



Australian Association for
Infant Mental Health

Early Childhood Education and Care (ECEC)

Position Paper 4

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The Australian Association for Infant Mental Health (AAIMH) aims to improve professional and public recognition that infancy is a critical period in psycho-social development, and to work for the improvement of the mental health and development of all infants and families.

Definitions

For the purpose of this paper, Early Childhood Education and Care (ECEC) is defined as fee-paying, regulated, centre-based or family day care for children under the age of three years. The definition of a ‘carer’ used by AAIMH for this paper is a person who is paid to educate/care for the child and who is doing so for children in a group setting.

AAIMH notes that in the ECEC sector, the professional terms for staff are ‘educator’ or ‘teacher.’ However, in this paper we emphasise the paramount importance of the care-giving relationship, so the term ‘carer’ is used. AAIMH acknowledges the invaluable role ECEC professionals have as educators and carers for the youngest and most sensitive members of our society. AAIMH also recognises the role fathers play in child raising and supports the operational definition of ‘parental care’ over the term ‘maternal care’.

Background to AAIMH’s position

Balancing work, education and family life is a significant issue for most Australian families and ECEC is an important part of this process. The consideration of the placement of very young children in ECEC is underpinned by several important issues relating to parental employment and study, parental leave and allowances, social expectations of parenthood, as well as the needs of infants and very young children. Most children have some experience with ECEC before starting formal schooling with a noticeable increase in access over the last two decades. The percentage of 0-4 year olds attending ECEC has increased from 18% in 1999 to 35% in 2017 (Australian Institute of Health Welfare, 2019). Concerns and questions around the influence of ECEC on young children’s development therefore have relevance not only to children and families, but society as a whole.

Research examining the effects of ECEC on infants and children over the last thirty years or so appears to have occurred in several phases. Initially researchers focused on widespread concerns about the adverse effects of ECEC on children’s development. However, as rates of maternal employment increased and more children were placed into non-parental care,

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the focus shifted towards examining the variations in the effects of care depending on different factors such as the child's temperament, family characteristics and service characteristics. Recent research into the effects of ECEC on child development has focused on the mediating role of quality of care which can either impede or enhance child adaptation, adjustment and development.

Attachment and ECEC

Attachment theory has been described in psychology as one of the most relevant developmental constructs ever investigated (Sroufe, Egeland, Carlson, & Collins, 2005). Attachment theory is focused on how young children's early relationships affect their ongoing development. Attachment is a deep and enduring emotional bond that connects one person to another across time and space (Bowlby, 1980a). Attachment does not have to be reciprocal and is unique to each relationship. In children, attachment is characterised by specific behaviours such as proximity seeking, communicative behaviours and contact maintenance to the caregiver when upset or threatened in order to achieve emotional and physical safety. It has been described as a characteristic phenomenon of human infants, as almost all infants are able to attach to a caregiver (Bowlby, 1980b). However, there is variation in the nature of attachment relationships. Depending on the characteristics of the carer's response, the infant will form a specific pattern of attachment. The quality of this attachment relationship will depend on the responsiveness and sensitivity of the carer (Bowlby, 1980a). Young children can also have multiple attachment figures, developing a hierarchy of attachment figures (Benoit, 2004). The most important factor in determining this hierarchy is not the amount of time spent with the child or who provides the tasks of caring, but who interacts with the child and responds sensitively to their needs (Bowlby, 1980a). Overtime, repetitive experiences within early relationships generate what is termed an 'internal working model' (IWM). The IWM is the individual's mental representation of the worthiness of self and the availability of others. The IWM is central to the process of interpreting experiences, learning from the past and guiding and influencing future experiences (Siegal, 1999).

Attachment theory is well supported by a large body of evidence examining the association between early attachment patterns and later outcomes (Raikes & Thompson, 2008). Children with a secure attachment history have a strong developmental foundation, with more positive social and emotional outcomes, including the ability to regulate their emotions, better social competence and a higher sense of self-worth. As all biological systems in the body interact with each other and adapt to the context in which a child is developing, this has significant consequences for long term outcomes including learning, behaviour, and both physical and mental health. Early experiences set the foundation for lifelong learning, behaviour and health. The child that feels safe and secure, is better able to regulate their emotions, and has a sense of self-worth is in a much stronger position to focus their resources on learning and exploring their world (Bowlby, 2008; Phillips & Shonkoff, 2000).

Research examining children's attachment behaviour in day care settings has suggested that carers may be alternative attachment figures for children when their parents are temporarily unavailable (Howes & Spieker, 2018). Evidence suggests that when children enter into ECEC they direct attachment behaviours towards their carer and that these relationships may be of a different quality to the attachment relationship they have with their own parents (Ahnert, Pinquart, & Lamb, 2006).

