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Article

Supporting Young Children’s Social–Emotional Wellbeing in Early Childhood Education and Care: Perspectives from the Sector

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Abstract: Child wellbeing and mental health continues to be a significant public health issue, particularly in the wake of the COVID-19 pandemic. Early childhood education and care (ECEC) professionals are uniquely positioned to monitor and support young children’s wellbeing and can thus provide important insights to inform early interventions and support. This qualitative study sought to explore Australian ECEC professionals’ perspectives about supporting young children’s social–emotional wellbeing in early learning settings. Twenty participants participated in six online focus groups, with five key themes conceptualised from the data: (1) escalation in child and educator wellbeing needs; (2) discrepancies in educator experience and skills; (3) access to high-quality professional development; (4) prioritising relationships and continuity of care; and (5) nurturing children’s agency, identity, and belonging. The findings encompass concerns about children’s wellbeing and educators’ capacity to support it, as well as suggested strategies to strengthen the support for children’s wellbeing in early learning settings. The implications of the study findings are discussed.

Keywords: child wellbeing and mental health; educator wellbeing; early childhood education; COVID-19 pandemic; early childhood educator perspectives



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1. Introduction

Early childhood is a critical time in children’s development, laying the foundations for their future learning, wellbeing, and relationships (Bakken et al., 2017; García et al., 2021). Establishing a strong sense of wellbeing in the early years provides a grounding for children’s capacity to learn, thrive, and cope with challenging circumstances into adolescence and beyond (García et al., 2021; Shuey & Kankaraš, 2018). However, evidence shows that child wellbeing and mental health continues to be a significant public health issue both globally (Benton et al., 2021; OECD, 2020; UNESCO, 2022) and in Australia (Chung et al., 2024; Spiteri, 2021; Wolf & Schmitz, 2024). In many countries, public health responses to the COVID-19 pandemic have had enduring impacts on family functioning and wellbeing, raising concerns about the negative short- and long-term effects on the wellbeing of young children (Egan et al., 2021; Price et al., 2022). Moreover, the social and economic impacts of the pandemic were disproportionately experienced by vulnerable families, exacerbating pre-existing challenges and widening the gap between advantaged

and disadvantaged children (Brown et al., 2020; O'Connor et al., 2022; OECD, 2019). As such, providing responsive support in the early years is imperative to reduce the burden of mental health and wellbeing problems in future generations and to ensure that all children can reach their full potential (UNESCO, 2022).

Engaging children in frequent, warm, and responsive adult–child interactions is essential for nurturing children's wellbeing and healthy development. Children's wellbeing and mental health can be influenced by their interactions with the important adults in their lives (such as caregivers and early childhood educators) and through their experiences within and outside the home. Outside of the home environment, ECEC professionals spend extended time observing and interacting with young children in their daily educational programs and can thus provide important support for children's wellbeing (Blewitt et al., 2019; Shuey & Kankaraš, 2018). Participation in high-quality ECEC is especially important for children experiencing multiple risk factors or high levels of disadvantage, as ECEC communities can help to build a sense of connectedness and belonging that helps to ameliorate the effects of social disadvantage (Barnett et al., 2020; Clark et al., 2022; Goldfeld et al., 2023; Molloy et al., 2019).

Through the provision of responsive, nurturing, and stimulating interactions, ECEC educators are uniquely positioned to provide direct support for child wellbeing, as well as more indirect support such as the early detection of wellbeing needs, the provision of parenting support, and the facilitation of connections to other services (Melhuish et al., 2015; Shuey & Kankaraš, 2018). This qualitative study aimed to understand more about Australian ECEC professionals' perspectives and lived experiences in relation to supporting the wellbeing of young children (aged from birth to 6 years old) in early learning settings. In doing so, this study aimed to contribute to the understanding of the challenges and enablers facing ECEC educators in their roles supporting children's wellbeing in the influential early years of development.

