

## **SUBMISSION ON PAID PARENTAL LEAVE**

by  
Linley Grant, 27/5/'08

Thank you for the opportunity of making a submission to this critical Inquiry.

### **Background :**

I have been seriously concerned about the problem of women balancing paid work and commitments to their young children since the 1950s. I have made a number of submissions on this subject previously on behalf of The National Council of Women of Tasmania, NCWT, but am making this on behalf of a number of women in three organizations, most of whose members are retired and who were concerned that their strong views on this issue would not be taken into consideration otherwise, plus 14 mothers currently in the work force. For education and relevant background, please see Appendix 4.

I make this submission on paid parental leave from the perspective of –

1. THE DEVELOPMENT OF NORMAL YOUNG CHILDREN, PARTICULARLY DURING THE FIRST TWO YEARS OF LIFE ; (Issues Paper p. 2, dot point 6).
2. THE EFFECT ON THE POST-NATAL HEALTH OF THE MOTHER.(Ibid p.2, dot p. 5).

And in so doing, have answered most of the questions listed in the Issues Paper.

The main aim of the model which I, and those I represent strongly support, is based on –

### **THE HEALTH AND WELL-BEING OF BABIES - FUTURE AUSTRALIANS.**

Those I represent consider that the Inquiry should seriously and urgently consider paid parental leave from **the perspective of the future well-being of each baby** and the long-term financial and social cost to families, to employers, to each community and to the nation, when many of its citizens experience unnecessary, long-term emotional and social problems, due to **loss of bonding and separation anxiety** in early life.

This Inquiry has a great opportunity to improve the current situation, **to look at the whole picture** besides that of The Government, the employer and the employee.

**The whole picture and point of maternity leave should include the baby.** Unless each baby's needs are reasonably well met, then everyone involved has failed. There is no sense in having any maternity leave if it leaves the baby headed for emotional instability and other long-term psychological and social problems due to inadequate understanding of and fulfilment of each baby's emotional, social and intellectual, as well as its physical needs in the first two years of its life.

As a secondary issue, the cost to, and discrimination against mothers in the paid work-force should also be fully considered during this Inquiry. Why should a woman forego thousands of dollars in superannuation and other entitlements enjoyed by those who do not bear children, because she has born the next generation of the nation's children?

If the Government puts in place the legislation needed to provide **paid maternity leave** for all mothers for at least **four months, preferably six months** post-natal (in line with ILO recommendations), and the opportunity to work with dignity **in part-time employment** until her baby is two years old, it will be amongst the most important things it can do towards long-term preventive health and well-being of the nation and a significant reduction in physical and

emotional health problems for thousands of citizens. Australians make a big fuss about physical abuse, but separation from a mother is obvious emotional and psychological abuse, and creates far more long-term damage to children, particularly when it is only for money.

For this reason, I will provide

## **A CHILD-CENTRED MODEL FOR MATERNITY LEAVE**

- (a) Summary of Recommendations to the Inquiry;
- (b) Rationale for the Recommendations;
- (c) Recommendations to the Inquiry in more detail.

### **Appendices**

- Appendix 1 - Normal Infant Development and implications for adequate child-care;
- Appendix 2 - Accepted Research on the essential need for bonding in young children;
- Appendix 3 - Personal Experience.
- Appendix 4 - Bio re education, employment and relevant voluntary activities.

## **A. SUMMARY OF RECOMMENDATIONS**

Noting that the Productivity Commission is able to consider relevant recommendations on **any** relevant issue (p.3, par. 4), the members of Inquiry team are requested to consider the inclusion of the following recommendations in their report. Because, unless **all** aspects of the problem are dealt with, the care given to young children will continue to be inadequate.

### **1. PRE-NATAL LEAVE and Training in Child-care for mothers-to-be :**

*The AIM should be to educate the mother-to-be so she feels confident in her role and with her new responsibilities after the birth.*

- 1.1 First-time mothers should be obligated by law, to **attend pre-natal child-care classes** (*apart from birthing classes*) over at least **four months** and **assist** for **two** hours a week for four months in a **child-care centre**; this should be means-tested and if a woman is unable to pay, should be **paid by the Government**.
- 1.2 One **month's paid leave** should be available **prior** to the birth. It could be paid by the employer as part of a an employee's normal leave entitlements. If she is not eligible, the mother will require a Government assisted pension for that month.  
This could be somewhat offset by requiring all tax-payers to contribute to a levy like the Medicare levy.
- 1.3 The **baby bonus** could be made available to **all** mothers who do not use drugs of any kind during the pregnancy, unless prescribed by a doctor, as determined by the health of the baby at birth; and, to those **first-time mothers** who also attend child-care classes, and assist at a child-care centre until they receive competency recognition;

### **2. POST-NATAL LEAVE from 0-4 ( but, preferably) 6 Months :**

*The AIM should be to allow the baby time to bond well with its mother (or significant other), develop a sense of trust; and for the mother to heal without stress and establish breast-feeding, rather than feeling pressured because of financial and other worries.*

- 2.1 All mothers need **4 months paid leave, 6 months if possible, means tested, and paid to the level of the minimum wage by the Government**. Six months leave for the significant other, is also particularly important for babies which are adopted or placed with a person other than their birth-mother, to allow real bonding to occur.

