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Mental health promotion in childcare centres: Childcare educators' understanding of child and parental mental health

Margaret Sims, Elise Davis*, Belinda Davies[!], Jan Nicholson[#], Linda Harrison[+], Helen Herrman[##], Elizabeth Waters*, Bernie Marshall[$$], Kay Cook[‡] and Naomi Priest[+]

School of Education, University of New England, Armidale, NSW, Australia; *McCaughey Centre, School of Population Health, The University of Melbourne, Melbourne, VIC, Australia; [!]Deakin University, Melbourne, VIC, Australia; [#]Murdoch Childrens Research Institute, Parkville, VIC, Australia; [+]Faculty of Education, Charles Sturt University, Bathurst, NSW, Australia; [##]Centre for Youth Mental Health, The University of Melbourne, Melbourne, VIC, Australia; [$$]School of Health and Social Development, Deakin University, Burwood, VIC, Australia; [‡]Centre for Applied Social Research, RMIT University, Melbourne, VIC, Australia

Abstract

Early childhood educators have an important role to play in the development of young children's mental health yet rarely has their understanding of mental health and mental health promotion been researched. This study aims to explore childcare educators' and managers' understanding of child and parental mental health and the early signs of mental health problems. Participants (N = 19) were sampled from low socioeconomic status areas. Semi-structured interviews were conducted to explore their perceptions and experiences of child and parental social and emotional wellbeing. Results suggested that childcare staff were able to explain child wellbeing but were somewhat limited in their knowledge of risk and protective factors for child and parental mental health. They identified a need for additional training. There is a need to match understandings and practice in mental health promotion to existing early childhood frameworks which inform the work of early childhood educators.

Keywords: mental health, childcare, childcare educators, social and emotional wellbeing, health promotion

Early childhood educators are guided by the Early Years Learning Framework (EYLF – A new early years curriculum for Australia: Department of Education Employment and Workplace Relations, 2009), and the Quality Improvement and Assurance System (QIAS: National Child Care Accreditation Council, 2003, 2004; 2005). These documents identify current knowledge and practices for working with children in order to ensure the best possible outcomes. These guidelines are underpinned by socio-cultural (Fleer, 2005) and ecological frameworks (Bronfenbrenner, 1979) that position children as active agents in their families, communities, societies and cultures. Further, these frameworks hold that children adapt to the ecological niches they experience in their early years of life, and that outcomes are shaped by the constant interplay of biology and environment: a perspective recently given much emphasis by epigenetic research (see work by DiLalla, Elam, and Smolen, 2009; Meaney, 2010; Shonkoff, Boyce, and McEwen, 2009 for example).

This epigenetic work, and the associated neurobiological work (such as that undertaken by Mayes, Magidson, Lejeuz, & Nicholls, 2009; Strathearn, 2007; Swain, 2006; Twardosz & Lutzker, 2010; van der Vegt, van der Ende, Kirschbaum, Verhulst, & Tienmeier, 2009) identifies the importance experiences in the early years have on shaping life-long outcomes. There is clear evidence that children experiencing chronic stress in their early years are at risk for long term mental health problems (Stanley & Siever, 2010; Swain, 2006; Twardosz & Lutzker, 2010). There is also clear evidence that secure, nurturing and responsive care in the early years of life provides protection from environmental risks (Mayes et al., 2009; Noriuchi, Kikuchi, & Senoo, 2008; Schore, 2009; Sims, 2009; Strathearn, 2007).

Both the EYLF and QIAS require early childhood educators to focus on providing quality early childhood environments, including physical

and social/emotional dimensions, with the aim of ensuring children have the best start in life. That best start, according to the EYLF (Department of Education Employment and Workplace Relations, 2009), is evident when children have a strong sense of identity, are connected with and contribute to their world, have a strong sense of wellbeing, are confident and involved learners and are effective communicators.

These outcome statements are the goals for children's learning towards which all early childhood educators are required to work. Staff performance is evaluated not only in relation to the outcomes in the EYLF but also against a range of quality principles set out in the QIAS. Those with particular relevance to mental health include (but are not limited to) the way staff develop relationships with children and peers, how they develop partnerships with families, how they ensure each child learns successfully and how they support health, nutrition and wellbeing (National Child Care Accreditation Council, 2005).

