

OAKLAND FUND FOR CHILDREN AND YOUTH FY2020-2021 STRATEGY REPORT

Socioemotional Well-Being in Preschool and Early Childhood Education Settings

The three programs funded under the Socioemotional Well-Being in Preschool and Early Childhood Education Strategy provide support to early childhood educators, parents, and caregivers to promote healthy emotional and social development for the children they care for at Head Start sites and Oakland Unified School District's Child Development Centers. This report draws on interviews with a teacher and coordinator who work with mental health and developmental consultants from the funded agencies, program reports, administrative records, and teacher surveys to summarize strategy achievements and progress to date.

FUNDED PROGRAMS

- Family Paths, Inc. - Early Childhood Mental Health Consultation Collaborative
- Jewish Family & Community Services East Bay - Integrated Early Childhood Consultation Program
- Lincoln - Early Child Mental Health Consultation (ECMHC)

“ I find [the consultants] invaluable. They're an amazingly empathetic group. They're very open to wondering and thinking about how to be the voices for the families, for the children, for the teachers.

-Head Start Coordinator

Strategy Results



857 Children

Benefitted from consultation at Head Start sites



6,643 Hours

of service provided



3 Programs

provided early childhood mental health consultation



54 Centers

received consultation support



87% of Educators

agreed that their mental health consultant helped them feel more confident as a teacher.



\$915,999

granted to programs

Strategy Results

OFCY uses a Results Based Accountability (RBA) framework to assess its role in contributing toward city-wide goals. The RBA model is a comprehensive approach for assessing the quantity of services provided by programs, the quality of those services, and the effect of those services on the lives of children, youth, and families. It does this by addressing three guiding questions: *How much did we do? How well did we do it? Is anyone better off?*

How Much Did We Do?

Number of Programs Funded	3
Total Hours of Consultation Provided	6,643
Number of Children Served at Head Start Sites	857 ¹
Number of Head Start and Child Development Centers Served	54

How Well Did We Do It?

Progress Toward Consultation Hours: Average progress toward projected total hours of consultation	126%
Supportive Environment: Educators who agree that the consultant works as a partner with them to meet children’s mental health needs.	99%
Diversity and Inclusion: Educators who agree that the consultant has a good understanding of the diversity of the community	89%

Is Anyone Better Off?

Knowledge of Development: Educators who agree that working with the consultant has deepened their understanding of child behavior	88%
Connection to Resources: Educators who agree that the consultant connects families to resources	88%
Educator Confidence: Educators who agree that their work with the consultant has made them more confident as a teacher	87%

The remainder of this report includes the following sections aligned with this RBA framework:

- 1) Overview of Funded Programs
- 2) How Well Did Programs Do It?
- 3) Is Anyone Better Off as a Result of the Strategy’s Work?

¹ This does not include the number of children who benefited from consultation at Oakland Unified School District’s Child Development Centers.

Overview of Programs

The three programs funded under this strategy partnered with 54 Head Start sites and Oakland Unified School District Child Development Centers (CDCs). Using a proven mental health consultation model, programs integrate child development services and direct therapeutic work to support social-emotional development and learning readiness. Licensed professionals consult with educators around the mental health and developmental needs of children in their care, offer individualized mental health services and referrals to families, and deliver parent/caregiver workshops. A core component of the mental health consultation model is reflective meetings, where consultants engage educators individually or in small groups to discuss specific situations, analyze feelings, understand experiences from a personal cultural context, and consider other options for responding in the future.²

In FY20-21, the pandemic forced programs to shift to virtual services. For most of the year, CDCs operated virtual-only programming. Although Head Start used a hybrid in-person and virtual model, consultants were not allowed on site due to public safety regulations. Under these limitations, programs offered consultation over Zoom, attended at virtual Head Start and CDC staff meetings, observed virtual programming, and conducted outdoor observations, when possible. Programs continued to provide child-specific consultations and referrals for additional services. Programs also supported Head Start and CDC administrators with the design of virtual and/or hybrid early learning experiences.

As centers adapted to shifting public safety requirements, the focus of consultation also evolved. Compared to previous years, consultants spent more time supporting the emotional wellbeing of families and staff, who were coping with anxiety, frustration over virtual early learning, fear of contracting the virus, isolation, and uncertainty about the future. In addition, on-site educators at Head Start centers often felt overwhelmed by the lack of staff capacity because only educators and center

The strategy integrates child development services and direct therapeutic work to support children's healthy social-emotional development and promote learning readiness.

In FY20-21, consultants provided virtual services, including Zoom consultations, virtual parent and educator workshops, and a combination of virtual and outdoor classroom observations.

“ This year has been a challenging one since I have had to do distance learning with my moderate to severe students. My mental health consultant was a wonderful resource for me and the families.