- 2.2 **Fathers** should be able to take at least **14 days parental leave, means-tested and paid by the Government to the level of the minimum wage**, without losing their other leave entitlements. If possible, they should also be able to increase their parental leave e.g. if the mother becomes depressed, by using holiday, or long-service entitlements. *(Employers will need to employ temporary staff during the period of absence; they should not have to cope with any extra financial burden).*
3. **POST-NATAL PERIOD - 4-6 to 12 months** –  
*The **AIM** must be to ensure that the baby retains bonding and trust in its mother.*
- 3.2 Some mothers may be entitled to **long-service or other leave entitlements**. This might be used to allow them longer away from paid work.
- 3.3 Some mothers may be prepared to take **un-paid leave**, but this condemns a woman to also forego superannuation, etc, and may increase financial stress.
- 3.4 A mother may be able to **work some hours from her home**, e.g. I.T. work.
- 3.5 **Part-time work is perhaps the best alternative**. Government **legislation** could be enacted to ensure that all mothers have better access to half-day, part-time work, and are separated from their babies under two years of age for no more than 4-5 hours a day, with a break during this time to feed or spend with the baby.
- 3.6 **Job-sharing** maybe a means of helping mothers and employers, but should not entail employers in a double burden of taxes and other regulatory expenses. **Legislation** should make job -sharing a viable option, which it is not in many instances.
- 3.7 **Working hours may need to be shorter and more flexible** than many employers currently consider possible.
- 3.8 **Quick access to the baby should be legislated for and mandatory**. The baby should be as little aware of the mother's absence as possible and should be cared for within five minute's reach of the mother.  
 To enable this to occur, **employers should be required to provide a room for babies 0-1 year of age**. Employers could be assisted / required to combine in a street, or in close community, e.g. within a large building, to provide a room, so that babies can be cared for there **within easy reach of their mothers**.
- 3.9 **Sufficient well-trained and responsible carers for children under two years of age :**  
**The Government** needs to ensure via **legislation**, that training and funding are adequate to ensure that sufficient, well-trained and responsible carers are available. There should be a **ratio of one carer to 4-5 babies**.
- 3.10 A **levy or tax**, similar to the Medicare levy could be instituted so that everyone pays equally for the proper support of the next generation. This will be reciprocated.
4. **POST NATAL PERIOD - 12 months - 2 years :**  
*The **AIM** should be to see the baby retains bonding and trust and completes all the normal developmental stages without problems.*
- 4.1.1 **Continuing Part time work for parents:**  
 Preferably, for the baby's sake, the mother will continue to work part-time.

She should be able to feed the baby at least once in a 4-5 hour shift and twice in a longer shift, sometimes more if necessary.

Mothers should be given continuing opportunities for part-time work and, if possible, return to their previous role in the paid work force by mutual agreement with the employer.

- 4.1.2 **Superannuation and other benefits** : Mothers who wish to stay out of the paid work force for two years cannot expect to return to the same position or place of work, "as a right." But a mother should not lose her entitlements re superannuation. These should be transferable.

- 4.1.3 **Accrued Benefits – fathers** : If a **father** chooses to change to part-time work, or change jobs to obtain part-time work, this should be accommodated without him losing any accrued benefits. This may entail an increase the number of **permanent part-time employees**. Permanent part-time employees should be able to access all the benefits and considerations of full-time employees, without discrimination.

5.0 **Continuity of Same-person Care for each baby:**

Legislation is also required to ensure that sufficient, well-qualified child-carers are employed to provide adequate continuity of care by a carer with whom the toddler relates well, particularly same-person care for each baby and toddler in child-minding facilities.

6. **Mother's and toddler's legal rights :**

The mother MUST have the legal right to be contacted by the carer if at any time a baby/toddler is stressed or crying.

If a normal baby under 2 years of age is in a care situation and its physical needs have been met but it is still crying, or becomes withdrawn, the mother should be quickly informed, as a right of the baby, and the mother should be able to go and pacify the baby, and restore trust and bonding, particularly if the mother is working full-time.

7. **Inadequate part-time income :**

Means assisted pensions may be required for mothers, or significant others - parents/grandparents for whom a part-time income is manifestly inadequate.

8. **Peer Assessment of Carers :**

Careful legislation is needed to ensure that a strict and continual process of peer assessment is carried out on anyone who cares for children under four years of age to ensure that each baby's rights are maintained.

9. **Specialist Staff for Babies which have not bonded** closely, or are otherwise abnormal in some respect :

The Government should increase funding specifically to provide **specialist staff** who can quickly diagnose and help any baby which has lost, or is losing bonding with its mother at any time, and urgently arrange for help to teach the mother how to bond, plus seek and provide one specific carer to take responsibility for helping that baby to bond with a significant other – either the father, a grandmother, or someone who will be stable and create a feeling of safety for that baby, until it is at least three years old.

10. **Protection of Whistle-Blowers :**

The privacy of peer assessors and right to make unbiased assessments without penalty, must be assured.

There is also a great need for stronger legislation to provide improved protection and support for whistle-blowers who report poor, abusive, or neglectful care of babies and young children under four years of age, particularly in care situations.

11. **Discrimination**

There is a need for legislation to counter discrimination against parents who put the welfare of their children above unreasonable demands of employers or other employees.

12. **Student Training in Child-care:**

*The AIM - to build a base of these important life-skills to make the transition both from paid work to parenting and back again to paid work much easier to cope with.*

Training for all students in the basics of child-care during school hours, in particular at around 4, 8 and 14 years via the class-room and adequate practical training.

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**RATIONALE FOR RECOMMENDATIONS TO THE INQUIRY**

The rationale is based on :

1. The basic milestones of a normal baby;
2. Implications for maternity leave;
3. Accepted, substantiated research demonstrating the critical nature of bonding of babies to normal development – not mentioned in the Issues paper;
4. Personal and other's wide experiences in child-care over 57 years concerning loss of bonding of children; the effort to juggle paid work and child-care and the effect on the family; inability to accept full-time senior positions and loss of income ;

These are attached as Appendices 1, 2 and 3.

## (C) RECOMMENDATIONS TO THE INQUIRY IN FULL

### **PRIMARY AIM**

*The overarching aim of any changes in legislation should be to enable the baby to establish sound bonding with its mother or significant other, and to maintain that bonding throughout the first three years of life.*

### **SECONDARY AIM**

*To redress the discrimination which has been practised for a long time, against Australian women who bear the nation's children.*

#### **1. SCHOOL STUDENTS :**

*The AIM - to build a base of parenting skills to help make the transition both from paid work to parenting and back again much easier for parents to cope with.*

Nowadays, students are trained for careers, with no real consideration given to their equally demanding and most fundamental, future role as parents. Good child-care is a skill learned by practice, but should be learned before the first baby is born.

**Training in Child-care for all students would reduce maternal stress and help new mothers to balance their responsibilities and return to work more able to cope.**

Both **girls and boys** need adequate training in the **basics of child-care** during kindergarten, primary and secondary school, e.g. once a week for 30 minutes, for six months at least, helping in Child-care Centres. while the biological interest in such education is at its peak.

