



CHILDLinks Staff Wellbeing in Early Learning and Care

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Staff Wellbeing in Early Learning and Care Editorial

Caring for and educating young children in Early Learning and Care (ELC) settings is often very rewarding and fulfilling work. However, the role of the early years educator can be emotionally demanding, and this, coupled with often low wages, poor working conditions, a lack of role clarity and leadership, high staff turnover and low professional status can all result in educators feeling high degree of stress, depression and burnout. The multiple time pressures and limited resources in ELC settings can also lead to a working environment that offers little in terms of staff care and wellbeing. Given what we know about the importance of the quality of relationships and interactions between young children and the important adults in their lives, as well as the link to child outcomes, poor educator wellbeing can impact not just on the individual educator themselves, but also on the children in their care. It is essential that attention be paid to reducing the stress and promoting the resilience of early years educators so they are best equipped to support the children in their care.

In the first article in this issue of ChildLinks on staff wellbeing in ELC, Oke, Hayes and Filipovic draw on their study looking at the experiences of burnout among early years educators in Ireland and consider the importance of educator wellbeing in early childhood practice, for both educators themselves and for the children in their care. Concerns about wellbeing are not just confined to staff in Irish ELC settings, however. Also in this issue, researchers from the Rocky Mountain Prevention Research Center at the University of Colorado highlight how personal demands experienced by the early years workforce and work conditions within settings can negatively affect job satisfaction and wellbeing among staff in the US. Another article looks at the negative impact of Covid-19 on educators' wellbeing in Australia and outlines how some organisations have supported early childhood educators, as well as the children and families in the setting.

In other articles, National Childhood Network highlight how child and educator's health and wellbeing is promoted in Healthy Ireland Smart Start Programmes for ELC services; Amy Dowd from Cuan Bhríde Childcare Centre in Roscommon outlines how, as an ELC manager, she works to provide a positive and supportive work environment; and Sheila O'Malley, a professional trainer in wellbeing, gives her suggestions as to how to work without sacrificing yourself.

Finally in this issue, Sharon Byrne, Barnardos Early Years Development Coordinator, looks at the potential impacts on educators who work with children and families who have experienced trauma, and explores some of the ways that ELC services can support their staff to prevent burnout and secondary trauma.

Sineaci Lanton



Early Childhood Educator Wellbeing: Are Early Childhood Education and Care Practitioners Burnt Out?

Meera Oke, Academic Director ECEC & Lecturer, National College of Ireland; Noirin Hayes, Visiting Professor, School of Education, Trinity College; Katarina Filipovic, Associate Faculty, National College of Ireland



Introduction

Caring for and educating children is regarded as a rewarding and fulfilling profession. Even so, over the last two or three decades, several studies have reported the high degree of stress, depression and burnout among early childhood educators across the world (Blöchliger & Bauer, 2018; Rentzou, 2012; Tsigilis, Zachopoulou & Grammatikopoulos, 2006). Issues with wages, working conditions, role clarity and leadership, as well as overcommitment are all factors that may contribute to their burnout (Backhaus, Hampel, & Dadaczynski, 2018). Cherniss and Kranz (1983) argue that burnout is a price paid for professionalising professions from 'callings' to 'modern' occupations.

The landscape of Early Childhood Education and Care (ECEC) in Ireland has undergone several changes over

the last decade, with increasing external demands placed on educators with relatively unsupported working conditions (Joint Committee on Children and Youth Affairs, 2017, OECD, 2021). Significant changes in the sector has led to requirements for early childhood educators to extend and deepen the quality of early childhood practice. Historically, low levels of pay, multiple inspections, and regulatory and administrative demands have been acknowledged and identified as adding to the stress levels of early childhood educators (Hayes, 2016). During the Covid-19 pandemic, issues related to recruitment and retention came to the fore, with managers of settings emphasising their struggle to maintain appropriate child/adult ratios, recruit relief staff and deal with Covid-19 related absences. This mirrors the findings from Greer (2021) who conducted surveys of early childhood professionals during Covid-19. Participants identified '... low wages, stressful working conditions, and lack of recognition as impacting them negatively; even more so after lockdown' (p.8). A lack of recognition leads to professionals feeling undervalued and this, coupled with low pay and poor conditions, can cause educators to experience burnout.

In this article, we draw on a study carried out on the experiences of burnout among early childhood educators in Ireland (Oke et al., 2019). We also discuss the importance of educator wellbeing in early childhood practice, for both educators themselves and for the children in their care, based on the knowledge that the quality of child outcomes are directly influenced by the quality of the interactions that children have with adults, particularly in early childhood.

What is Burnout?

Burnout manifests itself as severe emotional, mental and physical exhaustion due to excessive demands on energy, strength or resources (Freudenberger, 1974). Burnout has also been described by Maslach et al. (1997) as 'a work related syndrome of emotional exhaustion, depersonalization and reduced sense of personal accomplishment that can occur with people who work with other people in some capacity' (p.192). Some of the characteristics of burnout for a professional include cynicism, a sense of being emotionally drained, and negative feelings towards those who they work with. The central feature of burnout is emotional exhaustion. Burnout can have highly negative consequences for workers and the work they do. It also impacts at an organisational/institutional level. Burnout has been found to be associated with high staff turnover, absenteeism, low morale and a deterioration of the quality of a service.

Why Is Staff Wellbeing Important In ECEC?

Early childhood education and care has a unique pedagogy embedded in relationships. Strong, positive relationships can help overcome the effects of the most harmful environments, and even the most positive environments may be insufficient without warm, loving relationships and stimulating interactions. Close interactions, or proximal processes, are thus viewed as buffers for children (Mercon-Vargas et al., 2020). In early childhood settings, this means that supporting the development of positive interactions and relationships between adults, between adults and children, and between children and their peers is central. Education that is characterised by stimulating and supportive interactions and relationships is most effective for children (O'Toole & Hayes, 2020). Positive relationships are, therefore, key to high quality programmes. This means that the wellbeing of early childhood educators influences child outcomes and is central to high quality practice. In order to create effective interactive relational learning environments for young children, early childhood educators must feel comfortable and secure.

Our Study

In the study, burnout was explored in terms of emotional tiredness, depersonalisation, and feelings of accomplishment among early childhood educators, making links with aspects of work life in early childhood education and care settings in Ireland (Oke et al., 2019).

What did we do?

For the study, we surveyed 170 early childhood educators working in diverse settings. Participants came both from urban (64%) and rural (36%) settings, and from a variety of services, 65% from private services and 35% from community services, which is in alignment with national statistics. The majority (67%) of the early childhood educators were employed on a fulltime basis while a third worked part time, and most (60%) had more than 10 years of experience. In addition to the survey, professional conversations (Irvine & Price, 2014) with a smaller number of participants (n=60) of early childhood educators helped us to gain insights into the nature of ECEC environments and changes that educators desired in their job requirements. Participants were invited to discuss job conditions, the value placed on early childhood education practice as well as the type and nature of desired support.

To measure burnout we used the Maslach Burnout Inventory (MBI) - educators survey (Maslach et al., 2016). MBI is a standardised measure of an individual's experience of burnout. Three core aspects of the burnout syndrome are emotional exhaustion, depersonalisation, and lack of personal accomplishment. Emotional exhaustion refers to feelings of being emotionally overextended and exhausted by one's work. Depersonalisation means instances of cognitively and emotionally distancing oneself from work, and having an impersonal response towards people one works with. Personal accomplishment measures the tendency to positively or negatively evaluate the work one does.

To get a sense of the experience of the work environment, we used the Areas of Work Life Survey (AWL) (Leiter & Maslach, 2011). AWL measures the fit between the person and their work environment. When 'the demands of the job exceed the individual's capacity to deal effectively', the relationship is described as unbalanced or mismatched (Leiter & Maslach, 2011, p.2). The greater the mismatch between the person and their work, the higher the chance of burnout. The six domains of job environment examined were workload, control/autonomy, reward, community response, fairness and values (Leiter & Maslach, 2011).

What did we find?

Despite positive feelings and a sense of accomplishment from working with young children, the findings show significantly high levels of emotional exhaustion. In particular, 75% of participants reported feeling emotionally exhausted several times per month. Simultaneously, 75% of participants reported unusual feelings of impersonality toward children at least once in the past one year. Participants did, however, report a positive sense of accomplishment overall (several times a week on average). In terms of work, we discovered that 75% of early childhood educators are dissatisfied with their workload, and nearly 50% are dissatisfied with the financial rewards and recognition for their efforts. It is interesting to note that *emotional exhaustion has a negative relationship with workload and reward. The greater the early childhood educators' dissatisfaction with workload and reward, the greater their emotional exhaustion.*

The variations in emotional exhaustion were investigated across gender, service location [rural or urban setting], employment status [part-time or full-time], hours paid per week [and hours unpaid per week], length of service, highest level of education attained, type of service [private single, multiple service chain, or community] and the age profile of the children. While most aspects, other than the hours paid per week, did not make a significant difference to the experience, working for a private multi-service/chain employer caused significantly more emotional exhaustion.

Professional conversations with early childhood educators revealed that frequent absences of early childhood educators, as well as the resulting shifts in work responsibilities from one room to another, caused stress and influenced the quality of relationships. Furthermore, educators indicated that they would like to see the following changes implemented in their jobs: reduced work hours, less paperwork, and fewer, more integrated inspections. Early childhood educators would like to have more financial security, higher wages, including holiday pay, pay for non-contact planning and preparation time, and real breaks. They also sought greater parental and State respect, appreciation, and recognition of their qualifications and professional expertise.

Educators named direct interaction with children and supporting their growth and development as the most valuable components of their employment when asked what aspects of their occupations they value the most. This suggests that Irish early childhood educators value their profession but are hampered by the conditions in which they work.

Researchers who have looked into various aspects of wellbeing agree that paying more attention to proactively and preventatively supporting educators' wellbeing is critical to sustaining high-quality ECEC. Dobson (2021) points out that educators who feel a strong sense of wellbeing are best positioned to care for children and support them in their learning and development.

