

Australian Association for Infant Mental Health Inc.



Affiliated with
WORLD ASSOCIATION FOR
INFANT MENTAL HEALTH

PO Box 39
Double Bay NSW 1360
ABN 93 045 030 281
www.aimhi.org

Ms Joan ten Brummelaar
National Early Childhood Development Steering Committee Secretariat
Department of Education, Employment and Workplace Relations
(L1, 17 Mort St – C17MT1)
GPO Box 9880
CANBERRA CITY ACT 2601

Friday, 21 August 2009

Dear Ms Brummelaar

The Australian Association for Infant Mental Health appreciates the work that the Government has done to improve conditions for infants and young children in out of home services and appreciates the opportunity to present a submission about the new Regulation Impact Statement.

We strongly support the move to better conditions for children and a Commonwealth wide approach to improved consistency of quality. While recognising the difficulties in implementing changes in such a complex area we believe that it is important to keep the wellbeing of children at the forefront of decision making and it is from this point of view that we make our submission.

The context

The community context for early childhood care is the need or wish for both parents in families to work in places where children cannot be with them. When the paid parental leave provisions come into being it may mean that many parents will no longer need child care in the very early months of life. If less young babies are using long day care services it should ease the financial burden of providing appropriate care for babies.

The context for implementation, of course, includes resource, training and industrial issues and must include the growing body of knowledge about what infants and young children need for healthy development in all spheres.

Therefore we believe that the implementation of regulations to ensure this are crucial to the wellbeing of Australian children and families.

What the research says

Research about what infants and young children need

Secure attachment relationships are one of the most important foundations for future development and is totally dependent on appropriate relationships. US National Institute of Child Health and Development (NICHD) data shows that the quality of care-giving is the strongest predictor of the pattern of attachment to the care-giver¹.

In order to develop secure attachments infants require care that typically has the following ²:

- care givers who are predictable, sensitive and responsive to infant signals.
- caregivers who provide provide an interesting but non-intrusive environments related to babies' needs.
- caregivers who understand babies' cues and responses and who encourage reciprocal interactions
- caregivers who understand can deliver relationship based caretaking.
- caregivers who follow the infant's lead in establishing and developing caregiving routines.

Current research also suggests that reflective capacity in the parent or caregiver i.e. the ability of the carer to hold the baby and his mental states in mind, "to understand behaviour in the light of both the baby's and their own mental states and intentions" plays a crucial role in the development of secure attachments³.

Brain development

"The neural systems responsible for mediating our cognitive, emotional, social and physiological functioning develop in childhood and, therefore, childhood experiences play a major role in shaping the functional capacity of these systems. When the necessary experiences are not provided at the optimal times, these neural systems do not develop in optimal ways"⁴. Dr Bruce Perry a world leader in study of child trauma emphasises the importance of responsive care and touch for babies, and the fact that the younger the child the more impact experiences have on the developing brain.

¹ Friedman, S.L & Boyle D.E (2008) "Attachment in US children experiencing non-maternal care in the early 1990s" in Attachment & Human Development, 10(3), 225-261

² National Network for Child Care - NNCC. Riley, D. (1993). Helping to form a secure attachment. In Todd, C.M. (Ed.), **Day care center connections**, 2(5), pp. 3-4. Urbana-Champaign, IL: University of Illinois Cooperative Extension Service

³ Slade, Arietta (2005) "Parental reflective functioning: an introduction" in Attachment and Human Development, 7(3): pp 269-281

⁴ Perry, Bruce (2002) "Childhood Experience and the Expression of Genetic Potential: What Childhood Neglect Tells Us About Nature and Nurture" in Brain and Mind 3: 79-100

Research about children in long day care

While research into the impact of long day care on children is continually growing, long term evidence is sparse and much of the research is unclear because of differences in research and contextual factors. Longitudinal Australian research is particularly lacking and differences between care standards as well as cultural differences in different countries affect extrapolation from other research.

However, because the care of infants is so important to their future development as well as present wellbeing, and because they are unable to advocate for themselves, it is essential that the care regulations and practices use the best available evidence to provide the environments and relationships they need, while we continue to research conditions and outcomes for Australian children. We would like to emphasise that the younger the child the more important it is that we get the best possible care conditions for them because the younger the child, and especially infants and pre-verbal children, the greater the impact of positive or negative experiences.

The following points come from international research into effects of long day care on infants and young children. Our comments in italics.

“In the day care setting several studies have demonstrated that it is the frequency of positive care-giving that was related to more secure attachment relationships”⁵. Higher frequencies of positive care giving is associated with more secure attachments.

Higher frequencies of positive care giving require low staff child ratios and warm and affectionate care giving.

Recent studies of the concentrations of the stress hormone, cortisol, in young children in long day care show that the stress hormone in infants and toddlers in child care rises throughout the day compared with children who remain at home, even in high quality care for infants and toddlers. The research also showed that children were less stressed during times such as nap times when they did not have to interact with other children.⁶ The long term effects, if any, of continually raised stress hormones in child care are only starting to be studied. However one very recently published paper has found associations between time in long day care and cortisol levels in adolescence related to antisocial behaviour⁷. In view of this it seems wise to take actions to reduce, as far as possible, stress for children in long day care. Some preliminary cortisol studies have taken place in Australia, but not yet with children under three years of age. What this research does show is that quality of care,

⁵ Australian Association for Infant Mental Health (2009) AAIMHI Research Paper on childcare, Unpublished paper.

