Article

ecr

Journal of Early Childhood Research
2022, Vol. 20(4) 510–523

DOI: 10.1177/1476718X221089565
journals.sagepub.com/home/ecr
SAGE

Family day care educators' ability to support children's mental wellbeing and the impact of COVID-19

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Abstract

The childcare setting is a critical environment to observe, and also influence, children's mental wellbeing. However, little research has examined the experiences and ability of Australian family day care (FDC) educators in supporting children's mental wellbeing. The present study aimed to explore how training, COVID-19, and partnerships influence FDC educators' ability to promote children's mental wellbeing. Seven FDC educators engaged in semi-structured interviews, and thematic analysis identified six themes. These were (1) *more than a babysitter*; (2) *experience is the best teacher*; (3) *close and supportive relationships*, which included *a sense of exile* as a subordinate theme; (4) *it takes a village to raise a child*; (5) *fear and uncertainty*; and (6) *business and relational difficulties*. The research suggests that support for FDC educators through adequate training and strong partnerships more effectively promotes children's mental wellbeing.

Keywords

children's mental wellbeing, family day care educators, partnerships, training, COVID-19, qualitative

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Throughout the early years of life, children experience numerous cognitive, physical, emotional and social changes. Children's mental wellbeing is generally understood by early educators as children feeling safe, secure, confident and happy (Sims et al., 2012). However, one in six Australian children under six-years of age experience reduced mental wellbeing due to social, emotional and behavioural difficulties (Tully, 2020). These difficulties may be internalising (e.g. anxiety) and externalising (e.g. aggression), and may relate to a variety of risk factors, such as maternal mental health, socio-economic status and significant global events such as COVID-19 (Christensen et al., 2017; Fitzgerald et al., 2020). Without early identification and intervention, these risk factors can lead to various mental health issues (American Psychiatric Association [APA], 2013). Early childhood educators are in an opportune position to identify risks and facilitate early intervention, as they can recognise how a child's internal changes, external environments and the interactions between them impact the child's mental wellbeing.

Family day care educators

Within Australia, centre-based childcare and family day care (FDC) are the two main types of early childhood care. FDC, however, is usually provided by individual educators out of their own homes (henceforth in this manuscript, 'educators' will be used to refer to FDC educators). Educators care for over 100,000 Australian children for an average of 27 hours per week (Department of Education, 2019), under the supervision of local coordinating schemes (or services). Many parents prefer FDC for its smaller home-like and family-based environment (Family Day Care Australia, 2019). This environment provides educators with a unique and vital opportunity to identify mental health difficulties among children and risk factors in their environments and promote children's wellbeing.

However, educators may experience a variety of challenges in supporting children's mental health. These include lack of access to training, balancing multiple roles and limited social and professional support. Most educators believe they are responsible for promoting children's mental health, yet report receiving minimal training in their certificate III or diploma level education and care qualifications about how to identify mental health concerns and provide positive mental health support to children (Davis et al., 2012b; Williamson et al., 2011). This training may impact educators' ability to support children's mental health, as increased training is associated with higher quality care (Davis et al., 2011).

Balancing roles as caregiver and small-business operator can be a significant challenge for educators (Gerstenblatt et al., 2014). Many experience stress from financial insecurity and difficulties with families (i.e. following up late fees; Gerstenblatt et al., 2014), and the COVID-19 crisis and subsequent changes to the government support packages available to families have exacerbated such issues. During the 2020 lockdown, many families withdrew their children from FDC as a health precaution or due to income loss, yet childcare services were required to continue operating (Paterson, 2020). These challenges impact the wellbeing of educators and their capacity to support the mental health of children in their care.

Family day care educator partnerships. Successful partnerships between educators, children and their families significantly benefit children's mental wellbeing. The factors that affect an educator's ability to build a stable relationship with the child and positively contribute to their mental wellbeing include training, confidence, relational and financial stress and mental health (Corr et al., 2015; Davis et al., 2012a, 2012b; Gerstenblatt et al., 2014). A positive educator-parent partnership may also lower problematic behaviour among children, create more positive educator-child relationships, and greater wellbeing for children and educators (Davis et al., 2012a, 2012b; Pirchio et al., 2013). FDC educators see parents as an 'advisor' or source of comfort

(Gerstenblatt et al., 2014; Hirsto, 2010), and FDC parents are more likely than centre-based childcare parents to share personal experiences with educators (Bohanna et al., 2012).

