

Early Years Strategy Discussion Paper

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I would like to thank you for giving me the opportunity to provide my comments on the Early Years Strategy Discussion Paper.

Below are several points for the Panel's consideration:

Section 1. Introduction

Page 6 – First five years

1. The Strategy will focus on the first five years, including the antenatal period.

The above sentence requires further explanation, in particular the comment about 'including the antenatal period'. To focus on the first five years, 'The Strategy' needs to include the following areas:

- **Antenatal** refers to the period during pregnancy and prior to birth;
- **Postnatal** refers to the period immediately following birth; and
- **Perinatal** is the period of time when you become pregnant and up to a year after giving birth.

The above are all critical periods and need consideration. There is an increasing body of evidence, which shows that the physical and mental health and wellbeing of the mother in the perinatal period can directly impact the health of the infant. Parents and infants have different needs and require appropriate care and attention during the above periods.

Page 6 – A focus on breaking down silos

2. The Commonwealth funds health, maternal and child health and wellbeing program and early intervention health services.

Clarification of funding is required for each of the above areas. What is the Commonwealth funding in the following areas: health, maternal and child health wellbeing programs and early intervention health services? For example:

- What type of programs and activities does the Commonwealth fund in the community, particularly for parents and infants aged from birth to 12 months?
- How many dedicated health promotion staff (e.g. health promotion officers in the early years sector) have been funded to implement health promotion preventive programs and activities in the community on a regular basis?
- Is there an allocated budget each year for health promotion initiatives in the early years?

State government departments, organisations and independent contractors or self-employed consultants who are working in the early years sector need to work together collaboratively. Encouraging collaborative work or partnership between State government departments, organisations and independent contractors requires further examining. Is the Commonwealth able to explore or assist in this matter? The following is an example to illustrate my point:

In the community, most health promotion initiatives involve joint collaborative efforts from a variety of stakeholders such as local councils, non-for-profit organisations, community health services (State government) and/or self-employed contractors. In this one particular instance, the main issue was sourcing funds to deliver a health promotion program in the local community; primarily to contract a local self-employed contractor with expertise and skill set to not only to facilitate the 5-week specialised program for the parents and infants, but also to manage the overall program for the stakeholders. The council and others within the group did not have skilled staff or the relevant expertise to manage and facilitate the program. The self-employed contractor was unable to source funding and the program was not offered in the community. This is a common problem faced by stakeholders when planning, implementing and evaluating programs in the community.

In addition to the above, it can be difficult for State governments, local councils and other stakeholders to offer health promotion programs in the community, as they don't have the funds, resources and/or staff with specialised expertise and skills. Regular allocated funds are needed to employ independent contractors to facilitate specialised programs and/or manage health promotion programs in the community. Is there a possibility for the Commonwealth to allocate funds for State governments, local councils and other stakeholders? Is there a possibility for Commonwealth to allocate funds towards provision of specialised health promotion programs in the community? Is the Commonwealth able to provide assistance in this matter?

Page 7 - Consideration of how the Commonwealth connects to broader supports in the early years will be important

On page 6, it states: *The Strategy will focus on the first five years, including the antenatal period.* On page 7 it states: *State and territory governments are responsible for antenatal and birthing services, maternal and child health services.*

The Commonwealth needs to articulate what type of services and programs they are willing to provide and fund in the antenatal, postnatal and perinatal periods for infants and their families. There needs to be a clear clarification and specification as to what the State and Territory governments are providing for infants and their families and what the Commonwealth will contribute in terms of resources (i.e. capitals and staff FTEs) for delivering high quality services and programs within each State and Territory. A breakdown outlining these is strongly suggested to encourage joint collaboration between all levels of governments and eliminate confusion in the community.

Page 7 – Child and family centred

Childhood experiences occur in the context of families.

In this section, I would like the Panel to consider the following three viewpoints:

1. Acknowledgement/Recognition of infancy (babyhood)
2. Early bonding experience between infant and parent is critical
3. Research in nurturing touch for infants

1. Acknowledgement/Recognition of infancy (babyhood)

Infancy refers to the first year after birth. During this phase, the infant, parent and infant-parent relationship is important and needs to be nurtured. We need to recognise that infants are individual people – small, vulnerable and very dependent on their parents/carers. Parents and we (society) need to value infants in our community and show them that they are loved, respected and secure.