1.1. Child Wellbeing in Australia

In recent years, there has been a proliferation of policy reforms and resources that aim to improve support for child wellbeing in Australia (ARACY and UNICEF Australia, 2023; Australian Government, 2023; Goodhue et al., 2021; National Mental Health Commission, 2021). Initiatives such as the Early Years Strategy (Australian Government, 2023) highlight the importance of early and preventative intervention, cross-disciplinary partnerships, and addressing the main drivers of socio-economic and health inequities, which have been exacerbated by the pandemic (ARACY and UNICEF Australia, 2023; State of Victoria, 2021). While some of these structural factors may be more difficult to modify in the short term, other factors, such as early detection and improved support in early years settings, may be more amenable to change (Australian Institute of Family Studies, 2020). In the Australian ECEC context, supporting children's wellbeing has been identified as a key component of program quality (Australian Children's Education and Care Quality Authority, 2023) and as an educational outcome in the recently updated Early Years Learning Framework (EYLF), which outlines five key learning outcomes for children (Australian Government Department of Education, 2022).

1.2. Definitions and Theoretical Framework

Philosophical perspectives of child wellbeing are rooted in disciplines such as philosophy, positive psychology, and economics, which focus to varying degrees on different wellbeing dimensions (e.g., objective versus subjective wellbeing) and domains (e.g., children's physical, psychological, cognitive, and social–emotional wellbeing) (Lewis, 2019; Street, 2020). As a construct, wellbeing is complex and multifaceted, with multiple overlapping

definitions according to the theoretical underpinnings of different disciplines (OECD, 2020; Ryberg et al., 2022). In the early childhood context, tensions persist between development-oriented, distributive approaches to wellbeing (i.e., monitoring objective measures of wellbeing such as social–emotional competencies) and relational, subjective approaches to wellbeing (i.e., understanding how children experience wellbeing) (Mashford-Scott et al., 2012; Street, 2020). Given the complex and multidimensional nature of child wellbeing, the current study focuses on a distinct aspect of wellbeing that is relevant to the early learning context: children’s social–emotional wellbeing (SEWB). This perspective aligns with the educational perspective, which is primarily concerned with the social, emotional, and cognitive aspects of children’s wellbeing (Australian Institute of Family Studies, 2020; Australian Government Department of Education, 2022).

Our conceptualisation of SEWB is informed by socio-cultural theories of learning, which posit that children’s wellbeing and development is shaped by the relationships within the various social and cultural environments, defined as systems, in which children live, learn, and play (Bronfenbrenner & Ceci, 1994; Moore et al., 2017). Socio-cultural theories of learning are strongly reflected in contemporary ECEC pedagogical frameworks, both in Australia (Australian Early Years Learning Framework (Australian Government Department of Education, 2022) and internationally (European Education and Culture Executive Agency, 2025). Our view of SEWB encompasses both developmental and process-oriented perspectives, recognising child wellbeing as both a process and an outcome (Lewis, 2019). Our understanding of wellbeing is consistent with the three core principles underpinning Australia’s national early years framework—“Belonging, Being, and Becoming”—in our consideration of the dynamic state of children’s wellbeing, i.e., accounting for the “here and now” in children’s lives, while acknowledging the processes of rapid growth and change that contribute to children’s present and future wellbeing (Australian Government Department of Education, 2022). Drawing on socio-cultural theory, this study explores the significance of the *microsystem*, which encompasses the immediate environmental factors surrounding the child, such as family and ECEC educators, along with the *mesosystem*, which comprises the interactions between the child’s interconnected microsystems—e.g., the collaboration between children, families, and ECEC educators.

2. Materials and Methods

The current qualitative study builds upon the findings of a mixed-methods study that used a Delphi-style survey to explore the research priorities of an Australian Research Network of Early Childhood Professionals (RNECP) (Eadie et al., 2022a). In line with the research priorities identified by the network, this study seeks to better understand Australian ECEC professionals’ views about young children’s social–emotional wellbeing (SEWB) in ECEC settings. The research question informing the study is as follows: “What are Australian ECEC professionals’ perspectives and lived experiences in relation to supporting young children’s social–emotional wellbeing in ECEC settings?”.

2.1. Recruitment and Data Collection

Snowball sampling methods were used to recruit a convenience sample of ECEC professionals through the aforementioned RNECP and via the research team’s broader ECEC networks (in the current study, “educator” is used as an umbrella term to encompass all ECEC professionals working with children in ECEC settings). Online methods were used for logistical convenience and to be inclusive of participants from across Australia. All members of the RNECP ($n = 366$) were invited via email to participate in child wellbeing focus groups. Those who consented ($n = 20$) participated in one of six online focus groups of approximately 1.5 h duration that were conducted in late July–early August 2022 (when

