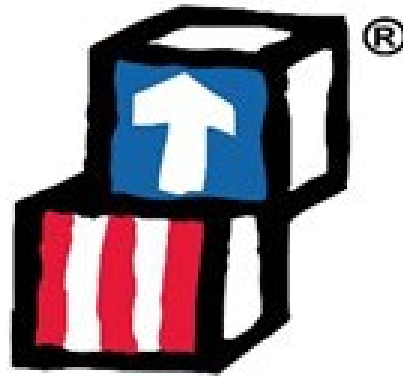# Nebraska Head Start State Collaboration Office

# 2022 Needs Assessment Summary

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**Introduction**

Nebraska's Early Head Start and Head Start programs are working to close the gap for young children and their families by providing educational and comprehensive services within communities across the state. When families and young children have the support they need, communities benefit with healthier families, stronger schools, higher graduation rates, and a prepared workforce to compete in the future. During 2021-2022, Nebraska's Early Head Start and Head Start programs served just over 5,200 young children ages birth to five and pregnant women.

The Head Start Act (as amended December 12, 2007) requires the Head Start State Collaboration Offices (HSSCOs) to conduct an annual needs assessment of Head Start and Early Head Start grantees. The purpose of the 2022 Head Start State Collaboration Needs Assessment is to evaluate perceptions held by Head Start and Early Head Start programs to inform strategic planning for the current and upcoming grant years. The Office of Head Start does not specify the methodology or instrument used to collect information. Head Start State Collaboration Office (HSSCO) directors do have a common resource and guidance they can follow, but guidance is optional.

**Goal of the 2022 Needs Assessment**

The goal of the Nebraska HSSCO needs assessment is to assess how Head Start and Early Head Start programs collectively respond to the various priority areas, as listed by the Office of Head Start. The Nebraska HSSCO continued this year with a series of questions that relate to the priority areas. The purpose of the grantee survey was to

assess how Early Head Start/Head Start grantees collectively responded to survey questions regarding:

1. Working with state school systems to ensure continuity between Head Start and receiving schools.

2. Experience with COVID-19.

3. Supporting the expansion and access of high-quality workforce and career development opportunities for staff.

4. Working with state efforts to collect data regarding early childhood programs and child outcomes .

5. Additional EHS/HS needs and supports for 2023.

**Data Collection and Methodology**

The Nebraska Head Start State Collaboration Office contracted with the University of Nebraska-Lincoln (UNL) to facilitate the statewide needs assessment and report results. The needs assessment was informed by existing needs assessments conducted by HSSCOs in other states, existing literature identifying best practices for supporting child and family transitions, and then additional questions were added to address specific priority areas of the Nebraska HSSCO (e.g., experiences with the COVID-19 pandemic).

In September 2022, UNL used a web-based online survey approach to collect information from grantees with Qualtrics. Survey questions consisted of check all that apply, multiple choice, and open-ended questions. The survey link was emailed to Early Head Start and Head Start directors in Nebraska. A total of 13 or 68% of Program Directors responded to the survey during the first few weeks of September 2022. A total of four reminder emails were sent to encourage directors to participate in the needs assessment.

**Findings**

    The findings are based on the use of a needs assessment survey. The results, though informative, are not to be considered representative of all Head Start and Early Head Start employees in Nebraska. The purpose of the survey was intended to inform the Head Start State Collaboration Office and other state and community partners to guide further planning and strategic efforts to support Head Start and Early Head Start programs in Nebraska in 2023.

**Working with State School Systems to Ensure Continuity between Head Start and Receiving Schools**

**Priorities for HSSCO in 2023.** Respondents were asked to identify three areas from multiple options for HSSCO to prioritize in 2023 related to working with state school systems to ensure continuity between Head Start and receiving schools. Thirteen respondents answered this question on behalf of their program. Percentages are shown in Table 1. Most respondents indicated that they would like increased consultation with state school officers and state agency staff to foster understanding of Head Start comprehensive services and to promote partnerships.

