



Be You In Focus Webinar Transcript

Notice and observe children's mental health

Presented by Sara Richardson, Tahlia Taylor, Connie Woods and Leanne Rodriguez on 9 November 2021

Sara Richardson

Welcome to ECA Be You's In Focus webinar, Notice and observe children's mental health. My name is Sara Richardson; I'm an Early Childhood Australia Be You manager.

For those of you who know a little bit about Be You work and perhaps have been to a webinar before, welcome back. For those of you who are not sure: a brief introduction - Be You is a national mental health initiative led by Beyond Blue in partnership with Early Childhood Australia and headspace and is funded by the Australian Government. One of Be You's aims is to transform Australia's approach to supporting children and young people's mental health in early learning services and schools.

The vision of Be You is that every early learning community is positive, inclusive and resilient, and a place where children, young people, educators and families can all achieve their best possible mental health.

One of the ways we do that is by creating and joining and participating in a collaborative learning community for educators and those of us who work in Be You together, so that's part of what we're going to be doing today in this webinar is learning along together.

If you are interested in that, and would like to know more and you're not registered then we really encourage you to register, as I said, if you already are participating in Be You, we really encourage you to join in with the chat and engage and do some learning together with us. You might also want to stay online after the webinar where we will have a Q&A and will provide some more information about that later on.

So I'd like to acknowledge I'm joining today from Kurna country in the Adelaide planes region. I'd like to pay my respects to Kurna Elders past and present. Early Childhood Australia also acknowledges the traditional owners and countries from across Australia where you're all joining us from today and pay respects to Elders past and present across this land, so if you'd like to acknowledge in the chat then please do that. I'd also like to acknowledge any Aboriginal and Torres Strait Islander people who are joining us today. And perhaps as we go I'd like you to think about how and consider Aboriginal and Torres Strait Islander perspectives, and think about how they might inform this conversation, this discussion we're having about mental health.

So, as we learn together, one of the things we might want to do, and we need to remember, is to take care of ourselves and each other. Sometimes, as we start having conversations about mental health, unexpected feelings or thoughts can emerge, sometimes they can be a bit challenging. So please be aware of your feelings and any thoughts that might come up for you and have a bit of a plan for how you're going to manage that, reach out for some support. We will put some supports for you in the chat as we go. But also be mindful of confidentiality and that what we're trying to do and what we want to do is create a sense of safety that's foundational for positive mental health for everybody.

So if we could work together in this space now and as we continue to do Be You beyond today, to ensure that each of us feel safe to be who we are, work with our strengths, express our opinions and beliefs and ideas, and also make sure that we experience being heard and respected, especially when there's some maybe some other ideas or views.

So, as I said, we're going to be learning together and there is an opportunity for you to think about your own practice, what you do back in your service. We're going to have some polls and some reflective questions,

chat with each other in the chat and also, you might want to think about not just what's happening and what you're learning now, but how you might continue these conversations back in your workplaces. So remember take care of yourself and let's make this a safe space to talk about mental health.

So, as I said, we're going to think about how we're going to use this space. I'm sure a lot of you have already participated in online learning over the last couple of years. We're using Zoom webinar today so there's a number of ways you can engage and learn with us, so you can, if you need some IT help then you'll see some IT assistance to join in the chat. You also can ask questions via the chat box, a Q&A box and those questions will be shared to the panellists either now or later and/or responded to. We're going to try and respond to as many as we can during the session and some of those responses we'll do back to you individually, because there'll be something that you just want to know, but some of them we might share more broadly. We're going to have some polls, so I really encourage you to join in and let us know your thoughts about some of the questions we're asking.

While we're doing all that I'd really like to acknowledge that we've got a large team in the background, so Dino, Maria and Nathan and Steph doing some background work, and Blaire and Nikki you will see in the chat responding to some of your questions, so a big shout out to all of them.

There'll also be some resources and references that we've posted into the chat, which you've probably already seen some of those coming through, and also there'll be a downloadable handout posted in the chat as well. So all of these things, though, that sounds like a really busy place so remember that afterwards all these will also be available with the post webinar recording. For those of you who are participating today you'll get access to a certificate as well.

Now one other thing that we're trialling today, so you get the chance to experience for the first time, is that we will have a Be You Spotlight that directly relates to this webinar. Be You Spotlights are slightly different from a webinar - they're much more interactive with a smaller group, where you can come and actually have a conversation with us.

So, you will get a registration link and opportunity to join that and that's something especially just for people who have joined the webinar. So really encourage you to click on that link and register to join us in the Spotlight later on to talk a bit more about this. There's also another Spotlight called the BETLS Observation Tool, so you might want to have a look at that, too.

So, we're going to start off with a poll. So the poll question today is about why you're interested and why you're here. So you get to choose one; It'll be interesting to see what some of the choices are, I was going to say I think lots of people say 'all of these things' – we want to know about the links between behaviour and mental health, we want to think about children's behaviour, and thinking about positive and social emotional behavioural outcomes, supporting children. All of these things around behaviour are the things that always, you know, we've always got questions about and always wondering how we can do better and sometimes we find those the most challenging things, I guess, when we're doing our work with young children. So this is an opportunity for us to really learn more about the links between behaviour and mental health and think about what we can do to understand them and again I'm not surprised most people are saying we want all of those things, and of course everybody always wants all of those things.

