

ROYAL COMMISSION INTO EARLY CHILDHOOD EDUCATION & CARE ROUND TWO SUBMISSION

The Australian Association of Infant Mental Health (AAIMH) is a national organisation of professionals from fields including education, health and child protection who work with infants, young children, and their families. Our membership is multidisciplinary and working in a range of contexts and at different levels of intervention, research, education and community building across government, non-government organisations and the private sector. We work collaboratively towards improving professional and community recognition that infancy and early childhood is a critical time for the development of emotional, physical, and mental health.

AAIMH is affiliated with the World Association for Infant Mental Health (WAIMH) and contributes to international developments and initiatives. WAIMH promotes the mental wellbeing and healthy development of infants 0-3 throughout the world, advocating for best practice in Infant mental health and in systems that give care to children and their families.

Infant mental health or **early relational health** refers to the understanding that positive, nurturing and stimulating relationships from the beginning of life form the foundation for lifelong learning, physical and mental health. Healthy foundational relationships underlie healthy brain development, and serve as the basis for an individual's cognitive, social, emotional, physical, and behavioural development across the lifespan. Early relational health therefore lies at the heart of child health, learning and wellbeing.

The First Thousand Days refers to earliest stage of human development from conception into an infant's third year. It is the period of most rapid brain development and is highly significant for future health and developmental outcomes.

This submission seeks to highlight relational health as the most essential ingredient for building long term health and wellbeing in infants from conception into their third year across families, communities and in formal settings.

PURPOSE AND AIMS

What is the core purpose of early childhood education and care for 0-3 year old children?

Ensuring that every system of care including families, communities and formal settings are focused on every infant from the beginning of life having every chance to reach their full potential. Universal support of this core purpose calls for a revised and coherent framework that includes an updated philosophy, evidence-based principles, shared values, and collaborative systems which take a broad and inclusive view of early childhood education and care, and extend beyond current concepts of centre-based care.

A large and growing body of research in the field of neuroscience provides consistent evidence that safe, predictable, nurturing, trusting and sensitively attuned caregiving relationships in the first 1000 days lay the foundation for life-long health, development, wellbeing, and learning. It is therefore crucial that relational health is the primary underpinning principle informing all levels of planning and service delivery for parents, families, and early caregivers.

An essential key finding of The First 1000 Days Report states (that) “When infants do not feel safe, calm or protected, the child’s brain places an emphasis on developing neuronal pathways that are associated with survival, before those that are essential to future learning and growth.” (1) The quality of early parent/carer-infant interactions are known to affect both brain structure and function.

The First Thousand Days-An Evidence Paper (September 2017) presents a comprehensive summary of the body of evidence which highlight the profound effect of experience from conception to the end of the infant’s second year, including life-long consequences for health and wellbeing. (2)

What are the secondary, but still important, purposes of ECEC for 0-3 year-old children?

- Every infant is entitled to live and grow within a family and community of safe, supportive, and positive relationships.
- Every infant deserves equitable access to resources and services which are tailored to the specific needs of each family within that community, acknowledge culture and diversity, and build community capacity.
- Every infant is entitled to be valued equally regarding their potential.

Structural inequities affecting health, wellbeing, and the opportunities for healthy relationships (such as poverty, lack of affordable housing, discrimination and marginalisation, unemployment and social inequality, the causes and effects of family and domestic violence) need urgent and vigorous redress through co-ordinated cross-sector effort.

Miller et al highlight need for the systems and sectors within which Infants children and caregivers are embedded to work together. They propose “a model of cross-system and cross-sector relational health to promote early childhood development across a child-serving eco-system”, pointing out that many systems remain siloed and lack co-ordination. They suggest ways to promote collaboration across systems and services fostering broad relational health, including cross-sector training and psycho-education in the science of early childhood development as a template for promoting child health and wellbeing, particularly in the context of adversity. (3)

What is, or should be, the role of ECEC be in redressing disadvantage (if any)?

Formal ECEC systems have an ethical imperative to redress disadvantage through recognising the impact of the social determinants of health, marginalisation and racism, adverse childhood experiences and the resulting intergenerational disadvantage.

Redressing the systemic causes of disadvantage acts to remove barriers preventing families, caregivers, and communities from providing sustained high-quality care to the youngest and most vulnerable members of our communities.

It is essential that all systems have a place in ECEC, ie it is not left to the domain of the formal education system. ECEC is “everybody’s business”.

What supports do parents and caregivers need from ECEC service providers in the first 1000 days of a child’s life (including during pregnancy)?

