

# Childcare and children's health

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

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## Conversations with Babies

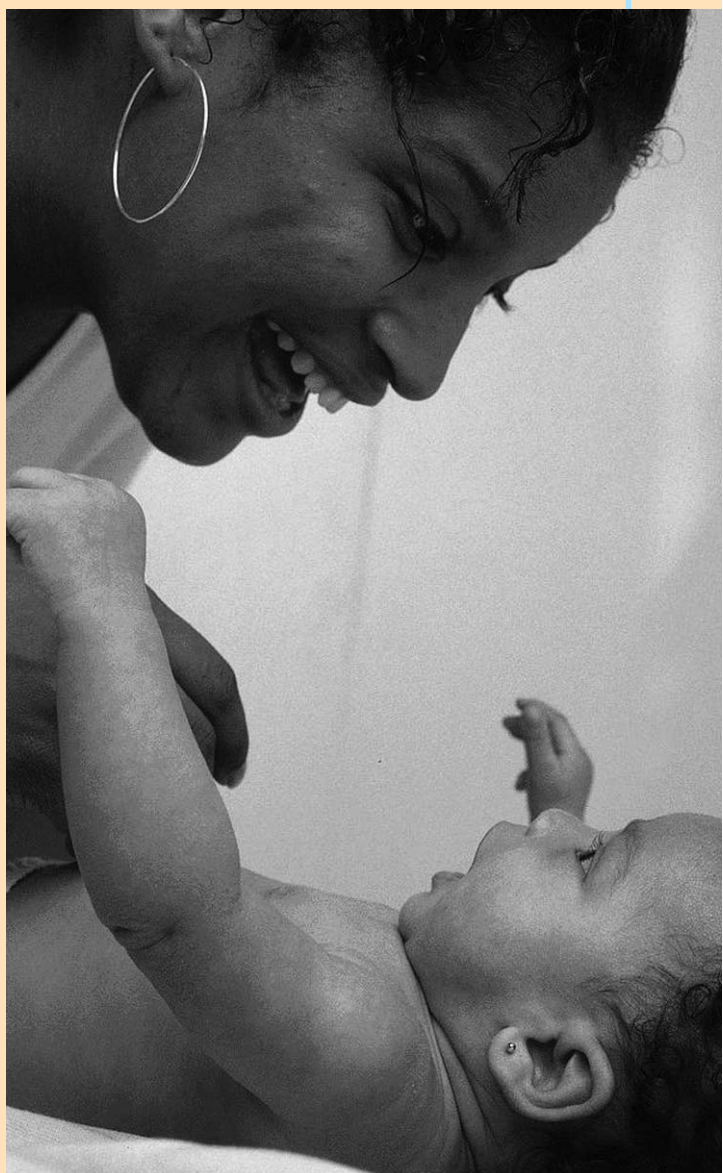
*"I didn't realise you could have a 'conversation' with such a little baby. Now ... we take 'turns'. I watch for 'her turn' – she wriggles and coos. When it's 'my turn', she goes completely still and just listens – it's amazing."*

The scepticism expressed by this mother about having a 'conversation' with her four month old daughter is not surprising. Historically, the idea that a baby could engage in conversations of any sort would probably have been regarded as fanciful. Around one hundred years ago, an eminent psychologist described the mental life of a baby as 'booming, buzzing confusion'. Babies were thought of as mentally passive, empty vessels whose early experiences were not considered to be particularly important. Attention was on their bodies rather than their social and cognitive development.

Recently however, research linking early experiences with brain development has led to a new understanding of the complexity and developmental importance of babies' interactions with their environment. This research shows that babies are much more mentally and socially active than had previously been assumed.

*Research has shown that, right from the start, babies have complex psychological lives. What might seem, on the surface, random and confused behaviour is, in fact, highly organised. Most dramatic among the baby's abilities, even in the first weeks of life, are her social responses. (Your Social Baby, p. 13).*

Our understanding of brain development has also increased our appreciation of the social needs and social capabilities of babies. Closer observation of babies' social interactions with their carers has led to the understanding that from birth, babies are active social communicators. A more recent understanding is that babies can be active participants in conversations and that these interactions provide wide-ranging developmental gains. Babies converse in different ways to adults, but they can and do engage in interactive, meaningful communications that can be characterised as 'conversations'.



