

Addressing Adversity and Supporting Families and Staff for Success in Early Head Start-Child Care Partnerships

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Overview

In 2014, the Administration for Children and Families (ACF) granted funds to establish Early Head Start-Child Care Partnerships (EHS-CCPs) to expand families' access to high-quality child care. Through these partnerships, Early Head Start grantees have worked with center-based and family child care providers to implement Head Start Program Performance Standards (HSPPS) and provide comprehensive services and resources to meet the needs of low-income families with infants and toddlers in community child care settings.

In 2016, the W.K. Kellogg Foundation commissioned Child Trends to engage with six EHS-CCPs that received additional funding from the Foundation to support partnership implementation. From 2016 to 2020, Child Trends carried out activities to learn more about the partnerships, including the challenges and benefits of working in partnerships. These activities included classroom quality observations, in-person interviews, and facilitated group discussions with grantees and partners. The team later convened partnership representatives in a two-day meeting to provide an opportunity for partners to share experiences and learn from one another.

As part of Child Trends' work to support these partnerships, we developed toolkit-style resources to help EHS-CCP grantee staff and child care partners work through and overcome typical challenges they may encounter during the partnership process, and to help partnerships maximize the benefits of working together. One challenge identified by the six partnerships is supporting children who have experienced adversity, as well as staff who have their own childhood and adult experiences with adversity.

What are EHS-CCPs?

Early Head Start-Child Care Partnerships (EHS-CCPs) extend EHS services by partnering with independent community child care providers to offer high-quality and comprehensive services. EHS supports children and families using a two-generation approach that includes early childhood education, health and developmental screenings for children, support for parents in finding a job or pursuing further education, and other resources to help meet families' needs. Partnering programs agree to follow EHS standards (for example, adhering to certain teacher-to-child ratios and conducting home visits); in return, programs gain access to professional development resources for staff and other materials from the EHS-CCP grantee agency (including food and diapers for children, as well as materials for classrooms). The EHS-CCP model helps extend high-quality child care to the youngest children (from birth through age 3) within communities.

This resource first defines childhood adversity, and briefly describes how adversity experienced in childhood does (or does not) affect outcomes later in life. Next, it provides an overview of research on the effects that EHS and Head Start (HS) have on participating children and families who have experienced adversity. It then shifts to discussing adversity that EHS-CCP staff may have experienced and the effects of their experiences on their work with children, using a case study to illustrate approaches for supporting staff. The resource also highlights work that the University of Arkansas at Pine Bluff (one of the six grantees involved in Child Trends' study) has done to support staff who have experienced adversity and facilitate their work with children and families. Other resources in this series will address additional topics that emerged from the study and include input and examples from other partnership sites.

What Is Childhood Adversity?

Childhood adversity refers to a range of experiences that threaten a child's well-being, physically or psychologically.ⁱ It includes situations such as child abuse or neglect, poverty, exposure to violence, and discrimination.^{ii,iii,iv} Research on Adverse Childhood Experiences (ACEs), a subset of childhood adversity that has been studied over time, has found that children who have experienced multiple adverse events are at greater risk of negative outcomes later in life—including physical health problems such as chronic diseases, mood and anxiety disorders, and increased use of substances like tobacco and alcohol—than children who have experienced fewer adverse events.^{v,vi}

ACEs research demonstrates that adversity can also affect individuals' decision-making processes and change their perceptions of themselves, both in childhood and adulthood. In one study, for example, adults who had experienced a high number of ACEs in childhood were less likely than their peers with fewer ACEs to report¹ that they deal with problems well, are able to make up their minds, and think clearly.^{vii}

Nevertheless, not all children who experience adversity will go on to have negative outcomes in adulthood. There are many factors that help protect children against the effects of early childhood adversity, as well as tools that adults can use to support children's needs. At the family and community levels, for instance, strong bonds between parents and their children, the presence of other caring adults in a child's life, and a safe school environment can promote the well-being and healthy development of children who have experienced adversity.^{viii,ix}

"As families and staff transition out of poverty, it can be a fragile process, like holding an egg. Somewhere in the brain, the thought of failure is forever present. It's difficult to see oneself as worthy."

