



Social-Emotional Health in Head Start

Head Start in NC (2016-2017)

Programs	53
Centers	~450
Total Children	25,925
Head Start (3-5)	20,122
Early Head Start (0-3)	5,531

Trauma in Head Start

- 85% of children had experienced one or more traumatic events according to parent report. (Gilles & Carlson, 2014)
- 63% of parents report that they experienced three or more ACEs and 40% of their 3-4 year old children already had experienced three or more ACEs based on parental report (Blodgett, 2014)
- Higher ACEs are associated with lower ratings of development mastery after controlling for demographic differences in the following areas (Blodgett, 2014)
 - Social emotional development
 - Literacy development
 - Language development
 - Cognitive development
 - Math development

Head Start Program Performance Standards

- Head Start regulations to implement the Head Start Act
- Revised September 2016 for implementation November 2016
- <https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/part-1302-program-operations>

Screening

- Developmental screening to identify concerns regarding a child's developmental, behavioral, motor, language, social, cognitive, and emotional skills within 45 calendar days of when the child first attends the program
- Use one or more research-based developmental standardized screening tools to complete the screening. A program must use as part of the screening additional information from family members, teachers, and relevant staff familiar with the child's typical behavior.
- If warranted through screening and additional relevant information and with direct guidance from a mental health or child development professional a program must, with the parent's consent, promptly and appropriately address any needs identified.

Child mental health and social and emotional well-being

To support a program-wide culture that promotes children's mental health, social and emotional well-being, and overall health, a program must:

- Provide supports for effective classroom management and positive learning environments; supportive teacher practices; and, strategies for supporting children with challenging behaviors and other social, emotional, and mental health concerns;
- Secure mental health consultation services on a schedule of sufficient and consistent frequency to ensure a mental health consultant is available to partner with staff and families in a timely and effective manner;
- Obtain parental consent for mental health consultation services at enrollment; and,
- Build community partnerships to facilitate access to additional mental health resources and services, as needed.

Child mental health and social and emotional well-being

Mental health consultants assist:

- The program to implement strategies to identify and support children with mental health and social and emotional concerns;
- Teachers to improve classroom management and teacher practices through strategies that include using classroom observations and consultations to address teacher and individual child needs and creating physical and cultural environments that promote positive mental health and social and emotional functioning ;
- Other staff, including home visitors, to meet children's mental health and social and emotional needs through strategies that include observation and consultation;
- Staff to address prevalent child mental health concerns, including internalizing problems such as appearing withdrawn and externalizing problems such as challenging behaviors; and,
- In helping both parents and staff to understand mental health and access mental health interventions, if needed.
- In the implementation of the policies to limit suspension and prohibit expulsion.

Suspension

- A program must prohibit or severely limit the use of suspension due to a child's behavior. Such suspensions may only be temporary in nature.
- A temporary suspension must be used only as a last resort in extraordinary circumstances where there is a serious safety threat that cannot be reduced or eliminated by the provision of reasonable modifications.
- Before a program determines whether a temporary suspension is necessary, a program must engage with a mental health consultant, collaborate with the parents, and utilize appropriate community resources – such as behavior coaches, psychologists, other appropriate specialists, or other resources – as needed, to determine no other reasonable option is appropriate.
- If a temporary suspension is deemed necessary, a program must help the child return to full participation in all program activities as quickly as possible while ensuring child safety by:
 - Continuing to engage with the parents and a mental health consultant, and continuing to utilize appropriate community resources;
 - Developing a written plan to document the action and supports needed;
 - Providing services that include home visits; and,
 - Determining whether a referral to a local agency responsible for implementing IDEA is appropriate.

Expulsion

- A program cannot expel or unenroll a child from Head Start because of a child's behavior.
- When a child exhibits persistent and serious challenging behaviors, a program must explore all possible steps and document all steps taken to address such problems, and facilitate the child's safe participation in the program.
 - engage a mental health consultant
 - consider the appropriateness of providing appropriate services and supports under section 504 of the Rehabilitation Act
 - consulting with the parents and the child's teacher
- If, after a program has explored all possible steps and documented all steps, a program, in consultation with the parents, the child's teacher, the agency responsible for implementing IDEA (if applicable), and the mental health consultant, determines that the child's continued enrollment presents a continued serious safety threat to the child or other enrolled children and determines the program is not the most appropriate placement for the child, the program must work with such entities to directly facilitate the transition of the child to a more appropriate placement.

Family Engagement

- Promote shared responsibility for children's early learning and development
- Implement family engagement strategies
 - foster parental confidence and skills in promoting children's learning and development
- Offer opportunities for parents to participate in a research-based parenting curriculum
 - builds on parents' knowledge and offers parents the opportunity to practice parenting skills to promote children's learning and development

Partnering with Families

- Intake and family assessment procedures to identify family strengths and needs
 - family well-being
 - parent-child relationship
 - families as lifelong educators
 - families as learners
 - family engagement in transitions
 - family connections to peers and the local community
 - families as advocates and leaders
- Family partnership agreement with activities to support:
 - family well-being, including family safety, health, and economic stability
 - child learning and development,
 - children with disabilities,
 - parental confidence and skills that promote the early learning and development of their children

Social-Emotional Process

- Mental Health Consultant (MHC) completes classroom observations
- Teachers implement a social-emotional curriculum or strategies for preventing challenging behavior and supporting social-emotional development
 - Pyramid Model
 - Conscious Discipline
 - Second Steps
- If more serious concern in behavior, work with MHC on individual assessment/observation and in supporting families
- Referral to outside agency
- Team meetings to support decision making
- Family Partnership Agreement should address concern

Program Examples

- Orange County
- Guilford County
- Buncombe County

Orange County Head Start

- LCSW on staff
- Focus on staff wellness/mindfulness
- Family Engagement as a trauma informed strategy
- Family Mental Health Assessment
 - What are you worried about most?
 - Asks about child at home
- Social-emotional screen completed by the teacher and with the parent
- Child and Family Team meeting facilitated by LCSW
- If there is a concern indicated by the parent, by the teacher or through screening, LCSW and teacher meet with parent
 - Provides immediate behavior support
 - Conversation about assessments and links to supports in the community

Guilford County

- New Case Manager position for those families with pervasive need
- May be assigned through application process
- Referral process to Case Manager if needed during program year

Buncombe County

- SEFEL collaboration project with LEA
 - Pyramid model is the programmatic approach to addressing trauma
- MHC supports classroom and family
 - Classroom observations
 - Social-emotional assessments
 - Behavior support plans
 - Coaching
- Connect families to resources in the community so has continuum of services when no longer in Head Start
- Family engagement
 - “Solution kit” for learning about supporting behavior at home
 - “Fostering resilience through attachment and relationships”



**Get a
Teacher**



**Ask
Nicely**



Ignore



**Play
together**



Say, "Please Stop."



Say, "Please."

Mental Health Services

Average total hours per month a mental health professional spends on site	29
Children with staff consultations	2,020
Children with three or more consultations	1,334
Children with parent consultations	753
Children with 3 or more parent consultations	399
Children with individual mental health assessments	790
Children with referrals facilitated for mental health	536
Children referred for mental health services outside of Head Start	466
Children referred for mental health services outside Head Start that received services	364

Challenges

- Mental Health Consultants understanding of early childhood
- Costs of MHC
- Services in rural communities
- Trauma-informed approach/case management
- Workforce capacity and development
 - Focus on the Foundation

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