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“Worthy and Good”: Supporting the Head Start Workforce in Nebraska

A Collaboration between the Nebraska
Head Start Association, Nebraska Head
Start Collaboration Office, and Nebraska
PDG B-5 Needs Assessment

OCTOBER 2024



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Introduction

The well-being of early childhood professionals is essential for ensuring quality care and education. When educators feel healthy, supported, and valued, they are better able to foster the nurturing interactions young children need to thrive. Yet, many early childhood professionals face significant challenges that can negatively impact their well-being—including low pay, limited access to health insurance, and a lack of recognition for their vital role in caring for young children. The COVID-19 pandemic only exacerbated these challenges, exposing the significant instability in our nation’s child care sector.

New Rule on Supporting the Head Start Workforce

Amid the pandemic, the escalating child care workforce shortage drew attention to the urgent need to provide holistic support for early childhood educators across the country—including those serving low-income children and families in Head Start programs. In June 2022, the Office of Head Start (OHS) in the Administration for Children & Families (ACF) at the U.S. Department of Health and Human Services (HHS) issued guidance encouraging Head Start programs to use American Rescue Plan (ARP) funds, COVID-19 relief funds, and other existing grant funds to offer financial incentives to promote the retention and recruitment of Head Start staff.¹ In July 2022, OHS issued a Dear Colleague letter calling for the investment of federal resources, including Preschool Development Grant Birth–Five (PDG B–5) and Head Start funds, to strengthen and expand the early care and education workforce.²

Acknowledging that the financial incentives made possible by ARP and COVID-19 funds represented a short-term strategy to addressing workforce needs, ACF followed up by updating the Head Start Program Performance Standards, with the intent of sustainability supporting Head Start employees and programs. ACF issued the Notice of Proposed Rulemaking in November 2023³ and, after a period of public comment, issued the Final Rule on Supporting the Head Start Workforce and Consistent Quality Programming in August 2024.⁴ The final rule includes three areas of focus: 1) Wages and benefits to support the Head Start workforce, 2) Better integration of mental health across all aspects of Head Start programming, and 3) Quality improvement and clarity of requirements in other service areas.

The final rule also includes updated definitions of key terms to improve clarity of communication about Head Start programs and services. This report uses the new definitions, with “Head Start” serving as an umbrella term that refers to all program types authorized under the Head Start Act, including Head Start Preschools and Early Head Start programs.

Nebraska Head Start Workforce Well-Being Study

In response to ACF's calls to action during the pandemic, the Nebraska PDG B-5 Needs Assessment team at the Buffett Early Childhood Institute at the University of Nebraska partnered with the Nebraska Head Start Collaboration Office, the Nebraska Head Start Association, and the University of Nebraska at Kearney to plan and implement a study focused on the physical, psychological, and financial well-being of the Head Start workforce in Nebraska.

Data Collection

In spring and summer 2023, the study team collected quantitative and qualitative data from direct service employees and administrators working in Head Start Preschools and Early Head Start programs across the state. Of the 22 Head Start grant recipients in Nebraska, 19 participated in the study. Electronic surveys were completed by 594 direct service employees (65% response rate) and 15 administrators (79% response rate), and 77 direct service employees were invited to participate in focus groups. (Additional information about the study methodology is available in Appendix A.)

Feedback From the Nebraska Head Start Association

In April 2024, results of the study were presented at a meeting of the Nebraska Head Start Association (NeHSA), where members reflected on the challenges and barriers reflected in the findings. For example, members discussed the difficulties grant recipients face in accessing the necessary data to make wage comparisons, establish benchmarks, and track progress toward achieving pay parity for Head Start employees.

Members also highlighted the strengths of Head Start, particularly the comprehensive and collaborative approach to family engagement that fosters a strong sense of belonging among parents and encourages some to join the Head Start workforce. Nationally, parents of current or former Head Start children make up 23% of the Head Start staff.⁵ As one NeHSA member who is a former Head Start parent shared,

“Head Start staff that came into my home made me feel worthy and good, but they taught and helped me so much because I did not know what I didn't know. They made me feel I was doing good and helped me to be better.”

Report Structure

This report presents the results of the Nebraska Head Start workforce well-being study to guide ongoing initiatives aimed at enhancing and supporting Nebraska’s Head Start workforce, including efforts to implement the changes mandated by the Final Rule on Supporting the Head Start Workforce and Ensuring Consistent Quality Programming. It is organized according to five overarching themes that emerged from the quantitative and qualitative data:

- Well-being and resilience
- Work-life balance and staffing
- Benefits
- Financial stability and pay parity
- Relationships with children and families

Each section of the report presents findings relating to one of these themes, including a discussion of the following:

- National context—How the theme relates to ACF’s Final Rule on Supporting the Head Start Workforce and Consistent Quality Programming
- Nebraska context—Findings from the Nebraska Head Start workforce well-being study
- Looking ahead—Questions for Head Start programs to consider as they look ahead to implementing the new rule

Who Does Head Start Serve?

National Head Start

Founded in 1965 as part of the War on Poverty Movement, Head Start was designed to help preschool children (ages 3–5) from low-income families overcome the challenges of poverty that affect their readiness for school. Initially, it started as an 8-week summer program, serving around 561,000 children, with a staff that included paid employees, parents, and community volunteers.

From the beginning, Head Start was designed as a comprehensive program to address the social, emotional, health, nutrition, and educational needs of young children living in poverty. Nearly 30 years later, in 1994, the Early Head Start program was launched to provide the same comprehensive services to infants and toddlers (ages birth–3) and pregnant women from low-income families.

Today, Head Start continues to serve children from birth to age five with the greatest need. This includes children who are from families with an annual income that falls below the federal poverty level (currently \$31,200 for a family of four), children from homeless families or families receiving public assistance, and foster children, regardless of the foster family's income.

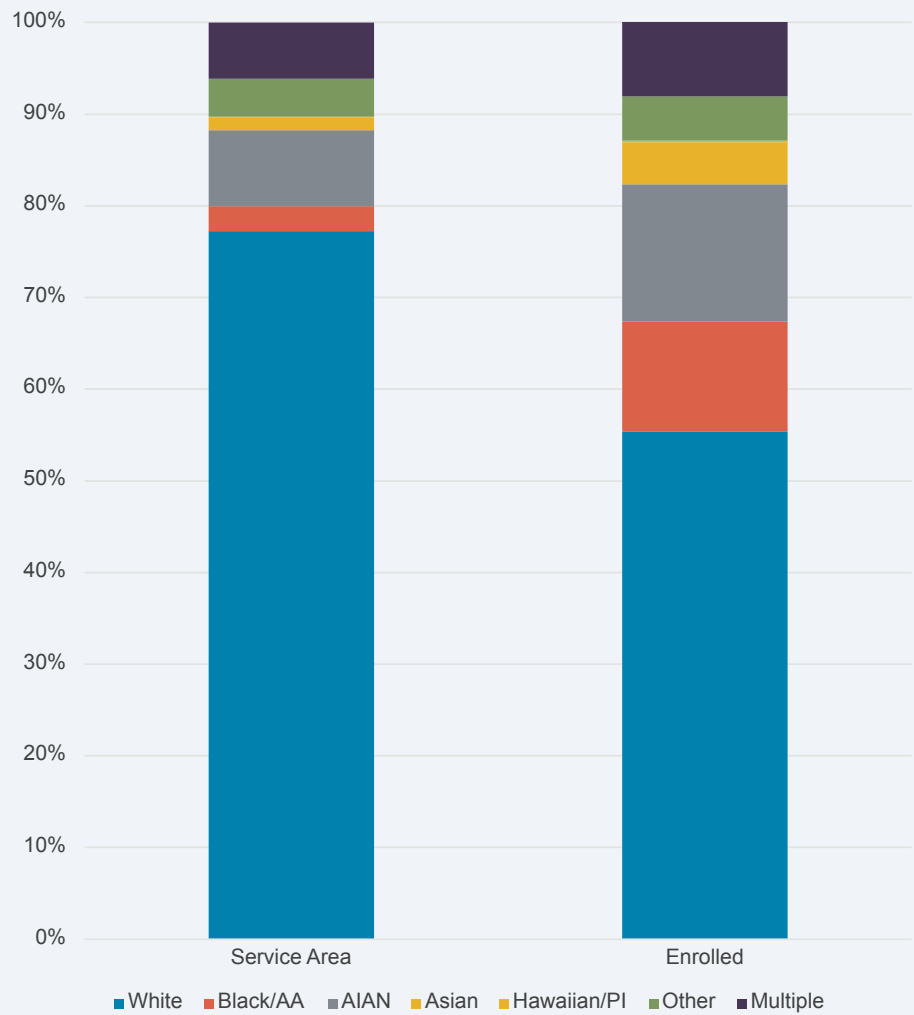
In 2023, 778,420 children and pregnant women were served by 250,000 Head Start employees. After six decades of services, Head Start has served about 39 million children and their families.⁵

Head Start in Nebraska

Nebraska has a rich history of providing Head Start Preschool and Early Head Start services, currently reaching over 5,500 young children and pregnant women annually, served by nearly 2,300 Head Start employees. These employees provide services to young children and their families through varied program options, including center-based ($n = 3,429$), home-based ($n = 880$), and locally designed services ($n = 72$). This includes 432 center-based classrooms.⁶

Nebraska's Head Start programs enroll children and employ staff from diverse racial and ethnic groups. On average, 90% of children in Nebraska's Head Start programs are enrolled in a program where at least one staff member shares their race. Additionally, when looking at the racial demographics of the areas served, Head Start programs tend to enroll, on average, a higher proportion of children from non-white backgrounds compared to the racial distribution within each service area (Figure 1 and Table 1).

FIGURE 1. | COMPARISON OF RACIAL DIVERSITY BETWEEN RESIDENTS OF HEAD START PROGRAM SERVICE AREA AND ENROLLED STUDENTS



Note. AA = African American; AIAN = American Indian and Alaska Native; PI = Pacific Islander

TABLE 1. | RACIAL DIVERSITY AMONG RESIDENTS OF HEAD START PROGRAM SERVICE AREA, STUDENTS ENROLLED IN LOCAL SCHOOL DISTRICT, AND STUDENTS ENROLLED IN HEAD START

	Live in Service Area	Enrolled by School District	Enrolled in Head Start
White	77.2%	60.5%	55.4%
Black/African American	2.7%	3.6%	12.0%
American Indian and Alaska Native	8.3%	10.2%	15.0%
Asian	1.4%	1.9%	4.5%
Hawaiian/Pacific Islander	0.1%	0.1%	0.2%
Other	4.1%	—**	4.9%
Multiple	6.1%	3.7%	9.1%
Hispanic	—*	20.0%	31.1%

*Note: US Census data from 2020 was used to calculate these values. In the 2020 Census, data on Hispanic origin was collected separately from data on race.

**School district enrollment data does not include a race category of “Other.”

Wellbeing and Resilience

National Context

The Final Rule on Supporting the Head Start Workforce and Consistent Quality Programming is codified in Title 45 of the Code of Federal Regulations (C.F.R.), Parts 1301, 1302, 1303, 1304, and 1305. The section on staff health and wellness (45 C.F.R. §1302.93) emphasizes the importance of providing “regular breaks of adequate length and frequency based on the number of hours worked” and cultivating “a program-wide culture of wellness that empowers staff as professionals and supports staff to effectively accomplish their job responsibilities in a high-quality manner.”⁴

Nebraska Context

Physical and Psychological Wellbeing

Physical well-being refers to how healthy someone feels in their body and can include issues like aches and pains, illness, or changes in eating and sleeping habits. Psychological well-being refers to how healthy someone feels in their mind and can include experiences of depression, anxiety, or stress as well as feelings of isolation or sadness. In focus groups, Head Start direct service employees emphasized issues related to physical and psychological well-being.

Focus Group Findings

Importance of well-being. In nearly half of the focus groups, participants acknowledged the importance of their own well-being and described their understanding of what it is. One participant described well-being as balancing “the negative with the positive ... [taking] care of our physical and mental health while serving other people.” Another defined it “as just having a happy balance” and “being able to handle situations that arise in a healthy and positive way.”

Impacts of not having sufficient breaks. Focus group participants discussed the impact of not having sufficient breaks. One participant noted that “UTIs [urinary tract infections] are very common in our profession, because we don’t get to go to the bathroom when we need to go to the bathroom a lot of times, because we don’t have coverage.” Another commented, “Recently we started getting more consistent breaks, whereas in the past I don’t think we ever had breaks ... and so I think that was really adding to our burnout.”

Value of having a dedicated space for breaks. Participants shared how their programs were supporting their mental health by creating dedicated spaces for employees to relax during breaks. One participant mentioned having a “really nice” lounge area where employees can go if they “need to take a little breather.” Another talked about a new center director providing “mental health things for our breakroom. She gets us popcorn and stuff. Snacks. [And] we also got a couch where we can relax that has a blanket.”

Survey Results

Physical and psychological well-being was also a primary focus of the survey conducted with Head Start direct service employees and administrators. When rating their physical health over the past year, nearly half of the direct service employees rated it as “good.” Among Head Start administrators, half rated their physical health as “fair.” In terms of mental health, direct service employees most commonly rated it as “good,” closely followed by “fair.” Two thirds of Head Start administrators rated their mental health as “good,” with another quarter selecting “very good” (Figure 2 and Table 2).

FIGURE 2. | GENERAL PHYSICAL AND MENTAL HEALTH EXPERIENCED BY HEAD START EMPLOYEES IN THE PAST YEAR



TABLE 2. | GENERAL PHYSICAL AND MENTAL HEALTH EXPERIENCED BY HEAD START EMPLOYEES IN THE PAST YEAR

	Physical		Mental	
	Staff	Admin	Staff	Admin
Excellent	4.0%	0.0%	3.5%	0.0%
Very good	18.7%	25.0%	17.5%	25.0%
Good	45.9%	25.0%	38.7%	66.7%
Fair	24.0%	50.0%	33.0%	8.3%
Poor	7.4%	0.0%	7.4%	0.0%

Head Start staff and administrators reported experiencing negative changes to their health at least some of the time over the past year, with changes in sleep reported most frequently (Figure 3). More than half of Head Start staff and administrators reported difficulty concentrating, feelings of sadness or depression, and feeling nervous and/or anxious about the future (Figure 4). The majority of Head Start administrators also reported feeling a lack of control (Figure 5) and experienced changes in their eating (Figure 3). (Also see Table 3.)

FIGURE 3. | CHANGES IN SLEEP AND EATING EXPERIENCED BY HEAD START EMPLOYEES IN THE PAST YEAR

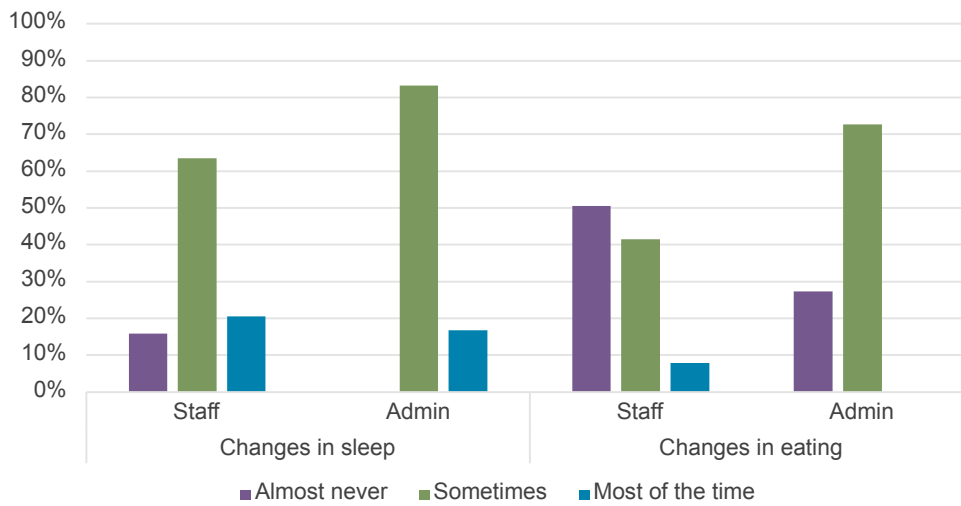


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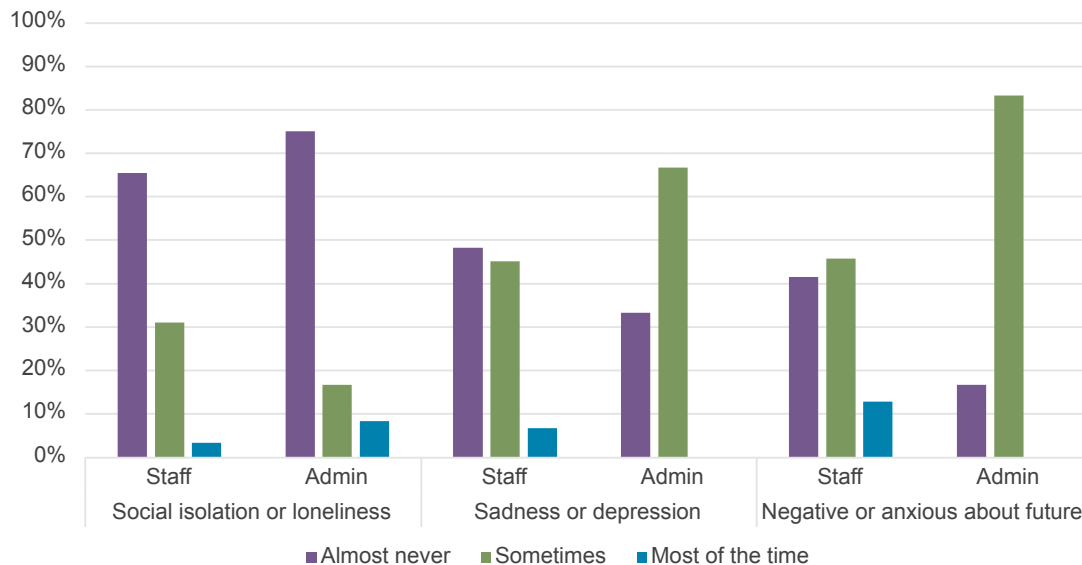