Table 1. *Priority areas to support continuity between Head Start and receiving schools (n=13)*

|  | Yes (%) |
|---|---|
| Increased consultation with state school officers and state agency staff to foster understanding of Head Start comprehensive services and to promote partnerships between Head Start and local education agencies | 76.9% |
| Facilitation of alignment between Head Start curricula and assessments with the Head Start Child Development and Early Learning Framework with Nebraska's Early Learning Guidelines and Kindergarten curricula | 61.5% |
| Facilitation of tracking EHS/HS student outcomes as they enter and progress through public schools | 61.5% |
| Support for expanded partnerships with local education agencies, including pre-kindergarten and transition-to-kindergarten programs regarding ESSA required activities (MOU development, transition, services to children with verified special needs, etc.) | 61.5% |
| Support for enhanced capacity of Head Start programs to provide services to dual language learners and their families, and to promote and support appropriate curricula for children with limited English | 23.1% |
| Other: supports to increase funding opportunities, more grants, collaborations at the local level | 7.7% |

**Successes in Coordinating with Schools.** Respondents were asked to comment on successes their program has had in engaging and coordinating with schools over this past year. Some of the successes noted were connecting with the local school district, perceiving increased buy-in from public school partnerships, expanding funding to include full day slots, more positive relationships with the Early Development Network, and working together for families. Table 2 provides actual written comments received.

Table 2. *Perceived successes in coordinating with schools (n=9)*

| |
|---|
| *We are a very unique program that we are connected with our school district.* |
| *Assist with bus drivers when needed.* |
| *We are seeing more buy-in with our public-school partnerships. Some are beginning to see the difference Head Start makes for children and families. They are also realizing that HS doesn't mean more work for them as the HSPS, and Rule 11 align pretty well.* |
| *Most recently, we were able to receive another classroom from a local school district as in-kind.* |
| *We were able to expand some funded slots to full day services. Full day services were incorporated into a LEA preschool program. Another LEA program increased the available part-day slots for HS students so that the HS site could move to full day services.* |
| *I think our most significant success is working together for the families. Examples, connecting with families, family events, and providing support to the teachers.* |
| *The school district is the recipient of the grant, which brought continued collaborations and alignment of all preschool settings regardless of funding.* |
| *We have been able to build a better relationship with the Early Development Network to enhance services to our students with suspected or verified disabilities.* |
| *Increased partnerships in professional development.* |

**Challenges in Coordinating with Schools**. Respondents also commented on the challenges they experienced over the past year to engage and coordinate with schools. Some of the challenges were serving children with high needs without an IEP, having an understanding of a comprehensive curriculum,  enrollment challenges, and the relationships with public schools. Table 3 provides actual written comments received.

Table 3. *Perceived challenges in coordinating with schools (n=9)*

| |
|---|
| *Figuring out staffing and budget.* |
| *Understanding the importance of using comprehensive curriculum with fidelity.* |
| *Transitioning our students from our Early Head Start programs to the X Public School District's HS/Preschool programs has been extremely challenging.  We get support as they begin the application process in the spring so that we can ensure that families complete their applications, but after that, we get no communication and there is no collaboration such as information sharing, tours for families, etc.* |
| *One of the schools I have a partnership with would not allow me to enroll on my obligated slots they used them for public school. It is a challenging partnership. We have had a lot of staff turnover, and a part of that is due to the extreme relationship barriers with this public school.* |
| *One LEA made program decisions where HS children were placed without consulting the HS program.  They moved 4-day service to 2-day service.  This resulted in less slots at the LEA preschool for HS kids, as the classroom no longer met the HS requirements for services.  Dealing with child behavior for HS children at LEA preschool has been difficult.  We have struggled with administration wanting to say that the kids just aren't ready, and they want to remove them from the classroom.* |
| *Getting some public-school preschools to utilize research-based, comprehensive curriculum with fidelity.* |
| *Memorandum of Understanding (MOU), need better understanding of our program Need assistance with children on IEP (one-on-one aid, evaluations).* |
| *Implementation of the Covid vaccination and mask mandates.* |
| *We continue to have challenges serving children who are not identified with an IEP/IFSP, however, have high needs.* |