Partnerships with service coordinators, other educators and community organisations also positively contribute to educator and child mental wellbeing. Despite limited research exploring the nature of educator-coordinator partnerships, Davis et al. (2012a) found educators provided sensitive and high quality care to children when their coordinators communicated and visited regularly, provided training opportunities, and offered constructive feedback. They also found that FDC educators who regularly interacted with other educators were more responsive to children's developmental needs and provided a higher quality of care (Davis et al., 2012a). While FDC educators indicate a need or willingness to make referrals to child-related services, many lack the knowledge of when and to whom referrals should be made (Davis et al., 2012a).

Aims

Previous FDC-related research demonstrates a need to investigate further the role of educators and their confidence in supporting children's mental wellbeing and how their partnerships and COVID-19 influence this. This study aimed to provide rich insight into how educators working in FDC support children's mental health and wellbeing, the influence of their partnerships, and the impacts of COVID-19. The following research questions were asked:

1. What role do educators play in supporting children's mental wellbeing, and how confident do they feel in fulfilling that role?
2. How do the partnerships educators have with children, families, service coordinators, other educators and the wider community impact their ability to support children's mental wellbeing?
3. How has COVID-19 impacted the mental wellbeing of educators, children and families?

Method

The present study used qualitative interviews to explore the experiences of Australian FDC educators and the interactions they have with children, families, their service coordinator, other educators and the community. The interviews were semi-structured to allow the interviewer to guide the conversation around issues highlighted within previous FDC-related research whilst still giving participants the flexibility to discuss experiences they deemed necessary (Brinkmann, 2014). This project was approved by the Hunter New England Human Research Ethics Committee (2019/ETH13743).

Participants

Participants were currently practising Australian educators recruited from an existing organisational database of educators interested in participating in research and were purposively selected to represent educators in terms of age, years of experience and geographical location. Twenty-six educators were invited via email to participate, and seven agreed to interviews in June 2020. Considering the aims and scope of the study and drawing on our research experience, we deemed this sample size sufficient (Vasileiou et al., 2018). The seven interviews were assessed and found to provide rich, quality data relating to the research questions, including variety and discrepant cases and disconfirming evidence (see Erikson's 1986 'evidentiary adequacy'). Pseudonyms were used to maintain confidentiality. Participants were invited to select a pseudonym, which one participant chose to do, and the rest were randomly assigned. Table 1 shows the breakdown of participant demographics.

Table 1. Participant demographics.

Pseudonym	Age Category (Years)	State	COVID-19 Lockdown Status [a]	Remoteness [b]	Qualifications	FDC Educator Experience (Years)	Number of Children/Families Attending Service		Age-Range of Children Attending Service
							Pre-COVID-19	At Present	
Brenda	50–59	New South Wales	No	Major city	Diploma	22	7 families	6 families	14 months–3.5 years
Kate	60–69	Western Australia	No	Remote	Diploma	21	4 children	8 children [c]	3 months–8.5 years
Connie	50–59	Queensland	No	Inner regional	Diploma	15	8 children [c]	5 children [c]	2–9 years
Helen	60–69	Victoria	Yes	Major city	Post-graduate	12	7-9 children	3 children	3–4 years
Piper	40–49	New South Wales	No	Outer regional	Bachelor's degree	16	12 children [c]	10 children [c]	8 months–7 years
Lucy	50–59	Queensland	No	Inner regional	Diploma	13	15 children [c]	15 children [c]	9 months–10 years
Stefanie	40–49	New South Wales	No	Major city	Diploma	8	2 families	5 families	1–3 years

[a]COVID-19 lockdown status refers to if the educator's state was in lockdown due to COVID-19 at the time of interview.
[b]Remoteness categories were adapted from those used in the map of the 2016 remoteness areas for Australia (Australian Bureau of Statistics, 2018).
[c]Includes school-aged children.

