

DECEMBER 2010

# Foundations

*Developing Social & Emotional Wellbeing in Early Childhood*

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### CHILD ABUSE

Children of  
Parents with a  
**MENTAL ILLNESS**

**STAFF**  
*wellbeing*

CHILDREN'S SERVICES MAGAZINE

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# From the Editor

Welcome to the latest issue of *Foundations*, a resource for children's services staff about supporting social and emotional wellbeing in early childhood. You may like to use this material as a starting point for team discussion, or share articles with families who attend your service.

By supporting children's best possible social and emotional development and wellbeing in the early years, we can contribute to positive mental health and wellbeing outcomes for individuals and communities. In this edition, we explore issues that can impact on social and emotional wellbeing and development, as well as some programs designed to assist children and families who have additional support needs.

One example is the national *Children of Parents with a Mental Illness (COPMI)* initiative, which aims to promote positive mental health outcomes for children whose parents have a mental illness. The COPMI program has developed a range of resources for families and professionals, including a booklet for early childhood services. We also hear from the *Brighter Futures* team about their work in NSW, helping families with young children to address a range of challenges and access additional support.

Working with children and families is rewarding but can also be challenging at times, especially when responding to difficult situations or sensitive issues. Articles in this edition also explore the importance of children's services staff caring for their own wellbeing.

We hope you find *Foundations* interesting and useful. We welcome your articles or suggestions for future editions, so we can ensure that the publication continues to be a practical resource that can support you in your important work with children and families.

**Karen Stafford**  
Program Manager  
**Everymind**

*Karen Stafford*







# Supporting Families *in need*

**By Erin Schrieber**

Media and Communications Officer  
The Benevolent Society [www.bensoc.org.au](http://www.bensoc.org.au)

*W*e all know parenting can be tricky at the best of times, so for families who are dealing with extra challenges like a lack of social support, child behaviour management issues or mental illness, a helping hand and some professional support can make all the difference.

“Children’s services staff are key players in children’s lives. They are there at the frontline and get to see the challenges and triumphs of the families they work with,” said Wendy Cabot, manager of The Benevolent Society’s programs in New England.

“When they notice that a family may need a little extra support or are having difficulties, it’s important that early childhood professionals know what services are available locally for families.”

There are a number of organisations doing great work to support children and families in the New England, Hunter and Central West regions, and plenty of services and programs available, such as Brighter Futures.

By providing tailored support to help families address the challenges they face, Brighter Futures aims to help parents give their children a good start in life.

“Our own evaluation shows Brighter Futures is achieving some good results for families, such as better parental self-esteem, improvements in parent-child interaction, and improvements in child behaviour.”

“It’s not about us telling the family what we think they need – it’s about helping them identify their own strengths and weaknesses, and tell us what kind of support they think they would benefit from.”

Brighter Futures is open to families with children from birth to nine years, and who meet eligibility criteria set by NSW Community Services. Community agencies, teachers, children’s services staff, and others in the community can make a referral to the program, and self-referrals are also accepted.



“The family has to be willing to work with a case manager, and commit to actively taking part in the program for at least 18 months,” said Wendy.

“Depending on the family’s needs, we can link them up to supported playgroups which can assist the child’s learning and development; parenting groups and one-to-one support, to help them learn some new techniques to handle challenging behaviour; and access to professional home visiting.

“It’s important to avoid labelling families who access support services and programs like Brighter Futures. There’s a misconception that only ‘rough’ families need this kind of support, but that idea is way off the mark.

“In reality, Brighter Futures works with families who are facing all sorts of challenges including things like illness in the family, social isolation, or child behaviour management issues. These families are *voluntary* participants in these programs.”

### *Newcastle Family Referral Service*

The Benevolent Society also runs the Newcastle Family Referral Service, which helps vulnerable children, young people and families access support in their local area, by connecting them with the most appropriate services.

The telephone service is available for families and individuals who make contact themselves to ask for help, and it’s also there to take calls from other local services such as schools and child care centres, or even people like neighbours or friends who are concerned about someone they know.

