



## AUSTRALIAN ASSOCIATION FOR INFANT MENTAL HEALTH

12 May 2008

The Secretary  
Inquiry into Paid Maternity, Paternity and Parental Leave.  
Productivity Commission  
GPO Box 1428  
Canberra City ACT 2601.

Dear Secretary

The Australian Association for Infant Mental Health would like to make a submission to the Inquiry into Paid Maternity, Paternity and Parental Leave. We are submitting some issues and recommendations for your consideration and would appreciate the opportunity to back them up with research and explanation in a verbal presentation to the inquiry.

The Australian Association for Infant Mental Health is a national organisation of professionals who work in the early childhood health, education and development fields. Our aims include:

- to improve professional and public recognition that infancy is a critical period in psycho-social development
- to provide...access to the latest research findings and observations on development in infancy
- to facilitate the integration of such findings into clinical practice and community life
- to work for the improvement of the mental health and development of all infants and families by provision of educational programs and otherwise
- to provide where possible reports and submissions to governments, other authorities, organisations and individuals on matters relating to infant and family health and welfare.

The Australian Association for Infant Mental Health recommends that the committee take into account the developmental and emotional needs of infants as the basis of decision making about parental leave. We recommend:

1. paid parental leave for the infant's main carer for the first year of life, at a rate that allows families maintain the necessities of caring for a family
2. unpaid leave without risk to their employment or advancement for the second year of the infant's life. This is consistent with best practice in other parts of the world and with the developmental needs of infants.



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### CURRENT RESEARCH

**It is because of the importance of infancy and the early years to the overall health and development of children and through to adulthood that we respectfully submit to this inquiry information based on current research.** It is also confirmed by experience of our own practice with infants and their families. Our expertise particularly relates to the tasks of the inquiry related to “the development of young children, including the particular developmental needs of newborns in the first two years.” Related to this are the long term economic benefits to society which have been shown to accrue from optimal care for infants in the first years<sup>1</sup>.

Babies are emotionally reliant on a consistently available, caring adult. Neurobiological research shows that the physical development of the brain is connected to early emotional experience<sup>2</sup>. Infant mental health begins with the relationship between the infant and his or her main carer, usually, but not necessarily the mother. The younger the infant is, the more crucial this is to his or her development. Current research shows that these early relationships set the foundation for future social, emotional and cognitive development. Over the past few years there have been a number of well credited studies which have shown the economic as well as social benefits of supporting parent infant relationships. Early childhood programs designed to support parents and parenting and early relationship building have been shown to yield benefits in academic achievement, behavior, educational progression and attainment, delinquency and crime, and labor market success, among other domains.<sup>3</sup>

Parents need maximum support to ensure they can make choices that promote their infants receiving the best available care in the early years. For secure developmental foundations infants need care that is nurturing, responsive and consistent from a main carer with a very small number of support carers. This secure base enables infants to begin to make sense of their world and regulate their body functions. As they grow older individual babies vary in their emotional readiness to move from exclusive parental care to other (including group) child care. Support needs to be provided to ensure parents are able to combine work with child care responsibilities in flexible ways that meet the developmental needs of their infants.

Common issues that many infants and families encounter that stress the developing relationship include breastfeeding difficulties, other feeding problems, persistent crying, sleeping difficulties, post natal depression, prematurity or health problems for mother

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<sup>1</sup> Ruhm, Christopher (2000) “Parental leave and child health” in *Journal of Health Economics* 19 (6)

<sup>2</sup> Perry, Bruce (2008) *The Amazing brain and human development*,  
[http://www.childtraumaacademy.com/amazing\\_brain/lesson05/printing.html](http://www.childtraumaacademy.com/amazing_brain/lesson05/printing.html)

<sup>3</sup> Karoly, Lyn et al. (2005) *Early Childhood Interventions: Proven Results, Future Promise*, RAND Corporation. MG-341-PNC



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and baby. The stress of an early return to work can exacerbate these problems or interfere with a family's capacity to resolve them. Maternal stress due to financial pressures, often the reason for mothers returning to work early can of themselves interfere with the development of a secure parent-infant relationship and issues such as trying to balance work with the care of an infant, can likewise impact negatively on the infant<sup>4</sup>.