-Educator, Lincoln's Early Child Mental Health Consultation

² See the Center of Excellence for Infant and Early Childhood Mental Health Consultation for more information about reflective practices. <https://www.iecmhc.org/tutorials/competence/mod4-20/>

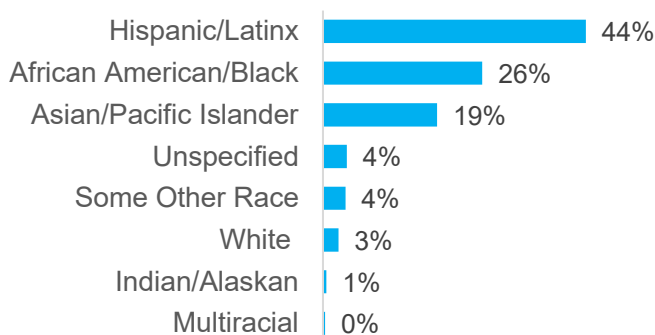
directors were allowed on site. Supportive staff, such as family advocates and aides were required to work remotely. Staff capacity was further strained because Head Start centers prioritized children with special needs and challenges for in-person services. As a result, several centers served a large number of children with intensive needs and received no extra support.

In response to these needs, consultants provided the following:

- **Grounding meditations and supportive spaces** for educators to talk about anxiety and support their emotional wellbeing
- **Consultations with educators on how to talk to parents and caregivers** about how they can best support their children during remote learning activities
- **One-on-one phone calls, mini technology training, virtual learning observations, and social emotional lesson demonstrations** to help educators hone their virtual early learning instruction.
- Events to **celebrate and honor educators**, many of whom felt underappreciated, through events like a surprise educator appreciation party.
- Support for **virtual parent/caregiver support groups** and **individual consultation for families** to strengthen parental wellbeing during a stressful year.

In alignment with OFCY’s priorities, funded programs supported Head Start sites and CDCs that predominantly serve Hispanic/Latinx, African American/Black, and Asian children of color, as shown below.

Race/Ethnicity of Children at Supported Head Start Sites



“ The consultant’s role shifted from concerns about behavior management to ensuring caregivers and children are physically and emotionally safe. They also focused on the anxiety teachers have felt about the uncertainty of schools opening and expectations regarding teaching remotely.

-Quarterly Report, Jewish and Family Services of the East Bay’s Integrated Early Childhood Consultation Program

Consultants identified ways to help center staff and families adapt to new challenges and stressors, including training on new technology, space to discuss feelings of anxiety and uncertainty, and parent support groups.

How Well Did Programs Do It?

OFCY tracks a series of indicators to assess how well grantees in each strategy have implemented their programming.

The first indicator measures progress toward projected hours of consultation.³ Despite the challenges posed by virtual consultation, programs provided more hours of consultation than they expected, reaching on average 126% of their projected consultation hours.

Socioemotional Well-Being programs are also assessed on indicators that signal program quality in the areas of support and diversity and inclusion. These indicators are measured by an annual educator survey administered in the spring that is completed by site-based Head Start and CDC staff. As demonstrated to the right, the 101 educators that completed a survey generally gave high ratings in these areas, with close to 100% of educators agreeing or strongly agreeing that their consultant works as a partner with them to meet children's mental health needs.

“ [Our consultant is] a good resource for me, too. She reminded me that I [needed balance] and that parents needed to do their part. [She gave] me the okay to not feel responsible for every single thing that was going on because [some] things were out of my control.

-Educator, Lincoln's Early Child Mental Health Consultation

Program Performance: Average Progress Toward Projected Hours of Consultation



Hours of Consultation

126%

Program Quality: Educator Survey Responses (n=101)



Supportive Environment

99%

Educators who agree that their consultant works as a partner with them to meet children's mental health needs.



Diversity and Inclusion

89%

Educators who say the consultant has a good understanding of the diversity of their community and how to support it.

“ [Our consultant] taught me it was okay to create boundaries with my families even though it was a unique situation with the pandemic. She also helped me to learn balance with work and life.

-Educator, Lincoln's Early Child Mental Health Consultation

³ At the start of the fiscal year, programs estimate the units of service and enrollment they expect to meet.

Is Anyone Better Off?

Because this strategy supports young children primarily by building the capacity of their teachers and families, OFCY uses educator surveys to assess program outcomes. The evaluation focuses on the development of educators' confidence and understanding of child behavior, as well as the extent to which consultants connect families to resources.

In addition to these primary indicators, educator survey data and program interviews tell a more comprehensive story about the ways that programs foster educators' skills to support child development, confidence in managing children's behavior, ability to identify and refer children in need of additional support, and increased access to resources, including mental health and trauma-informed care supportive services. Consultants also helped educators manage the stress of the pandemic, engage in their own self-care, and recognize they are not responsible for things outside their control. As programs transitioned between virtual and physical spaces during the year, consultants supported the wellbeing of educators, as demonstrated in the quote below.

