



What About The Children?

'Raising awareness of the never-changing emotional needs of children in our ever-changing society'



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Response to Ofsted Early Years Inspection Framework Handbook 2019 Consultation.

What About The Children? is a national charity which has been working to improve children's mental health since 1993. Our work focuses on the period of development from conception to age three and is underpinned by the findings of scientific research which confirms the importance of a close responsive relationship (secure attachment) as the basis for future mental and physical health. Our response to the draft Early Years Inspection Framework is therefore with specific reference to how the revised inspection framework contributes to improving the quality of provision for babies and under-threes.

The importance of secure attachment for optimum brain development and emotional well being is well documented, it is the single most protective factor for future mental and physical health. It is therefore vital that when gathering evidence inspectors should be required to include in their observations how settings ensure continuity of carer, how well the key worker knows each baby in their care, how well they understand the importance of attachment, how they respond to and are sensitive to individual baby's verbal and nonverbal communications.

Newborns' brains are incomplete but by the third birthday, brain development is about 90% complete (Perry, 2001). At birth babies have billions of brain cells (neurons) that are 'isolated' from each other and only a relatively few cells are 'linked'. These are mainly to do with our basic instinctive reactions such as sight, smell, sound, sucking etc. Consistent, sensitive care 'fires' synaptic growth and begins the process of building the links between neurons, and thus building the brain (Schore, 2001) especially in the emotional centre of the brain (the frontal cortex) which is developing rapidly most at this time. These links are forged by consistency and repetition that comes from 'continuity of carer'. Cells that are not used are 'pruned' or 'die off'.

Securely attached infants are found to be effective learners, confidently able to reflect and act on what they know, and what they do not know, and to display coping resilience to the changes and challenges of life. The attachment process is at its most intense between 6-24 months. Babies and very young children who have adverse early experiences (ACEs) poor or disorganised attachment have the greatest need of continuity of sensitive responsive carer in their early years settings. Insecurely attached infants and those with disorganised attachment have been found to do less well in school and more likely to develop mental health problems, boys who are poorly attached are particularly at risk⁽⁶⁾. Therefore a focus on supporting secure attachment is critical to closing the attainment gap.

A secure primary attachment relationship consists of the following aspects (Barlow, 2011):

- Affect synchrony: the carer's ability to pick up cues from the infant and adapt her behaviour accordingly. It causes stress for the infant if she/he misreads the cues and becomes either too intrusive or too withdrawn.
- Mentalisation: the process of interacting with the infant as a sentient being with desires, intentions and thoughts – in addition to caring for the child's physical needs.
- Mirroring: the carer's skill in reflecting back to the infant an approximation for what her infant is feeling.
- Containment: the carer's ability to take on a child's overwhelming feelings and make them more manageable for the infant.



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In non-academic layman's terms responsive and loving care simply means:

- Spending time one-to-one: talking, cuddling, making her/him laugh
- Calming the infant when s/he's stressed – using eye-to-eye contact with gentle murmured conversation to soothe
- Trying to understand her/his communication attempts and responding appropriately

Sensitive, responsive practice is best accomplished when practitioners have time to learn about and establish trusting relationships with individual babies in their care and with their families. Therefore the Inspection framework should include in **Section 50 Gathering and Recording Evidence** the requirement of inspectors to gather evidence based on observations of the experience of a baby over their time in the setting.

Continuity of care requires management structures that foster relationships, allowing them to flourish between practitioners and babies. Therefore the grade descriptions should be amended as follows:

Grade Descriptors for Leadership and Management

Outstanding

Leaders ensure that practitioners have a sound understanding about infant brain development and the importance of secure attachment. as a basis for practitioners' subject, pedagogical content and knowledge that is consistently develops over time.

Staff consistently report high levels of support for well-being issues

Leaders ensure the key worker relationship is promoted by; setting up systems that ensure the continuity of relationship between key worker and baby, select practitioners with the knowledge, skills, and dispositions to support their emotional, social development and learning, maintaining appropriate key worker/child ratios and group sizes

Grade Descriptors for Personal Development

Outstanding

The key person system works effectively to support children's emotional well-being and children form secure attachments with their key worker. Babies are responded to sensitively and appropriately.

Definition of Continuity of Care

Continuity of care is the practice of keeping a group of infants and toddlers and their teaching team together over a period of two or three years, which promotes the formation of trusting relationships, secure attachments, and long lasting bonds)

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