According to Cumming and Wong (2019), "educators' well-being is the responsibility of the individual as well as the agents/enablers of these contexts, requiring ongoing, direct and indirect supports across psychological and

physiological dimensions' (2019, p. 12) Cumming et al. (2020) argue that the importance of educators' wellbeing is closely related to the quality of their work environment practices, policies and procedures. Working conditions and wellbeing of employees can be important drivers of process quality and have an impact on employee wellbeing, particularly emotional wellbeing. This can lead to ongoing stress, which has an impact on their overall performance at work, including the quality of relationships they have with their children, colleagues, and parents. Cumming et al. (2020) emphasise the distinct nature of early childhood work environments, particularly the fact that they are primarily designed for children. Consideration must, therefore, be given to ensuring that these environments allow educators to thrive and flourish.

More recently, in reviewing the position of ECEC in Ireland during the Covid-19 pandemic, Mooney, Simmie and Murphy (2021, p.8) conclude that:

...in terms of the professionalisation of ECEC workers, the policy ambitions for the early years in Ireland were to be enacted by subsidies to private providers to hire the most qualified; a new system of continuing professional development for pre-primary teachers to be aligned with the current primary teacher system; and a top-down regime of regulation.

However, no recognition was given to, or responsibility was accepted for, critical issues concerning the precarious employment of ECEC practitioners. This mirrors the findings from Matson (2020) who conducted a survey of ECEC professionals during Covid-19. Findings illustrated that staff mental health and wellbeing was negatively impacted by the experience of working through the pandemic, with participants identifying '... low wages, stressful working conditions, and lack of recognition as impacting them negatively; even more so after lockdown' (p.14).

What Should We Do To Support Early Childhood Staff Wellbeing?

Strengthening the wellbeing of the educator will need significant levels of commitment, resources and sectoral changes on the part of the government and the Early Childhood Education and Care system as a whole (OECD, 2021; Urban et al., 2018). There is a need for a holistic approach, and at all levels, to bring about a sustainable change.



Interventions on a macro-ecological level might include exogenous factors such as:

- Improved working conditions such as pensions and year round employment.
- Putting a value on the work of early childhood educators by boosting the minimum pay to keep them on the job.
- Providing relief employees and encouragement to participate in ongoing professional development. (CPD) to support communities of practice.
- Increased investment in the sector which will directly support staff.
- Facilitating a democratic participation of early childhood educators in making policy level decisions.

Personal stress management interventions, such as the development of coping mechanisms and the availability of mindfulness training are also suggested. However, endogenous factors that contribute to stress and burnout may require less attention in Ireland because most early childhood educators like their professions.

Conclusion

What is clear from our study and the impacts of the Covid-19 pandemic on the sector is that the early childhood sector in Ireland is precarious and unsustainable, living on the passion of educators, given poor working circumstances and low levels of recognition. Our children's outcomes and future are in jeopardy unless we promote their wellbeing and recognise the services offered by the personnel.

Some efforts to achieve the wellbeing of ECEC staff is outlined in the ambitious *First 5: A Whole-of-Government Strategy for Babies, Young Children and their Families 2019-2028* (Government of Ireland, 2018). It remains to be seen how effectively it is implemented and the impact it will have on early childhood staff wellbeing.

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Demands, Resources and Job Satisfaction of the Early Care and Education Workforce Charlotte Farewell, Assistant Professor, and

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The early care and education (ECE) workforce plays a key role in promoting early childhood development through their interactions with young children during formative years. However, the personal demands often experienced by this important segment of the workforce and the work conditions within ECE settings can negatively affect job satisfaction and well-being. Poor ECE workforce well-being can lead to increased turnover and burnout as well as poor child development outcomes. Therefore, identifying and increasing supports for ECE providers is imperative.

The Importance of ECE Staff Well-being

The early childhood years are a time of rapid growth and development for most fundamental skills. During these critical years, children develop the cognitive, language, motor, and social-emotional skills necessary to support a productive and happy life (O'Connor et al., 2018; Shonkoff, 2010). The early care and education (ECE) workforce plays a key role in promoting the development of these skills through their interactions with young children in their care during these formative years and by constructing environments that foster the healthy development of children in ECE settings. Mental and physical health of ECE staff (e.g., lead teachers, assistant teachers, directors, administrators, family support staff) can either enhance or limit the interpersonal and physical engagement that staff have with the children in their care, which then impacts the children's overall development. Despite the importance of the health and well-being of those responsible for providing safe, stable, and nurturing environments for children, it is often overlooked.

Health Disparities of the ECE Workforce

Working in ECE settings is stressful. The inherent demands of the profession and the work conditions within ECE settings affect staff's psychological, emotional and physical health and well-being. Demands of the early childcare workforce, specifically those who care for children aged 3-5 years of age, include: low pay (the average yearly salary for an early educator in the United States is \$21,000 USD) (Linnan et al., 2017a); poor working conditions, including long hours; high job demands (especially among directors and administrators); and low job control (with teachers and classroom workers reporting the lowest levels of job control) (Linnan et al., 2017a). Additionally, ECE staff are at increased risk of infectious diseases due to close proximity to children who have less developed immune systems; increased risk of injury and falls due to lifting and moving children regularly; and increased risk of encountering environmental hazards, such as toxic

cleaning materials and art supplies (Shuai et al., 2014). A systematic review of 30 nationwide studies found that these challenging work conditions are related to a high risk for injuries and other occupational hazards, as well as adverse effects on workers' psychological, emotional and physical health (Bright & Calabro, 1999; Cumming, 2017; Gratz et al., 2002). The unfavorable work conditions in ECE settings play a role in the fact that ECE staff are disproportionately impacted by chronic mental and physical health conditions. For example, ECE staff have a higher prevalence of overweight, obesity, heart disease and depression compared to the general population (Linnan et al., 2017a; Sharma et al., 2013; Whitaker, Becker, Herman, & Gooze, 2013).

Head Start Settings

The national staff turnover rate for early educators is between 24% and 40% annually in the United States (Totenhagen et al., 2016). Although poor compensation and lack of benefits have been cited as reasons for high turnover among ECE staff, studies have found that compensation alone is not an indicator of turnover and job satisfaction (Torquati et al., 2007; Wells, 2015). Poor compensation coupled with external factors relating directly to the work environment, such as stressful demands and poor working conditions, may be predictors of job dissatisfaction and turnover rates (Torquati et al., 2007). For ECE staff working in Head Start settings, a federally funded preschool programme in the United States that provides free care to low-income families with children age three to five years old, the demands may be particularly significant. Children in Head Start settings experience disproportionately high numbers of adverse early childhood experiences (ACEs) compared to the broader population of young children 3-5 years of age in the US. For example, one study found that among a sample of 628 preschool-aged children enrolled in Head Start, 63% of parents reported that they experienced three or more ACEs and 40% of these children had already experienced three or more ACEs (Blodgett, 2014). Given the additional challenges of working with this high need population, it is critical to understand how the demands and resources faced by this sample of ECE staff compare to the national workforce.

Job Demands-Resources Model

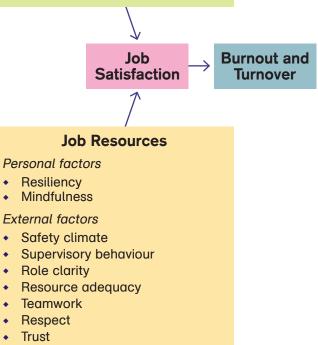
We applied the Job Demands-Resources Model (JD-R) to examine demands and resources that may impact job satisfaction among ECE staff serving Head Start populations. The JD-R model is used in occupational stress research to predict employee satisfaction, burnout and turnover in demanding professions (Bakker & Demerouti, 2017). This model examines personal and external factors that relate to work demands and work resources, which may impact overall job satisfaction, turnover and burnout (Dicke et al., 2018). The purpose of this study was to explore personal and external demands and resources that were related to the unique needs of the ECE population, compare these data to normative samples, and investigate how these demands and resources may impact job satisfaction.

Conceptual Model of Job Demands-Resources Model in ECE Settings

Job Demands

Personal factorsPerceived stress

- Poor mental health (depression)
- External factors
- Workload
- Staffing
- Job stress



Management relationships

Study Methodology

All ECE staff employed at Head Start-funded ECE centres in Colorado that had previous established partnerships with the research team were eligible to participate. A cross-sectional survey was administered for a total of three weeks (October 4, 2019 – October 25, 2019). The survey took approximately 10 minutes to complete. Participants received an incentive of a \$10 Target gift card. The survey contained multiple validated tools to assess personal and external demands and resources that may impact job satisfaction among ECE staff.

Personal demands were evaluated using two measures, the: 1) Cohen Perceived Stress Scale and 2) Patient Questionnaire. Personal resources were Health evaluated using two measures, the: 1) Brief Resilience Scale and 2) Mindfulness Attention Awareness Scale. External demands and resources were explored using the Quality of Worklife module, which was originally developed as a special section of the General Social Survey administered through the National Data Program for Social Sciences at the University of Chicago. Worklife satisfaction was also assessed via a one-item question: "All in all, how satisfied would you say you are with your job?" The following demographic variables were included in the models: Ethnicity (Hispanic versus non-Hispanic), education level (some college or less versus college degree) and supervisory status (no, yes). Race and gender were not included in the models due to a lack of variation within the sample (e.g., 75% white, 98% female).

Findings

One hundred and thirty seven ECE Head Start-staff members completed the survey and 52% of these respondents served in supervisory roles. Approximately one third (35%) of respondents identified as Hispanic/ Latino, 75% identified as white, 92% were between the ages of 18 and 59 years of age, and 70% of respondents possessed college degrees. Responses among this sample of ECE staff were compared to normative data from each of the validated tools described above as well as the General Social Survey, which includes responses that are representative of the general workforce in the United States.