To comprehensively support the relational, emotional, social, and developmental needs of infants to ensure a positive developmental trajectory, infants must be placed at the centre of an integrated system of service provision which supports the relational nature of every learning environment in which they participate. This

reorientation challenges the current “service provider” model which often fails to recognize the central and fundamental importance of healthy relationships.

We recognize parents and families as the first primary caregivers and educators in an infant’s life; families and caregivers are entitled to support, education, and resourcing to provide safe, informed and developmentally appropriate environments which foster positive learning relationships within and outside the family.

More specifically, parents and caregivers should be provided with:

- recognition as the infant’s first and primary educators and life teachers
- options for self-referral to formal ECEC systems where timely and appropriate access to information, advice and practical support are provided.
- access to appropriate education and support in relation to:
 - infant needs across developmental domains
 - the importance of self-regulation
 - practical support in learning how to love their baby, where parents have not experienced positive parenting as children.

Ideally all services work together with a common understanding of the need to support the growth of the infant in the parent’s mind, beginning from conception.

What services could be co-located or integrated for families of children 0-3 years of age within ECEC settings (including during pregnancy)

Integrated models of community care could include the following services:

- GP clinics
- Midwifery led antenatal clinics
- Child and family health clinicians
- Allied health clinicians
- Family support workers
- Women’s health and domestic violence services
- Service navigators
- Financial counselling
- Housing support services
- Centrelink and Medicare
- Childcare
- Mental health (adult and child & adolescent) outreach services
- Drug and alcohol services
- Foodbanks
- Adult Education

The provision of safe, culturally sensitive services promotes positive help-seeking experiences.

Fraser Mustard’s Children’s Centre Model has provided a blueprint for integrated services ([4](#))

(How) should government incentivise ECEC services to provide more than simply education and care for children 0-3 years of age?

Rather than ‘incentivise’ we support re-thinking policy including an overall values approach in order to create a system centred around the needs of the infant and family.

The UN Conventions on the Rights of the Child state that every child has a right to a family, to feel safe, and to have an education.

“When adults make decisions, they should think about how their decisions will affect children. All adults should do what is best for children. Governments should make sure children are protected and looked after by their parents, or by other people when this is needed. Governments should make sure that people and places responsible for looking after children, are doing a good job” (No.3)

“Whenever possible, children should know their parents and be looked after by them” (no. 7)

This approach requires innovation and the allocation of resources which will

- build family and community capacity and capability
- support services lead by multi-disciplinary teams with knowledge and skills in early relational health
- support the co-located delivery of services

QUALITY

What does high-quality ECEC service provision for children 0-3 years deliver?

- Services that are responsive to the needs of each family and the community in which they live
- Services that value and give priority to the lived experience of families and communities.
- Services that work with families and children provide appropriate and timely support that aims for children be cared for within their family.

The Harvard Centre for the Developing Child have extensively researched and identified the elements of innovative evidence informed programs that can improve a wide range of outcomes for children with continued impact into the adult years. Effective interventions are grounded in neuroscience and child development research and guided by evidence regarding what works for what purpose. (5)

Optimal programs:

- build supportive relationships and stimulating environments
- address specific developmental challenges
- protect infants from the effects of adversity and the damage that results from chronic stress by providing stable protective relationships.

Five key characteristics of Infant/early childhood programs consistently associated with positive outcomes across a range of ages and interventions and describing current best practice have been identified:

- Help adults—parents, teachers, childcare staff— to strengthen their knowledge and skills in early relational health so they can support the healthy development of the infants in their care.
- Tailor interventions to address sources of significant stress for families, such as homelessness, violence, poverty, marginalisation, parental depression, and other mental health issues.
- Support the health and nutrition of mothers before, during, and after pregnancy.
- Support the nutritional needs of infants
- Improve the quality of the broader caregiving environment and increase economically disadvantaged families’ access to higher-quality care.

- Establish clearly defined goals and implement a curriculum or intervention plan that is designed to achieve those goals.