ECEC services had returned to full operation following a wave of COVID-19 lockdowns throughout 2020–2021). The focus groups were semi-structured, facilitated by two of the researchers, with the participants asked open-ended questions designed to stimulate group discussion about the following: (i) what child wellbeing means to them; (ii) the key issues impacting child wellbeing in their setting; and (iii) what currently works well and where there is room for growth in supporting child wellbeing (Parker & Tritter, 2006). Visual prompts and a collaborative reflection activity were used to guide the participants through the topics. Focus groups were chosen as a methodology to gain an in-depth understanding of participants' experiences related to child wellbeing and to allow for participants to expand upon each other's ideas (Mansell et al., 2004; Parker & Tritter, 2006). At the outset of each focus group, the scope of the project, the focus of the questions, and the importance of confidentiality in the management of data were reaffirmed, and the participants were asked to provide verbal assent for the discussion to be recorded (Parker & Tritter, 2006). Online focus groups were recorded on Zoom and transcribed using SMARTdocs, an online transcription service that provides highly accurate, quality transcription services. Ethical approval for this study was obtained from the relevant institution's human research ethics committee prior to it commencing. The participants provided informed written consent, and all data were deidentified to protect their identities.

2.2. Data Analysis

A reflexive thematic approach (Braun & Clarke, 2021) was used to analyse the participants' perspectives and lived experiences and to identify patterns of shared meaning in the data. This approach is suitable in the context of the qualitative paradigm and the socio-cultural theoretical assumptions underpinning the study, understanding that there are multiple subjective realities created for individual people based on their lived experiences. The analytic process was inductive, exploratory, and data-driven, allowing for new and unexpected meanings to be identified (Clarke & Braun, 2016; Nowell et al., 2017). The first author began with data familiarisation, generating initial impressions and codes using the "comments" function against citations in the raw transcripts; these codes were then transferred into an excel spreadsheet, where subsequent iterations of codes were documented. Themes were then conceived to represent larger core ideas as derived from the codes (the building blocks for the themes). Themes were identified at a latent level, with the aim of interpreting the underlying meanings behind what was articulated in the data (Braun & Clarke, 2013, 2021). This approach required researcher judgement, guided (but not constrained by) by the research question to determine meaningful interpretations of the data (Braun & Clarke, 2021; Clarke & Braun, 2016). The themes were progressively reviewed and refined in collaboration with the second author, with the aim of achieving rich and robust interpretations of patterns of meaning across the dataset (Clarke & Braun, 2016).

3. Results

3.1. Participant Characteristics

Twenty early childhood professionals took part in the online focus groups. Of these, 23 were female, and 18 were based in the state of Victoria, 1 was based in Queensland, and 1 was based in New South Wales. The participants were engaged in a range of roles in the early childhood education sector, including Centre Director/Executive Manager ($n = 7$), Lead Teacher/Educator ($n = 7$), Educational Leader ($n = 2$), Early Education Lecturer/Researcher ($n = 2$), and Early Education Consultant ($n = 2$). Service types included centre-based long day care ($n = 6$), integrated kindergarten/long day care ($n = 6$), standalone kindergarten/preschool ($n = 5$), higher education provider ($n = 1$), and early education consultancy ($n = 2$).

3.2. Focus Group Findings

A thematic analysis of the focus group data identified five overarching themes encompassing concerns about the state of children's wellbeing and educators' capacity to support it, as well as suggested strategies to strengthen support for children's SEWB in ECEC contexts. The themes are described below using extracts from the raw data to illustrate the findings in the participants' own voices.

3.2.1. Escalation in Child and Educator Wellbeing Needs

Many participants, representing both leadership and teaching roles, expressed increased concerns about the SEWB needs of the children attending their services: "the number of children out there that have domestic violence, out of home care, custody orders, all of these sorts of things that are impacting on their wellbeing is significant" (P11; Centre Director) and "it has changed, child wellbeing, over the time that I've been in the field. It's a concern" (P9; Centre Director). For some participants, there had been a noticeable increase not only in the complexity of children's wellbeing needs but also in the number of children expressing poor wellbeing: "seeing the increase on mental health within that zero to nine age. That for me has been quite a big shock" (P15; Centre Director). In this respect, the impacts of the COVID-19 pandemic and associated mitigation measures, such as home isolation, were reported as compounding factors: "we actually witnessed a huge impact on the families and the children" (P3; Lead Teacher) and "we were noticing there had been a big uptick in concerns around children's wellbeing" (P1; Centre Director). This included concerns about children's development due to social isolation, "especially the ones that had been at home a lot of last year just didn't have a lot of that emotional regulation, the resilience" (P12; Centre Director), and about children's capacity to transition into services: "children who don't speak English, or who are learning English for the first time are finding it very, very difficult to transition. . . socialisation has been tricky" (P8; Educational Leader). The participants also explained how reduced contact with families and other professionals during the pandemic had in some cases led to delayed diagnoses or children transitioning to school when they were not ready: "children that we have said were ready for school and sent to school, have now undergone diagnosis . . . Where [we didn't have] all the data that we would normally have" (P15; Centre Director).