ECE staff reported higher levels of personal demands compared to nationally representative data. For example, in this sample, ECE staff reported higher levels of depression and stress compared to the normative samples; 20% of ECE staff reported experiencing moderate or moderately severe depression compared to 8% of the national sample. ECE staff also reported significantly higher external demands, including workload and staffing concerns, compared to the national workforce. Personal resources that may support job satisfaction were also explored. This sample reported significantly lower levels of mindfulness compared to normative data. ECE staff also reported significantly less access to specific external resources, including safety climate, resource adequacy, role clarity, respect, and management relationship, compared to the national workforce.

We identified differences in overall job satisfaction between this sample of ECE staff and the national workforce. Only 34% of ECE staff reported being very satisfied with their work compared to 49% of the national workforce. When we examined the association between demands, resources, and job satisfaction after adjustment for ethnicity, education, supervision status and ECE centre, personal and external demands were not significantly associated with job satisfaction. However, for each one unit increase in personal and external resources, individuals were 1.1 times and 1.6 times more likely to report that they were very satisfied with their jobs.

Mental Health and Workrelated Demands

ECE staff employed in Head Start settings reported significantly higher personal and external demands compared to the national workforce. Personal demands, including depression and perceived stress, were significantly higher among ECE staff. These findings align with past studies that have found that the rates of depression among ECE staff are three times the national average (36% vs. 12% clinically depressed) (Linnan et al., 2017a). Additionally, perceived stress has been found to be negatively correlated with work satisfaction among preschool teachers (Lee & Quek, 2018). These personal demands may have detrimental impacts on the quality of care provided to children in ECE settings (Cumming, 2017; Gratz et al., 2002; Lee & Quek, 2018; Linnan et al., 2017b).

This sample of ECE staff also experienced disparities related to external demands. ECE staff reported significantly higher workload and staffing concerns compared to the national workforce. In a recent study, researchers applied the JD-R model to examine demands among early-career teachers teaching in primary and high school settings in Finland (n=2,038) (Dicke et al., 2018). Results found that high external job demands associated with teaching include work overload and a poor physical work environment. Another study, which similarly highlights this demand in the teaching profession, reported that higher job satisfaction among preschool teachers was associated with lower teacher-to-child ratios (Lee & Quek, 2018). These studies support the identified external demands experienced by this sample of ECE staff; however, we suggest that these demands may not significantly impact job satisfaction among ECE staff.



Resilience, Mindfulness, and Work-related Resources

Personal resources, including resilience and mindfulness, varied between ECE staff and normative samples. Although resilience ratings were comparable between the two groups, reported mindfulness was significantly lower among ECE staff compared to normative data. A past study found that higher reported mindfulness of Head Start-funded preschool teachers was associated with lower depressive symptoms, as well as higher quality relationships with children in their care (Becker et al., 2017). A study by Garner et al. (2018) also found that an increase in mindfulness of ECE teachers resulted in an increase in emotional well-being and job satisfaction.

We also identified significant disparities in access to external resources, including safety climate, resource adequacy, role clarity, respect, and management relationships among ECE staff compared to the national workforce. Among preschool teachers, resource adequacy has been identified as a key job resource that contributes to overall job satisfaction. One study found that when teachers perceive more adequate resources in their work environments, they are statistically significantly more satisfied with their job (Lee & Quek, 2018). Additionally, management relationship has been found to be strongly associated with job satisfaction among preschool teachers. Relationships with colleagues and management, including communication with supervisors, has been identified as a critical resource to promote job satisfaction among ECE staff (Aldridge & Fraser, 2016; Lee & Quek, 2018; Shen et al., 2012). Strong management relationships may also be correlated with role clarity and perceived respect, which were both identified as resources that were lacking in this sample of ECE staff. Higher levels of both personal and external resources were significantly related to increased job satisfaction. This suggests that there is a need to bolster mindfulness supports as well as work-related resources for this sector of the workforce to promote job satisfaction of ECE staff and the wellbeing of children in their care.

Compassion Fatigue

Compassion fatigue may explain some of the elevated demands and lack of resources reported by this sample

of ECE staff serving Head Start populations. This term originated in the fields of social work and counseling, but in more recent years has been applied to additional help-giving fields including healthcare, child protection services, and teaching (Conrad & Kellar-Guenther, 2006; Peck et al, 2015). Fundamentally, ECE staff's professional requirement to support and respond to the trauma of families they serve can espouse feelings of helplessness, poor job satisfaction, and isolation (Figley, 2002). These feelings of helplessness may then spill into their home life and impact their job satisfaction and overall health and well-being. ECE staff serving Head Start families are at particular risk for compassion fatigue because they serve low-income families who often experience significant adversities (Bride et al., 2007). Additional workplace-related factors associated with compassion fatigue include lack of support from administration, time constraints, and lack of autonomy (Skaalvik & Skaalvik, 2009). The findings from the current study demonstrate that ECE staff disproportionately experience personal and external demands, placing them at further risk. Importantly, compassion fatigue is highly treatable. Therefore, understanding predictors of compassion fatigue and demands and resources among ECE staff is important to inform workplace policies and interventions to better support this population.

Implications

ECE staff in Head Start settings may experience significantly more personal and external demands and significantly fewer personal and external resources compared to nationally available normative samples. Development of ECE setting-based interventions that are targeted towards mitigating poor mental health, workload, and staffing challenges as well as promoting mindfulness and work-related resources (e.g., respect, relationships with management) may collectively improve job satisfaction. Promoting resources and mitigating demands faced by ECE staff serving highneed populations may also translate to improved overall health and well-being, in turn promoting highquality relationships with children in their care and fostering resilience.

Find out more about the Rocky Mountain Prevention Research Center (RMPRC)

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Healthy Ireland Smart Start Programmes for Early Learning and Care Services: Promoting Children and Educator's Health and Wellbeing

Aisling McCormilla, Healthy Ireland Smart Start (HISS) Trainer, National Childhood Network

Healthy Ireland Smart Start Programmes

Background

In 2014, the need for a health promotion programme for preschool settings was informed by the shared appreciation that the Health Service Executive (HSE) and National Childhood Network (NCN) had of the invaluable role that early childhood educators can play in influencing young children's behaviours. This appreciation was grounded in observations of the impact of the FETAC level 5 accredited Lifestyle Planning module developed by HSE professionals and delivered by NCN trainers from 2007–2011 through the networks accredited FETAC centre.

The objective of the programme subsequently developed under the Healthy Ireland framework, Healthy Ireland Smart Start (HISS), is to build the knowledge, skills and competencies of educators to develop healthpromoting early childhood settings. Within these settings, the promotion of children's health and wellbeing is incorporated into everyday practice. While the programme initially focused solely on supporting children within preschool services, in 2017, service providers, educators and parents highlighted the need for full day care services to have a specific programme to assist in promoting the health and wellbeing of babies and toddlers. Tusla Early Years Inspectors, a number of County and City Childcare Committees (CCCs), as well as Early Years Specialists from Better Start, the National Early Years Quality Development initiative, also advocated for the development of a specific HISS programme for children from birth to 3 years. This resulted from the common belief that the promotion of all children's health and wellbeing should be a necessary part of overall service provision. A key element of both programmes, as outlined later in this article, is a focus on the wellbeing of educators and managers in early childhood settings, with an aim to improve outcomes for both adults and the children in their care.

Programme design

The HISS training programmes are designed to give educators a solid foundation in the most up-to-date official health guidance as recommended by a panel of HSE National Leads, with an aim to reduce any confusion regarding advice to follow in relation to child health. Both the Preschool and Birth–3 programmes provide support and guidance on clear messaging for educators, children and families, tailoring the information to child and adult needs. The HSE Nurture Programme – Infant Health and Wellbeing, the HSE My Child.ie, and the Tusla National Quality Regulatory Framework (NQRF) inform both programmes. Also informing the programmes are Síolta, the National Quality Framework for Early Childhood Education, and Aistear, the Early Childhood Curriculum Framework. NCN played a key role in developing the content for the Nurturing Emotional Wellbeing modules, informed by developments in Scotland to promote children's emotional wellbeing. The Department of Children, Equality, Disability, Integration and Youth (DCEDIY), which has supported NCN's health promotion work for many years, provided additional investment for the development and piloting of the Birth–3 programme. The HISS initiative is referenced in *First 5, the whole of Government strategy to improve the lives of babies, young children and their families.*

Programme content

Both programmes are divided into a number of modules. These include:

- Health Promotion
- Nurturing Emotional Wellbeing
- Physical Activity
- Nutrition
- Oral Health







With this clear focus on promoting children's holistic development, the HSE and NCN have worked to develop and procure information resources, training and a self-evaluation process that serve the needs of early years staff in helping to promote health awareness, appropriate to the needs of all stakeholders, children, families, educators and managers.

Achieving validation as a Healthy Ireland Health Promoting Service

Services who participate in the programme, and who implement the learning from the different modules into their policies, provision and practice, have the opportunity to be validated as a Health Promoting service by completing and submitting a Self-Assessment Questionnaire to the HSE/NCN Validation Panel. The panel then assess evidence of programme implementation. Services that achieve validation receive a validation certificate and a Healthy Ireland plaque. The validation process takes place twice per year in May and December. The service's status as a Healthy Ireland service lasts for three years.

Programme delivery

The programme has been made widely available all over Ireland, with training, print materials and additional resources distributed to 1,709 settings. To date, 3,202 educators have participated in the training with 660 services achieving validation as a Healthy Ireland Health Promoting Service. As well as the service receiving validation, all educators who complete the programme receive a CPD certificate in their own right.

The Importance of Promoting Wellbeing for Children and Adults

The importance of children and educators having a strong sense of wellbeing is increasingly recognised, with wellbeing being one of the four key themes of the Aistear framework. We know now from experience and research that wellbeing is key to growth and development at any age, but particularly for young children. Professor Ferre Laevers, a Professor in Early Childhood Education, describes children in a high state of wellbeing as being 'like a fish in water'. Children's right to enjoy wellbeing is something that needs to be protected and strengthened wherever possible. The importance of early years professionals also having a strong sense of wellbeing has become increasingly recognised by the HSE and NCN, and both HISS programmes now include a section on Self-Care.

