UNIVERSITY OF CANBERRA

FINAL REPORT

GIVING FOR MEANINGFUL WELLBEING IN COMMUNITIES@WORK CHILDREN'S SERVICES:
A PROFESSIONAL LEARNING & RESEARCH INITIATIVE WITH EDUCATIONAL LEADERS

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CONTENTS

EXECUTIVE SUMMARY

1. PROJECT OVERVIEW

1.1. Giving for meaningful wellbeing

The "Giving for meaningful wellbeing" project was implemented at Communities@Work from April 2022 to December 2023. Associate Professor Thomas Nielsen and Dr. Jennifer Ma from the Faculty of Education, UC, led the project with organisational partner support from Communities@Work's CEO (at time) Lee Maiden and Director of Children's Services Kellie Stewart. A UC Industry Collaborative Research Seed Grant of A$36,255.08 funded the project. The UC Human Research Ethics Committee approved the research (HREC – 9319).

This pilot project aimed to investigate and support the wellbeing needs, goals, and challenges encountered in the early childhood education sector, particularly following the negative impacts of COVID-19 (e.g., closure of services and physical distancing). The project's preventative (as opposed to crisis-intervention) approach towards promoting individual and collective wellbeing via cultures of social concern and meaning were seen to align with Communities@Work's organisational purpose, mission, and values of building resilient, sustainable, and socially inclusive communities.

A combination of professional learning and mixed methods research was used to:

- **Teach the evidence-base around giving for meaningful wellbeing**, helping educational leaders at Communities@Work to connect wellbeing principles to their organisational contexts;
- **Guide the co-construction/implementation of this evidence-base** to promote sustainable wellbeing at Communities@Work, **with a strong focus on staff empowerment**;
- **Collect data on staff wellbeing and the barriers and facilitators to integrating wellbeing evidence** into Communities@Work's practice and policy;
- **Provide meaningful recommendations for positive wellbeing development into the future** for Communities@Work staff and children;
- **Establish a beneficial research-industry relationship** between the University of Canberra and Communities@Work.

1.2. Professional Learning (PL) element

Four, half-day professional learning (PL) sessions were delivered by A/Prof. Nielsen and Dr. Ma from 22 August to 21 November in 2022, totalling 14 hours. Attendees were available educational and/or centre leaders at Communities@Work (*N*=15).

PL sessions were structured around the following key questions and learning outcomes:

Overview of PL sessions

	Session 1	Session 2	Session 3	Session 4
Key questions	*Why* is wellbeing important? *What* is wellbeing? *How* can we best nurture and maintain wellbeing?	*Why* is looking after self important? *What* does effective self-care look like? *How* can we best nurture and maintain our individual wellbeing?	*Why* are 'others' important? *What* are the links between 'others' and self? *How* can we best nurture and maintain wellbeing in others and the community?	*Why* is giving to the greater good important? *What* are the ways in which we can give to the greater good? *How* can we best nurture and maintain giving to the greater good?
Development	• **Vision and values** • **Shared language** • **Understanding of the ecology of wellbeing**	• **Evidence-based strategies for looking after self** • **Strategies for mindfulness**	• **Strategies for nurturing and maintaining wellbeing for others and the community**	• **Strategies for supporting the greater good** • **Strategies for achieving synergy in the ecology of wellbeing**

Workshopping with the educators included:

- Discussing what the **shared understandings around values and wellbeing** at Communities@Work were;
- Sharing the **wellbeing challenges and best practices** experienced across centres;
- Identifying **how to improve own self-care, as well as help others** (e.g., children, families, colleagues);
- Identifying **how to better help staff** in relation to their self-care and helping of others.

