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FINAL REPORT on SUPPORTING EARLY CHILDHOOD CENTRE DIRECTOR in TIMES OF NATURAL DISASTERS USING CLINICAL SUPERVISION: A CASE STUDY

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Executive Summary

This paper reports on a case study of clinical supervision provided by Goodstart for five Directors working in long day care services in the Northern Rivers area of New South Wales, and their Manager, following catastrophic flooding in the region. Data were gathered through individual interviews and were analysed thematically.

Building on a previous evaluation of clinical supervision in Goodstart (Wong et al, 2022), the case study affirms that clinical supervision for Centre Directors' and their Manager's benefits their professional practice with their team and families attending Goodstart services, contributes to Centre Directors' self-efficacy and well-being, and sustains them in the profession. The study also confirms previous findings that clinical supervision in ECE requires skilled supervisors with knowledge of the ECE context, and that the lack of private spaces in ECE settings is problematic to work-based clinical supervision.

This report's contribution is the 'telling of the story' of the impact of this catastrophic event and the emotional and professional burdens experienced by the participants. The study extends on the previous work by demonstrating how clinical supervision contributed to supporting the Centre Directors and their Manager through this difficult time, by facilitating their emotional coping and contributing to post-traumatic professional growth.

The study also identified that for these benefits to accrue, clinical supervision needs to be implemented fairly immediately after the disaster, may require flexible work options, and should be sustained. The study has also highlighted that the process of engaging in clinical supervision is a skill in itself. To make the most of clinical supervision may require professional development. The cost-effectiveness of clinical supervision, especially in regard to costs of attrition, is not explored in this project, and could be explored further.

Whilst supervision on its own won't answer all the challenges leaders face in natural disasters – supportive structural and policy contexts are also required – it can build Directors' and Managers' resilience and sustain them in traumatic times.

The report has been structured as a journal article and has been submitted to the *Australasian Journal of Early Childhood* for review.

The major recommendations arising from the study are:

1. Clinical supervision should be provided to all Centre Directors experiencing natural disasters
2. Clinical supervision should be sustained well past the emergency period into the recovery period.
3. Professional development may be required to inform and prepare Centre Directors for clinical supervision.
4. Flexible work arrangements may be required to facilitate clinical supervision sessions.
5. Video-conference clinical supervision is preferential over telephone supervision.
6. Undertake a cost-benefit analysis.

Introduction

Throughout humanity, communities have faced multiple and frequent hazards, either natural hazards - such as floods, epidemics and storms – or hazards occurring as a result of human activity – such as pollution and environmental degradation (Prasad & Francescutti, 2017). A natural disaster is when the consequences of these hazards become overwhelming for a community's resources (Prasad & Francescutti, 2017). As well as the economic costs of natural disasters, associated with dealing with the immediate and subsequent consequences of its impacts, natural disasters can have negative effects on the physical and mental health and well-being of individuals, impacting their capacity to function (Jenkinson et al., 2022; Prasad & Francescutti, 2017). Disaster relief includes both *emergency* responses in times of “turmoil, instability, and fear” (Prasad & Francescutti, 2017, p.218), and *recovery* responses – the provision of resources “to cope with the economic and social strife that resulting [sic] from the disaster” (p.219). Recovery from a natural disaster, at both the community and individual level, can take significant time (Adamson, 2018)

Natural disasters impact early childhood education (ECE) services. These impacts can be direct – such as through damage caused to services that may require partial or full closure. The impacts can also be indirect, such as through needing to deal with the effects of trauma experienced by children and their families, and/or educators, as a result of the disaster. Dealing with these challenges can be particularly difficult for those with the responsibility of leading and managing ECE services (Fonsén et al., 2023). In their edited book, Fonsén et al (2023) provide multiple international examples of leadership practices in the face of the COVID-19 natural disaster: The examples highlight the challenges faced by leaders, including those associated with supporting their teams experiencing stress, uncertainty and anxiety, whilst at the same time maintaining the leaders' own well-being. Such work requires support and resources for leaders. One support that has been found to be beneficial for Directors in ECE services is Clinical Supervision (CS) (Wong et al., under review). This case study is about the effectiveness of CS in supporting five Centre Directors (Directors) working in early learning services in communities that experienced a natural disaster, and their Manager.