Children at about 4 years of age are extremely interested in babies. If taught sound models of care for babies, dolls and other animals at this age, the lessons will be maintained for life. At around eight years of age, most children show intense interest in sex and babies. If sound lessons are provided at this age, to re-inforce the earlier instruction, it will assist later when these students become parents. All teenage students in year 9 should spend adequate time, e.g. once a week for six months at least, helping in Child-care Centres.

Parenting skills are not learned "by instinct." **Those who do learn these skills at an early age are far more likely to become relaxed and capable parents.** Those who do not, are significantly more likely to be tense, awkward and sometimes make terrible mistakes, to the life-long detriment of their children. **This education becomes more and more essential as current generations receive less and less sound education in this area and often learn via disjointed and confusing child-care models,** e.g. trying to read up on child-care while they are supposed to be feeding and caring for a new baby. Child-care training would save new parents many anxious hours of misery and ensure that their babies had a much happier start in life as a prelude to emotional stability before they return to the paid work-force.

#### **2. PRE NATAL LEAVE AND COMPULSORY CHILD CARE EDUCATION :**

*The AIM should be to ensure that all mothers-to-be have sufficient education in the care of babies 0 - 4 months of age, to be reasonably confident when they take full responsibility; so as to make the first few weeks after child-birth as easy as possible; with the new mother able to relax and establish breast-feeding-bonding with her baby, and cope more easily with balancing her return to paid work and the needs of her baby.*

A mother with a normal pregnancy and, depending on the nature of the work she does, should be able to take **one month's paid leave** prior to the birth. By this time sleep is usually disturbed and preparations for the baby's arrival need to be completed, as many women do not like to prepare too early in case something goes wrong. It is also important that the baby reaches full-term and is not born prematurely because the mother is trying to balance her paid-work commitments. It can create tension in a work-place to have a woman there who is close to term.

The Commission might also recommend that suitable legislation is enacted to enable **first time mothers** to attend obligatory child-care (apart from birthing) classes over at least four months and assist for two hours a week for four months in a child-care centre. So many women these days try to learn child-care from a book after a baby has arrived and they find they do not have the skills required at the critical moments. The stress and tension this entails is compounded if they are missing the support of their work colleagues.

We consider that it would assist if the **baby bonus** was only be paid to those mothers who do not use drugs of any sort during the pregnancy; because of the unnecessary cost to tax-payers for health problems which could be avoided, like foetal alcohol syndrome, small birth weight and prematurity, drug addiction in new-borns and other drug related illness. We also consider that the baby bonus should not be paid to women who do not attend child-care classes or assist for an adequate period in a child health care centre during their pregnancy, unless they have a doctor's certificate.

3. **POST-NATAL - 0-4 ( but preferably ) 6 months :**

*The AIM should be to allow the baby time to bond well with its mother (or significant other), develop a sense of trust; and for the mother to heal without stress and breast-feed successfully, rather than feeling pressured because of financial and other worries.*

**Four months leave, 6 months if possible**, means tested, and **paid** to the level of the minimum wage **by the Government, should be and is, possible in Australia.**

If taxes can be cut, then a levy to cover Maternity Leave and the reasonable care of the next generation to allow for bonding, and prevention of numerous future psychological and social problems should be more important than any other consideration.

If a baby has any problems, this period may need to be extended and the Government " should take this responsibility. Babies which have been adopted or placed with a carer other than their birth mother should also experience unbroken bonding during the longer time. Mothers who are breast feeding successfully should be able to have six months leave and wean their babies very gradually. All mothers of newborns should be able to take time off work to feed their babies at least once during a 4-5 hour work period. They should not be forced to express milk for a stranger to bottle-feed their infant.

**Fathers should be able to take at least 14 days parental leave paid by the Government to the level of the minimum wage** to assist at home without losing their other leave entitlements; and if possible, might be able to increase their parental leave by using holiday or long-service entitlements.

**Parents should not be made to feel guilty for acting responsibly towards their children.** So often in the paid work-place those who put their baby's needs first for a time are made to feel they are not worth employing.

*(Employers will need to employ temporary staff, so should not have to cope with any extra burden).*

4. **4-12 months post-natal –**

*AIM - Bonding should be maintained at all costs. Changes should be carefully planned and as gradual as possible, so as to make the transition back to paid work and time away from the baby as indistinguishable to the baby as possible. A baby needs time to relate to a new carer. A baby should not be stressed by separation from its mother.*

The Inquiry would best serve the future of the nation if it recommended that the **Government legislate** to ensure that mothers **work part time, no more than 4-5 hours a day while they have a baby under 12 months of age**, with **job-sharing** as a means of helping employers. **Easy access to the baby should be mandatory.** The baby should be cared for within five minutes reach of the mother.

Mothers and/or their partners who have contributed to a maternity leave fund for at least 12, preferably 24 months, should have the right to be able to “top off” their wage, just as those who have paid into a private health fund can access private health care.

Some mothers may have worked for two years or more with the same employer prior to taking maternity leave. These mothers may be entitled to long-service or other entitlements. This can then be added to their Maternity Leave.

**Government legislation should be enacted** to ensure that **all mothers have access to part time work**, and are separated from their baby no more than 4-5 hours a day.

**Job-sharing** maybe a means of helping employers, but should not entail them in a double burden of taxes and other regulatory expenses.

Working hours may need to be more flexible than many employers currently allow, to allow for, e.g. a baby may need changing unexpectedly after a car trip, etc. **Easy access to the baby should be mandatory.** The baby should be as little aware of the changes as possible and should be cared for within five minutes reach of the mother.

The separation from the baby should be as gradual as possible and the carer should be **one to whom the baby responds obviously and happily**. Even if the father or a grandparent cares for the baby in the mother’s absence, the mother should be able to go to her baby if it is upset.

There is a tremendous need for employers to work together in a street, or in close community, e.g. within a large building, to provide a room, so that babies can be reached easily by their mothers.

The Government needs to ensure via legislation that sufficient **well-trained and responsible carers** are available. There should be a ratio of **one carer to 4-5 babies**. It is impossible to care adequately for more and give each child the caring attention, play, and mental stimulation it needs.