So hopefully, we'll begin, and this will be the beginning of a conversation. It might be the continuation of a conversation because I'm sure you've talked about these things before. So we might end the poll now. Almost all of you have participated in that, so thank you so much, and we'll have another opportunity to do a couple more polls later on.

Interesting - so let's get to it we've got lots to cover. So, as I said today we're going to be thinking about noticing and observing children's mental health and so we're going to be talking about things like recognising behaviours which indicate children might be having difficulty, that they might be the signs of early mental health issues.

We're going to think, make those really strong connections, which you already have between behaviour learning and mental health. We're going to notice through a mental health lens and then we're going to think about what next. So to start that conversation I'm going to introduce our panel members for today and they're going to join me on screen, so we have Tahlia Taylor. Tahlia would you like to introduce yourself?

[Tahlia Taylor](#)

Hi, yes, hello. My name is Tahlia and I'm also sitting on Kurna country in Adelaide, like Sara, and I'm a consultant at Be You and I've had a long and varied history in early childhood almost I can say from birth. My mum owned a long day care centre from when I was about six months old, so that was literally the village that raised me as much as my second home, my first job. And then after a few different career paths which lead back to early childhood education as an educational leader and early childhood teacher.

Sara Richardson

Sounds like we might have lost your sound again Tahlia. So while Tahlia is getting that sorted, I might introduce Connie.

Connie Woods

Thank you, Sara. Good afternoon everyone. I'm also meeting on Kurna land today. In my role as Pedagogical Mentor and Educational Leader for Stepping Stone SA Childcare and Early Development centres here in South Australia, I support the professional development of our educators, teachers and curriculums. So my professional interests are early childhood curriculum and pedagogy and how this is influenced by society and policy, educational and social emotional inclusion in early childhood and the transition of research into practice to support quality opportunities and outcomes for children, families and communities. I'm really excited to be here today to contribute to the conversation, so thank you for having me.

Sara Richardson

Thank you, Connie and also I'd like to introduce Leanne Rodriguez.

Leanne Rodriguez

Thanks Sara. Hi everyone, my name's Leanne, I'm an Early Years manager at Kids First. I'm based in Melbourne so I'm on Wurundjeri Land and I'm part of the early years team. It's a growing team that we have. Throughout the years I've worked in a number of roles both in long day care and also sessional kindergartens, in both not for profit and profit services and I'm very excited to be here, thank you.

Sara Richardson

Thank you Leanne. Now Tahlia had you finished all your bits or did you want to have one more go and we'll test your sound at the same time.

Tahlia Taylor

Testing 123. There's never a dull moment with Zoom. If it's not on Zoom it's static or it's something else. I'm not sure where I got up to in that, but I just wanted to say a big hello and thank you for joining us today.

Sara Richardson

Thank you. Okay, so to start off with we're going to have another poll. Everybody joined in the last one so let's have another one and we're really going to start getting into the question we want to talk about today. So, as educators: 'Why do we notice, recognise and respond to what children do?' This is kind of at the heart of everything we do really and again we shouldn't give that 'All of the above' response because everyone's always going to say that, we need a forced choice to make sure you choose one of those things, but if it's all of the above I'm sure it is. And after we've done this poll to hear what your ideas are, we going to start talking to the panel members about noticing.

So looking like the 'all of the above' is the most common example, but one of the other ones is to 'respond with professional expertise and judgment' and I think that's a really, really important thing that when we're talking about this kind of noticing because noticing is a fairly generic word, but when we talk about early childhood noticing, it's about how do we notice from a professional position and then make some judgments about that, based on our professional expertise. So it's really interesting that a number of people have chosen that as well. And also somewhat, you know, those people who are choosing 'it's an educators fundamental practice' – it's just what we do. And again, that talks about professional identity, I guess, a little bit as well, so thank you everybody for your responses there.

And we share, did we share the results? So everyone can have a look. I'm not sure what's on screen, I'm just having a crack at that. So let's, thank you everyone for contributing. So, Connie we'll start with you. So we're talking about noticing, what does that mean to you?

Connie Woods

Well there's a few things that come to mind that I'd like to touch on: so relationships, educator decision making, which you've touched on, and developmental knowledge.

For me, the first thing is relationships. In order to notice signs of emotional wellbeing, we need to form trusting and secure relationships with our children and their families. It's these relationships that help us to understand the child and their world, their social connections and perhaps what risk factors or trauma have impacted on this child's mental health and wellbeing. The information gathered through these conversations with family and early engagements with the child help us to establish trust in our relationship.

Recognising the importance of relationships and attachments, we could be guided by attachment theories, such as the circle of security, where we recognise when a child feels a sense of belonging, it means we have established a safe haven for them, they feel safe within our relationship and setting which act as those protective factors for them, and within this safe haven, we can comfort them when they need that. We can delight in them and share their joy and their achievements with them which nurtures those bonds even further. Then we need to continue to be available to our children in our practices, fostering that secure base for exploration, play and learning. As they feel increasingly confident in their play and their exploration, we can continue to notice within their interactions with people and environment any changes in their mental health, their emotional wellbeing or, dare I say, their behaviour and we can act responsibly, we can connect with them, understand them and support them in co-regulating their feelings.