—Dr. Marilyn Bailey, Early Head Start Grantee Director at University of Arkansas at Pine Bluff

Early Head Start's Role in Addressing Childhood Adversity

EHS-CCPs serve families at or below the federal poverty line who have children up to age 3. In addition to their economic challenges, participating families may experience a range of other adversities. A national descriptive study of EHS-CCPs commissioned by the Administration for Children and Families (ACF) indicated that, of participating grantees nationwide, 29 percent planned to serve children and families experiencing homelessness, 20 percent planned to serve children in foster care, and 43 percent planned to serve children referred by child welfare agencies.^x

¹ The study used the Short Warwick-Edinburgh Mental Wellbeing Scale, which asks respondents to indicate how often in the last two weeks they have experienced a certain feeling or been able to do a certain activity on a scale from 1 (none of the time) to 5 (all of the time).

In addition, EHS-CCP staff who work with enrolled children and families come from a range of backgrounds and may have experienced their own hardships. Research on child care providers' well-being is mixed. Some studies, including a study on EHS staff, indicate that most staff do not experience high levels of psychological distress.^{xi,xii,xiii} Others have found that staff have higher rates of adverse experiences and psychological distress. A study of ECE providers, including Educare and HS teachers, in Tulsa, Oklahoma, found that one in five (21%) reported experiencing three or more adverse childhood experiences.^{xiv} In addition, an analysis of HS and EHS staff in Pennsylvania found staff had higher rates of clinical depression and frequent mentally and physically unhealthy days than their peers.^{xv, 2} ECE staff who experience depression or high levels of stress tend to score lower on assessments of child care quality, particularly with regard to the types and quality of interactions that they have with children.^{xvi} Common experiences, however, can also lead to higher-quality care. For example, Dr. Bailey's (a coauthor of this resource) EHS-CCP has observed that some EHS-CCP staff who share similar adverse childhood experiences as EHS families are more likely to promote health and well-being and a higher-quality early learning environment.

EHS has been shown to improve outcomes for eligible children, improve parents' capacity to offer supportive home environments, and reduce instances of certain types of child maltreatment.^{xvii,xviii,xix} EHS-CCP sites extend EHS services to community-based child care settings; these services are targeted to support the needs of children and families from a range of backgrounds who may be at higher risk for experiencing adversity, including:

- Low-income children with special needs
- Families challenged by abuse and neglect
- Families of active-duty military service members or veterans
- Families experiencing homelessness
- Families facing health and mental health issues
- Children and families living in communities devastated by natural disaster
- Families with limited parental education

EHS and HS take a two-generation approach to supporting outcomes for children and families. Emerging research demonstrates that EHS affects parenting practices that may, in turn, reduce instances of child maltreatment. One study found that participating in EHS led to changes for families—including higher levels of warmth and support from parents toward their children, lower levels of stress related to parenting, and more supportive home environments—that led to decreases in child maltreatment.^{xx}

In addition, many of the comprehensive services that EHS offers to families aim to specifically decrease the negative effects of economic adversity. In a Child Trends study of six EHS-CCP grantees across the United States, partnerships offered parents support with getting to and from work, meeting emergency expenses, finding jobs, and finding or paying for housing.^{xxi} In addition, partnerships helped families find mental health or substance misuse services; this support helps address adversity children may experience when parents struggle with these challenges. If children and families attend partnership sites but are not eligible for partnership slots, grantee sites cannot use federal EHS-CCP funding to provide them direct services; however, some services provided through the partnership are available to all families in a partnering child care center (e.g., parent meetings or classes). Other services provided to partnering child

² The study compared data from a web-based survey of HS and EHS staff in Pennsylvania with data from two national samples of women of a similar age, educational attainment status, race/ethnicity, and marital status who were employed.

care centers, such as professional development for teachers on engaging with families, benefit the children and families who are not specifically in partnership slots.