Adult Modelling of Healthy Behaviours

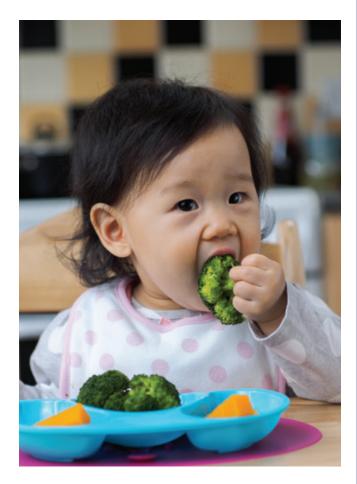
Adults working with young children need a good understanding of the varied aspects of healthy living such as eating nutritious food, engaging in regular physical activity, minding oral health and taking care of emotional wellbeing in order for children to be healthy and to prevent problems as they get older. Best practice also necessitates adult modelling of these healthy behaviours.

In the development and delivery of the HISS programmes, HSE and NCN recognise and promote the model of 'holistic' or 'whole person' wellness. The programmes makes use of the 'River of Health' analogy, highlighting the importance of treating health issues at the preventative stage with lifestyle factors/measures, rather than having to deal with more problems as the individual moves 'downstream', and into the flow of the river, where any issues that arise are more difficult to treat.

The main principle of the programme is to equip people from the youngest age possible with the attitude, knowledge and skills they will need to stay well as they grow. Adults 'modelling' of healthy practices has been shown to have a profound influence on children's behaviour, and adults being able to observe and demonstrate those practices for children is a fundamental part of the HISS programme.

One case in point is the Government's growing desire for entirely smoke-free settings, including Early Learning and Care 'campuses', with an aim to eliminate or reduce the incidence of children witnessing harmful adult behaviours. Other examples include adults sitting to eat and enjoy food with children, helping to foster positive eating environments. This kind of passive leadership works subtly but has a powerful effect. By observing sustained healthy practices over time, with adults leading the way, children can develop their own leadership qualities and act as support for one another.

External influences, such as adults have when modelling positive behaviours, are an important element of cultivating healthy behaviours in children. The real goal, however, is for children to develop their own inner motivation towards healthy behaviours. All involved with the development and delivery of the programme seek to instil an interest in children with regard to their own health and wellbeing, and are keen to equip them with the knowledge and skills needed to support themselves as appropriate to their age and stage of development.



Strengthening the Focus on Adult Wellbeing

To enable adults to support children to develop the motivation to take care of their own physical and mental health, it makes perfect sense to strengthen the focus on adult wellbeing. This additional focus has proved a welcome and practical addition to the HISS Health Promotion module. Recognising the importance of adults' health and wellbeing, especially as it applies to their role working with young children, is welcomed by participants on both of the HISS programmes. As many supports as possible need to be available and the advantage of the new inclusions in the HISS programmes allows the discussion about wellbeing to open up, ideally leading to a growth in awareness and ease of access to the supports that educators' need to stay well. Participants are also signposted to the HSE 'Living Well' Programme, aimed at people living with long-term health conditions such as diabetes, MS and asthma, or recovering from illnesses such as cancer. The programme helps them learn ways to strengthen and manage their condition or recovery.

Educators participating in the HISS Programme are asked to apply the Principles of Health Promotion to their work. These include:

- Empowerment: To have a strong sense of wellbeing is truly empowering, promoting confidence, self-esteem and one's capacity to perform.
- **Equity**: This knowledge should be readily available to all, and equally disseminated throughout all communities, regardless of socio-economic or cultural factors.
- **Participation**: There should be ample opportunities for all to participate, accommodating additional needs where necessary
- Holistic: Wellbeing is not just one thing or another, it is a dynamic state that takes in the 'whole' person.
- **Sustainability**: Wellbeing should be integrated as much as possible into day-to-day life and seen as an ongoing practice, rather than a tokenistic or infrequent event.
- Inter-sectoral: True wellbeing involves collaboration between all parties and agencies.
- **Multi-strategic**: This is best facilitated through a range of means.

Alcohol reduction and smoking cessation

One key example of the additional elements now included is to broaden the sense of what it means to be a 'health promoting' service, with a special focus on reducing alcohol consumption and smoking cessation. Inclusion of reference to these substances raises adult awareness of their dangers and the benefit of sharing information and sign posting to locally available supports wherever possible. The aim is to reduce the potential for harm to children, highlighting an important aspect of wellbeing, i.e. looking after ourselves as carers and educators, which in turn means better outcomes for children.

Emotional wellbeing

An Emotional Wellbeing module was added to the HISS programme by NCN in 2014 in recognition of how much our natural capacity for emotion needs to be addressed in order to thrive, and how our 'whole' health depends on having a strong sense of emotional development. As the programme has organically grown and developed, the need to give recognition to the emotional and mental health of educators has also become stronger. The involvement of HSE Psychological Leads in 2020 to complement NCN's work in relation to nurturing emotional wellbeing has been very beneficial to the programme. The HISS programmes refer to HSE's excellent 'Minding your Wellbeing' programme, which is freely available online, with a series of 20-minute videos that could be recommended viewing for providers, educators and parents.

Alleviation of stress

There has been growing focus on the increasing levels of stress among early childhood professionals. Recent reports from trade union SIPTU and the Federation of Early Childhood Providers, and anecdotal evidence from NCN, have highlighted that the early years sector in Ireland has become increasingly characterised by high levels of stress. The onset of Covid has, in many ways, added to the pressure felt, particularly by owner and community managers, arising from increasing challenges which include: significant administration work, increasing management responsibilities, poor rates of pay/terms and conditions, staff retention and recruitment problems, and demanding contractual obligations, with long hours and short breaks being quite typical for many. Inclusion of the Self-care element within the HISS programmes indicates the HSE's recognition of these difficulties and their attendant impact on the health and wellbeing of all involved.

Filling the Well: Practising Self-care

'You cannot pour from an empty cup. Take care of yourself first.'

In broad cultural terms, the HSE and NCN recognise that the need for wellbeing has led to a growing wellness industry, and the choices are wide and varied as is the approach. There is an array of options and messaging that is associated with this area. As with food, we are surrounded and bombarded with many types of products and information about wellbeing, but these do not necessarily ensure that we are well nourished. Discernment and a degree of commitment are necessary to make consistently good choices. Fundamentally, the HSE and NCN are aiming to create a sustainable and consistent practice of self-care to compliment the other aspects of a healthy lifestyle according to the holistic model.

A key message given to the early childhood professionals on the programme is that prioritising their own wellbeing and self-care sends an important message to the children and families they work with, who can often sense the difference in the educator's demeanour and how they are feeling. The message is also given that developing a regular habit in some form of daily stress relief improves our mood and energy levels, and our ability to cope with challenges. It grows our awareness of the benefits of these practices, so that we may, in turn, pass on those benefits to children. Just as with healthy eating, physical activity and oral health, our ability to positively impact on the lives of those around us increases as we deepen our positive habits and behaviours and we can more efficiently model the 'right' behaviours. Reducing stress levels has the additional and crucial benefit of helping us make better choices. So, in every way, it is a vital part of our healthy-living roadmap and journey. Wherever programme participants happen to be on that journey, HISS trainers remind them that they can always take steps, however small, to get themselves back on track.

Important Role Played by HISS Trainers

In delivering the programme, HISS trainers have the opportunity to encourage managers/educators to consider their individual lifestyles. Some, though not many, count their daily walk as their meditative time for contemplation, and this does have great value as a very dynamic form of exercise. Discussion within classes encourages participants to consider other options that help in staying well. Feedback from both programmes highlights discussions around different health promoting practices. These include spending some time each day doing breath work, guided relaxation/meditations or visualisation, journaling, affirmations, meditation, yoga or Tai Chi. Each of these practices has the potential to have a deep and profound impact on health and wellbeing. With an increased desire to help improve emotional and mental health within society, all of these methods have become increasingly available to us over the years, with more local classes and online guidance available. Trainers encourage participants to find out what is available in their area and remind participants to take ownership of their practice, to be open and willing to try new things, and that no one is too old or too young to try something different.

Hobbies are often discussed that give a sense of satisfaction and that help to reduce stress levels, such as arts and crafts, knitting, gardening, reading and so on. The pursuit of running and other sporting activities is also encouraged as they have the same type of benefits as meditation for some people. Participants are advised that, if their existing practices are somewhat passive, then there is a need to do something active to achieve balance, and vice versa for those who are very into active pursuits but have trouble slowing down.

There is additional support for adults now factored into the programme around simple breathing and relaxation techniques. Once seen as a somewhat specialised practice that was only enjoyed by a small segment of society, these methods now have much broader cultural recognition and are, happily, much more common place. Breathing and relaxation techniques provide practical tools for reducing stress and anxiety and can serve our health in all sorts of ways, and, when practised over time, can reduce the effects of stress on the body. They can lead early years educators to have better relations with others, but most importantly, they can help every educator to have a better relationship with themselves. Breathing and relaxation techniques are not only a practical life skill, they also send a positive message that looking after ourselves is important and that we are worth taking time for.

Conclusion

The Healthy Ireland Smart Start programme aims to give children a good foundation for lifelong health by developing the awareness and means necessary to develop all aspects of our complete wellbeing. Health is something we can take responsibility for, but we also have a right to it, as outlined in the principles of the World Health Organisation's (WHO) constitution:

- Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
- The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, and political belief, economic or social condition.

Early years services involved in the HISS programmes play an important role as a support hub on all areas of health promotion within communities. Many services that achieve the Healthy Ireland Award form an integral part of the life of the communities they belong to, and can have a great impact on the health of children, families and all service users. In addition to their primary offering, they can perform an important role in signposting parents/ families to additional support services available through their local Primary Care centres and other agencies, public, voluntary and community as well as private, such as counselling and other therapeutic supports, groups and more.



