Creating and Implementing Policies with an Emphasis on Mental Health

by Mary Muhs

A s a center director, I remember sending children home sick with a fever. I always dreaded the call to the family. How would they take the news? Would there be push back? Would they be worried about their employer's response? Would they believe their child was ill? One day we had to send children home sick due to the flu. One family was clearly upset that their child was sick, since the child had felt fine in the morning. Another

Mary Muhs
Exchange Leadership Initiative
ExchangePress.com/leadership

Mary Muhs, Ed.D., has been in the ECE field for over 30 years. She is the department chair for early childhood education and human services with Rasmussen University. In 2018, Muhs was selected as an Exchange Leader. She is the author of "Family Engagement in Early Childhood Programs Quick Guide," published by Redleaf Press. In 2020, she earned the MACMH-IEC Endorsement® for culturally sensitive, relationship-focused practice promoting infant mental health® as an infant family specialist, and in 2021 she earned the relationship based professional development credential in Minnesota, and was awarded the 2021 MnAEYC-MnSACA Evelyn House Award for continued excellence and advocacy for early childhood educators. Muhs is a strong advocate for high quality education programs and practices for both adults and children.

was very concerned about leaving work, since their employer was already commenting on how much work she had missed due to illness. As a single parent there was no other income. Yet another parent was sending the child's grandparent for pick-up, and the child would be out the rest of the week since grandparents were visiting anyway. The fourth family had no one able to come for hours and asked, could we please keep the child at the center?

Every family responded differently. Some were visibly upset and others seemed unaffected. However, I knew they were all affected. How could they not be? While I could not change our center's health care policy, I could change how I prepared for each conversation, what I said to the family, or how I reacted to their response. Knowing that this was likely a challenge for families, how could I provide the mental health support they each needed?

Policies are the backbone of any early childhood education program. Policies set standards, expectations and parameters of care for all children and families in a center-based program

or family child care. Since policies typically are written based upon state or local requirements, they are often taken at face value. They are what they are and therein lies the problem. Very few things in our society are viewed as "one way or the highway," and since the early childhood education field prides itself on seeing children as individuals and families as unique, it can often feel like we are trying to cram a square peg into a round hole. There may be pushback, misunderstanding, confusion, and even resentment that our policies do not support the children and families we serve. Concern arises as to whether policies are equitable, culturally sensitive, and emotionally supportive of the family and child.

It goes without saying that we must follow regulations that allow us to remain in business or keep our children safe. However, can we rethink how these policies are worded, shared and implemented? As we are writing policies for our program, what can we ask ourselves to help us see the policies from multiple perspectives, and with an emotionally supportive lens?

Another policy when I was a director required children to be in the center by 9 a.m. and no later. I remember our position was that this policy ensured that the children would not miss the main part of the morning, group time, activities, and so on.

It was always hard for Cassius to arrive on time. Cassius typically arrived after 10 a.m. with a portable breakfast. We asked his family to come in earlier—Cassius really needed to be earlier—and they tried. He came earlier, but was tired and came in with a frown. Cassius' parents worked opposite shifts. The morning was time Cassius could spend with mom. Dad picked up. The family really wanted to spend as much time as possible with Cassius.

Ultimately, we decided to not worry about the 9 a.m. goal for Cassius. However, some of the educators were not pleased with the exception, since it caused Cassius to come in while the group was outside. Eventually, after more comprehensive reflection, we adjusted the policy to encourage but not require the 9 a.m. arrival time, in order to better support families' varying schedules.

©AdobeStock/len4ik

Seeing Policies Through a Mental Health Lens

A mental health lens means that mental health principles are integrated throughout program policies and procedures. Administrators, educators, families, and children work together to ensure that the program's climate supports the many diverse wellness and mental health needs of the families and children in their care. The lens should mirror the families in the program. Reflect on how the policies respect differences, maintain integrity, honor beliefs and preferences, and meet the cultural expectations of the families. Are policies supportive of a family's strengths, or do they focus on areas of need? How are policies worded for understanding? What might cause a family to struggle, or how might they not follow a policy, and why? Are we listening to their needs or imposing only what we think they need?

Using commonly held principles—such as developmentally appropriate practices—can ensure that policies reflect the commonality, individuality, and context of all families and children. Additional principles can come from our work on diversity and inclusion, such as from the 10 Diversity Informed Tenets for Work with Infants, Children and Families or the NAEYC Position Statement on Advancing Equity in Early Childhood Education. Using tools already in our field's vernacular can feel less overwhelming. For instance, if we use a DAP perspective with our children and families, how are we using this perspective when crafting our policies for those same children and families? Keep in mind, even if a policy is a non-negotiable or directly tied to a state or health regulation, it is still necessary to think ahead as to how that policy might intersect

with a family in your care. How will it affect a family's ability to care for their child, their economic security, their family's health or their cultural expectations?