Once a baby is crawling and starting to walk, a gradual transition to a larger child-care facility might be considered. However, as a baby of this age is usually closely bonded with its mother or significant other, or the carer it has known consistently during this time and wary of strangers, every effort should be made to make as few changes as possible, and to extend the facilities where the baby has been cared for in the first 6 months in an environment in which it feels safe, and one which is able to meet its developing needs. If a baby of 8-12 months is not wary of strangers it has lost bonding.



If possible, a **responsible father** can share the parenting role and gain and give a great deal in the process. In many countries, there is now an increased emphasis on the father's role as a co-parent, fully engaged in the emotional and practical day-to-day aspects of raising children. Recent research has affirmed the positive impact of active involvement by fathers in the development of their babies. The Government has a responsibility to give fathers this opportunity, by increasing the ease with which fathers can work part-time without losing entitlements given to full-time workers. Plus the right to access a part-pension if required.

5. **12 months - 2 years :**

AIM - Bonding should be maintained

The Government should **legislate** to ensure that sufficient well-qualified Child-carers are employed to provide adequate continuity of care by a significant other with whom the toddler relates well, particularly same-person care for each baby and toddler in child-minding facilities. **Preferably, the mother will continue to work part-time.**

6. **Inadequate part-time income :**

The Government should recognise that in working part-time, not only is a mother's immediate salary reduced, but her superannuation contributions will be inadequate to provide for her retirement. The Government could provide **means assisted pensions** to mothers for whom a part-time income is inadequate. **A women cannot, in today's world, be dependent upon a partner's income, She also needs security for her retirement.** It is demeaning to have to ask for money for every simple need, when so many employees receive annual salaries of over \$80,000.

7. **Normal babies which cry excessively or become withdrawn :**

The Government should legislate to ensure that if a normal baby under 2 years of age is in a care situation and its physical needs have been met but it is still crying, **the mother should be quickly informed, as a right of the baby, and be able to go and pacify the baby, and restore trust and bonding**, particularly if the mother is working full-time.

8. **Maintenance of a baby's right to be bonded with its mother/significant other :**

Careful legislation is needed to ensure that a strict and continual process of peer assessment should be carried out on anyone who cares for children under four years of age to ensure that each baby's rights are maintained.  
The privacy of the assessors must be maintained.

9. **Babies which have not bonded closely, or are otherwise abnormal** in some respect –

The Government should increase funding specifically to provide specialist staff to rotate in overseeing the care given in all child-care centres, who can **quickly diagnose and help any baby which has lost, or is losing bonding with its mother at any point**, and urgently arrange for help to teach the mother how to bond, plus seek and provide **one specific carer to take responsibility** for helping that **baby to bond with a significant other – perhaps the father, a grandmother, or someone who will be stable and create a feeling of safety in that baby's life until it is at least three years of age.**

10. **There is also a great need for stronger legislation to provide better protection of whistle-blowers** who report poor/abusive/neglectful care of babies and young children.

11. **There is a need for legislation to counter discrimination** and unsuitable demands made by other employees, or employers, against parents who, for a time, put their baby's needs first.

## **RATIONALE FOR THESE RECOMMENDATIONS**

These recommendations are based on –

- (a) well understood milestones in a normal baby's development (Appendix 1)
- (b) fully researched evidence; (Appendix 2) and
- (c) my own and other's experiences over many years. (Appendix 3)

### **APPENDIX 1**

#### **RECOGNISED NORMAL INFANT DEVELOPMENT**

It is quite clear, as demonstrated by the standard examinations made by paediatricians and child health nurses, that normal, intelligent babies follow a clear and recognised pattern of emotional, physical and intellectual development.

To meet these normal needs of a normal baby therefore, the following should apply :

##### **Pre-Natal**

**Each first-time mother should have the opportunity and sufficient time away from paid work** to be able to regularly attend an obligatory child-care course, apart from child-birth education, and help in a Child-care Centre for at least two hours a week for at least four months. This education cannot be learned sufficiently easily after a baby is born.

Education in child-care should re-enforce specific lessons regularly learned in school which can only be absorbed in a practical setting.

**Lack of knowledge and security in caring for a baby creates undue tension and stress when a baby is born and this may cause a new mother to seek to return to work early, because this is the milieu she is used to and in which she feels more comfortable, without understanding the long-term effect on her baby.** She does not establish bonding, or realize that the baby really is not closely bonded. She usually does the same to subsequent children. **This covert loss of bonding frequently causes the child to not listen when addressed by the parent, harsher discipline, a breakdown in family relationships, particularly when a child reaches its teens,** and that child's lack of emotional stability. It gives the child no sound resources to fall back on at times of stress, so he/she turns to peers for support, plus drugs, risk-taking and other forms of extreme behaviour.

##### **1-4 months Post-natal**

Breast feeding and bonding need to be established. The normal milestones should be achieved. Many babies are unsettled for the first three months, some wake a lot during the night, others cry for a couple of hours during the evening, others experience colic for some weeks. Mothers need time to recover from labour, especially if they have sutures. They also need adequate time with their partners, so that both can adjust to the changes and demands a new baby creates. The baby needs to bond strongly, preferably with the person it has heard most often during its pre-natal days. **If a baby has to be placed in child-care away from the mother at all during this time, it should be done gradually, for short periods, with a person who can make it feel safe and loved.** The baby is learning the language, so needs consistency in what it hears.

##### **3-4 months Post-natal**

As any experienced mother knows, a baby usually reacts badly to changes in routine. If the baby is settled and well, smiling and contented and beginning to explore its digits and cot, play, experiment with using its voice to make sounds, etc, and clearly knows who its mother is, then **provided any changes are made gradually, and the baby gets to know and respond positively to another carer, from 3-4 months of age it can be left with the same, known carer for no more than one hour at time before its mother returns.** She might

leave again for another hour, but the baby should be aware of her return each time. The carer might be the father, but the other person should be consistent in the baby's life and speak like the mother if possible. (*A security blanket should be available from the outset – but should never be seen as the best substitute*). **Preferably the mother will only do paid work at home, for short intervals, if she feels fit to do so.**

#### **From 4-6 months -**

A normal intelligent baby which is rolling over and able to play happily for 20 minutes before needing attention can be left for **two hours** maximum, provided it knows the carer well. **If it starts to get upset, the mother should return as quickly as possible.** The mother should continue to return regularly to her baby and feed it herself (breast or bottle). Normal, bonded babies will begin looking around for their mother if separated for too long and stop trying to talk, even if not unduly anxious or crying.