Relatedly, several participants in leadership roles expressed concerns about the emotional toll borne by the educators in their team, who demonstrated an ongoing commitment to their work responding to the complex needs of children despite the evident impacts on their own wellbeing: "it's coming at a cost to the professionals who are holding the heaviest burdens. And that, in turn, will feed back" (P1; Centre Director) and "I can see how they are all so under pressure. . . [but] they're still so invested, they work so hard, and all they really want is the best for the children, sometimes at their own detriment" (P12; Centre Director). The participants also acknowledged the interdependence between educator and child wellbeing and, hence, the need to invest in the wellbeing of educators: "you can't support children for the best possible outcomes if you're feeling burnt out and continually stressed" (P16; Early Years Consultant) and "there needs to be a lot more thinking and planning around support for the people who are actually doing the educating and caring" (P8; Educational Leader).

3.2.2. Discrepancies in Educator Experience and Skills

Discrepancies in educators' experience and skills in relation to supporting children's SEWB was a key theme identified by the participants, particularly in relation to less experienced educators: "it's that clash of different generations, and quality of experience" (P15; Centre Director) and "the lack of skill of teachers actually concerns me a lot" (P4;

Lead Teacher). In some cases, the participants described how gaps in educator knowledge and confidence not only impacted their ability to support children but also prevented them from engaging in conversations with families about children's wellbeing: "they're not confident enough to discuss such issues with family, because I think the lack of confidence comes from their own concern about their skills, and their own understanding of mental health issues" (P2; Educator). Differences in pedagogical approaches were also noted: "educators lack a lot of that basic understanding around attachment and the importance of that connection" (P11; Centre Director) and "there's a difference between... how they've been trained and their particular philosophies" (P15; Centre Director). Conversely, the participants also highlighted the importance of a cohesive team approach to be able to cater for children's wellbeing needs: "you really need a very strong team to actually work together... to work together to ensure the safety and wellbeing of the children" (P1; Centre Director) and "It's not just one educator's responsibility to be responsible for children who exhibit behaviour of concern. That's just too much for one person to handle" (P2; Educator).

The participants expressed concerns not only about the knowledge of less experienced educators but also about the capacity of the broader workforce to be able to support the increasingly complex needs of the children in their care: "this child is experiencing extreme trauma, so in terms of the training, the staff are—we never experienced anything like that. So, all the staff are under-skilled" (P1; Centre Director) and "especially when children with disability are experiencing some mental breakdowns, teachers just don't know how to deal with that" (P4; Lead Teacher). Concerns about educators' capacity to support children experiencing trauma were expressed both in relation to individual children and to the flow on impacts for other children witnessing displays of trauma: "there's someone that is having a traumatic episode where they've been triggered by something and destroying everything. And it's not safe for everyone" (P15; Centre Director).

3.2.3. Access to Mentoring and High-Quality Professional Development

Relating to concerns about educators' capacity to support children's complex needs, the participants expressed a pressing need to upskill the workforce, particularly for newly qualified educators: "we have to put some general supports around them [new graduates] to support them" (P5; Executive Manager). Although staff shortages were noted as an ongoing challenge, the rostering of additional staff to support new educators was recommended: "there needs to be a support person, even if it's just Term 1" (P17; Lead Teacher) and "the traineeship actually is a really beautiful opportunity to have people who are not considered ratio observing the current educators in the space" (P1; Centre Director). The provision of on-site mentoring and regular supervision provided by more experienced educators was also suggested: "I'd love to see built into early childhood to have supervision... like they do in other professions... in nearly 40 years of working in early childhood, [mentoring] was probably the most valuable professional development type opportunity for me" (P16; Early Years Consultant).