Procedure

Included in the invitation email was a participant information statement and consent form. The information statement listed organisations participants could seek support or advice from if they were experiencing any distress. The interview schedule was piloted with a researcher working with FDC educators and reviewed again after the first interview to ensure it was sensitive to the needs of educators during the time of the pandemic. This resulted in us making minor revisions to the schedule.

Participants were given the option of conducting the interview either via Zoom (a video-conferencing application) or phone; all participants preferred phone. Face-to-face interviews were not possible due to the location of participants and public health restrictions relating to the pandemic. Interview length varied from 33 to 74 minutes ($M = 54$ minutes, SD = 15). The main body of the interview contained 12 questions asking participants to define young children's mental wellbeing; discuss their perceived confidence in identifying child wellbeing difficulties; reflect on the impacts of the COVID-19 pandemic; and describe their interactions with children, parents, their service coordinator, other childcare educators and community services. In the closing statements of the interview participants were encouraged to contact the support services listed on their information statement. During an interview, one participant disclosed a recent bereavement and was sent a follow-up email with additional support resources. Participants were also invited to contact the research team for a copy of their transcript and/or the study's findings. Two educators requested and received a summary of the results. Within field notes and de-briefing with research supervisors, Author 2 acknowledged her status as an 'outsider', a researcher with no personal experience with FDC (Berger, 2015). This position may have influenced the willingness of some participants to share their knowledge and experiences, whereas others may have preferred the anonymity of talking to someone unrelated to their profession.

Data analysis

Field notes were taken during and after each interview to help identify potential themes and guide subsequent interviews. Author 2 listened to the audio recordings and transcribed the text verbatim. Following transcription, the data were analysed using thematic analysis. This method helps to identify themes and patterns across data that amply describe the data and allow for interpretations and observations to be made (Maguire and Delahunt, 2017), even among small sample sizes (Braun and Clarke, 2013).

The analysis process followed that suggested by Braun and Clarke (2006). Author 2 became familiar with the data by conducting and manually transcribing the interviews, noting potential codes or themes, and re-listening to the audio recordings during integrity checking (i.e. deleting identifiable features, such as a child's name or the educator's hometown). Segments of the transcripts that identified meaningful experiences of the educators relevant to the research questions were labelled with codes. Data that was explicitly stated was coded semantically, and underlying meaning was coded latently (Braun and Clarke, 2006). These codes were combined around the study's research questions to form a coding framework. Using this coding framework, we organised codes into broader themes which said something significant or interesting about educators, their confidence in supporting children's mental wellbeing and the influence of their partnerships and COVID-19. Themes were reviewed and modified, with the authors asking questions such as 'Does the data support the themes? Are there themes within themes (subthemes)? Are there other themes within the data?' (Maguire and Delahunt, 2017). Regular discussions between all authors ensured the codes and final themes were agreed upon as reflective of the overall dataset. During

writing, the themes were organised by research question to show their relevance to the research questions and their distinction from one another (Braun and Clarke, 2006; Guest et al., 2012). Included in the results are selected rich and thick quotes, both verbatim and edited, which convey the experiences of educators and represent the identified superordinate and subordinate themes, demonstrating how they were identified from the data (Patton, 2002).

Results

Thematic analysis revealed six superordinate themes. These were (1) *more than a babysitter*; (2) *experience is the best teacher*; (3) *close and supportive relationships*, which included *a sense of exile* as a subordinate theme; (4) *it takes a village to raise a child*; (5) *fear and uncertainty*; and (6) *business and relational difficulties*.

More than a babysitter

Educators described their role in supporting children's mental wellbeing as more than simply looking after children. Overall, educators saw themselves as advocates and role models for children. When educators were concerned about a child's mental health or had identified risk factors, most saw it as their responsibility to communicate with and provide support to parents:

> *I would do my absolute best for that child to be the best that they can be while they're here . . . you can't control anything beyond here really if the parent isn't going to be open . . . but then, it might just be that you . . . have to start the conversation and give them a little bit, and then continue the conversation a little bit more down the track. (Piper)*

Educators highlighted the importance of creating a safe and consistent environment where educators model how to recognise and regulate emotions. Educators noted this was especially important when the child's home environment may not necessarily reflect this, 'We need to be the safe place for them, no matter what's happening for them at home . . . to be able to come and have a feeling of relaxation . . . safety, and a connection' (Brenda).