For example, using the 10 Diversity Informed Tenets for Work with Infants, Children and Families, we can create a potential set of questions to ask ourselves about each of the policies established in our program:

1. Am I aware of how my own values, beliefs, and culture impact how I interpret this policy and how I interpret the family's response to the policy? How does this impact how I enforce this policy?

2. How does this policy welcome, support, and nurture all families and children from across the globe?

3. How does this policy support or combat privilege and discrimination? How do I know?

4. How does this policy support a strengths-based perspective with each family?

5. How are diverse family structures honored with implementation of this policy?

6. How might language use or understanding a barrier to the interpretation of this policy be useful for families? What can we do to support their understanding?

7. Are policies and ability for questions available in a family's home/native language? If not, why?

8. What additional supports, such as time, finances, alternative practices, accommodations, and other systems of oppression may be inadvertently required to follow this policy? How might families respond to these inadvertent requirements?

9. What barriers to equity exist with this policy? How might those barriers be eliminated?

10. How does this policy advance growth and promote equity for children and families in your program?

These questions may seem daunting, but their goal is to help this type of thinking become natural and automatic when reviewing or writing a program policy.

Unfortunately, some of your policies may not reflect positively through a mental health lens, no matter how thoughtfully you approach their creation and implementation. What can you do in this situation? Work with your leadership, corporation, or operational licensing agency to make changes. This may require a small language change, or even adding an addendum. For those policies that are relatively set in stone, especially if dictated by state or health regulations, how can you support families?

● Include upfront background information and research about the reason for a policy. Why has your program taken that position?

● Offer time for conversations to share ideas for implementation or support that may be needed. Offering opportunities for families or educators to connect will provide a support system and a sense of community.

● Provide empathetic language to let families know that you can understand their challenges and will support them as best you can. Even if you cannot change a policy, you can show that you will be by their side and help in any way you can.

● No matter what, acknowledge awareness of the need for your program's climate to support the many diverse wellness and mental health needs of the families and children in your care.

Reflective Practices to Support Policy Implementation

Administrators and educators need to regularly explore how families interpret and perceive their policies, and not assume that because it is written, it is so. It takes a village to support all the families in your program. Simply handing a policy handbook to a family or reviewing it in a short meeting and never reviewing it again, is not sufficient. When policies are seen through a mental health lens, they are living and breathing documents. Over time, situations and perspectives change, so policies can be agreed to one minute and then disagreed with the next. For example, a family who was always okay with picking up their child when sick may have had changes to employment or family schedule, which has put new constraints on their ability to do so. Continuing conversations are needed to ensure we are truly seeing our policies through their eyes. Here are some ideas to undertake, in order to make sure your policies are nimble, responsive, and serving your families, children, and staff as well as possible.

1. Annual family policy questionnaire. Make an annual request for input on program policies and procedures from families, which will allow regular feedback, questions, or concerns. Often, families will share concerns after a situation occurred, but at least you will be able to support families in that area going forward.

2. Leadership policy review. Undertake a quarterly reflection on which policies in your program are in question, or may need further clarification or revision. Explore past interactions with families and educators. How did they go? How were the policies received? How can leadership work to improve policy language, delivery, or implementation? How can leadership seek further information from families or educators on policies they find challenging?

3. Educator policy review. Seek out immediate/incidental reflection with educators within age groups or individually about how policies are perceived by families or, when it comes to personnel policies, by your own staff. Explore past situations or interactions where policies were called into question, how they were handled, and collaborate to generate ideas for the future.

4. External stakeholder policy review. Finally, consider a regular review of policies of concern. Since many center-based programs are accountable to a larger corporation or board of directors, it is important to raise policy concerns that need revision in a timely manner. If policies are written for an entire corporation, they may still be able to be amended or delivered in a manner which is more reflective of a particular location, community, or program.

References

National Association for Young Children. (Retrieved June 30, 2022). *Developmentally Appropriate Practice.* naeyc.org

Green, B.L. and Allen, M.D. (2012). *Developing and Implementing a Programwide Vision for Effective Mental Health Consultation.* Center for Early Childhood Mental Health Consultation.

Irving Harris Foundation. (2018). *Diversity-Informed Tenets for Work with Infants, Children, and Families.* diversityinformedtenets.org

— ● —