



SOCIOEMOTIONAL WELL-BEING IN PRESCHOOL AND EARLY CHILDHOOD EDUCATION SETTINGS

FY2021-2022 Strategy Summary

Prepared by Social Policy Research Associates | October 2022

“So, I just appreciate [the consultants]. And I appreciate the Lincoln Center for coming through for me this year. Especially because this was a harder year than most.”

- Oakland Child Development Center Educator

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 social and emotional development for the children they care for at early childhood education (ECE) centers throughout Oakland. To summarize strategy achievements and progress to date, this report draws on:

- Program reports,
- Administrative records,
- Educator surveys, and
- Interviews with two educators who work with mental health consultants, including a preschool teacher at an Oakland Child Development Center and an Early Head Start director.

Funded Programs

Early Child Mental Health Consultation (ECMHC) - Lincoln

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

Integrated Early Childhood Consultation Program - Jewish Family & Community Services East Bay

Strategy Results

OFCY uses a Results Based Accountability (RBA) framework to assess its contribution to city-wide goals. The RBA model is a comprehensive approach to assessing the quantity and quality of services provided by programs, as well as how the services benefit children and families. It does this by addressing **three guiding questions: (1) How much did we do? (2) How well did we do it? (3) Is anyone better off?** The RBA results for this strategy are listed in the table on the following page.

FY21-22 Results Based Accountability Results

How much did we do?

Number of Programs Funded	3
Total Hours of Service Provided	6,154
Number of Early Childhood Education Centers Served	46

How well did we do it?

Progress Toward Consultation Hours: Average progress toward projected total hours of consultation	110%
Supportive Environment: Educators who agree that the consultant works as a partner with them to meet children’s mental health needs.	97%
Diversity and Inclusion: Educators who agree that the consultant has a good understanding of the diversity of the community.	82%

Is Anyone Better Off?

Connection to Resources: Educators who agree that the consultant works closely with parents to find resources to meet their children’s needs.	85%
Knowledge of Development: Educators who agree that they have a better understanding of why children behave the way they do since meeting with the consultant.	82%
Educator Confidence: Educators who agree that their work with the consultant has made them more confident as a teacher.	82%

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

- 1) Overview of Programs
- 2) How much did the programs provide?
- 3) How well did programs do it?
- 4) Is anyone better off as a result of the strategy’s work?

Programs

The three programs funded under this strategy partnered with 46 ECE centers, including Head Start sites, Oakland Unified School District Child Development Centers (CDCs), and family child-care homes. Licensed professionals consulted with educators around the mental health and developmental needs of children in their care, provided direct therapeutic support to children, offered individualized mental health services and referrals to families, and delivered 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.¹

Throughout FY21-22, services fluctuated in relation to the pandemic context. As ECE centers were gradually reopening and rolling out their safety protocols at the beginning of the year, consultants provided services using a hybrid model. During the fall, consultants spent between 35% to 80% of their time delivering in-person services depending on the center. Virtual services were provided through Zoom meetings and phone calls with both staff and families. Notably, the ability to meet via virtual platforms increased access to consultation services for some parents. Additionally, consultants have used zoom to provide new offerings, including virtual yoga classes for children and staff, and parent/caregiver cafes.

Mental health and developmental consultants worked closely with early childhood educators and provide hands-on support to help meet the needs of young children at 46 ECE centers.

Consultants delivered services and worked in a fluctuating virtual and in-person environment, while centering the needs of children and maintaining safety for all.

¹ 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/>

The many ups and downs of the pandemic, including school closures and restrictions against in-person services, required consultants to be flexible.

As cases surged in the winter, consultants had to remain nimble and flexible. Due to COVID-19 exposures, some centers closed for weeks at a time. Some consultants used this time to have in-depth virtual conversations and reflective meetings with staff about the strengths and needs of children, families, and the staff themselves. By late winter, programs could deliver services more regularly.

As children transitioned to in-person learning, consultants and centers emphasized social emotional learning, mental health, and wellness. Educators and consultants noted that because of the pandemic and distance learning, the children in their care had less academic and social emotional skills than they typically do. Across centers, staff reported a significant increase in the need for support; some centers saw a substantial increase in child-specific consultation referrals.

Consultants provided several activities, strategies, and interventions to support children, families, and educators, including:

As children and families transitioned to in-person learning amidst the stress of the pandemic, consultants' work emphasized social emotional learning and mental health.