Case study site

In Australia, the site of this case study, the most common natural disasters are floods, storms, droughts, bushfires and cyclones (Jenkinson et al., 2022). The specific natural disaster that the five Directors and their Manager in this case experienced, was catastrophic flooding in the summer of 2022. This exceptional flood occurred as a result of on-going rain over several weeks that exceeded historical records in multiple communities, and which resulted in flood levels that peaked over 14 metres high (Lerat et al., 2022). Lives, homes, businesses and livestock were lost.

The floods impacted all of the ECE services in this case study – but in different ways. Some were completely or partially closed due to inundation, either temporarily in the emergency

period and/or for significant periods afterwards. Some services were physically 'cut off'. Others remained operational. The impact of these floods could still be felt over a year later – with damage to services still being repaired.

Staff, children and families were impacted in all services - both in the immediate emergency and for some time afterwards. Some of the ways they were effected included: being involved in the emergency response; losing their homes and belongings; providing homes for displaced families; experiencing food shortages; having no internet access; and experiencing fear and anxiety. In the emergency period, and for some time afterwards, some families and staff were unable to access their regular services. Children in families unable to access their regular service, were transferred to alternative services. Educators who were unable to work in their own service, were deployed to other services, whereas others worked from home or, where that was not possible, received paid disaster leave until their service reopened or they were redeployed. As one participant noted:

I had one staff member who has two children under the age of four. She lived in a caravan out the front of her house for a good six or seven months. No electricity. No hot water. She turned up for work every day. One foot in front of the other.

The ECE services that the five Directors lead are part of a not-for-profit organisation. The Directors are supported by a Manager who oversees several services in a geographic cluster. To support their leadership responsibilities, as well as their mental health and well-being, both in the emergency and recovery period following the floods, the organisation provided all Directors in areas affected by the flood, and their Manager, with access to CS.

CS is a process of review and reflection on a supervisee's work aimed at supporting supervisees' practice competence and capability with their clients and colleagues to meet organisational goals, as well as facilitating supervisees' emotional processing, assisting with their coping, and relieving work-related stress (Adamson, 2018; Bernstein & Edwards, 2012). The role of CS in natural disasters is an under researched area (Adamson, 2018). But Adamson (2018) argues that in the context of natural disaster, supervision needs to be trauma informed and attend to both the emergency and recovery periods. Some roles of CS in the context of natural disaster identified by Adamson (2018, p.229) are: assisting the supervisee in the emergency period to cope with the personal and professional impact of the disaster; and in the recovery period, to reflect on "new ways of coping, new learning, post-traumatic growth. Systems planning in response to the 'new normal'. [and] Identifying triggers." Importantly, Adamson (2018) argues for "the importance of taking a long-term view in our understanding of recovery after disaster" (p.223).

High quality CS has been shown to improve supervisees' well-being, ameliorate the effects of vicarious trauma and reduce burnout in professionals working in child welfare (Hazen et al., 2020). CS for Directors working in ECE services with high levels of families experiencing challenges, has been found to have a range of benefits including for: Directors' ability to support educators, children and families; enhancing Directors' self-efficacy, professional

identity and professionalism; building their resilience and well-being; and contributing to their retention within the organisation (Wong et al., under review). Although CS in the ECE sector is uncommon, there is increasing interest among Australian ECE providers in offering CS as a way of supporting educator well-being (Logan et al., 2021). It may be a particularly important intervention for stemming educator attrition at a time of unprecedented educator shortages, both in Australia and globally (Thorpe et al., 2022). Little is known, however, about the effectiveness of CS for supporting Directors and leaders working in communities experiencing natural disasters.

The CS offered to the Directors and Manager in this case, was an hour's session, provided monthly, remotely via video-conference, by qualified psychologists and/or counsellors implementing trauma-informed approaches, and with significant experience of providing supervision in the ECE sector. At the time of this case study, the participants had been receiving supervision for close to a year.

This provision of CS provided a valuable opportunity for a qualitative single-case study (Stake, 2008) to investigate the experiences, and benefits or otherwise, of CS for supporting Directors and Managers in the context of a natural disaster.

Method

This case study was conducted in 2023, exactly one year after the floods. Following ethical approval from Macquarie University, all five Directors and their Manager in receipt of CS as a support following the flooding, were invited, and agreed, to participate. The participants differed in terms of qualifications and experience, and the services they managed ranged in size.