All educators revealed that in supporting children's mental health, they also provide support for the whole family, 'I feel that I just don't provide a service for the child when they come into care, I feel I provide a holistic service for all the children and the family' (Brenda). Educators recognised the pressure of being 'put on the front line to identify differences in a child's mental health' (Connie) while meeting FDC business requirements, supporting their own families, and maintaining their wellbeing. However, educators believed supporting children and their families through mental health challenges, or otherwise tricky situations was rewarding, 'parents are trusting you with their most precious gift that life can give, so I take that quite seriously . . . I . . . feel honoured that . . . I'm able to . . . do this role' (Stefanie).

Experience is the best teacher

Overall, educators felt reasonably confident in supporting children's mental health and primarily attributed this to their past experiences. Most educators identified their 'life experiences' (Kate) and their approach to their work as more influential than training, 'I think it [training] helps, but I don't think it's everything. I think it's you as a person, and . . . how you feel about doing the job' (Lucy). Educators stated the Certificate and Diploma in early childhood education and care (or the equivalent at the time of their training) did not adequately address children's mental health, 'I think that [the diploma] probably added maybe 40%, 35%, to [my knowledge of] . . . the mental health

of the children' (Brenda). Educators revealed that recent training they had undertaken, such as a child protection course or the Be You training provided by Beyond Blue, was more beneficial in helping them better understand children's mental health.

Close and supportive relationships

Educators described their relationships with children, families, their coordinator, other educators, and the wider community as close, open and supportive. Most educators agreed that their closeness with children was due to the large number of hours children spend in care over many years, and stated this contributed to their confidence in identifying mental health difficulties, 'I think I'm pretty good, because I know the children intimately. I know them on a daily basis. So I can see where there [are] changes within their behaviour' (Connie).

Educators said there was comfortability in their honest conversations with parents, 'They feel comfortable to talk about things like their mental health and wellbeing and that of their children, and that's a wonderful thing' (Lucy). When raising concerns regarding a child's mental health, educators would approach the situation differently for each family. Some admitted they would 'sit on it' (Kate) and gather some more information before addressing anything with the parent:

> *I've got one parent she always says "don't talk to me face to face, I'll cry", so you have to email her with anything that may be difficult. . . . It comes back to your relationship with that particular parent, cause it's different with each one. . . (Piper)*

If they required advice on approaching parents, most educators identified their coordinator as their first point of call. Educators felt secure and supported to ask their coordinator for help, 'I think I've got a very open . . . honest relationship. I'm able to talk to them openly . . . if I've got a problem, I'm not scared of coming forward and telling them if I think something's not right' (Connie).

Most educators indicated they have strong relationships with other educators, primarily FDC educators, with one stating, 'I've got some that've turned into some of my best friends' (Stefanie). Educators felt comfortable to ask for advice about children's mental health and talk openly about their experiences as an educator, 'When you're having a particularly bad time . . . you can always get together and network and say 'well what would you do?'. . . "Could I have done this a different way?"' (Piper). Most educators stated they connect with other FDC educators by having play dates with the children, coffee or dinner dates, or by attending professional development.

Educators identified a variety of community services and organisations with which they interact to benefit a child or family. These included general practitioners, psychologists, speech therapists and local primary schools. Educators within smaller communities revealed they have close relationships with these services, as many parents often work in such services, 'I have a clinical psychologist as one of my parents, a speech therapist, an early childhood nurse, and a teacher'. (Piper)

A sense of exile. However, educators identified situations where they have not felt valued or connected. Six educators recalled at least one circumstance where they felt unsupported by their coordinator. For some, this led to becoming self-sufficient and not 'needing' their coordinator (Brenda). For example, one educator felt neglected when they asked for additional support in caring for a child with significant mental and physical health concerns:

> *I begged them to come out for 3 months, and they did not come out . . . I quoted the coordinator saying . . . "we've got new educators, they need our help . . . you're quite experienced". And I just said "I just need someone here to make a cuppa for me. I need to debrief . . . I can't talk to anybody else but you". (Brenda)*