## Experiences with the COVID-19 Pandemic

**Challenges.** Another interest of the Nebraska's HSSCO was to understand potential ways that the COVID-19 pandemic may have impacted EHS/HS programs over the past year. All 12 programs that responded to this survey question indicated that there were challenges with staff health issues/absences, 91.7% indicated that staff turnover was a challenge, and 90.9% indicated challenges with increased workloads, work responsibilities, and/or longer work hours as illustrated in Table 4.

Table 4. *COVID-19 Pandemic Program Challenges (n=11-12)*

|  | Yes (%) | No (%) |
|---|---|---|
| Staff health issues/absences 12 people responded to this item) | 100% | 0% |
| Staff turnover (12 people responded to this item) | 91.7% | 8.3% |
| Increased workload, work responsibilities, and/or longer work hours | 90.9% | 9.1% |
| Maintaining motivation of leaners and caregivers | 75% | 25% |
| Communicating with families | 27.3% | 72.7% |
| Challenges with monitoring learner's progress | 25% | 75% |
| Communicating with staff | 18.2% | 81.8% |
| Lack of iPads, computers, and/or internet | 9.1% | 90.9% |
| Lack of teaching materials/curriculum | 9.1% | 90.9% |

The following accompanying written comments reflect in more detail challenges programs faced over the past year:

- *Replacing staff and using higher wages to attract workers.*

- *Training for new workers.*

- *We need qualified staff to apply and stick around after being hired.  There has been a hiring shortage and then turn-over when we do hire.  We have a great*

*foundation of dedicated staff, but support staff are lacking and hard to keep*

*around.*

- *Lack of staff and the need to increase salaries without additional funding to the base grant.*

- *Finding enough eligible children to meet full enrollment is our current biggest concern. Employers raised wages during the height of the pandemic in order to maintain and obtain employees. Now those families that once qualified for Head Start, no longer qualify. However, the needs of those families did not just go away with an increase in wages. In many cases, they are struggling even more now due to higher wages causing them to lose needed benefits and/or supports.*

- *Paying staff a living wage, this was an issue before but even more challenging since the pandemic.*

- *Staffing and staff absences adapting to updated guidance and mandates workforce*

Although respondents may have been different in 2022 and 2021, there were notable differences in some responses between the two years. Specifically, there were decreased challenges in:

- Communicating with families (58.1% in 2021 as compared to 27.3% in 2022)

- Lack of teaching materials/curriculum (16.7% in 2021 as compared to 9.1% in 2022)

- Communicating with staff (41.7% in 2021 as compared to 18.2% in 2022)

**Critical Needs of Families – COVID-19 Pandemic.** Programs were also asked to rank the most critical needs of the families served by their EHS/HS during the past year of the continuing pandemic. The top two critical needs were families being able to find quality childcare (n=10) and having mental/behavioral supports (n=10). Approximately half of the programs ranked families experiencing food insecurity (n=6) as another critical need, followed by experiencing barriers to accessing state services as such WIC, TANF, Unemployment, or Medicaid (n=4) and internet connectivity (n=2). Needs that were not pre-identified on the survey but identified by programs as being a critical need were families accessing dental care (n=2), and families experiencing increased costs in basic needs in housing, food, utilities, and fuel (n=1).

