

Australian family day care educators' experiences of supporting children's mental health, and their own mental health and wellbeing

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Abstract

This mixed-methods study explored (1) family day care (FDC) educators' confidence and capability to support children's mental health, and (2) assessed their own mental health and wellbeing. Descriptive analysis of the survey ($n = 144$) highlighted that most participants were in the normal range for mental health and wellbeing; however, identifying mental ill-health in children, access to resources and awareness of support services were areas where participants were less likely to feel confident or capable. In the interviews ($n = 14$), three themes were identified in the interviews for the first research question (including the central role of the FDC educator, lack of training and resources and limited professional support) and three themes were identified for the second research question (the importance of mental health for educators, being a small business owner and connecting with other educators). The results highlighted a need for additional support and resources for educators specifically targeting the mental health and wellbeing of children.

Keywords

early childhood, mental health and wellbeing, family day care, prevention

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For approximately 108,000 Australian children, a large proportion of their first years are spent in family day care (FDC; Department of Education, Skills and Employment, 2020). FDC is a form of Australian early childhood education and care (ECEC), where a qualified educator cares for children, usually in their own home. Internationally, this form of childcare is often referred to as home-based childcare, family child care homes or childminding, and differs from other ECEC services such as long day care centres, occasional care and pre-school (Davis et al., 2012a). FDC educators independently care for small groups of children from birth to age 13, and offer families the opportunity for siblings to be cared for together, in the one environment (Family Day Care Australia, 2020). In 2019, 8.2% of all Australian children in formal ECEC attended a FDC service (Department of Education, Skills and Employment, 2020). Children attending FDC spent an average of 25 hours a week in care, potentially resulting in more than 6000 hours in care in the first 5 years of life (Department of Education and Training, 2019). Consequently, a large part of children's early social and emotional development may be influenced by the interaction and nurturing provided by educators and the other children in care (Farrell & Travers, 2005).

The FDC environment provides children the opportunity to build strong, long-lasting relationships with their educator and other children that attend the service. Due to the small educator to children ratio of 1:7 in FDC (or groups of no more than four children under school age at a time; Family Day Care Australia, 2020), children are able to build a trusting relationship with the one educator, potentially spanning years of their life. These small ratios, when compared to different forms of ECEC (centre-based care ratios of 1:10 or 1:11; Australian Children's Education and Care Quality Authority, 2020), suggests that FDC educators are uniquely placed to support mental health or development difficulties.

Overall, it is important to understand what support is needed for FDC educators to help

them support the mental health and wellbeing of the children in their care, as well as their own mental health and wellbeing.

Supporting children's mental health and wellbeing

Although educators have a general understanding of children's social and emotional mental health and wellbeing (Davis et al., 2011), providing appropriate support is key for FDC educators (Williamson et al., 2011). As mental health promotion is not common in professional development programs (Davis et al. 2011), there is a need to better understand FDC educators' confidence and capacity to support children's mental health and wellbeing.

FDC educators with higher levels of education and training have been found to provide better quality care than educators who were older or had greater work experience, and therefore may be in a better position to identify mental health difficulties in children (Davis et al., 2012b). Furthermore, a positive relationship between educator and parent is an important space for mental health promotion and mental ill-health prevention (Davis et al., 2012c). To successfully build relationships with parents, it is important that educators have particular training on supporting children's symptoms of mental ill-health and communicating their concerns with parents and caregivers (Davis et al., 2012b; Davis et al., 2012c). Additionally, increased knowledge and access to external services such as social workers, would benefit both parents and the educator and may result in the child receiving necessary help without damaging the relationship between the parent and educator (Davis et al., 2012b, pg. 1202).

Furthermore, sufficient resources (child wellbeing plans, decision making plans and information) and confidence are both key to FDC educators' propensity for help-seeking. Davis et al (2014) found that FDC educators with concerns about a child's wellbeing would wait until the situation became more serious

before seeking support, fearing they did not have the confidence or the resources to handle it appropriately. Building the confidence of FDC educators and equipping them with appropriate resources can thus help them to support children early on before their situation progresses to crisis point.