**Preferably, the majority of mothers will work from home, or not return to paid work during this period.**

#### **From 6-8 months –**

A normal baby which plays, rolls, laughs, continues to try to talk, explore etc. can be weaned and after a graduated transition, **left with its carer for four-five hours maximum.** A **mother might work part-time, but not full-time.** The mother should **return and give the baby a feed** during that time if possible, before leaving again. The carer should maintain the same routines which the baby is used to from mother. From 8 months on a normal baby will signal its **distress at strangers, or at being left for too long.** **This should be respected and the mother called.** Too often this does not happen. A 6-8 months old which is unsettled, or quiet and withdrawn is signalling that it is grieving.

#### **From 9-12 months –**

A normal, happy baby can be left for **6-8 hours maximum with its principal carer.** **Again, the mother needs to return to feed the baby at least once during this time.** If the baby is distressed, the mother should return quickly. At about 12 months of age the normal baby will start reaching out to another adult, usually the father and welcoming him with obvious joy when he returns from work. At this time another carer whom the baby gradually learns to know and obviously responds to well, can help the principal carer for short periods.

#### **From 12-18 months –**

Great care with usual home routines and **respect the baby's fear of strangers** should be maintained. The baby is trying to learn the language and needs people with very clear speech patterns, similar to the mother's if possible, so that it is not confused. During this time it is also learning its first discipline, eating with a spoon, toilet training, holding a hand when walking, etc. and the carer should maintain what the mother is teaching **and not confuse the child,** use the same words as the mother does for various nouns and verbs, etc. **The need therefore for a consistent carer with whom the child obviously feels safe and happy, is absolutely essential.**

#### **From 18 months – 2 years –**

The toddler who is confident and uses the language sufficiently well to know it can make itself understood on its basic needs to anyone else will now have lost its fear of strangers and **can now, safely be cared for by different carers.** Even, so these should be as limited in number as possible and any changes made gradually. A toddler should never be left with someone who is a virtual stranger to that child. The mother should stay for at least an hour with a new carer and the toddler introduced gradually to that person.

**If the child gets upset for any reason, until it is three years old, its mother should be able to reach it within 7-10 minutes, or speak to it on the phone, until trust is restored and it is settled again.** So many times, carers do not call the mother and bonding and trust of the baby for the mother and everyone else, are damaged forever.

### **THE IMPLICATIONS FOR MATERNITY LEAVE**

From the above, it can be seen that **normal maternity leave should be a GRADUATED process.** The current “all or nothing” approach of leaving a child under two years in a care centre with people who are strangers to that baby, to suit an employer’s demands, or the mother’s, especially if she has few parenting skills, should not be the deciding factor, **The Government should legislate in favour of meeting the physical/emotional health needs of the baby as the primary obligation.**

#### **1-4 months post-natal –**

**1- 4 months leave, (four if possible), paid by the Government on a means tested basis in line with the minimum wage.** Women who want a family and are leaving well-paid work to care for a baby should not expect the state to take this responsibility entirely, but should contribute prior to taking leave. (Employers will need to employ temporary staff, so should not have to bear the burden). The mother might do paid work from home in the post-natal period, but she should be allowed to heal and establish breast-feeding and the baby should be allowed to bond and feel safe, in a known environment.

#### **4-8 months post-natal –**

**Mothers should be prepared to work part-time and job-share.**

**Employers should be required to employ a fully trained carer and baby room if mothers return to work, so that the young babies are not far away. Three or four, or more employers could combine, in one building/ street to share the cost of the carer and provision of the babies’ room.**

The Government might be able to give some financial assistance. The emphasis should be on quality care.

The baby should be weaned gradually, and get to know the main carer who relates well with the mother and with whom she feels safe to leave her baby. The mother might then return to work for perhaps three to four hours a day from the time the baby is settled – usually after 4 months of age; **provided she can go quickly to her baby if it is upset. She should not have to leave her baby some distance away from her place of work. Most mothers can relax if their babies are reasonably close. Babies will not lose bonding if the mother can return in less than five minutes.**

The Government might pay a portion of a wage/salary (means tested) for those on low incomes who cannot exist on half a salary.

#### **8-12 months –**

**Mothers can increase their hours at work to full time, provided their babies are with a carer the baby accepts and with whom it continues to thrive, and mothers can still access their babies promptly and feed them at least once during that period. This may mean a mother has to take over an hour away from paid work.**

There may be a need to prepare the baby to move to a child-care centre, perhaps away from a ‘babies’ room at the mother’s work place, before the baby starts moving around and outgrows a room in the work complex. **This may mean allowing the mother time away from paid work** as it is important for a carer from a child-care centre to get to know the baby well and for the baby to get to know the new carer well before the change is made, so that the transition to a larger centre can be made once the baby begins to walk. It may be useful for the baby to be left in the new situation for half-an hour at a time, gradually increasing until the baby is content when it is left for longer. **The baby should not have to wait for more than 10**

**minutes for its mother to return if it is crying.** Most adults know how stressful it is to wait for over 10 minutes for someone and not know what is happening. **How much more so for a baby.**

A baby will go through the whole grieving process just like an adult, if changes are made too abruptly. **Trust should be maintained throughout any change process.** So often it is not.

