

Australian Association for Infant Mental Health Inc.



Affiliated with
WORLD ASSOCIATION FOR
INFANT MENTAL HEALTH

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The Childcare Inquiry
Productivity Commission
GPO Box 1428
Canberra City ACT 2600

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Australian Association for Infant Mental Health Submission to the Childcare Inquiry.

The Australian Association for Infant Mental Health (AAIMHI) is a national organisation of professionals who work in the early childhood health, education and development fields. Our aims include:

- to improve professional and public recognition that infancy is a critical period in psycho-social development
- to provide access to the latest research findings and observations on development in infancy
- to facilitate the integration of such findings into clinical practice and community life
- to work for the improvement of the mental health and development of all infants and families by provision of educational programs and otherwise
- to provide where possible reports and submissions to governments, other authorities, organisations and individuals on matters relating to infant and family health and welfare.

This AAIMHI submission, while recognising the other relevant interests to the Inquiry, focuses on the needs and wellbeing of infants and children under three years of age, and is based on the best available peer reviewed current research. While there are many generalised statements about the benefits of various forms of care for children, high quality research, especially longitudinal research, is sparse. Our submission has concentrated on using strong, reliable evidence.

In the last twenty years, there has been an upsurge of research into:

- what is important to the health and wellbeing of infants
- the importance of the early years to the ongoing health and development of infants
- the importance of infancy in building foundations for people to live fulfilling personal lives and to make effective contributions to their community through education, employment and their mental and social health¹.

Our submission is based on research findings in these areas because we believe the outcomes of this inquiry can make significant differences to the lives of Australian children and to the wider community.

What matters in young children's lives – what the research says.

What happens in pregnancy and the early years of a child's life has a profound impact on the rest of his or her life and can lead to the difference between educational success or failure, employment or unemployment, social responsibility or criminality, mental health or mental illness.

- “.....Parenting is critical to children's experience of early years and their life chances. The biggest influence on children's outcomes is from primary caregivers...”ⁱⁱ (Many parents of infants are unaware of the influence on development of their parenting and relationships with their infants.)
- Secure attachment relationships which are built in the early months are fundamental to children's education as well as ongoing health and wellbeingⁱⁱⁱ.
- Warm, responsive, encouraging relationships between main carers and children are crucial. “So, although children are very self-motivated, from infancy the drive for learning is inside the child, the richness of the learning that takes place is very much in the context of relationships with other people”^{iv}.
- Early childhood educators need infant mental health included in training and opportunities for reflection and mentoring in the workplace in order to support their own capacity for positive, encouraging relationships with the infants and young children in their care^{v vi}
- Learning and development can be impeded by factors including stress; lack of responsive, predictable, warm relationships; poverty, impoverished environment, poor quality childcare; poor parenting practices; birth injury and low birth weight. ^{vii viii}
- Overseas research shows that children under three years of age, even in high quality centre based long daycare show raised cortisol levels (which signify stress)^{ix}. With poor quality care some studies show even higher cortisol levels. Australian research is limited and so far there are no published studies investigating cortisol levels in children under three years but it has been found that for children over three years of age stress levels are related to the quality of the care^x. Poor quality care can lead to detrimental effects on children's learning and to behaviour and other problems^{xi}. (It should be noted that quality of care is differently defined in different reports).
- While there is little research into what makes a difference to outcomes for children who are born into unsupportive circumstances e.g poverty, health problems, unsupportive homes, there have been three well evaluated programs (results of which are often generalised) which have been shown to make long term differences to educational, employment and social outcomes for these children as well as significant economic benefits to the community as well. These programs are^{xii}:
 - The Carolina Abecedarian Project
 - Chicago Child-Parent Centers
 - High/ Scope Perry Preschool Project

It is important to note that all of these programs involved working with parents

as well as children and to our knowledge Australia does not have programs suitably staffed or based on any of these models.

Note: Although it is probably outside the scope of this inquiry, there is also at least one nurse based family home visiting program for children from birth to two which has shown similar long term outcomes for disadvantaged children and linked with a service such as these could provide the best opportunities for these children.

AAIMHI believes that these issues should be given the highest importance in planning services for children in the early years.