Effects of non-parental child care

The large body of research examining the effects of formal, non-parental child care on children's development, especially attachment, delivers mixed findings and is at times controversial. Trying to determine the impact of early non-paternal attachment experiences is complex and challenging from a research perspective because of the interplay between developmental change across time, and the openness to multiple environmental influences (Aviezer & Sagi-Schwartz, 2008). The issue itself is also highly emotive. What is clear from the evidence is that the quality of a child's home life and nature of interactions with their primary carer have by far the greatest impact on early development, and that the effects of even high quality ECEC, positive or negative, are modest at best (Australian Institute of Health Welfare, 2015; The Center on the Social Emotional Foundations for Early Learning, 2009). Research suggests that a mother's sensitivity and responsiveness during interactions with her child as well as her capacity to reflect on relationships are the best predictors of the child's overall developmental outcomes, and that ECEC features (such as quality, quantity, age of entry, and type of care) have less influence (Rutter & Azis-Clauson, 2018; The Center on the Social Emotional Foundations for Early Learning, 2009). However, ECEC of high quality, in terms of high quality relationships with carers, has consistently been demonstrated to improve developmental outcomes for children from vulnerable populations (Australian Institute of Health Welfare, 2015; Gialamas, Mittinty, Sawyer, Zubrick, & Lynch, 2015).

Quality of childcare

The importance of high quality ECEC cannot be over-stated with virtually all research indicating that high quality care regardless of setting or provider is associated with more positive outcomes for children compared with low quality care (Gialamas, Mittinty, Sawyer, Zubrick, & Lynch, 2014; Productivity Commission, 2015). It is important to note that the aspect of ECEC quality with the strongest association with improved developmental outcomes is the quality of the caregiving relationship (Gialamas, Mittinty, et al., 2014) (Gialamas, Sawyer, et al., 2014). Studies have also demonstrated that it is not only the quality but rather the frequency of positive caregiving interactions between carer and child that was related to more secure attachment relationships, as well as improved cognitive and social and emotional outcomes (Howes & Spieker, 2018). This finding that children require more frequent positive interactions with their carer is important in the context of staff-child ratios and the amount of time a carer has available to dedicate to each child. Research suggests that children in poor quality care may be exposed to some developmental risk; however, these studies have mostly been done in other countries where the quality of care is quite variable (Rutter & Azis-Clauson, 2018). The Australian ECEC sector is heavily regulated, and most ECEC services provide high levels of care, meeting or exceeding the National Quality Framework (NQF) (Australian Children's Education and Care Quality Authority, 2020b). When considering research findings, it is important to note that the definition of quality varies between studies and needs to be clearly defined. High quality ECEC for the purposes of infant mental health should include frequent, warm, responsive interactions as well as other more measurable factors such as staff-child ratios and group sizes (Howes & Spieker, 2018).

Statement of AAIMH's position on ECEC

The science of early development has clearly established the first few years of a child's life as critical for building the foundations of lifelong learning, behaviour, health and wellbeing (Centre on the Developing Child, 2007). This aligns with the well-established economic rationale for investing in high quality ECEC services, especially those targeting vulnerable children (Heckman, 2011). Approaches to ECEC need to ensure that the developmental needs of young children are prioritised, and prevail over parental and social-economic characteristics, the aims of labour force and income support policies, and other political considerations. This includes providing parents with the opportunity and choice to decide if they want their child to access ECEC or remain solely cared for by the family network. AAIMH considers access to high quality ECEC services designed to meet the individual emotional and developmental needs of every child as a fundamental right of all infants, toddlers and young children, and crucial to maximizing developmental opportunities in the early childhood years.

AAIMH recognizes the value of regulating ECEC services according to standards that mandate that infants' and very young children's psycho-social, mental health and learning needs are met. AAIMH supports the NQF, Early Years Learning Framework (EYLF) and the Australian Children's Education and Care Quality Authority in ensuring that ECEC is regulated (Australian Children's Education and Care Quality Authority, 2020a; Department of Education and Training, 2019). However, AAIMH is concerned that currently 19% of Australian ECEC services do not meet the standards set in the NQF, and advocates that high quality ECEC should be available to all infants and young children irrespective of social or economic standing (Australian Children's Education and Care Quality Authority, 2020b).

AAIMH endorses the concepts of 'belonging', 'being' and 'becoming' as described in the EYLF. These principles respect the infant and young child as an individual, emphasise the importance of warm, responsive relationships and provides for stimulating and developmentally appropriate environments in the ECEC setting. The EYLF recognises carers' relationships with children as central to supporting children's learning, with Outcome 1 being focused on children feeling safe, secure and supported. The framework also rightly recognises parents as the child's first educators (Department of Education and Training, 2019).