Which leads me into educator decision making, you know, it's paramount that we see ourselves and our decision making as potential triggers or risk factors for the children. It can be very confronting to shine a light on ourselves and our practices, but we make so many decisions each day, not all of them happen to work out as we had intended. So sometimes our decisions and even how we're feeling when we make our decisions, our mental health, can make an impact on our children that we didn't intend. So, it's important to continuously reflect on our decision making, through a cycle of reflection.

We use diaries for this process where we can stop, take time to think about our days, our weeks, and how our decision making, which is informed and guided by our pedagogy, the framework, regulations and policies and how has that maybe influenced the day. Most of the time we make great decisions but when one falls short it's important to recognise it, to notice it, consider how this impacted our practice and outcomes for our children and consider if this can be avoided or changed through strategies for future practice, ensuring we don't set ourselves into bad habits as such, you know habits that don't really serve us.

An example of this might be mealtimes. So, considering our pedagogy, our values and beliefs, both professionally and personally, one might reflect that our lunchtime routine isn't supporting positive outcomes for our children whose behaviours are communicating to us if something isn't quite right. So we might need to modify these routines a little so they are more developmentally and age appropriate. And for example, if it is socially important to us that children gather and wait for their meals to be served together as a community before they eat, it's a wonderful thing, but could we perhaps wait for just one table to have children seated and serve them table by table so they're waiting for only a short period of time rather than for a full room. You know potentially for a lot of children that wait time may result in these hungry children getting restless and triggering some big feelings and behaviours.

And so that touches on the third point that I wanted to talk about which is developmental knowledge. What do you know of your children? What you know and the expectations you hold for them in your relationships, practices, routines and transitions and curriculum. You know, yes the framework talks about holding high expectations for children to promote learning and development, but these needs to be age and developmentally appropriate.

If we set our expectations too high, we may create an environment that is overwhelming for our children. And for a lot of these children, they will communicate this in their behaviours because a young child wanting to be understood may not have the vocabulary to be able to say to us, you know: Hey Connie, I think these expectations are a little too high and I'm struggling to meet this.

In fact, I hear a lot of conversations about our young boys and the behaviours they are exhibiting and I often ask myself, and have conversations with my educators, in response to this, even though it can be confronting sometimes, like I said before, to look at ourselves, but behaviour is a form of communication, which is how I see it, or perhaps one of the 100 languages that Malaguzzi spoke of, what is it telling us about our expectations and our practices, especially for our boys who seem to be the ones shouting the loudest.

So, if we notice the behaviours in this way, we notice with that mental health lens, we can see how our relationships can act as protective factors and how our practices and developmental expectations can act unintentionally as risk factors. So it's vital that we continuously reflect on our practices to ensure that they align with the vision. That's our duty of care and our responsibility to our children when they're with us. Thank you, Sara.

[Sara Richardson](#)

Wow, there's so much in that, I mean, that's, there's so many webinars. I think if we look at the next slide and have a look at this quote which has kind of helped us frame this conversation, where we've taken the quote about "Educators notice a great deal as they work with children and recognise some of what they notice" and if we change 'learning' to "notice as mental health" or perhaps what we would sometimes call, and more often call in early childhood, social emotional development or learning, we "will respond to a selection of what we recognise." I think Connie's given us a really comprehensive overview about how that's really grounded in our work related to the NQS, related to the pedagogical approach we use, related to the Early Learning framework, you know, it's kind of just part of what we do and that's what we wanted to do in this webinar, is really kind of frame that, the fact that we notice a whole lot of things, and then if we bring that mental health frame to that, what does that do to what we're noticing? So, Connie and Leanne, do you want to continue our conversation here and think about: So what do we do then, you know, in this process of noticing.

[Leanne Rodriguez](#)

Yeah absolutely, thanks Sara. So, Connie gave a really detailed response there and much of what Connie said actually resonated with me, but also with the way that we work with children within our services, So we're looking at relational pedagogy, trauma and attachment as part of the early years model that we're implementing. I think it's really really important to note that the framework, so this is nothing foreign to anyone, regardless of the service where, you know, the attendees are working currently, this is about looking at the child and what's the needs of the child, and if you know the children and you have a relationship with the children, which is fundamental, you can then support the children to whether it's engaging in the program or if you need to think about doing other things with the families, with the children and with the education team. And when you know a child, you know that there's triggers, and it's about identifying what are the triggers, noticing is it something, and as I think Connie mentioned, about the environment, is it something external. We're living in such a crazy time and I hate to bring up the 'C' word but Covid has impacted on all of us and the lockdowns and the toll that's taken on children and on their mental health and on families and also the education team, so I think that's really important to note.

The environment does play a huge factor in the way that children present and the challenges that they experience and that may look different for each child. But when we notice that there is something going on for the child, it's about getting down at their level. Listening to them, actively listening to them. If they're non-verbal, responding to, knowing their cues, knowing the children, say that you know: okay, there's something going on, what can I do and that could be something as simple as modifying the program, thinking about flexible routines within the program, modifying the program, putting out other experiences, you know, incorporating more sensory experiences or mindfulness activities or whatever it may be – it's about allowing to be spontaneous but also with intention behind what you're trying to do and how you're planning to support the child, I think, is really crucial. Communicating with the team is also very important. So if you're reflecting on practices and you realise: okay, stop there's something going on for this child, talking to your colleagues: what ideas you have, what you think we can do to be supporting the child. And it doesn't need to be something huge, it can be something really, really small like, okay let's, I don't know, put some music on or go outside and it's, you know, get some fresh air, we know the importance of connecting with nature.