#### **12-18 months –**

**If they are in paid work, mothers should be able to speak to toddlers on the phone, and go to them as often as necessary to reassure them.**

Toddlers need more room to play, etc. so, if required, the transition to a Child-care Centre, particularly if it is not close to work, should be gradually completed. The toddler should be able to hear its mother **on the phone** at any time it needs immediate reassurance, before it begins to sob. This may also mean that the mother may have to leave the work place for a while and go and feed and settle her baby. **No matter how important her paid work seems at this point in its life her child should come first. Employers and legislators need to recognise this. It will only be a few months before this phase is over; and a happy child means a relaxed mother and a better worker.**

So often it is possible at present, to hear babies and toddlers in child-care centres sobbing. Carers tell the mothers their baby cried “for a while.” **This should not happen.** Any carer who knows what is best will phone the mother and let the baby listen to the mother talking until it is reassured. Or, if not, the good carer will ask the mother to come.

#### **18 months - 3 years**

**Once a toddler knows it can communicate its needs** without fear, and is obviously happy and well adjusted, **it can be left with ‘strangers,’ or a succession of carers at a Child-care Centre without so much concern.** However, even after that, the succession of carers should be as limited as possible and the person to whom the child relates on a regular basis in a Child-care Centre should be as constant as possible.

## **APPENDIX 2.**

### **RESEARCHED EVIDENCE RELATED TO THE IMPORTANCE OF THE BONDING OF BABIES.**

*I apologise, my many references are in storage at present..*

*I have referred to recognised material on bonding, not included in the Issues paper.*

*I cite Marlow DM, Textbook of Paediatric Nursing, Chapter 12, Saunders & Coy. 1969*

There is a massive volume of world-wide research, from the 1930's onwards, e.g. Erickson's seminal work on the bonding of young babies, which demonstrates that it is **absolutely critical** as a first step in life, **for a baby to develop a sense of trust and feeling of security in its relationship with its significant other from the time it is born, if it is to develop sound emotional maturity.** And that, **if babies under 18 months of age are allowed to maintain close bonding** with their mothers in the first instance and with their significant others as they develop during the first three years of their lives, **their adult emotional health and sense of optimism will be far more certain,** despite later, traumatic life events.

**A percentage of young babies who fail to bond with their mother, or a significant other, during the first three months of life are at risk.** The mother may be suffering from, e.g., - a mental illness, drug-taking, stress or post-natal depression. These babies are at risk of emotional withdrawal and are probably happier in a child-care situation. However, **this**

**places more responsibility on the qualified staff in the child-care situation to urgently diagnose and assist these babies to bond with someone who will take the long-term responsibility for maintaining that bond.**

Up until the 1960s, babies and children were usually separated from their mothers for a week or more when they were hospitalised, until research demonstrated clearly that the loss of bonding, the effect of isolation and maternal deprivation etc. which occurred during just ONE WEEK of separation was emotionally disabling for years into these babies' future. Since the 1970s most mothers have been, encouraged to stay full time with their babies in hospital, so that bonding is not lost and fear of separation increased. How much damage is done to babies placed in child-care each day and separated regularly from their mothers during most of their waking day, for the first TWO YEARS of their life, particularly if mothers only have a short time each evening to re-establish a bond?

A clear and unequivocal example has been well documented, of the **effect of loss of bonding** on the hundreds of babies of the *Lebensborn* in Germany during the Second World War. These babies, who should have developed into "superior" children, as their parents were 'superior' genetically, airmen and similar, and the babies had been normal at birth, had received the best physical care and had probably been loved by some of their various shift-working carers, all developed severe physical and emotional problems. This demonstrated highly significantly, that **loss of real and consistent bonding with one person** meant that most, were not only irrevocably, psychologically damaged, but intellectually and physically as well. Most died before they reached adulthood.

Similarly, in **Israel** in the 1940-50s, where thousands of parents worked all day in their kibbutzim etc., their babies showed all types of disturbed behaviour as teenagers and the nation suffered because these young adults were emotionally unstable. The Israeli Government ceased to allow mothers with babies and toddlers to work all day, away from their babies. Similarly, from the 1940s, the then, Iron Curtain/**communist countries** also opted for all-day separation of children all day in child-care centres, again with well-documented, disastrous results in terms of lack of moral stability and psychological and physical impairment of these children as they grew to adulthood. The end product of that type of child-care has been seen more recently in the orphanages of, e.g., **Rumania**.

The **French** Government, from the 1960s, **considered that maintaining bonding is so important**, it paid French mothers to stay home with their babies for the first three years of their lives. The Scandinavian countries have similarly given longer periods of maternity leave to mothers than most other countries.

I asked a younger friend of mine in **Denmark** who is a highly-paid research scientist, about her experience. Because she was integral to particular experimental work being done, she returned to work 3 months after the birth of all three of her children. Although she had freedom to not have to arrive at work at a set time, she found in each case, the pressure to get the baby ready to go to child-care each day and the loss of bonding, which had to be re-established each time she collected each child was quite stressful. She is certain that she had trouble maintaining breast-feeding because of this pressure and although she fed each baby partially until it was six months old, it was a struggle. She was assured by the carers that child-care would not harm her family - and they are reasonably stable. However, her **son**, now in his early teens, was often disobedient and needed a 'strong hand' as he grew. This is becoming more obvious. My friend said she was made to feel **guilty** for, e.g., not being eager to leave her family at short notice to take the place of the CEO at conferences, and similar demands. Her comment is that the Danish legislation looks fine on paper, but it is not always implemented as intended by particular employers.

This sort of experience at work is common in Australia, to both fathers and mothers who, for a time, put their responsibility to their children before their paid work. **There is a need for legislation to counter this type of discrimination and unwarranted demands made by some employers and other employees..**

There are several studies (some cited in the Issues Paper) which purport to demonstrate that placing children under three years of age in child-care does no harm, that these children gain more social skills with their peers and are less disturbed when they start kindergarten. However, these studies are usually conducted over a short time-frame. The mass of evidence against this is far more conclusive, particularly if done over a long time frame, because it demonstrates significant differences in reduced language skills, lower intelligence levels, greater loss of family bonding, greater dependence on their peers, 'independence from adults,' and increased risk-taking behaviours amongst teenagers who were placed in care at a very early age.

A recent, very large study has demonstrated that breast fed babies are significantly more intelligent than non-breast fed babies when they reach adolescence. This may be due not only to the physical properties of the milk, e.g. proteins/fats related to brain development, **but the degree of confidence and feeling of security a well-bonded baby experiences which enables it to reach out and explore with more certainty** and thus increase its neuronal connections.

