

Childcare and children's health

Health care information for childcare staff and families from the Centre for Community Child Health

Vol 7 No 2 May 2004

The Social Baby

The days are gone when it was believed that working with babies in child care was easy and did not require much thought, because "after all, babies can't do much". Anyone who is involved with caring for babies knows that doing it well requires a lot of time, energy and considerable skills. Babies need so much more than just food, clean nappies, sleep and a few toys to play with. They need, among other things:



- to be cared for by familiar caregivers who know them and with whom they feel comfortable
- warm comforting physical contact with caregivers
- chances to communicate through babbling
- opportunities to learn through imitating and playing games with caregivers.

Babies communicate and behave in their own individual ways even though they have much in common. It is important that people learn to read the cues of babies they care for. Caregivers need to be aware of each baby's personality and preferences, for example whether or not they like lots of cuddling and close physical contact, the ways they signal that they are tired or hungry, and what their crying means at different times. To be fully aware of the needs and signals of each baby, caregivers must be able to spend time giving babies their full attention and really getting to know them.

Early childhood professionals have long known the importance of the early years from the research and theories of people such as Winnicott, Freud, Piaget and others. We now have much more scientific evidence about babies and their needs than we had in the past. We know, for example, that babies communicate from birth, and there is increasing evidence about the influence of early interactions with people on children's development. We also know from research that one of the key elements of quality in child care is the relationship between the caregiver and child. Appropriate carer-child ratios in child care settings support the development of good relationships between carers and babies.

Thanks to technological advances the recent work of brain researchers has provided hard evidence that has re-affirmed the importance of early childhood development. This brain research has led to the current interest in investing in the early childhood years to improve the health and well-being of young children. The brain, which is not fully developed at birth, changes as a result of both interaction with the environment and genetic influences. In other words both 'nature' and 'nurture' are crucial to brain development. The quality of the care, nutrition, stimulation and experiences a baby has affect the 'wiring' of neural pathways in the brain, which in turn influence early development and learning. The practical implications of this information about brain development are very important for parents and caregivers who are involved in the daily lives of young children.

In spite of this scientific evidence there exist some outdated ideas about

babies in the first weeks of life. Some of these are that young babies:

- are almost entirely helpless
- can't really see
- do not communicate, other than by crying, until they are older
- do not really smile until they are older, and the first smiles are actually 'wind', not real smiles of communication.

These ideas were once much more common but they have not entirely disappeared. People who have these beliefs are likely to overlook the social cues of young babies and the abilities they have at birth. Research shows us that babies thrive on the relationships they have with their parents and others and that these relationships are the building blocks of healthy human development. Just as important, babies play an active role as communicators in those relationships from the beginning.

An excellent resource for people caring for babies is the book *Your Social Baby: Understanding babies' communication from birth*. It focuses on very young babies, from birth on, and demonstrates clearly that even newborn babies can do much more than eat, sleep and cry. Much of the information is in the form of photographs and is based on observational studies of parents and babies carried out by Lynne Murray, a Professor of Psychology and Director of the Winicott Research Unit at the University of Reading in England. With her co-writer Liz Andrews, a maternal and child health nurse and counsellor, she presents academic research in a way that is both useful and fascinating.

Parents and grandparents, as well as professionals will enjoy this book, which would be an excellent addition to the parents' library in any child care service. For professionals it provides information about babies in the periods both before they come to child care as well as during the time they are in care. For some readers it will confirm what they know from experience and observation, and for others it will be a revelation as they learn how babies communicate.

The authors point out to parents that '...by watching your own baby - understanding that your baby's behaviour is not random but can tell you something important about how the baby is experiencing the world - you can be guided to give the care that is most appropriate' (page 13). Of course this applies not only to parents but to anyone who cares for babies.

The photographs in this book are particularly useful because they show so clearly many of the ways babies communicate with their parents. These photographs were taken from videotaped interactions. The photographers,

who are researchers themselves, show how research written in an easily readable form can help people '...enjoy and understand the uniqueness of each baby' (page 9).