As with organic structures, the HISS programmes have adapted to accommodate the evolving needs of the early years sector and the wider culture. The sector itself is relatively young, in terms of culture and history in this country. It is really in an ongoing state of transition and transformation, which needs to be acknowledged, as it is not always an easy process. It is timely and important that there is an increased spotlight on mental wellbeing for both children and adults. Improving the wellbeing of educators and managers in early childhood settings will, in the long term, improve outcomes for all. If embraced by as wide a cohort as possible, these measures stand to have positive impact on the lives of children and the health of society as a whole.

> For further information on the programme, contact the HISS Administrator Patricia Cassidy at patriciac@ncn.ie



Promoting a Positive and Supportive Environment for My Team

Introduction

Why is positive mental health so important? Without good mental health, we may find it difficult to function properly in our everyday lives and issues can quickly snowball out of control. We all have to fight our own battles, but at different times in our lives, the battles may be easy or they may be challenging. We can endure hardship and strife better when we are feeling well within our own mind. When we are not, we may find it very difficult to cope through these personal struggles.

Fifteen years ago, I accepted a job at Cuan Bhríde Childcare Centre in County Roscommon. Over the years, I have made plenty of mistakes as a manager but those mistakes have helped me learn how best to support the positive mental wellbeing of the 22 people I now work with every day. I try to ensure that the staff feel supported and make their jobs easier, which isn't always an easy task.

The past two years dealing with the Covid pandemic have been a rollercoaster of emotion and stress. I have seen more people struggle mentally over the past two years then I have ever before. Challenges that would not have bothered someone three years ago now are a huge issue. It could be something as simple as another early childhood teacher calling out sick due to Covid symptoms. Even though the sick teacher is doing the right thing, the news could immediately set other team members off for a bad day. Their mind starts to worry and their worry turns to anxiety. So much so that they find it hard to cope. One very small thing may be all it takes to be the straw that breaks the camel's back.

Below are a few things that I do to promote positive mental wellbeing at work.

Supporting Staff

Engage in self-care

The most important thing you can do for your staff, as manager, to help combat their anxiety has nothing to do with the staff, it has to do with yourself. It is essential that you make sure that your own mental health is doing ok. If you are struggling mentally, whether it has to do with work or not, it will affect how you react to people. Your own mental health must be your priority. It is like the safety demonstrations you watch when you go on an airplane. When travelling with children and the air mask drops down, you should put your own air mask first, before you attend to a child. You must be mentally healthy to ensure that others are mentally healthy.

Check in

Turning attention back to the staff, one very simple thing that everyone can do, especially as a manager, is speak to everyone every day. I am in at 8am every morning along with a few other staff members. Before I turn on the computer, I say hello to everyone who is there. I check in. I see how their weekend was. How did their daughter get on in the Irish dancing competition at the weekend? How is the farm? How is their sister who has been unwell? I see how they are feeling. For those who are in later, how is the day going? Is it a full moon crazy kind of day? Or is everything going to plan? The more you get to know your team members, the easier it is to tell when there is something wrong. If you do not have a positive relationship with your team, they will not come to you when they need support. It is important to appear open and not to bury yourself in paperwork, which all managers know is easy to do.

Make the environment comfortable

One very simple way you can combat the stress that has built up over the past two years is to make sure the teachers have all of the equipment they need for their classroom. The environment must not only be welcoming for the children, but also for the teachers. Ensure that there are enough arts and craft supplies whenever the teachers need it. Replace broken equipment quickly. Something else that is important is having adult-size furniture in the classrooms. It can be difficult to sit in a toddler-size chair if you are not a toddler, so having something comfortable for the teachers will go a long way. Making sure the environment is a happy place will take away unnecessary stress from the teachers, as they know they will be comfortable and will get what they need quickly.

Reduce stress

Another simple thing that I do is try to reduce stressful situations. For example, on occasion, a teacher may not able to handle a situation with a parent if they are not feeling mentally able. If a challenging conversation has to happen, perhaps have the conversation with the parent yourself instead. Whether it is with a parent or another teacher, there may be huge anxiety around confronting someone. It is important to support all those involved. Sometimes even being with the teacher during a difficult conversation will give them strength.

Encourage breaks

One thing I insist on is to make sure everyone has a break. All staff should know about the legal requirements for breaks. If you work 41/2 hours, you are entitled to 15-minute break. If you work 6 hours, you should have 30-minute break, usually unpaid. The full-time staff at

our service often work 4 hours, take an hour lunch, and then work another 3½ hours. Technically, they are not legally entitled to a break, but teachers have a tough job. Everyone deserves a chance to have a cup of tea or coffee away from the children. Even for the teachers who work less than 4 hours, it is good to let them have a break as well. For the teachers who work 5 or 5½ hours, we give them 20 minutes paid break. Five hours is a long time. You are definitely working through at least one meal, if not two. Twenty minutes is the least we can do for a very busy teacher.

Show thanks

Often, I get staff something nice to eat during their breaks. I am a stickler for our healthy eating policy, so I do try to make the treats as healthy as possible. It could be scones from the local restaurant or café. We have bought lunch for the staff on a number of occasions as well – soup and sandwiches; nothing too extravagant – just something to say thank you for all your hard work.

Another way to say thank you at Christmas is to surprise the staff. Last Christmas, in late November, I bought several advent calendars. The Advent calendars were not chocolates or food, but a range of cosmetics that everyone liked. It brought the festive spirit into the building a little earlier and helped it last a little longer. All staff were given a few different dates that they were to open the Advent calendar windows. Everyone was interested in what other people received. It gave everyone something to look forward to all through December.

Team nights

Now that the Covid restrictions have lifted, we have started up staff nights out. Once a month, we invite everyone to come out to dinner. These nights do not always suit everyone, but we do make sure that everyone is invited. Everyone is welcome. We follow through with inclusion on our work WhatsApp group, the nights out, and the treats. We always include students, relief staff, cleaners, cooks, and do our best to accommodate people with food allergies.

Admit your own mistakes

Professionally, I do my best to meet the needs of the staff as best as possible. I treat everyone with respect, and I keep the confidence of people at all times. One thing that I hope people notice about me too is that I will admit when I have made a mistake. I have found that this encourages other people to open up and talk. I tell people all the time that I make mistakes, because I do.

Show leadership

Managers must be leaders and set the example. When the Covid restrictions were introduced, my teenage son wanted to go and meet up with his friends in town. This was when we were not to be more than 5km from our home. I had to say no because, as the manager of a local community early years service, I have to lead by example. How can I expect people at work to follow the restrictions if I don't? How can I ask people to stay out when they are sick if I am coming in sick? We are all in this together.

Keep talking and listening

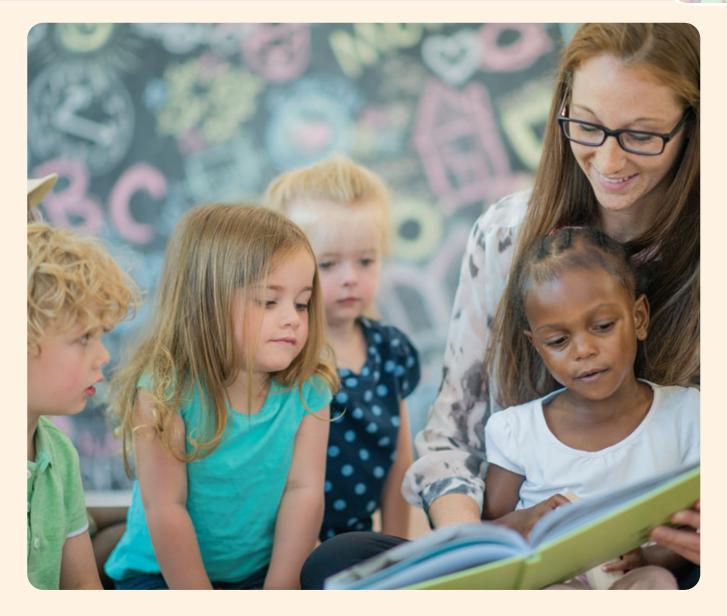
The last thing that I want to talk about is talking. While it may not always be feasible, I do my best to have regular supervision sessions with staff. When a teacher is upset, overwhelmed or fed up, I drop everything and talk to them. It may take 10 minutes, or it may take an hour. Sometimes, people need to go home for the day. Sometimes people need to take longer.

Often, even when the staff member has a doctor's note, the first thing they say to me is 'but what about staff cover?' I tell them it is not their concern. That is for me to worry about. I have to support them when they need it. That is how it should be. Times will not always be wonderful, but you have to be in the right frame of mind to work with children. If you are not, you need to recognise that and get support from your doctor or possibly a therapist. This is becoming more and more common and the stigma of seeing a therapist is going away. Where I come from (the USA), it is seen as a positive thing to go to a therapist. If one of your teachers confides in you that they need to talk to a therapist, they need to know they you support them, and will give them the time off to do that.

I believe that some of the best things that you can do for your staff is just to listen. Listen to what they say and how they say it. Not everyone will come right out and say they have a problem. As a manager, it is your responsibility to know those you are working with and know how to best to support them.

Conclusion

Listening, being supportive and creating a positive working environment are just a few ways to promote positive mental wellbeing in an early years service, and I have found that these work best for me. Ultimately, if you treat people with respect and dignity, you will get the best out of them. We need our staff to be at their best to support and nurture the children who pass through our doors every day. That is why we go to work, for the children. When we are feeling good, the children are feeling good too.



Early Childhood Educator Well-being in Australia Throughout the COVID-19 Pandemic

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Introduction

Educator well-being in the Early Childhood Education and Care (ECEC) sector has increasingly been a focus of research over the last five years (Cumming & Wong, 2019). Australian researchers, and researchers around the world, are beginning to specifically examine the impact that the COVID-19 pandemic has had on ECEC services, organisational leaders, and educators (Eadie et al., 2021; Logan et al., 2021; McFarland et al., 2022). The ongoing pandemic crisis has certainly pushed ECEC professionals to the brink. However, evidence shows that some ECEC organisations are engaging in effective strategies to ensure that the well-being of their educators is at the forefront. It is important to consider what these organisations are doing to effectively support educators' well-being throughout one of the most tumultuous times in recent history.