Social emotional lessons and programming – Consultants facilitated lessons in small groups or as a whole class, focusing on topics such as separation anxiety, cooperation and friendship skills, COVID-related safety, and handling disappointment. At several OUSD centers, the JFCS consultant and teachers determined together that a consistent small group focused on friendship skills would support individual student needs, as well as support the classroom culture. After interviewing teachers and observing class time, the teacher implemented a curriculum in small groups of identified students to foster inclusivity, turn-taking, and mutual respect. At one OUSD center, Family Paths Inc. consultants partnered with educators to deliver weekly social-emotional skills lessons with half the class while addressing speech and language concerns with

As families experienced greater challenges and barriers during the pandemic, consultants partnered with center staff to address the needs of children and their family members.

the other half of the class. At a Head Start center, Lincoln consultants supported educators to facilitate self-regulation themed circle time where children learned language to describe their emotional state and engaged in sensory supports and activities to help them self-regulate in the classroom. Consultants also provided educators with support on how to implement self-regulation language and techniques in the classroom. Moreover, families received information every week to help them reinforce concepts at home.

Intensive case management – Consultants worked with families and center staff to provide support to both the child and their family, identifying and linking families to outside services while also creating in-class behavior support plans that are both developmentally appropriate and healing-centered. For example, a JFCS mental health consultant supported in-depth case management services for a family who experienced a violent crime and homelessness, connecting the family to therapy and working in partnership with Family paths to help the family access temporary and long-term housing, transportation, and funding through Victims of Crime.

Calm corners – At one center, a Lincoln consultant and educator partnered together to support children’s social emotional learning on an ongoing basis by introducing calm corners. Calm corners included visual cues and prompts for children as they identify their feelings and self-regulate.

Supportive newsletters – In response to the increased stress on children and families, in collaboration with the OUSD center, Lincoln consultants sent out a family newsletter that included simple, stress-busting strategies and guidance to help caregivers understand and respond empathetically to their children’s behavioral needs. The newsletter has been translated into Chinese and Spanish,

Center staff and consultants shared information and materials with families to reinforce concepts at home and enhance the home-to-school connection.

and Lincoln staff are partnering with OUSD to share it district wide. Similarly, JFCS sent weekly communication to the families of children attending its friendship skills groups, described above, to help parents and caregivers reinforce the social skills concepts at home.

As the needs of children intensified, early childhood mental health consultants reported that center staff and families became more interested in consultation services. The three programs reported deepened rapport and collaboration with staff, a stronger appreciation for reflective meetings, and an increased willingness among families to ask for help and partner with programs to support their child. For instance, Family Paths Inc. noted that there had been a dramatic increase in families accepting referrals and receiving individualized support from consultants compared to previous years.

Consultants deepened rapport and collaboration with center staff.

“Well, this year, I have to say that I feel very comfortable. Meaning, I can talk to [the consultants], I feel that ease.”

-Oakland Early Head Start Director

How Well Did Programs Do It?

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

The first indicator measures progress toward projected hours of consultation. Despite the challenges posed by virtual consultation, programs provided more hours of consultation than they expected, reaching on average 110% of their projected consultation hours.

Two core indicators of program quality for socioemotional well-being programs are the degree to which they provide a supportive environment and promote diversity and

Programs provided more hours of consultation than they expected, reaching an average of 110% of their projected consultation hours.

inclusion. These indicators are measured by an annual educator survey administered in the spring that is completed by site-based staff.

Program Quality: Educator Survey Responses (n=34)

Supportive Environment

96%

Educators who agreed that the consultant worked as a partner with them to meet children's mental health needs

Diversity and Inclusion

82%

Educators who agreed that the consultant has a good understanding of the center's community and how to effectively and appropriately support them

As demonstrated above, the 34 educators who completed the 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.

Consultants used a collaborative approach with center staff, families, and one another that allowed for effective and integrated support of children's development and mental health. For example, as part of Oakland Unified School District's new Inclusive Early Education Expansion Program, Lincoln mental health consultants worked with a team of specialists, therapists, and educators to discuss children's individual strengths, challenges, and needs. This team-based approach is meant to prevent the over-referral of children of color to special education and ensure children have more timely access to early intervention when needed. Additionally, consultants provided technical assistance and support to centers and families as they navigated this new program. At one OUSD center, Family

Consultants use a team-approach to ensure developmental supports for children are more effective, at school and at home.

Consultants supported educators' mental health during a difficult year.

Path consultants teamed up with educators to deliver direct small group intervention in the classroom that addresses the needs of individual children; this also creates an opportunity for the educators to receive individualized support from the consultant, helping them respond to children's needs in real time.