Educator feedback during the workshops indicated that:

- **Communities@Work were already doing activities in some areas of the 'Ecology of Giving', but other areas could be considerably strengthened.**
  - o **Self:** Self-care was seen as difficult to 'balance' because it can be hard to say 'no' to people and not to take work home. Acknowledgment that self-care is important to be aware of, and prioritise, to better help others in role versus burning out. Ideas for promoting self-care should come from centre staff themselves (rather than imposed top-down).
  - o **Others:** Giving time to educators, particularly to educators that leaders may not be in frequent contact with, via allocated time slot in the day for a check-in that is not just about performance (e.g., 10am-11am; few minutes at daily morning staff meeting; at end of day with smiley face mood evaluation), was seen as an important preventative wellbeing and relationship building action. Includes ensuring that staff continuously aware of available

supports (Employee Assistance Program; BeYou Resources; Mental Health First Aid tag team). Focusing on validating and celebrating others using positive reinforcement, which includes understanding and respecting cultural differences, also suggested. The 'Five Portals' and 'I-messages' strategies seen as helpful for navigating potentially difficult conversations.

- o **Communities:** During the COVID-19 lockdowns, engaging children with reading stories over Zoom, sending out stationary packs, making bookmarks for local aged care community, sending letters to chemist down the street given as example activities. Acknowledgement of Country, visits to aged care facilities, grandparents' afternoon tea, taking children to the local shops, community pantries, libraries, and gardens were also suggested when pandemic measures ease. Monthly get-togethers across the centres seen as important to think about 'what legacy we want to leave' and share strategies (would have to fit in with existing managers and educational leaders' meetings).
- o **Environment:** Engaging children with walks outside, the Mary Mead community garden, seedling swaps, Clean Up Australia Day, visits to Floriade, Indigenous gardens, and Op Shops were given as example/suggested activities. General observation was that children were much calmer when able to spend ample time outside.
- o **The Whole:** Discussed natural ways of approaching important life concepts and events (e.g., death of grandparent, etc.) with young children through activities like cloud watching and story-telling.

- **The strategies introduced in the PLs were enjoyable and useful,** but staff acknowledged continual practice of the strategies, once taught, is needed in order for one to stay mindful because it can be easy to revert back to previous ways of doing things.

- **The greater focus on staff wellbeing** (e.g., use of gratitude journals, reflective questions at staff meetings, wellbeing wall with fact sheets, mindful colouring and 'ha-ha' jar resources, and focus on building staff-leader relationships that acknowledge emotions and coping) **compared to before seen to have a noticeable change on the sense of calm in staff**. This focus on staff wellbeing **also helped people feel less alone**, as staff are often dealing with similar challenges (e.g., don't think about own wellbeing and/or not open to disclose to seniors at work; struggling with 'revolving door' processes).

Framework and strategy A4 handout

The following A4 framework and strategy handout (p. 6) was developed for the educators by Dr. Ma based on what was covered in the PL sessions. More online resources, such as articles and videos, can also be found on https://www.thomaswnielsen.net.

CURRICULUM OF GIVING® STRATEGIES

MEANINGFUL LIVING

"To feel truly happy and healthy on all levels—physically, emotionally and psychologically—we need to feel that there is meaning in our lives.

What we humans describe as meaningful in our lives most often contain an element of having the opportunity to give of ourselves to someone or something beyond ourselves. The Greeks called it 'eudaemonia'—the meaningful life."

SELF CARE AIMS™

Sleep
Exercise
Love & Laughter
Food

Creativity
Autonomy
Residence
Environment

Achievement
Income
Mindfulness & Meditation
Study (self & world)

STOP

STOP - as soon as you notice you are in physical, emotional or mental pain.

Soothe - take a moment to self-soothe.

Think - what happened? How did it make me feel or think? What was the consequence of those feelings & thoughts?

Ownership - what was my role in the situation?

Play - Time to let go and allow yourself to move on from the situation.

Whole
Environment
Communities
Others
Self
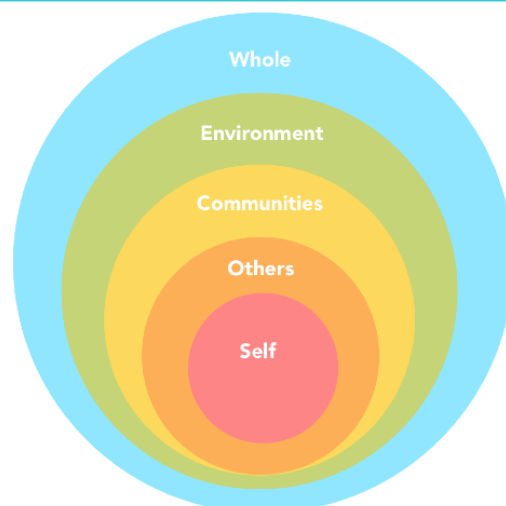
THE FIVE PORTALS

Before stepping in, ask yourself...

