Research Brief

Head Start Teachers' Well-Being and Program Supports for Well-Being During the COVID-19 Pandemic: Fall 2021 to Spring 2022

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The well-being of Head Start teachers is essential to ensuring high-quality early care and education (ECE) and supporting children's development. The COVID-19 pandemic raised unique challenges to teachers' well-being. In this brief, we explore Head Start teachers' health, anxiety symptoms, depressive symptoms, stress, and job satisfaction; the supports programs offered and the ones teachers used (Box 1); and the associations between teachers' well-being and those supports during the pandemic.

We use data collected in fall 2021 and spring 2022 from the 2021–2022 Study of Family and Staff Well-Being in Head Start FACES Programs (the 2021–2022 Study), after nearly two years of the COVID-19 pandemic. The findings reveal insights about the well-being of Head Start teachers in the wake of the pandemic and ways to support their well-being (Box 2).

The data in this brief provide a window into the experiences of Head Start teachers who were able to respond to the survey in 2021–2022. Readers should not assume the data represent all Head Start teachers nationally. To learn more about the samples and weights used for the analyses please see the methods box at the end of this brief (Box 4) and accompanying technical appendix (Harding et al. 2024).

Box 1. Supports for well-being

This brief focuses on four strategies Head Start programs might offer to support staff well-being (Bernardi 2023; Gonzales et al. 2024):

1. **Wage increases** are permanent wage or salary increases.
2. **Non-wage supports for economic well-being** are benefits like paid sick days and holidays that programs use to support staff economic well-being.
3. **Supports for psychological and physical well-being** are, for example, professional mental health consultations and resources to support staff physical health, such as exercise and nutrition resources or a yoga room.
4. **Workplace supports** address job- and workplace-related factors to reduce job stress and help staff accomplish work-related goals. Examples are regular check-ins with staff and flexible hours scheduling.

Box 2. Key findings

Teacher well-being

- In fall 2021, during the Omicron wave of the COVID-19 pandemic, most teachers reported being in good health, but many also reported symptoms of anxiety, depression, and job stress related to the pandemic.[1] Anxiety and depressive symptoms were higher than they were in similar groups before the pandemic (Bernstein et al. 2019; Terlizzi and Villarroel 2020).
- In spring 2022, as COVID-19 rates generally decreased (*New York Times* 2023), teachers' well-being improved, with significant reductions in anxiety symptoms, depressive symptoms, and job stress related to the pandemic.[2] In addition, although some teachers reported job-related stress, most had high job satisfaction.

Supports for teacher well-being

- In spring 2022, teachers said that their programs offered a variety of supports for well-being in the past year (Box 1), with nearly all of them saying their program offered at least one support.
  - Almost half of teachers said their programs offered staff a permanent wage or salary increase in the past year. They also said their programs offered a variety of non-wage supports for economic well-being, supports for psychological and physical well-being, and workplace supports.
  - Although most teachers thought the supports they received met their needs, some of them reported that other supports they did not receive would have been useful.

Associations between supports and teacher well-being

- In spring 2022, teachers' reports of receiving more supports were associated with some aspects of better well-being:
  - Receiving more wage increases, non-wage supports for economic well-being, supports for psychological and physical well-being, and workplace supports were associated with lower levels of job-related stress.
  - Receiving more supports for psychological and physical well-being and more workplace supports were associated with better health and job satisfaction.
  - Receiving more workplace supports was associated with lower levels of anxiety and depressive symptoms.
- Specific individual supports within these categories, however, were not uniquely associated with teacher reports of well-being.

Introduction

Ensuring that early care and education (ECE) teachers are physically and mentally healthy, paid well, and effectively supported is essential to high-quality ECE (White House 2022; Office of Head Start 2021; Administration for Children and Families [ACF] and U.S. Department of Education [ED] 2022; Roberts et al. 2019; Whitaker et al. 2015; Smith and Lawrence 2019). Yet ECE teachers commonly experience low wages, poor benefits, stressful work conditions, and secondary traumatic stress (Children's Equity Project 2023; Zero to Three 2021). These threats to well-being have heightened challenges in hiring and retaining early educators, which is now a nationwide workforce crisis (Center for the Study of Child Care Employment 2023). Even before the COVID-19 pandemic, studies found that ECE staff reported high levels of physical challenges, depressive symptoms, and stress (Linnan et al. 2017; Kwon et al. 2022; Whitaker et al. 2013).

The pandemic intensified risks to ECE teachers' well-being, with shutdowns, virtual teaching, health and safety concerns, challenges in balancing caregiving responsibilities, and low enrollment and compensation levels (ACF Video Series n.d.; Shaw et al. 2023). During the pandemic, ECE staff reported higher depressive symptoms than the general U.S. population (Children's Equity Project 2023), along with high stress (Elharake et al. 2022; Quinn et al. 2022). The physical and emotional toll may have been worse for Head Start staff in particular because many Head Start centers serve families in communities with lower incomes, higher COVID-19 death rates, and worse economic conditions than other communities (Pew Research Center 2022; Poor People's Campaign 2022; Zero to Three 2021).

Throughout the pandemic, the Office of Head Start (OHS) gave support and offered funding and administrative flexibilities to Head Start programs so they could help their staff (Shaw et al. 2023; OHS 2021; OHS 2022). For example, OHS encouraged programs to increase staff compensation permanently; offer staff bonuses or other financial incentives; and promote mental health and well-being through a variety of supports (OHS 2021; OHS 2022). Most Head Start programs did offer supports for staff well-being during 2021–2022 (Gonzalez et al. 2024). Although these supports were not associated with staff turnover (Gonzalez et al. 2024), they could be associated with staff well-being.

Before the pandemic, ECE teachers' perceptions of better working conditions—including relationships with other staff and supervisors, the work itself, pay and promotion opportunities, and other working conditions—were associated with fewer depressive symptoms, less stress, and less job exhaustion (Jeon et al. 2018). In addition, the presence of a classroom aide was associated with ECE teachers' reports of lower stress (Clayback and Williford 2022). Conversely, low wages and lack of health insurance have been associated with lower job satisfaction, higher depressive symptoms, and higher stress (Hall-Kenyon et al. 2014; Morrissey and Bowman 2023; Roberts et al. 2019). Therefore, the supports offered by Head Start programs could address the risks to well-being faced by teachers, support teachers' mental and physical health, reduce stress, and promote job satisfaction.

Head Start program leaders must choose how to support staff in the context of limited funding; however, there is limited research to guide these choices. In this brief we examine the well-being of Head Start teachers, the supports staff were offered and the ones they used, and the associations between well-being and supports (Box 3). We focus on several aspects of teacher well-being, including health, anxiety symptoms, depressive symptoms, stress, and job satisfaction. We also examine how well-being changed between fall 2021 (November 2021–January 2022), during the Omicron wave of the COVID-19 pandemic, and spring 2022 (April 2022–July 2022), when COVID-19 cases declined (*New York Times* 2023). We then examine the supports that programs offered staff and that teachers received in spring 2022, and how the supports they were offered and received were associated with teacher well-being in spring 2022. Throughout, we quote teachers' written responses to open-ended survey questions to illustrate the challenges they experienced.[3]

Box 3. Research questions

Teacher well-being

1. What was the well-being of Head Start teachers in 2021–2022, during the COVID-19 pandemic?
2. How did the well-being of teachers change between fall 2021 and spring 2022?