FIGURE 5. | DIFFICULTY CONCENTRATING, FEELING A LACK OF CONTROL, AND DIFFICULTY PERFORMING WORK EXPERIENCED BY HEAD START EMPLOYEES IN THE PAST YEAR

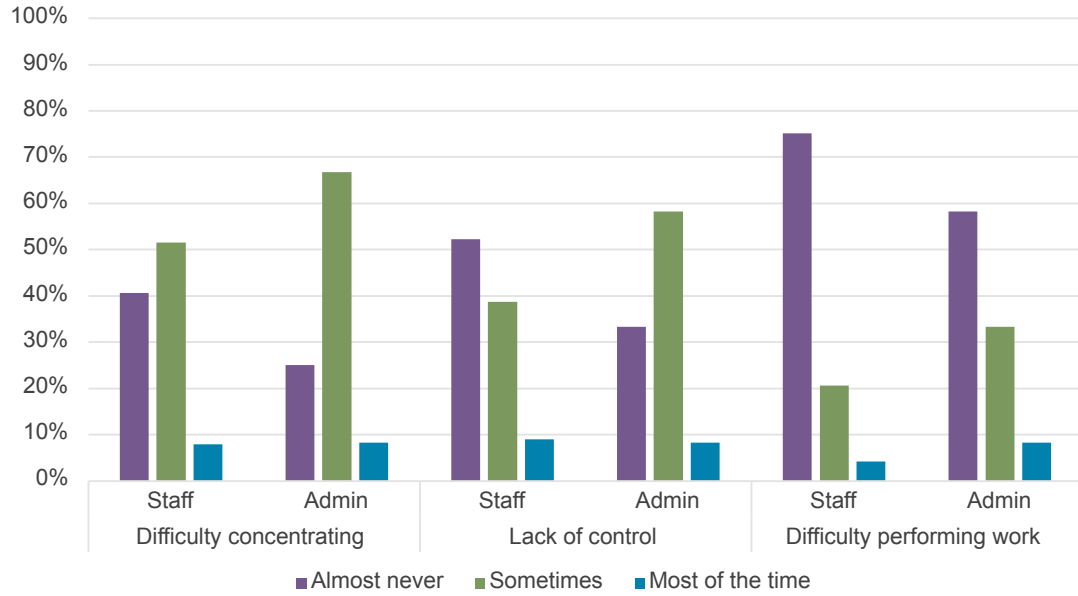


TABLE 3. | CHANGES TO HEALTH EXPERIENCED BY HEAD START EMPLOYEES IN THE PAST YEAR

		Almost never	Sometimes	Most of the time
Changes in sleep	Staff	15.90%	63.50%	20.60%
	Admin	0.00%	83.30%	16.70%
Changes in eating	Staff	50.60%	41.50%	7.90%
	Admin	27.30%	72.70%	0.00%
Social isolation or loneliness	Staff	65.50%	31.00%	3.40%
	Admin	75.00%	16.70%	8.30%
Sadness or depression	Staff	48.20%	45.10%	6.70%
	Admin	33.30%	66.70%	0.00%
Negative or anxious about future	Staff	41.50%	45.70%	12.80%
	Admin	16.70%	83.30%	0.00%
Difficulty concentrating	Staff	40.60%	51.50%	7.90%
	Admin	25.00%	66.70%	8.30%
Lack of control	Staff	52.30%	38.70%	9.00%
	Admin	33.30%	58.30%	8.30%
Difficulty performing work	Staff	75.20%	20.60%	4.20%
	Admin	58.30%	33.30%	8.30%
Increased discrimination	Staff	89.80%	9.20%	1.00%
	Admin	91.70%	8.30%	0.00%

Resilience and Self-Care

Resilience refers to an individual’s ability to bounce back from the difficulties they experience, and self-care refers to the actions individuals take to support their own well-being. It is important to understand the potential impact of resilience and self-care on physical and psychological well-being, especially when considering how Head Start programs could support resilience and self-care as part of a culture of wellness.

Focus Group Findings

Understanding of and struggles with resilience. Focus group participants discussed their resilience in the context of their roles in Head Start. One participant shared her approach to resilience saying, “I think it’s just hunkering down and getting through it.” In contrast, another participant shared her struggles with being resilient, stating, “I’m taking better care of myself when I am feeling better, but when I’m having lots of horrible

life stuff happening ... I'm not getting enough sleep ... I don't feel like making dinner tonight ... we're going through a drive-through. I'm exhausted. I don't have this energy to exercise even though it will give me more energy."

Developing resilience. One participant, a veteran of the Head Start workforce, described developing resilience skills over time, saying, "Over the years, I've gotten better at the balance of leaving work at the door ... and being able to focus on my family. I made that a goal, and I feel like I've gotten a lot better at that. It took a lot of time to be able to get a better work-life balance."

Survey Results

Direct service employees and administrators were asked to report on how frequently they engage in different self-care practices, and most reported using self-care practices during times of stress in the past year. The most commonly reported practices included recognizing thoughts and situations that make them feel stressed or upset, re-examining negative thoughts and gaining a new perspective, and seeking information and planning accordingly to address concerns (Figure 6), as well as talking with a trusted friend or colleague about how they are feeling (Figure 7). (See also Table 4).

FIGURE 6. | HEAD START EMPLOYEES' PARTICIPATION IN SELF-CARE PRACTICES IN THE PAST YEAR: THOUGHTS, PLANNING, AND RELIGIOUS/SPIRITUAL COMMUNITY

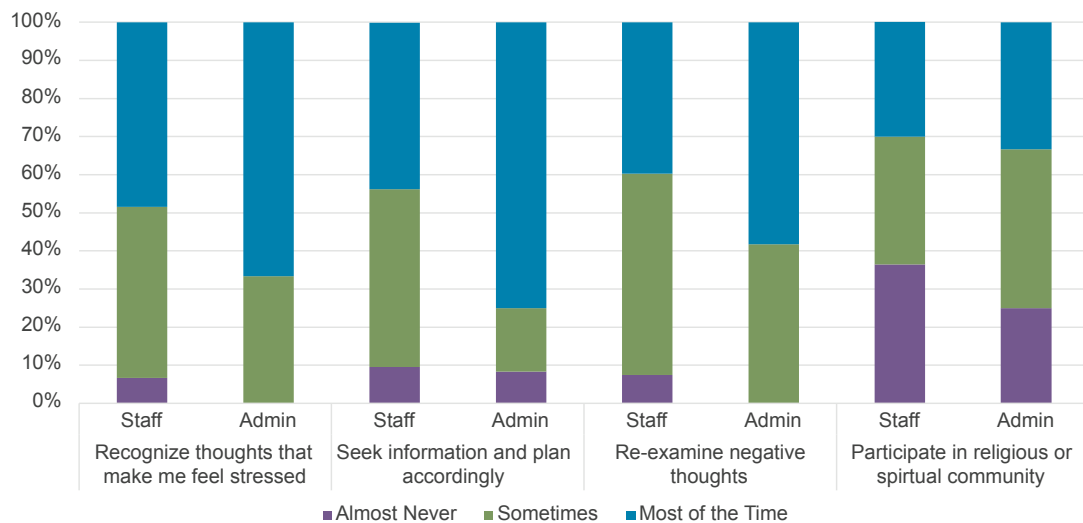


FIGURE 7. | HEAD START EMPLOYEES' PARTICIPATION IN SELF-CARE PRACTICES IN THE PAST YEAR: RELAXATION, PHYSICAL ACTIVITY, AND TALKING WITH A FRIEND

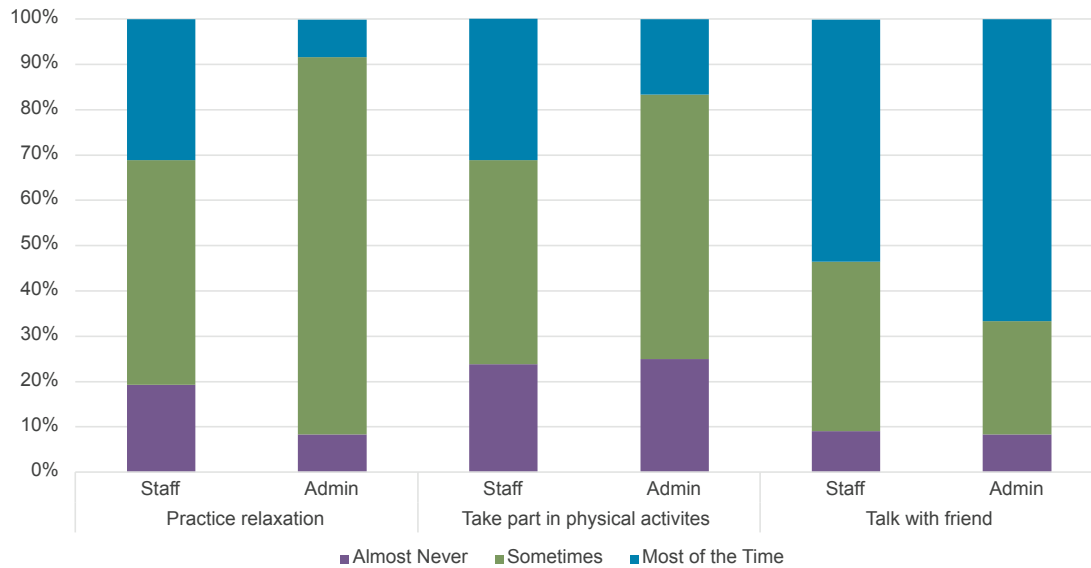


TABLE 4. | HEAD START EMPLOYEES' PARTICIPATION IN SELF-CARE PRACTICES IN THE PAST YEAR

		Almost never	Sometimes	Most of the time
Recognize thoughts that make me feel stressed	Staff	6.70%	44.80%	48.50%
	Admin	0.00%	33.30%	66.70%
Seek information and plan accordingly	Staff	9.50%	46.70%	43.70%
	Admin	8.30%	16.70%	75.00%
Re-examine negative thoughts	Staff	7.40%	52.90%	39.70%
	Admin	0.00%	41.70%	58.30%
Participate in religious or spiritual community	Staff	36.40%	33.60%	30.10%
	Admin	25.00%	41.70%	33.30%
Practice relaxation	Staff	19.30%	49.60%	31.10%
	Admin	8.30%	83.30%	8.30%
Take part in physical activities	Staff	23.80%	45.10%	31.20%
	Admin	25.00%	58.30%	16.70%
Talk with friend	Staff	9.10%	37.40%	53.40%
	Admin	8.30%	25.00%	66.70%

Looking Ahead

Questions for Head Start programs to consider as they look ahead to implementing the new rule:

- What resources does your program need to make progress toward establishing an ongoing/sustainable system of support related to physical and psychological well-being for your program's workforce?
 - Do you know if other similar organizations have systems of support that could be replicated?
 - What current/related systems are available in your program that could be leveraged to support physical and psychological well-being?
- Who do you know in your networks who can help you make progress toward accessing the resources and services identified?
 - Are there any local or regional organizations who would be willing to partner with your program to access the needed resources?
 - Similar to the partnerships you establish to connect families to the services they need, are there potential partnerships to support employees' access to well-being services?
- How could the Nebraska Head Start Collaboration Office assist your program in accessing resources needed to make progress toward establishing an ongoing/sustainable system of support?

Work-Life Balance and Staffing

National Context

Although work-life balance is not specifically mentioned in the final rule, one of the main motivations for implementing the rule is to address challenges in the Head Start workforce that lead to stress, burnout, and, eventually, turnover. Requirements to provide program-wide supports for mental health and well-being (45 C.F.R. §1302.45) reflect the understanding that it is essential to create a supportive environment that prioritizes staff well-being, minimizes burnout, and improves retention, all of which contribute to delivering high-quality services for children and families. Changes to 45 C.F.R. §1302.101(a)(2) highlight the importance of improving workforce well-being by implementing meaningful and effective employee engagement practices that clarify roles and responsibilities.⁴

Nebraska Context

Work-Life Balance

Work-life balance refers to how satisfied an individual feels with the distribution of physical and mental activity across work and personal time.⁷ Someone who feels dissatisfied might spend more time thinking about work and work-related issues while at home than they would like. The right mix is specific to each individual, but experiencing imbalance between work and life for extended periods can lead to feelings of stress and burnout.⁸⁻¹¹

Focus Group Findings

Work demands interfering with time off. Imbalance between work and life was mentioned frequently by focus group participants. Participants expressed that they are constantly working to juggle all their responsibilities, including lesson planning, managing children’s behaviors, completing administrative tasks, and supporting families. Several participants indicated that workplace demands interfered with their time off, requiring them to complete tasks on the weekend or in the evenings. As one participant explained, “It’s really hard to find a balance when you have things that you need to complete and it’s required, so what are you supposed to do?”

Work stress undermining staff’s ability to care for self and family. Overall, providers explained that their work is “mentally exhausting,” and they often feel “emotionally drained” and “physically exhausted” by the end of the day. Staff expressed frustration with taking their work stress home and how this affects their ability to give to their own families. A few staff shared that they frequently neglect their own needs due to the demands of their job, with one stating, “Sometimes, our job feels really demanding, where we don’t put ourselves first all the time, and we put our jobs first. Our jobs and the kids.”

Experiencing secondary trauma. Staff described how their work is “not a job that you just turn off when you leave the building.” Participants reflected on how they feel “part of the family” at times, and when the families they serve have challenges, those challenges affect the staff too. One participant explained that “The mental stuff is hard. Especially in the work that we do, the things we deal with, the things that I see. I tend to take on everybody’s problems and hold onto them.” Staff also described how they are constantly thinking about the children they serve. One staff member reflected on the children and their home environment, saying, “I’m worried about their well-being. I’m worried about if they’re being taken care of. Literally it’s always on my mind ... those kids. They’re not physically, you know, they’re not biologically ours, but they are ours.”

Survey Results

Struggles with work-life balance can lead to burnout, prompting some early childhood professionals to leave their Head Start program or leave the field altogether. Direct service employees and administrators were asked to rate their burnout on a five-item scale ranging from 1 (*I enjoy my work, and I have no symptoms of burnout*) to 5 (*I feel completely burned out and often wonder if I can go on; I am at a point where I may need some changes or may need to seek some sort of help*). Most of the staff, and all the administrators, reported experiencing at least some level of burnout in their work (Figure 8 and Table 5).

The largest percentages of direct service employees and administrators reported a burnout level of 2 (*Occasionally I am under stress, and I don’t always have as much energy as I once did, but I don’t feel burned out*). Among direct service employees, the next highest reported level was 3 (*I am definitely burning out and have one or more symptoms of burnout such as physical and emotional exhaustion*). Administrators were evenly split between level 3 and level 4 (*the symptoms of burnout that I am experiencing won’t go away, I think about frustration at work a lot*). Fewer than 10% reported experiencing the highest level of burnout (Figure 8 and Table 5).