The well-documented long-term impacts of flagship programs include higher educational attainment, fewer unplanned pregnancies, increased economic productivity, and reduced criminal behaviour. (6)

More specifically, a high-quality infant-centred environment:

- Promotes consistent and safe foundational relationships between infants and parents/caregivers.
- Parents/caregivers feel safe and supported.
- Infants are understood as having a mind and being sensitive to and impacted by their environment.
- Is informed about each infant's family, social and cultural context and circumstances.
- Provides stimulating, language rich, developmentally informed, relationship-based opportunities for learning through age-appropriate play from the beginning of life.
- Is trauma informed (the understanding that trauma adversely impacts an infant's ability to manage stress, regulate their emotions and engage in relationships)
- Provides flexible programs which can be tailored according to need; individual differences are considered.
- Allocates staff resources based on need; staff ratios are based on family needs and consider levels of complexity.
- Ensures appropriate remuneration for staff commensurate with training, skills, and experience.
- Ensures access to high quality training for workers which incorporates early relational health, understanding the effects of adverse childhood events and trauma on health and development.
- Is funded based on individual and community need, including funding the staff training required to work with complexity.
- Ensures access to and funding for regular reflective supervision and professional development for ECEC workers.

What are the markers of optimal program delivery?

(How) does quality differ for different cohorts of children? How it is achieved differs for different cohorts and communities of children – vulnerabilities, characteristics, location.

Truly universal services provide high quality services tailored to the needs of the community they serve, with highest priority given to infants and families living with the highest levels of adversity. Principles of equity rather than equality should inform service development in partnership with communities and other early childhood services. Families with the highest need are often overrepresented among those who miss out.

Where is innovation happening in programming and service delivery? What does that look like?

The Birthing on Country service model for First Nation Australians is one recent example of high-quality innovation in service delivery (7)

How can ECEC service providers include parents and caregivers in education and information to support wellbeing and attachment in early years?

Participation

There are multiple barriers contributing to families accessing support in the first 1000 days of a child's life.

- Systemic issues between state and federally funded programs, for example competing priorities
- Poorly linked and connected services
- Lack of accessible co-located family-friendly services
- Activity testing as a requirement for access
- Workforce issues related to training and retaining suitably qualified staff with training and skills in early relational health.

We support the adoption of the Children's Centre Model in addition to:

- Working in partnership with and supporting parents and caregivers
- Working in partnership with child health and welfare services
- Providing outreach and home visiting support
- Working closely with Department Child Protection (DCP) to respond promptly and provide appropriate supports following child protection notifications.
- Providing specialist and targeted support services including parenting support, child focused case work and child focused therapeutic services to women and their infants who are clients of Family Domestic Violence and Homelessness services.
- Providing appropriate early parenting support for parents in pre-release or recently released from Correctional Services.

Workforce

The development and retention of a workforce skilled in early relational health is critical for success. Across all agencies and programs, a workforce that is appropriately skilled, trained, and compensated is a major contributor to achieving the best possible infant and family outcomes. Ongoing investment in workforce skills and professional development is essential for program improvement.

Competencies and workforce issues

- Staff are trained in early relational health
- Have a high level of reflective capacity (understanding both one's own and others' feelings, desires, wishes, goals, and attitudes)
- Understand the impact of trauma on infants, families, communities, and workers including self
- Incentives are needed to encourage potential workers to the sector – appropriate remuneration and working conditions
- Develop career pathways, promote higher career status and opportunities for professional development
- Workers well supervised within a framework of reflective supervision. [\(8\)](#)

The Australian Mental Health Productivity Commission Report (2020) recommended "strengthening skills and workforce of early childhood educators to meet the needs of children's 0-3 social and emotional development" [\(9\)](#)

Examples of research and programmes to strengthen the skills of educators have been conducted in ECEC centres by Peter Elfer (2015) in the UK [\(10\)](#), Dr Robyn Dolby (2021) [\(11\)](#), Dr Belinda Friezer (2023) and A. O'Donnell (2022) in Australia [\(12\)](#)

DELIVERY AND ADMINISTRATION

- We advocate for the provision of free/affordable parent education which includes dyadic parenting programs.
- Parents should be acknowledged as making a major contribution to the social and economic fabric through the unpaid work of parenting. We strongly counter the narrative that parents are “Workers in Waiting”. (13)

SUMMARY

The Royal Commission into Early Childhood Education & Care offers a unique and timely opportunity to make recommendations and address the systemic issues underlying the inequalities and poor outcomes for many South Australian infants in the First 1000 Days. We have the opportunity to put into practice five decades of solid evidence-based research into child and infant development, neuroscience and education and to re-think the way in which Infant, family and early childhood services are delivered. (9)

This submission urges the adoption of policies incorporating:

- relational health as the fundamental building block of educational success
- redress of structural inequalities and incorporation of the social determinants of health in program design
- collaborative partnerships across systems and sectors working with infants and families
- support for workforce development and retention

AAIMH would welcome the opportunity to answer queries or consult further regarding our submission. As an organization we are well placed to offer high level expertise in early relational health and learning.

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On behalf of
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