

ROYAL COMMISSION INTO EARLY CHILDHOOD EDUCATION & CARE ROUND 1 SUBMISSION

The Australian Association of Infant Mental Health (AIMH) 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, NGO's 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.

AIMH is affiliated with the World Association for Infant Mental Health (WAIMH) and contributes to international developments and initiatives.

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 to the end of an infant's second year. It is the period of most rapid brain development and is highly significant for future health and developmental outcomes.

An essential key finding of The First 1000 Days Report states (that) "When children 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." [\(1\)](#)

This submission seeks to highlight relational health as the fundamental building block of educational success and to consider relational health in all levels of design and delivery of high-quality early childhood and preschool services.

PURPOSE AND AIMS

What should every 3-year-old child in SA be entitled to in terms of early learning?

Every infant and young child is entitled to live and grow within a community of safe, supportive and positive relationships. We recognize parents, families and caregivers as infants' first teachers; 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.

Every child deserves equitable access to resources and services which are tailored to the specific needs of each community, acknowledge culture and diversity, and build community capacity. Every child is entitled to be valued equally with regard to 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) need urgent and vigorous redress through co-ordinated cross-sector effort.

Miller et al highlight need for the systems and sectors within which 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. [\(2\)](#)

What should be the central aim of 3-year-old preschool? What are important but secondary aims?

Central aim: that every child be given the opportunity to build and sustain the capacities and skills for ongoing relational health, wellbeing, social and academic learning through

- Play-based, language rich, relationship focused programs which support healthy brain growth and development
- Targeted, trauma informed relationship focused programs for children facing adversity
- Working in partnership with and supporting parents and caregivers
- Working in partnership with child health and welfare services

Secondary aims: Promote school readiness (capacity for emotional self-regulation, sustained attention, play skills and social skills). Strategies designed to target central aims will also support secondary aims.

DEFINING KEY TERMS

What does universal preschool look like?

Truly universal services provide high quality services tailored to the needs of the community they serve, with highest priority given to children 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. Children with the highest need are often overrepresented among those who miss out.

How should 3-year-old preschool differ to 4-year-old preschool?

Pre-school programs are informed by and sensitive to the individual needs of the child in each developmental domain – attention and emotional regulation, speech and language development, gross and fine motor development, play skills, socialisation skills, and activities of daily living including dressing, eating, and toileting.

Four-year-old preschool programs focus more on school readiness – focused attention, co-operative play skills, supporting initiative and increasing independence.

QUALITY AND INNOVATION

What does high-quality 3-year-old early learning look like? What are the markers of optimal program delivery?

The Harvard Centre for the Developing Child have extensively researched and identified the elements of innovative 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. [\(3\)](#)

Optimal programs:

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

Five key characteristics of 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, child care staff— to strengthen their skills so they can support the healthy development of the children in their care.
- Tailor interventions to address sources of significant stress for families, such as homelessness, violence, children’s special needs, or parental depression.
- Support the health and nutrition of children and mothers before, during, and after pregnancy.
- 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. [\(4\)](#)

More specifically, a high- quality early learning environment:

- Provides consistent and safe foundational relationships between children, teachers and other staff. Children feel safe and supported.
- Is informed about each child’s family, social and cultural context and circumstances.
- Provides stimulating, language rich, developmentally informed, relationship-based opportunities for learning through play.
- Is Trauma informed (the understanding that trauma adversely impacts a child’s ability to manage stress, regulate their emotions and engage in relationships); teachers understand the variability of trauma presentation and are trained, competent and confident in managing challenging behaviour.
- Provides flexible programs which can be tailored according to need; individual differences are taken into account.
- Allocates staff resources based on need; staff to child ratios are based on child needs and take into account levels of complexity.
- Provides assurance that no child will be excluded from pre-school
- Supports empathic relationships and healthy interactions between children including relationship repair.
- Ensures appropriate remuneration for staff commensurate with training, skills and experience.
- Ensures access to high quality training for teachers and staff which incorporates early relational health, understanding the effects of adverse childhood events and trauma on health and learning.

- Is funded on the basis of 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.

What does high quality look like in terms of time spent in preschool?

High quality early education is measured in terms of the factors listed above rather than the length of time spent in care. The optimal time spent in care will vary according to a child and family's circumstances and need.

Innovation

Goodstart Early Learning have developed and evaluated Intensive Emotional Support Plans (IIESP), a program providing intensive targeted support to vulnerable pre-school children. The program demonstrates best practice in early childhood education. [\(5\)](#)

WORKFORCE

The development and retention of a skilled early childhood workforce 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 child and family outcomes. Ongoing investment in workforce skills and professional development is essential for program improvement.

Essential competencies

- 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 children, communities, and workers including self

Workforce issues

- Incentives are needed to encourage potential workers to industry – 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. [\(6\)](#)

Finland has gained a reputation for having one of the best education systems in the world. A well-educated work force is recognized as one of the factors contributing to its success. [\(7\)](#)

DELIVERY AND ADMINISTRATION

- No family should be penalised for their choice in accessing the public or private education system
- We advocate for the provision of free/affordable universal early childhood education
- 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". [\(8\)](#)



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 children in the First 1000 Days. We have the opportunity to put into practice five decades of solid evidence-based research into child development, neuroscience and education and to re-think the way in which early childhood education 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 children 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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