1. Is it **true**?
2. Is it **kind**?
3. Is it **my job / necessary**?
4. Is it **the right time / place**?
5. Is it **the right medium**?
   (e.g. in-person vs. online)
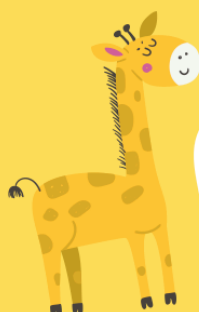
I-MESSAGES
Thomas Gordon (1970)

When... [describe behaviour]
I feel... [state feeling]
because... [state possible consequence]
so... [state action expected to right the situation]

Tip: See if you can leave out using 'you'

www.thomaswnielsen.net

1.3. Research element

Two online surveys were developed by the UC researchers and emailed to all Communities@Work staff over the project period. Responses were collected from 29 April to 6 June 2022 for the baseline survey (*N*=108 completed), and from 1 March to 7 June 2023 for the follow-up survey (*N*=102 completed). Sixty-three staff completed both of the baseline and follow-up surveys, where their reported levels of wellbeing could be analysed over time.

The survey questions asked about:

- **Demographics** (baseline only) – age; gender; education; employment; length in early childhood profession; length worked at Communities@Work; relationship status;
- **Mental health** – general psychological distress (past 30 days)[1]; symptoms of anxiety and depression (past 2 weeks)[2];
- **Wellbeing** – flourishing (psychological resources/strengths)[3]; mental wellbeing (past 2 weeks)[4]; psychological resilience[5]; and educator wellbeing experiences (efficacy and centre connectedness)[6].

Several open-ended questions were also developed to explore what Communities@Work educators thought were:

- **The main wellbeing challenges experienced** by their staff and children (baseline);
- **Existing wellbeing education policies and practices** for staff and children (baseline);
- The **major barriers and facilitators to introducing wellbeing education into current practice** (baseline);
- What **aspects of the provided PL** (if attended) were **most useful** for educators' personal and professional wellbeing and practice, and reasons for not using the PL content in the centres (follow-up);
- **Further ideas for staff wellbeing initiatives at Communities@Work** (follow-up).

Individual responses to the survey were de-identified and analysed by the UC researchers, where the aggregate findings were used to develop this report and provide recommendations for wellbeing education practice and initiatives at Communities@Work.

2. KEY FINDINGS & RECOMMENDATIONS

2.1. Key findings

Demographics (of staff who completed the survey/s)

AT BASELINE (*N*=109)	*N* (%)
Age (Years)	
18-24	15 (14.2%)
25-29	20 (18.9%)
30-39	35 (33%)
40-49	17 (16%)
50-59	14 (13.2%)
60+	5 (4.7%)
Gender	
Man	3 (2.8%)
Woman	104 (96.3%)
Other	1 (0.9%)
Education	
Year 12	9 (8.7%)
Certificate (I-IV)	17 (16.5%)
Associate / trade degree or diploma	40 (38.8%)
Bachelors degree	25 (24.3%)
Postgraduate degree	12 (11.7%)
Employment status	
Full-time	91 (84.3%)
Part-time	15 (13.9%)
Student	2 (1.9%)
Length worked in the early childhood profession	
Less than 1 year	8 (7.7%)
1-2 years	19 (18.3%)

3-4 years	22 (21.2%)
5-6 years	11 (10.6%)
7-8 years	3 (2.9%)
9-10 years	14 (13.5%)
11-12 years	6 (5.8%)
13-14 years	8 (7.7%)
15 years +	13 (12.5%)
Length worked at Communities@Work	
Less than 1 year	22 (20.4%)
1-2 years	22 (20.4%)
3-4 years	21 (19.4%)
5-6 years	13 (12%)
7-8 years	3 (2.8%)
9-10 years	9 (8.3%)
11-12 years	4 (3.7%)
13-14 years	7 (6.5%)
15 years +	7 (6.5%)
Relationship status	
In a relationship	60 (58.8%)
Not in a relationship	42 (41.2%)

Note. % = Valid percentage after accounting for missing data.