Educators also admitted to sometimes feeling isolated from other educators. Although some may prefer to work independently, another stated her isolation was due to her geographical location and had become 'normal':

> *I do know the educators in a nearby town, but I don't actually know them on . . . a professional level, I just know them on a personal level . . . enough to say hello to, but other than that, I have no contact with other educators . . . I might only see one educator maybe once a year . . . So, I really don't have . . . a very good . . . or extensive relationship with educators . . . I feel like a bit of an island sometimes. (Connie)*

Educators also revealed that they could feel disrespected by parents, especially when discussing concerns about a child's mental health. One educator described a situation where a parent requested to change something in the service, but the educator was unable to, due to accommodating for other children and families, 'I was like what can I do here?' Because I can only . . . try and be kind . . . but in the end, she got so mad with me, they left' (Helen).

It takes a village to raise a child

Most educators believed collaboration with families and the community is essential to support children's mental health effectively, as it 'takes a village to raise a child' (Brenda). Educators often considered their relationships with the parents as the most significant because 'families are the essence of family day care' (Lucy). These educators believed that a genuine and trusting educator-parent partnership is pivotal to children being fully supported and experiencing the best mental health and development outcomes. Educators recognised their relationships with other FDC educators are not only crucial for their mental wellbeing, where they can feel more supported, connected and confident in their role, but also for the children, as they can grow and build relationships with other children in different environments,

> *I do a playdate with someone who works very similarly to me . . . It . . . allows us to network in an informal way, and I think . . . that's really important, particularly in a small town and . . . when you are the only carer in your scheme . . . you need to be having that regular weekly kind of thing . . . it's also good for the kids, and the parents love it. (Kate)*

Educators valued their reputation among the community, as they believed it impacted their work, confidence and mental wellbeing. One educator stated their relationship with the community is the most important in their work:

> *I think . . . how I'm perceived in the community is important to me. . . . I suppose it's quite intermingled out here, because I take the children on excursions . . . with the libraries, the fire brigade, the police . . . I get the families involved as well. So for me, that would probably be one of the most important – about connecting families to community. (Connie)*

Educators believed these connections positively contribute to children's mental wellbeing and development by providing children with a 'well-rounded education' (Helen) while highlighting the uniqueness of FDC, 'it isn't just the smaller group, it's about how you can build those relationships . . . I think less things get missed and more discussion happens' (Kate).

Fear and uncertainty

Educators identified that many children and families experienced fear and uncertainty during COVID-19. A mixture of confusion and worry was recognised among children, as they 'were

asking a lot of questions' (Piper) and 'were quite alert and actually looking for where the germs were' (Brenda). Educators acknowledged increased anxiety among parents regarding the children's health and the affordability of childcare, amidst job loss and parental mental health issues, 'the mum that suffers with depression, she kept her children home from care . . . she's still struggling . . . to utilise the services, even though she needs to have the time without the children' (Lucy).

As a result, some educators were more diligent in providing support during this time, even amidst their mental health challenges,

> *I actually had to work even harder to ensure that my families were coping, cause not only were I supporting the children, I was also supporting the parents, and helping them support their children . . . I was always feeding them . . . updates and so forth. So for me, physically and mentally it was a lot harder. (Connie)*

Additionally, educators increased hygiene practices around the home to protect children's health and instil confidence in parents, engaged in online learning to maintain relationships with children during lockdown, and communicated openly with parents via brochures and information boards and with children using storybooks. Educators considered this open communication and increased community support and quality family time as positive outcomes of COVID-19, 'I think for many children . . . if they're spending more time with their families . . . this could be, when they're older, a happy time that they look back on' (Helen).

Business and relational difficulties

Educators also discussed the impacts of COVID-19 on their business and relationships. Many educators experienced financial insecurity, reduced pay rates and longer working hours in response to changes in government support packages, 'I get paid $41 for working 11 hours, and that's really hard' (Brenda). Educators expressed they felt overlooked by the government and disrespected by the general Australian community, 'just like with COVID, when they brought in . . . the payments and the "let's save the industry", it wasn't to save family day care, it was to save long day care . . . and . . . that in itself's shocking' (Helen). There was tension with coordinators and families for some educators due to different opinions on managing their services' COVID-19 response. Educators also revealed that lockdowns and restrictions negatively impacted their relationships with other educators. Despite these challenges, most educators revealed they continued business as normal because 'if you don't work, you don't get paid within our industry' (Stefanie).

