Who Will Care for the Early Care and Education Workforce? COVID-19 and the Need to Support Early Childhood Educators' Emotional Well-being

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July 15, 2020

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The impact of trauma has been heavy. Not only for our children and families, but also for our teachers and ourselves. Real grief is being experienced in real time and vicariously. Our profession does not do enough to support teachers with trauma informed care, nor does it educate leaders in trauma informed supervision. COVID-19 is a collective trauma and the aftermath will change all of us. I am not sure we are prepared for the catch-up game we will be playing as we watch and experience recovery.

-New York Early Care and Education/COVID-19 Survey Respondent

As calls to "reopen the economy" intensify, attention has turned to early care and education (ECE) for young children. Leaders throughout the country recognize child care as not just a parental responsibility but also a social responsibility that is foundational to the United States' economy. For understandable reasons, a large focus has been on the ECE sector's financial precarity, with some estimates suggesting that up to half of all child care could be lost as a result of COVID-19 pandemic-related closures and falling enrollment in a sector that is largely funded by fees that families pay.[1] While this is a critical issue, the pandemic's intense negative mental health effects on early childhood educators are getting far less attention, which can have serious ramifications on the well-being of the children in their care. Emerging evidence underscores that teachers' stress (both personal and work-related) and emotional responsiveness impact children's learning, anger, aggression, anxiety, social withdrawal, and overall social competence.[2]

This research brief is a follow-up to the snapshot report: *Understanding the Impact of COVID-19 on New York's Early Childhood System* which was based upon a survey sent to participants in the Aspire Registry, New York's early childhood workforce data system, in early May 2020.[c] The purpose of this survey was to understand how New York's ECE field was faring during the early phases of the COVID-19 pandemic in order to inform planning for how to support the workforce, and therefore children and families, through the ongoing health crisis.[3] *Understanding the Impact* provided a descriptive snapshot that raised reflective questions about the field's needs in the areas of: (1) emotional well-being, (2) programs' reopening and economic assistance, (3) individuals' economic support needs, and (4) issues around developmentally meaningful remote care and instruction. This survey, along with others conducted by the Day Care Council, Raising New York, and the National and New York State Associations for the Education of Young Children provide a comprehensive portrait of the challenges facing the early care and education system throughout New York State.[4]

c The analyses in this brief are based on a non-probability sample; therefore, findings cannot be generalized to New York's ECE field as a whole: however, the issues that participants shared do have broader implications for decisions that are relevant across the field. Methodological details are provided in the end notes.

In this brief we focus on the issues and opportunities related to educators' emotional well-being that were identified in the survey. Decision-makers at all levels need to consider:

1. A need for broadened conceptualizations of emotional well-being and mental health as more than personal psychological problems that can be addressed through returning to in-person work, self-care, and therapy.
2. Developing a strategy that addresses early educators' emotional well-being at the individual, organizational, and broader systems levels.
3. The role policy decisions can have – in positive or negative ways – in impacting the early childhood educators' emotional well-being.

These foci emerged from survey respondents' desire for mental health supports (n=910), a request that far exceeded other areas of needed support (employment assistance was next highest, n=724), and from additional analyses exploring the influences of economic, health, and caregiving stressors on their emotional well-being.

KEY FINDINGS AND OPPORTUNITIES

Key Finding 1: As previously reported in the original *Understanding the Impact* report, 91% of respondents reported that their emotional well-being had been affected by the COVID-19 pandemic, while 38% said that they had been affected a lot or greatly.[5]

Opportunity 1: Recognize that the pandemic has caused substantial stress and anxiety for early childhood educators and that early childhood educators' mental health and emotional well-being impacts their engagement with children and families.

Key Finding 2: Respondents' program status (open, remote, closed), personal job loss, reduced income (personal), personal and family members' health, work-life balance, and feeling lonely or isolated made significant contributions to emotional well-being, with those less negatively affected by these factors being more likely to rate their well-being as better.[6]

Opportunity 2: Adjust administrative expectations around online teaching and learning, family engagement, and service documentation to focus less on quantity and more on quality.

Key Finding 3: Those who reported working remotely were about one-and-a-half times more likely to rate their emotional well-being worse than those whose centers were closed, which speaks to the high degree of stress created by the demands of trying to provide technologically-mediated care and education for young children, especially infants and toddlers. Moreover, many early childhood educators are further stressed by simultaneously balancing parenting and other family responsibilities.[7]

Opportunity 3: Explore the role of early childhood coaches or other intermediaries (e.g., instructional coordinators, child care resource and referral agencies, family child care networks, and QUALITYstarsNY Specialists) might play in reducing professionals' feelings of stress and isolation through reflective supervision and other supports.