AT FOLLOW-UP (*N*=102)	*N* (%)
Age (Years)	
18-24	10 (11%)
25-29	14 (15.4%)
30-39	28 (30.8%)
40-49	21 (23.1%)
50-59	13 (14.3%)
60+	5 (5.5%)

Gender

Man	3 (3.3%)
Woman	88 (95.7%)
Other	1 (1.1%)

Education

Year 12	6 (6.7%)
Certificate (I-IV)	20 (22.2%)
Associate / trade degree or diploma	32 (35.6%)
Bachelors degree	21 (23.3%)
Postgraduate degree	11 (12.2%)

Employment status

Full-time	69 (75%)
Part-time	20 (21.7%)
Student	3 (3.3%)

Length worked in the early childhood profession

Less than 1 year	6 (6.8%)
1-2 years	15 (17%)
3-4 years	14 (15.9%)
5-6 years	11 (12.5%)
7-8 years	4 (4.5%)
9-10 years	8 (9.1%)
11-12 years	13 (14.8%)
13-14 years	6 (6.8%)
15 years +	11 (12.5%)

Length worked at Communities@Work

Less than 1 year	20 (21.7%)
1-2 years	18 (19.6%)
3-4 years	20 (21.7%)
5-6 years	13 (14.1%)
7-8 years	1 (1.1%)

9-10 years	5 (5.4%)
11-12 years	5 (5.4%)
13-14 years	4 (4.3%)
15 years +	6 (6.5%)
Relationship status	
In a relationship	61 (69.3%)
Not in a relationship	27 (30.7%)

Note. % = Valid percentage after accounting for missing data.

STAFF THAT COMPLETED BOTH BASELINE & FOLLOW-UP (*N*=63)	*N* (%)
Age (Years)	
18-24	7 (11.7%)
25-29	7 (11.7%)
30-39	22 (36.7%)
40-49	11 (18.3%)
50-59	9 (15%)
60+	4 (6.7%)
Gender	
Man	2 (3.3%)
Woman	58 (95.1%)
Other	1 (1.6%)
Education	
Year 12	3 (5%)
Certificate (I-IV)	13 (21.7%)
Associate / trade degree or diploma	24 (40%)
Bachelors degree	12 (20%)
Postgraduate degree	8 (13.3%)

Employment status	
Full-time	51 (82.3%)
Part-time	10 (16.1%)
Student	1 (1.6%)
Length worked in the early childhood profession	
Less than 1 year	3 (5%)
1-2 years	10 (16.7%)
3-4 years	12 (20%)
5-6 years	6 (10%)
7-8 years	1 (1.7%)
9-10 years	6 (10%)
11-12 years	8 (13.3%)
13-14 years	5 (8.3%)
15 years +	9 (15%)
Length worked at Communities@Work	
Less than 1 year	8 (12.9%)
1-2 years	14 (22.6%)
3-4 years	13 (21%)
5-6 years	9 (14.5%)
7-8 years	1 (1.6%)
9-10 years	4 (6.5%)
11-12 years	4 (6.5%)
13-14 years	4 (6.5%)
15 years +	5 (8.1%)
Relationship status	
In a relationship	37 (63.8%)
Not in a relationship	21 (36.2%)

Note. % = Valid percentage after accounting for missing data.