ECEC services have a significant role in promoting the mental health of young children in their care. The most salient environmental influence for infants and young children is their care giving relationships. AAIMH strongly supports the NQS Quality Area 5 focus on two related areas: educators developing and maintaining respectful and equitable relationships with each child (Standard 5.1); and educators supporting children to build and maintain sensitive and responsive relationships with other children and adults (Standard 5.2) (Australian Children's Education and Care Quality Authority, 2020a). Interpersonal interactions are the primary source of experiences that shape the architecture of the developing brain. Similar to interactions with parents/primary carers, carers and their working environments are literally shaping the brains, the emotional regulation capacities and current and future physical and mental health of children in their care (Centre on the Developing Child, 2007).

High quality ECEC depends on warm responsive relationships and reciprocal positive interactions between carers and children in the context of a safe and stimulating environment. When children feel safe and secure in their environment, they are better able to devote their time and energies to learning. AAIMH advocates for the application of attachment theory in all aspects of ECEC services. AAIMH encourages the development of secure secondary attachments with carers for children in ECEC to enable children to experience educators as a secure base from which to explore and learn.

AAIMH takes the following position on the issue of attachment and ECEC:

- Children's attachment needs must always be met, monitored and maintained.
- Warm, responsive, care-giving relationships are the foundation of ECEC.
- An individualised approach to the care of children: Attachment theory highlights that not all children will develop a secure attachment to their primary care giver/parent and therefore will not be at the same starting point when they enter ECEC. This is especially true for children from vulnerable populations (The Center on the Social Emotional Foundations for Early Learning, 2009). Attachment theory also highlights that relationships are unique and there is the possibility of modification of styles with new experiences over time. Carers need to be supported to facilitate experiences and engage children in a manner responsive to their individual needs that can promote secure attachment.
- Higher numbers of staff to children than currently mandated by the NQF (1:3 for infants less than twelve months and 1:4 for children aged twelve months to thirty six months) in order to facilitate secure attachment with carers. (American Academy of Pediatrics & American Public Health Association, 2019).
- For very young infants (less than 6 months old) one-to-one care from an appropriately trained carer should be considered.
- Working conditions, training, development and support should be reviewed regularly to reduce staff turn-over and ensure continuity of care.
- Staff should engage in reflective practice and ECEC services should encourage self-awareness and questioning of values and attitudes and examine their processes from the perspectives of the child, the worker and the system itself.

AAIMH considers the following to be essential components of high quality ECEC:

- Services that meet or exceed the standards described in the NQF.
- The ability of carers to establish warm and responsive/sensitive care-giving relationships, evidenced by the number of warm interactions during each session.
- Training and ongoing professional development within infant mental health and attachment theory for all carers and support staff. This includes a strong focus on emotional education, and refining carers' observational skills and facilitating their emotional availability with children in the group setting.
- Supportive working conditions for staff, including appropriate remuneration that recognises the knowledge, skill and responsibility required to deliver high quality ECEC.
- Primary care-giving and continuity of care for children.
- Small group sizes (maximum six infants less than twelve months and maximum eight children aged twelve months to thirty six months) and with optimal ratios as above.

- Engaging with families: When carers get to know the families of children, they get to know the child. This can assist the carer to fit into the child's understanding of the world and develop strategies to meet the child's individual learning and developmental needs.
- Children with special needs, previous trauma or a disability, require care that is respectful and knowledgeable, responsive and understanding of their particular situation and needs (*see an individualised approach above*).

ECEC for children from Indigenous and culturally and linguistically diverse (CALD) backgrounds

While addressing the developmental needs of all children in non-parental care is essential, failure to do so for children from Aboriginal, Torres Strait Islander and different cultural backgrounds carries additional risk. Meeting only the general needs of these children is not enough and ECEC care services and the community at large should work towards enhancing and improving the developmental opportunities available to these children while they are in non-parental care. This should include:

- Valuing their culture and background by including different aspects in daily activities where possible.
- Organising collections of multicultural resources at the service.
- Learning sign language and common phrases.
- Using parents and other family members and support agencies as cultural facilitators and interpreters.
- Employing bilingual staff.
- Supporting all children in understanding and acceptance of diversity.
- Developing links with communities in their area.
- Recognising, understanding and supporting the unique position Indigenous people and children have in Australian society.

AAIMH advocates for the development of specially staffed ECEC services in areas of disadvantage where support for parents in parenting, health and social issues can be integrated. AAIMH advocates for investment in Australian longitudinal research into the effects of non-parental child care on the development of children aged birth to three years old. Aboriginal children and children from different cultural backgrounds, especially refugee children, require additional attention.

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