Supports for teacher well-being

3. What supports did Head Start teachers report that their programs offered staff in 2021–2022, during the COVID-19 pandemic? Which ones did they receive?
4. Did the supports for well-being that programs offered meet the needs of teachers in 2021–2022, during the COVID-19 pandemic? If not, what supports would have been useful?

Associations between supports and teacher well-being

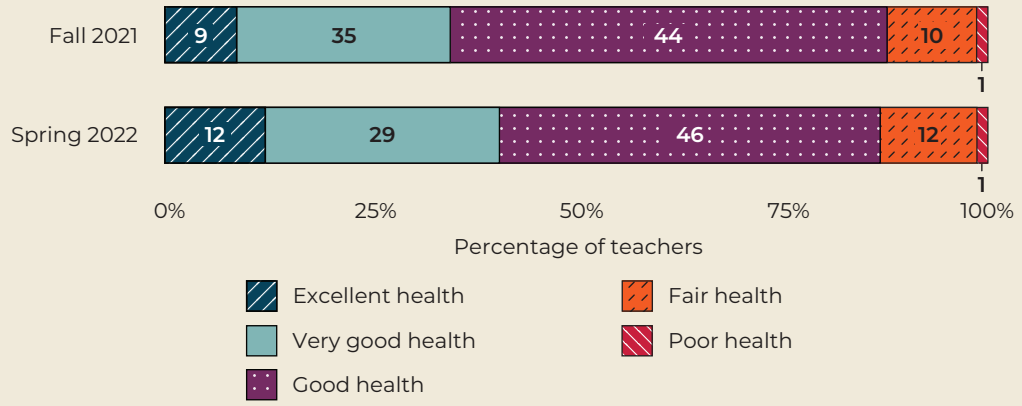
5. Was the number of supports that teachers reported their programs offered staff and they themselves received associated with their well-being in spring 2022?
6. Which individual supports for well-being were associated with the well-being of teachers in spring 2022?

Teacher Well-Being

What was the well-being of Head Start teachers in 2021–2022, during the COVID-19 pandemic? How did their well-being change between fall 2021 and spring 2022?

In fall 2021, during the Omicron wave of the COVID-19 pandemic, most teachers reported good or better health (Exhibit 1) but many teachers also reported anxiety symptoms (Exhibit 2), depressive symptoms (Exhibit 3), and job stress related to the pandemic (Exhibit 4). In spring 2022, as COVID-19 rates decreased (*New York Times* 2023), teachers' reports of their health remained good (Exhibit 1) and other aspects of their well-being improved, with fewer teachers reporting anxiety symptoms (Exhibit 2), depressive symptoms (Exhibit 3), and job stress related to the pandemic (Exhibit 4). In spring 2022, although some teachers reported the four listed job-related stressors (Exhibit 5), most reported high job satisfaction (Exhibit 6).

Exhibit 1. Most teachers said they were in good health or better in fall 2021 and spring 2022.



Source: Fall 2021 and Spring 2022 Teacher Survey.

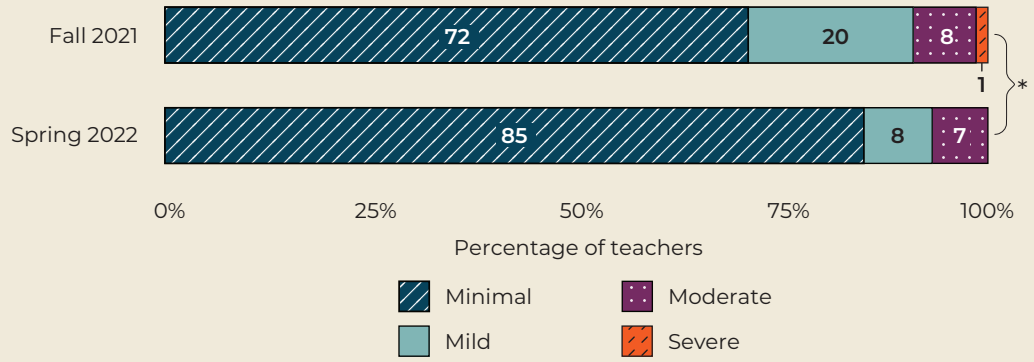
Notes: Statistics are weighted to adjust for the probability of selection, program nonparticipation, and nonresponse to the teacher survey. The weights help to better represent all Head Start teachers.

Data were collected during the COVID-19 pandemic. Fall 2021 data were collected from November 2021 to January 2022; spring 2022 data were collected from April 2022 to July 2022.

Percentages may not sum to 100 because of rounding.

Data are drawn from Table A.2 in the accompanying appendix.

Exhibit 2. Twenty-nine percent of teachers reported mild to severe anxiety symptoms in fall 2021.



Source: Fall 2021 and Spring 2022 Teacher Survey.

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Percentages may not sum to 100 because of rounding.

Data are drawn from Table A.3 in the accompanying appendix.

Asterisk (*) indicates a statistically significant fall-spring change at the $p < .05$ level. This change may occur in any of the four categories (minimal, mild, moderate, or severe).

The anxiety symptoms score is the total score on the Generalized Anxiety Disorder–7 (GAD–7) scale (7 items on a 4-point scale for frequency in the past two weeks). Possible scores range from 0 to 21. The GAD–7 is a screening tool and not used to formally diagnose anxiety, but the publisher reports that anxiety scores have been correlated with clinical diagnosis (Spitzer et al. 2006).

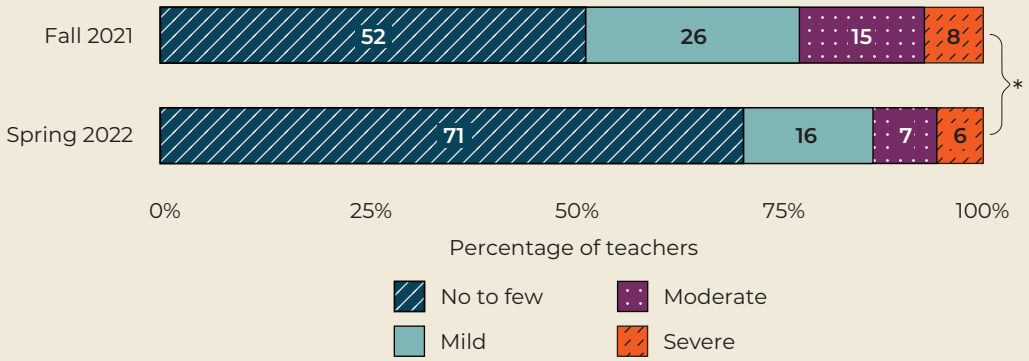
Despite the ongoing pandemic, most teachers reported they were in good, very good, or excellent health in fall 2021 and spring 2022 (Exhibit 1). Fewer than 14 percent of teachers reported fair or poor health at either time point. These percentages were similar to those reported by a U.S. national sample of women before the pandemic (11 percent) (National Center for Health Statistics 2022). No differences in teachers' average health were found between fall and spring of the program year (Appendix Table A.2).