Key Finding 4: Informal social support was the most frequently identified coping strategy (n=1490), followed by self care (n=1122), faith (n=896), distractions (n=755), avoiding (n=692), and therapy (n=216).

Opportunity 4: Enhance individuals' mental health by: (1) promoting access to therapeutic services (2) reducing stigma associated with accessing professional assistance, and (3) implementing trauma-informed classroom practices, workplace practices, and systems.

By understanding the factors that influenced respondents' ratings of well-being, we underscore the need to pay close attention to educators' stress and mental health in their essential role of educating and caring for young children during this global catastrophe.

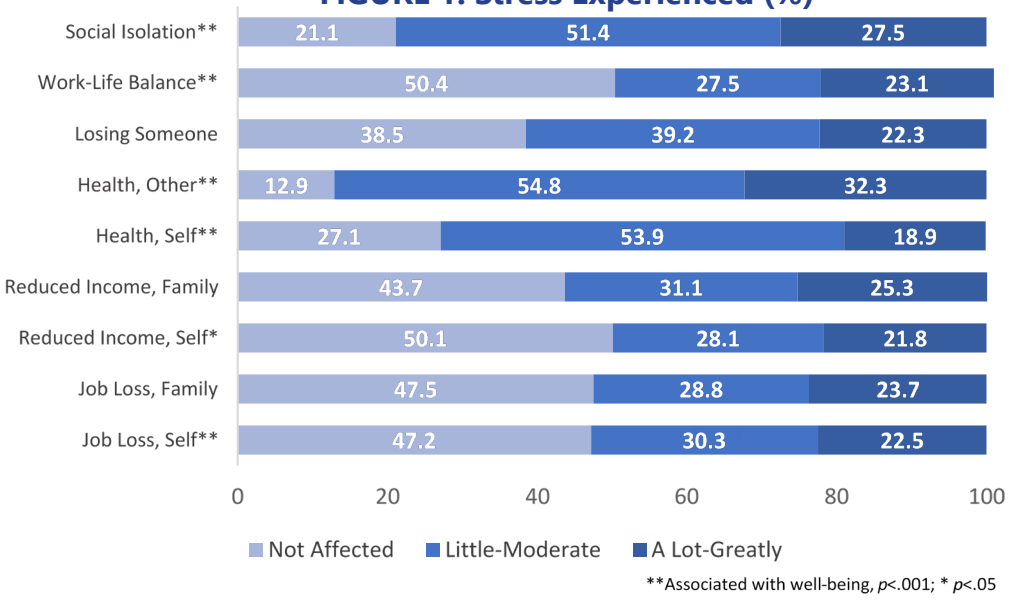
RESULTS

We now turn to a discussion of the results that informed these key findings and opportunities. The data illuminates four urgent issues: (1) pandemic related stress, (2) the unique stress of remote early care and education, (3) heightened demands of work and family life, and (4) stress and coping with ongoing uncertainty.

1. Pandemic-Related Stress

Throughout the early phases of the COVID-19 pandemic, both public health officials and the popular press have expressed concerns about a possible pandemic-related mental health crisis related to factors identified by the Centers for Disease Control and Prevention: ongoing unpredictability about one's own health, the health of loved ones, financial instability, and social isolation (among the factors that predicted emotional well-being in this survey).[8] As suggested in Fig. 1, the COVID-19 "shut down" encompasses the cumulative effects of multiple stressors, including pandemic-related work-life balance (16% continued to work on site, 65% were working remotely).

FIGURE 1. Stress Experienced (%)



**Associated with well-being, $p<.001$; * $p<.05$

2. The Unique Stress of Remote Early Care and Education

As introduced earlier, survey respondents who were working remotely were about one-and-a-half times more likely to rate their emotional well-being worse than those whose centers were closed. Early childhood educators who were providing instruction remotely may have elevated stress for two reasons. First, caring for and educating young children, particularly infants and toddlers, is a deeply social and emotional practice that depends on forming bonds with young children through ongoing responsive interactions. Numerous participants remarked on the challenges of engaging children appropriately through technologically mediated platforms.