The mental health and wellbeing of FDC educators

The social and emotional wellbeing of FDC educators is also an important contributor to providing the best support and care for children. Temple and Emmett (2013) explored how the quality of the educator–child relationship is fundamental to the development of wellbeing in children. They argue that increasing the capacity of educators to develop warm, responsive and consistent relationships with the children they work with, requires the support of the mental health and wellbeing of the early childhood education workforce. Early childhood educator mental health and wellbeing is influenced by a range of factors, including work environment, relationships, work satisfaction, as well as individual psychology (Cumming, 2017). Evidence has shown that high quality relationships with government, FDC schemes/services, and parents and children using their services, are central to the promotion of educator mental health and wellbeing (Corr et al., 2014). Additionally, educators engage in a lot of emotional ‘work’ or ‘labour’, and are often required to censor feelings such as sadness, anger and anxiety (Jena-Crottet, 2017).

FDC educators’ mental ill-health may affect the way they engage with children in their service, and the quality of care they provide (Corr et al., 2014, 2017). Previous research has indicated a need for an increased focus on early educators’ work environments to improve their wellbeing. For example, the mental health and wellbeing of FDC educators can be compromised by long work hours, isolation, low levels of pay and status, yet high levels of responsibility

(Cumming et al., 2020). This can result in a sector with a high rate of burnout and staff turnover (Williamson et al., 2011). Additionally, educators have reported that the introduction of quality assurance frameworks has led to an increase in administration work to provide quality assurance and comply with relevant policies (Davis et al., 2012c).

Currently, there is a significant gap in the research of the wellbeing of FDC educators. Based on this research, there needs to be a greater focus on the mental health and wellbeing of those working in the FDC sector.

Thus, the current research aimed to (1) explore how confident and capable educators felt in supporting the mental health and wellbeing of the children in their care and (2) assess their own mental health and wellbeing.

Method

Design

A cross-sectional mixed-methods approach guided this study, involving an online survey and in-depth interviews with a sub-sample of the participants from the online survey. A convergent design allowed us to employ both quantitative and qualitative components (Creswell & Plano Clark, 2017) to study educators’ role in supporting children’s mental wellbeing, and educators’ own mental wellbeing. This study was approved by the Hunter New England Human Research Ethics Committee (2018/ETH00475). Help-seeking information was included in the Information Statement and at the conclusion of the survey.

Interview participants were provided with a participant information statement prior to participation and provided verbal consent at the time of the interview. All interviews were recorded by trained researchers who had the skills and capabilities to address any distress that arose. The research team also included a clinical psychologist who could contact participants if they displayed levels of distress in the interview process.

Participants

A total of 144 FDC professionals participated in the online survey. Participants were 24–68 years of age ($M = 47.75$, $SD = 10.92$), predominately female (96.55%), and most had dependent children (55.88%). Additionally, participants reported being tertiary qualified (68.31%), being a FDC professional for more than 10 years (48.20%), and typically working 9 hours or more on per day (75.88%). A subset of 32 participants from the online survey agreed to partake in follow-up interviews.

Procedure

Australian FDC professionals, including educators and co-ordinators, were invited to participate in a two-stage study. Due to time and financial constraints, a convenience, non-probability sampling strategy was used. Participants were recruited via email using a publically available list of services on the ACECQA website, via social media, targeted email newsletter bulletins and printed articles disseminated by Family Day Care Australia and early childhood qualification authority peak bodies.

Data collection

Data collection took place in two stages between April and June 2019. The survey design consisted of both standardised and unique questions, and was reviewed by our Expert Advisory Group who ensured that the wording of the survey and various items were appropriate and targeted to FDC educators. On completion of the survey, participants were invited to participate in the interviews by indicating their interest and providing their contact details.