FIGURE 8. | LEVELS OF BURNOUT EXPERIENCED BY HEAD START EMPLOYEES IN THE PAST YEAR

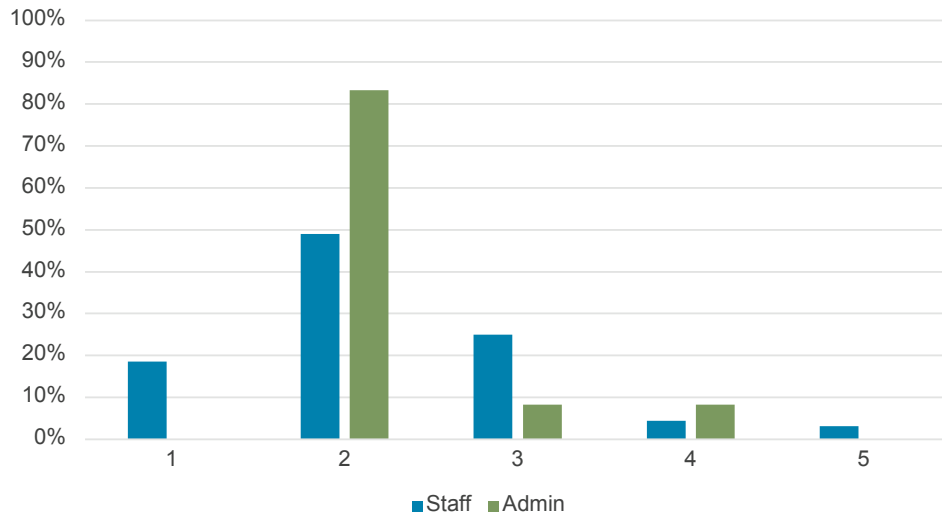


TABLE 5. | LEVELS OF BURNOUT EXPERIENCED BY HEAD START EMPLOYEES IN THE PAST YEAR

	Staff	Admin
1. I enjoy my work, and I have no symptoms of burnout.	18.5%	0.0%
2. Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out.	49.0%	83.3%
3. I am definitely burning out and have one or more symptoms of burnout such as physical and emotional exhaustion.	25.0%	8.3%
4. The symptoms of burnout that I am experiencing won't go away, and I think about frustration at work a lot.	4.4%	8.3%
5. I feel completely burned out and often wonder if I can go on; I am at a point where I may need some changes or may need to seek some sort of help.	3.1%	0.0%

Direct service employees and administrators were also asked to rate their likelihood of leaving their Head Start program. Just under one third of direct service employees and over two thirds of administrators indicated they were unlikely or very unlikely to leave their Head Start program (Figure 9 and Table 6).

FIGURE 9. | LIKELIHOOD OF LEAVING HEAD START PROGRAM REPORTED BY HEAD START EMPLOYEES

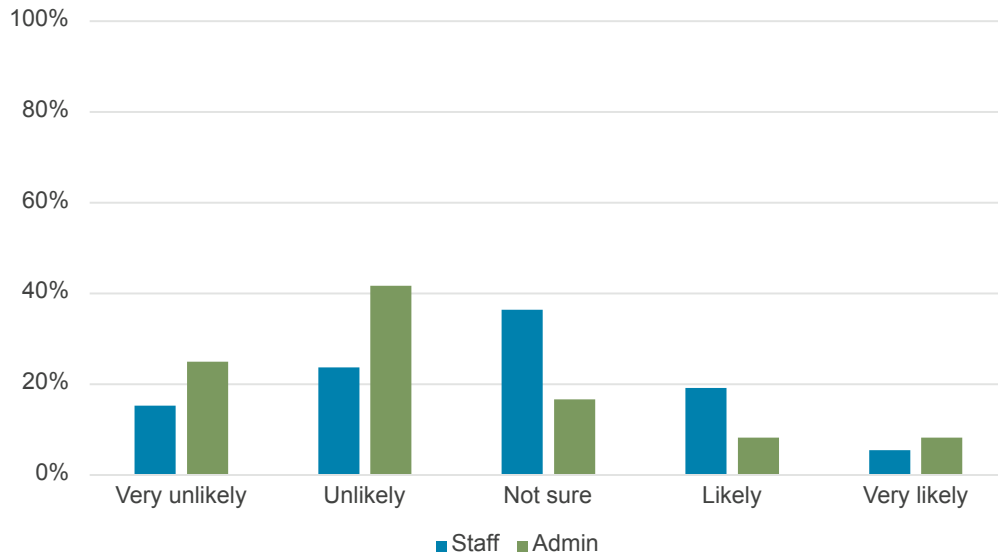
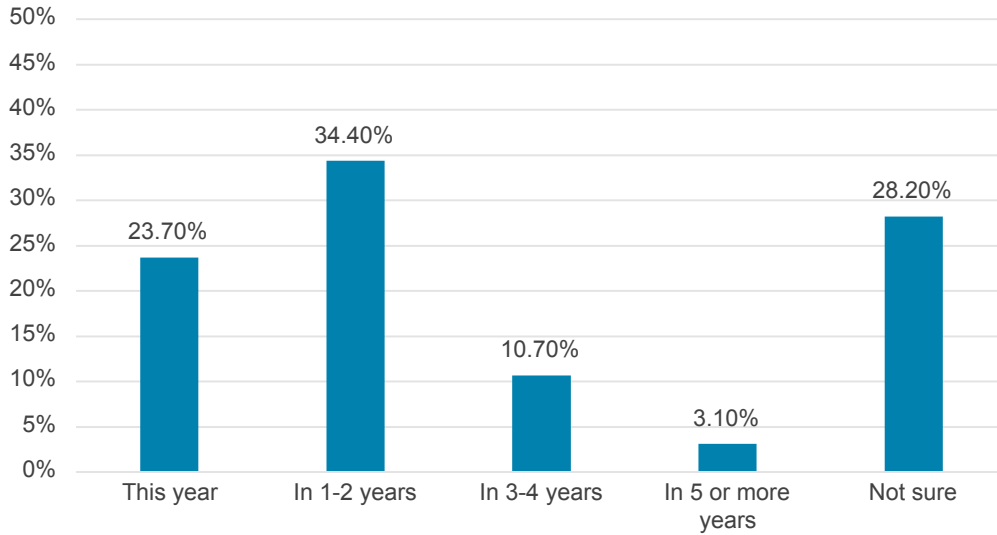


TABLE 6. | LIKELIHOOD OF LEAVING HEAD START PROGRAM REPORTED BY HEAD START EMPLOYEES

	Staff	Admin
Very unlikely	15.3%	25.0%
Unlikely	23.7%	41.7%
Not sure	36.4%	16.7%
Likely	19.2%	8.3%
Very likely	5.5%	8.3%

Direct service employees who indicated they were likely or very likely to leave their Head Start program were asked to indicate how quickly they planned to leave. One quarter indicated they would leave their program within the year and one third indicated they would leave their program within one to two years (Figure 10). Administrators were also asked, but too few indicated they were very likely to leave to be able to include their information and protect their confidentiality.

FIGURE 10. | ANTICIPATED TIMELINE FOR LEAVING HEAD START PROGRAM AMONG STAFF LIKELY TO LEAVE



Direct service employees and administrators who indicated they were unlikely or very unlikely to leave their program were asked to indicate how long they plan to stay. Three in five employees and seven in ten administrators indicated they planned to stay with their Head Start program for longer than five years (Figure 11 and Table 7).

FIGURE 11. | ANTICIPATED TIMELINE FOR STAYING IN HEAD START PROGRAM AMONG EMPLOYEES PLANNING TO STAY

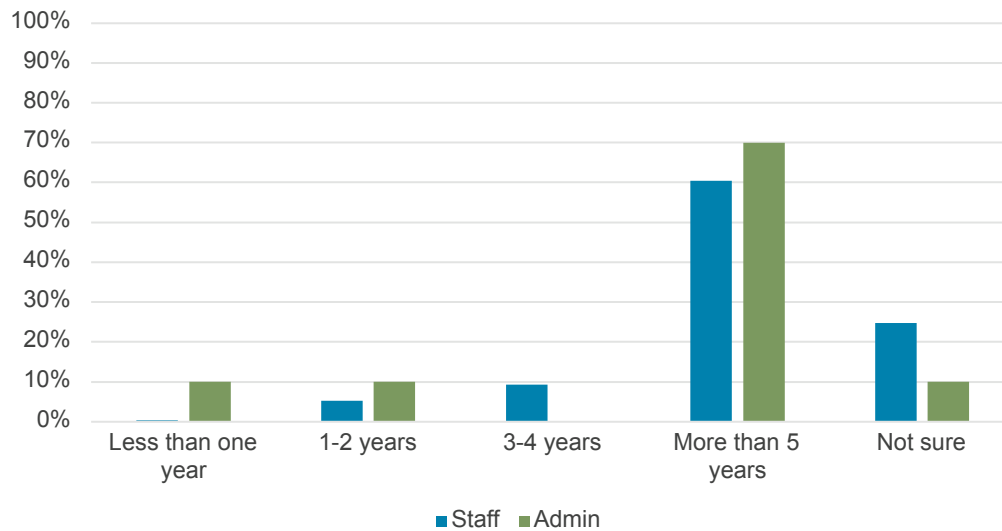


TABLE 7. | ANTICIPATED TIMELINE FOR STAYING IN HEAD START PROGRAM AMONG EMPLOYEES PLANNING TO STAY

	Staff	Admin
Less than 1 Year	0.3%	10.0%
1-2 Years	5.3%	10.0%
3-4 Years	9.3%	0.0%
More than 5 Years	60.5%	70.0%
Not Sure	24.7%	10.0%

Direct service employees and administrators were also asked to rate their likelihood of leaving the early childhood field. Over half of direct service employees and over two thirds of administrators indicated they were unlikely or very unlikely to leave the early childhood field (Figure 12 and Table 8).

FIGURE 12. | LIKELIHOOD OF LEAVING EARLY CHILDHOOD REPORTED BY HEAD START EMPLOYEES

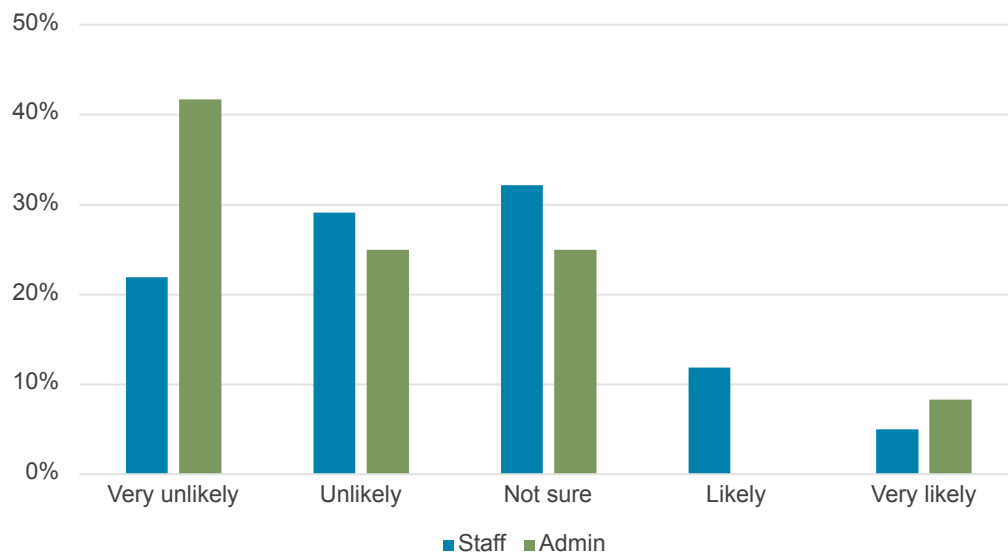
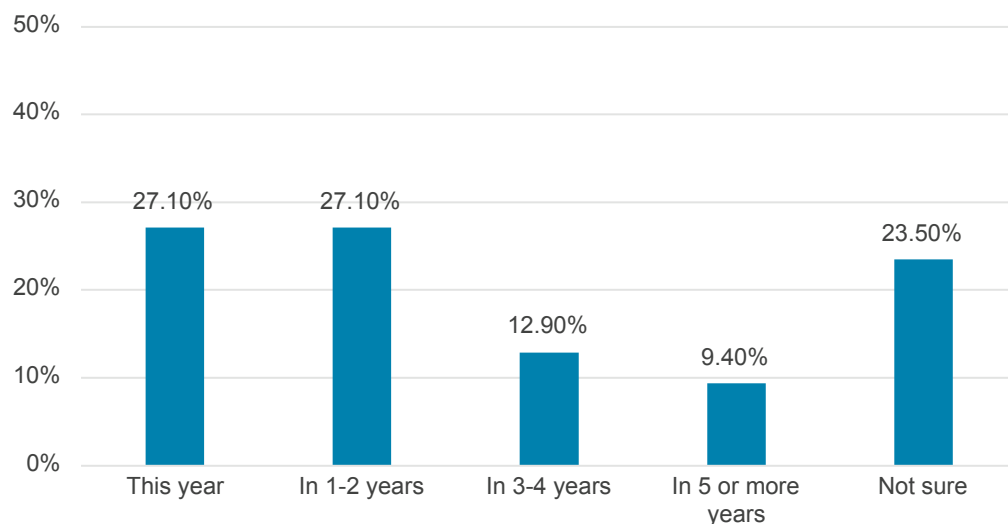


TABLE 8. | LIKELIHOOD OF LEAVING EARLY CHILDHOOD REPORTED BY HEAD START EMPLOYEES

	Staff	Admin
Very unlikely	21.9%	42.0%
Unlikely	29.1%	25.0%
Not sure	32.2%	25.0%
Likely	11.9%	0.0%
Very likely	5.0%	8.3%

Direct service employees who indicated they were likely or very likely to leave early childhood were asked to indicate how quickly they planned to leave. More than one quarter of respondents indicated they would leave early childhood within the year, and over one quarter indicated they would leave early childhood within one to two years (Figure 13). Administrators were also asked, but too few indicated they were very likely to leave to be able to include their information and protect their confidentiality.

FIGURE 13. | ANTICIPATED TIMELINE FOR LEAVING EARLY CHILDHOOD AMONG HEAD START STAFF LIKELY TO LEAVE



Direct service employees and administrators who indicated they were unlikely or very unlikely to leave early childhood were asked to indicate how long they plan to stay. Just under two thirds of both direct service employees and administrators indicated they planned to stay in early childhood for longer than five years (Figure 14 and Table 9).

FIGURE 14. | ANTICIPATED TIMELINE FOR STAYING IN EARLY CHILDHOOD AMONG HEAD START EMPLOYEES PLANNING TO STAY

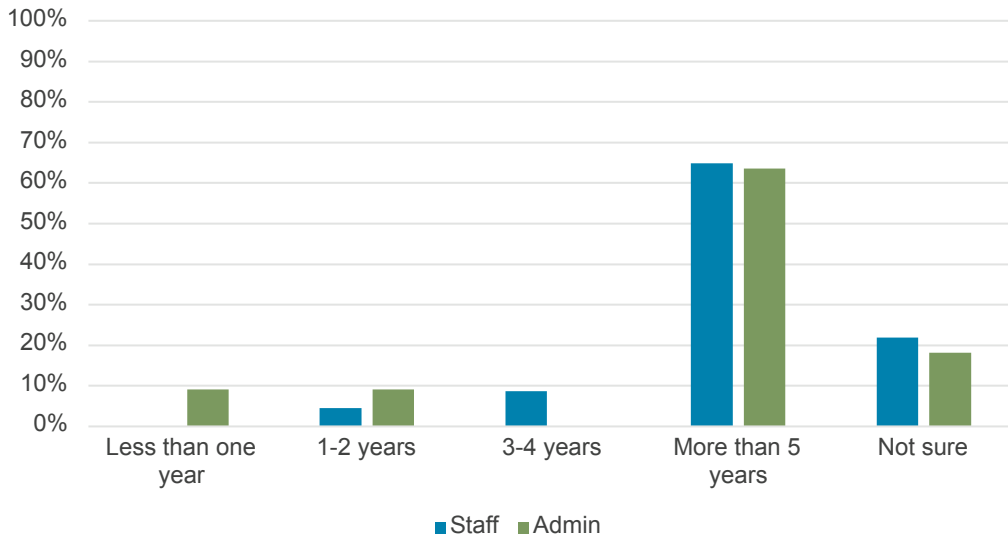


TABLE 9. | ANTICIPATED TIMELINE FOR STAYING IN EARLY CHILDHOOD AMONG HEAD START EMPLOYEES PLANNING TO STAY

	Staff	Admin
Less than 1 Year	0.0%	9.1%
1-2 Years	4.5%	9.1%
3-4 Years	8.6%	0.0%
More than 5 Years	64.9%	63.6%
Not Sure	21.9%	18.2%

Staffing and Hiring

Staffing shortages and hiring challenges can disrupt employees’ work-life balance by forcing them to take on additional responsibilities outside of their own responsibilities.

Focus Group Findings

Connection between staffing and work-life balance. Throughout the focus groups, Head Start employees discussed the connections between staffing, work-life balance, and well-being. One participant shared, “I find myself, because of being so short staffed, working a lot more hours than I’m comfortable with, and therefore, I do put off physical things for myself. I wish I had time to work out and do things like that. I find myself coming back to work to catch up because we are so short staffed.”

Feeling unable to stay home when not feeling well. Others described coming to work even when they didn't feel well because they wanted to keep the doors open for the children and families they serve. One employee stated, "The only time I'm going to miss work, is if I am vomiting or have a high fever. There's just not the ability to just take a day off because you physically or mentally can't be here. If I take off, that means 16 kids are not going to come to school today." Similarly, one said, "There have been a couple days where I felt that ... I really don't know if I can do this and had to pull it from wherever I could because ... I don't want my classroom closed. I don't want students stuck at home, I want them here, I want them learning." Another shared, "I'm wearing a mask because I'm sick. And on Monday I told my assistant that I'm just going to try to make it through the next two days so that way the kids can be here, and my classroom can be open."