In fall 2021, 29 percent of teachers reported mild to severe anxiety symptoms. By spring 2022, fewer teachers (15 percent) reported these symptoms (Exhibit 2). These percentages can be compared to a U.S. national sample of women ages 18 and older before the pandemic, in which 19 percent of women reported mild to severe anxiety symptoms (Terlizzi and Villarroel 2020). Teachers' average anxiety symptoms decreased significantly from fall to spring (Appendix Table A.3).

Nearly half of teachers reported mild, moderate, or severe depressive symptoms in fall 2021 (49 percent; Exhibit 3). By spring 2022, this proportion decreased to fewer than one-third of teachers (29 percent). This can be compared to a national sample of Head Start teachers in spring 2017, in which 38 percent of teachers reported depressive symptoms (Bernstein et al. 2019). Teachers' average depressive symptoms significantly decreased between fall and spring (Appendix Table A.3).

> [The biggest challenges for me and my family during the COVID-19 pandemic have been] "staying home in order to prevent illness, but also struggling with anxiety/ depression because we choose to stay home instead of go[ing] out."
>
> — Head Start teacher, fall 2021

Exhibit 3. Nearly half of teachers reported at least mild depressive symptoms in fall 2021.



Source: Fall 2021 and Spring 2022 Teacher Survey.

Notes: Statistics are weighted to adjust for the probability of selection, program nonparticipation, and nonresponse to the teacher survey. The weights help to better represent all Head Start teachers.

Data were collected during the COVID-19 pandemic. Fall 2021 data were collected from November 2021 to January 2022; spring 2022 data were collected from April 2022 to July 2022.

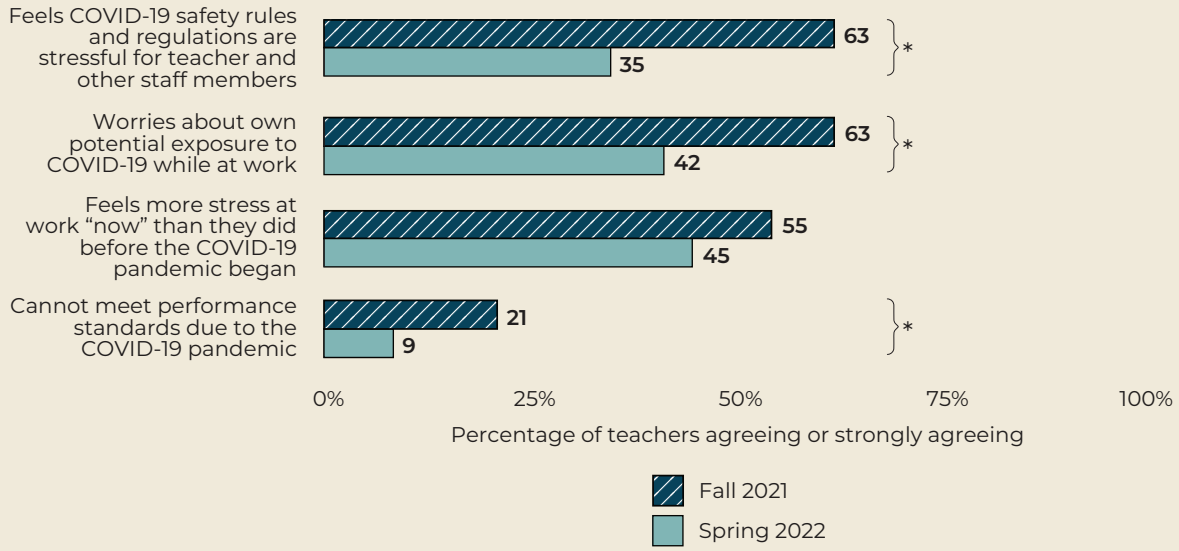
Percentages may not sum to 100 because of rounding.

Data are drawn from Table A.3 in the accompanying appendix.

Asterisk (*) indicates a statistically significant fall-spring change at the $p < .05$ level. This change may occur in any of the four categories (no to few, mild, moderate, or severe).

The depressive symptoms score is the total score on the Center for Epidemiological Studies Depression Scale (CES–D) short form (12 items on a 4-point scale for frequency in the past week). Possible scores range from 0 to 36. The publisher reports that depressive symptoms scores have been correlated with clinical diagnosis, but the CES–D is a screening tool and not used to formally diagnose depression (Radloff 1977).

Exhibit 4. In fall 2021, a majority of teachers reported some job stress related to the COVID-19 pandemic.



Source: Fall 2021 and Spring 2022 Teacher Survey.

Notes: Statistics are weighted to adjust for the probability of selection, program nonparticipation, and nonresponse to the teacher survey. The weights help to better represent all Head Start teachers.

Data were collected during the COVID-19 pandemic. Fall 2021 data were collected from November 2021 to January 2022; spring 2022 data were collected from April 2022 to July 2022.

Data are drawn from Table A.4 in the accompanying appendix.

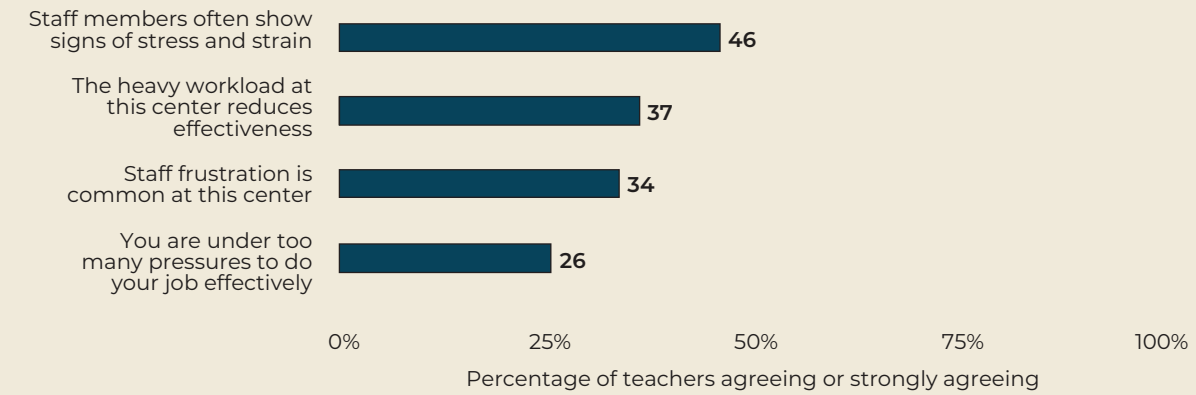
Asterisk (*) indicates a statistically significant fall-spring change at the $p < .05$ level.