Survey

Educators' confidence and capacity. Seven items measuring educators' self-reported confidence and capacity to promote children's mental health

and wellbeing were included based on Davis et al. (2014), with items answered on a 5-point response scale ranging from *strongly disagree* (1) to *strongly agree* (5). An example item was 'I am confident identifying signs of mental ill-health in children'. These items were explored individually to identify particular areas where confidence and capacity could be improved.

Educators' mental health. The Depression, Anxiety and Stress Scale (DASS-21; Lovibond & Lovibond, 1995a) measured educators' depressive, anxiety and stress symptoms. The 21 items were answered on a 4-point response scale ranging from *did not apply to me at all* (0) to *applied to me very much, or most of the time* (3). An example item was 'I found it hard to wind down'. Total scores were summed to create separate sub-scales for anxiety, depression, and stress. Scores for each subscale were categorised as normal, mild, moderate, severe, and extreme (Lovibond & Lovibond, 1995b). Internal reliability in the present research was high (depression $\alpha = 0.90$; anxiety $\alpha = 0.87$; and stress $\alpha = 0.85$) and similar to the reliability reported in other studies (e.g. Henry & Crawford, 2005).

Educators' wellbeing. Wellbeing was measured with the Warwick–Edinburgh Mental Wellbeing Scale (WEMWBS; Tennant et al., 2007), which consists of 14 items on a 5-point response scale, ranging from *none of the time* (1) to *all of the time* (5). An example item was 'I've been feeling useful'. Total scores were calculated by summing items with higher scores indicating higher levels of wellbeing. Internal reliability in the current research was high ($\alpha = 0.93$) and consistent with previous research ($\alpha = 0.91$; Tennant et al., 2007).

Work satisfaction and help-seeking. To gain a deeper understanding of the mental health and wellbeing of FDC educators, we also wanted to investigate other related factors. Participants answered four items on a 5-point response scale, ranging from *very dissatisfied* (1) to *very*

satisfied (5), about work satisfaction (Tynan et al., 2017) that were the most relevant to FDC educators (Tynan et al., 2017). An example item is 'I am satisfied with my usual income'.

In addition, we measured FDC educators help-seeking. This was defined as actively searching for help for mental health problems, including informal or formal sources, based on interpersonal and social abilities (Velasco et al., 2020). A single item was used for participants to select any help-seeking they had engaged in over the last 4 weeks. Responses were categorised by clinical (e.g. general practitioner, psychiatrist and psychologist) and non-clinical support (e.g. friend, family member and colleague). We also included an open-ended item for participants to outline what help and support they felt that educators needed to provide care.

Interviews

A total of 14 FDC educators participated in either two focus groups (with two participants per group), individual interviews ($N = 4$) or a written response via email ($N = 6$), depending on their availability. Interviews were semi-structured and included questions and prompts about the impact of being a FDC educator on their mental health and wellbeing, how they practice self-care, and the professional support they experienced from the community, government and peak bodies. All interviews were transcribed verbatim and integrity checked, with identifying information removed.

Data analysis

The data were analysed according to Braun and Clarke's (2006) method for thematic analysis. This involved becoming familiar with the data by reading and rereading all interviews and noting any potential themes. A coding framework was then developed, with codes being collapsed and combined and reviewed by multiple authors throughout multiple stages. Data were coded semantically based on what

educators explicitly said, and latently based on underlying meanings (Braun and Clarke, 2006). Semantic themes operate at an explicit level, on the 'surface', while latent themes are on an interpretative level, and recognise underlying ideas and concepts (Braun & Clarke, 2006). For example, 'long working days' or 'accessing resources' are codes which captured semantic themes, while 'expectations placed on educators', and 'the future of family day care' are codes which capture latent meaning. Codes were then grouped by research questions and potential themes were identified. Themes were reviewed by multiple authors for their relevance to the research questions and were then confirmed, organised by research questions and the overarching narrative.

Results

Research question 1: Educators' role in supporting children's mental health and wellbeing

Most survey participants felt confident and/or capable in several areas related to supporting children's mental health and wellbeing (Table 1). However, participants felt less confident or capable identifying mental ill-health in children, access to resources and awareness of support services.