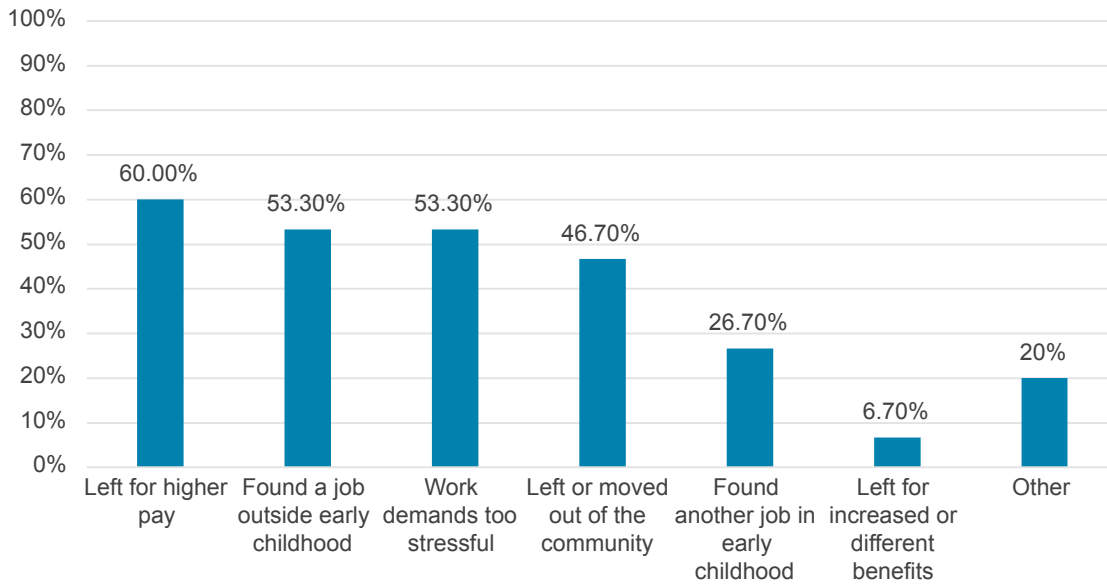
Inability to take breaks or participate in professional development. When reflecting on staffing, respondents shared how hiring shortages and/or staff absences impact day-to-day working conditions. As one participant explained, "Since we don't have enough staff, it affects everything. Being able to get to the restroom when you need to ... or taking a five-minute breather when you've had a serious behavior you've had to deal with, or if you need to step out for a minute. And being able to do that and feel OK with doing that. Or your kid's school calls and you gotta go pick them up and you don't want to be a burden to everybody else." Another described how staff-shortages prohibit opportunity for professional development, stating "If we had the ability to have [substitutes] and we were in a good place staffing-wise, it would allow us to attend a training that we want to, if there was someone to take our place. It's just not the case right now."

Taking on additional responsibilities to cover other roles. Other focus group participants noted connections between staff shortages and job roles and responsibilities. One shared, "I've been thrown into every position. It's hard because you're getting used to it [a particular position] and then you're like ... starting over." Another stated, "I'm doing three people's jobs because we are short-staffed, and we just don't have the applicants coming in. Besides doing what I was paid to do, I'm also being an assistant and being a bus monitor. Emotionally and physically, I get a little burned out." Another stated, "I am on salary [not an hourly employee] and I have been doing multiple job roles, because we are short-staffed. While we are slowly rebuilding, I'm doing home visiting—that isn't in my job description. I shouldn't be doing those things after hours...but it needs to be done, so I'm doing it."

Survey Results

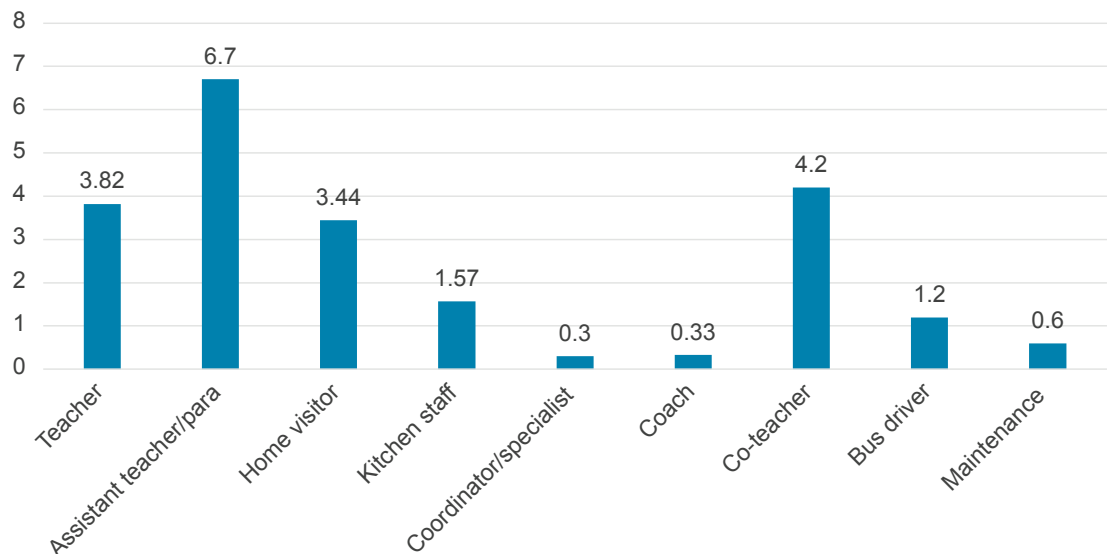
Administrators were asked to indicate the reasons employees gave for leaving their positions. The three most frequently indicated reasons were leaving for higher pay, finding a job outside of early childhood, and the work demands being too stressful (Figure 15).

FIGURE 15. | REASONS STAFF GIVE FOR LEAVING HEAD START POSITIONS



Administrators were also asked to indicate how many times they had to fill specific positions over the last year. On average, the most frequently filled positions were assistant teacher/para and co-teacher. On average, the least frequently filled positions were coordinator/specialist and coach (Figure 16).

FIGURE 16. | NUMBER OF TIMES HEAD START ADMINISTRATORS HAD TO FILL STAFF POSITIONS OVER THE PAST YEAR BY STAFF ROLE



Work-Life Balance and Staffing

Administrators were also asked to indicate which positions were the most difficult to fill and which positions took the most time to fill. The position most frequently identified as the most difficult to fill and the one that took the most time to fill was that of teacher (Figure 17 and Table 10).

FIGURE 17. | STAFF POSITIONS IN HEAD START PROGRAMS THAT WERE THE MOST DIFFICULT AND TOOK THE MOST TIME TO FILL

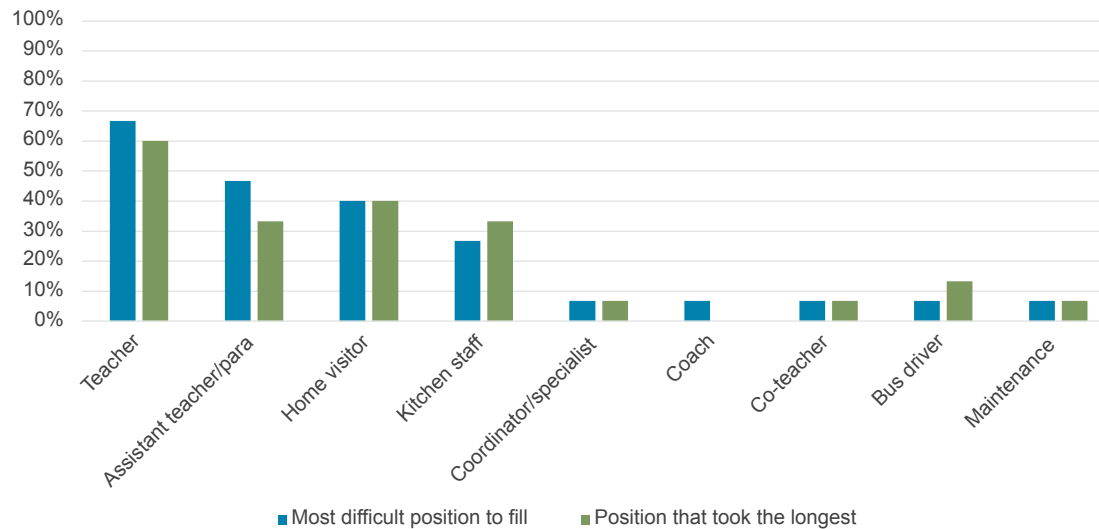
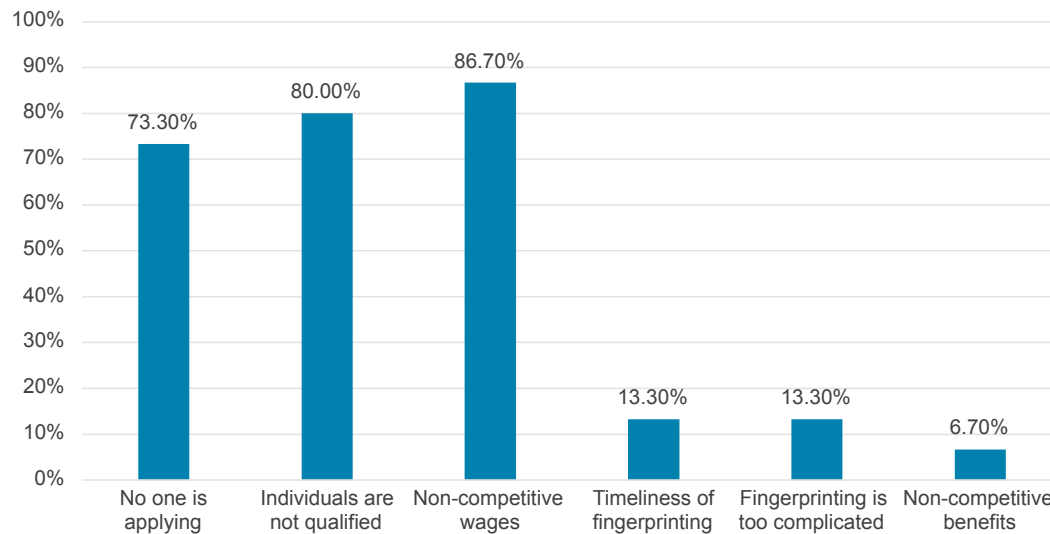


TABLE 10. | STAFF POSITIONS IN HEAD START PROGRAMS THAT WERE THE MOST DIFFICULT AND TOOK THE MOST TIME TO FILL

	Most difficult position to fill	Position that took the longest
Teacher	66.70%	60.00%
Assistant Teacher/ Para	46.70%	33.30%
Home Visitor	40.00%	40.00%
Kitchen Staff	26.70%	33.30%
Coordinator/ Specialist	6.70%	6.70%
Coach	6.70%	0.00%
Co-Teacher	6.70%	6.70%
Bus Driver	6.70%	13.30%
Maintenance	6.70%	6.70%

Administrators were asked to indicate the reasons why they have not been able to hire. The two most frequently indicated reasons were that wages are not competitive and that the individuals who were applying were not qualified (Figure 18).

FIGURE 18. | REASONS HEAD START ADMINISTRATORS HAD DIFFICULTY HIRING STAFF



Looking Ahead

Questions for Head Start programs to consider as they look ahead to implementing the new rule:

- What resources does your program need to reduce burnout and increase retention and recruitment among teachers and staff?
 - Do you provide specific professional development or coaching around processing secondary trauma?
 - What resources and supports do program leaders need to foster professional relationships with staff that promote their emotional well-being?
 - What changes are being made to create a culture of well-being that will also promote a healthy work-life balance?
- Who do you know in your networks who can help you make progress toward accessing the resources and services identified?
 - Are there any local or regional organizations who would be willing to partner with your program to access the needed resources?
 - Similar to the partnerships you establish to connect families to the resources and services they need, are there potential partnerships to foster employees' work-life balance?
- How could the Nebraska Head Start Collaboration Office assist your program in accessing resources needed to support work-life balance for teachers and staff?

Employee Benefits

National Context

Staff benefits are addressed in the new rule (45 C.F.R. §1302.90(f)) with a requirement that Head Start programs with 200 or more funded slots provide or support access to health care for all staff, provide paid leave for full-time staff (defined as staff working 30 hours per week or more), provide access to low- to no-cost behavioral health services for full-time staff, facilitate access to public service loan forgiveness and child care subsidy for eligible staff, and prioritize Head Start program enrollment for children of eligible staff. The new rule distinguishes between larger and smaller programs, acknowledging that a certain level of program income is needed for providing benefits to be feasible.⁴

Nebraska Context

Health Care Benefits

Health care benefits are provisions offered by employers or insurers that cover medical expenses, including preventive care, hospital stays, and prescription medications. These benefits are intended to improve access to necessary services and support employees' overall well-being.

Focus Group Findings

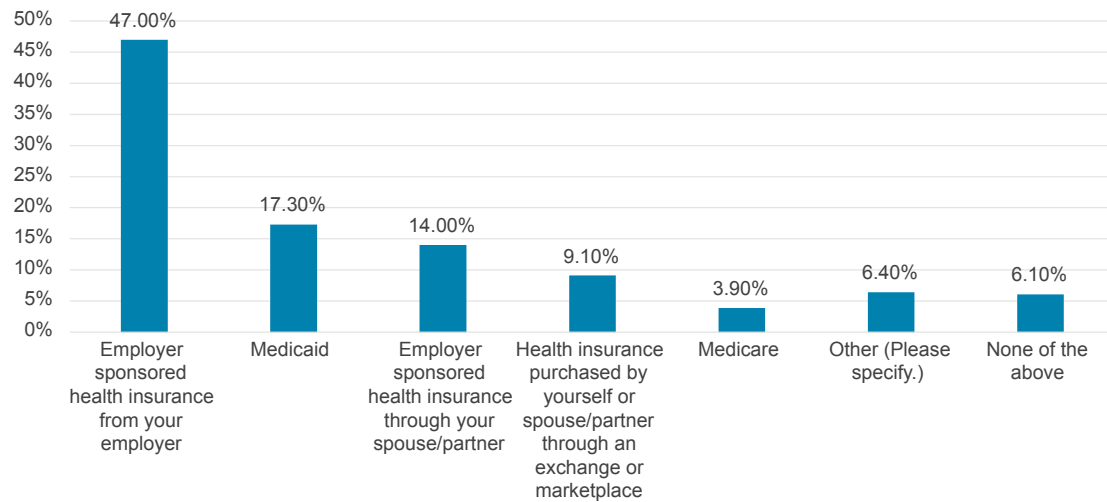
Positive impact of having employer-sponsored health care benefits. Focus group participants noted that employer-sponsored health care benefits can positively impact physical well-being. One participant shared, “In the early childhood field, it’s hard to find a place that offers health care, so the fact that Head Start offers that is really great. I found myself going to the doctor for well checkups more often than others, and it’s been encouraged by my staff ... which in the past I wasn’t very good about doing.” Another participant noted “Insurance here at Head Start has been really amazing for my family, and just overall helps me to take ownership in some of the things I’ve neglected over the years.”

Inability to pay for employer-sponsored health insurance. Other participants shared concerns related to wages and health care costs, with one saying, “I currently get Medicaid ... because financially I qualify for that as a teacher here at Head Start. So, I would like to be able to participate in our [employer-sponsored] health insurance and be able to afford it.” Another shared, “I can’t afford to pay for the [employer-sponsored] health insurance. It’s awesome that they provide it and, yes, I recognize it is a lot cheaper than most places, but when you’re living paycheck to paycheck ... you struggle with the idea of even buying the benefits.” Another participant said, “Our benefits are good ... if it’s just an employee ... but if you have a family, it’s not that cheap. I spend over \$1,600 [a month] for a family of four for insurance.”

Survey Results

Direct service employees and administrators were asked to indicate what they use for their personal health insurance. Just under half of direct service employees indicated using employer-sponsored insurance (Figure 19). Over three quarters of administrators also indicated using employer-sponsored insurance (not shown in figure).

FIGURE 19. | PERCENTAGE OF HEAD START EMPLOYEES USING HEALTH INSURANCE BY INSURANCE TYPE



Other Employee Benefits

In addition to health insurance, employee benefits may also include employee wellness programs, employee assistance programs, paid time off, retirement benefits, and paid professional development. The revised Head Start rule also calls on grant recipients to help eligible staff access public service loan forgiveness and child care subsidy, and to prioritize enrollment in their program for children of eligible staff.

Focus Group Findings

Positive impact of employee wellness programs. In the focus groups, several participants mentioned the value of having access to an employee wellness program. One shared, “The program participates in EHA [Wellness], so I think that helps with everyone’s well-being ... whether it’s a physical challenge or an eating healthier challenge, they encourage all of us to participate in that.”

Positive impact of employee assistance programs. Participants also talked about having access to no-cost behavioral health services thanks to an employee assistance program (EAP), with one saying, “We have the ability for mental health service referrals if we need to check in with a mental health professional.”

Need to reduce child care costs for Head Start employees. Participants talked about the high cost of child care, reflecting the need to help staff access services that will reduce their child care costs. As one participant said when discussing their needs, “Probably cheaper child care [because] I have three kids and I pay for two of them to go—one goes all week and one just goes Friday and I paid like \$215 for just a week, so that’s like most of my check right there.”