Such goals and outcomes represent a common understanding of good mental health and wellbeing. Mental health is the ability to function effectively in society, meeting appropriate emotional and developmental milestones, contributing to society and experiencing mental and social wellbeing (Council of Australian Governments, 2006). The World Health Organization defines mental health as 'a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community' (World Health Organisation, 2010, no page nos). Unfortunately, this state of wellbeing is not realized by all young Australian children. A survey identified that 14% of primary school aged children experienced mental health problems, increasing to 20% for children from low income or single parent families (Sawyer et al., 2000). The Australian Research Alliance for Children and Youth (ARACY) Report Card on the Wellbeing of Young Australians noted that Australia ranked 13th out of 24 OECD nations on children's mental health and wellbeing, with Indigenous children ranked 23rd out of 24 OECD nations.

To address this issue requires that the mental health needs of young people are understood at the level of the community, the family and the individual. There are now several models identifying specific risk factors for poor mental health in children (Commonwealth Department of Health and Aged Care, 2000; Davis, Martin, Kosky, & O'Hanlon, 2000; National Crime Prevention, 1999; Queensland Health, 2002). These models identify individual and family factors, preschool/school context, life events and situations, and community and cultural factors all of which contribute to mental health (refer to Table 1; Australian Government Department of Health and Aging, 2007).

In order to support children's sense of wellbeing and good mental health, early childhood educators need to understand not only the risk factors for poor outcomes, but also how to address mental health problems in their practice. Little is known, however, about educators' understandings of mental health and practices to promote wellbeing. A search of the literature identified only one study that examined childcare educators' understandings of child mental health and the factors that put children at risk of developing mental health problems (Farrell & Travers, 2005). The results, based on a sample of 35 educators, demonstrated that 67% named only two risk factors for poor child mental health, and 80% named none or only one protective factor. The authors suggested that features of a health promoting childcare setting should include an understanding that mental health requires a positive learning environment, opportunities to engage in social and emotional learning, opportunities for parent support and education, as well as appropriate early intervention for children identified with potential difficulties. Moreover, they asserted that it is essential that professionals working with children are able to incorporate these factors both to support healthy mental development for all children and to enable early detection and the provision of interventions for children with signs of mental health problems.

Given the importance of child care in children's lives (66–83% of Australian children aged 2–4 years attend childcare (Department of Family and Community Services, 2005), and the policy

Table 1: Risk factors associated with the development of mental health problems in children (Commonwealth Department of Health and Aged Care, 2000; Davis et al., 2000; National Crime Prevention, 1999; Queensland Health, 2002)

Child factors	Family factors	Life events	School context	Community and cultural factors
Prenatal/infancy	Parental characteristics	Divorce/family break-up	School failure	Socioeconomic disadvantage/poverty
Low birth weight	Teenage parents	War or natural disasters	Normative beliefs about aggression	Population density
Prematurity	Disability	Death of a family member	Deviant peer group	Housing conditions
Gender	Single parents	Physical, sexual and emotional abuse	Bullying	Urban area
Poor health in infancy	Psychiatric disorder	School transitions	Peer rejection	Neighbourhood violence and crime
Birth injury/ complications	Substance abuse	Physical illness/ impairment	Poor attachment to school	Unsafe recreational environments
Prenatal brain damage/illness	Family environment	Unemployment	Inadequate behaviour management	Portrayal of violence
Disability	Family violence	Homelessness	Unsafe childcare	Lack of support services and facilities
Behavioural/ personality	Marital discord	Job insecurity		Social injustice
Insecure attachment	Social isolation	Incarceration of parents		
Impulsivity	Long term parental unemployment	Economic insecurity		
Aggression	instability			
Poor social skills	Parenting style			
Low self esteem	Neglect			
Difficult temperament	Low involvement with child			
Health/wellbeing	Poor supervision			
Disability	Discipline style			
Low intelligence	Rejection of child			
Chronic illness	Abuse			
Developmental delay/learning difficulty	Lack of warmth and affection			
Overweight/obesity				
Low literacy levels				

requirements for addressing mental health in early childhood settings, it is essential to build a research base upon which policy and practice expectations can rest. Building on Farrell and Travers' (2005) earlier work, the present study aimed to explore in more detail, using qualitative methods, childcare educators' and managers' understandings of mental health and the causes and early signs of mental health problems. While primarily focused on child mental health, this study also explored educators' understandings of parent mental health in recognition of the interconnectedness of child and parental mental health and the importance of promoting parental mental health to support children's mental health development (Walker, 2008).