The participants also recommended having access to high-quality professional development, "as a way of supporting staff and building their capability about supporting children's wellbeing" (P5; Executive Manager). This included having site-based access to Allied Health professionals to facilitate wraparound care for children and the sharing of information: "it would be lovely if there was a place and space for OTs and different therapists, and maternal health care, a paediatric psychologist, etc." (P9; Centre Director) and "We're lucky we've got maternal child health nurses on site, so we often work with them for referrals" (P20; Lead Teacher). Visits from Allied Health professionals and the provision of site-based professional development were also highly valued: "we've had a psychologist come out this year... we've already started putting in to place some of her

suggestions. . .we've found that extremely powerful" (P17; Lead Teacher) and "this year we've actually got the Allied Health professional coming in and working alongside the staff in the program, to do that in situ coaching, which has been really helpful" (P5; Executive Manager). Site-based professional learning was viewed as particularly beneficial, as it supported implementation in real-world contexts: "there needs to be that support there for you to be able to really implement, embed" (P1; Centre Director); some participants noted how there was not enough time to unpack and embed other forms of professional development as a team: "there's actually no time to critically reflect or unpack (PD) with everyone. It would be nice to . . .have a chat with someone about their understanding" (P2; Educator).

3.2.4. Prioritising Relationships and Continuity of Care

The participants recognised the importance of building strong and consistent relationships with children and families to support children's wellbeing: "to be really consistent, to make sure the people who are coming in that there's always that familiarity" (P12; Centre Director) and "child wellbeing is so strongly related to the relationships that are established for children" (P8; Educational Leader). Trusting educator-child relationships were described as important for nurturing children's sense of emotional security and development: "you'll suddenly see when they [children] feel that safe space all the things that they're capable of and it's quite amazing" (P17; Lead Teacher). Extending on this, the participants spoke about the importance of giving permission (to themselves and their teams) to prioritise time spent building connected relationships rather than completing administrative tasks: "prioritising educators' time with children and engaging in those interactions and building strong connections with children, is so important" (P5; Executive Manager). These relationships were recognised as essential to supporting children's full participation in the program: "a little boy . . . he would become a bit anxious. He just needed that emotional check-in, and then he was able to feel like, yep, she's got my back . . . so I can actually relax and play" (P16; Early Education Consultant). Correspondingly, concerns over the impact of staff shortages and turnover on the continuity of educator-child relationships were also expressed: "it's a bit destabilising because they say, 'Who are my educators? . . . That makes it really very challenging for them to form that trusting relationship, the attachment relationships'" (P8; Educational Leader).

The participants also appreciated the importance of working in partnership with families to provide continuity of care for children: "it takes the whole community to raise a child. . .you'd be wanting to work with the parents on social and emotional wellbeing, so seeing that as a real partnership" (P3; Lead Teacher). Strong relationships with families were described as crucial for understanding children within the context of their home circumstances, "it's all about relationships and connecting and the environment that you have that parents feel that they're going to share about the child's background and what's going on at home" (P11; Centre Director); for building children's sense of safety and belonging in the program, "I think for children to see their family as part of the program is such an important element of their own wellbeing as well;" (P5; Executive Manager); and for facilitating the sharing of information that builds both educators' and parents' understanding of children's SEWB needs, "the information that can really support their [parents'] understanding of their own child from the perspective of the educator" (P9; Centre Director). However, building partnerships with families was not reported to be without challenges, with some participants explaining how differences in parent perspectives could be difficult to address: "one of the big key pains is how do we talk to and support families' understanding of mental health for children?" (P15; Centre Director); and

“there’s always a little bit of difference in terms of what parents might perceive or think” (P8; Educational Leader).

Some participants also commented on the success of building partnerships with other professionals to enhance the continuity of care provided to children: “[SRF] has been really successful because it’s enabled that relationship between the Allied Health professional and the teachers and educators in the kinder programs to be ongoing” (P5; Centre Director). However, other participants spoke of the need to break down persisting communication silos and to strengthen these partnerships, “there is a need to break down that . . . communication barrier, between Allied Health professionals, parents, as well as educators” (P2; Educator), and to build a “holistic program that captures everyone that surrounds the child” (P15; Centre Director). Establishing a shared language around young children’s wellbeing was also recommended: “we’re trying to create a common language from kindergarten to school and to the community” (P13; Lead Teacher) and “we’re very good in early childhood about watering down language. . . The big words, anxiety, depression, we hide away from. But we’re now in a space where we have to talk about it” (P15; Centre Director).