The first photographs show Ethan's reactions from his first minute in the world as he: meets his parents, copes with interruptions, gets to know his mother, gets to know his father, shows how he prefers to look at a face-like pattern and turns to the sound of his mother's voice. It is extraordinary to see Ethan, when only 12 minutes old, respond when his father pokes out his tongue by doing the same thing and then doing it again as if to prove it wasn't chance the first time.

Babies are attracted not just to their parents but also to other people, although they prefer people they know. Over the first few weeks of life they gradually become more actively friendly and enjoy 'chats' with people who engage with them in face-to-face communication. In some other sequences of photographs in the book

- Isabelle (1 week) shows how she dislikes sudden very intrusive social contacts.
- Emily (7 weeks) shows her individual response to cuddling.
- Zak (5 weeks) in a pre-speech stage is actively communicating and having a conversation with his mother.
- William (8 weeks) imitates his mother's action.
- Alexandra B (7 weeks) shows how she makes and breaks contact.
- Ethan, the baby seen at birth demonstrating his communication, is shown at eleven weeks playing games with his mother.

Not only do babies communicate from birth but also they have a range of abilities. From birth on they want to

- find out how things work,
- solve problems,
- master their environment,
- and make things happen.

They use all their abilities to achieve this. The book has photographs illustrating abilities such as watching and listening and moving things that they don't like through swiping and grabbing. Babies can

- turn their head away from something they don't want to look at or hear, such as a bright light or loud sound
- turn towards something that interests them
- focus on a slowly moving object with head and eye movements
- from a very young age, if they are well supported, reach out for an object in front of them, and although they won't be able to grasp it for some months, they will position their hands appropriately.



Other topics covered by a series of photographs include

- play with abstract objects
- early distress signals and crying
- the premature baby
- bathing
- helping babies calm themselves
- reading books
- routines that help baby anticipate, take part and tolerate delay
- sleep.

This book presents important and interesting information about young babies' development in a way that is accessible to parents and early childhood professionals.

The more you know the more fun and rewarding it is to witness and contribute to a baby's learning.

Your Social Baby: Understanding babies'

communication from birth. Lynne Murray and Liz Andrews. (2001) ACER Press, Melbourne.

QIAS Principles: 1.1, 1.2, 2.1, 2.2, 5.3, 6.1, 6.2, 6.3, 6.4, 6.5, 6.6.

FDCQA Principles: 1.1, 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7.

Other Resources:

Video - Getting to know you - Recognising Infant Communication and Interaction, Northern Beaches Child and Family Health Service and the New South Wales Institute of Psychiatry, 2003.

Available from Northern Beaches Child and Family Health Service, Dalwood Homes, Seaforth, NSW

Ph (02) 9951 0300, email: bblick@doh.health.nsw.gov.au

Author

Associate Professor Gay Ochiltree

Principal Fellow, Faculty of Education

University of Melbourne.

*This publication does not usually promote one particular book, but as accessible resources in the area of caring for babies are scarce, the author of the article was requested to provide information from the book **Your Social Baby: Understanding babies' communication from birth**, as well as other information to assist those working with babies in child care settings.*

Editor's Note

Case Study

Creating environments to support the social development of babies.

The Sir Philip Baxter Child Care Centre is sponsored by The Benevolent Society and caters for 55 children each day. The service has an eight year partnership with Dr Robyn Dolby who is involved with the teaching program of the NSW Institute of Psychiatry. The Centre hosts observational seminars in child development for psychiatry trainees and the child care centre staff. One area of focus has been how to be more attuned to the emotional communications of children.

The staff at Sir Philip Baxter Child Care Centre implement programs based on the belief that a quality early childhood program is an extension of a baby's home environment. In working to achieve this they adopt the following strategies:

- **building trusting relationships with families** – by encouraging families to make initial enquiries about the service, to talk to management, to visit and spend time at the service and observe what is occurring, to

read service information, to talk to carers, to introduce the baby to carers and to the service's toys, activities and space.