Discussion

This research provides rich insight into educators' experiences and ability to support children's mental wellbeing. Thematic analysis of semi-structured interviews revealed educators perceive their role to be more than a babysitter, and their past experiences gave them confidence in their role of supporting children's wellbeing. The study found that close and supportive partnerships influence educators' abilities, and collaboration is essential to effectively supporting children. Finally, COVID-19 resulted in increased fear and uncertainty for children, families and business and relational difficulties.

The current findings indicate that educators play a variety of roles in promoting children's mental wellbeing. Educators saw themselves as advocates, role models, sources of support for families, and business administrators, aligning with research conducted by Gerstenblatt et al. (2014). Additionally, educators within the present study believed their role entailed providing safe and consistent care for children, which Britto et al. (2017) identified as crucial in supporting children's

mental health and development. Consistent with recent international research, educators acknowledged that their role as a sole trader contributed to increased stress due to financial insecurity and pressure to meet regulatory requirements (Bromer et al., 2021; Gerstenblatt et al., 2014). Such stress appeared to be exacerbated by COVID-19, with educators describing feeling increased responsibility to support children and families amidst their own personal and business challenges, such as reduced mental wellbeing, longer working hours and lower pay rates. Additionally, some educators struggled to establish their professional status among the community, as some viewed their role as babysitting (Gerstenblatt et al., 2014). Educators believed they feel more able to fulfil these roles and positively contribute to children's mental health when they are practically and socially supported.

The superordinate theme of *experience as the best teacher* encapsulates educators' beliefs about their practical support (i.e. training). Despite past researchers revealing a lack of confidence among educators (Davis et al., 2012a, 2012b; Sims et al., 2012), the current research indicates educators feel reasonably confident in their ability to fulfil their multiple roles and identify when a child may be experiencing mental health difficulties. Educators attributed this to their years of experience and attitudes towards their role. Their education and training were believed by educators to not adequately address children's mental health. As a result, educators engaged in additional training and professional development to gain a comprehensive understanding of children's mental wellbeing and their role in providing support. This finding adds to Australian research, highlighting similar gaps within early childhood education training (Davis et al., 2011; Williamson et al., 2011). Overall, these results suggest a re-evaluation of the initial training to ensure thorough coverage of children's mental health so that educators can feel more confident as they enter the workforce, and children's mental wellbeing can be more effectively supported.

In addition to enhancing educator capacity, the present study found that training can serve as an avenue through which educators feel socially supported. Training provides educators with opportunities to interact with and offer and receive support from other educators from various backgrounds (Ota et al., 2013). Further, when educators feel capable and supported, children are more likely to positively interact with their environments and build secure attachments with their educator and peers (Arace et al., 2021). The benefits of adequate training for FDC educators include enhanced educator capacity, increased support for educators and the promotion of children's mental wellbeing.

Educators can also feel supported through their partnerships with key groups. The current research adds to past FDC-related research and suggests that close partnerships benefit both educators and children. For educators, strong and reciprocal partnerships with children, families, their service coordinator and other educators can alleviate job-related stress and feelings of isolation among educators (Bromer et al., 2021; Corr et al., 2015; Rusby et al., 2013). More specifically, Bromer et al. (2021) found that strong partnerships increased the likelihood of continuing work as an FDC educator. Corr et al. (2015) found that partnerships with service coordinators and other FDC educators also serve as avenues through which educators can access practical and social support. Additionally, partnerships with the broader community facilitate educators establishing their reputation as 'more than a babysitter' (Gerstenblatt et al., 2014). Therefore, close and supportive relationships can help relieve FDC educators' sense of exile, as they feel more supported, valued and confident in their role.