2. Early bonding experience between infants and parents is critical

Infants need to feel loved, respected and secure from their parents/carers in order to thrive and contribute to the greater good of humanity. This is laying the fundamentals or the foundation at infancy, which is then reinforced, as the infant becomes a child. During the early months after birth, the common issue or concern for parents and their infants is bonding. Some parents experience that immediate bond with their babies. However, other parents struggle to bond with their babies. In the UK, the National Childbirth Trust conducted a survey and found that one third of new mother's struggle to bond with their babies. And of those mother's at least 10% were embarrassed to discuss or speak about baby bonding issues with their care providers. I'm sure this is not just in the UK.

We (society/neighbourhoods) need to support and allow new parents to grow into their roles as parents. Nowadays, extended families such as parents, grandparents, cousins, uncles and aunties are not always close by to help and support their loved ones in their new roles as parents. Therefore, we can encourage and support parents in their parenting role by providing regular early years programs that focus on parenting skills such as bonding and allow parents the opportunity to connect with other parents and their babies within their community.

3. Research in nurturing touch for infants

Research has revealed that infants learn through their senses. Our largest organ that helps us primarily to connect and understand our surroundings and the world is our skin. Anthropologist Dr Ashley Montagu wrote: '*Human beings cannot survive without touch; it is a basic behavior need*'. There are many other researches that demonstrate the importance and benefits of touch for parents, infants and the wider community. For instance, Vimala McClure, founder of the International Association of Infant Massage (IAIM) has considerably worked in the area of nurturing touch with parents and their babies. Her carefully designed 5-week cue-based infant massage program is supported by the latest evidence-based research.

You come into this world as an infant and then you become a child and grow into a confident and hopefully a healthy and contributing adult. Investment needs to happen from birth to 12 months to have a major impact on the health and wellbeing of infants and parents. Providing high quality programs such as the IAIM Program can be offered to parents and infants from birth to 12 months. The IAIM program is simple, flexible, adaptable and non-invasive and welcomes all babies and enhances social interactions among parents and their babies.

Page 9 – The evidence

Absolutely, agree with the evidence provided. There is not enough emphasis on the infancy and perinatal period (birth to one year). There are very limited infant and parent programs/activities in the local community. There are few activities such as playgroups, but not all parents like to go to or attend playgroup. What would be useful is to do a literature research and identify early year programs and activities that are evidence-based and have positive outcomes and impact on infants and parents health and wellbeing.

Section 3 – Your views

Vision: Infants, toddlers and children feel loved, respected and secure.

Mixed Outcomes

- Knowledgeable, skilled and competent parents/carers who have access to support services, and high quality infant/parent health promotion programs and networks in the community. *(Infants are dependent on their parents or primary carers, whatever affects the adult has an effect on the infant/child)*
- Allocated funds to employ/contract specified and skilled staff in facilitating and managing health programs and activities in the community on behalf of the Commonwealth, State and Territory governments or other stakeholders. *(Please refer to page 2 for further clarification)*
- Improved mental health and wellbeing of parents and infants by focusing on specific areas that are listed below in the Policy Priorities section.

Policy Priorities: (Specific Areas)

- Increase parents' confidence in developing a strong bond and healthy relationship with their babies. *(The ability to attach to a significant adult allows infant to become trusting, confident, and capable of regulating stress and distress)*
- Increase parents' connectedness to other parents and babies in their local community.
- Increase accessibility of high quality health promotion programs and services for parents and their infants and children.

Principles

- Acknowledging that infants communicate with their parents/carers by using verbal and non-verbal communication cues. They learn through their senses, primarily through touch.
- All parents be given the opportunity to develop a strong bonding and healthy relationship with their babies through nurturing touch and communication *(Humans cannot survive without touch; it is a basic behavior need)*

Evidence-based approach

- Learn more about Vimala McClure's 5-week cue-based infant massage program specifically designed for parents and infants (International Association of Infant Massage (IAIM) Program).
- Promote nurturing touch in the community. Nurturing touch has many benefits for infants, parents, families and wider community.
- High-quality health promotion programs for parents and their infants and children that are supported and lead by latest research in early years.
- Comprehensive and high quality maternal and perinatal health services provided in the community (infant and family centred)