⁶ Watamura, Sarah et al. (2003) “Morning to afternoon increases in cortisol concentrations for infants and toddlers at child care: age differences and behavioural correlates: in Child Development, 74(4) pp 1006-1020

⁷ Roisman, Glenn et al (2009) “Early family and child-care antecedents of awakening cortisol levels in adolescence” in Child Development, 80 (3)

based in positive, responsive relationships is related to lower stress levels in older children.⁸

This research highlights the importance of warm, responsive relationships only possible with low staff child ratios, staff who are able to like and be warm to the children they care for and who have appropriate training to help them understand the childrens' needs. It also points to the need for smaller group sizes so that there are less other children to have to relate to (also potentially related to cortisol levels), as well as more chance of adult support and nurture.

Other studies in Australia and internationally have shown that higher quality care is positively related to child behaviour and characteristics (Langlois et al).⁹ This paper notes that different children show different responses to long day care and that children with emotional regulatory and sensory processing difficulties may experience child care as challenging, whereas children without these difficulties may experience child care as enriching.

Again this highlights the need for staff training, low staff child ratios and group sizes and staff sensitivity to be able to respond to differing child needs.

Response to the Regulation Impact Statement

In response to the Regulation Impact Statement the Australian Association for Infant Mental Health would like to make the following points in our submission. Our submission relates to children under three years of age, when care giving environments have the greatest impact on children's development and well being.

- In view of the above research it is clear that changes in regulations need to be made because the current regulations are not good enough for children in terms of staff child ratios, group size and staff qualifications and qualities.
- We would also urge that changes be made now, not by 2015 or 2020 because children are in long day care now, and will be in all those intervening years. If it is not right for future children, it is not right for today's children.
- We recommend mandatory staff child ratios of 1:3 for babies under one year of age, with an optimal ratio of 1:2. It is not possible for one staff member to give 3 babies the quality of responsive care and interaction they need throughout the day. One year olds should have a staff child ratio of 1:4. These ratios should be for teaching/caring staff working with the children, not all staff on the premises.
- It is important to provide infants and toddlers in the child care setting with a primary caregiver with whom they can develop a secure attachment relationship and who can be with them for the first three years of their child care experience. There should also be a small

⁸ Sims, M., Guilfoyle, A., & Parry, T. (2005). What cortisol levels tell us about quality in childcare centres. *Australian Journal of Early Childhood*, 30(2), 29 - 39.

⁹ Langlois, Judith and Liben, Lynn (2003) Child Care Research: an editorial perspective *Child Development* 74(4)

number of other carers with whom the infant can feel supported and safe to assist with shift changes, holidays etc.

- We support the need for children in long day care to have university qualified staff managing their care. We do not believe that most current university teaching courses have the required content for adequate knowledge of young infants and toddlers and we recommend that courses be assessed for this. Curricula must include strong components of psycho social development and infant mental health. Staff trained in previous university early childhood education degrees which did not usually have any emphasis on infancy should be offered bridging courses in this area. For example, observation of child care professionals shows that intentional teaching of infants can become intrusive rather than responsive and hence not be in the interests of the developing child. There are only two Australian university courses that focus specifically on the needs of infants and these are both postgraduate courses. Undergraduate courses have smatterings of infant mental health curricula throughout, the amount and quality depending on which profession is doing the teaching, yet the psychosocial needs of infants are the foundation of successful learning.
- The ability to relate warmly to children and to reflect on one's own experience and state of mind are also pivotal to the effective education and care of young children. Reflective practice can be taught, warmth and empathy are essential personal qualities for this work. We recommend that staff who are going to work with infants and young children do practicums as part of their training where their capacity to develop warm relationships with children and to reflect on their own experience and practice is observed and is part of assessment.
- Family Day Care has not had adequate research to relate comments to research but we recommend that the number of infants under one year of age in Family Day Care be no more than two and that Family Day care workers have training in understanding young children's emotional and developmental needs.
- We also recommend that special consideration be given to services where there are Aboriginal and Torres Strait Island or CALD children and that staff be given special training in understanding the needs of these children and staff resources to make links with the appropriate communities¹⁰.

Regarding the Draft National Quality and Standard Rating Framework

We recommend that the National Quality Standard which should be the basis for all children includes:

Relationships and interactions within the service.

- Strong and warm, respectful and equitable relationships between adults and children as standard practice.
- Children are supported to develop high levels of social competence.

¹⁰ Op Cit Australian Association for Infant Mental Health.

- Staff have regular mentoring and reflection on their practice and relationships.
- Each child's behaviour, interactions and relationships are responded to appropriately and guided effectively
- Educators, community and staff communicate effectively to promote respect and professionalism.
- The service works in partnership with parents.
- Special attention is paid to times when children have to negotiate changes such as starting child care, staff changes etc. and they are given appropriate preparation and emotional support.

Excellence could be related to particular areas of specialisation within a service.

We also recommend that assessors of regulations and quality in child care have training/qualifications which equip them to assess the care from a health, educational and infant mental health perspective.

Once again we thank you for the opportunity to respond to the Regulations. We believe that they can be the basis of a better society in the way we treat children, and we will be happy to assist further in any way that we can.

Yours faithfully

Pam Linke AM
National President
Australian Association for Infant Mental Health.