Teachers were asked about their current job stress related to the COVID-19 pandemic at the time of the survey. Each item has a 5-point scale ranging from "strongly disagree" to "strongly agree." Percentages reflect teachers who agreed or strongly agreed with items.

In fall 2021, more than half of teachers agreed that they experienced the three most commonly reported pandemic-related job stressors (Exhibit 4). By spring 2022, significantly fewer teachers reported these stressors, but about one-third to one-half of teachers still reported they were experiencing the three most common stressors.

> [The biggest challenges for me and my family during the COVID-19 pandemic have been] "balancing personal and family safety with the safety and stability of my students and my classroom. Having parents follow the proper protocol to keep us as staff safe has been very difficult."
>
> — Head Start teacher, fall 2021

Exhibit 5. In spring 2022, between one-quarter and one-half of teachers reported job-related stressors.



Source: Spring 2022 Teacher Survey.

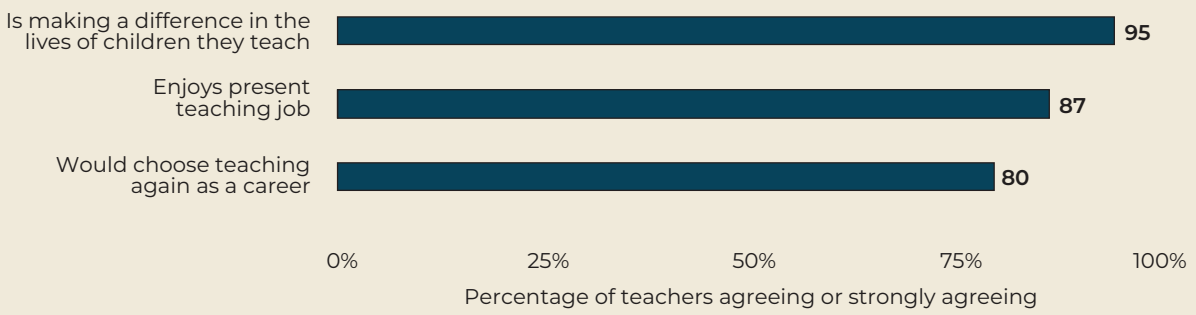
Notes: Statistics are weighted to adjust for the probability of selection, program nonparticipation, and nonresponse to the teacher survey. The weights help to better represent all Head Start teachers.

Data were collected during the COVID-19 pandemic. Spring 2022 data were collected from April 2022 to July 2022.

Data are drawn from Table A.5 in the accompanying appendix.

Teachers were asked about their current job-related stress at the time of the survey on the Survey of Organizational Functioning, published by Texas Christian University's Institute of Behavioral Research. Each item has a 5-point scale ranging from "strongly disagree" to "strongly agree." Percentages reflect teachers who agreed or strongly agreed with items.

Exhibit 6. Most teachers were satisfied with teaching in spring 2022.



Source: Spring 2022 Teacher Survey.

Notes: Statistics are weighted to adjust for the probability of selection, program nonparticipation, and nonresponse to the teacher survey. The weights help to better represent all Head Start teachers.

Data were collected during the COVID-19 pandemic. Spring 2022 data were collected from April 2022 to July 2022.

Data are drawn from Table A.6 in the accompanying appendix.

Teachers were asked about their current job satisfaction at the time of the survey. Each item uses a 5-point scale ranging from "strongly disagree" to "strongly agree." Percentages reflect teachers who agreed or strongly agreed with items.

In spring 2022, similar to findings about job stressors related to the COVID-19 pandemic, about one-quarter to one-half of teachers reported each job-related stressor in spring 2022 (Exhibit 5).[4] Teachers were most likely to agree that staff members often show signs of stress and strain and were least likely to agree that they were under too many pressures to do their job effectively. Teachers generally agreed that staff experienced stress (mean = 2.8 on a 5-point scale, with higher scores indicating more stress, standard deviation = 1.1). In 2018, a national sample of Early Head Start teachers reported lower levels of stress (mean = 2.5; Jones et al. 2022) than Head Start teachers did in spring 2022.

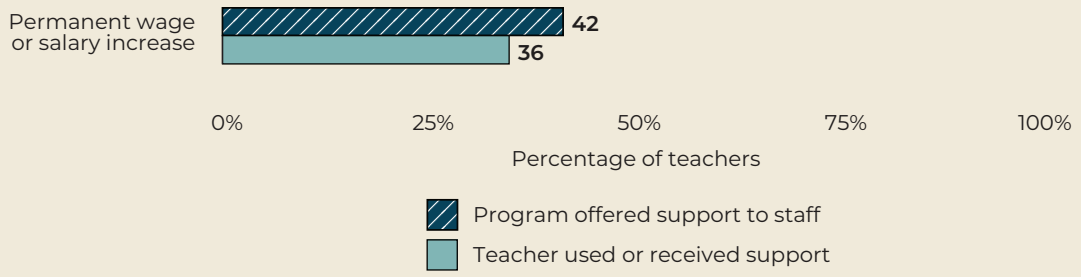
In spring 2022, most teachers agreed with all three statements reflecting satisfaction with teaching (Exhibit 6), similar to Head Start teachers' reports of job satisfaction in spring 2017 (Bernstein et al. 2019).

Supports for Teacher Well-Being

What supports did Head Start teachers report that their programs offered staff in 2021–2022, during the COVID-19 pandemic? Which ones did they receive? Did the supports for well-being that programs offered meet the needs of teachers in 2021–2022? If not, what supports would have been useful?

In spring 2022, nearly all teachers said their program offered at least one support for well-being, with many reporting multiple types of supports were available at their program.[5] In addition to permanent wage increases (Exhibit 7), teachers reported that their programs offered a variety of non-wage supports for staff economic well-being, such as bonuses (Exhibit 8). They also reported that their programs offered staff a variety of supports to enhance psychological and physical well-being (Exhibit 9) and offered staff workplace supports (Exhibit 10). Most teachers agreed that these supports met their needs (Exhibit 11). Some teachers who said that additional supports would have been useful, selected a range of additional supports (Exhibit 12).

Exhibit 7. In spring 2022, 42 percent of teachers said their programs offered staff a wage increase.



Source: Spring 2022 Teacher Survey.

Notes: Statistics are weighted to adjust for the probability of selection, program nonparticipation, and nonresponse to the teacher survey. The weights help to better represent all Head Start teachers. Data were collected during the COVID-19 pandemic.

Spring 2022 data were collected from April 2022 to July 2022.