The child care sector tends not to use the terms mental health or mental health problems. Instead, when focusing on issues such as behavioural, social and emotional problems, such as oppositional and acting out behaviours, problems getting along with others (sharing, following rules), anxious, sad and withdrawn behavior, the sector uses terms such as social and emotional problems, and their converse, social and emotional wellbeing. Therefore in this study we have used the terms 'child mental health' and 'child social and emotional wellbeing' interchangeably, depending on the audience.

Method

This study took an interpretive perspective (Denzin & Lincoln, 2005; Given, 2008; Sarantakos, 1998) in order to explore childcare educators' and managers' understandings of child and parental mental health and causes and early signs of mental health difficulties. We posited that each participant's understanding was unique, arising out of individuals' training and life experience, and that the role of the research was to identify the ranges of understandings, as well as to illustrate those that participants held in common. Ethics approval was granted from the Deakin University Human Research Ethics Committee (EC98-2007).

Sample

We purposively recruited participants from two local government areas in Victoria that were classified as low socioeconomic status according to the Socio Economic Indicators for Areas (SEIFA; Australian Bureau of Statistics, 2001). While childcare use is consistent across all socioeconomic levels (Department of Family and Community Services, 2005), children from low income areas experience higher rates of mental health difficulties (Sawyer et al., 2000) and, in keeping with our epistemology, we wanted to maximize the exposure of our participants to children and families at risk of mental health problems. We targeted both educators and centre managers to ensure that we covered those involved in regular face-to-face interactions with children and those involved in supervision.

We approached all private and community-based childcare centres in these areas (N = 42), firstly via a mail out letter, followed by a telephone call to the manager who informed any interested educators. The study initially aimed to sample 20 childcare managers and staff members with the anticipation that this number would yield adequate data for a rich analysis (Given, 2008). After recruitment, 10 managers and 9 educators from 11 different childcare centres agreed to take part in this study and we ensured that we had no more than three staff from any one centre. The participants worked in community-based (N = 6) or private childcare centres (N = 5). All but one participant was female. Most managers (N = 8) aged 40 years, were full time in their roles (N = 9) and had between 10 and 20 years experience (N = 7). Educators ages were evenly distributed from 18 to over 40 years, almost half were part time (N = 4), and most commonly had 2–5 years experience (N = 6).

Procedure

We asked participants to take part in a one-on-one semi-structured interview at the centre where they worked. We used a guide to shape the interview but also created space for participants to respond in ways they saw as appropriate as outlined by Esterberg (2002). First participants were asked what they thought social and emotional wellbeing was for children and parents. Participants were then asked to describe a child with good social and emotional wellbeing, and one with poor social and emotional wellbeing. Following this, participants were given a definition of child and parental mental health and asked to further describe what they thought were the causes and early signs of mental health problems for children and parents, and what they would do if they suspected a child or parent had a mental health problem. Participants also completed a brief demographic questionnaire and were reimbursed for their time with a $30 cash payment. Interviews were audio-recorded and professionally transcribed verbatim.

Data analysis

A thematic analysis (Morse & Richards, 2002) was conducted to explore understandings of social and emotional wellbeing and practice in promoting children's social and emotional wellbeing reported

by childcare managers and educators using open coding. We used a process of constant comparison (Glaser, 1965) to develop themes and establish their boundaries. As recommended by Dey (1993) we also actively sought data which did not conform to each theme in order to establish the trustworthiness of the themes we developed. This process was conducted independently by two researchers (ED, BD) to enhance credibility of the results. At the end of this dual process no new information was being provided and there was repetition in each of the categories, so we determined the analysis had reached saturation (Given, 2008). Participants' names were replaced with pseudonyms to be used in the reporting below.