Having and using paid time off. Head Start staff who get paid time off (PTO) expressed appreciation for having it, with one saying, “I do like the wellness leave too. It’s nice that we get that time, and the PTO package is great, and I think that’s helpful to support our well-being.” Others expressed frustration about feeling like they can’t take time off for fear of falling too far behind in their work. As one participant said, “I am at three hundred and seventy hours...And I am not good at taking a day off here or a day off there because I feel like I am further behind when I do that, and so then I’ll take a whole week off. But then I feel like I’m behind again because I took a week off. And so, I know why people rack up all this leave because you feel bad for taking any time off.”

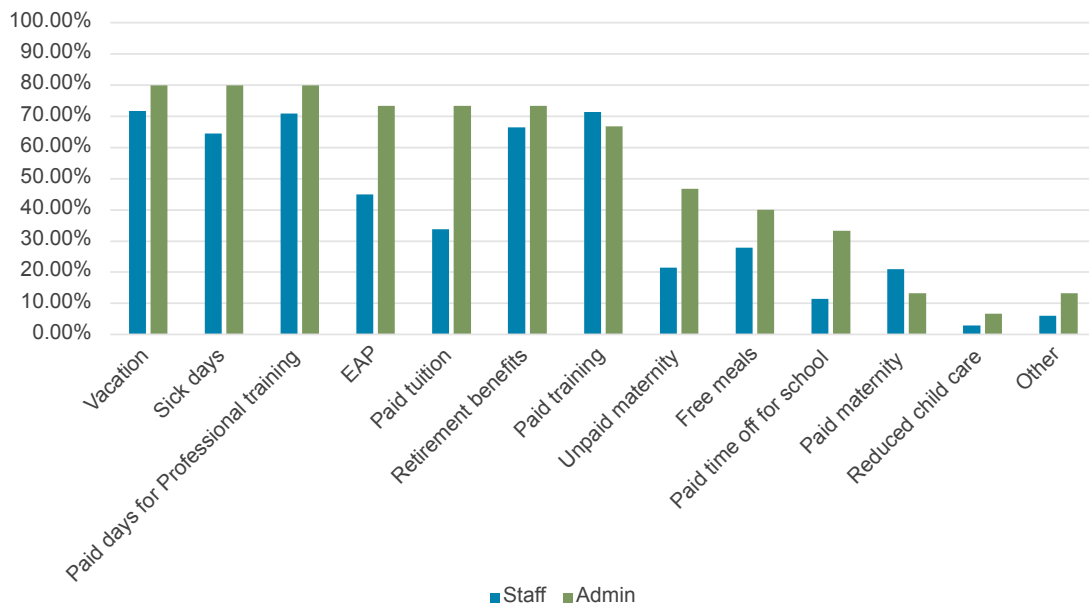
Time issues related to professional development provided by Head Start. Participants discussed challenges related to professional development provided by Head Start. Timing of training and time to access training were two of the challenges described. One participant explained, “Kids were gone, you know, or on their way out, so we didn’t get a chance to implement some of those things that we had learned during that training. So, sometimes timing of trainings is kinda tricky.” And another shared, “I feel like the access is harder because time to participate in the professional development trainings that we can all benefit from is a lot ... it’s ... it’s more complicated.”

Survey Results

Both direct service employees and administrators were asked to indicate if their Head Start program provided specific benefits. For all benefits, a higher proportion of administrators indicated the presence of a particular benefit, with the degree of difference varying across benefits. Employee assistance program (EAP), paid tuition, unpaid maternity, and paid time off for school had the greatest discrepancies (Figure 20).

In terms of access to benefits, administrator responses indicated that vacation, sick days, and paid days for professional training were the most commonly available, with 80% of administrators reporting that their employees had access to these benefits. Unpaid maternity leave, free meals, paid time off for attending classes, paid maternity leave, and reduced child care costs were the least available benefits, with less than 50% and as low as 8% of administrators indicating that their employees had access to these benefits (Figure 20).

FIGURE 20. | PERCENTAGE OF HEAD START EMPLOYEES RECEIVING EMPLOYEE BENEFITS BY TYPE OF BENEFIT



Administrators were asked to rate how prepared their staff was to work with different populations of children. Administrators rated the majority of their employees as either somewhat or well prepared to work with each population. Very few administrators rated their employees as minimally prepared. The exception was preparedness to work with immigrant and refugee families. Approximately one quarter of administrators rated their employees as not prepared or minimally prepared to work with immigrant and refugee families, and just under ten percent of administrators indicated that this category of children was not applicable to their situation (Figure 21 and Table 11).

FIGURE 21. | ADMINISTRATORS’ PERCEPTION OF HEAD START STAFF’S PREPAREDNESS TO WORK WITH CHILDREN WITH DIFFERENT NEEDS AND BACKGROUNDS

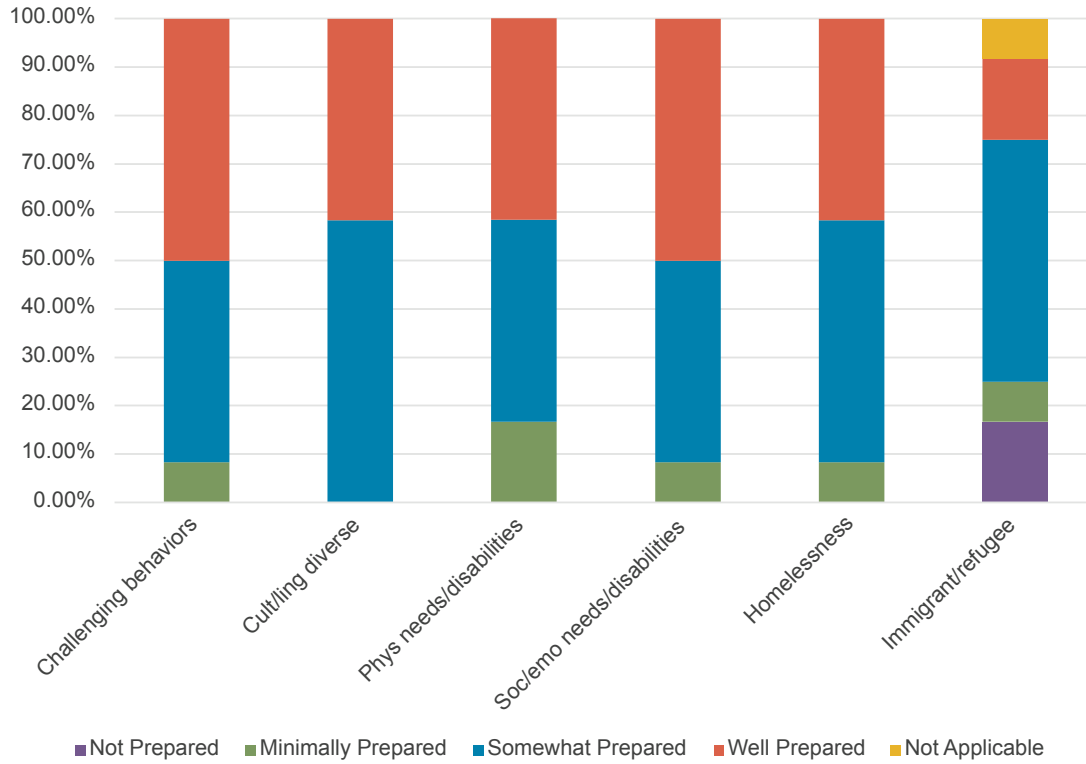


TABLE 11. | ADMINISTRATORS’ PERCEPTION OF HEAD START STAFF’S PREPAREDNESS TO WORK WITH CHILDREN WITH DIFFERENT NEEDS AND BACKGROUNDS

	Not prepared	Minimally prepared	Somewhat prepared	Well prepared	Not applicable
Challenging behaviors	0.00%	8.33%	41.70%	50.00%	0.00%
Culturally/linguistically diverse	0.00%	0.00%	58.00%	41.70%	0.00%
Physical needs/ disabilities	0.00%	16.70%	41.70%	41.70%	0.00%
Social/emotional needs/ disabilities	0.00%	8.33%	41.70%	50.00%	0.00%
Homelessness	0.00%	8.33%	50.00%	41.70%	0.00%
Immigrant/refugee	16.70%	8.33%	50.00%	16.70%	8.33%

Direct service employees were asked to rate how prepared they felt to work with different populations of children both at the beginning of their time with Head Start and at the present time. Across all populations, employees demonstrated increased feelings of preparedness for working with each population from the start of their time with Head Start (left) to now (right). Specifically, there have been clear reductions in the number of individuals who rate themselves as feeling unprepared or minimally prepared from the beginning of their time with Head Start (left) to the present (right), and noticeable increases in the number of individuals rating themselves as well prepared (Figure 22 and Table 12).

FIGURE 22. | HEAD START STAFF'S PERCEPTION OF THEIR PREPAREDNESS TO WORK WITH CHILDREN WITH DIFFERENT NEEDS AND BACKGROUNDS

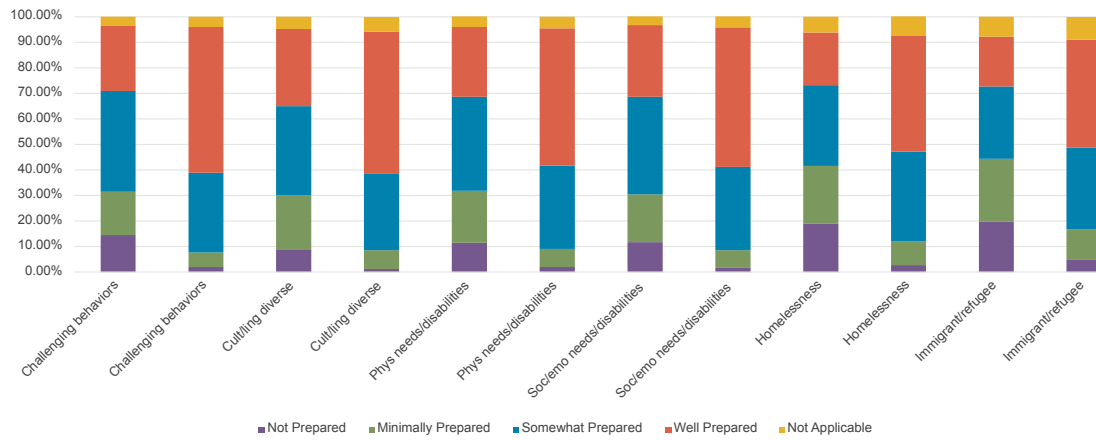


TABLE 12. | HEAD START STAFF’S PERCEPTION OF THEIR PREPAREDNESS TO WORK WITH CHILDREN WITH DIFFERENT NEEDS AND BACKGROUNDS

		Not prepared	Minimally prepared	Somewhat prepared	Well prepared	Not applicable
Challenging behaviors	At start	14.50%	17.00%	39.40%	25.70%	3.40%
	Today	2.00%	5.70%	31.20%	57.00%	4.10%
Culturally/ linguistically diverse	At Start	8.90%	21.10%	35.00%	30.20%	4.80%
	Today	1.20%	7.30%	30.20%	55.50%	5.70%
Physical needs/ disabilities	At Start	11.40%	20.40%	36.80%	27.40%	4.10%
	Today	2.00%	7.10%	32.60%	53.70%	4.60%
Social/emotional needs/disabilities	At Start	11.70%	18.70%	38.20%	28.10%	3.40%
	Today	1.80%	6.80%	32.60%	54.60%	4.30%
Homelessness	At Start	19.00%	22.60%	31.60%	20.60%	6.20%
	Today	2.70%	9.30%	35.10%	45.60%	7.50%
Immigrant/refugee	At Start	19.70%	24.60%	28.40%	19.50%	7.80%
	Today	4.80%	11.90%	32.10%	42.20%	8.90%

Looking Ahead

Questions for Head Start programs to consider as they look ahead to implementing the new rule:

- What resources does your program need to support employees and administrators in accessing appropriate and sufficient health insurance?
 - If your program already sponsors health insurance for employees, are all employees able to afford it, for themselves and/or their families?
 - If your program is not currently able to sponsor health insurance for employees, how do you facilitate access to health insurance for employees and/or their families?
 - What are the barriers to providing sponsored health insurance for employees and/or their families?
 - What are the barriers to facilitating access to health insurance for employees and/or their families?
- What resources does your program need to support paid leave for full-time staff?
 - If your program already provides paid leave for full-time staff, are there any learnings or resources you can share with other programs?
 - If your program is not currently able to provide paid leave for full-time staff, what are the specific barriers preventing access to that benefit?
- What resources does your program need to provide access to low- to no-cost behavioral health services for full-time employees?

- If your program does provide access to low- to no-cost behavioral health services, are all employees accessing those services?
 - Who is not accessing those services?
 - What barriers exist to employees accessing behavioral health services if wanted or needed?
- If your program is not currently providing or is not currently able to provide access to low- to no-cost behavioral health services, what are the barriers to providing access?
- What resources does your program need to facilitate access to public service loan forgiveness for employees?
 - If your program does facilitate access to public service loan forgiveness, are there any learnings or resources you can share with other programs?
 - If your program does not facilitate access to public service loan forgiveness, what are the barriers to providing access?
- What resources does your program need to facilitate access to child care subsidy for eligible employees?
 - If your program does facilitate access to child care subsidy for eligible employees, are there any learnings or resources you can share with other programs?
 - If your program does not facilitate access to child care subsidy for eligible employees, what are the barriers to providing access?
- Is your program currently able to prioritize Head Start program enrollment for children of eligible employees?
 - If yes, what learnings or resources can you share with other programs?
 - If no, what are the specific barriers to prioritizing Head Start enrollment for children of eligible employees?
- What resources does your program need to facilitate employees' participation in professional development?
 - If your program does facilitate employees' participation in professional development, are there any learnings or resources you can share with other programs?
 - If your program does not facilitate employees' participation in professional development, what are the barriers to facilitating their participation?
- Considering the needs compiled in response to the previous questions, who do you know in your networks who can help you make progress toward accessing the resources and services identified?
- Considering the barriers compiled in response to the previous questions, who do you know in your networks who can help you make progress toward removing the barriers identified?
- How could the Nebraska Head Start Collaboration Office assist your program in accessing the resources needed and addressing the barriers identified in the previous questions?

Financial Stability and Pay Parity

National Context

Financial stability, or the lack thereof, is a long-standing challenge for early care and education professionals. Wages have remained stagnant for decades.¹² Comparisons to the wages of fast-food chain employees are common, with early care and education professionals often making less. The final rule addresses staff wages in 45 C.F.R. §1302.90(e),⁴ and 89 F.R. 67730 makes it clear that the final rule changes related to staff wages are meant to both “support and stabilize the Head Start workforce.”¹³ The final rule specifically addresses establishing pay scales, moving toward pay parity with Kindergarten to third grade teachers, establishing a salary floor, and making wages comparable across all age groups served. Further, the final rule exempts programs that have fewer than 200 funded slots and provides for an exemption waiver for programs that meet the eligibility requirements.

Nebraska Context

Financial Stability

For individuals, financial stability means having a reliable income that allows them to cover basic living expenses for themselves and their families, save for emergencies, manage some debt, and plan for future needs, such as retirement or education. Achieving financial stability helps individuals take care of their families and focus on their jobs without the ongoing stress of financial strain.

Focus Group Findings

Challenges affording child care. Finances were a frequent topic in the focus groups, with staff sharing their experiences of financial strain and living paycheck to paycheck. Many participants indicated their current job does not provide them with a livable wage, and some mentioned the challenges of affording child care with their income. One participant considered leaving her job due to child care expenses, saying, “And if you do have kids and you have to pay child care... you have to weigh it...is it worth working?”

Challenges paying off student loans. Staff also experience challenges in paying students loans with their current income, with one participant explaining, “You wanna stay at your job and you wanna do this because you love doing it, but at the same time, you need to be able to pay your bills... I went to school for forever to be able to do this, and I can’t pay student loans.” Many reported working multiple jobs to make ends meet, but some mentioned that a second job increases stress and decreases the time they can spend with their own families.

Compensation not reflective of professional experience or expectations. When asked about their financial well-being and what they need to be economically stable, many

participants shared information related to wages or pay. “Our pay scale is just based on how long we’ve been working here and the amount of education we have. There is nothing based on performance, the quality ... which is very frustrating to me.” Similarly, another participant stated, “The money isn’t right ... We are missing out on potentially good teachers or good aides, and it’s not paying enough for them to be worth it to work with us.” Another shared, “I think we all agree that we need to have better pay, but it’s a huge deal for me and Head Start especially. The pay does not match the expectations, no matter what your role is at Head Start. I think we’re all here for a reason, because we find passion in it, but we also deserve to have the pay match the expectation.”

Wages not keeping up with inflation. Staff described the strain they feel from the increased prices of groceries, utilities, housing, and gas, with one saying, “Everything keeps going up—gas, groceries, utilities. It’s just hard.” One staff member mentioned that even though prices of everything else have increased, their wages have stayed the same. A few staff members described not being able to serve their family healthy food because it is too expensive. One respondent shared, “I want to feed my family healthy... but with constant increase in prices, it’s becoming harder and harder and harder to do that.”