Figure 1.
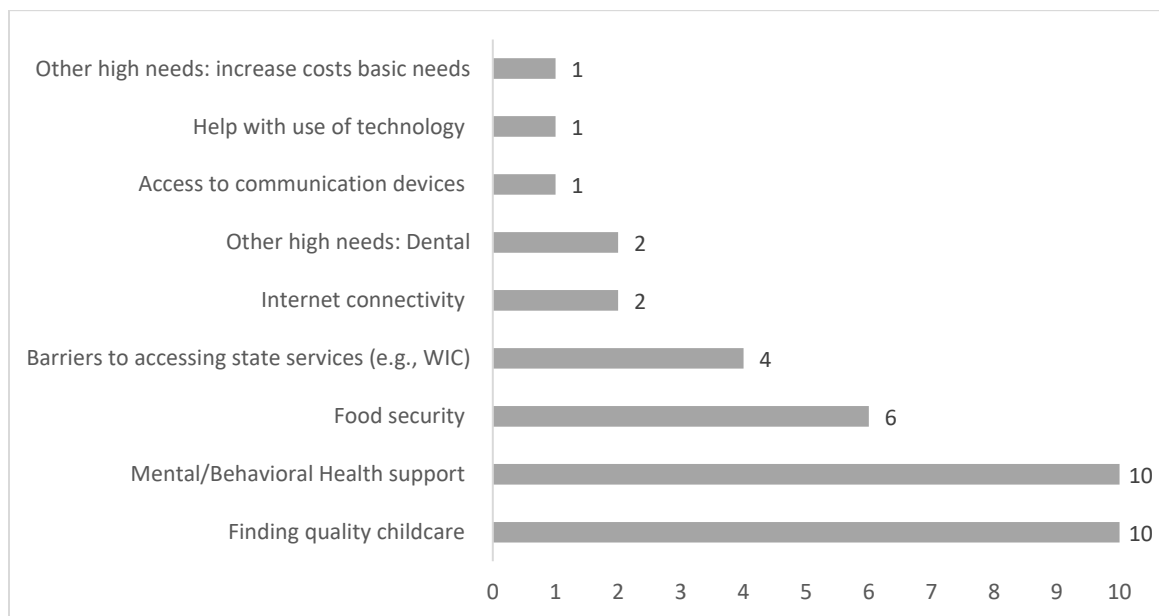
**Most Important Areas to Focus on in 2023.** Programs were asked to choose areas of focus for 2023 to continue to address the continuing COVID-19 pandemic (Figure 2). The highest rated focus area chosen by 10 respondents was to facilitate or encourage collaboration with local resources to have a coordinated approach to ongoing needs.

Figure 2.
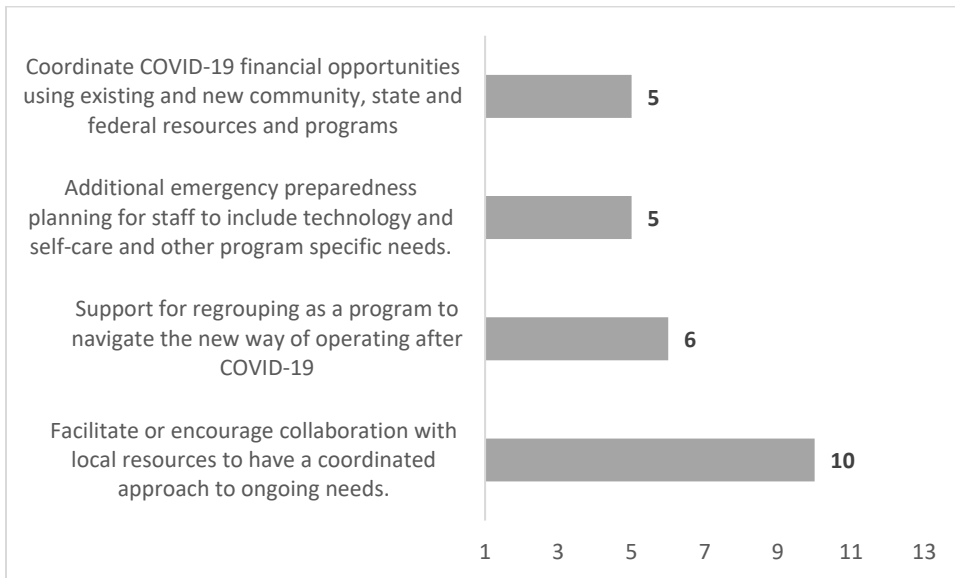
**Supporting the Expansion and Access of High-Quality Workforce and Career Development Opportunities for Staff**

**Completed Professional Development.** In an effort to understand the professional development experiences and professional learnig needs of EHS/HS programs, respondents were asked to choose the professional development opportunities staff at their programs participated in during 2022 (see Table 5) and identify their program's top professional learning needs for 2023 (see Table 6).