Results

Our analysis identified a range of themes in the data. In this section we report each theme and illustrate its content and boundaries with quotes from participants. Themes were:

1. Understandings of child and parental mental health
   - 1.1. Social and emotional wellbeing for children
   - 1.2. Social and emotional wellbeing for parents
   - 1.3. Causes of mental health problems for children
   - 1.4. Causes of mental health problems for parents/adults
2. Practice in promoting mental health

Understandings of child and parental mental health

Concept of social and emotional wellbeing for children

Managers defined social and emotional wellbeing as children feeling safe, secure, settled and free from stress. In comparison, educators referred to how children interact with others and their role in attending to the child's needs. A small number of managers and educators referred to developmental milestones or coping style in their definition of social and emotional wellbeing.

> I think that it is children feeling safe and secure in the environment that they are in. (Jane, Manager)

Given that it is difficult to define a construct such as social and emotional wellbeing, participants were also asked to describe a child who had good social and emotional wellbeing and a child with poor social and emotional wellbeing. Managers and educators both felt that children with good social and emotional wellbeing were children who settled easily, were gentle and caring, had high self esteem and confidence, stable relationships or intact families, strong rapport with their educator, felt comfortable in their surroundings at childcare and had a set routine. Educators tended to describe personality attributes of children with good social and emotional wellbeing, such as children who were 'confident and outgoing'. They were less likely to refer to a child's family life and circumstances beyond childcare.

> Really confident, comfortable enough within themselves to be able to handle the environment, to be able to speak up if they have something that they want to say or do … they're generally happy and they're quite outgoing … involve themselves a lot more. (Jennifer, Educator)

> Comes in, happy to come into the centre, just sort of breezes in, into the room and there's no great drama, there's no tantrums, there's no hiccups with parents, they come in, they settle and it's also I think getting into a routine in the mornings with parents. (Diane, Manager)

Managers and educators described characteristics of a child with poor social and emotional wellbeing as withdrawn, clingy to educators, exhibiting attention seeking behaviour, difficulty interacting, low self confidence and self esteem, insecure attachment with parent/educator, difficulty settling and difficulty with routines. Educators spoke of children in their care who are aggressive, easily upset, or uncomfortable in their surroundings and appeared to be neglected at home, often indicated through hunger and poor hygiene.

> Negative behaviour, defiance and isolation, refusing to participate with – in experiences, in a group situation and not looking into your

> eyes and looking away from your eyes … A child who was having social and emotional problems usually will retreat to themselves and will not be friendly with other children or neither with the adults … they will not participate in any experiences, activities. (Kim, Manager)

> Aggressiveness towards other people, physical violence against other people, being withdrawn, not wanting to interact with others, withdrawing from touch, and you know, not wanting to touch other people. Also just not concentrating … Unable to sit for long periods of time at an activity, just overly emotional towards situations. (Wendy, Educator)

Participants made few distinctions between early signs that a child may be at risk of developing a mental health problem and signs that a child had established mental health difficulties. Managers thought children who were not meeting developmental milestones or were acting out of the 'usual', such as not wanting to go home with their parents at the end of the day, were showing early signs of a mental health problem.

> They just cry and they carry on and they don't want to go home, for whatever reason I'm not sure … They don't want to leave the centre. (Helen, Manager)

> They're often upset when they come to child care … they find it difficult to cope with the day … routine times are difficult … withdrawn socially, like they don't really interact with the other children, often play by themselves; no language skills usually. (Christine, Manager)

> Watching the development in certain milestones and being able to see that he or she's not really going along normally in a couple of milestones that they need development. A child that's acting out of the usual. (Jane, Manager)

One educator was able to describe many of the signs of an early mental health problem but then explained that while children in her care aged 18 months – 3 years exhibited these signs, she felt that this was normal for their developmental stage.

> Aggressiveness towards other people, physical … being withdrawn, not wanting to interact with others, withdrawing from touch … not concentrating … Unable to sit for long periods of time at an activity, just overly emotional towards situations … It's hard for my group (18 months–3 years) because they're like that anyway – they're still learning their feelings and such, so its hard to relate it and say 'This is what this means … they must have something wrong' because they are still learning how to express themselves and their feelings. (Wendy, Educator)

Concept of social and emotional wellbeing for parents

Most managers and educators thought that parental social and emotional wellbeing was not much different from that of children's. Where they did offer additional reflection, this tended to focus on parents feeling comfortable leaving their child in care and did not extend to their general wellbeing as an adult:

> Well, the same sort of things because it's important that the parent feels very comfortable and very confident in leaving their child, so therefore their feelings are taken into account as well. (Jane, Manager)

Causes of mental health problems for children

Both managers and educators identified some of the more extreme and rare causes of mental health problems, including domestic violence, neglect, exposure to parental substance abuse, and exposed to major trauma such as war, as well as other more common factors such as inconsistent behaviour guidance, young parents, family breakup, and children's language difficulties.