Strong collaboration can also facilitate a unified approach in supporting a child's mental wellbeing between the child's home, childcare and community settings. Partnerships with parents and relevant community services can enable a mutual understanding of the different factors within the child's internal and external environments that influence the child's mental health (Pirchio et al., 2013). The sharing of information can assist educators in providing individually-tailored support

to children and making appropriate referrals when necessary (Flottman et al., 2011). Weglarz-Ward et al. (2020) suggest collaboration can be especially beneficial for children with mental health or developmental difficulties, which may require additional support or early intervention. Educator-parent partnerships based on open communication, interdependence and mutual respect, can increase the continuity in care between the home and childcare environment, where learning and management strategies in the home can complement those in childcare, or vice versa (Hirsto, 2010). In turn, this can help children transition easier between these environments, build secure attachments with caregivers and peers, meet developmental milestones and develop a positive identity (Arace et al., 2021; Flottman et al., 2011; Serpell and Mashburn, 2012). Therefore, strong partnerships support FDC educators and are also beneficial for children's mental wellbeing and development.

The impact of COVID-19 on educators, children and families mental wellbeing was an essential element to the present study. Though still under research, COVID-19 has had significant psychosocial impacts on children, families and educators. Initial research during the outbreak found that children demonstrated increased agitation, clingy behaviours, repetitive questioning and attentional difficulties (Fitzgerald et al., 2020; Singh et al., 2020). Parents experienced high stress in caring for their children while also managing occupational and financial challenges amidst COVID-19 (Fegert et al., 2020). The present findings indicate similar responses from children and parents, particularly increased fear and separation anxiety. To help alleviate these symptoms, Singh et al. (2020) suggest that educators should remain informed about the situation, role-model appropriate responses with children, communicate with parents and partner with community services to support children and families. Educators within the present study utilised such strategies and believed these helped support children's mental wellbeing during the pandemic. However, many educators simultaneously experienced their feelings of stress and anxiety during COVID-19 due to juggling multiple roles as small business owners and often as parents themselves.

Implications

These findings hold important implications for both the Australian FDC sector and children's mental health. Educators' training and support directly impacts educator capacity and, therefore, indirectly impacts children's mental wellbeing. Adequate training about identifying risk factors and mental health concerns among children and how to address such concerns effectively can contribute to educators feeling more capable in their role. This training is particularly significant for educators with less FDC or childcare-related experience. As a result, educators can be more equipped to provide early intervention and support, thus decreasing the likelihood of early childhood mental health difficulties contributing to further concerns in later life.

Close and supportive partnerships with children, families, coordinators, other educators and the wider community further enhance educators' self-efficacy. Collective resources for educators, parents, service coordinators and community services can provide such groups with practical tips on fostering effective partnerships based on respect and open communication so that children can receive consistent and supportive care as they develop. Educator training and successful collaboration between key groups lead to children receiving more holistic care, where all aspects of their health, including their mental health, are effectively supported.

Strengths, limitations and future research

The qualitative nature of the present research provides rich insight into the unique experiences of FDC educators and how numerous factors impact their capacity to fulfil their role. An additional

strength of the study was the particular focus on FDC educators, as they have previously received little research attention. Findings from the present research allows future changes to training or resources to be driven by FDC educator experiences. Generalisability was not an objective of the study. A larger sample would be required to provide a representative picture of the whole population of Australian FDC educators. The representativeness of the data is limited concerning FDC educator experience, with all but one participant being late-career stage. Therefore, it would be valuable to conduct the same study with less-experienced educators to represent their experiences. This research may also help highlight any recent changes to the formal childcare training regarding children's mental health. Longitudinal research would be beneficial in investigating the repercussions of COVID-19 on the mental wellbeing of children, families and childcare educators as society recovers.

Conclusion

In conclusion, this study provides a deeper understanding of the experiences of Australian FDC educators and the factors that impact their capacity to support the mental wellbeing of children. As educators are key attachment figures for many children, they have a crucial role in identifying risk factors and indicators of mental health issues among children, facilitating early intervention, and supporting families, particularly during challenges such as a global pandemic. Sufficient training about children's mental wellbeing, and solid and supportive partnerships with children, families, service coordinators, other educators and the wider community, enhance their ability to do so. As a result, children receive the holistic and consistent care they require to develop into healthy adolescents and adults. Thus, when educators are supported, so too are the children within their care.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This work was supported by Funding for this project was provided by the Australian Department of Health through the Prevention Hub.

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