For example, one teacher shared:

> "As a teacher of 1-year-olds, I believe there is a lot of pressure on us to be able to virtually teach our students the same way teachers in elementary school do, but that is just impossible. The requirements need to be flexible per age group and teachers of infants and toddlers can only do so much virtually… Keeping the connection is important but there is something as too much."

Another expressed a thematic sentiment,

> "My deepest hope is that the families we work with feel supported right now and feel like we are true partners in this endeavor, and that they will look back on this time and feel that we did not let their children down. The sense of purpose that the work gives me is probably what is keeping me afloat mentally and emotionally during this awful time."

3. Heightened Demands of Work and Family Life

Another source of stress is related to the unique challenges posed by providing remote instruction to children who are not independent users of technology, while simultaneously caring for their own families. ECE is a female-dominated profession. Persistent gender-based inequities in how household work is divided, with women generally bearing the brunt of domestic labor (child care, cooking, cleaning, etc.) have become even more prominent during the pandemic and is of course exacerbated for single parents. To illustrate, one teacher/parent shared about her layered caring responsibilities:

> "I have been struggling with dealing with a 2 year old & doing my [older] son's remote learning as well as my own work for my children and families. We can't use the Internet at the same time. I don't have enough time in the day to interact and make all meals and keep the house clean and help the children stay mentally healthy."

This teacher/parent illustrates just how emotionally and logistically complex this "awful time" has been,

> "I can say that my relationship with my students' parents is the best it has been. We have honest, open communications and their kind words have brought me to tears at times. They are what are keeping me going, but there has also been a cost. My children don't get all of me, and they are YOUNG. I feel for my oldest who is in kindergarten. I have to work and teach, but she still needs a teacher. I can't place her in front of a computer and just say: GO! She needs a teacher too."

These vignettes serve as reminders that the pandemic has intensified demands upon early childhood educators, who already face heightened expectations about ECE's role in ameliorating racial, ethnic, and social class-based inequities among young children, while, in general, being the lowest paid and least valued of all educators.[9] The information the survey's participants provided are also reminders that the field's ethical responsibilities to children and families are dependent upon fulfilling its ethical commitments to educators by promoting humane work environments.[10]

4. Stress and Coping with Uncertainty

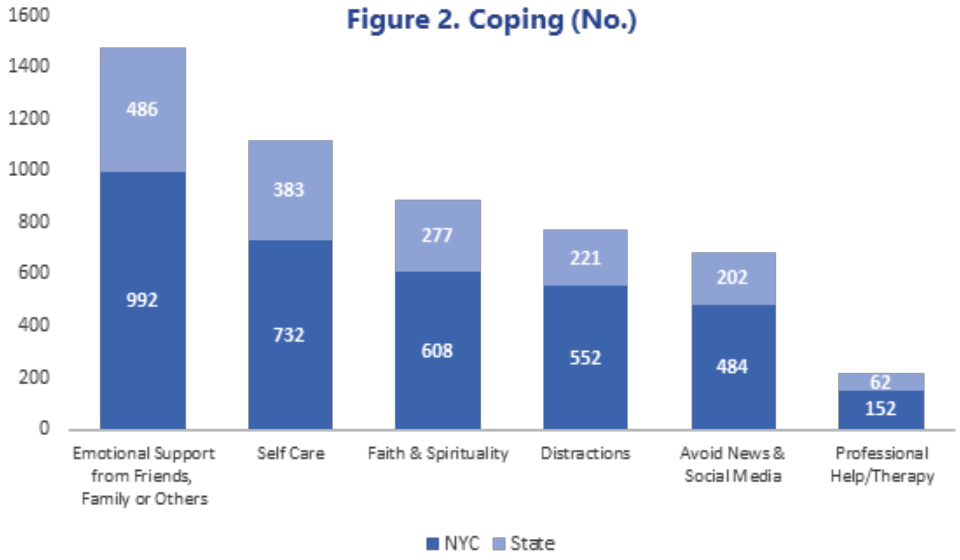
At first glance, especially when the meaningful influence of job loss, social isolation, and work-life balance (Fig. 1) are considered, it might seem that workplace reopening could be the remedy to these ills. While limited, the research on the mental health effects of other pandemics offers reason for concern, and argues for the need to be prepared.[11] Pandemics differ from other natural disasters, with psychologist Charles Benight pointing out, "You can't see it, you can't taste it, you just don't know. You look outside, and it seems fine."[12] The COVID-19 pandemic has involved a taxing uncertainty, boundarylessness, and pervasive threat – an absence of predictability and control – conditions that have long been known to produce negative consequences on personal and social functioning.[13] As the survey respondent who was quoted at the opening of this brief put it, "the catch-up game we will be playing as we watch and experience recovery" will be daunting. So, what can help?