This paper draws together 'headline-level' learnings from four studies focusing on early workforce issues in Australia, conducted before and during COVID-19; two studies within the Early Childhood Educators' Well-being Project (ECEWP) (Logan et al., 2021; McFarland et al., 2022), the Harnessing the Health Communication Power of the Early Childhood Sector Project (Wong et al., 2022), and the Exemplary Educators at Work Study (Harrison et al., 2017-2022). Not surprisingly, from these studies we found that COVID-19 has had a negative impact on early childhood educators' well-being. However, there is also strong evidence of the commitment of organisations to support early childhood educators to stay safe and well, and to support children and families. The evidence suggests that when educators are strongly supported by their organisations, not only can they continue to provide high quality education, but they can also thrive and be resilient.

COVID-19 in the Australian ECEC Context

Early in 2020, at the start of the COVID-19 pandemic, the Australian Federal Government implemented a variety of strategies to limit the spread of COVID-19. These strategies included state border closures, mandated mask-wearing, travel restrictions, crowd limits, and strict lockdowns in areas with high COVID-19 cases, such as Melbourne and Sydney. Despite these restrictions, ECEC was deemed to be an essential service. Thus, most ECEC services across Australia remained open on-site for all children, whereas most schools moved to online learning and teaching, except for children of essential workers and vulnerable children. What impact did this have on educators and how did ECEC leaders respond?

The Impact of COVID-19 on Educators' Well-being

Using a survey of 831 ECEC professionals across Australia in March of 2021, our research found that educators carried on with their essential work throughout the pandemic, despite significant professional challenges and costs (McFarland et al., 2022). Our participants expressed feelings that there had been a notable lack of recognition or value for ECEC educators and the important work they do, particularly by the Australian Federal Government. In sum, the experience of working on-site throughout the pandemic had a negative impact on mental health, and emotional and financial wellbeing of educators, and left the sector feeling forgotten, abandoned, and disrespected.

The negative impact of COVID-19 on ECEC professionals went beyond the workplace. Educators also struggled with the competing demands of working throughout a highly stressful and risky period, and caring for their own families. In one of our studies, ECEC educators reported that there were increased conflicts between work responsibilities and concerns for home family (Wong et al., 2022). As another educator in our ECEWP study expressed:

Left out for the wolves. Worked through entire COVID, missing out on taking care of our own families.

Effective Organisational Support for Educator Wellbeing

Despite all the 'doom and gloom' of the pandemic, our studies have found that many ECEC management teams were effectively responding to the complex wellbeing impacts on educators that occurred during this crisis period. Firstly, we found that during COVID-19, ECEC management teams acted as knowledge brokers of health information (Wong et al., 2022). That is, organisations translated general health messages distributed by government into timely, accessible, trusted, accurate, easy to read, and early childhood practice-related guidance and resources, via a range of modes (written, videos, social media, webinars etc). As this organisational leader explained, they became a 'trusted source' of information for educators:

We'd just come out of another high-risk crises. We'd come through the bushfires. People trusted our team. And I was the voice that communicated those types of messages through both of those crises. So, you've already got the benefit of they trust you, that you give good, clear advice, that they can use, it's practical. But you also become someone that they can turn to if they're unsure. And I think when you're in a situation like COVID where you have a large amount of information out in the public domain, confused messaging from government, lots of media, plus what's happening on social media, giving people a voice that they can turn to, and trust, and listen to, helps bring everyone's anxiety down.

The guidance provided was best received by educators when it was specific to particular early childhood contexts, such as home-based and centre-based services, and when it was relevant to educators' geographical location (Wong et al., 2022). The information shared by organisations with educators also supported educators' communication with and support of children and families. For example, one organisational leader stated:

The other thing that we found, which kind of emerged as we were doing factsheets and the true facts of health, we needed to then develop resources for staff on how to put these things into practice in terms from the child's point of view on just why aren't all the staff there? You know, why are people wearing masks? Children were great, they knew all the health and safety and they didn't struggle with that.

Many Australian early childhood organisations acted swiftly to embrace this necessary health communication work. Though not necessarily a new role for ECEC organisations, knowledge-brokering during COVID-19 did place additional demands on them. In addition to the financial implications for early childhood organisations of providing this un-funded role, individuals within organisations also took on the burden, and worked tirelessly to provide this information. One person responsible for an early childhood organisation stated, for example, 'I think I worked 270 days straight.' And another ECEC leader commented:

So, I remember thinking a lot of my friends were talking about how bored they were working from home. I don't think I've ever worked as hard as I did this last year where we were literally re-writing policies!

Secondly, we found that many organisations provided supports and resources to keep educators safe. For example, in one study examining what it takes to be an 'Exemplary Educator' (Harrison et al., 2017-22), educators in high quality services – that is those rated as exceeding all Standards and Areas of the Australian National Quality Assessment and Rating System – rated the level of organisational support across a range of domains as high (mostly [4/5 domains] >5 on a six-point scale – where 1 is low support and 5 is high support) both preand during the COVID-19 pandemic. Some of the ways that organisations supported educators was through the rapid deployment of cleaning materials and personal protection equipment. Organisations also provided professional development opportunities to support educators to stay physically safe and psychologically well, as well as strategies for supporting educators to stay connected with and assist families. As one leader explained, for example:

[Professional development organisation] did some workshops on educator wellbeing, helping educators to manage their mental health. And then they also did a whole series of work on managing, connecting with families who were at home for such a substantial period of time, promoting learning in the home environment.

Third, we found that organisations advocated on behalf of early childhood education and educators. That is, they shared information about the challenges facing ECEC educators with policy makers, and in some cases spoke to media to raise community awareness of the role of early childhood education and educators. In a country where responsibilities for early childhood are divided between different departments in different levels of government, this sharing with policy makers was not always straightforward. As one organisational leader said, for example:

I particularly remember approaching the XXX state government in the middle of the height of the pandemic and said, "You've just given some extra money to kindergartens, government organised kindergartens for additional cleaning. Could you give the long day care centres some extra money as well, to make sure we've got [enough]?" Well, what they said was, "That's a federal government responsibility," and so we went to the federal government and said, "Could you please give us some money for cleaning" and they of course said, "That's a state government responsibility." And so, it's the eternal problem of early education is nobody really wants to take responsibility for it.

In particular, organisational representatives highlighted the inequities between the way that early childhood education was treated – which by and large stayed open throughout the height of the pandemic – when compared to school settings, which in Australian states with high case numbers were closed (Wong et al., 2022). For example:

I think what would have been particularly helpful is some additional explanation as to why things were different for different sectors so, for example, schools which are virtual classrooms and yet early childhood centre backed services had to stay open. Why was that health information different? Is it that they didn't perceive that early childhood education and care could happen from a home distance learning perspective? Or is it that the two professions are valued differently? Or is it that the health advice was different?

There is also evidence to suggest that when educators felt supported by their organisation this mitigated the negative effects of COVID. For example, Centre Directors who were provided with professional supervision during COVID reported that it assisted them during this difficult period (Wong et al., 2021). Two examples from ECEC Directors in our study exemplify the value they gained from professional supervision, particularly in relation to their well-being:

Yes, you can imagine during this time with COVID it's been a lot. I was having massive panic attacks. I have had a pivotal role in advocating with [organisation] by planning and having a safety plan for my staff. This has been a lot of work. It got to a point where my way of describing how I was going was hard. I had to email my clinical supervisor at 2 am due to a panic attack. And I got to chat to her within the day. She always said if I needed an extra session, that I could reach out to her anytime. ... I've been implementing safety programs for all staff across [organisation] but I did receive a reward yesterday from [organisation], which makes this all worth it, but it taxes my mental health. I feel comfortable sharing more with my clinical supervisor rather than any other program.

I have found it positive and helpful. I'm glad to have had this opportunity when I started with this company. It has helped me during COVID. Having that hour to chat about what I'm thinking or feeling. It made it somewhere where I could vent my frustrations out.

In another study, we used in-depth interviews to examine strategies used by large ECEC organisational leaders to support their ECEC professionals during the pandemic (Logan et al., 2021). We found that ECEC organisational leaders used a variety of strategies to support educator well-being, including intentional crisis planning, increased and focused communication, additional support for physical safety, providing additional well-being resources and programmes, and advocating for the recognition of educators' contributions to society.

Conclusions and Implications

Collectively, our studies, conducted prior to and during the COVID-19 pandemic, have provided evidence of the negative toll that COVID-19 has had on educators' well-being. But it also provides strong evidence of the commitment of many organisations to support early childhood educators not only stay safe and well themselves, but to also support children and families. When educators *are* strongly supported, they are not only able to continue to provide high quality education, they can thrive and be resilient in the face of strong adversity.

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How to Work Without Sacrificing Yourself

Sheila O'Malley, Professional Trainer in Wellbeing



Over the past two years or so, a lot has been asked of those working in the Early Childhood Education and Care sector, and it is still a challenging environment. Many early childhood professionals are tired and may also feel overwhelmed. It is important that those working with young children, and all of us, take steps to ensure that we are taking care of our own wellbeing, both for our own benefit and for the benefit of those we are with.

Keeping Our Cup Full

The demands of being the perfect employee, Mum or Dad, partner, or caring friend are beyond all of us. There are limits to how much we can give, and if our reserves are used up, that has an impact on how we feel. Personally, when I feel tired and stressed, my behaviour is cranky, and I am irritable and impatient. Behaviour follows behaviour and so, when we are stressed, this can create stress in those around us, tension in our relationships and disharmony at home and at work. Experts agree that self care needs to be ruthlessly prioritised. This is why we are told to 'Put our own oxygen mask on first' as we cannot take care of anyone else until we first take care of ourselves. It is essential that we keep our 'cup' full, refilling as it becomes drained. However, while most of us are aware of what we *should* be doing, often we do not do it. We know, for example, that sufficient sleep is key for emotional regulation – my tiredness makes me reactive towards others instead of responding calmly as I do when I feel rested – yet, when the pressure is on, the first thing we do is sacrifice our sleep.