A baby is born with a truly wondrous capacity for learning. Language development illustrates this capacity whereby a baby, born with no language, learns to comprehend speech and in turn speak, within a relatively short period. While this may suggest that language is acquired fairly automatically, language development and communication skills, like all learning and development, require experience and practice. Babies are born primed for the social and emotional interactions and communications that will allow them to develop into skilled, culturally knowledgeable participants and communicators.

Initially, communication is dominated by the baby's immediate needs for food, comfort and sleep. But babies also have social needs for interaction. From birth, babies show preferential interest in shapes resembling the human face. Babies respond to voices and imitate facial expressions. And right from birth, babies have social needs for interaction and communication. They are social beings and their development occurs in specific social contexts. It is in the context of these social and cultural environments that two-way, interactive communications occur.

The meanings that babies come to attach to themselves, their environment and experiences reflect the meanings created, shared and communicated in these social contexts.

- *Communication* involves symbols and signs – not just spoken words. Language is just one aspect of human communication. Communications with babies and early communicative language development involves much more than learning to use words.
- *Conversations* are not limited to spoken words, but involve a wider repertoire of communicated, meaningful verbal and non-verbal exchanges.
- Conversations are dialogues, not monologues.
- What is distinctive about a conversation is *turn-taking*, with both participants responding to the cues and messages of the other.

A recent report in the *Community Paediatric Review*, confirmed the observations of many caregivers that "Infants begin to actively communicate from birth and are capable of complex interactions". Babies are active communicators, they don't just passively respond to (or mimic) others, but can initiate, sustain and terminate communications.

- From around 8 weeks, babies engage in 'proto-conversations' and 'talk' to the carer. They are learning the pattern that transforms a communication into a conversation: 'talk', pause



for and listen to the response, then 'reply'. The 'talk' may consist of mouth and tongue movements, or may include cooing, burbling and gurgling.

- Babies are dependent on others to provide for their needs, whether it is for food or to be moved closer to an object of interest, for example. Interpreting and responding to the baby's communication is, therefore, an important element in the responsibility of care-giving. The ability to interpret the baby's communications is part of the developing relationship with the baby as an individual. It requires attention to the individual baby's needs and interests and sensitivity to their cues (or signals) and responses.
- As with all relationships, this development takes time, and is dynamic rather than static.

### **Building conversations**

Conversations between adults and babies help develop babies into active participants in two-way, interactive and meaningful communications. On their own though, babies cannot achieve this: they need support in their attempts to communicate, and they thrive on encouragement and support.

- Being face-to-face, with eye contact makes conversation easier. We know this from our own adult to adult conversations, but it is particularly important in conversations with babies. Facing each other allows the carer to focus attention on the baby's full repertoire of communications and helps the baby develop the skills of learning to link facial expressions with tone of voice. Facing the baby also allows the carer to observe when the baby is tiring of the conversation or, alternatively, if the baby is over-stimulated and needs to be helped to regulate their emotions and calm down.

- People and things in the baby's environment, including sounds, movements and objects, attract the baby's attention and raise their interest. Observing what the baby's interest is focussed on and allowing this to direct the conversation ensures that the conversation is both baby-centred and provides a practical, rich example of a natural learning opportunity.
- Babies like repetition and game-playing in the course of conversations. They delight in anticipating a response from the carer. This is evidence of their developing knowledge and mastery of the social world and relationships
- Conversations are not necessarily long – babies have varying capacities for attention, and conversations can vary in duration and intensity.

#### **The benefits of conversations with babies:**

- Conversations with babies help their immediate and longer-term language development .
- We get to know people through conversations: the same is equally true with babies. But for babies there are additional gains. Babies are engaged in the process of developing a sense of who they are. Their relationship with others is fundamental to this development.
- Conversations inform babies about the world in which they live, and they help the baby develop a positive sense of his or her own value and status.
- Engagement with, and meaningful communication between the carer and baby, strengthens attachment. Acknowledging and responding appropriately to the baby's signals and cues helps develop secure attachment, with later gains in the child's social competence.
- Secure attachment is now understood to be linked to the baby's (and later, the child's) ability to regulate their emotions.
- More generally, secure attachment is also linked to a positive outlook on life. This finding is consistent with the sense of efficacy the baby develops through meaningful communications typified in rich conversations.