**Anyone who knows of a family that is struggling and needs help can call the Family Referral Service on 1300 006 480 for the cost of a local call.** Our qualified staff will work with the caller to find the best support for their situation.

The Newcastle Family Referral Service covers the Cessnock, Dungog, Gloucester, Gosford, Lake Macquarie, Maitland, Muswellbrook, Newcastle, Port Stephens, Singleton, Upper Hunter Shire and Wyong local government areas.

**Newcastle Family Referral Service – 1300 006 480**

*When it is dark enough, you can see the stars.*

*Ralph Waldo Emerson*



## Case Study:

Grace and her young family were on a rocky road, with drug dependence making things difficult at home and having an impact on Grace's ability to provide the best kind of care for her children.

Life was sometimes chaotic and Grace often found herself stretched to the limit in trying to manage the needs of her two year old son and four year old daughter. The kids rarely got the chance to socialise with others and were missing out on some important developmental opportunities.

A worker from a community agency in the small rural town where Grace lives noticed that she needed a bit of extra support, and referred her to Brighter Futures.

This proved to be a real turning point for the family. With the help of Brighter Futures, Grace's children were soon attending a local child care centre. They benefitted enormously from spending some time in a different environment that could give them a range of opportunities for learning and social interaction.

Through Brighter Futures, Grace began her own journey of recovery by starting drug and alcohol counselling. She also did some parenting programs where she was able to learn new techniques to deal with challenging behaviour from her children, and to support their early learning and development.

When she first came to the program, Grace found it difficult to get used to these changes in her life. But with the support and encouragement of staff, and the desire to improve things for her children, she is continuing on her journey, committed to achieving a safe and happy life for herself and her family.

**Any community agency or individual can refer a family to Brighter Futures. To get a referral form or find local Lead Agencies delivering Brighter Futures, visit [www.community.nsw.gov.au](http://www.community.nsw.gov.au)**

Photographs in the article by: Martin Mischkulnig – The Benevolent Society.





# Helping parents

## *living with mental health problems*

**By Elizabeth Fudge** COPMI Project Manager,  
Children Of Parents with a Mental Illness (COPMI) national initiative

Children's services staff often know quite a lot about what's happening in the lives of the families they come into contact with. Stories about new additions to the family, the death of a pet, a sibling's broken arm and other similar events are often shared openly by children and parents alike.

However, there are some topics such as the mental illness of a parent that are considered taboo and won't be discussed openly by many families. This may result in incomplete or inconsistent information reaching the child about a parent's situation, sometimes creating confusion or unfounded fears. Parents are also often afraid that if they admit to experiencing mental health problems, their children will be removed from their care.

We're getting used to hearing statements in the media such as 'In the next 12 months, 1 in 5 of us will experience a mental health problem', but have we adjusted our thinking to realise that this means that many of the children in our care will be impacted by this?

Many parents do a great job of raising their children despite mental illness. The less stigma and discrimination they experience in relation to their health problems, the more likely families are to seek assistance for themselves and their children.

### *How do we talk about mental illness with parents?*

In your early contact with parents assure them that it's best if the service is informed about any important issues at home that may impact on a child. Don't be afraid to use the words 'depression', 'anxiety', 'mental illness' or 'mental health problems' when talking to a parent about the range of things that may affect children. It will be easier for the parent if they can see that if they share such information with the centre, then 'extra support' may be provided to assist their child.

However, be careful not to suggest that a parent has a mental illness if they have not disclosed this to you.

## *Something to think about ...*

Do we specifically list mental health problems on enrolment forms for parents – or do we just hope that they might list their mental health challenges under 'Any health problems'?

Does our service promote mental health services and information (eg do we have *beyondblue* posters up, or post-natal depression service brochures available)?

Do we highlight and celebrate mental health week in the same way as we might promote the fact that it is a special week or day for another form of health problem (eg Red Nose Day, or Daffodil Day)?

As a team do we know anything much about mental illness other than snippets we've picked up from the media?

What is 'bipolar disorder', anyway? Is 'multiple personality disorder' common?