> If they're very young parents or parents who are into drugs or alcohol or whatever and they really just neglect the children. (Helen, Manager)

> Being in this area a lot of it might be to do with coming from another country … We have a lot of children that have come from war, war

> countries and like the Sudanese that have come out of the refugee camps. (Jessica, Educator)

Managers discussed parenting practices and whether parents had sufficient parenting skills and/or were coping in their role as a parent and the impact that this has on children's mental health.

> Parenting practices … how parents then manage children's behaviour and their understanding about being a parent. (Kate, Manager)

> It could be because of their lack of parent's knowledge … lack of parenting skills, and even hereditary as well. And also the attention, how much attention's being given to the child and what kind of attention. (Louise, Manager)

In the same vein, immediate family issues such as divorce, separation and family conflict/violence were also posited as possible causes for mental health problems in children.

> Violent relationships at home, seeing mum and dad fight a lot … even the child getting abused from the parents … even if the parents are separated and they're fighting over the child (Sonya, Educator)

> Divorce, if the parents are separated, the kids are very emotional and family conflict. (Sarah, Educator)

Educators generally related all of their responses back to specific examples with particular families. This may mean that they found it easier to express their thoughts using 'real life' examples rising out of their own experience with the children and families with whom they work.

Causes of mental health problems for parents/adults

Managers and educators generally had a better knowledge of risk factors that may cause mental health problems in adults, perhaps indicating that they reflected on their own lives and those of friends, or that they had experienced many of these problems first hand with parents at the centre where they work. Managers commonly described three causes of mental health problems in parents; isolation/lack of support, marriage/partnership difficulties and financial stress. However they also suggested that a lack of parenting skills, drug and alcohol abuse and violence contributes to the development of mental health problems, indicating a focus on the more extreme risk factors. They did not mention many of the community and cultural factors that impact on mental health, such as neighbourhood violence or a lack of support services.

> Difficult time in their marriage or in their partnership or having difficulties with finances, all that causes depression and anxiety. (Jane, Manager)

> If you do not have the good parenting skills, the child goes out of hand … I think the parents are not being able to handle the situation and they've got no support to handle the situation as well. (Louise, Manager)

Educators and managers spoke of parents' experiences as refugees and their experiences in their home country. Both of the LGAs in this study had high proportions of their populations reporting languages other than English to be the main language spoken at home (53 and 57.7%) compared to 21.5 of the total state population (Australian Bureau of Statistics, 2008).

> Most of those people (with depression), they come from war torn countries. (Hayley, Manager)

Some educators felt that the diverse cultural and linguistic backgrounds of many of the parents in their centres made it difficult to communicate with them and to gain a sense of their wellbeing. Educators also said they did not get enough time to interact with parents, as they were always in a hurry to drop off and pick up their children.

> We don't have much social interaction with the parents, we don't have much interaction at all. Mostly here there are a lot of language barriers with the parents … Because of all those reasons, and because of the cultural reasons, I don't think I could/I would be able to pick that up (a mental health problem). (Lauren, Educator)

> Well, we don't get background information about their home life. It's only really what we see … we don't really know about their home lives unless they tell us … We don't have a really a long time of interacting between when they come and drop off and then pick up. So they are – they're just in a hurry. Yeah, so we don't really have a lot of one-on-one time with parents. (Wendy, Educator)

Practice in promoting mental health

Many managers felt the best way to promote parental and child mental health was to build a relationship with parents so they would ultimately trust them and confide in them. In the context of these relationships managers felt they could address a range of issues beyond their child's health and wellbeing.

> We have a lot of parents, yeah, that come in quite upset and throw their child to us and then burst into tears and say they can't cope and things … and then they've got to rush off to work and then they pick up the child and they then have to go home and cook dinner. (Jessica, Educator)

Managers and educators felt inadequately prepared for promoting mental health and expressed their need for further training in this area.