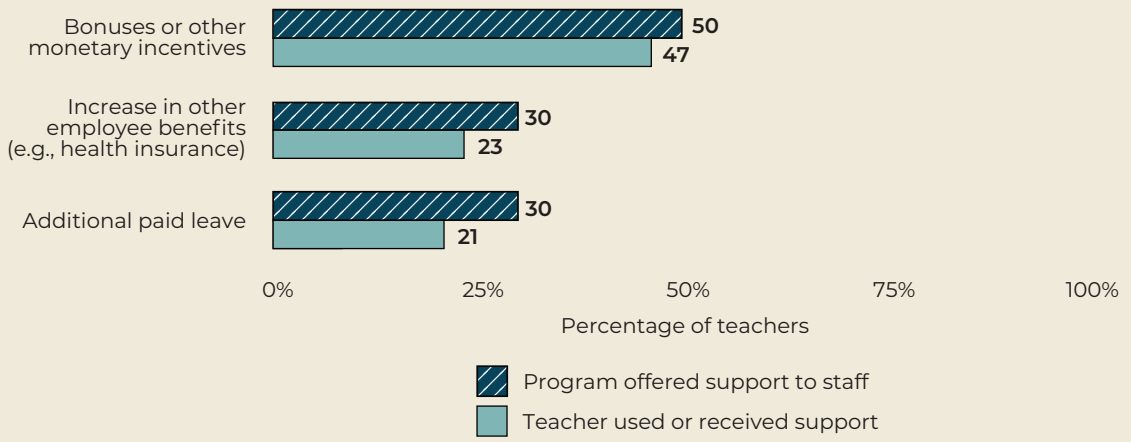
Data are drawn from Tables A.7 and A.8 in the accompanying appendix.

Teachers were asked whether their program offered each support to staff and then were asked whether they themselves used or received each support their program offered. The percentage of teachers who reported their program offered a support to staff is calculated out of all teachers (those who reported that their program offered a support; that their program did not provide that support; or that they did not know whether their program provided that support). The percentage of teachers who used or received each support is also calculated out of all teachers and is not limited to those whose programs offered the support.

Given the pandemic's disruptive effects, the Administration for Children and Families (ACF) and OHS encouraged Head Start grant recipients to increase compensation to recruit and retain qualified staff (ACF and ED 2022; OHS 2021; OHS 2022). In spring 2022, 42 percent of teachers reported that their programs offered staff a permanent wage increase, and 36 percent said they received it (Exhibit 7). The small discrepancy could be because some programs only increased wages for certain types of staff (such as support staff) or specific teachers.

Guidance from ACF and OHS also encouraged grant recipients to offer staff bonuses, short-term pay increases, and other financial incentives (ACF and ED 2022; OHS 2021; OHS 2022). Consistent with this guidance, in spring 2022 about one-third to one-half of teachers reported their programs offered staff each of three non-wage supports for economic well-being (Exhibit 8). About twice as many teachers received bonuses or other financial incentives (47 percent) as received increases in other employee benefits (23 percent) and additional paid leave (21 percent). On average, teachers reported receiving one non-wage support for economic well-being (Appendix Table A.9).

Exhibit 8. In spring 2022, between about one-third and one-half of teachers reported that their programs offered each of the non-wage supports for economic well-being.



Source: Spring 2022 Teacher Survey.

Notes: Statistics are weighted to adjust for the probability of selection, program nonparticipation, and nonresponse to the teacher survey. The weights help to better represent all Head Start teachers.

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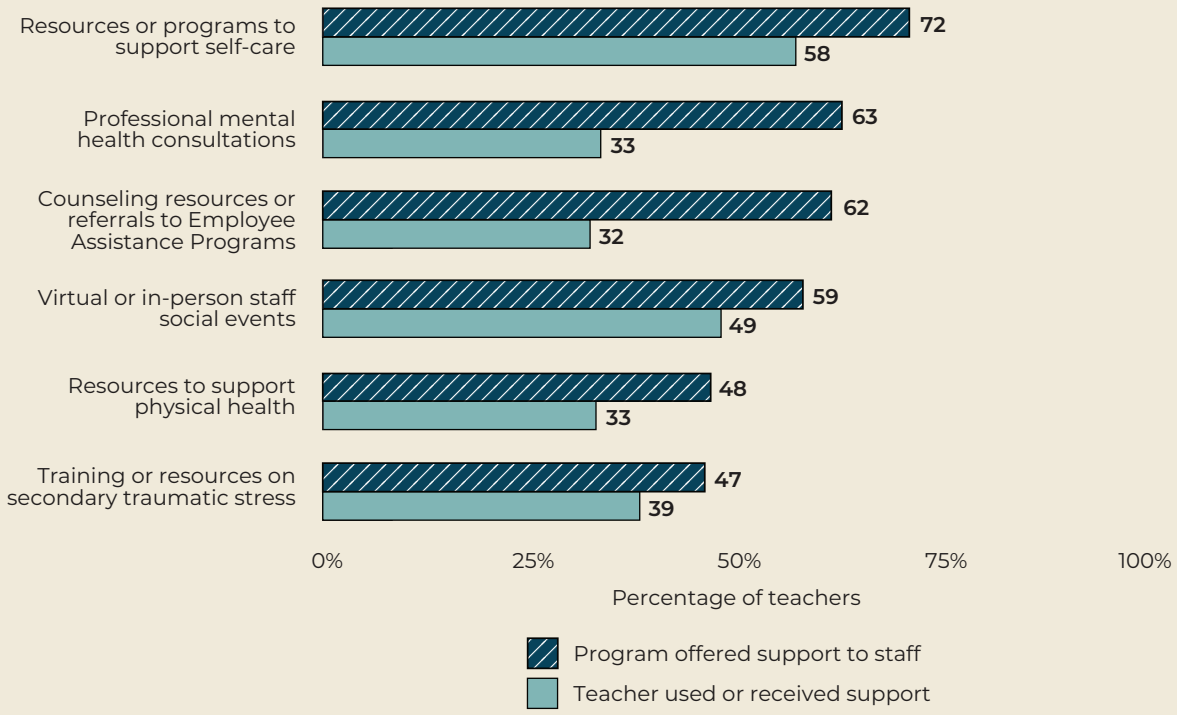
Teachers were asked whether their program offered each support to staff and then were asked whether they themselves used or received each support their program offered. The percentage of teachers who reported their program offered a support to staff is calculated out of all teachers (those who reported that their program offered a support; that their program did not provide that support; or that they did not know whether their program provided that support). The percentage of teachers who used or received each support is also calculated out of all teachers and not limited to those whose programs offered the support.

Exhibit 9. In spring 2022, about half or more of teachers reported their programs offered staff each of the supports for psychological and physical well-being.



Source: Spring 2022 Teacher Survey.