3.2.5. Nurturing Children’s Agency, Identity, and Belonging

Most participants articulated a belief that SEWB is fundamental to children’s overall development, as “cognition and wellbeing go hand in hand” (P7; Centre Director). In doing so, educators described the importance of nurturing children’s “sense of belonging, that sense of connection, that freedom and autonomy” (P12; Centre Director) as central tenets of their SEWB. In discussing the importance of identity and belonging, educators highlighted the importance of ensuring cultural safety, “child wellbeing is. . . cultural safety as well as psychological wellbeing” (P8; Educational Leader), and they described working with local Elders and community members from diverse language and cultural backgrounds to “create that sense of belonging for children across many different cultures, across many different circumstances” (P9; Centre Director). The participants also highlighted the value of “actively promoting inclusion through educational programs and practice” (P5; Executive Manager) and described a range of practices that aim to support children’s sense of belonging through their connection to the environment: “really understanding where you are on country, and what you can learn from country. And developing that ecological identity with children so that they’re developing that relationship with place deeply” (P8; Educational Leader).

The participants also discussed the importance of empowering children so that they can independently express their wellbeing needs: “the most important thing is to equip the vocabulary for the children, to verbalise their feelings” (P3; Lead Teacher) and “when children learn. . . the language of emotions and the skills with how to manage those emotions and label them, they’re so capable” (P17; Lead Teacher). Relatedly, the participants noted the importance of practices such as imaginative puppet play, mindfulness, and emotional coaching to build children’s wellbeing literacy: “often you hear people talking about feelings with young children, but they very much focus on happy, sad, maybe angry, but they don’t explore the whole range of emotions;” (P16; Early Years Consultant) and “one of the most useful things that I’ve found is emotional coaching . . .and helping them to understand the emotional representation of others” (P8; Educational Leader). Building children’s wellbeing literacy at the critical stage of early development was recognised as potentially transformative: “even if it was a universal program about understanding emotions and ways to regulate, like children learning those skills. . .you can see the power of that. . . it’s just building a generation of really emotionally intelligent and literate children, with skills to cope as they progress through school” (P17; Lead Teacher).

Importantly, the participants also expressed the need to elicit children's voices and build their sense of agency: "thinking about it through how teachers and educators can elevate children's voices" (P5; Centre Director) and "I also think around the rights of the child, and children having that voice, and that opportunity to have real agency" (P12; Centre Director). Eliciting children's perspectives was highlighted as a necessity not only to nurture children's sense of agency but also to build an understanding of individual children, ensuring that programs and practices are centred around children's wellbeing needs: "I think getting into the idea of the child, the outlook they have as well. . . what they're speaking about, what they're thinking about," (P11; Centre Director) and "come back to the voice of the child. Just keep going back to the child because that could be the one thing within the cohort that unifies us" (P8; Educational Leader).

4. Discussion

This study documents Australian ECEC professionals' perspectives about children's SEWB, providing important insights into strategies that may improve support for children's wellbeing in ECEC settings. The perspectives identified in the analysis of the data resonate with a social-ecological view of child development (Bronfenbrenner & Ceci, 1994), with the participants articulating beliefs that children's SEWB is fundamental to their development and significantly influenced by their relationships with the important adults in their lives within their home and ECEC communities (the microsystem) (Bronfenbrenner & Morris, 1998). Overall, the participants expressed a belief that children's SEWB is participatory and dynamic, influenced by children's internal worlds and capacities, as well as their relationships with people in their external environments (Bronfenbrenner, 2005). The participants' descriptions of child SEWB and approaches to support it (e.g., culturally safe environments and nurturing a sense of belonging through responsive relationships) are thus consistent with a relational, subjective perspective of wellbeing (Mashford-Scott et al., 2012; Street, 2020). At the same time, the participants' focus on the importance of observing and planning for measurable social-emotional competencies such as children's wellbeing literacy also align with a development-oriented view of child wellbeing, thereby demonstrating an understanding of the complex nature of wellbeing as a construct in early education contexts (Lewis, 2019). The participants' descriptions of SEWB also align with key indicators under the Australian Early Years Learning Framework V2.0 (Australian Government Department of Education, 2022), particularly outcome 3, "children have a strong sense of wellbeing". Notably, the participants' discussions about child SEWB also encompass the other four outcomes in the EYLF, thereby acknowledging the interconnected nature of SEWB and recognising that a strong sense of wellbeing has the potential to contribute to multiple domains of children's development, both in the "here and now" and in children's future life trajectories (Shuey & Kankaraš, 2018).