ISSUES AND OPPORTUNITIES

1. Traditional Mental Health Promotion

To ease stress and promote well-being, the Centers for Disease Control and Prevention's (CDC) recommends exercising, eating well, getting adequate sleep, and "taking care of your emotional health." This includes reducing news consumption, engagement with social media, partaking in hobbies, and avoiding "excessive" alcohol and substance use. The guidance also suggests connecting with trusted others to talk about feelings, whether through friendship networks, with workplace colleagues, or in faith communities, all of which are complicated by physical distancing measures. In addition, the CDC recommends knowing where to find information and counseling (in person or via "telehealth") when needed.[14]

The survey results suggest that respondents were largely following this guidance (Fig. 2), although the lower reported usage of professional assistance (n=216) may be noteworthy as there could be an opportunity to make professional mental health services more accessible to early childhood educators.



While these data cannot answer why seeking help from professionals was the least frequent coping approach, there is research that suggests mental health utilization is often lower than what is needed due to a variety of factors (e.g., personal or cultural preferences, awareness, stigma, affordability, and lack of availability – now including availability of telehealth options).[15] The largely encouraging mental health-promoting behaviors shown in Fig. 2 notwithstanding, given the COVID-19 pandemic's scale, it would seem prudent to question whether treating mental health as an individual responsibility, as has traditionally been the case in the U.S., will be sufficient to advance recovery.[16]

Another potential opportunity to support the field's emotional well-being may exist through curricular and quality-improvement specialists and coaches (and other intermediaries, such as staffed family child care networks) – not as a replacement for clinical supports but rather though their potential to reduce teachers' social isolation and provide "reflective supervision."[17] This is a professional development approach focused on the interactions between teachers' feeling states, professional relationships, and their job performance.[18] A recent study of the Facilitating Attuned Interactions model of reflective supervision unsurprisingly found that pre-intervention vicarious trauma was associated with burnout and, importantly, that the quality of reflective practice moderated burnout.[19] Expanding early childhood educators' access to coaches who incorporate reflective practice will serve the simultaneous objectives of supporting the field and improving practice.

2. Organizational Conditions to Promote Mental Health

While there is growing recognition in education about the importance of school culture and climate in promoting children's development and learning, in ECE the focus tends to be on classroom-level culture, climate, and practice. The scope and scale of the pandemic's effects necessitate serious attention to the role workplace practices have on professionals' well-being and the quality of their practice.[20]

Research has shown that workplace environment and practice play an important role in early educators' mental health and well-being. Early childhood educators report greater stress and depression in programs where educators lack supportive relationships with co-workers and supervisors, there is greater turnover, and educators have less autonomy.[21] Many of these features of ECE settings are likely to have been exacerbated in the current moment.[22]

The role organizations play is suggested by these contrasting examples provided by survey respondent:

> "I feel that our small center is one that has fared very well so far... We have stayed open and been supported by our larger agency who has taken the situation very seriously but realizes that childcare is very important. Upper management has been very supportive, as have our Regional OCFS office and our local CCR&R. While we do have very low census currently and have had to enact lay-offs, we have been able to prioritize staff who were more comfortable being at home or had loved ones that needed care."

In this instance the organization's culture and climate, scaffolded by support from the Office of Children and Family Services and Child Care Resource and Referral agency, might be seen as protective, especially when compared with this director's experiences:

> "I am currently getting a full salary, but do not know if it will continue. I suffer from asthma and am extremely trepidatious of working but was not given a choice. We have one classroom which was for profit which if we were to close, both of my teaching staff would have lost their jobs. My boss put it on my shoulders to keep us open, because I am the only person on site with permanent certification."