Have we considered doing Mental Health First Aid training as a staff group? (for more information, go to [www.mhfa.com.au](http://www.mhfa.com.au))

Can we invite someone to a team meeting to hear first-hand what it's like to raise young children when mental illness is part of your life?

## *What information is available for children and families where a parent experiences mental health problems?*

There are a number of books that have been written for young children that can help families discuss mental illness and answer children's questions. The Children Of Parents with a Mental Illness (COPMI) national initiative, funded by the Australian Government Department of Health and Ageing, has a useful website ([www.copmi.net.au](http://www.copmi.net.au)) that includes the details of a range of information resources for children and families. Some booklets for families are also downloadable from the site, and available in hardcopy free of charge. One, called *Piecing the puzzle together: Raising young children when mental illness is part of your life*, has been written specifically for people living with a mental health problem or mental illness, whose children are aged between two and seven years. The booklet is also available to download from the website in six additional languages (Traditional Chinese, Hindi, Arabic, Spanish, Dinka, and Swahili).

## *Is there information available for children's services staff?*

A supplement to *Piecing the Puzzle Together* has been written for early childhood staff. Entitled *Helping to Piece the Puzzle Together* it is also available for download from the COPMI website along with other resource materials.



**Visit the COPMI website for more information, downloadable booklets and tip sheets:**  
**[www.copmi.net.au](http://www.copmi.net.au)**

# CHILDREN'S Activity:

Following is an activity that you might like to do with children at your service.  
This activity has been taken from the COPMI resource: *Piecing the Puzzle Together*.

## Feelings – an activity to share with your child



**Happy**

How do you think these  
children are feeling?

Why do you think they  
are feeling that way?



**Surprised**



**Sad**



**Scared**



**Angry**



**Excited**

**Draw a picture of how you're feeling right now.**

- Two year olds may only be able to identify the 'happy' or 'sad' face but by eight years of age many children will be able to recognise all of the feelings on these pages.
- You can find lists of children's books which may help you discuss feelings or mental illness in the Resources section at [www.copmi.net.au](http://www.copmi.net.au)





# Accidental *counsellor*

Life does not always go to plan. Stressful situations arise and some people may find it helpful to share their experiences with others. In children's services, families may feel that they want to talk about difficulties they are going through, so staff are able to support children and understand any changes in behaviour. Families may also seek support from staff for themselves, or may just want someone to talk to about the situation. Having conversations such as these can be difficult both for the family and for the staff member.

When a family chooses to discuss their difficulties with staff, staff may be taking on the role of the 'accidental counsellor'. Accidental counsellor is a term commonly used to refer to staff who are not counsellors but find themselves placed in a counselling role as a result of conversations or requests for help that arise in the workplace.

Due to the close relationships children's services staff have with families and children, it is not uncommon for families to discuss sensitive issues. It is important to think about how you will handle these conversations. Consider your limitations - when should you ask for help and how you can care for yourself?

Amanda Holt, director of Possum Place (New Lambton), recently commissioned training for her staff in order to help prepare them for these situations. Amanda explains "We had a lot of families going through various experiences such as moving house, renovations, having children diagnosed with autism, separation, divorce and child protection. These are not always negative experiences but can be for some. The staff were struggling with this. They wanted to help everyone and they were having trouble recognising their limitations and setting boundaries."

*It's the pointless things that give your life meaning. Friendship, compassion, art, love. All of them pointless. But they're what keeps life from being meaningless.*

*Tim Winton*

“Parents see us as experts on everything child related and while we are knowledgeable about lots of situations, we are not specialists on everything. Sometimes we need to step back and know our own limits. Some staff felt when they were unable to personally help a family they were letting them down. They’re nurturers and have a real desire to help, but we don’t always have the skills or the knowledge and can end up being burnt out by the situation.”