So, I think, if you know the children and you're confident that you can identify the cues and know, okay, there's definitely something going on. Then it's about okay, what are their interests, so it's very much in line with the National Quality Standard in the frameworks anyway. And I think it's important to realise that

they're not sitting separate. It's all, you know, together, it's all meshed in together as one. They might have different titles and different frameworks so it's a builder for the EYLF and their outcomes, but essentially the ultimate goal is the same: to hear the child's voice and to plan accordingly for the child.

Sara Richardson

That's great, Leanne, and if we move to Tahlia I was thinking because that's one of the things that in Be You we say all the time, this is not something else to do, this is something that acknowledges what you're already doing and that's a really powerful, important part of Be You. Tahlia, do you want to talk any more about the elements of Be You that kind of connect with what we've been talking about here.

Tahlia Taylor

Yeah absolutely. If my sound does go again, just give me a big wave, because I get engaged in what I'm talking about. Yeah, so a lot of that, though, both Connie and Leanne have been talking about is so, you know, prevalent in early childhood education. All of these reflective practices, you know, are done every day, maybe every minute, maybe every hour and definitely with different mixes of children, you generally have a different mix of children each day, and one thing might work well with one group, and not so much with others and to get that really clear understanding, and I really liked the way Leanne, when you were putting it about triggers and about what is different for each child, because it might be fine for one child to have to wait for a meal and have a bit of a chat, where another child is getting quite hangry over here, you might do something to make the seconds pass a little bit quicker.

And really knowing those cues. One of the best tools that I have seen, that's come through Be You, that I didn't actually have when I was in my early childhood services, is called our BETLS tool, I'm not sure if Connie or Leanne have used this before, but it stands for Behaviour, Emotions, Thoughts, Learning and Social relationships, and this is a really great tool. It's been an absolute gem for many services that I support when I'm asked about how to support a child through a mental health lens.

It breaks down areas and spotlights things such as the frequency and times of day and transitions that are happening, like you've both spoken about. But also, you know, the persistence, is it getting, you know, is it getting worse, is it getting better, what times do you see those changes, who was around and what strategies have already been tried, like what things have already happened and what educators are already doing that, as well. So it kind of gives that really clear and concise view of what's going on and starts to put all the pieces together to identify some of those gaps and similarities and if others are using this tool as well, it can really support everybody's understanding of what's going on and why, and can help to strategise the best help moving forward.

Sara Richardson

Thanks, Tahlia. I'm wondering if you want to keep talking about the mental health continuum because that'll shift us then into the next part of the conversation about how we notice with a mental health lens.

Tahlia Taylor

Yeah absolutely. So this is where, again, it really puts the emphasis on the child and what they're experiencing and feeling, and how they're moving in that space, emotionally, physically, mentally - all of those things combined together, like we were saying, in a holistic sense.

So there's a continuum that we use for all of us are visual learners out there, but I think, it's in the chat as well if you want to open it up, so this Mental Health Continuum is this scale with positive mental health, which we call flourishing, on one side and then in the middle it gets to that 'going OK,' and then into that 'struggling' and then in the red zone where certain things are happening that's impacting your daily activities and experiences. So when we look at this through a child's eyes, we can ask where are they sitting at that time. Are they in that 'going okay' or they're getting to that 'struggling' so let's hope to try and not get them pushed too far over, but to kind of try and bring them back to that flourishing end. And how is that then affecting their decision making, or opportunities to regulate more effectively, you know, or do they move up and down the scale, like the rest of us.

So, we can also look at where we're sitting on that mental health continuum and how it affects how we approach things from where we are on there, particularly, I won't say the 'C word, I love how you put that, though, particularly this year, where we're dealing with that, you know, those community traumas, pandemic lockdown, to outbreaks, natural disasters.

All of those things together create a somewhat challenged continuum and it's harder to get to and stay in that that flourishing zone. So, when we're talking of children and young people, we can apply these approaches and start to unpack, almost backwards, how they're feeling and why and what they need, what kind of support we can offer and then how to give that support as well. For them individually, but also the others, so when we're looking at that, how are the other children in the room being affected, do they need extra support? How are the educators managing, do they need extra support, you know, are we all on the same page? Do the parents need support? It tends to open up that wider lens in a holistic sense, rather than, you know, just fighting to get through the next eating transition stage or when the next thing arises.

Sara Richardson

Thanks Tahlia. Connie, have you got any, I don't know if you've used the mental health continuum with your team at all to help people, you know, like Tahlia said, open up that conversation – have you got any thoughts about how that continuum helps you notice with the mental health lens?