Research also demonstrates positive long-term effects from Head Start as children who have participated reach adulthood. For example, one study of long-term outcomes found that children who participated in Head Start were more likely to pursue and complete higher education and to engage in positive parenting practices when they had their own children.^{xxii} Research has also suggested that adults who participated in Head Start as children have lower rates of involvement with the criminal justice system.^{xxiii} These findings suggest that the children of former EHS and HS participants could be less likely to experience certain types of adversity.

Supporting Staff Who Have Experienced Adversity

While EHS-CCPs aim to support children and families, staff who work in EHS-CCPs may also struggle with challenges related to their own experiences of childhood adversity, adversity they are currently experiencing, and secondary traumatic stress. There is limited research on child care providers' own experiences with childhood adversity. We do know that some types of adversity occur at higher rates in different communities, so if staff grew up in the communities in which they work, they may also have experienced some of the same types of adversity as the children whom they serve. Economic hardship, for example, is the most commonly experienced childhood adversity,^{xxiv} and tends to be concentrated at the neighborhood or community level.^{xxv} Neighborhood violence is another example of adversity that occurs at different rates across communities.^{xxvi} In addition, research on ACEs has found that they disproportionately affect Black and Hispanic children.^{xxvii} Staff may also face adversity as adults. Child Trends' EHS-CCP partnership study, for example, included partnerships located in areas affected by natural disaster, which affects children and families as well as the community around them.

Staff who work with children may also experience secondary traumatic stress. Secondary traumatic stress, sometimes referred to as compassion fatigue, can happen when staff who hear about children and families' experiences of trauma on a regular basis experience symptoms similar to those of post-traumatic stress disorder.^{xxviii,xxix} Providing supports to staff who struggle with the effects of adversity may help them recognize their capabilities, develop their skills, and strengthen their connections with the children, families, and other staff members with whom they work. The spotlight below highlights the experiences of EHS-CCP grantee staff and providers at the University of Arkansas at Pine Bluff in addressing staff adversity and supporting staff in their work with children and families.

Spotlight: University of Arkansas at Pine Bluff

In March 2015, the University of Arkansas at Pine Bluff (UAPB) was funded as an EHS-CCP grantee. Currently, the partnership provides full-day, full-year services in a four-county area in the Arkansas Delta for a total of 88 children from birth to age 3, along with their families. The partnership aims to meet the needs of low-income working families by enhancing their access to high-quality child care; supporting the development of infants and toddlers in these families through strong, relationship-based experiences; and preparing young children for their transition to preschool. The mission and vision of the UAPB EHS-CCP program is to enrich the lives of people in the Arkansas Delta by connecting families and staff with resources to meet their educational, financial, and mental health needs.

As the partnership began, grantee leadership noticed that EHS-CCP teachers were feeling anxious about their capacities to work with infants and toddlers. While some staff had previously worked with infants and toddlers, many others had only worked with preschoolers. Grantee leadership perceived that staff

were experiencing feelings of anxiety, depression, distrust, and low morale that affected their performance. To better support EHS-CCP staff, grantee staff at UAPB used several strategies to examine the root causes of these challenges and moved intentionally to empower teachers in their work with very young children and their families. These strategies included:

- **Individual reflective supervision.** Grantee leadership implemented a reflective supervision process with EHS-CCP staff to assess their strengths and challenges. Reflective supervision uses a strengths-based approach to reflect on the perspective of the supervisees and support their knowledge, expertise, and ability to work with children and families.^{xxx}
- **Group reflection.** In addition to their individual reflective supervision, staff members began jointly reading a book about emotional intelligence during weekly group meetings.^{xxxi} Staff reflected on the impact their moods can have on others and how showing empathy has the potential to inspire positive interactions and collaborations. Through this process, staff began to model emotionally intelligent practices and improved their skills as communicators. The individual and group reflection sessions were led by the executive director/ EHS director, who served as the immediate supervisor for all EHS-CCP staff. Supervision does not involve micro-managing, but works best when it engages staff in reflective dialogue to assess their strengths and challenges, thereby creating opportunities for individual and program growth.
- **Mental health coaching.** Throughout the process of reflective supervision, staff began to be more transparent about revealing the root causes of their anxiety and low morale. Many expressed that these feelings related to a fear of failure and to their own adversities experienced in childhood. To further assist staff, UAPB provided free, onsite mental health coaching to staff to work through these challenges.