### *Talking about Sensitive Issues*

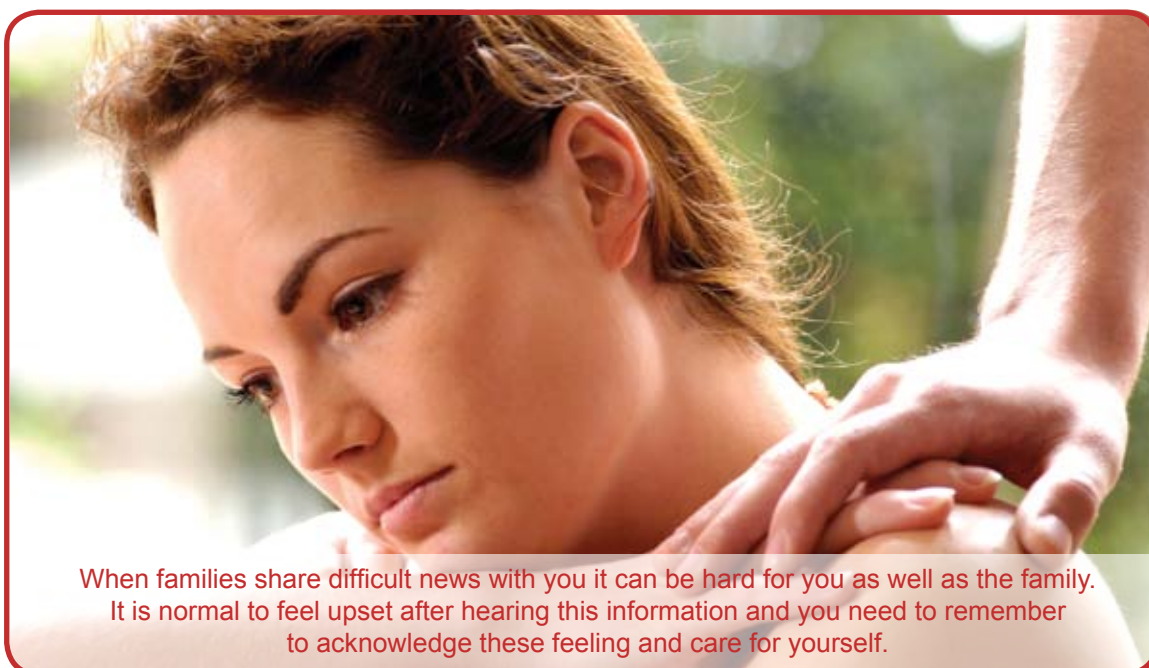
When families disclose information about a stressful situation they are experiencing or have recently gone through, it can be confronting for staff and they may not know how to handle the situation. Staff should consider their responsibilities, limitations and boundaries. It is important to handle these conversations with empathy and support without being intrusive. Staff can offer support by acknowledging the other person’s feelings and listening to them. Be aware of the support services in the area so that you can share this information with the family and encourage them to access appropriate support.

Some of the difficult situations that families might want to talk to you about include:

- family conflict
- illness
- separation or divorce
- child abuse, neglect, violence or psychological abuse
- exposure to violence or threats of violence
- mental illness
- trauma
- loss, grief and bereavement.

When families discuss difficult issues with you it is helpful to remember:

- you are not an expert on every topic, you don’t need to have an answer.
- it is best not to give an opinion; if you are asked for advice this is a good time to refer them to a professional support service. Don’t get caught answering questions such as: *What do you think I should do? What did I do wrong?*
- listen to their concerns and acknowledge their feelings.
- if you feel that you are unable to take on this role let them know this respectfully, such as ‘this issue is a very sensitive one for me, I don’t feel strong enough to talk to you about it today. Perhaps one of the other staff could be more helpful, or I could give you the number of a support service/ hotline.’
- don’t offer advice based on your own experiences.



When families share difficult news with you it can be hard for you as well as the family. It is normal to feel upset after hearing this information and you need to remember to acknowledge these feelings and care for yourself.



## Active Listening

"I liked that Kellie (the trainer) talked about setting boundaries and not going beyond these." Amanda explains: "We need to know our limits and be aware of the services available so that we can refer families, when appropriate. Kellie explained that families may not want you to go any further with the information they tell you, they may simply want someone to listen to them and display empathy for their situation."