Connie Woods

Yeah, we've definitely begun exploring that tool and it's amazing and I love how it does talk about mental health on that continuum, that it can fluctuate and change in circumstances and across the day. I love that tool because it really shows that, if we're noticing really closely, if we have that foundation of those authentic relationships without children and we're present in our practices, we can see those risk factors, see those triggers that we've been talking about, before that child's mental health does move into that red zone, as Tahlia was talking about, and we can act proactively to that shift rather than reactively, which is much harder to support a child to co-regulate when they're in that heightened state. It's easier when we get to it in a more proactive way, and when we can have those conversations with language and terminology that's responsive to that child, what they recognise. We like to use a lot of that, you know, red choices, green choices, how are we feeling, you know, language that's familiar to them so they can articulate where they are on the continuum and make choices with us to co-regulate.

So, it helps us, that that continuum, really helps us to understand this child experience with that mental health lens and I'm a big advocate for us shifting and outdated the terminology of 'managing' behaviours and I think we really need to just be focusing on understanding behaviours so we can support children.

Sara Richardson

Thank you. Leanne, do you want to add anything about the continuum at all?

Leanne Rodriguez

I think Tahlia and Connie have both raised some really great things to think about and reflect on for practices. I just want to say I think it's really, really important to not-, to state, I was going to say notice, but to state that our mental health can change and can fluctuate and I know that's been touched on, but I think, two things, using the words mental health, you know, it's often seen as a taboo topic 'oh mental health,' you know, these are, this is language that we should be using and we should be acknowledging. And it's also daily, things that can change in a space of, you know, minutes. So, I think the tools are great, but again, it comes back to your observations, what you're observing, knowing the knowing the child and children in your care and really identifying 'okay, something's changed' and then responding, but also celebrating if a child or a co-worker or yourself, for that matter, is presenting positive mental health, I think that's just as important to acknowledge. We're kind of wired to automatically look at the negative in everything – something's going on for this child, what's happened? Do you know what? It's really great, they're having a great day or a great moment, let's acknowledge that, have the conversations when the positives are happening as well, not only focusing on when someone is experiencing poor mental health.

Sara Richardson

Yes. Thank you so much for that, Leanne and that's a really good shift into our next conversation, because that's one of the things that we know, that we notice when we start having a conversation about mental health is people are, and it's part of our understanding and the stigma around mental health, is that people tend to actually identify with mental illness or when things aren't going well and actually mental health is something we all have and it's sometimes on the, like Tahlia described, on a continuum in the green end or we have good mental health and we are flourishing.

And it's really important to notice that as much, you know, for children and for ourselves, when that's happening, as well, and have some messages to support people and children to know what to do, how to have good mental health. We do that with physical health all the time, we've got things about sleep and healthy eating and exercise and being safe in the car, but what do we, what do we say to children about being mentally healthy?

And that's a really powerful important part of Be You. It's not just about when things are, when people might need some additional support, but it's also about thinking about what it looks like when things are going well, so Connie, do you want to talk about what happens in your service when you notice good mental health?

Connie Woods

Thank you, yes, it's a positive sign and it's an indication for us that our relationships and those practices are responsive of our children and their needs and so that's fantastic. So, for us, you know, other than obviously celebrating that good mental health and having those wonderful engagements with children, celebrating their achievements, which often help them to feel really quite wonderful, we should reflect on those too, we should reflect on positive and good mental health as well, because then we can look for ways to embed that.

As we've talked about, no two days are the same and we've got different enrolments, as Tahlia pointed out, and so what works one day might not work the next and so it's so important that we not only look at the, you know, the mental health down that red zone, but looking at the positives so we can go well, okay, what worked this day, and how could we try that on another day where perhaps we're not having the same response, and so we use our diaries for that. It's not just about, you know, what's not working well, it's about what's working right and trying out those strategies and just continually trying to try new things when it doesn't work out, not putting our hands up 'okay, well, it didn't work so, we give up.' It's about trying new things, so we can try and have that cover across all our days as best as we can. Analysis and comparison of our practices will really help us to notice those changes that need to occur and those strategies that we need to improve in our Improvement Plan.

Sara Richardson

Thanks, Connie, and Leanne do you want to talk about the notion of belonging and back to that relationship stuff and how that impacts on mental, on good mental health as well?

Leanne Rodriguez

Absolutely. I think with families every family is different, so family makeup is very, very different and they're a child's first teacher and when a child comes into the program, whether it be a kinder program or a long day care setting, family day care, whatever sort of service is provided, the child has a new community that they're part of, and I think with that comes challenges but also really, really positive elements of that.

At our services we work very, very closely with the families, as I'm sure most educators do, but looking at working in partnerships, in providing wraparound services and care, because of the organisation that we're part of, so we're in quite a unique position.

But I think for children, making sure the environment is inclusive, looking at the developmental needs and the cultural needs of children to ensure that the program that's provided is inclusive to everybody, that's then promoting a sense of community and a sense of belonging. And we know this, we know this from the framework. So we've touched on this before, it's looking at it holistically. It's nothing foreign, it's nothing different, it's what we're already doing.

But I think when a child is presenting good mental health, it's then about looking at how can we extend that. I look at it like a planning cycle because that's something that's already happening. So, one of the easiest ways that I would explain it to a colleague is well think about your planning cycle, if you observe something, then what do you do? It's about how you extend on that. So extending on what's going on within the program to promote that sense of agency for the child, the sense of belonging, reflecting on the practices and actually asking the child.