Can Anyone See My Need For Care?

Hearing another person's story can help us understand why carers are good at identifying the needs of others while being less successful at meeting their own needs.

A client, Sarah, came to me as she was feeling overwhelmed. She felt she spent all the time juggling and this was having a negative impact on all areas of her life. Then she told me her story, which demonstrated how often we pick up unhelpful messages in our early years.

When she was young, Sarah's father struggled with alcohol and depression. Her mother was overwhelmed with five children and many worries and concerns. This resulted in a lack of time and attention from overwhelmed parents. As children, we find ways of being 'seen' in families where we feel unseen. Sarah described how, despite being a small child in need of care herself, she had to suppress this need for care and become a caretaker to her parents. In her adult years, this resulted in Sarah feeling that she didn't deserve to be cared for and never feeling she could ask for help. She did not make time for herself, feeling she was not worth the time, and only felt seen when she cared for others.

While we can have compassion for others when they are overwhelmed, we also must have compassion for ourselves. Being compassionate towards self is being able to say 'It was not enough for me. I now need to offer my child self what she needed and did not get, the care and the attention, to make the time for self care, to block it in my diary. From now on, I will balance caring for others with care of myself'.

It is important that we consider what was it we may have needed a little more of when we were children that we now need to offer ourselves. We must remember that we too are worth taking care of, and stop caring for others at the expense of caring for ourselves. Ultimately, this will not just benefit us, but also those around us. Everyone will benefit when we address the issues we have and give ourselves the time/attention we need to make sure we are okay.

What Do We Need To Do?

The first thing to do is to love ourselves a little more every day by showing ourselves kindness, compassion and self-acceptance, and to treat ourselves better than we think we deserve through healthy diet, sleep, exercise and relaxation to recharge. We can also:

- Champion our child self by speaking up and meeting our own needs.
- Block time in the diary to recharge, and protect our time generally.
- · Share the load with a partner or family.
- Say yes to what lights us up (within reason).
- Say no to what is not right for us (within reason).
- Balance pleasing others with also pleasing self.
- Set a bedtime (with an hour's extra sleep).
- Spend time with people who make us feel good.
- Get up 30 minutes earlier to create a calmer and happier home.
- Talk it out (many people find something lift off them as they talk out their worries).
- When challenged, speak to ourselves in an encouraging and supportive way.
- Use external resources (the family, friend, doctor, therapist, au pair, cleaner)

Healthy Boundaries Create Healthy Relationships

When I give a talk, I often ask, 'How would you know someone loves themselves in a healthy way?' The usual replies are that they value and respect themselves and that they set boundaries. Boundaries arise from valuing self.

What is a boundary?

'I can do anything, but I cannot do everything – what would you like me to do first?' A boundary is a line that we draw around ourselves to protect our time, energy and relationships. I use the image of a hula hoop to illustrate the need to set limits around threats to our wellbeing. The line allows us to decide what to allow in and what to keep out, saying no to what is bad for us and yes to what is good for us (within reason). While we can be flexible and adaptable with our boundaries when we need to, this should be for exceptions rather than the rule in order for us to sustain our wellbeing.

Creating a boundary means we are taking action to protect our time. For example, are we are living in accordance to what is important to us? If not, why not? Does this go back a long way? Is our time taken up with the needs of other people? Boundaries ensure that we have time to practise self-care. As we learn to value ourselves, we take charge of our time, using a diary or calendar to block time for ourselves in advance. We think about what lights us up and build that into our day or week.

Boundaries are all about taking action for ourselves, taking charge and ensuring we have the time for the things that matter to us such as our families, our friends and doing what we love. Boundaries help us learn to balance pleasing others with pleasing ourselves, setting and managing the expectations of others. We learn to draw a line and set limits, understanding that we matter and that we too are deserving of time, care and attention.

Communicating our limits (boundaries)

A practice I try to do most days that is helpful is to ask myself, 'How do I feel?' The answer may be overwhelmed, worn out, tense, upset, worried, anxious. I then ask, 'What do I need to do that would be helpful?' The answer is often to ask for help, accept the help offered, speak up and inform the other person how I feel in an 'I' message, 'I feel overwhelmed, and I need x or y'. It is important that we inform others how we feel and what we need.

Conclusion

While many of us feel the stresses of the past two years, those who were working with young children under restrictions may be feeling particularly overwhelmed. By engaging in regular self-care, taking time for ourselves, setting boundaries and showing compassion and selfacceptance we can support our wellbeing, which will ultimately benefit both ourselves and those around us.

Sheila O'Malley, one of Ireland's leading Professional Trainers/Public Speakers in personal, workplace or family wellbeing, offers courses and seminars on managing stress, building resilience and personal wellbeing. Find out more at **www.sheilaomalley.ie**



Staff Wellbeing When Working with Young Children Who Have Experienced Trauma

Sharon Byrne, Early Years Development Coordinator, Barnardos



Introduction

Beyond the family, young children often spend a significant part of their day in an Early Learning and Care (ELC) setting. ELC services nurture our youngest children and aspire to be places where children feel cared for, valued and empowered. Through attuned, responsive and sensitive relationships, early years educators help build children's capacity to be resilient and resourceful, and to cope when things become difficult. To be an effective ELC setting that promotes competence and builds resilience in children, however, it is essential that attention be paid to reducing the stress and promoting the resilience of the adults working in the setting.

While working in Early Learning and Care (ELC) is often very rewarding and enjoyable, it is widely accepted that the role of the early years educator is complex and demanding. Early years educators can feel undervalued as a result of working in a profession that often offers low wages, poor working conditions and low professional status. The combination of time pressures and limited resources in many ELC settings can result in a working environment that offers little in terms of staff care and wellbeing.

The role of the early childhood educator is emotionally demanding, as professionals strive to ensure that each child is cared for and supported so they can reach their full potential. The high turnover of staff within the early childhood workforce contributes to difficulties in creating a cohesive and supportive team. Increasingly, early years educators are working with children who have experienced trauma and this brings additional complexities that can leave educators feeling overwhelmed and susceptible to the effects of stress and trauma.

This article looks at the potential toll on EY educators who work with children and families who have experienced trauma, and considers some of the potential impacts on educators of such an emotionally demanding role, including burnout and secondary trauma. It also considers the importance of self awareness and self care among educators, and explores some of the ways that ELC services can support their staff to enable them to better care for and educate the children in the setting.

Working with Children who have Experienced Trauma

Many young children in ELC settings across Ireland have experienced trauma in their lives as a result of parental addiction or mental health issues, physical or emotional abuse, parental separation and bereavement. The Covid pandemic has had an additional negative impact on the wellbeing of many children and families, and there may be children in the setting who have fled from conflict in countries such as Ukraine.

Trauma by its very nature is pervasive and when caring for children who have experienced trauma, early years educators are faced with additional demands that can leave them feeling drained, overwhelmed and even traumatised themselves. Early years educators may have traumatic experiences from their own childhoods and working with children who have experienced trauma can bring up painful reminders of their own past. The combination of the emotional toll from working with traumatised children, low pay and often poor working conditions can lead to high levels of stress. Stress interferes with our ability to self-regulate and can have a negative impact on the quality of our relationships with others. When early years educators are stressed, it can be detrimental to the emotional climate of the setting and have a negative impact on them as individuals, and on the children, staff and the setting as a whole.

The Impact of Stress

Stress can affect all aspects of our lives, emotionally, mentally and physically (HSE, 2021):

- It can bring up feelings of anxiety, fearfulness and irritability and impact our self-esteem.
- It can affect us cognitively, for example, causing difficulties concentrating and making decisions.
- It can cause physical symptoms such as headaches, dizziness, muscle pain and problems sleeping.
- It can impact on our behaviours such as eating too much or too little, drinking alcohol or smoking more than usual.
- It can negatively impact on our relationships with partners, family, friends and other people in our lives.

When early years educators become stressed and overworked, they may withdraw emotionally from their work and the children in their care as a coping mechanism. When highly stressed, they will be less likely to establish supportive relationships with the children in their care and more prone to engage in negative interactions (Curbow et al., 2000). This might be using a loud or stern tone of voice, being short-tempered or being overly directive and controlling in their interactions. Workplace stress is also associated with increased absenteeism and a high turnover of staff, which will further undermine the quality of care provided in the setting. All of this will impact on the relationships between educators and children, resulting in children not benefitting from the responsive, caring and consistent relationships they need to have with their caregivers.

Due to adult: child ratios, early years educators typically cannot leave the room when feeling emotionally dysregulated or overwhelmed, for example, following a challenging incident. Often they must stay and appropriately address situations they are finding stressful. This means that educators must try to remain emotionally regulated even in the most challenging times. Studies have shown that high levels of dysregulated behaviour in children in the preschool setting can result in professionals experiencing escalated feelings of stress (Friedman-Krauss et al., 2014). This means that any adult caring for distressed and dysregulated children is at risk of having their own stress response systems continually activated. This will not only have a detrimental impact on their own wellbeing but may also impact on their ability to support and care for children.

Burnout

Burnout is the severe emotional, mental and physical exhaustion that results from exposure to long-term stressful work situations that involve emotional demands (Blöchliger & Bauer, 2018). Burnout begins gradually and becomes worse over time.

Caring for young children is intensely emotional work and often comes with a demanding workload. As a workforce, early years educators are particularly susceptible to burnout. Although burnout is not directly linked to working with children who have experienced trauma, it can occur alongside secondary and vicarious trauma as outlined below.