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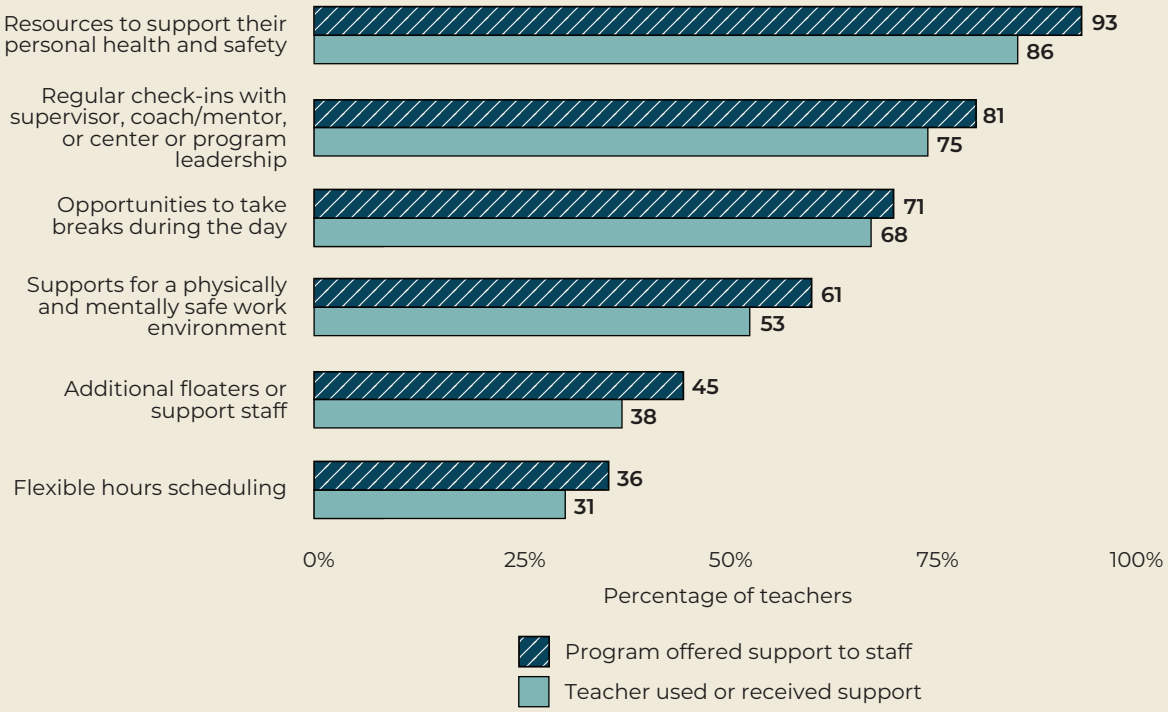
Teachers were asked whether their program offered each support to staff and then were asked whether they themselves used or received each support their program offered. The percentage of teachers who reported their program offered a support to staff is calculated out of all teachers (those who reported that their program offered a support; their program did not provide that support; or they did not know whether their program provided that support). The percentage of teachers who used or received each support is also calculated out of all teachers and is not limited to those whose programs offered the support.

The percentage of teachers reporting their programs offered staff each support for psychological and physical well-being ranged from 47 to 72 percent (Exhibit 9). Teachers' actual use or receipt of those supports ranged from 32 to 58 percent. Resources or programs supporting teachers' self-care were most widely offered (72 percent) and most widely used (58 percent). In contrast, nearly two-thirds of teachers reported that their programs offered professional mental health consultations (63 percent) and counseling resources or referrals to Employee Assistance Programs (62 percent), yet only about one-third of them used these supports. This could be because the supports address specific challenges some teachers did not experience. On average, teachers reported using two to three of the supports for psychological and physical well-being (Appendix Table A.9).

Exhibit 10. In spring 2022, most teachers used the workplace supports they were offered.



Source: Spring 2022 Teacher Survey.

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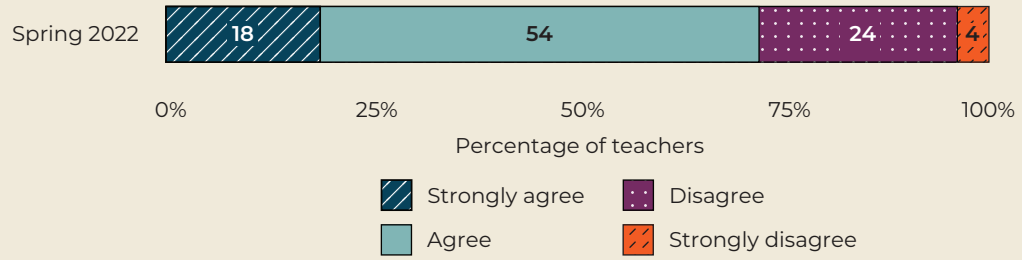
In spring 2022, 93 percent of teachers reported that their programs offered staff resources to support their personal health and safety, the most common workplace support. In contrast, 36 percent of teachers said their programs offered staff flexible hours scheduling, the least common workplace support (Exhibit 10). Most teachers who said their programs offered workplace supports used them. On average, teachers used three to four of the six workplace supports, making workplace supports the most common type of support (Appendix Table A.9).

Exhibit 11. In spring 2022, the majority of teachers agreed or strongly agreed that the supports for staff overall wellness and well-being they received met their needs.



Source: Spring 2022 Teacher Survey.

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Data were collected during the COVID-19 pandemic. Spring 2022 data were collected from April 2022 to July 2022.

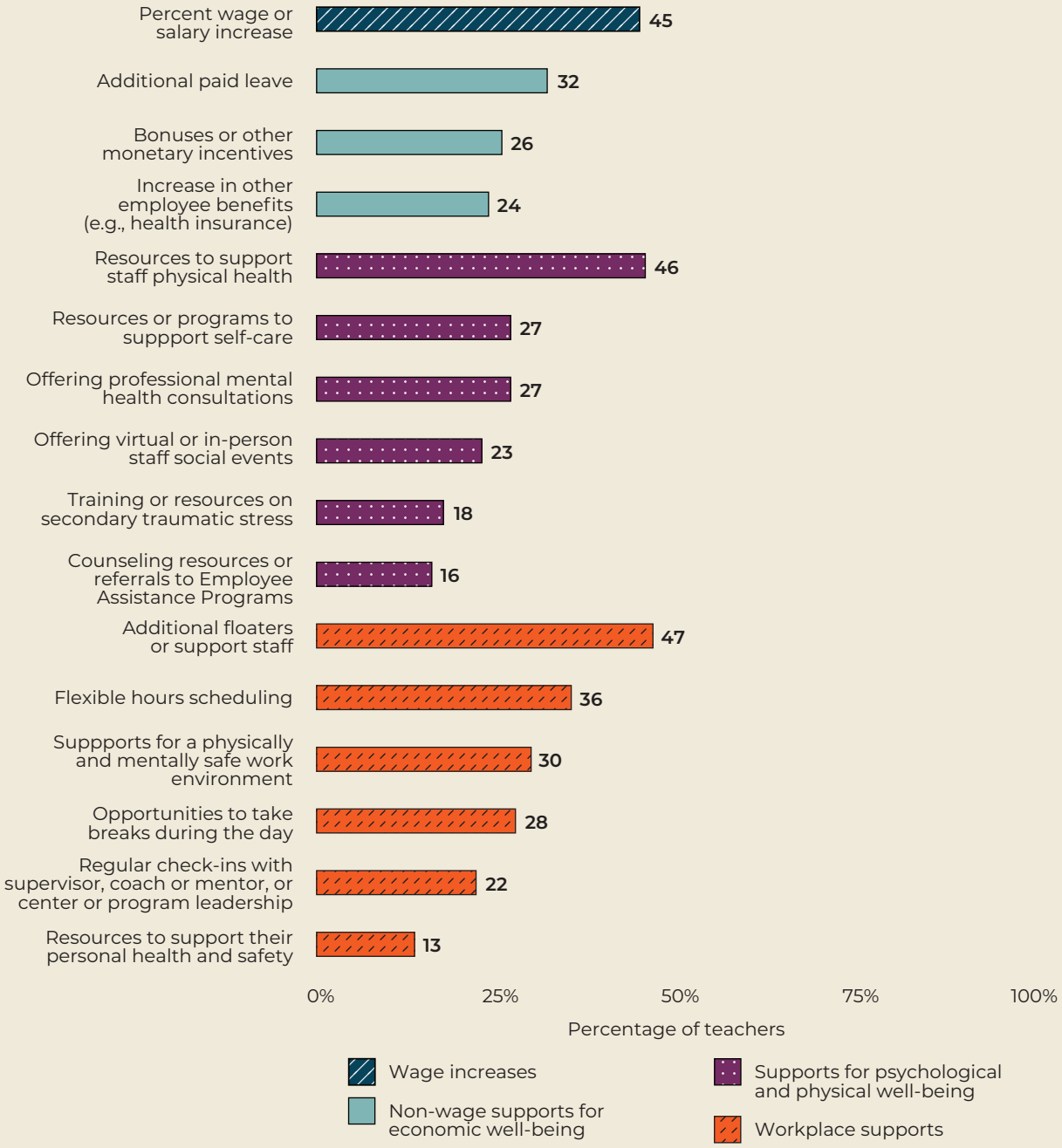
Data are drawn from Table A.10 in the accompanying appendix.