- **building support networks for families** – by supporting families during enrolment and orientation and supporting their decision making. Carers are aware of the new parent's anxiety and they clearly describe the program to them. The program is flexible and carers demonstrate an understanding of each baby's needs. Carers assist families to settle their baby upon arrival and support families when they leave. A variety of communication strategies are used between the family and carers. These include informal verbal sharing of information as well as notes, newsletters, charts etc. Families are encouraged to phone during the day if they wish to and to use time at the end of the day to talk with carers about their baby's day. Opportunities for families to get to know each other when they start at the service are seen as important. Carers value having families spend time at the service so they get to know the carers and get to watch other families and how they trust staff when they bring their children.

- **supporting babies to become active and positive participants in the program by the way they are welcomed** – when the babies arrive they become part of a “threesome” consisting of the parent, baby and carer. Good-byes are not rushed and when family members do leave the carers stay with the baby until they are playing contentedly, alone or with others. Ideally the carers stay in one place so that babies can predict where their carers are and can locate them more easily. Staying in one place helps babies who are mobile to feel more secure: they can move away to explore because they know that they can always come back to their carer. In this way the carers are aware of all children and offer a safe emotional base from where the babies can explore and experiment and come back for emotional support.
- **supporting babies to develop relationships with peers** – carers support developing peer relationships and, where appropriate, allow them to develop without intrusion. When carers need to intervene they respond to each baby’s individual needs. For example, if a baby is unsettled they understand that the baby’s play has been disrupted because he or she is feeling upset in some way. They give babies time with carers to help to calm them and then support them to play with friends.
- **learning “multiple listening” skills** – carers understand that there are many ways in which families communicate. They learn to understand the different ways babies communicate (voice, facial and bodily expression, touch etc). Carers learn to listen to their own feelings and thoughts. They know feelings are reciprocal.
- **dealing with anxiety** – carers empathise with families. They know that if they feel anxious then families probably also feel anxious. Carers acknowledge these feelings and use a variety of strategies to alleviate concerns. These include giving time to families to talk through anxieties about care, routines or other aspects of their baby’s experience at the service.
- **providing a calm environment** – if carers feel the program is chaotic then it will probably feel the same for the babies. The carer’s role is to use strategies to identify and build structure into the routines and environment. Routines are especially important as they give the babies something to settle to that is predictable. The carers make families aware of these routines and work together with families to develop predictable drop off and pick up routines.
- **building relationships** – carers are emotionally available to each baby to support them to develop a sense of safety and attachment. Carers then build upon these relationships or attachment to develop other social skills. These will be based on the rhythmical give and take of relationship games such as peek a boo, sharing and turn taking games with an object or body part, waiting games or language games. As the baby develops these will be extended to include other children.
- **building reflective practice** – the carers observe the babies and consider and discuss what they are doing to support each baby’s development. Times when they feel helpless to know what a distressed baby’s needs are, are viewed as necessary opportunities to talk together. Instead of fearing criticism, they can share how the baby’s distress makes them feel and support each other in a positive, uncritical environment to meet the needs of individual babies.

Editor’s note: thank you to the Director Elizabeth Warren, Dr. Robyn Dolby and to the staff of the Centre for sharing their expertise with us.

AN INITIATIVE OF



CENTRE FOR
Community
Child Health



ROYAL CHILDREN’S HOSPITAL

SUPPORTED BY AN
EDUCATIONAL GRANT FROM

Johnson & Johnson

PROFESSIONAL & EDUCATIONAL SERVICES

Health Care for Life

SUPPORTED BY THE
NATIONAL CHILDCARE
ACCREDITATION COUNCIL



SUPPORTED BY



Australian Government

Department of Family and
Community Services

National Editorial Panel
Professor Frank Oberklaid

Mr John Tainton

Dr Gay Ochiltree

Ms Denise Taylor

Ms Jo Comans

Associate Professor June Wangmann

Editors

Ms June McLoughlin

Ms Tonia Godhard AM

Ms Sharon Foster

Production Editor

Ms Cathy Archer

Contact Details

Tel: (03) 9345 6150

Fax: (03) 9345 5900

Email: catherine.archer@rch.org.au

Website: www.econnections.com.au