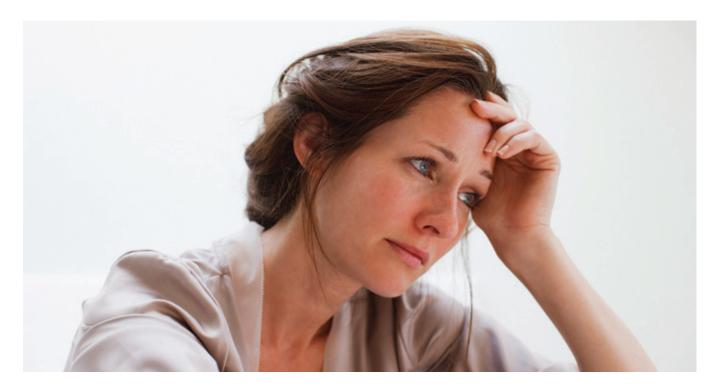
Secondary and Vicarious Trauma

Secondary trauma, along with vicarious trauma, are terms used to describe how professionals working with traumatised individuals can be negatively impacted by indirect exposure to the traumatic experiences of people they work with (Foreman, 2018). For example, those working in homeless and addiction services are engaging daily with people who have a significantly increased likelihood of having experienced childhood trauma and who are currently living in highly stressful and traumatic circumstances (Waegemakers Schiff & Lane, 2019).

Secondary trauma, sometimes known as compassion fatigue, is defined as 'the emotional duress that results when an individual hears about the first-hand trauma experiences of another' (The National Child Traumatic Stress Network, 2011, p.2). Secondary trauma can lead to educators experiencing secondary traumatic stress.

Vicarious trauma occurs when there is a transformation of the professional's worldview because of their experiences of working with survivors of trauma, which influences their sense of safety and their ability to trust others (Knight, 2013). For example, someone working with survivors of domestic violence may begin to question the existence of healthy and loving relationships.

Indirect exposure to trauma can leave professionals vulnerable to re-experiencing personal trauma from their own past and/or to feeling overwhelmed as their own stress response systems are activated. This, in turn, will affect the care they can provide to the children and families they work with.



Secondary traumatic stress symptoms include intrusive thoughts and images connected to the trauma, avoidant responses such as detachment from others, and increased arousal symptoms including hypervigilance and anxiety. For example, an early years educator might experience distressing and intrusive thoughts and images after a child makes a disclosure about their experiences of physical and/or sexual abuse.

Menschner and Maul (2016) propose that preventing secondary traumatic stress in staff is a key ingredient of trauma-informed organisational practices with many benefits including the positive impact on staff morale, optimal functioning of staff and increased retention rates.

Becoming Self-aware

The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.

(Remen, 1996, p.52)

When a person is triggered by certain behaviours, events or conditions, or feels under threat or overwhelmed, they can experience an automatic fight, flight or freeze survival response. When in these survival states, they will find it challenging to engage in problem solving and rational thought, and will have difficulties regulating their emotions and behaviour (Nicholson et al., 2019). If an educator is in fight, flight or freeze mode, it will be harder for them to stay attuned and responsive to others, causing them to react in ways that results in distress for children or conflict with colleagues. This will have a detrimental impact on the emotional environment of the ELC setting. Educators are especially vulnerable to this if they are experiencing burnout or secondary traumatic stress in their work.

It can be helpful for early years educators to reflect on and identify their emotional triggers by thinking about those situations that cause them to experience strong emotional and/or physical reactions, so they can build their self-awareness and learn strategies to better manage and cope at these times. These can change over time and it can be helpful for educators to regularly assess how they are feeling so they can take steps to address any issues they may be having. Some people might need therapeutic supports to help them with this.

Early years educators may also find that their compassion for the children they work with can affect them in positive and negative ways, especially if they are experiencing secondary trauma. It is important for educators to understand whether they are deriving pleasure from being able to do their work well and are experiencing what can be termed 'compassion satisfaction', or are experiencing 'compassion fatigue' and are at the risk of burnout or secondary traumatic stress. Online assessment tools, such as the Professional Quality of Life Scale (ProQOL) Compassion Satisfaction and Compassion Fatigue (Hudnall Stamm, 2009), can be helpful in this regard.

Self-care

Self-care is not just a nice thing to do, it is critically important for the holistic health, quality of relationships and protective factors that buffer stress for all in the early childhood workforce.

(Nicholson et al., 2019, p.68)

Children who have been impacted by trauma can become dysregulated as a result of their experiences and need responsive and emotionally regulated adults to support them. Even the most skilled and experienced educators can find it challenging to remain emotionally regulated at all times. To avoid feeling overwhelmed in their daily practice, it is important for early years educators to engage in self-care, creating lasting strategies to prevent burnout and secondary traumatic stress, and finding ways to resource and replenish themselves.

Effective self-care practices will be personal to the individual and be influenced by a person's home life, their likes and dislikes, their culture and their specific needs. These practices might be physical, such as getting enough sleep, eating well and exercising; psychological, such engaging in playful activities or writing in a journal; emotional, including spending time with people whose company you enjoy; or spiritual, such as meditation and mindfulness. It is important to remember, however, that what might be considered self-care to one person may be a source of stress to others. What is critical is that self-care practices are sustained over time and integrated into daily life.

Educators can also engage in professional self-care. Having a supportive network will help educators to avoid professional isolation, buffer stress and build feelings of connectedness. Ways to build and maintain connections in ELC might include reaching out to colleagues, developing professional support systems and sourcing training to learn new skills, build competence and meet others who share their interests.

Care at the Organisation/ Setting Level

The term 'self-care' can perpetuate the idea that the responsibility for identifying stressors and managing stress falls solely on the shoulders of the individual educator. It is vitally important, however, that ELC settings and organisations also value and promote practices that care for early years educators as carers. The Health and Safety Authority (HSA) advise that, under health and safety law, all workplaces have an operational Safety Statement that outlines the hazards and risks in the workplace and the control measures put in place to eliminate or reduce those risks. This includes consideration of any conditions that could cause workrelated stress, for example, the demands of the job, management practices and relationships at work.

There are a number of strategies an early learning and care setting can adopt to prevent or minimise the development of burnout and secondary traumatic stress.

Acknowledging stress and raising awareness

The first important step is for settings to acknowledge stress as a reality and an occupational hazard on an organisational level. This means raising awareness among the team of the impact that stress has on children and adults, encouraging open discussion among staff on issues that are affecting them, and intentionally integrating self-care into policies and procedures. By acknowledging the potential stress that staff might be feeling, settings can establish a sense of trust between all team members and create feelings of safety.

GOING HOME CHECKLIST

Before Going Home ...

- Take a moment to think about today.
- Acknowledge one thing you found difficult and then let it go.
- Think of three things that went well and hold on to the good.
- Check on your co-workers before you leave – are they ok?
- Are you ok? Your needs are valid too.
- Now switch your attention to home so you can rest, recharge and focus on what is important to you.

THANK YOU FOR EVERYTHING YOU DID TODAY TO SUPPORT CHILDREN, THEIR FAMILIES AND EACH OTHER.

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() Material Contactor

Listening to staff members

Settings can ensure that the voice of all staff members is heard and their opinions taken into account across many different areas. This can be through support and supervision, team meetings, training, induction, leadership, policies and procedures, staff wellbeing and reflective practice.

Building relationships within the team

Creating opportunities for the staff team to come together to share their strengths and support one another will build connections and promote shared learning. In a setting that fosters an ethos of caring for one another, staff members know they can ask for help when needed and will develop relationships with colleagues that can help to buffer stress and support co-regulation.

Having regular team meetings offers an opportunity for staff to pool skills, experience and knowledge, to share new ideas or ways to work, and offers a forum to discuss, share problem solving and reflect on practice. Team meetings also offer an opportunity to establish peer support and feedback among the group.

Support and supervision

Nicholson et al. (2019) advise that in 'healing oriented' work environments, adults work collaboratively to create intentional spaces and make time to pause and to reflect on difficult experiences. Such work environments show that management values human connection and understands their duty of care to all team members. Early years educators need regular, ongoing opportunities to check in and express their needs in a supportive environment where these needs are followed up with actions to address them. Supervisors and managers, therefore, play a critical role in supporting their teams and minimising the negative effects of stress. Access to regular support and supervision will act as a strong buffer to stress, especially to those working with traumatised children. Through a supportive supervisory relationship, educators will feel valued, heard and supported.

Promoting optimism

It is important that settings acknowledge and celebrate the strengths in their team and the positive things that happen in the workplace. Taking the time to celebrate the small successes highlights the important work carried out with children and families. This also sends out the message that the setting appreciates and values staff members and helps to create a positive atmosphere. Treisman (2021) advises that if staff are expected to support the people they work with to notice their own strengths and resources, then this must be modelled by the organisation in which they work.

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Continuing Professional Development (CPD)

The early childhood workforce needs to be equipped to provide a service that can adequately meet children's needs. Participating in CPD is a key part of the role of early years educators and of developing quality practice (Barnardos & NCN, 2021). Having up-to-date knowledge that is regularly refreshed through CPD will help staff to feel competent and confident to meet the challenges that arise in practice, which can decrease anxiety and increase motivation.



Leadership

Those employed in a leadership or supervisory position play an important role in helping colleagues in preventing secondary trauma. To be an effective leader, supervisors must be able to handle stress well themselves while providing encouragement and emotional support to their teams (Perry, 2003). Supervisors should set a good example by modelling good communication, providing support and feedback, giving staff a chance to talk about how they have been impacted by the trauma they have encountered in work, and assisting them to find balance in their professional and personal lives.

Conclusion

Professionals working in early learning and care face many challenges as a result of often poor working conditions and the emotional demands that come with caring for and supporting others. When working with children who have experienced trauma, there are additional complexities that can leave educators feeling overwhelmed and susceptible to the effects of stress and trauma, which can lead to burnout and secondary trauma. It is essential that early learning and care settings acknowledge the challenges of such a demanding role and strive to create an environment that is supportive for all staff members.

This article has been adapted from **Trauma and** Young Children, Building Trauma Awareness in Early Learning and Care (Barnardos, 2022)

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