The research findings suggest that babies who are engaged in meaningful, interactive social communications – including conversations – benefit from wider developmental gains, too. Infant development, including the growth of brain and neurological functions, is optimized when the carer is sensitive and responsive to the baby's communications.

#### **Conclusion**

- Babies are social beings, with social needs. Right from earliest infancy babies need meaningful social interactions, and they actively seek to communicate their emotions, needs and interests.
- Building conversations with babies provides rich and valuable experiences that facilitate attachment and help the baby develop a positive sense of his or her own value and status.
- Conversations with babies promote language development and contribute to overall development – including brain development.

While these are serious and invaluable gains, we need to note also that conversations with babies can be both rewarding and fun – for all involved!

#### **References:**

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*QIAS – 1.1, 1.3, 4.3*

*FDCQA – 1.1, 3.1, 3.6*

*The Parent Fact Sheet accompanying this article is available in different community languages and can be downloaded from the Early Childhood Connections website [www.econnections.com.au](http://www.econnections.com.au)*

# Case Study

## Conversations with Babies

In Tasmania, Ruth Thomas is a highly experienced Family Day Care provider for babies as young as 3 months. Talking to and with very young children and babies is part of an overall approach Ruth has developed to facilitate their attachment and socialisation.

When a baby first comes into her care, Ruth uses a baby sling to keep the baby physically close and familiarise him or her to the sound of her voice and the routines of the day. The connection established between baby and carer sensitises each to the other, and also allows the baby to hear and observe Ruth's interactions with the other children in her care. Conversations occur naturally in these interactions and the development of these 'conversations' begins in infancy.

Conversations require face-to-face attention, so nappy changing or feeding times provide regular opportunities for Ruth's conversations with babies. Attention is literally focussed on the baby and eye-to-eye contact occurs naturally. 'Conversations' are built around what is happening to the baby or in the immediate environment. During feeding times or when the baby is being undressed, cleaned and dressed, Ruth talks about what is happening, with pauses to allow responses. The baby may be asked questions about what is happening, for example. Objects and sounds that catch the baby's attention, such as a hanging mobile or a door bell ringing, provide spontaneous topics for conversations in which Ruth responds to the baby's coo-ing, babbling or facial expressions. In this way the Family Day Care setting provides a natural learning opportunity for an interactive conversation that is appropriate to the baby's capabilities and focus of interest.

The communications established in infancy continue and develop as the child grows. Recognising that communication is both visual and oral, a particular feature of Ruth's communications is the use of hand signals and signs. A 'thumbs up' sign means 'well done', for example, while a downward patting motion of the hand signals to a child climbing on furniture that it's time to climb down. Through her experience Ruth has found that young children respond well to the mix of communication styles.



The importance of positive messages in our choice of words and how we say things is stressed by Ruth. The messages we communicate to babies are internalised, so she ensures that even with the youngest babies, positive language and signs are used. To illustrate her point, Ruth refers to the language and messages she sometimes observes when trainee carers change babies' nappies. 'Oh Yuck!', or 'Aren't you stinky!' are the sorts of negative messages Ruth is concerned about. A positive alternative message suggested by Ruth is, 'Come on, let's get you clean! – isn't it nice to be dry and clean?' The language used is purposeful and considered without being contrived.

An advantage of the positive and thoughtful language used by Ruth is supporting the baby or young child's self esteem. Using the example of the positive, 'nice, clean' nappy change message, Ruth explains that this helps later toileting as the child already associates this with positive experiences, and the child is used to being involved in conversations about their experiences and actions.

The enthusiasm that marks Ruth's conversations with babies and young children, and the benefits gained, in terms of linguistic, cognitive, social and emotional development reflect her conviction that, *"When the adult is engaged with the child, then magic happens!"*

## Good Nutrition

In the early twentieth century in Australia, health concerns about children focused on being underweight. Then as now, weight was considered an index of a child's health, and weight problems were predictive of later health and well-being. In the context of the childhood epidemics of the time, and with the dangers posed by poor sanitation and frequently difficult living conditions, being underweight carried serious health risks. Increasing weight through greater food intake was seen as building up a child's health and resilience to disease. Now, however, the focus is on the problems of overweight children. A discussion of children's nutrition almost inevitably refers to this concerning issue.