Recommendations:

1. High quality research-based information on what factors support children's early development should be promoted through the media and in the community on an ongoing basis by government, in order to give parents the tools and knowledge to provide the best foundation and make the best choices that they can for their children.
2. Paid parental leave and subsidies for parents who leave the workforce to care for their children be given high priority on the basis of importance to children's development, wellbeing and learning in the first three years.
3. Working parents are given means tested support to make the choices that they believe will benefit their children best, e.g. one-to-one care in the home such as nannies or in-home family day care for infants and very young children as with centre based care and family day care.
4. Crucial qualities for caring for infants including safety, responsiveness, warmth and understanding of infant mental health are prioritised in training for all early childhood professionals. Some of the basic requirements for infant development are assumed and taken for granted but need to be included in training e.g. responding to infants' cues, frequent holding and positive touching, attunement to infants' needs.
5. The ability to provide high quality care on a daily basis can be stressful and staff do better with mentoring/professional support in the field, either through mentoring within their service or in partnership with a relevant community agency. We believe provision for this should be an expectation of services.
6. We support the work of the National Quality Standards in improving care and education services for children and especially recommend that centre based care must include:
 - very low staff child ratios (ideally 1:2 for babies under one year),
 - continuity of care e.g. primary caregiver to facilitate a safe and supportive experience for infants and working conditions that mitigate against frequent staff changes,
 - staff trained and supported in understanding infants' needs and with a major focus on warm, responsive care,
 - an environment that is healthy, and offers opportunities for exploration

- and play.
7. Family day care workers and nannies be regulated in the areas of safety and nurture requirements. Infants and young children learn through relationships with caring others and do not necessarily require child care workers and nannies to provide formal learning environments. The home based environment and day to day activities and play offer comprehensive learning opportunities for infants and very young children.
 8. Consideration to be given for grandparents and extended family who are caring for infants and young children by providing them with support for this kind of care, which is often in the young child's best interests.
 9. Play based learning centres (preschool), apart from long day care, be available and affordable nationally for children from three years on, who are being cared for at home. (Centre based child care services should provide suitable social and learning preschool experiences).
 10. Services be provided in each State for children with disadvantages, based on the best available evidence and evaluated with the aim of making them widely available for the benefit of the children concerned and the economic benefit to the community.
 11. Staff in centre based care should have specialised training in understanding about working with Aboriginal and Torres Strait Islander infants and young children and families as well as other infants and young children from culturally diverse backgrounds.

We refer you also to the Position Statement on child care on our website www.aaimhi.org and would welcome the opportunity to provide further information on any of the above issues.

Anna Huber
National President
Australian Association for Infant Mental Health Inc
and the National Committee.

ⁱ Shonkoff, J. & Phillips, D. (Eds.). (2000). *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Committee on Integrating the Science of Early Childhood Development, National Research Council and Institute of Medicine. Washington, DC: National Academy Press.

ⁱⁱ Marmot, M. (2010) *Fair society, healthy lives: Strategic review of health inequalities in England post-2010*. <http://www.marmotreview.org>

ⁱⁱⁱ Howes C and Spieker S (2008). Attachment relationships in the context of multiple caregivers. In: J. Cassidy & P. R. Shaver (Eds.), *Handbook of Attachment : Theory , Research and Clinical Applications* (pp. 317-332). New York: Guilford.

^{iv} Op cit. Shonkoff et al.

^v Virmani, E. et al (2013) Early childhood mental health consultation: promoting change in The quality of teacher–child interactions. *Infant Mental Health Journal*, Vol. 34(2), 156–172 (2013)

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- ^{vi} Thomson, C. valentine, k., Mullan, K., Longden, T. and Harrison, L. (2010), *Partnerships in early childhood program*, SPRC Report 7/10, prepared for The Benevolent Society, submitted June 2008, published November 2010.
- ^{vii} National Scientific Council on the Developing Child (2005). *Excessive Stress Disrupts the Architecture of the Developing Brain: Working Paper No. 3*. Retrieved from www.developingchild.harvard.edu
- ^{viii} Alexander, R. et al (2009) Children, their world, their education: Final Report and Recommendations of the Cambridge Primary Review. Abingdon: Oxford.
- ^{ix} Gunnar, M. et al. (2010) The Rise in Cortisol in Family Daycare: Associations With Aspects of Care Quality, Child Behavior, and Child Sex. *Child Development*. 81 (3): 851-869
- ^x Sims M, Guilfoyle A, and Parry T 2005 What children's cortisol levels tell us about quality in childcare centres *Australian Journal of Early Childhood* 30: 29-39
- ^{xi} Huffman et al (2000) Off to a good start: Research on the risk factors for academic and behavioural problems at the beginning of school and selected federal policies affecting children's social and emotional development and their readiness for school. Chapel Hill: University of North Carolina, Child Development Center
- ^{xii} *Early Childhood Interventions: Proven Results, Future Promise*, Lynn A. Karoly, M. Rebecca Kilburn, Jill S. Cannon, RAND/MG-341-PNC, 2005, 160 pp., ISBN 0-8330-3836-2,I