In total, 117 participants (81.25%) responded to the open-ended question about support needed for educators. Within these responses, 76.07% of participants highlighted a need for some additional support. The main sources of support asked for included from their co-ordinators (56.90%), other educators (20.69%), and from the government (3.45%). Participants indicated four key types of support: training (33.33%), emotional support (21.37%), mentoring (3.42%) and supervision (1.71%).

Analysis of the interviews identified three themes which related to an individual's confidence and capacity to support children's mental health and wellbeing.

Table 1. Survey results for items related to educators' role in supporting children's mental health and wellbeing.

Item	Strongly disagree, %	Disagree, %	Neither, %	Agree, %	Strongly agree, %
It is my responsibility as an educator to promote positive mental health and wellbeing in children	0.00	0.00	0.76	28.46	70.77
I am confident that I have a positive impact on the mental health and wellbeing of the children in my care	0.00	0.00	3.08	45.38	51.54
I am confident identifying signs of mental ill-health in children	0.00	7.69	16.15	55.38	20.77
I believe children can experience mental ill-health	0.00	0.00	1.54	42.31	56.15
The current mental health and wellbeing of children can impact their developmental outcomes later in life	0.00	0.00	0.00	25.38	74.62
I have access to up-to-date resources about children's mental health and wellbeing	1.54	16.15	23.85	40.77	17.69
I am aware of support services and referral pathways available if I am concerned about the mental health and wellbeing of a child	0.78	12.40	16.92	41.09	28.68

Theme 1: The central role of the FDC educator. Participants' accounts highlighted the central role they played in supporting children's mental health and wellbeing. They spoke about the close relationships between educators, children and families, with one participant describing it as 'like extended family';

It's a very close relationship between children, between the educator and children, and between the educator and the families, and sometimes between the families themselves, which is very supportive. I think it's that longevity, they're not chopping and changing educators like you might do in a centre. And then you get siblings come through. So, I've had families that have been with me seven years. (Interview 4)

However, these close relationships also presented challenges. The same participant explained that managing relationships with children's families 'was the biggest aspect of her job'. She said when communicating with parents she had to be 'very diplomatic as it's very

easy to upset parents'. She explained that when a family experiences trauma, she would often know about it and would often be 'leaned' upon which caused her stress (Interview 4). These accounts highlight the critical role educators' play in supporting children and families and the demands this can place on them.

Having formed these close relationships, educators are well positioned to identify mental health and development difficulties in children. This responsibility was identified as a challenging aspect of the educator's job. Several participants spoke of not feeling qualified to identify and discuss concerns they had with families;

It stresses me, my responsibility in relation to children and their development and trying to communicate that to the parents...we [FDC educators] don't have the skills and capabilities to assess what's going on in relation to child development...We don't have the specialisms, child psychology to actually assess that type of thing. (Interview 4)

However, another participant stated that supporting children through ‘difficult stages’ and being able to assist parents was the most rewarding part of her job (Focus Group 1).

Theme 2: lack of training and resources. Participants explained that accessing resources on children’s mental health and wellbeing was expensive, and often an individual out-of-pocket cost;

There are some amazing presenters and some amazing resources out there, but they are expensive. ...you’re running your own business from home, the money’s not great and you’ve got a lot of expenses, so, you’re paying for anything like that yourself. (Interview 4)

One participant suggested that any training programs or resources for FDC educators should be mandatory, offered by service providers and be funded by the government (Email 5). Another participant said that training to support children’s mental health wellbeing must be specific to the FDC sector and not ECEC as whole (Email 1).

Theme 3: limited professional support from the sector for educators. Several participants identified that support from their service in managing children’s mental health was at times limited. One participant explained that getting one-on-one support was difficult due to the service managing so many educators, and believed that services were there for the ‘bare essentials’ (Focus group 1). She explained that ‘coordinators don’t know [how to support educators] because co-ordinators haven’t been educators in family day care... it’s hard for them to understand the struggle of the whole balance of family life...money and businesses’ (Focus group 1). Another participant stated that she felt she needed more support from her service during ‘...difficult times like talking to parents about [their children’s] issues’ (Email 3).