Wellbeing at Communities@Work

The **baseline survey** found that:

- **New staff** experienced **lower levels of wellbeing** and 'flourishing'.
- Staff working **3-4 years had higher levels of depressive symptoms** than those who had worked 7-10 years.
- On average, staff experienced **high levels of psychological distress.**
- **Centre connectedness** was related to increased feelings of being an effective educator and decreased levels of psychological distress. However, it seemed that it was **harder** to feel connected **the longer one had been at the centre/organisation.**

In order of frequency, the **main staff wellbeing challenges reported** had to do with:

1. **Aspects of the professional/organisational culture (*n*=49).** This included the lack of: time/time management, pay and work-life balance, skills required for managing children's challenging behaviours and for guiding casual staff members, communication and sense of teamwork/professional community (particularly in context of cultural diversity), and having updated centre resources (physical).
2. **Staffing shortage (*n*=44).** This was seen to create pressure on educators to: fulfil their ratios and workload on a daily basis, avoid taking leave (including sick leave), provide consistent quality of care in the context of working with casual staff who require guidance, and manage challenging child behaviours.
3. **Meeting and managing expectations from others (*n*=14).** This was in relation to all stakeholders, including expectations placed on the profession (range and amount of work required), from other educators (managing stress levels), families (when there is a low level of cooperation), and the government and society (reflected by low wages and level of respect).
4. **Stress and burnout (*n*=11).** Attributed to workload (including documentation requirements), COVID-19 (and other crises, such as bushfires), and staff shortages in the sector.
5. **Own mental or physical health (*n*=11).** This included worry, fear, and uncertainty related to COVID-19, the spread of illness at work, and personal experiences of depression and having to cope with physical pain or risk of injuries at work.

> *"The amount of documentation that is required of us constantly is too much and is consistently a cause of stress..."*
>
> *"... Every challenge that we have can be traced directly to having adequate, qualified, dedicated, passionate team members..."*
>
> *"Hardship clients are facing tend to be brought into the services and educators are acting as support or counsellors and there is no support or support given to educators..."*

The **main child wellbeing challenges** had to do with:

1. **Service quality (*n*=72).** Seen to impact children's wellbeing due to the staff shortages and low levels of educator consistency, staff morale and stress levels, and COVID-19 based disruptions in routine (e.g., drop-off arrangements, less one-on-one time and community-based activities).
2. **Behaviour (*n*=20).** Children experiencing challenges with boredom, anxiety, emotion regulation, resilience, aggression, and their social skills, which may have become more prevalent over time.
3. **Family background (*n*=10).** Seen to impact children's wellbeing when such backgrounds may be complicated (e.g., parental stress/hardship) and there are varying levels of family support provided (e.g., diet and hygiene at home, level of parental involvement).
4. **Health (*n*=5).** In relation to children getting sick.

> *"Low staff, stress and burnout cause lapse in attention – supervision, educational program quality."*
>
> *"… I can see a difference in the behaviours of children now to when I first started…"*
>
> *"Illnesses and diseases spread through the environment and constant exposure to educators and children."*

Staff wellbeing over time

For staff who completed **both of the baseline and follow-up surveys** (*n*=63; 62%), their levels of resilience and centre connectedness were found to significantly decrease over the 11-month period, from 31 May 2022 to 20 April 2023.

Staff that attended the in-person PL sessions (see Section 1.2.) were found to have significantly higher levels of flourishing and resilience compared to those who did not attend.

2.2. Recommendations

Supporting staff awareness and engagement with staff wellbeing education policy/practice

While a majority of staff reported being aware of existing wellbeing policy and practice for staff at Communities@Work (76%), **recall of specific examples** (e.g., Employee Assistance Program, discounted childcare and active lifestyle incentives) **and the perceived level of staff engagement with these initiatives at Communities@Work was low**.

Supporting educators to support their children and other educators via **independent learning/training opportunities** (e.g., practical workshops to increase staff wellbeing awareness); **genuine understanding and within-teams/organisation communication** (e.g., making policies visible and easier to follow in practice, '*voices heard*', more leadership/managerial support); **better working conditions** (e.g., higher pay, maternity leave, streamlining documentation and roster/hiring/training processes, quality resources and incursions); and the **introduction of specific mental, physical, and social health initiatives** (e.g., wellbeing

and referral resources for each centre, mental health days, gym membership, polices to protect educators from contracting children's illnesses, team building initiatives) were **suggested by staff** as important, potential ways forward.