Table 5. *Trainings and Professional Development Completed in 2022 (completed by 13 respondents)*

|  | (%) | N |
|---|---|---|
| Strategies to support children's challenging behaviors | 76.9% | 10 |
| Pyramid Model | 76.9% | 10 |
| Family engagement | 76.9% | 10 |
| Staff Wellness | 69.2% | 9 |
| Coaching | 69.2% | 9 |
| Reflective Practice/Reflective Supervision/FAN | 61.5% | 8 |
| Infant-Early Childhood Mental Health | 53.8% | 7 |
| Supporting children with disabilities | 53.8% | 7 |
| Trauma-informed care | 46.2% | 6 |
| Understanding data to inform decision-making | 38.5% | 5 |
| Recognizing and addressing substance misuse | 30.8% | 4 |
| CHIME - Cultivating Healthy Intentional Mindful Educators | 23.1% | 3 |
| Effective kindergarten transitions | 15.4% | 2 |
| Increased understanding of ACEs | 0% | 0 |

**Professional Learning Needs for 2023**. Respondents were asked to identify specific trainings they would like their education staff and themselves to participate in during the next year by choosing five top learnings from a list of pre-identified training topics. There was also an option for "other" and then to describe. There were four training topics that received the most requests: strategies to support children with challenging behaviors (61.5%, *n*=8), staff wellness (53.8%, *n*=7), supporting children with disabilities (53.8%, *n*=7), and data about children and families to inform decision making (46.2%, *n*=6). See Table 6 for the list of training topics with the corresponding percentages Additional trainings/professional development that respondents requested were for antibias, leadership, and developmentally appropriate practices.

Although, 76.9% of respondents indicated that their program participated in trainings to learn strategies for supporting children's challenging behaviors in 2022, this was still a top professional learning need for 2023 (61.5%). Professional development to support staff wellness was also an area of need for 2023, even though a high percentage of programs received this training in 2022.

Table 6. *Identified top 5 professional learning needs for 2022-2023 (completed by 13 respondents)*

| | (%) | N (number of programs who requested this training) |
|---|---|---|
| Strategies to support children's challenging behaviors | 61.5% | 8 |
| Staff wellness | 53.8% | 7 |
| Supporting children with disabilities | 53.8% | 7 |
| Understanding data to inform decision-making | 46.2% | 6 |
| Family engagement | 38.5% | 5 |
| Trauma-informed care | 30.8% | 4 |

| | | |
|---|---|---|
| Increased understanding of ACEs | 30.8% | 4 |
| Pyramid Model | 30.8% | 4 |
| Reflective Practice/Reflective Supervision/FAN | 30.8% | 4 |
| Coaching | 30.8% | 4 |
| CHIME - Cultivating Healthy Intentional Mindful Educators | 23.1% | 3 |
| Recognizing and addressing substance misuse | 23.1% | 3 |
| Effective kindergarten transitions | 23.1% | 3 |
| Infant-Early Childhood Mental Health | 15.4% | 2 |

**Additional Workforce and Career Development Supports**.  Additional ways that respondents commented for how the HSSCO could support the expansion and access of high-quality workforce and career development opportunities for staff were:

1. Training/webinars that are offered during the day but not at certain times or dates that are open for a month for scheduling for staff to attend.