Concerns about children's SEWB were expressed in relation to the impacts of the pandemic (corresponding with other pandemic-related research, e.g., Egan et al., 2021; Levickis et al., 2022; Price et al., 2022) and the capacity of educators to provide optimal support—not only as a consequence of high levels of turnover and differences in co-worker knowledge and perspectives but also in terms of the elevated number of children presenting with complex needs. Taking a socioecological perspective, the participants recognised that educator and child wellbeing are interdependent and mutually reinforcing; hence, effective support for child wellbeing should also account for the wellbeing of educators. In this way, the participants expressed a belief that children's wellbeing is socially situated, mediated through the nature and quality of their relationships in their daily lives, as well as contextual factors in the broader socio-cultural environment (Bronfenbrenner & Morris, 1998). As research has highlighted, educators work in a complex and emotionally demanding role,

and it is essential for their own wellbeing that they are supported if they are to have the capacity to provide optimal support for children (Cumming et al., 2021). Moreover, poor educator wellbeing can lead to high levels of turnover, impacting the quality and continuity of educator–child relationships—*noted by the participants in this study as essential for nurturing children’s emotional safety and secure attachments (Bretherton, 1994).* Given the value of strong educator–child relationships for children’s wellbeing and development, educators must be supported in their roles and given permission (by leadership and service infrastructure) to prioritise their time engaging in responsive interactions with children rather than spending it on paperwork or administrative burdens (Eadie et al., 2022b; Irvine et al., 2016).

As highlighted by the participants in this study, it is essential for services to establish a shared philosophy and for ECEC leaders to support educators to upskill and bridge knowledge gaps where necessary if children are to receive optimal support for their wellbeing. As suggested by the participants, efforts to support the quality and continuity of care provided to children may include the provision of in-service support for newly qualified educators, such as mentoring or regular supervision with more experienced educators. The provision of mentoring and/or coaching may facilitate a culture of continuous improvement, shared pedagogical approaches, and the retention of staff (Wong & Waniganayake, 2013).

A significant gap was identified in relation to the provision of trauma-informed practice, with the participants expressing a need for *all* educators to be upskilled in this area, for example, through professional development and increased access to Allied Health professionals. This perspective mirrors research showing that, despite the proliferation of trauma-informed programs and the increase in the number of children requiring additional support, practitioners are only just beginning to effectively engage with trauma-informed practices in educational settings (Thomas et al., 2019). Here, research points to the value of wraparound services (i.e., ECEC services and health providers) to support children’s wellbeing and mitigate the potential negative effects of childhood trauma (Sun et al., 2023). Indeed, as noted by the participants in this study, building professional partnerships to provide wraparound support for families could generate multiple benefits, including more holistic support for children’s wellbeing, more efficient referrals to relevant services, and improved educator knowledge and confidence in relation to supporting children’s wellbeing. In highlighting the importance of providing more holistic support for children’s wellbeing, the participants’ expressed views that resonate with social–ecological theories of development; i.e., child wellbeing is perceived as a collaborative process, influenced by an integrated and dynamic network of influences in the child’s community (Bronfenbrenner, 2005). In this way, child wellbeing is understood to be a community responsibility, requiring ongoing collaboration between the important adults in children’s lives (Sun et al., 2023).

The importance of professional partnerships is also recognised in the Early Years Learning Framework (Australian Government Department of Education, 2022) and in the Australian Early Years Strategy (Australian Government, 2023), with research suggesting that the benefits of integrated early childhood services and community programs may be particularly significant for children and families experiencing entrenched disadvantage (Clark et al., 2022; Molloy et al., 2019). Against the backdrop of COVID-19 and the evident impacts on children’s wellbeing (and disproportionate impacts on children experiencing disadvantage), it is timely to consider how partnerships between ECEC and other professionals might be leveraged more effectively to strengthen support for children’s wellbeing at a critical time in their early development.