Low wages contributing to staffing shortages. Several participants noted possible correlations between wages, recruitment, and retention. One participant wondered, “Is the answer getting more money? I don’t know, but maybe if that’s the answer to get people in here to at least give us a try and see we are an amazing program.” When reflecting on retention, one participant shared, “So you’ve got qualified staff and people who are invested, and I’ve watched them leave over the years because they can’t pay their bills.”

Survey Results

Head Start employees and administrators provided additional information regarding financial stability in their responses to survey items. In the past year, Head Start staff reported experiencing more problems on all economic well-being questions than administrators (Figure 23 and Table 13). The most frequently experienced problem for both staff and administrators was not having enough money to pay for items or activities they wanted but did not need. Two-thirds of staff reported experiencing minor to extreme problems with this issue, while half of the administrators reported only minor, if any, problems. Head Start staff often reported not having enough money to pay for medical expenses, affecting over half of the staff. Half of the staff reported difficulties affording utilities and bills. Additionally, a third of the staff reported challenges in securing enough food for everyone in the household, and a fifth experienced problems related to ensuring safe and stable housing for themselves and their dependents. Head Start administrators reported only minor problems with having enough money to pay for medical expenses and utilities and bills.

FIGURE 23. | PERCENTAGE OF HEAD START EMPLOYEES EXPERIENCING FINANCIAL PROBLEMS

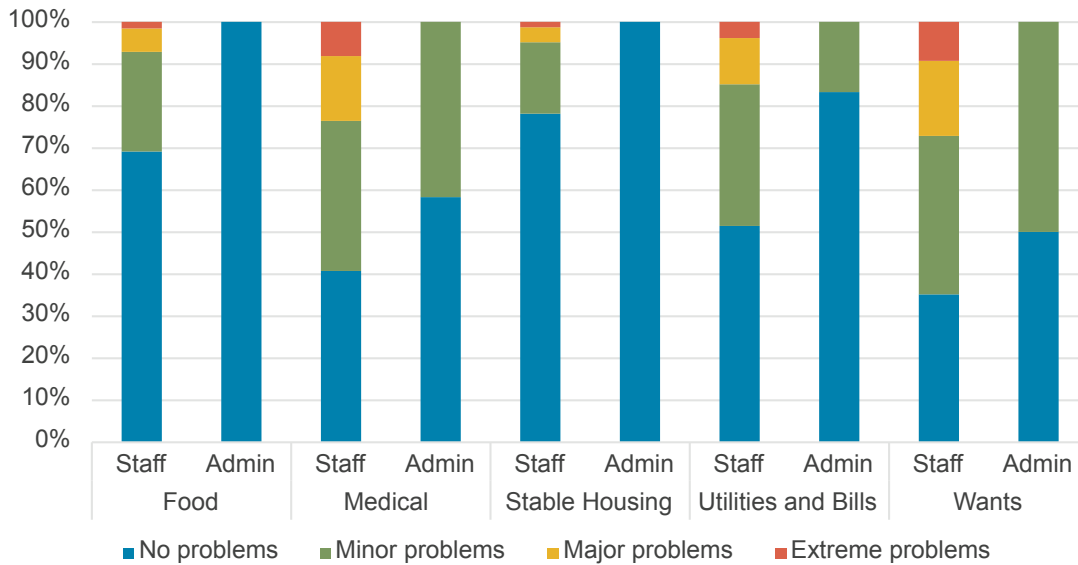
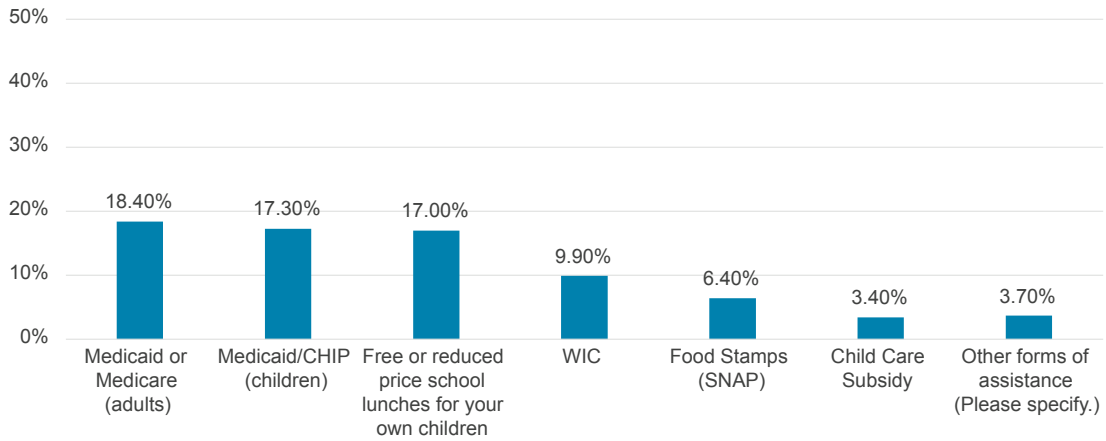


TABLE 13. | PERCENTAGE OF HEAD START EMPLOYEES EXPERIENCING FINANCIAL PROBLEMS

		No problems	Minor problems	Major problems	Extreme problems
Food	Staff	69.20%	23.80%	5.50%	1.60%
	Admin	100.00%	0.00%	0.00%	0.00%
Medical	Staff	40.70%	35.70%	15.50%	8.10%
	Admin	58.30%	41.70%	0.00%	0.00%
Stable housing	Staff	78.10%	16.90%	3.70%	1.20%
	Admin	100.00%	0.00%	0.00%	0.00%
Utilities and bills	Staff	51.40%	33.70%	11.00%	3.90%
	Admin	83.30%	16.70%	0.00%	0.00%
Wants	Staff	35.10%	37.70%	17.80%	9.30%
	Admin	50.00%	50.00%	0.00%	0.00%

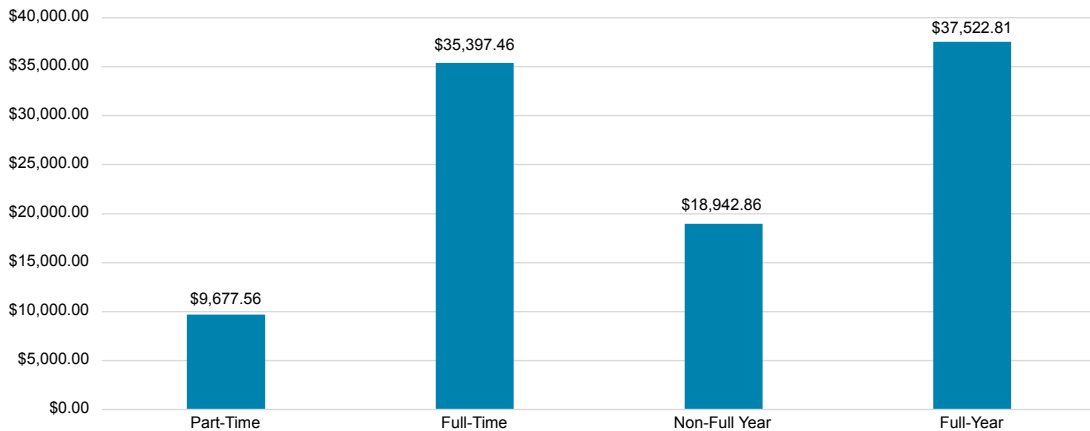
Direct service employees indicated participation in public assistance ranging from near zero to almost one in five. Use of Medicaid/Medicare for adult health needs, Medicaid/Children’s Health Insurance Program (CHIP) for children’s health needs, and free or reduced-price school lunches had the highest participation rates, while disability for self, Section 8 housing vouchers, and Temporary Assistance for Needy Families (TANF) had the lowest participation rates (Figure 24).

FIGURE 24. | PERCENTAGE OF HEAD START EMPLOYEES PARTICIPATING IN PUBLIC ASSISTANCE PROGRAMS



Direct service employees and administrators were asked to provide their hourly wages, the number of hours they worked per week, and the number of weeks they worked per year. These values were used to calculate yearly wages for all survey respondents. Employees working part-time (less than 30 hours per week) made an average of \$9,677.56 per year while full-time employees made an average of \$35,397.46 per year. Employees working for less than the full program year (less than nine months or 39 weeks) made an average of \$18,942.86 per year while employees working for the full program year made an average of \$37,522.81 per year (Figure 25).

FIGURE 25. | AVERAGE COMPENSATION OF HEAD START EMPLOYEES BY HOURS PER WEEK AND WEEKS PER YEAR



Pay Parity

Pay parity, in the context of early childhood, means paying early childhood educators a wage that is based on their job responsibilities and qualifications, rather than on the age of children they teach. This includes paying wages that are comparable to teachers working in public school settings. Ensuring pay parity for Head Start educators is crucial for their financial stability and mental well-being. It also supports Head Start's ability to maintain its standards for teaching staff and successfully hire for open positions.

Focus Group Findings

Wages lower than wages of public school teachers. Pay parity came up frequently in focus group discussions, with one participant saying, “We hear a lot of conversation about the wages of public school teachers, and we know that [their wages] are not what they should be considering what is expected. Then in Head Start there’s another set of regulations [Federal Performance Standards] on top of what public schools are already doing. And if the public-school teacher’s wages are not high enough, and we’re at less than they are ... it’s a need. And we’ve got to get the funding to get the wages comparable, in my opinion, to the public school at a minimum.”

Wages lower than wages in some other child care programs. Another shared “It’s far time for the government [and others] to step up and see what they’re requiring of Head Start staff ... They are struggling and aren’t getting paid their worth. They are seeing that, and they are paying other members in the [early childhood] field a lot more. People are coming to us [Head Start] and applying [for jobs] and laughing ... because they can go to a child care center, not have a degree, not have strong expectations, and get paid far more. What is going to happen if it continues this way? We’re going to lose great teachers, not retain the staff we have, and not bring in new staff, if something doesn’t change.”

Lack of pay parity negatively impacting self-esteem. In addition, a participant shared how compensation impacts or is connected to their self-esteem, saying, “I’m a teacher. I feel like a teacher; I know I’m doing parent teacher conferences; I know I’m writing lesson plans; I know I have all these responsibilities, but I’m not being paid for what I’m worth ... or what I’m putting forward. So, it doesn’t match your self-esteem.” Another shared “Being an assistant here [at Head Start] and with three kids [of my own], I qualified for my child to attend Head Start, which means that I’m below poverty rate, while working here and providing services to people in the same situation. That kind of knocks your self-esteem a little bit too, your self-worth.”

Survey Results and Administrative Data from the Nebraska Department of Education

Publicly available administrative data from the Nebraska Department of Education (NDE) was used to investigate years of experience and average yearly salary for elementary

education teachers in counties overlapping with Head Start grant recipients’ service areas. For each grant recipient who participated in the electronic surveys, a list of counties represented in their service area was compiled. Using publicly available data from NDE, the average experience and yearly salary for every elementary school in each service area was collected. The average of average years of experience and yearly salaries were calculated for each service area. In addition, any early learning program, early childhood program, or child care represented in the NDE data was included in a separate calculation to understand average years of experience and yearly salary for early childhood programs in any of the grant recipient service areas. To protect the confidentiality of each Head Start grant recipient, numbers are used to represent grant recipient service areas in Figures 26 and 27 and in Tables 14 and 15.

Averaged average years of experience and yearly salary for the elementary schools and early childhood programs were compared to survey data collected from teachers, co-teachers, assistant teachers/paras, master teachers, home visitors, coaches, coordinators/specialists, and Head Start directors regarding their years of experience and yearly salary.

When considering years of experience in public school and Head Start programs, there is variability in the differences depending on the service areas (Figure 26 and Table 14). Some grant recipients have more years of experience on average while other grant recipients have fewer years of experience on average. When considering average years of experience in public school early childhood programs and Head Start grant recipients, there is little difference between the two groups with Head Start grant recipients having slightly higher average years of experience.

FIGURE 26. | COMPARISON OF AVERAGE YEARS OF EXPERIENCE IN PUBLIC SCHOOL EARLY CHILDHOOD PROGRAMS AND HEAD START PROGRAMS BY HEAD START GRANT RECIPIENT

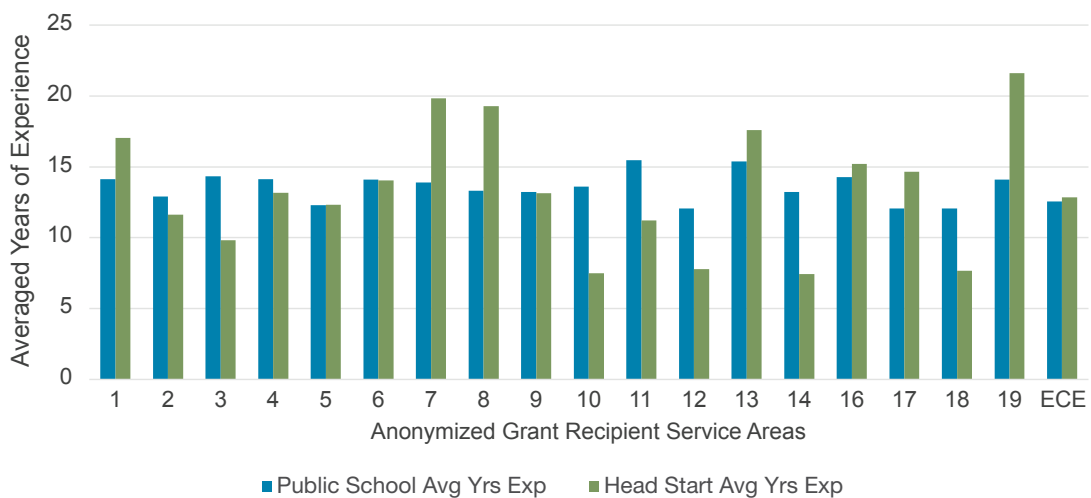


TABLE 14. | AVERAGE YEARS OF EXPERIENCE IN PUBLIC SCHOOL EARLY CHILDHOOD PROGRAMS AND HEAD START PROGRAMS BY HEAD START GRANT RECIPIENT

Anonymized grant recipient service area	Public school average years of experience	Head Start average years of experience
1	14.14	17.05
2	12.90	11.62
3	14.34	9.83
4	14.12	13.18
5	12.29	12.33
6	14.10	14.03
7	13.91	19.83
8	13.32	19.29
9	13.24	13.15
10	13.61	7.50
11	15.46	11.21
12	12.06	7.78
13	15.39	17.60
14	13.24	7.43
16	14.29	15.20
17	12.06	14.64
18	12.06	7.67
19	14.11	21.60
ECE	12.55	12.85

When considering salaries in public school and Head Start programs, there is some variability in the degree of difference between service areas and public schools, but average salaries for Head Start programs are lower than average salaries for public school across the board (Figure 27 and Table 15). When considering average salary in public school early childhood programs and Head Start grant recipients, there is a more than \$17,000 difference in annual salaries between the two groups with Head Start grant recipients making less money per year on average.