Celebrating staff engagement with child wellbeing education policy/practice, with some room for improvement

A majority of staff reported being aware of existing wellbeing policy and practice for children at Communities@Work (74%). **Practices relating to the Early Learning Years Framework (ELYF) and National Quality Standard were most commonly cited** (e.g., Being-Belonging-Becoming, BeYou, positive relationships/behaviour support, children's rights/best interests, safe emotional and physical environment), **followed by health-related policies and practices** (e.g., rest/sleep, bodily hygiene, food handling, healthy eating, medications/medical conditions, sun safety).

Most felt that the level of children's engagement with existing child wellbeing education policies and practices was high because educators did their best to uphold and apply these daily in practice. However, it was **acknowledged that variation at the centre level** may exist and some **suggested areas of improvement for children's wellbeing** included:

- The need for many policies to be reviewed, with a greater emphasis on mental health seen as beneficial;
- Resources to help children's need for space and quiet time (e.g., cushions, blankets, fidget resources);
- Cultural resources;
- Healthy food options.

Working with the structural pressures on early childhood educators

Staff identified the following barriers and facilitators that they thought would influence the uptake of new wellbeing education content into their practice:

- **Lack of time**;
- **Relevance** – new wellbeing content should be grounded in the experiences and input of the educators themselves or support all of the children under their care;
- **Lack of support, training, and funding** to genuinely implement such initiatives at every level of the system (e.g., juniors to seniors).

Learning from staff engagement with the project's PL

100% of staff that attended the PL sessions reported wanting to have more of these sessions to support educators' wellbeing, with **60% indicating engaging 'very often' and 'always' with the PL content** to promote their personal and professional wellbeing.

For staff that were familiar with the PL content via the PL sessions or their centre educational leaders, this content was seen to help them to be more aware of **the importance and value of their own wellbeing**; able to **communicate and network with others** in relation to educator (including leaders) wellbeing; and be **explicitly taught strategies for promoting wellbeing** across different life areas and personal and professional contexts.

Over two-thirds of staff (67-68%) thought there was an improvement in staff and children's wellbeing as a result of the PL strategies being implemented. Despite this positive observation, staff still cited the major reason for not using any of the PL content at the centres as being their **lack of access or knowledge about it**, followed by **time constraints and feelings of being overwhelmed** in general.

> *"Knowing that my wellbeing is valued, it's not just about work is important to me and makes me feel valued as a person."*
>
> *"... understanding the different areas in my life that I need to work on which then helped my overall wellbeing and in turn improved my practice at work. It was also really nice to teach some of this to the children."*
>
> *"Most of these principles I found were quite personal and things I could implement in my personal life. I did pass on some of the topics to my co-workers and have taught some aspects to the children too."*

Further staff ideas for wellbeing initiatives at Communities@Work

In addition to some of the ideas communicated by educational leaders in the PL sessions (i.e., staff awareness and practice of **self-care at work**, **staff check-ins** as a preventative wellbeing and relationship building action, **periodic get-togethers across the centres** to promote connection and a community of practice), staff indicated that they would broadly like to see wellbeing initiatives like:

- **Wellbeing days** (i.e., day/s off when needed, dedicated day of the week to focus on wellbeing like 'wellbeing Wednesdays');
- **Specific wellbeing activities** (i.e., yoga, meditation, Be You, healthy hampers delivered to services once a month; see 2.2. Supporting staff awareness and engagement with staff wellbeing education policy/practice for additional examples);
- **Higher budget allocation** to staff wellbeing;
- **More democratic processes** (e.g., for electing room leader positions);
- **A dedicated wellbeing service** (i.e., a mental health officer that staff have access to, beyond their manager/colleagues, and who can regularly check in at all services to support).

2.3. Implications for the Early Childhood sector & next steps

Children's wellbeing

Research has shown that the **first three years of life are important** for children's school readiness and emotional health[7]. Studies also indicate an **increasing need for early mental health prevention** given that up to 50% of preschool problems (i.e., behaviour and emotional) continue throughout the childhood years[8], 50% of mental health conditions emerge by age 14[9], and child mental health problems are more strongly associated with negative social, educational, and mental health outcomes in recent generations[10]. Studies **during the COVID-19 pandemic** also suggest that **children across the world reported more unpleasant mental and physical health symptoms** linked to anxiety (even if healthy), the disruption to routines, social isolation, and the economic stress impacting families[11].