The case study was conducted over two days, during a regularly scheduled meeting of the Directors with their Manager, held in one of the services. Data were collected through audio-recorded individual face to face semi-structured interviews, conducted in a private room, and lasting between 20 and 70 minutes (average 37 mins). The interviews focused on Directors' and their Manager's experience of CS; their views on the impact (if any) of CS on their capacity to support their team of educators, and the children and families attending their services; and the contribution (if any) of CS on the Directors' and the Manager's well-being and resilience, and their retention in the organisation. Audio-recordings were transcribed for analysis.

Prior to agreeing to participate, and again prior to the interviews being conducted, Directors and their Manager were advised about the purpose of the study, how data would be used and stored, that participation was voluntary, and of their right to withdraw at any time up until data analysis. Whilst the purpose of the study was not to focus on the event of the flood but rather on their experience of CS, it was likely that this reflection could trigger difficult memories and feelings. Therefore, participants were advised that if they became upset, or appeared to the researcher to be upset, the interview would stop, either

temporarily so that they could compose themselves, or completely. A list of contacts for mental health supports were given to all participants. In addition, participants were warned that, despite the intention to anonymise the findings, due to the specific location of the case study, there was a high likelihood that their services could be identified. To ensure that only information for which participants gave consent was included, they were provided with a copy of the paper prior to submission and offered the opportunity to edit the findings: none did so.

Data were analysed using a grounded theory technique (Urquhart, 2023). Each transcript was read several times, and key ideas coded. Like codes across the transcripts were then 'chunked' together. These 'chunks' were developed into a narrative that reflects the overall findings of this case. The aim is to tell the story of these participants' experience of CS during a natural disaster.

Discussion of Findings

In this section the findings are discussed with reference to the existing literature. To maintain anonymity, findings are reported as per 'participant(s)', or 'she' – as all identified as female. That is, no differentiation is made between the Directors and the Manager, and no information is given about the size of service individuals worked within.

Supervision supported participants' emotional wellbeing and professional practice impacted by flood

All participants reflected, to some degree, on their experience of the flood, commenting about the challenges they and their community faced in the emergency period. For example, one participant commented that in the emergency period it was:

All consuming. It happened so quickly. And just the impact it was having on everyone and everything. It was exhausting. It was emotional.

Several participants spoke about emotions they experienced as a result of the floods. One participant recounted, for example, how she felt "*bombarded and overwhelmed*" with information about the floods – and this heightened her concern. For others, the level of vicarious trauma experienced was particularly high. One participant recalled, for example, that during the emergency period she had an educator telephone from the roof of her house as she awaited rescue - to say that she wouldn't be in on that day! Such conversations naturally led the participant to worry about her colleague's safety.

As reflected in the following statements from participants, and as recommended by Adamson (2018), CS in the emergency period assisted participants to reflect on and cope with the personal and professional impact of this traumatic event.

During natural disaster, your world turns upside down and you lack the ability to make decisions and choices like you would when you're not in the middle of a natural

disaster. And those conversations [with the supervisor] can give you that – it helps you make those choices and prioritise.

[CS] helped me cope with the experience of the floods. But also to support the other educators and families who were experiencing the floods. And to talk about some of the life and death situations people faced.

It's definitely needed after a big impact like that - whether it's professional or personal.

CS also assisted participants to deal with troubling and confronting emotions that arose for some as a result of the flood. As is commonly experienced in times of natural disaster (Fonsén et al., 2023), several participants spoke of 'feeling guilty', both for not having been personally affected by the floods and/or for feeling resentful:

I had a lot of guilt during the floods – because I was safe. She [supervisor] helped me manage through that. She helped me realise that I shouldn't have been holding guilt – it wasn't my fault – but I was.

Likewise, another said:

It [CS] was really helpful during that time. I was working in a peer group that was very affected by vicarious trauma. So for me, I'm feeling guilty that life goes on where I live. And then the suffering and the stories that I'd hear. I just felt so bad because I was on the outside - that's not happening for me. CS helped me to be empathetic and to understand and that was actually enough - just to listen.

Other participants, whose services continued to operate during the emergency, also confessed feelings of resentment of those educators who were receiving paid leave due to being unable to work in their own service, as well as frustration when educators would not redeploy to open services. This participant reflected that they then felt guilty about feeling that way:

We were doing it tough. It was emotional and I felt resentful that those other services were shutting their doors and educators wouldn't come and work for us. I was like 'I just want a few days off'. But I felt bad for having those thoughts.