Leadership of this partnership observed that as staff were provided with support to address the issues they were facing in their own lives, and to strengthen their personal and professional capabilities, they were able to support families more effectively with housing, financial, nutrition, and educational goals. In addition, some staff members set and achieved their own goals for educational attainment. Others set career goals to use their strengths and talents in new positions and have successfully achieved those roles.

Recommendations for Addressing Staff Adversity

EHS-CCPs serve children and families at risk of experiencing adversity, but partnerships may have staff members who themselves have experienced instances of adversity during childhood and/or who experience secondary traumatic stress in the course of their work with children and families. Support to staff members who struggle with the effects of these adverse experiences can empower them to work effectively with children and families and to set their own personal and professional goals. UAPB's work provides an example of how one EHS-CCP addressed its staff members' early experiences with adversity. The positive changes resulting from UAPB's approach suggest the importance of three key components:

- **Understanding how experiences of childhood adversity can affect our brains and bodies.** The first step toward supporting children, families, and staff requires understanding their personal experiences and how these experiences affect them both in childhood and into adulthood. Developing this understanding can empower adults by increasing their insight into children's behaviors and their own behaviors, feelings, and health. Supervisors can help develop this understanding among EHS-CCP staff through activities like reflective supervision or group discussions.
- **Approaching challenges with a strengths-based mindset.** A strengths-based perspective allows staff to feel empowered to change the way they relate to children and families and to take ownership of their learning and professional development.

- **Training leadership on taking steps to address the effects of adversity and recognizing when they should seek support from outside experts.** Leadership may be able to work with staff to address some effects of adversity; however, staff may require additional support beyond what leadership can provide. EHS-CCPs should consider bringing in outside support, such as mental health coaches, who have the skills to work with partnership staff on addressing adverse experiences.

Resources

The following resources provide additional information about childhood adversity and secondary traumatic stress, as well as guidance on reflective supervision:

- [A Collection of Tips on Becoming A: Reflective Supervisor](#). This tool from the Office of Early Head Start provides information about the core components of reflective supervision and how to use these approaches in practice.
- [Adverse childhood experiences are different than child trauma, and it's critical to understand why](#). This blog post from Child Trends explains the key differences between childhood adversity, adverse childhood experiences, trauma, and toxic stress.
- [Emotional Intelligence: Why It Can Matter More Than IQ by Daniel Goleman](#). This book describes the factors of emotional intelligence and discusses how to nurture and strengthen them not only during childhood, but also throughout adulthood.
- [InBrief: Resilience Series](#). This series of videos from Harvard University's Center on the Developing Child focuses on resilience and how it helps individuals adapt when faced with adversity.
- [Secondary Traumatic Stress: A Fact Sheet for Child-Serving Professionals](#). This fact sheet from the National Child Traumatic Stress Network describes secondary traumatic stress and discusses strategies for preventing and addressing it.

ⁱ Bartlett, J. D. & Sacks, V. (2019, April 10). Adverse childhood experiences are different than child trauma, and it's critical to understand why. Retrieved from <https://www.childtrends.org/adverse-childhood-experiences-different-than-child-trauma-critical-to-understand-why>.

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^x Office of Early Childhood Development, Administration for Children and Families. (2016). *Early Head Start-Child Care Partnerships: Growing the Supply of Early Learning Opportunities for More Infants and Toddlers*. Washington, DC: Office of Early Childhood Development, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from <https://www.acf.hhs.gov/ecc/resource/early-head-startchild-care-partnerships-growing-the-supply-of-early-learning-opportunities-for-more-infants-and-toddlers>.

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