FIGURE 27. | COMPARISON OF AVERAGE SALARIES IN PUBLIC EARLY CHILDHOOD PROGRAMS AND HEAD START PROGRAMS BY HEAD START GRANT RECIPIENT

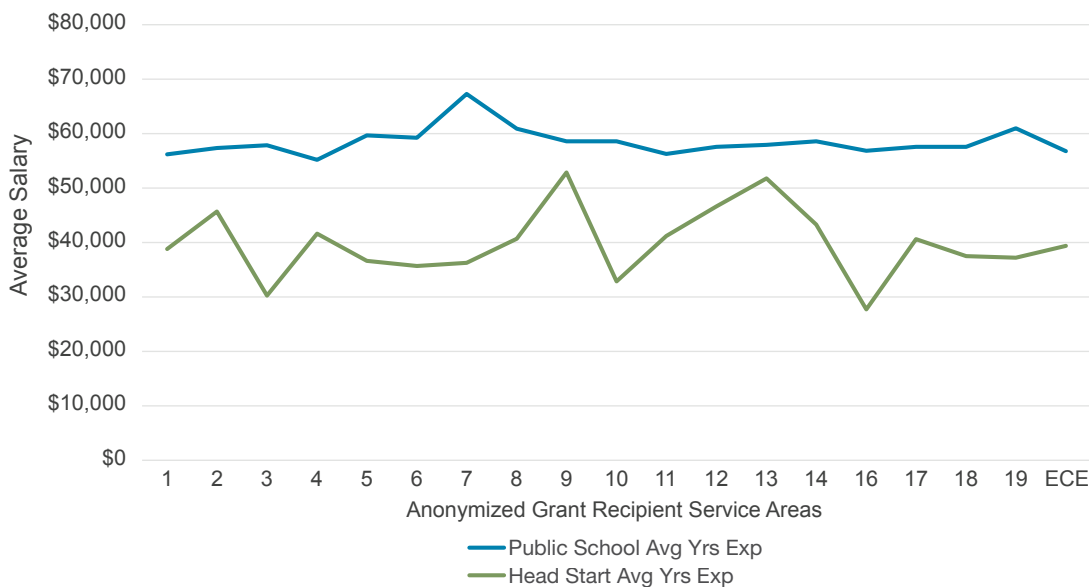


TABLE 15. | AVERAGE SALARIES IN PUBLIC EARLY CHILDHOOD PROGRAMS AND HEAD START PROGRAMS BY HEAD START GRANT RECIPIENT

Anonymized grant recipient service area	Public school average salary	Head Start average salary
1	\$56,223.14	\$38,776.91
2	\$57,316.20	\$45,692.38
3	\$57,846.30	\$30,272.84
4	\$55,157.47	\$41,612.20
5	\$59,663.64	\$36,635.47
6	\$59,221.51	\$35,706.65
7	\$67,258.73	\$36,267.33
8	\$60,897.53	\$40,691.31
9	\$58,570.45	\$52,882.96
10	\$58,568.75	\$32,877.08
11	\$56,248.36	\$41,198.80
12	\$57,560.00	\$46,626.58
13	\$57,964.00	\$51,780.00
14	\$58,570.45	\$43,321.40
16	\$56,861.18	\$27,735.44
17	\$57,560.00	\$40,626.51
18	\$57,560.00	\$37,474.67
19	\$61,006.36	\$37,217.92
ECE	\$56,759.94	\$39,384.83

Looking Ahead

Questions for Head Start programs to consider as they look ahead to implementing the new rule:

- What resources does your program need to make progress toward establishing pay parity for your program?
 - Does your program have an agreement with your local school district(s) to access wage information for pre-Kindergarten to third grade teachers?
 - If not, who could you contact to discuss accessing wage information?
 - Does your program partner with a research organization or consultant who can assist with data collection, management, and analysis?
 - If not, who are the potential organizations or consultants you could partner with?
 - How might you learn about local programs who have pay parity with a local district?
- Who in your local and state networks could assist your progress toward accessing the resources identified?
 - What faculty/researchers in your local institution of higher education might partner with you to identify and access resources?
 - What connections do you have with local school districts that could help you to identify and access the resources?
 - What local agencies or non-profit organizations might be helpful in identifying and accessing resources for pay parity?
- How could the Nebraska Head Start Collaboration Office assist your program in accessing resources needed to make progress toward establishing pay parity?

Relationships with Children and Families

National Context

The final rule on Supporting the Head Start Workforce and Consistent Quality Programming updates five standards (45 C.F.R. §§ 1302.11, 1302.13, 1302.15, 1302.34, and 1302.50) to modernize and improve the family experience in Head Start. The updates highlight the importance of understanding and accommodating the communication preferences of different communities and families.⁴

Nebraska Context

Family Engagement

Head Start programs use a variety of strategies to engage families, such as connecting families with support services and resources, involving parents in classroom activities and decision-making, conducting home visits, offering classes on child development, and maintaining open lines of communication with families and the communities in which they live.

Focus Group Findings

Satisfaction of working with children. Many focus group participants talked about the enjoyment and satisfaction they derive from working with children, with one sharing, “The children come in and ... call out my name. They want to give me a hug, and they are excited to be here. So that’s what makes me happy.” Another stated, “Being in the classroom, the community that our children develop with each other is amazing ... It just makes my heart happy every day.” And another noted, “I’ve had different jobs, but I’ve always gone back to a school environment, something with children, something with caring for them, and when they just have that connection with you, and they accidentally call you mom ... they come and give you those hugs ... you’re bonded with them ... you’re a role model.”

Commitment to ongoing communication with families. Participants highlighted early and ongoing communication with families, noting, “We conduct a first home visit to get to know the child and family” and “We do a developmental screening ... at the beginning of their time at Head Start and we go over those results with them and base a school readiness goal off of those results.” Some emphasized daily interactions, talking about being available at pickups and drop-offs, with one saying, “We do that every day now, you know, things that are accomplished in the classroom ... we share those celebrations, if we see concerns about things, we’ll bring it up.” Others noted the importance of ongoing, planned communication with families throughout the year to discuss their child’s development and progress.

Difficulty communicating about challenging behaviors. A few participants shared challenges related to communicating with parents, especially when discussing challenging behaviors. One stated, “I think it’s challenging sometimes communicating with families, especially about challenging behaviors you’re seeing in the classroom.” Some participants mentioned the importance of starting with a positive comment before discussing areas where the child needs improvement or inquiring about how things are going at home to understand what parents are already doing. Others shared how, “it is really hard to get some parents to communicate with us” and how some parents “don’t know what to do, and we tell them what could work, and what’s working for us, and they just don’t listen to us. That’s really, really hard.”

Feeling appreciated by families. Many participants noted the benefits of positive parent-teacher relationships on their well-being and described feelings of appreciation. One participated stated, “The parent, on her way out said, ‘Thank you, ladies. I appreciate everything you guys do,’ and ... it’s nice to hear that.” Another shared, “Parents...really appreciate us and tell us that, you know, they’ve seen improvements that they can see that their child is progressing with us.”

Experiencing a lack of appreciation and respect. Conversely, a few mentioned a lack of appreciation and lack of respect, stating, “We have some [parents] that ...just utilize it as like a free daycare” and “Some families, they want your help and welcome you in. And then there’s some that are like I don’t want a visit ... I don’t see the point of this.”

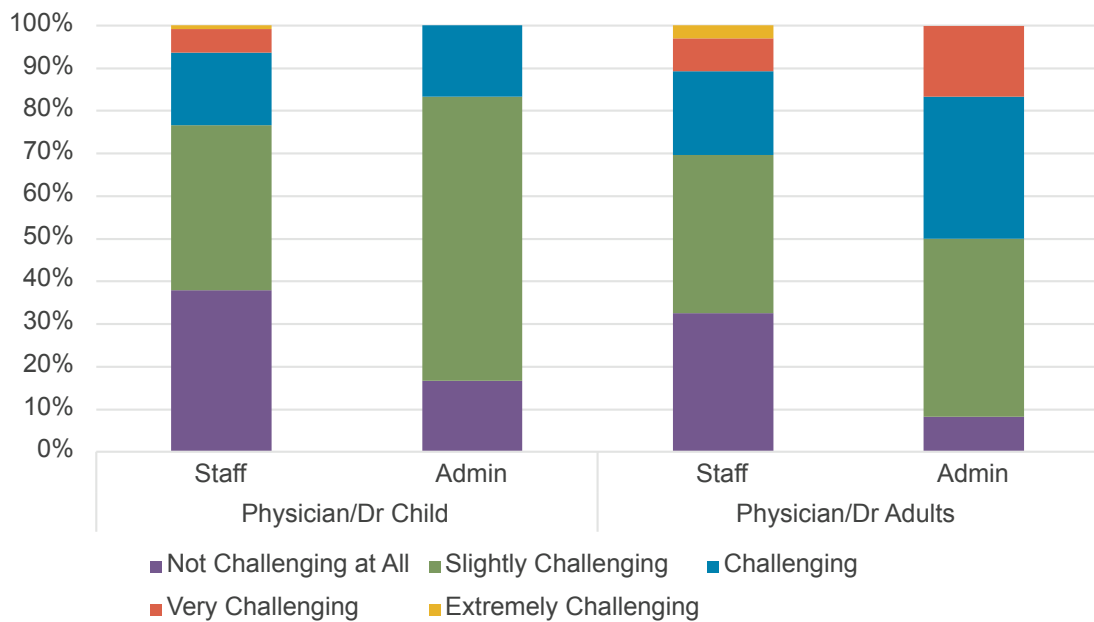
Partnering with families. Participants described their relationships with parents as a partnership—a respectful and reciprocal relationship. One participant shared, “When you do make that connection with the family and they do listen to what you’re saying, and you can be a team, and you can support these little minds, to help them learn to control their large emotions, it feels really good to help them work through that together.” Another shared, “Building those relationships with the families is really important. Once those kids go on to the next school year, those relationships with the families are still there. We still communicate.”

Building long-term relationships with returning families. Participants also noted the impact of families receiving Head Start services for multiple years on parent-teacher relationships, sharing, “Returning families...we really build a bond with them ... when we have multiple kids over the years” and “I have awesome parents ... a lot of them are return families, so they already know some of the work that we’ve been doing. I think that helps.”

Survey Results

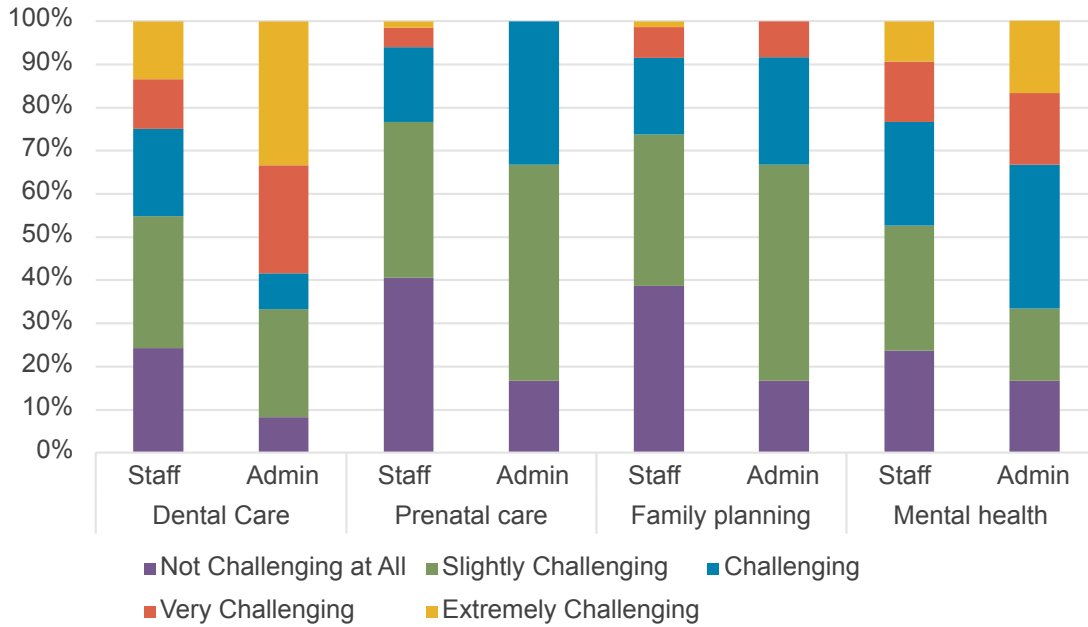
Head Start direct service employees and administrators were asked how difficult it was for them to secure access to various services for the children and families they serve. Direct service employees tended to show more variability in their assessment of how difficult it was to secure physician services for the children and families they serve. Employees fell largely into the “not at all challenging” to “challenging” range of responses, with fewer than 11% of respondents indicating accessing services was “very challenging” or “extremely challenging.” Administrators indicated that it was easier to access physician services for children than for adults (Figure 28 and Table 16).

FIGURE 28. | PERCENTAGE OF HEAD START EMPLOYEES EXPERIENCING CHALLENGES IN ACCESSING PHYSICIAN SERVICES FOR FAMILIES THEY SERVE



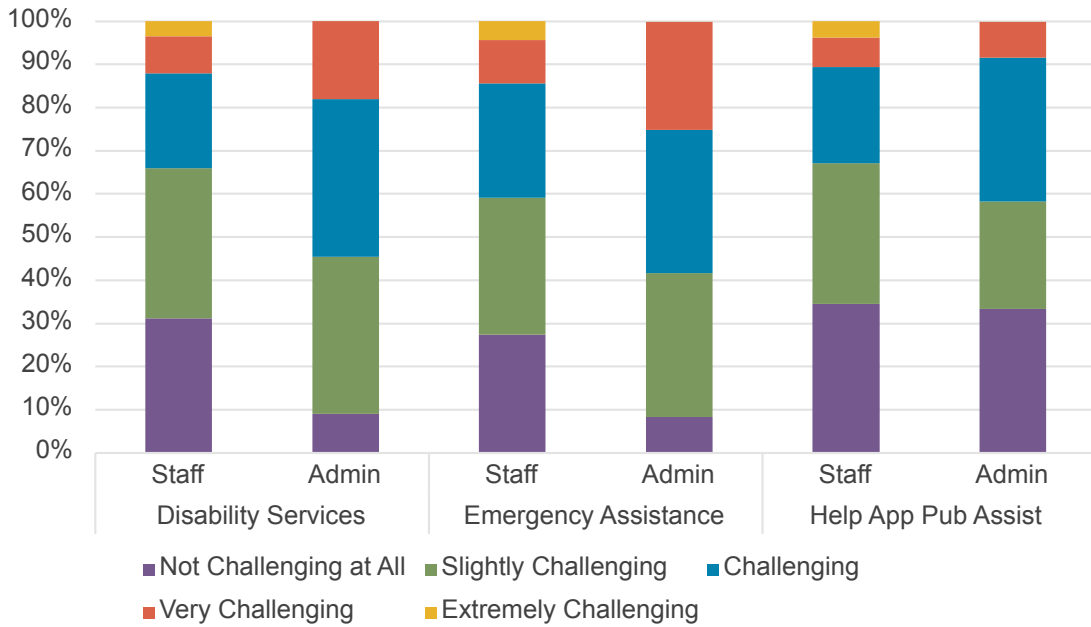
When accessing healthcare services for children and families, dental care and mental health were the most challenging from the perspectives of both employees and administrators. Employees found the least amount of challenge in helping families access prenatal care and family planning services (Figure 29 and Table 16).

FIGURE 29. | PERCENTAGE OF HEAD START EMPLOYEES EXPERIENCING CHALLENGES IN ACCESSING HEALTHCARE SERVICES FOR FAMILIES THEY SERVE



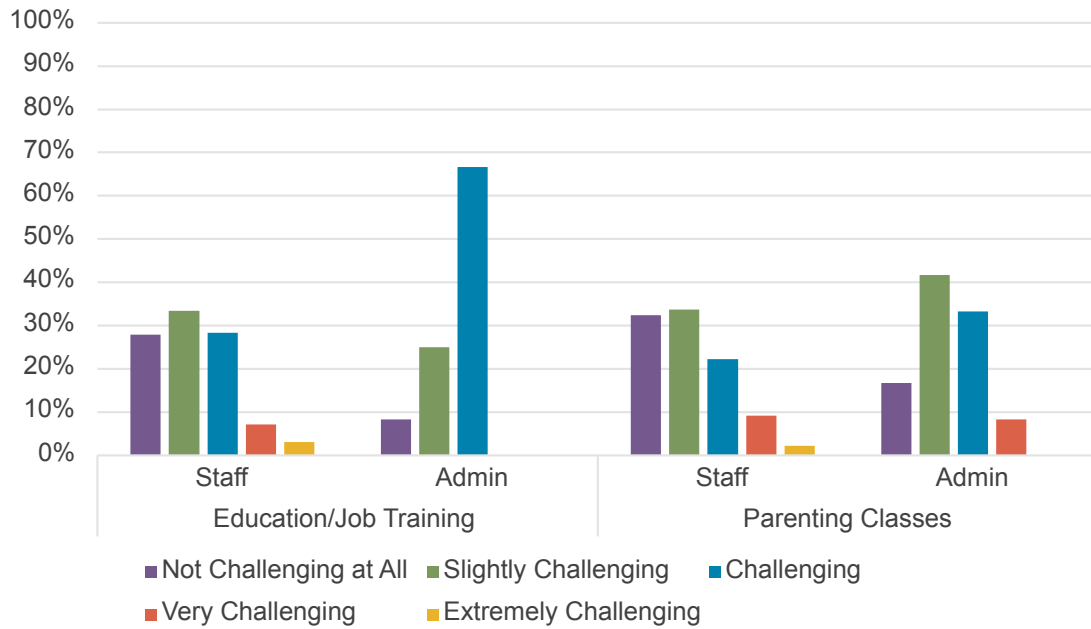
Direct service employees again tended to show more variability in their assessment of how difficult it was to access different support services for children and families. Employees fell largely into the “not at all challenging” to “challenging” range of responses, with fewer than 15% of respondents indicating that accessing these services was “very challenging” or “extremely challenging.” Both employees and administrators found helping families to apply for public assistance to be the least challenging (Figure 30 and Table 16).