Several participants commented that they felt that they had to 'push down' these emotions:

The guilt – I just push it down. And another hurdle comes, and I push that in.

Often in times of natural disasters early childhood educators are required to put aside their own feelings in order to provide support for others (Fonsén et al., 2023). Such "emotional labour" has been shown to contribute to educator burnout (Purper et al., 2023). CS provided the participants with opportunities to 'surface' and discuss these feelings and deal with them in healthy ways:

The emotional load, the push down of our emotions. Clinical supervision taught me that I don't have to do that. I don't have to push that down.

Similarly, some participants said that, as leaders, and especially during these traumatic events, they felt like they should not show weakness:

You're the strong face at the centre. I don't like to show educators that I'm weak. People expect a certain strength and ability just to push through.

Similarly:

Because we're the backbone of the centre - if we start falling apart then the educators see that - they need to see you coping with it.

The role and responsibilities of Directors in particular, are challenging. Of note, is that they are always responsible for their service, and need to be constantly available. Consequently, they got little respite during the emergency period - receiving texts and emails at all hours of the day and night and at weekends. Moreover, given their unique responsibilities, they felt the need to maintain a distance from the other educators in their team. As one participant reflected: *"It's a lonely job being a director."* For some participants, not showing weakness was tied to issues of maintaining control and power. For example:

We need to be seen as if we are coping all the time. I can't cry at the staff meetings - 'cause they'll think they have power over me.

Supervision provided the participants with a safe space where these emotions, and other experiences, could be discussed. Participants noted, for example, that supervision provides *"A safe space to talk about your concerns"* and gives them *"someone to talk to about anything and everything you need to talk about"*. Another stated:

It's like you can actually just sit and talk about anything and just let it out and you're not being judged. And it gives you a plan of action it doesn't resolve it - it doesn't give you solutions - but it gives you a plan of action".

In this way, participants noted that CS is *"A service that provides you with support for your mental well-being"* and *"builds our emotional resilience."* Through CS, participants recognised that prioritising their own emotional / mental wellbeing is not a selfish act, but is essential for their work:

We just don't prioritise ourself. And that's what I've learnt through clinical supervision. That it's important to look after yourself. If I'm not mentally well – I can't be there for the children, families and my team. So that's what's really important.

Dealing with these feelings of guilt and resentment through CS, also assisted participants to work more effectively with their team:

It helped me move aside my emotions that weren't needed and concentrate on what I can do to support people.

The flood not only had an emotional toll on the participants, it also created additional demands on their work. In the days and weeks following the floods, whilst things began to settle, and importantly concerns over people's safety abated, it was a time when the

educators in services 'rallied around' to support people in their community who had lost everything:

It was a time to get as much clothes, shoes, toiletries together. As a team we bought in everything that people would need, to share.

Managing the services both in the emergency and recovery period required the leaders to manage human and other resources to maintain as 'normal' a service as possible for children and families. This required frequent communication with educators and families; relocation of resources; redeployment of staff to different roles – with the Directors often taking on other roles 'on the floor' as educators and cooks; rearrangement and extension of working hours to manage fluctuating numbers of children; settling children and families with unfamiliar educators; and creating intensive support plans and practices for children who had been traumatised by the flood - *"their behaviours have just been through the roof – so the team has had to deal with that as well"*. All of these circumstances placed additional burden on both the leaders and the educators:

There was a great deal of pressure from encouraging educators to come to work and then being worried that they might have difficulty in getting through the floods or be cut off and not be able to get home. So that there was a real concern with their safety and feeling responsible.

Participants also reflected that these floods followed on from the challenges of dealing with COVID-19 including its associated staff shortages and service closures:

Over the last couple of years, with COVID and then the floods and now the staff shortages, we're really at breaking point.