In an *accidental counsellor* situation it is useful to actively listen to the person. Active listening is more than just listening, it involves verbal and non-verbal cues which show that you are engaged in what the person is saying and taking the information seriously. Here are some tips for active listening:

- face the person and stand or sit still, don't fidget or look distracted
- focus your attention on them
- keep an open mind, don't pass judgement
- ask questions to make sure that you understand
- use a respectful and interested tone of voice
- pay attention to their non-verbal cues such as body language and tone of voice
- allow for silence to let the person gather their thoughts
- don't try to change the subject or talk about yourself
- don't speak over the top of the person.

## Looking After Yourself

"We learnt that an important part of supporting families is to deal with our own stress. Staff were getting stressed and feeling powerless. After the training we were able to recognise that we have limitations and this is normal, not a weakness. Now staff feel validated to stop and consider how they can work with families without having to resolve everything that is happening for that family. They have become open to learning more."

"It's important for staff to look after themselves otherwise they will not be in a position to support others or work effectively. This may include accessing professional assistance if they feel that they need this."



## References and Resources:

Australian Institute of Professional Counsellors. (2010). *Principles of active listening*. Retrieved October 18, 2010, from [www.aipc.net.au/articles/?p=108](http://www.aipc.net.au/articles/?p=108)

Youth Coalition of the ACT. (2008). *The big red book: A handbook and directory for people who work with young people in the ACT*. Retrieved October 18, 2010, from [www.youthcoalition.net/documents/projects/BRB/sections/Counselling.pdf](http://www.youthcoalition.net/documents/projects/BRB/sections/Counselling.pdf)



[www.youthcoalition.net/documents/projects/BRB/sections/Counselling.pdf](http://www.youthcoalition.net/documents/projects/BRB/sections/Counselling.pdf)



# TEAM Activity:

Effective listening is a skill which can be **practised** and developed. To foster positive communication with children, colleagues and families, it can be helpful to build up our skills in active listening.

Break into pairs for the following exercise. Find a quiet and comfortable space.

**Person 1:** Talk for around 5 minutes on a topic of your choice. For this exercise you do not need to share information about a sensitive issue. You might choose to discuss your plans for the weekend, what you are having for dinner etc.

**Person 2:** Use the principles of active listening while the other person is talking.

Active listening strategies include:

- being attentive, using eye contact, facial expression and body language
- using verbal and non-verbal cues like a nod of the head, prompts like 'yes', 'ah-ha', 'I see'
- paraphrasing what the first person is saying with sentences like 'What I am hearing is...'
- refraining from asking questions, giving opinions or talking about personal experiences
- where appropriate using prompts like 'then' or 'tell me more'.

At the end, summarise the key messages you heard from person one. They may like to provide you with some respectful feedback about how well you captured the points they were making. Now swap roles and repeat the activity.

When everyone is finished discuss the activity as a group.

- Did you find active listening difficult? If so what aspects challenged you?
- Was it hard not to give an opinion or advice?
- Were there silences? If so were these awkward or comfortable?
- Did you feel 'listened to' when you were the one talking?
- What other opportunities might there be in your workplace or elsewhere to practise the skills of active listening?

**Follow Up:** You may like to repeat the activity, with one person playing the role of a family member and one being a staff member. Imagine that one person wants to discuss a sensitive issue. This could be trying to sort out a misunderstanding, telling someone about a personal problem, or raising concerns about a child's development.

Remember that details of conversations should be kept confidential. If genuine sensitive issues do arise during your role play, make sure that staff members are supported and can access other sources of personal or professional support if needed.

## Resources:

Active listening – Communication skills and training from MindTools.com:  
[www.mindtools.com/CommSkill/ActiveListening.htm](http://www.mindtools.com/CommSkill/ActiveListening.htm)



[www.mindtools.com/CommSkill/ActiveListening.htm](http://www.mindtools.com/CommSkill/ActiveListening.htm)

# Child Abuse & Neglect



There is a known relationship between the health and wellbeing of a child and the environment in which they grow up. Children raised in supportive environments are more likely to have better social, behavioural and health outcomes than those who have experienced abuse or neglect (Australian Institute of Health and Welfare, 2009).