The participants also recognised the importance of building strong partnerships with families to nurture children’s sense of safety and wellbeing and to facilitate the sharing of information with families in relation to children’s development. This perspective is

consistent with Bronfenbrenner's social–ecological model, whereby the connections and partnerships that occur within a child's microsystem—i.e., the interactions between interpersonal processes (e.g., educator–family relationships) and institutional features (e.g., family engagement policies and practices at the ECEC service)—significantly influence children's wellbeing and development. The importance of building strong family–educator partnerships is clearly articulated in research showing that strong parent–educator partnerships can boost parents' confidence and capability to support young children's learning and wellbeing (Barnett et al., 2020; Jeon et al., 2020) and that they can be particularly transformative for disadvantaged families, with children benefiting from access to nurturing interactions and the continuity of learning opportunities in both the home and ECEC settings (Goldfeld et al., 2023; Molloy et al., 2019). However, the participants in this study also acknowledged that discussions with families about children's wellbeing can be challenging, particularly if educators lack knowledge and confidence or if parents have different perspectives in relation to children's development and the role of educators in supporting it. In this respect, the participants again highlighted the importance of building educators' knowledge of typical child development and to establish a shared language around child wellbeing so that educators are better equipped to engage in sensitive discussions with families. This sentiment builds on recent evidence suggesting that educators may require increased training to improve their skills and confidence in working with families, including training to implement culturally and linguistically responsive practices to foster home-to-ECEC relationships (Murphy et al., 2021; Kelty & Wakabayashi, 2020).

Recognising the importance of supporting children's agency, identity, and belonging, the participants recommended a range of inclusive practices, such as nature-based pedagogy, partnering with community members from diverse cultural backgrounds to build a sense of cultural safety, and building children's wellbeing literacy. In this way, educators recognised the importance of children feeling valued, safe, and loved; being engaged in learning and participation; and being adequately resourced so that they can flourish (Page, 2018). Indeed, we know that safe, inclusive learning environments that foster a strong sense of wellbeing are essential for children to thrive (Australian Institute of Family Studies, 2020; UNESCO, 2022), but we know less about how very young children understand and communicate about their own wellbeing needs (Zhang, 2015). Encouragingly, the participants in this study demonstrated a commitment to understanding children's perspectives and understanding of wellbeing, thus building their knowledge of individual children and ensuring that they are adequately responding to their needs. At a broader level, eliciting children's perspectives can also provide an important contribution to the definition and understanding of child wellbeing (Carter & Andersen, 2020) so that interventions and best practice are informed by solid research evidence. Given the growing concerns about young children's wellbeing and the ongoing impacts of the pandemic, it is important to consider how quality improvement efforts in ECEC settings can be directly informed by both adults' and children's perspectives, ensuring that they are fit for purpose and responsive to a diversity of needs.

Limitations

A limitation of the current study is that there may have been a selection bias of participants, whereby those who were more interested in children's SEWB agreed to participate. In addition, most participants were in metropolitan Victoria, where the influence of the COVID-19 pandemic may have been more dominant than in other areas of Australia where lockdowns were less common. However, the issues raised by the study participants are supported by prior research and public discourse, suggesting that the participants' perspectives represent ongoing issues that affect child wellbeing across the ECEC sector. The

strengths of this research are the engagement of professionals with varied roles in the sector and the use of semi-structured focus group discussions accounting for professionals' real-world perspectives, a key aim of this study. Although the current study was conducted in Australia, the strategies described by the participants are likely to be applicable to Australian ECEC programs in similar contexts and have the potential to yield immediate benefits for children and families.

5. Conclusions

The participants in this study raised concerns about children's social-emotional wellbeing, especially in the post-pandemic context. The needs to upskill educators with the tools required to support children with more complex social-emotional needs and to engage in informed discussions with families were clearly articulated. The participants recommended a range of approaches to support children's SEWB, including inclusive daily practices, consistent educator-child relationships, staff mentoring, professional development from Allied Health professionals, and strengthened partnerships with families and other professionals. Not all of these practices require structural or funding support, but they do necessitate leadership support and a shared philosophical approach to supporting children's wellbeing. As suggested by the study participants, accessing the voices of young children may yield further insights into child wellbeing, ensuring that supportive practices in ECEC settings are directly informed by both child and adult perspectives and are responsive to a diversity of child wellbeing needs.

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Abbreviations

The following abbreviations are used in this manuscript:

ECEC early childhood education and care
SEWB social-emotional wellbeing

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