I think it's really important to remember the child's voice is crucial. Ask them. Because there will be moments when a child wants to be alone, but then there'll be other times where they want to be part of the community. How will we be connecting with the families and keeping in mind too that every family responds

differently, so utilising different platforms and making yourself available not only to the child, but their family, and where required their extended family as well. And how we're linking in the whole education team, so that it's not just the early childhood teacher that's connecting with the families and the child, how is the wraparound support for the whole team to be connecting with the child and the family and really embedding that sense of community. So, it's, you know, it takes a village, so it's essentially creating the village to support the children in care and modifying practices.

When we can't, when a child doesn't have a voice, for whatever reason, how will we still capturing that and making sure it's inclusive for every child and providing opportunities for them to learn, and for them to flourish and for them to grow and with that comes the mental health element, because we know that's every day. I'm not sure if I got off topic, Sara, sorry. I just get a bit carried away.

Sara Richardson

No, it's great. No, it's not off topic, because I think that's absolutely true. I think one of the things that, you know, because that whole notion of, I'm thinking of the Bronfenbrenner ecological model, you know, the child in the middle and all those bits that go around there, that's what we're talking about. And the other thing that's really striking me over and over again, is, you know, we're having this conversation about mental health but it's actually the same conversation we would be having about our work. These things are fundamental to the work of early childhood, and so shifting that, bringing that mental health conversation, you spoke about it so well, Leanne, about, you know, we have to name it, we have to talk about it, we have to call it mental health, because we talk in early childhood, you know, we often tend to call it social emotional development, wellbeing, you know, those things. We can call them that as well, but I think we also have to include the language of mental health. One of the things that's really important here, and we might just shift chat slightly, is thinking about, you know, where to next? It's one of the tensions people have, because of the stigma, is that people are concerned about the fact that they're diagnosing mental health, and that is not our job and that's not what we're advocating or saying as part of Be You, but what we are doing and where we are having this conversation about what we do next, is observing, noticing, like Connie talked about, those developmental things we noticed because we're attuned to children, because we have strong relationships with them, we know them well and Leanne, that you talked about, that we are actually connected with their families, as well, so we actually have a really strong picture of that child, and so we know things about them. And what Be You will do is provide us with some tools, I guess, and some understanding about where that might require mental health support.

And so we're not diagnosing but, in the same way as we might notice something around a child's language development or their, you know, some other concerns we might have, we would then go, you know what - there's something that we need, something extra needs to happen here, because we've noticed. And we've used tools like the BETLS tool, that Tahlia was talking about, to perhaps document some of that, and our reflective journals, so that we've talked together about what that means, all those other support services that we might have around, that you talked about, Leanne.

But we are not diagnosing, we're actually identifying and then and then deciding what next. And what next, we've talked a lot about what next in terms of what we do in our service, but there was also some next steps in terms of referring out, that kind of thing, and making sure we know what to do with that too. So Be You can help us with that sometimes, as well. And I think I've got off topic too, Leanne, so there we go.

It's a really important conversation, though, and I think sometimes people, you know, get concerned about those pathways for professional help. But having a plan for that is as important as having a plan for what's happening in the service, every minute, every day, but also longer term as well. So, what are we going to do to do those referrals and who do we refer to, how to do that and Be You can help you do that.

So, I think if we kind of move on to thinking about how, you know, moving to our educators, so, Leanne, do you want to talk again about what we do when we notice mental health challenges, perhaps for the adults.

Leanne Rodriguez

Sara, I'm really happy that you asked me this question because it's something that I'm very, very passionate about. Leading people presents challenges and we're all human. The team of educators need to be supported because they can't fill a bucket if they're running on empty. So, as we're identifying any concerns around someone's mental health, it's important that we have the supports in place. We're very fortunate that within our organization, we have access to the Employee Assistance Program, so we can refer staff to that program. Not all early learning services have that option. However, there are other things

you can do: thinking about mindfulness activities; checking in with yourself and checking in with the staff, having tea time and informal catch ups.

Open communication. We often talk about relational pedagogy with children, relationship building with the staff is just as crucial and it's about knowing this stuff as well, so knowing your educators and knowing that if they need support and being available and being present, accessible and understanding, empathetic. There's a range of things that are required. In the event that someone did disclose that they were experiencing poor mental health, I'm not in a position, I'm not qualified, as we're talking about diagnosing children, but I would be referring them to various organisations, whether it's Be You.

I wasn't sure if I should be promoting other organisations in a Be You webinar, but there's lots of different resources that are available and you can suggest that they speak to their GP. Really, really simple things, but I think before you even get to that it's about knowing your team and having a trusting relationship, so that the team knows that they can come to you if they have any concerns.

We have staff supervisions and we meet regularly with the with the teachers. And having conversations and mental health and wellbeing, it's referred to as wellbeing because it falls into occupational health and safety, that is listed as a supervision topic. So, things could be raised in supervision. I think it's also important, I know for myself, that I then have to stop, and I might need to take five, because, in the event that someone did disclose something I need to look after my own mental health. So then it's about having the strategies to support myself because, again, I can't feel, it's a trickle on effect, I can't fill my team's glasses if I'm running on empty, and therefore they can't fill the children's and the families', so it's that flow on effect.