Child abuse and neglect is the harmful mistreatment of a child. Forms of child abuse and neglect include:

- **Physical Abuse:** physically hurting or injuring a child for example by hitting, shaking, beating, throwing, pushing, cutting or burning.
- **Emotional and Psychological Abuse:** harming a child's social and emotional wellbeing or development for example by rejecting, isolating, harshly criticising or by displaying a lack of affection towards the child.
- **Sexual Abuse:** making a child watch or take part in any sexual act for example touching or being touched in a sexual way, having any kind of sex, posing for sexual photos or films *etc.*
- **Neglect:** failing to meet a child's basic needs and keep them safe for example failing to provide adequate clothing, food, adult supervision, health care or education.
- **Domestic Violence:** where the child is living in a situation where there is violence or abuse against them, or other people.

## *Child Abuse, Neglect and Mental Health*

Children who experience abuse or neglect are at higher risk of developing emotional or behavioural problems or mental illness. The effects of child abuse or neglect may include a child:

- being withdrawn or frightened
- feeling guilty or confused
- having an insecure or disorganised attachment style
- having low self-esteem
- showing anger, aggression or challenging behaviour.

Warning signs that a child may be being abused or neglected include:

- significant changes in feelings or behaviour
- signs of poor care such as dirty skin or hair, lack of food
- frequent bruising, injuries or illness without a good explanation
- sexual behaviour or interest that is inappropriate for their age
- acting out violent or abusive situations during play
- talking, writing or drawing about being hurt, frightened or abused.

## Long Term Risks

In the longer term children who have been abused or neglected are at higher risk of:

- developing a mental illness
- anti-social or risk taking behaviour
- abusing drugs or alcohol
- poor school performance
- impaired language ability
- committing a criminal offence.

If a child experiences abuse or neglect this increases the chances of these negative outcomes later in life. This does not mean that a particular individual *will* necessarily go on to have these experiences, but the risks are higher than for those children who were not abused or neglected.

## A Snapshot of Australia

In Australia the state and territory governments are responsible for child protection. The overall rate of child abuse in Australia is not known, as we only have statistics from those cases that have been brought to the attention of child protection agencies.

Nationally during 2007-08 it was found in children aged 0-12 years that:

- Approximately 26,200 children were the subject of a substantiated\* notification (7.4 per 1000 children).
- Substantiation rates were highest for infants (16 per 1000 children).
- The main type of abuse reported was emotional abuse which accounted for 39% of all substantiations, followed by neglect (28%), physical abuse (24%) and sexual abuse (9%).
- Aboriginal and Torres Strait Islander children were over represented, with substantiated notifications being eight times the rate for other children (Australian Institute of Health and Welfare, 2009).

\* A substantiated notification is made when the conclusion of an investigation determines the child has been or is likely to be abused or neglected.

For information on child protection in your state or territory, visit: [www.aifs.gov.au/nch/resources/state.html](http://www.aifs.gov.au/nch/resources/state.html)

## Child Abuse and Children's Services

Children's services staff have a duty of care to children they suspect have been abused or neglected. You should report any suspicions to your supervisor, coordinator or director who will be able to assist you to work through your concerns and if necessary make a formal report. Remember that the child is unable to change the situation.

## References and Resources:

Australian Institute of Health and Welfare. (2009). *A picture of Australia's children 2009*.