While we are aware that there will be other submissions particularly related to the importance of breastfeeding we, too, would like to advocate for the optimal conditions for this. Many mothers start breastfeeding but cease within the first few months. Health authorities recommend that infants during the first six months of life, should be, whenever possible exclusively breastfed. With so many women forced to return to the workforce many months earlier than that, maintenance of breastfeeding for the optimal duration is difficult. Breastfeeding has well documented health benefits and paid maternity leave should be a national priority to ensure the future good health of our nation. In saying this we would also highlight the needs of the infants of mothers who do not breastfeed. These infants' needs for being held while feeding and developing a secure attachment with their carer are equally important and possibly more at risk with mothers returning to work due to the belief that anyone can feed a formula fed baby i.e. lack of understanding of the importance of nurturing interactions during feeding with a bottle.

While there will always be a need for options for outside of home care for some infants, in countries which support early parental leave both time wise and financially, less children go into care at a very young age, with parents choosing the option to stay with their children to ensure the secure foundation that they need before moving into group care.

While some research shows that this foundation can be gained in high quality child care, research about this is equivocal. Whether the majority of long day care can provide what infants need is still under a great deal of debate. There is research which points either way when related to high quality care and the research related to lower quality care has not been shown to be supportive to infants' well being. Other evidence has shown that for infants in full day child care, the stress hormone, cortisol remains higher across the day for infants younger than three years of age, than for those who remain at home<sup>5</sup>. Some Australian research on this is being undertaken in WA but so far results have only been for children over 3 years of age, where the impact is related to quality of care.

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<sup>4</sup> Clark R et al (1997) "Length of maternity leave and quality of mother-infant interaction" in Child Development 68(2)

<sup>5</sup> Watamura et al. (2003) "Morning to Afternoon increases in cortisol concentrations for infants and toddlers at child care: age differences and behavioural correlates" in Child Development 74 (4)



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High quality care must be consistent, responsive, nurturing and predictable which means that carers need to have time to be responsive (a staff child ratio of even 1:3 would make this difficult, while most services have a ratio of 1:5, the minimum required by legislation in most States). High quality care means that carers are not only educationally qualified but also understand infants' emotional needs, and it means that carers need to be selected for warmth and maturity and that infants do not have to undergo constant changes of caregiver<sup>67</sup>.

If parents are offered the option to take parental leave to care for their infants, in a mix of paid and unpaid leave for the 1<sup>st</sup> two years of life, it could open the way to the development of higher standards of long day care for the infants who need it. It is also likely to lead to less need for care for very young infants, which is the most expensive form of out of home care and thus reduce the financial costs of long day child care.

In order to support the parents' eventual return to work, access to staff development and workplace updates should be part of any package. This would mean that parents caring for an infant would have access to the same new information and training as their fellow workers who remain in the workplace.

**Financial support for families who make considerable financial sacrifices, by choosing to care for their young children at home is equally important. Their financial needs are often higher than those of parents who have both been working.**

Barbara Pocock in her submission to the SA Select Committee on Balancing Work and Life Responsibilities<sup>8</sup> cites a body of research which has found that parental leave is associated with

- better maternal and child health, with specific findings for lower maternal depression (and maternal depression is a risk factor for infants –AAIMH comment)
- lower infant mortality
- fewer low birth weight babies
- more preventative use of health care.

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<sup>6</sup> Margetts, Kay (2004) "Responsive caregiving: reducing the stress in infant/toddler care" Summary of paper presented at the XXIV World Congress of OMEP.

<sup>7</sup> Belsky, Jay (2001) "Developmental Risks (Still) Associated with Early Child Care" in J. Child Psychol. Psychiat. 42(7)

<sup>8</sup> Pocock, Barbara (2007) A time to act: paid maternity leave for all South Australian Women, UNISA, Centre for Work and Life



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She makes the point that unpaid leave does not have the same effect, probably because women are less likely to take unpaid leave. Unpaid leave should be an adjunct but paid leave is the highest priority and will bring the most benefits to the youngest infants where parental nurture has the most impact.

“Maternal employment in the first year, particularly if begun early and full-time is associated with poorer cognitive development and more behaviour problems, at least for some children.”<sup>9</sup>

Infants are unable to advocate for themselves. We would urge the committee to be mindful of infants’ needs and their fundamental rights for emotional security in considering all the issues and options.

In addition, their well being is crucial to the future well being of the community and is a community responsibility, just as in the future the well being of the current adult population, parents or not, will be cared for by these infants as they become adults.

### CONCLUSION

For the benefit of the health and developmental needs of infants and of the whole community, considering parental leave options must be done on the basis of the needs of the infant.

We look forward to the opportunity to respond in person to the Inquiry.

Yours faithfully

Pam Linke AM

National President, Australian Association for Infant Mental Health.

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<sup>9</sup> Waldfogel, Jane (2006) What children need. Boston: Harvard University Press.