To assist them through this difficult period, CS focused on supporting participants in their professional practice. One participant noted, for example, that for the first six months or so, her CS, focused on coping with the repercussions of the natural disaster: *"It was focused on what I could do to support my team."* But more than this, CS contributed to participants' post-traumatic professional growth (Adamson, 2018) and participants' self-efficacy (Wong et al., under review) by facilitating critical and healthy reflection on their work. One Director, for example, reported that her work during the flood was constant, she had many different roles and responsibilities to contend with, and often didn't have time to do 'everything' that she wanted to achieve. Supervision supported her to re-evaluate her work:

That's where I've changed my mindset. I used to go home thinking 'I did nothing today. I achieved nothing'. And then I sit back and think 'well I didn't achieve anything on this list. But what I did do was this, this, this and this'. And often the day to day this, this and this, trumps the things on the other list.

Similarly, reflecting this participants' growing self-efficacy:

Helped with self-realisation, and acceptance of what you can do and that that's enough.

And another reflected on how CS provided her with support and ability to recognise triggers (Adamson, 2018), and enabled her to regulate her emotions:

At times when I've felt, challenged or concerned or frustrated – historically I would have thrown my hands up in the air and jumped up and down and then have to retract my emotions a few days later. Whereas talking to [supervisor] she gets me level-headed, keeps me focused and regulates my emotions.

In so doing, CS during this period of natural disaster contributed to participants' resilience:

Facing and dealing with these disasters has made me a little bit more resilient. I feel that I can manage with things better now.

The creation of these 'safe' spaces was particularly important for participants who had limited opportunities to talk with others about their work. Family, friends and colleagues do not necessarily understand the complexity of EC work; and/or are not particularly open to discussions; and/or expect a clear demarcation between 'work' and 'home'. Supervision offered the opportunity to de-brief.

As one participant commented: "Early childhood is about working in teams". Similar, to Wong et al's findings, when asked to reflect on the benefits, or otherwise, of CS, all participants in this case study commented that CS had increased their capacity to work effectively with their team:

By being better supported - then I'm able to support the educators.

And:

I found that through having clinical supervision, I could come up with strategies to navigate difficult situations with my team.

For another participant, CS assisted her to share workload responsibilities through delegation:

It [clinical supervision] helped me to recognise and acknowledge what was going on in my life. And realise I can't do everything, and I need to draw on the support of others.

Also as was found in Wong et al. (under review), supervision gave some participants skills and strategies to work effectively with families. For example, one participant developed rich understandings of emotions, behaviours and the strategies families can employ.

I just had a conversation with a family that's struggling with their child's behaviour they are miscuing their child they're reactive to their child's behaviour - so it's not about the child now, it's about them. I was able to help them understand this situation. They were tired, and lots of things were going on in their family. So their tolerance was limited. I was able to give them strategies to put in place.

Creating the Conditions for Clinical Supervision to ‘work’

For CS to ‘work’, however, requires engagement from the supervisee, conducive workplace conditions, and supervisor expertise. Engaging in, and getting the most out of, CS is a skill (Adamson, 2018). It requires supervisees to understand the purpose of CS. As Wong et al. (under review) noted, access to CS is a new initiative within ECE, and so it can take a while for supervisees to understand what it ‘is’ and meant to achieve – as is reflected in this participant’s comment.

I really didn’t understand it when I started it. But now I really look forward to it. That debriefing with someone who’s really objective and taking a thing that I’m saying and working through that.

Also as identified in Wong et al. (under review), the term ‘clinical supervision’ itself is somewhat ‘off putting’ to some participants:

I feel like the name ‘clinical’ has a funny connotation to it. It’s kind of cold and white coats - so when I first came across it I thought ‘oh here’s another thing I need to do’. And I wasn’t sure I liked the sound of it. And then when you think ‘oh it’s work counselling’ or ‘work support’. It all makes sense.

For CS to work, also requires time and conditions for participants to engage. In the context of juggling multiple responsibilities, however, for some participants managing the time for supervision was a challenge. Participants spoke of numerous occasions when they had to cancel and reschedule appointments: *“Finding time to have an hour away from the centre is hard.”*

Also important for supervision to work is the need for private spaces so that supervisees are able to engage in private, and often emotional, conversations:

There were times during my session where I kind of broke down and cried. And I don’t want the team to see that. I wouldn’t want them to see me being vulnerable in this space. And I need the time afterwards as well just to sit quietly with those feelings and work through them. It’s important when you’re talking about emotions and trauma.