Participant Outcomes: Educator Survey Responses (n=101)



Knowledge of Development

88%

Educators who agreed that their work with their mental health consultant has deepened their understanding of child behavior



Connection to Resources

88%

Educators who agreed that consultants connect families to resources



Educator Confidence

87%

Educators who agreed that their mental health consultant helped them feel more confident as a teacher

“ Our weekly reflective meetings provided teachers and center directors a space to discuss how vicarious trauma affects our work with families and each other. After noticing a sense of loneliness and isolation during the pandemic, I explained how the empathic hearts of helping professionals can carry and internalize the trauma and stress of others. By giving staff a dedicated space to discuss their challenges, **many of the staff I work with felt that they were no longer carrying this stress alone.** They gained a better sense of each other's strengths and collaborated with one another to support families and each other. Amidst the tears staff shed, there were also opportunities for staff to laugh with one another and celebrate the small but needed wins... They presented as **more competent, confident, and open in speaking with families about children's behaviors and needs.**

-Consultant, Family Paths, Inc.'s Early Childhood Mental Health Consultation Collaborative

Knowledge and Skills to Support Child Development

Consultants build the knowledge and skills of educators to support child development in different ways across the participating sites. Pre-pandemic, educators benefited from in-person observation, modeling, and direct feedback related to sensory and behavioral techniques to help them work with students. During the pandemic, consultants advised educators on how to integrate more sensory materials and activities into the virtual classroom and the homes of children. One collaborative launched reflective practice groups for their family advocates and center directors, facilitated by mental health consultants, to provide space for teams to ask questions, review frameworks, and reflect on their work together.

“ [Our consultants’] example of care and kindness improved my own interaction with children when either they or I feel challenged. They modeled the “joy of reading and connection” when I only felt the pressure of academics. They are so creative with their lesson presentations, that they have reminded me of **the “magic” of teaching**. It is appreciated.

-Educator, Jewish Family & Community Services East Bay’s Integrated Early Childhood Consultation Program

Confidence in Managing Children’s Behavior

During the pandemic, mental health consultants helped educators adjust and feel confident managing children’s behavior, particularly in the online environment. In addition to suggesting techniques and connecting educators to resources, mental health consultants also played the role of “cheerleader” and built the confidence of educators by identifying what they were doing well. Consultants helped educators manage their anxiety around engaging children and families online by modeling how to use technology, visuals, music, and mindfulness activities in remote learning. When sites re-opened and transitioned back to in-person learning in Spring 2021, mental health consultants helped educators understand and respond to changes in student behavior and dynamics as they returned to a classroom setting.

“ [During distance learning] I felt uncomfortable, not very confident. And I didn’t feel like I was really helping [children] through Zoom either. But [my consultant] was just such a good like cheerleader for me, pointing out things that I was doing to give me a little more confidence in my new role.

-Educator, Lincoln’s Early Child Mental Health Consultation

87%

of educators agreed:

Working with their consultant helped them ensure that more of the children they work with have the skills they need to succeed in school.

83%

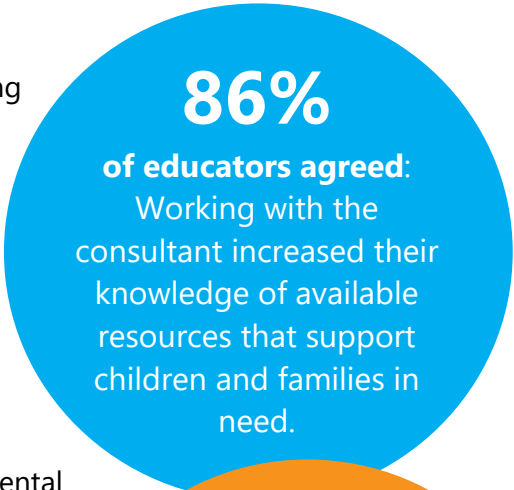
of educators agreed:

Since meeting with their consultant, they felt better able to handle children’s challenging behaviors.

Increased Access to Resources

Mental health consultants and Socioemotional Well-Being programs shared information about community resources, caregiver education and self-care, and suggestions for caregiver-child connection activities through one-on-one meetings, group sessions, and newsletters. Jewish Family & Community Services East Bay also directly provided food, rent, and other financial assistance and resources to families affected by COVID-related quarantine or job losses.

Socioemotional Well-Being programs also offered mental health and trauma-informed support services through online family support groups and individualized one-on-one services with mental health consultants. Virtual platforms allowed consultants to connect with families and students in more ways, such as joining circle time to meet and build relationships with children and parents/caregivers and do child observations. Several sites and programs launched parent and caregiver support groups. At one site, the educator brought in a range of specialists to support families, including physical therapists, occupational therapists, and assistive technology assistants. Another program held an 8-week support group for Spanish-speaking parents and caregivers. Moreover, mental health consultants continued to provide one-on-one services to families in need of more individualized and intensive support.



“ [Our consultant] increased my knowledge of available resources that can support children and families in need.

-Educator, Family Paths' Early Childhood Mental Health Consultation Collaborative