2. Support around community collaboration with funding to increase staff salary.

3. CDA training specific for Head Start.

4. Support Zoom opportunities for those that cannot travel.

5. Continued fiscal and collaborative support of State Association training opportunities.

6. Timelier announcement of upcoming events so that programs can plan for staff to attend.

## Working with State Efforts to Collect Data Regarding Early Childhood Programs and Child Outcomes

**Priority Areas for 2023**. Respondents were asked to identify from a pre-identified list of priority areas for 2023 to support working with state efforts to collect data regarding early childhood programs and child outcomes. (Table 7).  The majority of respondents indicated that a priority area should focus on the assignment of unique State Assigned Identifiers to facilitate coordination between Head Start systems and K-12 systems (69.2%).

In addition, to better inform priority areas for HSSCO to focus on in 2023 related to data collection efforts, respondents were asked to select three choices from a pre-identified list of barriers for sharing and using data about early childhood education in the next year (Table 8). The option "no challenges" was also a choice. Most respondents indicated that having adequate time for staff to enter and track data (76.9%) and having the ability to track and use longitudinal data on long-term outcomes (61.5%) was needed. There was also a need for having training for staff to track and enter data.

Table 7. *Priority areas to support working with state efforts to collect data regarding early childhood programs and child outcomes (n=13)*

|  | Most Helpful |
|---|---|
| Coordination between the Head Start state system(s) and K-12 systems that includes the assignment of unique State Assigned Identifiers (SASIDs) that remain with students throughout their pre-K-12 public education so that Head Start participants can be included in state data collection efforts, longitudinal studies, and tracking systems to demonstrate long-term education outcomes | 69.2% (n=9) |
| Share Head Start data statewide with programs and partners to further the Head Start mission | 23.1% (n=3) |
| Assist in identifying training opportunities on effective data collection and interpretation | 7.7% (n=1) |

Table 8. *Potential barriers for working with state efforts to collect data regarding early childhood programs and child outcomes (n=13)*

| | Biggest Barriers |
|---|---|
| Adequate time for staff to track and enter data. | 76.9% (n=10) |
| Lack of ability to track and use longitudinal data on long-term outcomes | 61.5% (n=8) |
| Adequately trained staff to track and enter data | 53.8% (n=7) |
| Difficulties in finding clear and relevant data on ECE and other factors that affect EHS/HS children | 53.8% (n=7) |
| Difficulties in interpreting and using data for programmatic assessment | 30.8% (n=4) |
| No challenges with data collection | 7.7% (n=1) |

**Additional EHS/HS Needs and Supports for 2023**



**Family and Community Partnerships.** Respondents were asked to identify from a pre-identified list the three most important areas for HSSCO to focus on for 2023 to facilitate family and community partnerships (Table 9). All respondents indicated that increasing state and community partner's awareness of the EHS/HS model and the benefits these programs provide as an important area of focus. To increase collaboration the majority of respondents indicated that assistance was needed to improve coordination with communities to support mental health services followed by improving services for children with special needs (Table 10).

Table 9. *Identified top three areas for HSSCO to focus on for family and community partnerships in 2023 (completed by 13 respondents)*

|  | (%) | N |
|---|---|---|
| Increase state and community partner's awareness of the EHS/HS model and the benefits these programs provide | 100% | 13 |
| Promote understanding of the Parent, Family and Community Engagement Framework among Head Start grantees and other early childcare partners | 53.8% | 7 |
| Promote partnerships between Head Start agencies and local early childhood coalitions | 46.2% | 6 |

| | | |
|---|---|---|
| Assist Head Start agencies in developing public and private partnerships to increase and coordinate resources for Head Start and other early childhood programs | 38.5% | 5 |
| Increase the capacity of Head Start grantees to collaborate with local museums, public and school libraries, and other resources to provide learning experiences for Head Start children | 15.4% | 2 |

Table 10. *Identified areas for HSSCO to focus on to increase collaboration for 2023*