In interviews, center staff shared that consultants created a supportive environment through their calming presence and by tending to the mental health of educators. An educator shared that the consultant listened to them and helped them relax during times of heightened emotions.

"I would describe [our consultant] as a Peace Corner... Her voice stays calm, she's straight forward without being harsh. And she has a way of making you feel good, even if you don't feel good. So, I love her, and she's been like that my whole little time knowing her."

- Oakland Child Development Center Educator

Is Anyone Better Off?

Because this strategy supports young children primarily by building the capacity of their educators 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. As shown below, educators largely agreed that consultants supported their own knowledge and confidence and helped families connect to resources.

Educators largely agreed that consultants supported their own knowledge and confidence and helped families connect to resources.

Educator Outcomes: Educator Survey Results (n=34)

Connections to Resources

85%

Educators who agree that the consultant works closely with parents to find resources to meet their children's needs

Educator Confidence

82%

Educators who agree that their work with the consultant has made them more confident as a teacher

Knowledge of Child Development

82%

Educators who agree that they have a better understanding of why children behave the way they do. since meeting with the consultant

“It's been consistent. And they've been so supportive, and I've actually seen changes... Serious changes. And it just makes me happy that [the consultants] were all able to build bonds with my kids. So, when they come in there, they're like, "Oh, we have Miss [name] here today!"”

- Oakland Child Development Center Educator

In addition to these primary indicators, program reports and center staff interviews tell a more comprehensive story about the ways that programs deliver healing-centered support with a social-emotional lens. Consultants also provided these vital services during a year of extreme transition for children, families, and staff, as they adjusted to in-person learning and continued to deal with the ongoing stress and uncertainty of the pandemic.

Consultants' growth mindset, empathy, and deep knowledge of child development bolstered educators' confidence in the classroom.

Confidence in Managing Children's Behavior

Consultants' support in and out of the classroom, including new strategies to support social emotional learning and classroom management, the co-creation of action plans to support individual children and entire classrooms, and coaching on parent engagement, provided educators with tools and understanding to support their students.

Educators expressed appreciation for being able to act on their deepened understanding of children's developmental and mental health needs and felt more successful as they employed new methods of support. One Oakland Child Development Center educator described how the empathy and growth mindset employed by her consultant increased her confidence as an educator, as demonstrated in this quote:

"It's mainly telling me it's going to be okay. Just those little simple words from her and just the calmness behind it. And it helps me in the classroom feel better with what I'm doing. So, I don't second guess it. And then if I do have that moment where I second guess it, then I go to her...And she'll give me different options. But she's never been like, "No, that was wrong."

She always made me feel confident.

- Oakland Child Development Center Educator

Parents and caregivers received direct individualized supports and referrals to support the wellbeing of both child and family.

Access to Resources and Services

Consultants provided resources to some of the most important individuals involved in a child's life, including educators, center administrators, and family members. They supplied families with communications about developmentally appropriate child behaviors and strategies to increase coping skills and strengthen parent-child relationships. As consultants engaged in case management, they also provided families with direct individualized support in the form of warm referrals to services, technical assistance to navigate complex public benefit systems, and sometimes the transportation needed to access resources. To support educators, consultants offered tangible resources such as books, charts, toys, and posters for the classroom. They also helped educators identify resources offered within and outside of OUSD, as sometimes educators are unaware of services children qualify for and may need technical assistance as they navigate processes, as one educator describes below.

“So, [for] one of the little boys, [the consultant] ... gave me the resources that OUSD offers. So that, he can be tested, not only through OUSD, but through Kaiser... And so, she's been really, really, really, really helpful. Because a lot of stuff I didn't know, and that's just because they don't tell us.”

- Oakland Child Development Center Educator

“They’re also following up with our concerns. Giving us either strategies... ‘this will maybe support you’ and what else we can do. So, it’s really just given us resources. ... But [the consultant] is again, our ears and eyes. If we miss something, she’ll let us know too...That is the teamwork, the collaboration.”

-Oakland Early Head Start Director

Conclusion

In summary, the Socioemotional Well-Being in Preschool and Early Childhood Education Strategy helped early childhood centers navigate through a difficult year. The guidance around individual child development, support with classroom management and socioemotional learning, and direct therapeutic work that programs have provided throughout this grant cycle prepared educators to respond to the increased stress on children, families, and educators. In recognition of this support, educators expressed their appreciation for the calm presence, validation, and direct support that consultants provided.