This question—"To what extent do you agree with the following statement? Over the past year the supports for staff wellness and overall well-being I received from my program met my needs"—was asked only of teachers who reported their program offered at least one of the 16 supports for well-being, which included 97 percent of teachers.

In spring 2022, almost all teachers (97 percent) said their program had offered at least one of the 16 supports for staff wellness and well-being over the past year. When asked whether the supports they received met their needs, the majority of teachers (72 percent) agreed or strongly agreed (Exhibit 11). The majority of teachers also said the supports were available at convenient locations (80 percent) and times (69 percent) (Appendix Table A.10).

In spring 2022, about one-third of the teachers said supports they were not offered would have been useful (Appendix Table A.11). When that subgroup was then asked which of the 16 specific supports would have been useful, they reported a wide range of desired supports. The most highly desired supports were additional floaters or support staff (47 percent), more resources to support physical health (46 percent), and permanent wage increases (45 percent). Between about one-quarter and one-third of teachers (24 to 32 percent) said that each non-wage support for economic well-being would have been useful. Teachers ranged more widely in their desires for more supports for psychological and physical well-being (16 to 46 percent) and more workplace supports (13 to 47 percent). These wider ranges suggest teachers valued only some of these types of supports.

Exhibit 12. In spring 2022, some teachers reported a variety of additional supports not offered to them that would have been useful.



Source: Spring 2022 Teacher Survey.

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Data are drawn from Table A.11 in the accompanying appendix.

The survey asked teachers whether there were supports for staff well-being and overall well-being that would have been useful but their program did not offer. About one-third of teachers answered yes, and they were the only ones asked about which supports would have been helpful. Teachers could select all supports that applied.

Associations Between Supports and Teacher Well-Being

Was the number of supports that teachers reported their programs offered staff and they themselves received associated with their well-being in spring 2022? Which individual supports for well-being were associated with the well-being of teachers in spring 2022?

In spring 2022, teachers who used more supports for well-being also reported that some aspects of their well-being were better (Exhibit 13; Appendix Tables A.13 to A.20). However, no specific support was uniquely associated with teacher well-being (Appendix Tables A.21 to A.26).

Teachers who said their programs offered, and they received, more supports of each type reported less job-related stress (Exhibit 13; Appendix Tables A.13 to A.20). The questions about job-related stress referred to the stress experienced by center staff generally (not just teachers). Teachers perceive all staff are less stressed when programs offer more supports.

In addition, using more supports for psychological and physical well-being was associated with better health and job satisfaction (Appendix Table A.18). However, programs simply *offering* more of these supports was not associated with teachers' health or job satisfaction (Appendix Table A.17). Supports such as resources to support staff physical health might be associated with health or job satisfaction only for teachers who use them.

Finally, teachers' reports that their programs offered, and they used, more workplace supports were associated with better health; lower anxiety symptoms; lower depressive symptoms; less job-related stress; and higher job satisfaction (Appendix Tables A.19 and A.20). Workplace supports, such as flexible hours scheduling or additional floaters or support staff might be especially promising offerings.

After accounting for the fact that we examined many different supports, there were no significant associations between specific individual supports and teacher well-being (when controlling for supports of the same type) (Appendix Tables A.21 to A.26).

Exhibit 13. Some supports for teachers were associated with better well-being.

Type of support	Health[a]	Anxiety symptoms score[b]	Depressive symptoms score[c]	Job stress due to the COVID-19 pandemic[d]	Job-related stress[e]	Job satisfaction[f]
Teacher's program offered staff permanent wage or salary increases					Negative association	
Teachers received permanent wage or salary increases					Negative association	
Number of non-wage supports for economic well-being teacher's program offered (range: 0 to 3)					Negative association *	
Number of non-wage supports for economic well-being teachers used or received (range: 0 to 3)					Negative association *	
Number of supports for psychological and physical well-being teacher's program offered (range: 0 to 6)					Negative association	
Number of supports for psychological and physical well-being teachers used or received (range: 0 to 6)	Positive association				Negative association *	Positive association
Number of workplace supports teacher's program offered (range: 0 to 6)	Positive association	Negative association	Negative association		Negative association *	Positive association
Number of workplace supports teachers used or received (range: 0 to 3)	Positive association *	Negative association	Negative association		Negative association *	Positive association *

Source: Spring 2022 Teacher Survey.

Notes: Statistics are weighted to adjust for the probability of selection, program nonparticipation, and nonresponse to the teacher survey. The weights help to better represent all Head Start teachers.

Statistical significance is the probability that the results are attributable to something other than chance. Green-shaded cells indicate that the relationship is statistically significant at the $p < .05$ level and favorable regarding teacher reports of better health or higher job satisfaction and lowered levels of anxiety symptoms, depressive symptoms, and job stress. Blank cells indicate that the relationship is not statistically significant at the $p < .05$ level. In this exhibit, * indicates that findings remain significant after applying a Benjamini-Hochberg adjustment for multiple comparisons.

Hierarchical linear models control for teacher race/ethnicity, whether teacher held a bachelor's degree or higher, years teaching in Head Start or Early Head Start, teacher age, teacher salary, program size, agency type, Census region, and program level of teacher turnover. For more information, see the technical appendix (Harding et al. 2024).

Data were collected during the COVID-19 pandemic. Spring 2022 data were collected from April 2022 to July 2022.

Data are drawn from Table A.13 through Table A.20 in the accompanying appendix.

[a] Mean health represents teachers' average rating of health, ranging from 1 (poor) to 5 (excellent).