Early childhood services can play a significant, protective role in children's mental health and wellbeing through the early identification of risk factors and provision of a warm, safe, secure, and consistent (i.e., firm limits and boundaries) external environment where young children are given opportunities to participate in a range of activities and engage in at least one positive adult relationship (beyond the family)[12]. **In this project, staff felt that service quality was the most important wellbeing challenge** for children at Communities@Work and that there was **scope for a greater mental health focus in the organisation's policies and resources** related to child wellbeing.

Early childhood educators' wellbeing

In Australia, the **turnover of early childhood educators is more than 30% each year**[13]. **Low pay** (in relation to skill and responsibility required of educators), **lack of professional status, workplace stress**, and **limited career opportunities** are the most common challenges reported by the early childhood workforce[14]. These systemic challenges were also reflected in the experiences of staff at Communites@Work, where **an increased focus on early childhood educators' wellbeing (i.e., via policy and practice) was identified as a significant area of need**.

Research has shown that **poor educator wellbeing has adverse consequences for the sustainability of the early childhood workforce and program quality**[15], with **the wellbeing of early childhood educators seen as worsening during the COVID-19 pandemic** (i.e., post-traumatic symptoms, increased stress, anxiety, anger, frustration, sleeping problems, and somatic complaints)[16]. Here, the role of workplace ethos and supports (e.g., staff morale, recognition, participative decision making, professional interaction and supportive leadership) have been identified as critical for retaining and sustaining educators in Australia[17].

At Communities@Work, staff levels of **resilience and centre connectedness may be particularly relevant targets** as these outcomes remained low over time and were linked to other, important areas of wellbeing, such as educators' sense of self-efficacy and their levels of psychological distress. In addition to the recommendations provided in Section 2.2., educational leaders notably emphasised the **need for wellbeing support embedded at every level of the system** of the organisation, **from juniors to seniors**, **with options for a dedicated wellbeing service/mental health officer** able to support staff who feel uncomfortable disclosing personal/professional challenges to their colleagues and to support with regular check ins across the services.

Potential next steps

Given that agreed government reforms will require early childhood education and care providers to employ a substantially larger and more qualified workforce (approximately 15,000 more workers) in an effort to strengthen the early childhood development workforce[18], **ensuring that a focus on the wellbeing of current and incoming early childhood educators is of utmost priority** based on the findings and literature review developed in this project and report.

In the context of Australia's mixed model of childcare provision, it seems that service providers are conferred the responsibility of leading, assessing, and making plans based on their individual settings, various levels of government funding, and partnerships with local community health services when it comes to managing areas such as their educators' wellbeing.

While some researchers suggest there is considerable potential for this sector to promote mental health in the physical and social care environment of infants and children, interactions with children, parents and guardians, relationships between colleagues, and in the organisational environment of the service (e.g., accreditation requirements, policy and governance, formal communication with stakeholders and

relationships with other agencies)[19] compared to school settings, it is clear that **the onus for this cannot be solely placed on individual services if equitable access to wellbeing for early childhood educators is to be achieved** in the sector and over the long term.

Without addressing the profession's interconnected, systemic challenges (i.e., beyond the existing governmental focus on promoting higher staff qualifications) via, for example, providing continuity and advancement pathways in employment contracts, sufficient staff to child ratios, and nurturing an education and care philosophy for all that is backed by funding which demonstrates a national and local commitment to addressing the above[20], **it is unclear how the profession will be made resilient to its long-term 'revolving door' reputation** in Australia and around the world.

3. ACKNOWLEDGEMENTS

We would like to extend our sincere and heartfelt thanks to Communities@Work, and all of their staff, for the generous support and engagement provided to make this project possible. The way that the organisation has been so open to collaborating, exploring, and addressing the wellbeing challenges reported by staff across their early childhood education services is truly commendable. We hope that this report serves as a meaningful resource from which Communities@Work is enabled to continue to positively progress the wellbeing trajectories of not only the children in their services, but also of their staff, and ultimately bring awareness and advocacy around the vital need to value and sustainably support our early childhood education sector into the future.

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