A space away from distractions is also needed to enable supervisees to focus on themselves. As one participant noted: *“You need to be really present in the Supervision to get the most out of it.”*

A challenge found in both this study and Wong et al.’s (under review), however, was a lack of private space for CS. Some participants, quite reasonably, wanted to contain their CS sessions to within their work hours. For Directors, this often meant having supervision within their workspace at the ECE service. But finding a quiet, private space in the busy context of an ECE service, had its challenges:

It's challenging because the walls are thin. Even if I close the door and the windows, I can still hear the educators and the children. And families and educators who want to talk come into the office.

Within such a context, no wonder one participant said: *"you're always going to think people are listening."*

Moreover, for some Directors it was hard to 'switch-off' from their work responsibilities:

We're trained to be hypervigilant always scanning and supervising. We're always listening out. So when we're in the centre it's really difficult. But for supervision, you need to be present in the moment

To overcome the challenges noted above, participants carefully planned their supervision sessions. As one participant noted: *"There's a lot of thinking that goes into planning for clinical supervision for me."* Participants engaged in a variety of strategies such as: informing their team so that they were not disturbed during their session; turning off notifications on their computer and phone; scheduling supervision for quieter days, and/or during a quieter period of the day - *"just after lunch, when it's less likely that families will be arriving or departing."* Others preferred to have their supervision sessions when they were at home:

When I'm in the service I've got my centre director's hat on and I'm not thinking about what things might be affecting me. Whereas when I'm at home everything that was going on with me - the holistic view - I can focus on what was good, what was going on in my life, to get me to that point. Which I think is really important for the supervisor to be able to help get me through those points.

Several participants who had negotiated flexible working arrangements, had their supervision session on a 'work from home day'. Others chose to have supervision on non-workdays, or before or after their shift. Whilst ethically, work related supervision should perhaps be confined to work hours, these arrangements do highlight how important these participants found CS.

Related to participants' development of trust, was the fact that the CS offered was from a qualified supervisor who is external to the service. Participants commented on the importance of CS being an independent perspective, that was unbiased:

A manager focuses on what you need to do to get your job done and isn't interested in your homelife. A supervisor brings both points together your work life and your family life and shows how these two interact.

Similarly:

It's not like when you're talking to your Manager. You're not going to say to them you know 'I lost the plot' – their 'window of tolerance' for that is really narrow.

Whilst external, however, similar to Wong et al.'s (under review) findings, participants commented that it is important to have skilled supervisors who know the service and have an understanding of the ECE context:

The quality of the person doing it is really important. And the knowledge of the everyday life of early childhood. There's just nothing like early childhood.

Indeed, participants noted that supervisors' understanding of the ECE context is essential to 'surface' potential problems and provide effective supervision:

[Supervisor] needs to understand the stresses and strains that I'm facing all day. My supervisor understands the early childhood context and the work I do. And which tasks are big. So I can't just 'gloss over' things; Whereas people that don't know that context might not recognise how challenging certain things are.

Also similar to Wong et al.'s (under review) findings, preference for mode of delivery of supervision was largely based on individual preferences. Some participants would have preferred in-person supervision rather than the on-line option that was offered. One participant noted, for example, that she found "it hard to connect with people online". But the caveat to a preference for face-to-face supervision, was the need for sessions to be held locally - without too much travel time. In this study, participants were living in regional areas where there is a lack of available local supervisors – necessitating online supervision. Most participants, however, stated a preference for video-conference, rather than phone, supervision. One participant noted that: "when I'm talking on the phone I don't feel like I can express myself as much". Another commented that:

People are a lot more used to using video conferencing now. You can see people's onscreen cues. Video-conferencing lets Supervisors to see your body language and pick up on if how you look isn't matching what you're saying.

Perhaps most essential to maximising the benefits of supervision, however, is having adequate time allocated to it. Whilst all participants said that one hour once a month was sufficient, many pointed to the importance of *on-going* supervision. In relation to dealing with a natural disaster, in particular, and reflecting Adamson's (2018) argument, sustained supervision after natural disaster is essential, as challenges may not arise until several months after the event:

It's very important, but we have to give time you know. Sometimes things don't arise until life starts to get back to normal and then it's 'I've just been through that roller coaster and now I can't sleep at night'. And that's why I think that if we are really committed to early childhood educators and Directors, we need to be doing this a lot longer than that [one year]. Because we're not trained to be psychologists, counsellors and plumbers - but that's what we're doing – what we're dealing with. It's a lot. And I feel like to make this profession really work well and people to stay in it - we need to support them.