Retrieved October 20, 2010. [www.aihw.gov.au/publications/phe/phe-112-10704/phe-112-10704.pdf](http://www.aihw.gov.au/publications/phe/phe-112-10704/phe-112-10704.pdf)

Response Ability: [www.responseability.org](http://www.responseability.org)

NSW Department of Community Services: [www.community.nsw.gov.au](http://www.community.nsw.gov.au)

Australian Institute of Family Studies: [www.aifs.gov.au](http://www.aifs.gov.au)

National Child Protection Clearinghouse: [www.aifs.gov.au/nch](http://www.aifs.gov.au/nch)

Australian Institute of Health and Welfare: [www.aihw.gov.au/index.cfm](http://www.aihw.gov.au/index.cfm)

[www.aifs.gov.au/nch](http://www.aifs.gov.au/nch)







# Staff *relationships*

Many of us spend a large proportion of our day, five days a week at our workplace, so it is vital that we should enjoy our work and gain a sense of fulfilment from it. Research has shown that staff who feel a high level of job satisfaction are more likely to stay in their position and happy staff are more productive (Oswald, Proto and Sgroi, 2009 and Mind Tools, 2008).

## *Relationship Building*

Many services value building relationships with children and families, but what about building relationships between staff?

Jacqui Soto Director of Newcastle Grammar Preschool believes that having a good relationship with staff is essential to staff wellbeing. Jacqui sees having happy staff as the key to having happy children and families.

“My philosophy has always been that you need to know your staff, be interested in them as people and make them feel comfortable in the workplace. I greet them every morning with a hug and thank them each afternoon. I take an interest in their lives outside of work. Staff members will disclose varying amounts of information about their personal lives, depending on their comfort levels.”


“We try to do things outside of work like catching up for a coffee or socialising after work, where we try to make sure we don’t talk about work. We make sure this is balanced. After all we have busy lives, and it is important to have networks and interests outside of work.”

“Having a good relationship with staff members means I can tell if they are not having a good day and we all have off days. If staff are feeling a bit off I encourage them to let me and other staff members know about it. This way we are able to support them during the day, emotionally and with their work. We might see that they need some extra support or need to change tasks. Being open about this is important, if a staff member is not themselves and they don’t let us know how they are feeling, the other staff may feel like they have done something wrong when in fact it may be due to something completely unrelated to work.”

## Compliments

“One of the most important aspects of the relationship with my staff is praising them. There are so many times during the day when they are doing something outstanding but if we don’t let them know then they may feel that this has not been noticed. By praising staff for their good work and hard efforts I let them know that they are on the right track and that their hard work is appreciated. It all comes down to respecting your staff for who they are and at the end of the day you get back everything that you give.”


Jacqui says that there are also times when she needs to talk to staff about something that they need to work on. She feels it is important when having these conversations not to criticise staff but to approach the situation in a friendly and informal way.



*something to think about ...*

When was the last time that you told a work colleague that you thought they were doing a great job?

Next time you see someone doing something great tell them!



## Respect and Support

“By knowing my staff well I am able to pick up if they are not coping, sometimes this means that they may need to go home in order to look after themselves and this is important. We need to acknowledge that working with children is nonstop and a stressful job. The days are demanding as we are giving all day, by the end of the day and the end of the week we are all exhausted.”

“I don’t ask staff to do anything I wouldn’t do myself, I set up toys, pack away, clean up and share all of the jobs with the others. By being hands-on I experience all roles, it shows the staff that I respect them and I’m not on a different level. It gives me an understanding of what they are going through everyday and it helps me to know what the demands on them are.”

## Activity:

Jacqui and her staff feel that a sense of humour is an essential tool for working in children’s services so every year they keep a ‘Funny Book’. Throughout the year staff write down all of the funny things the children say in a book. At the end of the year parents get a copy of the book as a present.

When asked what they thought about working with Jacqui here are some of the comments that her colleagues made:

- I feel valued as a staff member
- Jacqui has a positive attitude and is a professional role model
- she keeps a balance between a friend and a boss
- she shows mutual respect, would not ask us to do anything she wouldn’t, very hands on, works as a team member
- Jacqui acknowledges and appreciates all the work we do
- she is a good communicator, understanding and flexible
- I can approach her to discuss any ideas and problems
- she has an individualised and personal relationship with each staff member
- I feel secure in the knowledge that she will be fair and support us in all (reasonable) situations
- Jacqui leads by example.

Hull and Reed (2008) undertook a study to find out what made a great workplace. They identified 15 drivers of excellence, which were seen to be significant in differentiating a great workplace from a good one. The quality of working relationships was identified as being the most important of these and with the exception of pay and conditions all of the drivers were related to relationships, wellbeing and people.

