out from CDC that talks specifically about providing services to children with disabilities in person. You'll be hearing more about that on the next Head Start Forward webinar. But next slide, please. Allyson, what about children who are really struggling to come back to group care, but there's no diagnosis, there's no IEP or IFSP, but they're still struggling.

Allyson: Yeah. I think addressing challenging behavior, behaviors that challenge us, is probably the number one question we get asked at GTL, particularly again, if children haven't been in group care and they are just not remembering routines. I just think again ... I feel like I've been saying the same thing in answer to every question, but being proactive now, right? Wrapping supports around staff, whether that's through staff wellness and you can build staff wellness into any interaction you're having. If you're having a planning meeting with your education team to plan for the curriculum for the next week, or to think about how to welcome kids back, start with a wellness activity, end with a wellness activity. Model that having a mindful moment before you think about how to best address challenging behavior is going to help. Right? It's all really about the parallel process.

I am calm as a leader. I make space for staff to be calm and mindful and well, and then that translates into staff's interactions with children and families. So that's first. Be proactive. Focus on intentional teaching. Children and families will all experience transitions back differently. So intentionality is key. Again, understanding what that child is interested in. The child is having a challenging behavior, more important than ever to know that I've got curriculum that is joyful. I've got activities he or she is going to be excited about. I've got things to do that are going to be so exciting that I will be excited every day as a child to show up. And then that will help manage self-regulation for those children.

And of course, reflective supervision, right? Work it out with staff, acknowledge that it's challenging, role-play, coaching, professional development. Just wrap staff around the types of supportive behaviors that you want them to wrap around children. Those are my, those are my tips.

Sangeeta: Those are really, really helpful tips. You can go to the next slide. So ...

[Crosstalk]

Allyson: Yeah. Oh yeah. These are ... Yeah, these are kind of some of the big key messages, right? We've all been talking about, all three of us here. Consistency and predictability are critical, being proactive in communication with families and staff, supporting big emotions, right? That we just know that's going to happen, and really it's all about relationships. I think whether we think back to what Neal has said or what Jessica has said, just building on the relationships that Head Start staff know how to develop and strengthen is going to be the best way to prepare for this transition back to fully in person. And we know how to do this in Head Start, and we can do it well.

Sangeeta: I do remember a catch phrase that I think everyone on this webinar has used in the past, which is behavior has meaning. I think you guys have a great resource for that.

Allyson: We do. We do. I think I have it on the next slide, if you want to share it. Yeah. This is an in-service suite. And the thing I love about the in-service suites is they have something for everyone. We've got slides and resources for home-based staff, for in-person, for group care staff. We've got tips for supervisors, some video. If you want to watch it and reflect with staff about how children are communicating their behavior to us ... communicating their needs to us, which is through their behavior. It's a really nice way to reframe. Whether you're refreshing for staff who are coming back or using this as an in-service or an onboarding tool with new staff, it's a great way to just ground people in that.

We can certainly move through these quickly. I know, I want to watch time. These are all on the list of resources that I think has been shared now in the chat. These are resources about supporting transitions. And then in the next slide, there are some specific resources for working with infants and toddlers, who will have special needs as they return back to fully in person. And that wraps it up for me, Sangeeta, I'll turn it back to you.

Sangeeta: Thank you so much, Allyson. Neal, is there anything else that you would like to end with? We have about two minutes, but I wanted to give you an opportunity, since you started us off, to say anything.

Neal: The guy who took too long and hosed the other two panelists, you want to give him more time? I appreciate that Sangeeta. No, I mean, hopefully, and Allyson appreciate that rushed you at the end, but I think that Allyson, as you described some of that, hopefully what I said in the beginning about the thread that runs through here about the relationships, about this

consistency. I heard Jess talk about it, I heard you talk about it. And I do think that when we think about emotional wellness, just in general, those pieces we talked about, hopefully you're starting to see how this all fits. And that being trauma informed, having those conversations, addressing social-emotional development as we move forward is really ... They're all tied together sort of intricately. Just appreciate the way in which those things got put out today.

Sangeeta: Awesome. Thanks so much, Neal and Jess and Allyson for joining us today and to Ann and Shawna for answering our questions at the beginning of the webinar. Here's the upcoming Head Start Forward webinar. So you can go ahead and register on ECLKC. The next one is on health and safety considerations. We'll be giving you more information on the new CDC guidelines around ECE, so please check that out. Then we'll have a showcase of grantee best practices on in-person services coming your way. Thank you so much, everyone for joining us today and have a wonderful rest of your day.