Sustained supervision is also important to develop the stable, familiar relationships between the supervisor and supervisee that enable supervisees to feel safe to share the emotions they are experiencing, and the professional and personal challenges they were facing:

For people like us [Directors / Managers] who hold themselves to high standards. We have to be vulnerable - they [supervisors] can only help you when you say what the problem is.

And:

We're brave and courageous and we will talk it up. It took me a long time to say 'I'm drowning at the moment'.

Indeed, several participants mentioned that at first, they did not feel comfortable talking to a 'stranger,' nor did they know 'what to talk about':

To begin with I didn't know what to talk about. I have friends, family and colleagues that I talk to – to 'get things off my chest'."

With time, however, participants' trust in their supervisors grew. In some cases, enabling participants to share intimate aspects of their personal lives:

At first we began with talking about work related things. But then when I felt more comfortable, she started to ask me things about home and what was really going on.

The personal self-reflection afforded through CS built participants' self-realisation:

I have to know myself first and to identify when things that appear small and insignificant are actually very big. You can have lots of training - but without the opportunity to reflect on yourself you can't put that into operation.

And gave participants deeper insights into how home factors effected their work:

Obviously, we have a work life and our personal life. But because our work life is so demanding if everything is not A-OK in our personal life it will flow over into our work life.

For some participants, however, even after close to a year with a supervisor they liked and respected, it remained difficult to 'open up'. One participant, for example, shared her realisation that she had been 'holding back' on her true feelings:

When it's really busy and I've got an hour for supervision - I think 'I won't tell her all my issues because it'll take too long' – and I push it down. And that's really bad. I need to know that I deserve that.

The on-going relationship with her supervisor, had now gotten this participant to the point where she felt not only ready to talk about highly personal feelings, but that she deserved to have this opportunity. As she said: "I'm ready for that now".

Ongoing supervision assists educators to deal with the continual 'roller coaster' of ups and downs of work in ECE:

Every day in early childhood is different. No two days are the same. Sometimes you're up and sometimes you're down.

And several participants expressed a strong desire for the continuation of their supervision sessions to sustain them in the profession:

I sometimes wonder if I didn't have it - how would cope? And I don't want to be pushed out of something [ECE] that I truly love. I'm so lucky to have that long-term supervision and to have gotten past that 'I don't know what to talk about stage'. You need that commitment of yourself. And that's what we don't do we don't prioritise ourselves.

Likewise, another participant stated: "Now that I have it, I don't want it to go". And another argued that:

It [CS] should just be something that we have. It's like 'can I have a glass of water?' – That's how important it is. Every centre director and manager working with services should have it. It's not a luxury. It's not a designer handbag. It's something that is needed to support our mental health and well-being. It's really important.

Reflecting on the lack of attention to educator wellbeing, several participants argued for CS to be available to all educators and included in professional development to sustain educators and support retention:

We haven't done early childhood education in Australia really well and we're putting band aids on severe wounds all the time. And we need to start in the training levels about clinical supervision. They start that with other professionals really early. Why don't we value early childhood teachers as really important as well? And then they might stay if they feel really important"

Likewise:

If supervision was implemented in early childhood, then you would have a more supported workforce, and get less burnout and work-related stress leave.

Conclusion

Whilst the findings of this case study cannot be generalised, it has reaffirmed the benefits of CS for Directors and Managers, found previously (Wong et al., under review). That is, CS benefits Directors' and Managers' professional practice with their team and families, contributes to their self-efficacy and well-being, and sustains them in the profession. The study also confirms previous findings that CS in ECE skilled supervisors with knowledge of the ECE context, and that the lack of private spaces in ECE settings is problematic to work-based CS.

This study's unique contribution is its telling of the story of how the floods impacted Directors and their Manager, and how CS contributed to supporting them through this

difficult time, by facilitating their emotional coping and contributing to post-traumatic professional growth. But for these benefits to accrue, CS needs to be implemented fairly immediately after the disaster, may require flexible work options, and should be sustained. The study has also highlighted that the process of engaging in CS is a skill in itself. To make the most of CS may require professional development. Whilst supervision on its own won't answer all the challenges leaders face in natural disasters – supportive structural and policy contexts are also required – it can build Directors' and Managers' resilience and sustain them in traumatic times.

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