FIGURE 30. | PERCENTAGE OF HEAD START EMPLOYEES EXPERIENCING CHALLENGES IN ACCESSING SUPPORT SERVICES FOR FAMILIES THEY SERVE



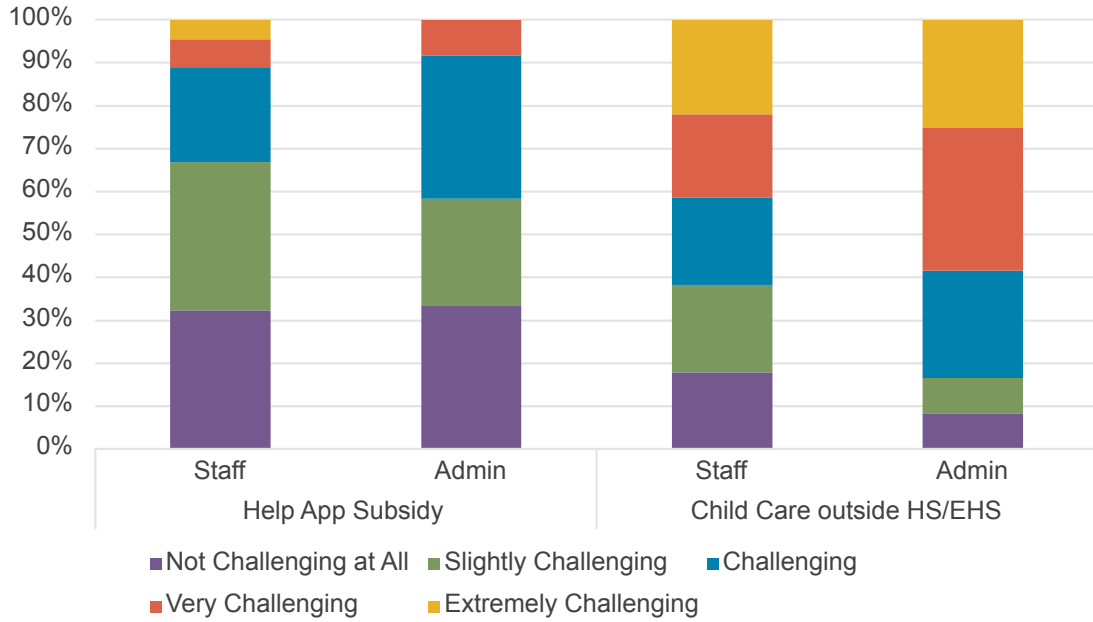
Over 60% of administrators found helping parents access education and/or job training to be challenging. Employees and administrators were more similar in their assessment of the challenges in connecting parents to parenting classes with the majority indicating “not at all challenging” to “challenging” responses (Figure 31 and Table 16).

FIGURE 31. | PERCENTAGE OF HEAD START EMPLOYEES EXPERIENCING CHALLENGES IN ACCESSING EDUCATION/JOB TRAINING AND PARENTING CLASSES FOR FAMILIES THEY SERVE



Among all the services that employees and administrators helped children and families to access, finding child care outside of Head Start was the most challenging, with almost 60% of administrators and over 40% of employees indicating “very” or “extremely challenging” (Figure 32 and Table 16).

FIGURE 32. | PERCENTAGE OF HEAD START EMPLOYEES EXPERIENCING CHALLENGES IN ACCESSING CHILDCARE SERVICES FOR FAMILIES THEY SERVE



Relationships with Children and Families

TABLE 16. | PERCENTAGE OF HEAD START EMPLOYEES EXPERIENCING CHALLENGES IN ACCESSING SERVICES FOR FAMILIES THEY SERVE

		Not challenging at all	Slightly challenging	Challenging	Very challenging	Extremely challenging
Physician/Dr. child	Staff	37.90%	38.80%	17.00%	5.50%	0.90%
	Admin	16.70%	66.70%	17.00%	0.00%	0.00%
Physician/Dr. adults	Staff	32.60%	37.10%	19.60%	7.70%	3.10%
	Admin	8.30%	41.70%	33.30%	16.70%	0.00%
Dental care	Staff	24.20%	30.60%	20.20%	11.60%	13.40%
	Admin	8.30%	25.00%	8.30%	25.00%	33.30%
Prenatal care	Staff	40.60%	36.00%	17.40%	4.50%	1.40%
	Admin	16.70%	50.00%	33.30%	0.00%	0.00%
Family planning	Staff	38.70%	35.10%	17.70%	7.10%	1.40%
	Admin	16.70%	50.00%	25.00%	8.30%	0.00%
Mental health	Staff	23.70%	29.00%	23.90%	14.00%	9.40%
	Admin	16.70%	17.00%	33.30%	17.00%	16.70%
Disability services	Staff	31.20%	34.80%	21.90%	8.60%	3.60%
	Admin	9.10%	36.40%	36.40%	18.20%	0.00%
Emergency assistance	Staff	27.40%	31.70%	26.50%	10.00%	4.50%
	Admin	8.30%	33.30%	33.30%	25.00%	0.00%
Help applying for public assistance	Staff	34.60%	32.50%	22.30%	6.80%	3.80%
	Admin	33.30%	25.00%	33.30%	8.30%	0.00%
Education/job training	Staff	27.90%	33.50%	28.40%	7.20%	3.10%
	Admin	8.30%	25.00%	66.70%	0.00%	0.00%
Parenting classes	Staff	32.40%	33.80%	22.30%	9.20%	2.30%
	Admin	16.70%	41.70%	33.30%	8.30%	0.00%

Parent, Community, and Partner Perceptions of Head Start

Focus group participants reflected on how Head Start is perceived by families, including some of the misconceptions they have about Head Start services. The survey of direct service employees and administrators also included questions about how parents, communities, and partner organizations perceive Head Start.

Focus Group Findings

Differing perceptions of the value of Head Start. Staff expressed frustration with how some parents perceive their profession as “just daycare providers” or “babysitters” and don’t see the value of their work. However, staff described how there are some parents who respect and appreciate all they do and see them as “education-based” and a “support system.” One staff member described, “I have parents that really see and appreciate what we are doing and how we are supporting their kid and preparing them for later.”

Learning the value of Head Start through experiencing it. Staff also discussed how parents often don’t understand the value of Head Start until they experience it. One employee said, “There’s also a buy-in if you’re a new family to Head Start—at first it may be seen as a preschool program or a place to take care of your child during the day, but then that buy-in comes when they see what great work that the teachers are doing and how the family service workings are providing that support and setting goals with them, and then they ... they continue to come back the following years.”

Former Head Start students sending their children to Head Start. Staff described how they see a lot of returning families and parents that attended as children wanting their own children to attend. One participant indicated, “I am now starting to see...parents that were children in Head Start wanting their kids in the program... I really think they really hold a place in their heart for us.”

Misconception that Head Start is only for low-income families. There’s a misconception that Head Start is only for families with low-income, even though other factors are considered when determining a child’s eligibility for Head Start. For this reason, it is hard for some programs to get applications because people assume they don’t qualify. One respondent shared, “We do take people from all income levels, but we have had people tell us that they won’t fill out an application because they’re over income.”

Limited understanding of types of Head Start services. One participant described parents’ limited understanding of the structure and availability of Head Start services, saying, “A lot of people don’t understand what Head Start is or that we have different programs [center-based, home-based, home visitation]. We have different

requirements for different parts of our program. Our Head Start is only in certain counties. I have had my parents move [to an unserved county] and be like, ‘So you are still coming?’ No, unfortunately I’m not but let’s work that out. I think they think we’re all part of the same thing.”

Survey Results

Direct service employees and administrators rated parents’ perceptions of their Head Start program as predominantly positive. Similarly, both groups assessed community perceptions of their program as mostly positive. Lastly, partners’ perceptions were also rated almost exclusively positively by both employees and administrators (Figure 33 and Table 17).

FIGURE 33. | PERCEPTIONS OF HEAD START AMONG PARENTS, COMMUNITY, AND PARTNERS

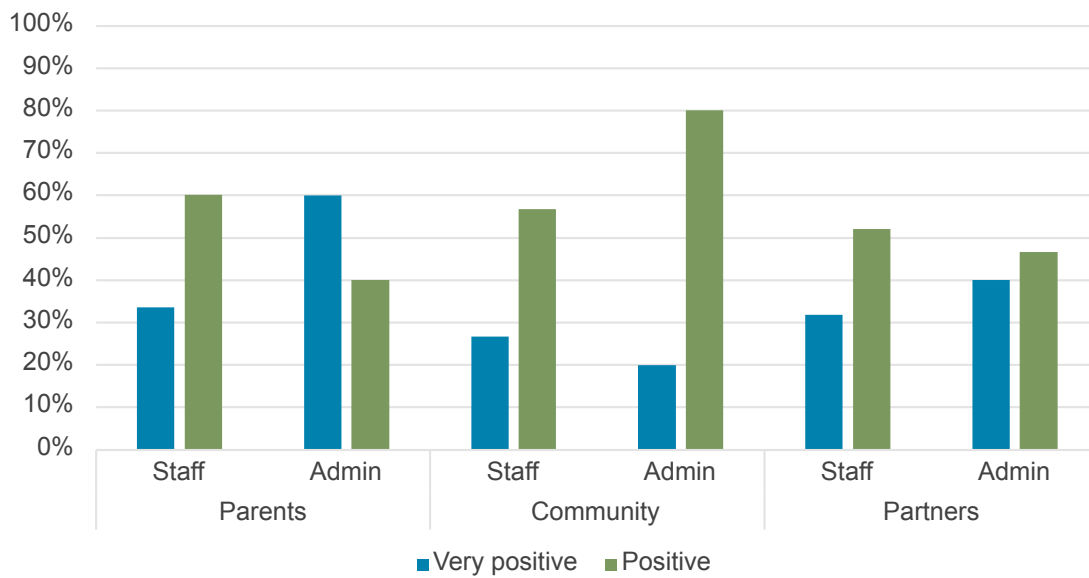


TABLE 17. | PERCEPTIONS OF HEAD START AMONG PARENTS, COMMUNITY, AND PARTNERS

		Very positive	Positive	Neither	Negative	Very negative	Not sure
Parents	Staff	33.60%	60.10%	3.60%	0.30%	0.00%	2.40%
	Admin	60.00%	40.00%	0.00%	0.00%	0.00%	0.00%
Community	Staff	26.70%	56.70%	9.60%	1.90%	0.00%	5.10%
	Admin	20.00%	80.00%	0.00%	0.00%	0.00%	0.00%
Partners	Staff	31.80%	52.00%	8.80%	1.20%	1.00%	5.70%
	Admin	40.00%	47.00%	7.00%	7.00%	0.00%	0.00%

Looking Ahead

Questions for Head Start programs to consider as they look ahead to implementing the new rule:

- What resources does your program need to modernize and improve the family experience in Head Start?
- What resources does your program need to continue to support and grow staff’s commitment and care they feel toward families and children?
- How do your experiences and your program employees’ experiences with Head Start help you to envision ways to support children and families?
- What resources does your program need to instill the values, culture, and history of Head Start among all employees?
- What resources does your program need to communicate to families the structure and availability of Head Start services?
- Who in your local and state networks could assist your progress toward accessing the resources identified?
 - Are there any local or regional organizations who would be willing to partner with your program to access the needed resources?
- How could the Nebraska Head Start Collaboration Office assist your program in accessing resources needed to support relationships with children and families?

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Appendix A. Methods and Data Collection

Participants

Participants in the Nebraska Head Start workforce well-being study included direct service employees (e.g., teachers, home visitors, assistant teachers, education coordinators) and program administrators (e.g., directors, assistance directors) working in Head Start Preschools and Early Head Start programs across the state. The study included 1) an electronic survey of direct service employees and administrators and 2) focus groups with direct service employees.

Survey

Nineteen of the 22 Head Start grant recipients in Nebraska participated in the electronic survey.

The direct service employee survey had a 65% response rate, with 594 of the 914 direct service employees who were invited to participate submitting responses. Most of the participants were females (97.3%), and 66% identified as white. Another 19% identified as Hispanic/Latinx, 4.5% as American Indian/Alaska Native, 3.5% as Black, and 1.6% as Asian, Middle Eastern and North African, or Native Hawaiian/Pacific Islander. Three spoken languages were reported, including English (88.4%), Spanish (16.2%), and Karen/Arabic (1.2%). When asked about education levels, 61% reported holding an associate or bachelor's degree and 38% reported having a high school diploma/GED or Child Development Associate (CDA) credential.

The administrator survey had a 79% response rate, with 15 of the 19 invited administrators submitting responses. All respondents were female (100%) and had an associate degree or higher (100%). Most were English-speaking (80%), with some speaking Spanish (7%) or Korean (7%). Nearly three quarters of respondents identified as white (73%), with 7% identifying as Hispanic/Latinx, and 7% as American Indian/Alaska Native.

Focus Groups

Eleven focus groups were conducted with 77 Head Start employees, primarily those providing direct services to young children and their families.

Procedures

All 22 Head Start grant recipients were emailed an explanation of the overall project, and 19 of them responded with interest.

Survey

Recruitment and Informed Consent

Information about the direct service employee survey was emailed to the Head Start grant recipients ($N = 19$) who expressed interest in participating in the study, asking them to share email addresses of potential respondents. Once these addresses were obtained, an email that included a link to the informed consent and survey questions was sent to all potential participants ($N = 914$).

Information about the administrator survey was emailed to Head Start directors associated with the participating grant recipients ($N = 19$), and the directors were asked to share the information with assistant directors as applicable. The email included a link to the informed consent and survey questions.

Format

One survey was developed for direct service employees and another survey was developed for administrators. Both surveys were electronic and were developed and administered through the program Qualtrics. For the direct service employee survey, the majority of questions were either multiple choice or select all that apply. There were some short text entry items as well as two long-form open-ended questions. The questions covered the following topics: Professional Demographics, Perceptions of Head Start, Intent to Stay, Well-Being, COVID-19, Connecting Families to Services, Supporting Children's Social-Emotional Development and Behavior, About Your Head Start Program, and Personal Demographics. The survey was 51 questions total, but not all respondents were asked to answer every question. Some questions were part of a conditional survey flow and were only asked if participants answered a particular way on a particular question.

For the administrator survey, the majority of questions were either multiple choice or select all that apply. There were some short text entry items as well as six long-form open-ended questions. The questions covered the following topics: Professional Demographics, Perceptions of Head Start, Satisfaction Surveys, Turnover and Hiring, Intent to Stay, Well-Being, COVID-19, Connecting Families to Services, Supporting Children's Social-Emotional Development and Behavior, About the Head Start/ Early Head Start Program You Direct, and Personal Demographics. The survey

was 104 questions in total, but not all administrators were asked to answer every question. Many questions were part of a conditional survey flow and were only asked if participants answered a particular way on a particular question.

Focus Groups

Recruitment and Informed Consent

Participating Head Start grant recipients ($N = 19$) were emailed to further explain the focus group process; identify dates, times, and formats for each focus group; and obtain email addresses for potential focus group participants (i.e., direct service employees). Through the focus group recruitment email, 11 of 19 grant recipients agreed to participate in focus groups. Once emails were obtained from the participating grant recipients, recruitment emails were sent to all potential focus group participants explaining the project, sharing the scheduled focus group date/time, and obtaining informed consent.

Format and Transcription

The 11 focus groups were conducted using mutually agreed upon formats and locations. The focus group protocol consisted of 24 open-ended questions or prompts. Three questions focused on professional identity, while 15 questions pursued descriptions of physical, psychological, and financial well-being. Another three questions asked about participants' skills for supporting children's social-emotional development, and three questions explored participants' access to professional development resources and supports. A semi-structured interview protocol was used, with follow-up questions asked, as applicable, to seek clarification, elaboration, or examples to ensure understanding of the participants' responses. Focus group questions and responses were recorded using Zoom audio software (no video), with the link to recordings safely stored in a SharePoint restricted-access folder. Focus group audio files were transcribed using a professional transcription service. The file transcripts were uploaded to NVivo for coding.¹

Data Analysis

Survey

Data from both surveys was examined for inconsistencies and unexpected values. When these values were addressed, the data was prepared for analysis. Analysis consisted of descriptive analyses like frequencies, means, and standard deviations. In some cases, variables were transformed prior to analysis (for example, calculating the annual salary variable by multiplying hourly wage by hours worked per week by weeks worked per year).

¹Lumivero (2023) NVivo (Version 12 Pro), www.lumivero.com

Focus Groups

Two researchers conducted a content analysis of the transcribed focus groups, applying codes based on individual and contextual factors defined in *Early Childhood Professional Well-Being: An Ecological Framework*.² Specifically, researchers read the transcripts to get a sense of what the participants discussed. Next, they identified factors from the proposed framework that they were interested in coding. Then, meaning units and phrases expressing the thoughts relating to the codes were identified in the text. Researchers met with each other for debriefing sessions to discuss the codes, and any disagreements were resolved by consensus.

Of the 67 factors proposed in the framework, only 16 were coded in the transcripts. Additionally, an inductive approach was used to allow for patterns to emerge from the transcripts. Six new codes emerged, and the codebook was updated accordingly. The two coders reviewed four transcripts together and then continued in cycles of independent coding with the remaining transcripts, punctuated with periodic check-ins to discuss progress on the coding process.

All the content analysis was done using NVivo 12 Pro software. After coding the transcripts, codes were grouped into categories and reviewed with the quantitative data to allow the following themes to emerge:

- Well-being and resilience
- Work-life balance and staffing
- Employee benefits
- Financial stability and pay parity
- Relationships with children and families

²Gallagher, K.C. & Roberts, A.M. (2022). *Early Childhood Professional Well-Being: An Ecological Framework*. Buffett Early Childhood Institute at the University of Nebraska. <https://buffettinstitute.nebraska.edu/-/media/beci/docs/professional-well-being-framework-4-25-2022.pdf>



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