But it's about naming it, knowing that it's not a taboo topic. We have a mental health working group and we are developing policies across the whole of the organisation and it's something that we're promoting. We have Mental Health First Aiders, but it can be something really simple. So, it's about looking for people that are sitting and listening to this webinar, stopping and reflecting on what you're currently doing and where would you like to get to, and I'm confident that the Be You consultants can support with that and point you in the right direction.

[Sara Richardson](#)

Thanks, Leanne. Yes, that's really important and some really great suggestions there, too. Connie, do you want to talk, I know you talked a little bit about reflective practice already and I know, you know, you've got some processes with journals and those kinds of things and some of those things we reflect on practice are obviously in the long run for children, but they're also really important for staff to feel like they're proactive and, you know, that reflective practice is actually also important for staff wellbeing as well as hopefully having positive outcomes for children too.

[Connie Woods](#)

Absolutely, thank you for asking, and Leanne, you know, covered so much in that. One of the things that really jumped out at me, out of the many, was the trusting relationships that educators need to be able to have with one another.

If we are going to shine a light on our practice, we need to feel safe and comfortable to do so, and it is part of a community that we do that. It's not just one person sitting down going: well, what can I change, what can I, you know, how can I improve on my practices? It's a community. So, it's those educators within their rooms and the educators across the service going: You know, what do our practices look like? How did they serve us, how do they serve our children for those positive outcomes?

Yes, the reflection diaries absolutely help with that, but for myself, for instance, I visit many of our centres. I'm there to support and mentor and guide our educators in their practices and the curriculum, and the very first thing that I try to establish with new educators that I meet is a trusting relationship. That they feel they can trust me, to open up to talk about their practices, to talk about the curriculum, so we can work together to, in that improvement process.

You know, I had an example, I could talk about where I was visiting one of our centres and they knew this child very well, they knew what was happening in this child's family life – they were going through a parental separation and they knew that was really challenging for this child so that the educator's knowledge, that foundation, with the family and the child, it was all there. But that educator and that

educator team just really wanted to have a conversation, to feel heard, that the choices they were making were not right, but they were meeting the needs of that child, and then also what else could they do.

They asked me can we have a conversation around what we're noticing and can you help us with some further strategies and ways to support this child and all our children and ourselves, so, you know, we were able to sit down and have that conversation and as part of that, I was fortunate I could actually engage with that child and form a relationship with that child as well, through some playful joking and kidding - it was a young boy so that's always a great way to connect with him. I'm really starting to form that attachment with that child and that moment, and I could do role modelling, which those educators can observe me role modelling some of my practices that complement their practices. So, without that trust and that confidence to be open, that reflection journey was really going to be hindered.

[Sara Richardson](#)

Thanks Connie. And Tahlia, do you want to, kind of, wrap this conversation up with what some of the Be You, especially the Educator Wellbeing resources that Be You have, because I think, you know, while this space is huge and, you know, we started with that notion of behaviour and, you know, I reckon often behaviour is one of the things we find most challenging about our work.

It's really hard to know what to do. It matters a lot to us and it can impact a lot on how we, you know, how we are in our work and we just wish we knew how to make it easier or different, for us and for the children, obviously, as well. But, you know, making sure that we have a bit of a plan to support each other and our own wellbeing - not just individually, but across the service, which both of you have talked about. Sorry, Tahlia, you want to talk about the resources.

[Tahlia Taylor](#)

You're doing great. Yeah, so, obviously educator wellbeing, you know, has been a really strong push that's most of the questions that I've received in the last 18 months. And being an education initiative that's constantly changing, a lot of time, effort and evidence informed practices has gone into the tools and resources that we've got about educator wellbeing, particularly. So, some of those are in the chat. So, we've got fact sheets that you can have a look at little tidbits of information, but we've also got some wellbeing plans and tools that you can really sit down and make that a priority and start to think about those things.

You may not necessarily think that writing all of that down is going to be, oh I don't need to do that yet, I don't need to focus on that yet, but I found just having that there as a safety box, I don't have to necessarily go in and look at it all the time, but I know that I've written something in there and I know that I've got a couple of protective factors that help support me when those risk factors are getting too high or when that continuum's starting to sway a little bit to one side.

So, that can be really good to kind of have a look and feel and fill out and start to kind of think about those things in a different mindset. Being in in that educator space, in that real care sector, we can often think about ourselves last, you know, you say put your oxygen mask on before you help others, but that's a really hard concept to wrap your head around when you're in that moment.

What I've brought up before when talking about educator wellbeing is if your mask isn't on properly, you're at less capacity to help the other person's mask get put on properly and then by the second, third or fourth person you're helping, you're at less capacity with every child, or every person, you come into contact with. Whereas if yours is on 100%, then that first, second, third, fourth, twenty-fourth, thirty-fourth child or young person or person at the end of the day, the poor person that sees you at the service station, you still have that mask on that helps you to deliver at your best self and in your most regulated state. So it is, it is does have that importance behind it.

And I think we should really be shining a light on that, which, given that there are tools to be able to help that and tools that can support a whole learning community, to put some of those things in place as a priority. But it's not another thing that the individual educator has to take on board, but its effect of a community of care and that community, that learning community can really support that wellbeing and that everybody has that part to play, and can notice other colleagues and where they're sitting, and we can offer that support, as well, that creates that again almost that Bronfenbrenner support, as well.