Other well-researched studies demonstrate that **most mothers** who, when they return to work, particularly when their baby is 4-8 months of age, and leave in care babies with whom they are closely bonded, state that is a “devastating experience” for them. **How much more so for their babies?**

There is also a huge volume of research demonstrating that our Australian crisis centres, refuges for homeless teenagers, drug rehabilitation centres, mental hospitals and prisons, are filled with those who lost bonding with their mother and significant others in their earliest years, and with it, loss of trust, with strong feelings of isolation, depression and insecurity. At present, one in five Australians is reckoned to suffer from mental illness at any one time. **These thousands of Australians have not reached their full potential.** They are lost to the paid work force and are a drain on the nation's financial resources. **The cost to the community is huge – and unnecessary.**

It would have been interesting to compare Australia's young adults of the last 30 years, with those who went away to fight in the first and second world wars. **Why, in the post-war years were these young men, as a group, so resilient and capable, so able to come back and 'get on with life, 'without fuss'?** I, and a number of other researchers suggest it had much to do with their early bonding with their mothers and families, as little children.

As a nation, we are also only now, beginning to understand the real cost of the long-term feelings of pain and loss, dislocation and isolation, experienced by young children, white, as well as aboriginal, who were forcibly separated from their mothers until the 1970s.

**Yet, we are continuing to do the same to our current generation of babies.**

The pain of separation and loss of bonding is not as obvious, but is more insidious and damaging to the future health and well-being of our nation's children than our previous mistakes in separating aboriginal children from their mothers, because it involves so many more, particularly our brightest and best young mothers and their babies.

Mothers state that they are unable to survive financially, so are forced to return to the workforce, as **there is no reasonable financial security for them during the babyhood of their children.** If they continue to work part-time, or opt out of the work-force, they have too little financial security when they retire, unless they stay within the paid workforce. There is

also they live with the huge fear, particularly during times of unemployment, that they will not be re-employed and will have to try to “catch up” their skills-base again and be unable to compete with younger non-mothers.

There has been a **highly significant increase in Post-natal Depression PND**, in the past twenty years. During this time many more women returned to the paid work force soon after the birth of a baby. Most women, particularly after their first-born, need to be able to rest and heal, particularly if they have had stitches, re-establish their physical strength, normal hormones and sleeping patterns, breast-feeding and family relationships, during the first three months after a baby’s birth. **Once a mother becomes depressed, it is likely to recur. Families struggle if a mother is depressed. Employers do not want depressed women on their work-force. Governments do not want the increased cost of health care and breakdown in family relationships.** Stable relationships are more likely if family bonding is unbroken. Taking the time to recover is as essential to the mother as it is to the baby. It is also essential to the well-being of Australia.

### APPENDIX 3.

#### **PERSONAL EXPERIENCE**

As a trainee nurse in the Royal Hobart Hospital 1951-55, I cared for children under four years of age, **who sat rocking in their cots and sucking their thumbs, or lying curled up, not moving or crying, after three days of separation from their mothers.** Little Children were forcibly removed screaming from their parents when visiting hour was finished each Saturday – visiting day. Parents were told not to visit because it upset the children too much.

In London from 1955-8, I specifically cared for 18 children who were **psychologically disturbed**, each having been cared for **by a succession of nannies and au pairs**. I went into their homes and cared for the children and their siblings and regularly reported to four psychiatrists trying to help the children, on just what was happening or had happened in these homes. **The obvious problem in every case was loss of trust and bonding, even though the parents were loving and caring in their own way, and the ‘carers’ lived on the job. It did not matter if the carers had been highly trained Norland nannies or au-pairs from foreign countries, unable to speak English; the effect was the same - loss of trust and feelings of great insecurity and isolation on the part of these children.** In each case, **the big problem was the loss of bonding, due to too little time with their mothers and rapid succession of different carers, coupled with English expectations of the role and relationship of nannies and mothers with their children.**

These children did not know how to relate closely with anyone, their language skills were slowed down or greatly accelerated in several cases, they did “naughty,” sometimes really harmful things to get attention, and ended up being ‘disciplined’ in a variety of ways, some abusive, **because the normal bond and genetic obedience to the mother’s voice was not there, and they took no notice of anyone.** Most of these children had regular nightmares and problems with bed wetting, tantrums, long silences and withdrawal, etc. By the time they were **four** years old, each of these children **showed little respect for adults**. Several of the disturbed children were really withdrawn, one had been labelled ‘autistic,’ several were aggressive, one to the point of trying to murder her baby sister every time she could, as the only way she had of controlling, as she experienced it, her ‘intolerably isolated’ situation by attacking the only thing which was smaller. That particular child failed to make real friends, married in her 40s and divorced soon after.



I have since raised three children of my own – all happily adult. I left paid work just before my first baby was born. I was then dependent on my husband for everything apart from that which I had been able to save prior to the birth. This was often hard to take, although it was the norm at the time for most women.

I was annoyed one day when I took my youngest at four months of age to the Clinic to check his weight. I said to the Clinic Sister, “All you ever write, each time I bring any of my three for a check is ‘*Sweet and Contented*,’ and they are not always “sweet and contented.” She replied, if only I could write that for all the babies I see. Yours have contented little mouths and relaxed little bodies and I can see they are closely bonded. I wish all the babies were.” I have a relative who has worked in Child Welfare clinics in Melbourne, for 28 years. She also supports this submission for the same reasons.