Another participant said that ‘in the old days...there was government funding for co-ordination units, there was a lot more time to

actually support educators from the office and I know educators found that very valuable’ (Interview 4).

One participant raised concerns about the lack of a professional network in FDC, saying ‘there is no sense of community amongst educators. Too many working as individuals and not as a team’. She added that ‘a sense of community amongst educators is needed and needs to be incorporated as part of mental health and well-being’ (Email 5). Another participant espoused the benefits of creating these communities, saying ‘Where possible, educators do like to, if they can, network, and that is a big help for educators in their practice’ (Interview 4).

Research question 2: educators’ mental health and wellbeing

Table 2 provides the details for the results of the survey measures related to educators’ mental health and wellbeing. Most participants scored in the normal range for depression, anxiety and stress. Complementing these results, the average score on the wellbeing scale was fairly high ($M = 53.43$, $SD = 8.27$) and was similar to previous population norms (Stewart-Brown & Janmohamed, 2008). Additionally, participants reported high levels of work satisfaction. Furthermore, most participants regularly engaged in self-care activities, felt that self-care was important, and that increasing their self-care could positively impact their work ability. In the open-ended comments about self-care, the most common strategies participants used were exercise, sleep, media entertainment and engaging in hobbies.

Some participants (15.97%) reported having had clinical support, including support from GPs, psychiatrists and psychologists. In contrast, 38.89% of participants reported having had non-clinical support, including FDC coordinators, friends and family.

Analysis of the interviews identified the following three themes which related to participants’ mental health and wellbeing.

Table 2. Survey results for measures related to educators' mental health and wellbeing.

Mental health problems	Normal	Mild	Moderate	Severe	Extremely severe
Depression	84.75%	5.08%	5.93%	2.54%	1.69%
Anxiety	86.44%	4.24%	3.39%	0.85%	5.08%
Stress	83.05%	8.47%	4.24%	3.39%	0.85%
Work satisfaction	Very dissatisfied	Dissatisfied	Neither	Satisfied	Very satisfied
I am satisfied with my usual income	2.44%	9.76%	9.76%	65.04%	13.01%
I am satisfied with my career prospects	0.82%	6.56%	20.33%	51.64%	20.49%
I am satisfied with my physical working conditions	0.00%	1.65%	5.79%	62.81%	29.75%
I am satisfied that my skills appropriately meet the demands of my work as an educator	0.82%	2.48%	4.96%	52.89%	38.84%
Self-care	Strongly disagree	Disagree	Neither	Agree	Strongly agree
I often put time aside to do activities that I find enjoyable and relaxing	1.71%	15.38%	8.55%	47.86%	26.50%
Self-care is an important part of being a family day care educator	1.72%	0.00%	1.72%	32.76%	63.79%
Increasing my self-care could improve my capacity to provide child care	1.72%	1.72%	16.38%	37.07%	43.10%

Theme 1: positive mental health is an important part of being an educator. Participants acknowledged the importance of positive mental health and wellbeing in order to be able to do their job, with one participant saying, 'this isn't a job to do until you're mentally healthy and mentally equipped to work with children' (Focus group 1). She explained;

What we do isn't for the faint hearted and what we deliver to the children every single day that we open our doors is a reflection of our mental health and our own wellbeing. This isn't a job that we can do if we're not motivated, enthused, well nourished. Plenty of us do it with very little petrol in the tank every day. (Focus group 1)

Participants reported that they felt they needed to be mentally well enough in order to provide a positive experience for the children in their care. They reported that children 'pickup on'

their mood, saying 'what you're feeling, the children will feel' (Interview 1).