> Childcare people should be educated in psychology and all sorts of different things, and counseling and all of that, just to cope with the day to day. (Elizabeth, Manager)

> The training, the Diploma in Children's Services, does not address that part of your work at all, you need to go and do something else … I still think you need guidance about how to listen to and interact appropriately with that person. (Kate, Manager)

> (Interviewer: Do you feel that you have enough knowledge or training in children's mental health or children's development?) No, not really, not with mental health. I think that I could – I would like to have more information … that's sort of relevant to me right now with this age group and working in childcare settings … I did go to an in-service that was behaviour guidance that had like a psychological look to it, like psychological issues and how they affect behaviour and how you guide that. I thought that was a little bit, not so, not as simple as I had hoped. (Jennifer, Educator).

Limitations

There were several limitations to this research. In this study, childcare educators and managers were given a definition of mental health that incorporated social and emotional wellbeing but no further detail was given as we wanted to probe their understandings. Unfortunately, at the time of data collection, the EYLF was not widely available so we cannot expect our educators and managers to have made a link between the outcomes in the ELYF and mental health.

This is a purposive sample of child care educators and managers and as such, we make no claims that our findings generalize to the broader community of child care educators and managers in Australia.

Implications

When all the responses were taken together, it appears that the knowledge of childcare managers and educators interviewed in this study was often focused on individual and familial risk factors (proximal features). With the exception of exposure to major traumas such as war, broader community and societal issues that impact on mental health were seldom mentioned. Participants' knowledge also appeared somewhat limited in regard to the early signs of potential child mental health difficulties. The tendency to attribute mental health problems to family violence or poor parenting, for example, has the potential to place responsibility for children's mental health squarely on parents. This attribution increases stress on parents (even when it is not consciously transmitted) increasing risk for poorer child outcomes given that stress impacts on parenting ability (Champagne, 2008; Zubrick, Smith, Nicholson, Sanson, & Jackiewicz, 2008). Moreover, simply recognising that 'this is how things are' (e.g., for children aged 18 months–3 years) and not working towards change is an implicit acceptance that

these problems are acceptable and appropriate (Sims, 2004). The findings reported above suggest that managers and educators need further support in identifying ways to address these issues within their programs for individual children, and also within their communities and society in general.

It was worrying that participants had not linked mental health promotion to the principles in the QIAS, which includes very clear indicators and principles for good mental health and the daily practices that support its development. None of the participants identified this material in their discussion of mental health, although some touched on issues such as the importance of the child feeling comfortable in the child care setting which is suggestive of the underpinning principle for QIAS quality area 1: 'staff relationships with children and peers' and quality area 2: 'partnerships with families'.

The EYLF also highlights the importance of children's mental health, although its approach emphasizes children's social and emotional wellbeing and does not use mental health terminology. It is clear from our study that educators and managers are not linking the EYLF focus on being, belonging and becoming to issues of mental health.

Many childcare educators in this study indicated a desire for further training in mental health, (with many explaining they do not know enough about children's mental health), and it may be that training could focus on better use of the knowledge and strengths they already have (particularly in relation to the QIAS and the EYLF). Staff in this study were not linking the practices identified in QIAS and EYLF to the issues relating to mental health, and it is this association that they could be supported to make in order for them to reframe their understanding of mental health.

Building relationships with parents is an important strategy to assist children's feelings of psychological safety in childcare (National Child Care Accreditation Council, 2005; Sims & Hutchins, 2011). Educators in this study identified this as a problem for them, particularly when parents had a non English speaking background. This suggests that a focus on prioritising relationship building with parents, along with centre support, help for each educator to develop strategies, and time to do so would be of benefit. Such training may best be offered on-site, perhaps through a mentoring or coaching approach (Fiene, 2002; Waniganayake et al., 2008).

In conclusion, this study does not provide strong evidence that childcare educators' understandings of mental health and mental health risk factors has improved substantially since Farrell & Travers' study reported in 2005. Based on the results from this study it is recommended that:

- Childcare educators receive on-the-job mentoring and support in mental health promotion for children and parents.
- Managers actively pursue opportunities for professional development in the field of mental health promotion, in order to facilitate their role in providing advice to parents and supporting staff.
- Childcare centres are supported to explore ways in which they can increase contact with parents and engage parents to be more involved in their child's time in care.
- The childcare profession prioritise the development of strategies to raise community awareness of issues that are impacting on our children's mental health.

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