While these examples are from particular individuals' perspectives and are decontextualized (i.e., they cannot explain the reasons for these different experiences), they do speak to the important role that organizational context and leadership practice plays in employees' well-being. Leaders can be helped to implement: trauma-informed skills and knowledge development; communication, conflict resolution, and team building activities; adjustments to workload and time management practices; and engaging with employees when developing these strategies.[23]

3. Trauma Informed Early Care and Education System

Even if the lingering emotional and mental health effects of the COVID-19 pandemic do get mitigated by returning to in-person work, improved financial status, and increased social connection, it bears remembering the National Research Council/Institute of Medicine's pre-pandemic characterization of the ECE workforce as, "subject to chronic stress themselves [which] may contribute to children's experiences of adversity and stress and undermine their development and learning," suggesting the importance of attending to these issues in more systematic ways.[24] COVID-19 makes acting upon this concern that much more pressing.

Returning to the quote that opened this brief:

> "The impact of trauma has been heavy. Not only for our children and families, but also for our teachers and ourselves. Real grief is being experienced in real time and vicariously. Our profession does not do enough to support teachers with trauma informed care, nor does it educate leaders in trauma informed supervision. COVID-19 is a collective trauma and the aftermath will change all of us."

While the term trauma is so frequently used that it can begin to lose meaning, psychologists define it as the "emotional response to a terrible event like an accident, rape or natural disaster" that can be experienced collectively and with potential long-term, cumulative adverse effects on people and communities. In the case of COVID-19, this is particularly relevant to Black and Latinx communities.[25] Given these empirical realities, all trauma-informed work must carefully consider systemic responses to racial/ethnic disproportionalities and historical trauma (the cumulative, cross-generational effects of collective trauma).[26]

The first *Understanding the Impact* report ended by describing the National Child Traumatic Stress Network's recommendations for trauma informed systems:

1. Routine screening for trauma exposure and related symptoms
2. Use evidence-based, culturally responsive approaches
3. Make resources available to children, families, and providers on trauma exposure, impacts, and treatments
4. Engage in efforts to strengthen the resilience and protective factors of children and their families
5. Address parent/caregiver trauma and its impact on the family system
6. Emphasize continuity of care and collaboration across child-service systems
7. Maintain an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress and increases their wellness [27]

NEXT STEPS

This brief reiterates the questions the first report posed about how these might be incorporated into New York's ECE systems:

- What policies and practices can be shifted to alleviate educators' work-related stress?
- What mechanisms are in place or need to be developed to address early childhood educators' need for mental health support?
- How can the field incorporate trauma-informed practices into their work?

These questions relate both to what can be done at the organizational level, as well as the influence of administrative systems. As one respondent shared:

> "This pandemic has really put stress on us teachers ... we have so many people to report to, but no one reports to us and ask[s] us how we are doing? I want to just teach and be there for my students but us teachers [are]… worried about following a schedule that the teachers did not have a say in or any input… we get monitored and telling us what to do at all times making sure we teach for 3 hours split into 3 sessions. Then we have to please [supervisory staff] then we have to make sure parents and children are okay. And what are we left with. Nothing, I love my job, and I think that's the only reason why we are here…"

Acknowledging that no one was prepared for this pandemic or could have envisioned early care and education delivered at a distance, the policy decisions that are being made have real consequences on teachers', leaders', children's, and parents' emotional well-being and mental health. As recommended in the *Understanding the Impact* report, this can be as small as adjusting expectations around documentation. It can also be more sweeping, like exploring the creation of a coordinated, educator-focused early childhood mental health consultation system, perhaps based upon existing initiatives like New York State's Infant and Toddler Mental Health Consultation Project, the Early Childhood Advisory Council's Pyramid Model-based social and emotional learning framework, or New York City's Trauma Smart and ParentCorps, because efforts to promote children's mental health are reliant upon caring for the adults in their lives.[28]

Such a system could provide specialized support for program leaders, teachers, parents, and children through tiered-intervention, with mental health promotion/primary prevention for all at the base, secondary prevention for those who could benefit from focused support, and treatment for those experiencing more intense distress.[29] While the uncertainties about how to safely re-open ECE settings, and how many of these will be able to survive, are dauntingly complex, how the educators will be cared for is of equal importance, both to the field and the society that depends so heavily upon early childhood educators' hidden labors. Any calls for improving ECE program quality and professionalizing the field must be centered on both professionals' economic and emotional well-being, which these results from the New York ECE and COVID-19 survey show are inter-related issues.

Endnotes

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[7] The odds of respondents working remotely who rated being more affected emotionally was 1.481 times that of those working at settings that were closed (95% CI, 1.157 to 1.896), a statistically significant effect, Wald $\chi2(1) = 9.692$, $p = .002$.

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