A subordinate theme was also identified, with many participants interviewed believing that being a FDC educator had a positive effect on their mental health. One participant stated:

I have the best job in the world. I get to enjoy the company of wonderful children every day and in turn I educate and care for them. I learn from them just as much as they learn from me... (Email 4)

Another stated that 'seeing how happy the families and children are fills my cup...and knowing that I was able to give them that...that's what makes me happy and glad that I'm doing this job' (Interview 1).

Theme 2: The ups and downs of being a small business owner. Participants identified that being a small business owner at times had a positive

effect on their mental health as it gave them the opportunity to have a more autonomous career. One participant said that she designed her own working hours and had a choice in the clients that attended her service. Another said 'it's great to be able to work independently and not have the constant stress of working with other adults' (Email 3). Several participants also stated that being a FDC educator allowed them to raise their own young children at home, whilst still maintaining their career and earning an income.

Participants also reported that being a small business owner was at times difficult and had a negative impact on their mental health. They reported that the long hours were difficult and resulted in them 'becoming very tired and stressed' (Interview 4). Participants reported that taking days off as a FDC educator was difficult because they had to organise leave well in advance and this could result in a family leaving their service. One participant said that it was difficult to take leave stating;

I still feel mental health issues are looked down upon [in family day care]. A child's parent told me once that she was having a 'mental health day' – I don't feel that is an option in my job! (Email 1)

Participants identified that working long hours was a barrier to engaging in self-care, saying they were too tired to practice self-care at the end of their working day. To overcome this barrier, participants spoke about incorporating self-care into their working day. For example, one participant practiced breathing exercises with the children in her service (Email 1).

Several participants found working within their home difficult at times, as they were living and working in the same space. One participant stated 'I guess a hard part can be juggling family life and work life particularly as work is in the family home... I have to be able to detach from work life to family life and back without moving location' (Email 6). Another participant echoed this and said 'It is sometimes difficult to ever get out of the house as even when work is done you are not finished working, ever' (Email 3).

All participants reported that the administrative burden was the most difficult aspect of the job and caused them considerable stress. One participant reported 'the amount of paperwork we have to do is by far the most stressful part of the job' (Email 1). This was supported by other participants who said that paperwork took a significant part of their day and that they 'needed to be with the children, not filling in paperwork' (Email 4). Many participants reported that the National Quality Standard (NQS) was 'overwhelming' (Email 1) and that sector regulations resulted in significant pressure and anxiety.

Theme 3: A desire to engage with other educators. Participants also spoke about wanting to connect with other educators. Participants stated that being an FDC educator was an 'isolating job' (Interview 3) as they work alone within their own homes and felt isolated from others within their sector because connecting with other educators was difficult. Some participants said that networking with other educators would be beneficial for their mental health as it would allow them to 'build relationships and support each other' (Interview 4).

Discussion

The present research provided a novel exploration of educators' mental health and wellbeing and their ability to foster the mental health and wellbeing of the children in their care. The results demonstrated that educators have confidence and capacity in various areas when working with children's mental health and wellbeing, but there is scope for improvement in some areas.

FDC educators in this study reported valuing the mental health of the children in their care, but experienced some difficulties identifying and dealing with mental health problems. Participants in both the survey and the interviews identified a need for more easily accessible mental health resources and training that are specific to the FDC sector and inexpensive. The results also suggest a need for more support for

educators from co-ordinators, other educators and the government in the form of training, emotional support, mentoring and supervision. Therefore, for educators to be able to help the children in their care with their mental health, it is important that there are resources, support and training available to them (Temple & Emmett, 2013; Triandafilidis et al., in press).

The mental health and wellbeing of FDC educators in this study was relatively high. These results are similar to previous findings on the mental health of FDC educators (Corr et al., 2015). Participants also identified that their job satisfaction was quite high, further supporting previous literature on small business owners more broadly, who often report having high job satisfaction (e.g. Fors Connolly et al., 2020). The interviews provided some elaboration on areas that need to be improved in relation to their mental health and wellbeing including the challenges of being a small business owner and lack of social connection with other educators.

