

**Submission
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SUPPORT FOR NEW PARENTS AND BABIES IN NEW SOUTH WALES

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Support for New Parents and Babies in New South Wales

Montessori Australia Foundation

Montessori is an approach to supporting the full development of the human being from birth to maturity. It is the world's oldest and most wide-spread pedagogy with a well-established and successful programme providing tools for parents to support their child's development from birth.

The adequacy of current services and structures for new parents, especially those who need extra support, to provide a safe and nurturing environment for their babies.

Montessori Australia has undertaken an extensive literature review around the provision of services for expectant parents in Australia. The literature suggests that:

1. There is limited evidence regarding the effectiveness of childbirth education, although some suggests that it can positively influence knowledge, health behaviours and outcomes.
2. An 'accepted model' of childbirth education has evolved over time but has not been subjected to rigorous and systematic evaluation.
3. Evidence of the much higher participation rates of white middle class parents in pre-natal education.

Changes to current services and structures that could improve physical health, mental health and child protection outcomes.

1. Fundamental questions need to address content, format, timing, the composition of classes, and their suitability for diverse groups of clients.
2. New parents need knowledge about providing safe care; growth and development in the early months and years; how to promote healthy parent-infant relationships; and evidence-based information on such issues as safe sleeping environments and risk factors.
3. Evidence suggests that interactive, reciprocal interventions are the most effective in facilitating the process of becoming a parent, and information- or instruction-based interventions are the least effective.
4. Many antenatal education programs have not been informed by adult learning (or other) theory; content is not based on the needs of program participants, and often does not match the objectives of the program; clients' existing knowledge is not recognised or considered; and teaching styles are not usually learner centred.
5. The value of being better informed about available services and having access to experienced and knowledgeable peers was a key focus of discussion among focus groups participants.
6. Social support is a more important component of ante- and postnatal care and education than most professionally run courses would acknowledge.
7. There is a case to be made for re-conceptualising pre-natal education and considering alternatives to the ways it is currently constructed and delivered.

Specific areas of disadvantage or challenge in relation to health outcomes for babies.

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Australian Institute of Health and Welfare 2012. A picture of Australia's children 2012. Cat. no. PHE 167. Canberra: AIHW.

The good news

- Death rates for infants (aged under 1) and children (aged 1-14) more than halved between 1986 and 2010, with rates slightly ahead of the Organisation for Economic Co-operation and Development (OECD) average for infants, and equal to the average for children under 5. Notably, child deaths from injuries halved between 1997 and 2010.
- The prevalence of asthma has decreased, while the incidences of diabetes and cancer have remained stable.
- Almost three-quarters of children aged 0-2 have stories read or told to them regularly, and most children achieve above the national minimum standard for reading and numeracy.
- Smoking in households with children has decreased, while rates of risky drinking and smoking among children have declined.
- Most parents rate their health as excellent, or (very) good, and the majority of households with children perceive their neighbourhood as safe. Most households with children, including Indigenous, reported that they could get assistance from outside the household in times of crisis.

Things to work on

- Around 1 in 7 women smoked during pregnancy, and about half of pregnant women drank alcohol.
- Exclusive breastfeeding was initiated for 90% of infants at birth; however only 2 in 5 infants were exclusively breastfed to around 4 months.
- Almost a quarter of children were developmentally vulnerable on one or more domains of the Australian Early Development Index at school entry.
- About 15% of parents were affected by mental health problems.
- Aboriginal and Torres Strait Islander children experience higher death rates, including from injuries, than the national average. They were less likely to have achieved the reading and numeracy minimum standards, and had higher smoking rates than the general child population.
- Teenage birth rates were higher in the lowest SES areas than in the highest SES areas, and parents living in the lowest SES areas were more likely to report fair/poor health and poorer mental health compared with those in the highest SES areas.

Models of support provided in other jurisdictions to support new parents and promote the health of babies.

Montessori schools and centres around the world and in Australia provide programmes for expectant parents as well as programmes for parents and their babies. These programmes have a well established track record in addressing information and skill gaps in new parents as well as supporting babies' development.

Montessori Prenatal Classes

The content of this prenatal class is structured around the needs of expectant parents and delivered by experts in infancy and early childhood. The programme is structured around the following themes in a social setting designed to enable parents to build relationships with peers:

- Our developing baby
- Changes for me and us
- Meeting our baby
- Caring for our baby
- Our health and well-being
- People who are there for us

Montessori Parent and Baby Programme

Montessori programmes for new parents and their babies are designed to meet both the developmental needs of babies from crawling to independent walking, and the needs of their parents for information, skill development, social connection and support.

Parents interact with their children within a specially prepared environment, under the gentle and respectful guidance of an early childhood education professional. Parents learn how to observe their children to deduce their needs and plan for their activity. Parents learn through hands-on activity with their child, rather than through didactic learning methods.

The specially prepared learning environment offers babies visual, auditory and tactile experiences; as well as opportunities to refine their eye-hand co-ordination and visual discrimination. All the activities are set out in such a way that encourages babies' agency and movement, their exploration and repetition in order to build their ability to concentrate.

The early and ongoing relationship with an early childhood education professional, also provides an opportunity for early identification of learning and development delays in the child, and mental or physical health issues in parents, which can be referred for specialist support.

These programmes were introduced in the Torres Strait Islands in 2010 with very positive outcomes. The Torres Strait Islander Regional Education Council, attributes the progress made in addressing vulnerability in early childhood in the Torres Straits with the investment in early childhood education and family support services through their partnership with Montessori.

AEDI Outcomes			
Torres Strait Islands			
Vulnerable in one or more areas		Vulnerable in two or more areas	
2009	2012	2009	2012
0.599	0.355	0.392	0.222

The Torres Strait Nation has embraced Montessori education as a vehicle through which to achieve a long-held vision of autonomy. This nation, home to one of Australia's two Indigenous peoples, has recognised a natural synergy between the Montessori approach and its own traditional practices. Both acknowledge the pivotal role of the child in building a stronger future for the wider society.