No one involved in childcare could have escaped the media coverage currently given to the rise in childhood obesity. In Australia, around 25% of children are currently considered to be overweight or obese – and the rate is increasing. More sedentary lives, larger serving sizes of food, and high fat foods are among the factors contributing to the obesity epidemic. Overweight and obese children face ongoing and later-life health risks, including hypertension, Type 2 diabetes, cardiac problems and joint damage. Many suffer respiratory and sleep problems. Their enjoyment of physical activity is likely to be reduced, leading to a vicious cycle of reduced activity that compounds their weight problem. Obese children may experience social stigma and stereotyping as self-indulgent and lazy. A recent report concluded that obesity carries greater stigma for children than any other physical condition. (Waters and Baur)

**The problems of being overweight are not limited to physical health, but extend to the child's social and emotional well-being.**

Nutrition is linked to obesity (and being underweight), but its significance goes beyond the issue of weight. What young children consume is fundamental to their overall growth and development. Good nutrition is needed for growth and to build children's health and general well-being.

### The role of early childhood services

Good eating habits begin in early childhood. Attitudes and habits developed in childhood often set a pattern that is carried throughout life. Carers play an important role in promoting good nutrition and they can model good eating habits and attitudes to food. Children watch what we eat, and they hear what we say about food. Talking about 'being naughty' when we eat sweets, for example, sends confusing and problematic messages to children. Rewarding children with 'bad' food or using these foods as a treat is similarly problematic.

Other ways in which carers can promote good nutrition include:

- encouraging and supporting breast feeding, and promoting its immediate and long-term health benefits
- providing 'special', healthy foods, such as seasonal fruits, for celebrations
- drawing upon the ethnic diversity of families and using cultural events to develop children's interest and familiarity with a wide variety of foods
- involving children in establishing vegetable and salad gardens and using the produce for simple meals.

### Guidelines for good nutrition

The following guidelines are recommended by Australia's National Health and Medical Research Council (NH & MRC). The NH&MRC notes that feeding and nutrition is an integral part of the care of children. Its guidelines suggest carers should:

- Provide children with a wide variety of nutritious foods including vegetables, fruits, cereals, dairy products and lean meats, poultry, fish or vegetarian substitutes such as soy products
- Limit fat intake in children's food, especially of saturated fats.

**Note: Low fat diets are not suitable for infants. Reduced fat milk is unsuitable for children younger than 2 years.**

As much as possible, children's food should be

- low in salt and added sugars
- whole foods without additives, rather than processed or refined foods.

#### Basic food needs for children:

- Protein from meat, poultry, fish, (or substitutes) and dairy to build their bodies
- Vegetables and fruits to provide vitamins, minerals and fibre. Note: fruit juices are not recommended as they contain high sugar levels and may lack fibre
- Starchy carbohydrates for energy
- Good (unsaturated) fats, including fish and olive oil, are essential to good health and build brain and nerve cells. Saturated fats should be avoided. Many highly processed foods now contain 'trans fats' (listed as partially 'hydrogenated vegetable oils' or fats). Scientific evidence indicates that these are particularly damaging to cardio-vascular health. As trans fats are often hidden ingredients in foods that many children eat, including biscuits and fast-foods, they may be laying the foundations for serious health problems.
- Water.

**Water is a better nutritional choice than juice – and tap water containing fluoride has health benefits that are lacking in bottled water.**

#### Additional considerations:

- Quantity of food is important – offer small portions, with 'seconds' only if required
- Children go through growth and activity spurts and these affect their appetite. As long as they are offered a range of nutritious foods, a healthy child's appetite can be trusted to determine how much they need to eat
- Children's tastes change over time. New foods may need to be offered several times before the child will accept tasting it.
- When children eat with others in a relaxed, sociable environment, the experience is more pleasurable and eating is less likely to develop as a problem.

**Communication between carers and families is important to ensure that children's nutritional needs are being fulfilled.**

#### References

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The Centre for Community Child Health webpage [HYPERLINK "http://www.rch.org.au/ccch"](http://www.rch.org.au/ccch) [www.rch.org.au/ccch](http://www.rch.org.au/ccch) lists 'Practice Resources' (click on 'What's new') with topics that are relevant to good nutrition: 'Breast feeding promotion'; 'Eating Behaviour' and 'Overweight & Obesity'.

**QIAS – 6.1**

**FDCQA – 4.2**

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