Furthermore, participants highlighted the importance of being mentally healthy and engaging in self-care to help do their job. Most survey participants reported that they engaged in self-care activities, but that there is need for additional self-care. Interestingly, the proportion of participants that reported seeking clinical support (15.97%) is higher than the proportion of Australian adults who accessed mental health services in 2018–2019 (13%; Australian Institute of Health and Welfare, 2021). It is possible that the high levels of mental health and wellbeing could be impacted by a number of the participants already seeking professional mental health support. Additionally, participants were also more likely to receive non-clinical support, rather than clinical support. This result, combined with the finding that participants would like to relate to other educators, suggests that additional focus should be placed on building up non-clinical support options for FDC educators including more networking opportunities between educators. It is also important that educators develop positive professional relationships with their service co-ordinators, other educators

and the wider community, fellow educators and support services in the area. Strong professional partnerships can help with mental health promotion and prevention in FDC. Educators meet with their supervising co-ordinator monthly and are encouraged to discuss their professional concerns and develop professional skills with this person (Williamson et al., 2011). These relationships give the educators a chance to share stories or concerns, learn about or draw on additional resources or to observe other educational methods.

The interviews highlighted that maintaining good mental health is important to be able to work effectively as an educator. However, challenges that can impact their mental health include working long hours, work-life balance, administrative burdens, and lack of social connection with other educators. This finding is consistent with previous research (see Cubbon et al., 2021) and suggests that promoting educators' mental health and wellbeing is key to mitigating these risks.

Future directions

It is important to acknowledge that our sample size is a small proportion of the FDC educator population (Department of Education and Training, 2017b). The convenience sampling approach is subject to volunteer bias, as educators who responded to the recruitment materials may be more interested in and knowledgeable about mental health generally than those who did not participate. Although our sample may not be representative of the underlying population of family day care educators (Jones & Attia, 2017), the participants in the survey were mostly representative in terms of age and career stage (Family Day Care Australia, 2019). However, 68.31% of participants in this study had a university education, while only 3% of family day care educators in 2016 had a Bachelor's degree or above (Department of Education and Training, 2017a), decreasing the generalisability of the findings to Australian FDC educators more broadly.

Given the limited scope of this study, further research is needed to better understand the

breadth of mental health and wellbeing in the FDC context. Although we focussed on FDC educators, it could be useful to also explore the experiences of co-ordinators, family members and the children in care. The experiences of these groups are all interconnected, and these perspectives may help to identify different ways to approach mental health and wellbeing in FDC. Second, further research is required into the unique experiences of particular groups of FDC educators, such as culturally and linguistically diverse educators, regional and remote educators, and educators that work with children with disabilities. FDC services are often located in areas with high disadvantage, and nearly one in four educators operate in regional and remote areas (Family Day Care Australia, 2020). Third, research on the coping mechanisms used by FDC educators is required. Understanding how FDC educators cope with their work could help identify the appropriate supports and resources that are needed for educators. Finally, future research could explore appropriate ways to include mental health and wellbeing support as part of professional development, as FDC educators have highlighted this as an important issue (Davis et al., 2012c). All of these future directions could also be investigated in relation to the impact of COVID-19 on educators.

Conclusions

The current research indicates a need for further support and training in the FDC sector to help educators support the mental health and wellbeing of the children in their care. However, implementation can be quite difficult. Professional development and training opportunities in mental health promotion are limited. Educators are time poor, experience financial limitations from taking leave and are limited in their capacity to attend face-to-face professional development training. Building these skills outside of formal education and training is also difficult for educators, as they are often professionally isolated and are less likely to have

the opportunity to engage in the wider FDC professional community. Some innovations exist in this space, with the development of online professional learning for FDC and early childhood educators. However, formal evaluations are needed to identify the effectiveness and appropriateness of such programs.

Ultimately, there is a need for additional support and resources for educators that are specifically targeted at improving and developing the mental health and wellbeing of children. This support needs to be appropriate for the unique environment in which FDC educators operate. Providing a focus on educators' mental health and wellbeing can also help improve their ability to care for their children.

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