The 15 drivers of excellence in the workplace are:

- the quality of workplace relationships
- workplace leadership
- having a say
- having clear workplace values
- being safe
- the work environment
- recruitment (having staff who work well together and share the same approach to work)
- pay and conditions
- getting feedback
- autonomy and uniqueness
- a sense of ownership and identity
- learning (being able to learn on the job)
- passion (energy and commitment to the workplace)
- having fun
- community connections (feeling like the workforce is connected with the local community).



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# Burnout

## in Children's Services

We often hear people refer to burnout in early childhood careers and it has been identified as being an important factor for staff retention. What exactly is burnout and what can we do about it?

Burnout is not a clinical term, but is commonly used to describe an extreme state of exhaustion including emotional, physical and mental exhaustion. In some instances burnout can be a result of workplace stress.

### *Workplace Stress*

Workplace stress can be caused by a range of factors. A report into workplace stress found that workers are more likely to experience stress when they are placed under pressure in terms of their workload and responsibilities and feel that they are unable to meet deadlines. Long working hours, insufficient breaks, lack of resources, negative relationships with co-workers and unrealistic deadlines can all contribute to workplace stress (Wilson, 2010).

Workplace stress can affect a person's job satisfaction, morale, physical and mental health, self-care and relationships. It may cause nervousness, tension, anxiety, depression and a decreased ability to cope with stressful situations. Personality or a pre-existing mental health problem can increase the negative impact of workplace stress (Wilson, 2010).

### *Burnout in Children's Services*

There is a need for more research into attrition and burnout and their causes in the early childhood sector. Noble and Macfarlane (2005) found that the rate of teacher burnout in early childhood was lower than other teachers during the first year of service. However by the beginning of the second year of teaching early childhood teachers had a greater level of burnout than primary and secondary teachers.

One element that has been identified as important to increasing staff retention and reducing staff burnout is the need for ongoing professional support and learning. Pillay, Goddard and Wilss (2005) found that stress, burnout, work overload and job dissatisfaction all contributed to teacher attrition rates. Administrative support, reasonable role expectations and decreased stress all increased the intention of teachers to stay in their roles.

## Warning Signs of Stress

Early warning signs that may show that you are feeling overly stressed at work include:

- struggling to cope at work
- not speaking up or seeking help to improve your situation
- letting your work encroach on your personal life, taking work home or thinking about work during non-work time
- having a low morale and feeling down
- being stuck in irrational and overly negative thinking patterns
- feeling or having no control over your job
- feeling undervalued
- feeling disconnected from your colleagues and people in your life
- taking days off when you are not sick or going to work and being unproductive
- poor performance at work
- avoiding family or friends
- using alcohol or drugs to cope.

## Taking Action

If you do identify that you have a high level of workplace stress it is important to address some of the issues causing stress and ask for help. This often involves speaking with your manager or director about your role and clarifying expectations and responsibilities (Wilson, 2010).

For some people, there will be times when a manager is part of the problem and staff may not feel comfortable talking with them about their workplace stress. In this case, staff could seek support from another source such as an Employee Assistance Program, their GP or a professional counsellor.

## Looking After Yourself

In addition to addressing the underlying issues in the workplace there are other strategies to help you to cope with stress, such as:

- looking after your physical health through diet, exercise and adequate sleep
- fostering and maintaining personal relationships
- developing interests outside of work
- developing a balance between work and your personal life
- learning to manage your workload better
- saying no to additional tasks
- managing irrational and negative thoughts
- taking regular breaks at work
- reaching out to a colleague, friend, family, or health professional (Wilson, 2010; Response Ability, 2010).

*It is not the mountain  
we conquer but ourselves*  
Edmund Hillary (COMPI)

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The team at the Hunter Institute of Mental Health would like to thank everyone who visited our trade display recently at the Early Childhood Australia National Conference, 'Garla Bauondi': Fuelling the fire.

THIS MAGAZINE BELONGS TO:

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