I rejoined the paid work-force on mornings while my youngest was in Pre-school. On one morning he did not want to go to Pre-school. I had a lecture to give and left him for a very unhappy hour with my neighbour and **felt guilty** for some time when I remembered how miserable he was. I don’t think I gave a good lecture. **If I felt torn over this short absence, then how much guilt do many other mothers carry who leave their babies day after day? Is this good for the work-force, or the health of the nation?** I started working part-time after my youngest started Primary School – 3 days a week during school hours or at weekends when their father was with them. I continued to work part-time like this until I retired. It meant that, on occasions, my nine year old daughter cycled to the hospital so that I could plait her hair before school. I missed out on weekends with my family, week after week, year after year. I often felt frustrated at this. I could not take a Charge Sister position as I would not work full-time. Since then, some senior staff have been permitted to work part-time. As a part-time worker, I was also denied access to superannuation for many years. This has also changed. However, there are many women who are now on pensions because of those policies. **Is this good for the nation?**

I worked part-time for 23 years, as a SRN in the RHH Burns Unit. This involved caring for other people’s children. In the late 1970s the Burns Unit was the last ward of the Royal Hobart Hospital to allow parents to live in with young babies. The first few times it was a battle to have even one doctor and the senior sisters agree. Notwithstanding the “risk of infection,” the improved well-being of the child was obvious and in the case of most of the breast fed babies, the healing much faster. Thereafter, whenever a young child wanted its mother, if she was not living-in, it was automatic to ask her to come and stay with that child as much as possible.

I have three grandsons whom I have cared for at least one day a week for the past 10 years. I have asked their mother to provide her experience for this Inquiry.

For 40 years, I ran weekly meetings, camps, sleep-overs and hikes for **Guides** aged 7-11 and 11-16. I have seen the **difference** between **well-bonded children and poorly-bonded**, week after week in hundreds of these young girls. **The difference in the outcome of their teenage and adult lives is quite obvious.** If I had been able to do my doctorate, this would have been the area I would have chosen.

Since I have retired from work, I have cared for other people’s babies too, without payment, and their parents could provide references that these babies were not only well-cared for, but that I made sure they did not lose bonding with their mothers and maintained their sense of trust and security. This should be the primary aim of any child-carer.

For example, a young mother who knew me fairly well at work, was offered a full time job when her baby was 8 months old and asked me to care for her baby. Her wonderfully

intelligent baby was 'good' for about five hours each day, but then, the only thing which would stop the baby getting really distressed was to walk her in her stroller to her home about three kilometres away. She knew when we were on the correct route and I could not deviate for any reason. After the first month, I asked the mother not to work full-time as, no matter how good I was at diversion etc. and **even though I asked the mother to talk to her baby via the phone, her baby really suffered during the last three hours, each day.** Although money was tight, the mother changed to part-time work and her baby accepted this.

Over the past two years I looked after another intelligent little girl for 8 hours once a week from the time she was four months old. Her mother and I made the transition gradually and she was very happy to come to me. However, once she could walk, she made it quite clear that we could only go for a walk while she could still see the house. She, at 11 months, would sit down on the footpath and refuse to move and once she could say it, would turn round and say "Uder way," until we went home. She had worked out, although she could not say it, that my home was where her mother returned each time, and she did not wish to leave it in case her mother returned and she was not there. We respected her wishes. Her mother explained that if we were in the park she would know where to find us and soon the toddler was happy to go to the park again. **In a child-care setting with a succession of carers, it is often not possible for them to work out what a young child is trying to communicate.** If a toddler or baby goes quiet and stops trying to communicate, or fails to talk when it goes back to the mother, it is a clear signal that it is distressed, unhappy or confused in the care situation and steps should be taken to redress the problem. **So often this does not happen.**

I have worked with a number of **mothers of new babies over the years who have cried** throughout a shift because they had no-one they knew, like a grandmother, with whom to leave their babies. The RHH instituted a Creche within the hospital for a time whilst I worked there and this was received with joy by most nursing staff, however, when funds became tight this was closed and staff had to put their children into care which was about 15 minutes away. So, they could not visit them during their half-hour lunch breaks. This was distressing.

A great number of my friends who did not work while their babies were under two years of age have raised very normal, healthy, happy children and grandchildren. However, I have seen the results in a number of other friend's children where the babies were regularly placed in child-care and the difference in family bonding and increased behavioural problems is quite striking.

One of these situations occurred in Sydney. The parents had a flat in Elizabeth Bay and bought a home in French's Forest to which they moved when the baby was six weeks old. When the baby was eight months old and closely bonded, the husband lost his well-paid job unexpectedly for a time and the mother returned to her job back with Woollarha Council. She put the baby into a Child-care Creche close by. She used to rush and feed the baby at lunch-time, but over the next six weeks the baby went into a state of marasmus and she discovered that the carer never handled the baby at all during the time it was in care – just left it in its cot. The mother found another Child-care Centre, but her baby was fearful and cried when left, so that carer too, shut the baby away by itself. The damage done has been irrevocable. Despite that mother's deep love, as the baby learned to walk, it used to hide from the mother at every opportunity, was extra demanding and difficult from then on, 'drifted,' as a teenager and has experienced much counselling and professional help for years.

All those who agree with what I have stated and wished me to make this submission have said they had seen members of their families go through similar harrowing and life-changing experiences because they considered that their daughters and daughters-in-law had returned to work too soon after having their babies and these children were not closely bonded.

The many older women to whom I have spoken about maternity leave, without exception, consider that too many mothers-to-be do not currently receive sufficient training in child-care, so they feel more at ease at work and return to work too soon. They do not understand, or experience, real bonding with their babies and have more problems with their children thereafter than they themselves (as non-paid-work mothers), experienced as new mothers.

#### APPENDIX 4.

##### Education and Employment :

Four years training – dux Royal Hobart Hospital 1955.  
Three years UK- caring for 18 psychologically damaged children  
Registered SRN, Royal Hobart Hospital Burns Unit 1976 - 1997  
B.Arts - UTAS 1981 (Admin. & Psych.) (Hons.-Psych.)

##### Relevant Voluntary Activities :

*Warranted Guide Leader 1959-1999*  
*State Secretary, President and Life Member of Tas. Pre-School Parents Council 1968-78*  
*Current State Secretary of the United Nations Association Australia, Tas. 2000 & 2007-8*  
*Hon. Minutes Secretary Womens International League for Peace and Freedom 2003-4*  
*Hon. Secretary and State President - National Council of Women of Tas. Inc. 1984-2000*  
*Adviser for Health - National Council of Women of Tasmania Inc. NCWT - 2002-2008*  
*Representative to GP's Health Consumer Forum – 2003-2008*  
*Member of Tasmanian Women's Council, 1991-4; 2006-8*  
*Representative to Tasmanian Community Health Forum – 2008*

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