*(completed by 13 respondents)*

| | (%) | N |
|---|---|---|
| Provide assistance to improve coordination with communities to support mental health services | 76.9% | 10 |
| Provide assistance to improve services for children with special needs | 53.8% | 7 |
| Provide assistance to improve coordination with communities to support dental health services for children | 46.2% | 6 |
| Provide assistance to improve coordination with communities to support health services for children (environmental health such as lead exposure, medical home, etc.) | 38.5% | 5 |
| Assist Head Start T & TA providers to coordinate the needs of Head Start agencies and the community to strengthen practices for servicing children and families experiencing homelessness | 30.8% | 4 |
| Provide assistance to improve coordination with essential state services such as WIC, SNAP, Child Care Subsidy, Medicaid, etc. | 30.8% | 4 |
| Provide assistance to improve coordination with communities to support children in foster care | 23.1% | 3 |
| Provide assistance to improve local coordination with child welfare services | 7.7% | 1 |
| Provide assistance other: provide mental health services for children | 7.7% | 1 |

**Racial Equity.** Respondents were asked to comment on the ways that the Head Start State Collaboration Office can help promote racial and cultural equity in their programs. The following responses were provided as ways to support programs:

1. Have books that promote racial equity.

2. Continue to offer training and ensure that trainers do not show bias themselves as they present the training and provide a variety of formats of training.

3. Helping us attract more diversity in our staff.

4. Assist in getting materials in languages that are needed (i.e., French).

5. Assist with appropriate training for the staff.

6. Help with sharing this with families in our rural areas as they do not understand that some individuals may not call themselves male or female and this can be difficult for them.

**Additional Supports.** Respondents were asked to share one or more things that the Head Start State Collaboration Office could address in the next year to support the work their program does in their community. The following support needs were identified:

1. Continued focus on workforce development, ECE wages, etc.

2. Support us in obtaining state funding and collaborations that will enhance our budget at the local level.

3. Assistance in obtaining childcare for staff which becomes a barrier for hiring.

4. Assistance with staff shortages.

5. Support efforts to obtain dental care as many local dentists will no longer take on new Medicaid patients.

6. Continue to help with public schools' knowledge of Head Start standards.

7. Identify and mitigate barriers to unduplicated state data that includes HS programs and varied levels of aggregation.

# Recommendations

The following recommendations, based on the results of the needs assessment survey, are intended to guide the work of the Nebraska HSSCO over the next year, and will aligned as appropriate with the work of the NDE Office of Early Childhood and other state partners in the broader Nebraska early care and education system.

1. Continue efforts to increase ways for local public elementary schools to engage with Head Start programs to support children and families' transitions and work with schools to support children with disabilities during these transitions.

2. Explore additional coaching, training/professional development, and child mental health consultation opportunities for staff and programs.  Many programs commented on the significant issue of supporting children with behavioral challenges.  It is interesting that over the past two years these same training needs were identified as top needs to address. Although, education staff are receiving training and professional development to support children with challenging behaviors, additional supports are needed.

3. Assist in identifying effective resources and supports for EHS/HS staff to support their health and wellness. Many of the programs identified working longer hours, increased work responsibilities, workplace stress, turnover, and not being able to hire new education staff. Some respondents commented that the stress of school transitions was contributing to staff turnover. Many respondents indicated that efforts to increase wages and benefits are needed. As one person wrote an important need was, "*paying staff a living wage, this was an issue before but even more challenging since the pandemic.*"  A helpful next step may

be to further survey EHS/HS staff regarding how they want their health and wellness supported more specifically.

4. Assist in identifying ways to support families with food security and with access to dental services. In some areas dental services are limited and some dental offices are not taking new Medicaid patients.

5. Assist in identifying ways to increase awareness in the state and in local communities of the EHS/HS model and program options, and the benefits Early Head Start and Head Start provides for children, families, and the community as a whole.

6. Assist in building public and private partnerships to increase resources for EHS/HS programs, including funding and workforce supports (recruitment, retention, career pathways, etc.).

7. Continue work focused on the assignment of unique State Assigned Identifiers to facilitate coordination between Head Start systems and K-12 systems and provide training for staff for how to track and enter data.