And so, yes, we have those types of tools and some things that we haven't touched on yet is that consultant support. So, like myself and a bunch of others that sit nationally, you are allocated a consultant if you register, for free, as a learning community.

It can really help to unpack some of these things, so you can pop into a session, a spotlight or an event, or give us a call and ask about what is this Community of Care? How do we start talking about this? How do we make our staff room less cluttered with information and more like a safe space to have that 10-15 minute break? How do we make a wellbeing policy? Those types of things can really help push that educator wellbeing to the forefront.

And then, when you're starting to think about those things, then you can embed a bit more Be You within your practices that you're already doing and it's something that's not sitting alongside your work, and all of the things that you're already doing as an extra framework or as an extra thing it sits within. So that you're not, kind of, floundering for resources or blindly googling for things hoping that you're going to get something that works, you can kind of come to that that big buffet, I guess, of tools and resources that can help you when you're in that moment, and you need.

Something that Leanne was saying about I don't want to promote other services when we're in a Be You space, I thought that's really good to bring up, as a Be You consultant. There are other things out there, and you don't have to solely be doing Be You from our tools and resources to be doing Be You.

We do have a Programs Directory, as well, on the website, so that's where we are shamelessly promoting some other really good services and things out there. If you're doing Phoenix Cups or Emerging Minds or you know, there are certain things and certain guides that can help push this along where you and your service really needs that support and we can tailor it to that and make it so it's not too daunting or make it to see exactly where it needs to be.

[Sara Richardson](#)

Thanks, Tahlia. I think we, that's a good pace to finish up. I think you're right, Be You can kind of give you that comprehensive view and help you make some plans, not just for wellbeing, but how do you do mental health across your whole learning community.

We've come to the end of the conversation so just to finish up we're going to do one more poll, and then we'll get one more thing from Connie, Leanne and Tahlia. So, what's the one thing that each of you are going to do to build on what you're already doing? We've talked a lot about that. So, the questions, the opportunities you've got here are: maybe attend a spotlight – Tahlia has been talking about that and that's where you'll get access to those consultants. You might start noticing, you might learn more about educator wellbeing we've talked about. Thinking about that mental health lens, so how do you bring that to everything you do, which is what Be You talks about. Maybe checking out the Mental Health Continuum. And we didn't give you an 'all of the above option' but but you might want to do all of that as well. And keep talking I think that's really important too.

It's a fairly even spread. I'm just having a look at some of the results there, and people are still thinking about which one they might do or not do. We'd love to keep talking with you about, I think I started at the beginning, saying this is either the beginning of a conversation for you or it's a continuation of a conversation you've already been having. And I think it's not the final point, obviously there's lots of things to keep talking about and we need to keep doing that. So, we'll just share the results there. So, a bit of an even spread, a couple of people going to jump in, and remember there's that special Spotlight that's just connected to this and available for just for those people who have attended this webinar, where we will directly be looking at the conversation. So, our final takeaway messages. We'll start with you, Connie - what's your one thing?

[Connie Woods](#)

My one thing is to continue the conversation, really fostering the language that we've used today, and in that way, we're going to be exploring the BETLS tool a lot more deeply and the resources that come with that. Thank you.

[Sara Richardson](#)

Thank you so much, Connie and thank you for all your insights as well, you started us off really well. What about you, Leanne, have you got one thing?

Leanne Rodriguez

I would have to agree, I think, you know, we've done a lot of work in this space, but it's not the end. So it's about continuing the conversations and just continuing to be open-minded. It's constantly evolving and changing, so just being open to whatever that may be and recognising that everyone is on a different journey. So when continuing these conversations it might be more about checking in with, okay, well I'm here in regards to implementing and embedding anything in relation to mental health, but not everyone is as passionate, possibly, as I am, so it's about myself stopping, reflecting, modifying the way that I'm supporting my teams to ensure that everyone's doing this, to a great standard.

Sara Richardson

Thanks. Tahlia, you got five seconds.

Tahlia Taylor

I'm being greedy because I'm going to be in the Spotlight session so I can continue this conversation.

Sara Richardson

Excellent. Great. And so remember there's a Spotlight connected that's just for people who've come to this webinar to build on what you've known.

I would like to thank all of you very much for coming, particularly Connie, Leanne, and Tahlia, for providing their fabulous examples and also being so passionate about wanting to talk about this, it's been wonderful to have you join us today.

I'd like to thank everybody for participating in the chat and with all your questions. I think there was a fair bit going on. Particular thanks to the all behind the scenes people, and to Blaire and Nikki in the chat.

If you would like to leave now, you'll be prompted when you exit to complete the exit survey, so we'd love to hear your thoughts.

And also, if anybody else is watching with you, if you're watching as a group, then please add your name of everybody who's watching. There are some of you who may want to stay on for the Q&A and when we do that we'll have a five minute, well not a five minute, a couple of minutes break so a bit of a wiggle break, so you might want to start doing that now too and thinking about what your questions are.

If you have learned something about Be You and are keen to find out more than please register for Be You and one of the consultants similar to Tahlia will contact you and have a bit more of a chat. So once again thank you so much everybody. We'll finish the webinar now. If you're staying online, you can just stay where you are, you might want to go go have a wiggle and come back, but thanks again everybody.

End.