[b] The anxiety symptoms score is the total score on the Generalized Anxiety Disorder–7 (GAD–7) scale (7 items on a 4-point scale for frequency in the past two weeks). Possible scores range from 0 to 21. The GAD–7 is a screening tool and not used to formally diagnose anxiety, but the publisher reports that anxiety scores have been correlated with clinical diagnosis (Spitzer et al. 2006).

[c] The depressive symptoms score is the total score on the Center for Epidemiological Studies Depression Scale (CES–D) short form (12 items on a 4-point scale for frequency in the past week). Possible scores range from 0 to 36. The publisher reports that depressive symptoms scores have been correlated with clinical diagnosis, but the CES–D is a screening tool and not used to formally diagnose depression (Radloff 1977).

[d] Teachers were asked about their current job stress related to the COVID-19 pandemic at the time of the survey. Job stress related to the COVID-19 pandemic is the mean of four items. Each of these items has a 5-point scale ranging from "strongly disagree" to "strongly agree." The possible range is 1 to 5. Higher scores indicate more job stress related to the COVID-19 pandemic.

[e] Teachers were asked about their current job-related stress at the time of the survey on the Survey of Organizational Functioning, published by Texas Christian University's Institute of Behavioral Research. Job-related stress is the mean of four items. Each of these items has a 5-point scale ranging from "strongly disagree" to "strongly agree." The possible range is 1 to 5. Higher scores indicate more job-related stress.

[f] The job satisfaction score reflects the mean of three items. Each item has a 5-point scale, ranging from "strongly disagree" to "strongly agree." The mean has a possible range of 1 to 5. Higher scores indicate stronger satisfaction.

Discussion

In fall 2021, during the Omicron wave of the COVID-19 pandemic, Head Start teachers reported worse outcomes on some aspects of well-being than similar groups had before the pandemic. By spring 2022, teachers' well-being had improved, and some aspects of it were comparable to results in pre-pandemic samples (Bernstein et al. 2019; Terlizzi and Villarroel 2020). The supports that Head Start programs offered may have contributed to this improved well-being.

Head Start teachers were generally satisfied with the supports they received, and these supports were associated with aspects of well-being. Teachers who used more of all four types of supports (wage increases, non-wage supports for economic well-being, supports for psychological and physical well-being, and workplace supports) reported less job-related stress. Job-related stress may be particularly sensitive to supports, whereas other well-being outcomes might be more influenced by factors outside of work. The number of supports for psychological and physical well-being and number of workplace supports used were associated with multiple aspects of teacher well-being, which suggests these may be particularly promising supports. Specific individual supports (for example, resources of programs to support staff physical health or additional floaters or support staff), however, were not associated with teacher well-being. For example, although receiving more non-wage supports for economic well-being was associated with less job-related stress, additional paid leave was not associated with any teacher well-being outcomes beyond the other non-wage economic supports. This finding might indicate that supports work best in combination, rather than specific supports being more closely linked with well-being than others.

Overall, these findings show promise for funding and implementing different types of supports in combination to promote teachers' well-being, which could ultimately help address the workforce crisis. However, these findings have limitations. All results are correlational; we cannot assume that supports *cause* better well-being. Although we controlled for other factors that could be associated with teacher well-being, factors we did not measure could have contributed to the observed associations. For example, higher-functioning programs, programs with more resources, or programs with stronger leadership may have teachers with better well-being and provide more supports. In addition, teachers reported on supports and their well-being at the same point in time. Therefore, we could not look at whether receiving the support improved later teacher well-being. Moreover, because supports and well-being were self-reported, teachers could interpret these in different ways based on their characteristics and experiences. Nonetheless, these findings highlight that supporting Head Start teachers may promote their well-being. In line with these findings, proposed changes in the Head Start Program Performance Standards are designed to increase compensation and improve mental health supports for teachers (OHS 2023).

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Box 4. Head Start FACES

This research brief draws on fall 2021 and spring 2022 data from the 2021–2022 Study of Family and Staff Well-Being in Head Start FACES Programs (2021–2022 Study). The 2021–2022 Study builds on the Head Start Family and Child Experiences Survey (FACES), which has been a source of national information about Head Start programs and participants since 1997.

Head Start is a national program that helps young children from families with low incomes get ready to succeed in school. It does this by working to promote early learning, health, and family well-being. Head Start connects families with medical, dental, and mental health services to ensure that children receive the services they need to develop well. Head Start not only involves parents in their children's learning and development—it also supports parents' own goals, such as stable housing, continuing education, and financial security (ACF 2019). Head Start operates by providing grants to local public and private nonprofit and for-profit agencies that deliver comprehensive child development services to children and their families facing economic disadvantage.

Methods

For the 2021–2022 Study, we *selected* a nationally representative sample of Head Start programs. However, given lower-than-expected program participation and response rates, we do not recommend assuming the sample is nationally representative. In 2021–2022, 176 programs and 340 centers participated in the study, with 358 teachers completing the spring survey in 2022 and 191 teachers (from 60 programs and 113 centers) completing the fall survey in 2021. More information on methodology and measurement in the 2021–2022 Study is available in the study's data table reports (Doran et al. 2024; Reid et al. 2024) and the technical appendix to this brief (Harding et al. 2024).

This brief examines teacher well-being (Research Questions 1 and 2), supports for teacher well-being (Research Questions 3 and 4), and the associations between teacher well-being and supports (Research Questions 5 and 6).

This brief uses data from the fall 2021 and spring 2022 teacher surveys. We report percentages and averages (means) to examine well-being for the 146 teachers responding to both the fall and spring surveys (Research Question 1) and examine changes using paired sample t-tests from a multilevel regression with teachers nested within centers and programs (Research Question 2). We report percentages and averages (means) to examine the supports that, according to the 358 teachers completing the spring survey, were (1) offered by their programs and (2) used or received by teachers (Research Question 3). We also report percentages and averages (means) of teachers' satisfaction with the supports offered (Research Question 4). We then examine the associations between teachers' reports of well-being and the number of each type of support offered (wage increases, non-wage supports for economic well-being, supports for psychological and physical well-being, and workplace supports) by using multilevel regressions (Research Question 5). Finally, we examine the association between each support, over and above the other supports of that type, by using multilevel regressions (Research Question 6). The sample for the associational analyses is the 358 teachers who completed the spring survey. For all comparisons in the brief, all cited differences and associations are statistically significant at the 0.05 level or lower.

Endnotes

[1] Fall 2021 data were collected from November 2021 to January 2022.

[2] Spring 2022 data were collected from April 2022 to July 2022.

[3] In fall 2021, teachers wrote responses to these open-ended survey questions: What have been the greatest challenges for you and your family during the COVID-19 pandemic? What have been the biggest challenges for you as a teacher during the COVID-19 pandemic? Teachers were not asked these questions in spring 2022.

[4] The survey asked about job-related stress and job satisfaction only in spring 2022.

[5] Data about supports for staff well-being were collected in spring 2022. Teachers were asked whether their program offered each of 16 supports to staff, and then asked if they used or received each support.

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