Paid Parental Leave

A survey of ANMF members

July 2015
Foreword

As nurses and midwives, we all know the health benefits for both mothers and their babies, if new mums can stay at home longer. They can bond with their babies, breastfeed for longer and not be stressed about returning to work.

For these reasons, the ANMF has campaigned for extensions to Paid Parental Leave (PPL) for many years. Understandably, nurses and midwives who participated in these campaigns welcomed Tony Abbott’s promised 26 week scheme in line with World Health Organisation recommendations, when it was announced in 2013.

But on Mother’s Day 2015, reneging on their initial promise the Abbott Government announced they would deny access to Government funded paid parental leave for Australian women who have some paid parental leave provided by their employer through an enterprise agreement.

As a result many thousands of nurses and midwives may lose the Government PPL entitlement if they were planning to have a baby after 1 July 2016.

The Government scheme was designed to complement paid and unpaid leave arrangements negotiated by workers and their unions to give new mums and babies as close to 26 weeks at home with their baby.

Now, some new mums will be forced to return to work earlier than planned, family budgets will be placed under pressure, and stressful decisions may be forced on families after 18 weeks or even less.

Nurses and midwives strongly support government and workplace policies which support women, families and communities and which ultimately assist us to build a better society; PPL is a key component of this policy structure. To nurses and midwives it is straightforward, maximising PPL for Australian families means bringing out the best in our community, it simply makes sense.

Lee Thomas
Federal Secretary
Executive Summary

Paid parental leave (PPL) is recognised globally as providing significant benefits to mothers and babies, fathers and partners, and families and communities. These benefits are physical, psychological, social and economic. PPL has also been shown to contribute to reducing inequality both between lower and higher income earners and between men and women.

Research has shown that the provision of PPL, most particularly when it is government subsidised, does not negatively impact on productivity but rather, brings substantial benefits to employers. It has been shown to be affordable even in lower income countries and to contribute to countries’ social and economic development.

On 1 January 2011, Australia’s first national Paid Parental Leave (PPL) scheme was introduced bringing Australia into line with almost all other OECD countries. Evaluation of the scheme showed clear benefits have been gained by the introduction of government funded PPL, while indicating there are still improvements to be made. This is why in August 2013 nurses and midwives welcomed the then Federal Opposition’s proposal to expand the PPL scheme.

The Coalition’s PPL policy promised that it would deliver a genuine paid parental leave scheme to give mothers six months’ leave based on their actual wage to help women to take time out of the workforce to establish a family while reducing financial pressures.

Following election to Government, the Coalition revised this policy withdrawing their commitment from 26 weeks of PPL to the 18 week scheme already in existence. As part of the 2015 Federal Budget, a further revision was announced seeking to withdraw access to both employer funded and government funded PPL for eligible women.

Recognising the potential impact this budget measure, if implemented, could have on nurses, midwives and assistants in nursing, the ANMF conducted a survey of members investigating their views on PPL, including their experiences of accessing PPL and managing after the birth of a child as well as their intentions to access PPL in the future.

The survey, which ran over a 3 week period from 3 June – 22 June 2015, received an excellent response with 1,244 nurses, midwives and assistants in nursing participating from all states and territories across the country.

The key findings of the survey showed that:

- The majority of participants, 70.3%, reported that they have children with 58.8% indicating they had taken leave due to the birth of a child;
- More than a third of participants, 35.4%, reported that they had accessed the government’s PPL scheme, with 85.7% of those reporting that they had accessed both employer based PPL and government provided PPL, the main reason for accessing both schemes was to extend the time at home with their newborn;
- 90% reported financial reasons as the key factor in their decision on when to return to work;
- More than 50% of participants indicated that they are planning to have children soon, with 71% of them reporting that the Government’s decision to restrict access to government funded PPL and employer provided PPL would affect their decision to start a family.
Background and introduction

The benefits of paid parental leave (PPL) to mothers, babies, families and communities are now well known and supported by an increasing body of international research. PPL is associated with enhanced workforce participation for women, improvement in the health of mothers particularly in relation to lower stress levels and incidence of post natal depression and better health for babies primarily due to extended breastfeeding. PPL is also known to contribute to increased gender equity and better work-life balance.\textsuperscript{12,3}

In recognition of this, governments around the world are increasingly taking responsibility for providing PPL to their citizens. Over the last two decades there has been notable progress in improving payments for parental leave and a shift away from reliance on employers to provide government funded maternity leave benefits.\textsuperscript{4} This has been accompanied by an increase in the statutory duration of maternity leave, from 1994 to 2013, in 139 countries most particularly in developed countries.

On 1 January 2011, Australia’s first national Paid Parental Leave (PPL) scheme was introduced bringing Australia into line with almost all other OECD countries. Until 2011, Australia and the United States were the only high income OECD countries that did not provide a government funded PPL scheme.

The scheme provides eligible working parents with up to 18 weeks of Australian Government-funded Parental Leave Pay (paid at the national minimum wage rate). Consistent with broad international goals, the objective of the scheme is to provide financial support to primary carers (mainly birth mothers) following the birth or adoption of a child, to achieve the following:

\begin{itemize}
  \item \textit{Allow those carers to take time off work to care for the child;}
  \item \textit{Enhance the health and development of birth mothers and children;}
  \item \textit{Encourage women to continue to participate in the workforce;}
  \item \textit{Promote equality between men and women and the balance between work and family life.}\textsuperscript{5}
\end{itemize}

From 1 January 2013, the PPL scheme was strengthened by the introduction of Dad and Partner Pay, which provides eligible fathers and partners with two weeks’ pay (at the rate of the national minimum wage) following the birth or adoption of a child. The objective of this addition to the PPL scheme was to provide financial support to:

\begin{itemize}
  \item \textit{Increase the time that fathers and partners take off work around the time of birth or adoption;}
  \item \textit{Create further opportunities for fathers and partners to bond with their child;}
\end{itemize}

\textsuperscript{1} Applebaum & Milkman, Leaves that Pay: Employer and worker experiences with paid family leave in California, Centre for Economic and Policy Research, 2011 Available online: \url{http://www.cepr.net/documents/publications/paid-family-leave-1-2011.pdf}
\textsuperscript{2} Pay Matters: The Positive Economic Impacts of Paid Family Leave for Families, Businesses and the Public, Linda Houser, Ph.D. Affiliate Fellow Thomas P. Vartanian, Ph.D., Rutgers Center for Women and Work, 2012, Available online: \url{http://www.cww.rutgers.edu}
\textsuperscript{4} Maternity and paternity at work: law and practice across the world, International Labour Office. – Geneva: ILO, 2014
Allow fathers and partners to take a greater share of caring responsibilities and to support mothers and partners from the beginning. 6

In 2014, an evaluation of the scheme, conducted by the Institute for Social Science Research at the University of Queensland, assessed the effectiveness of the scheme in meeting these objectives and concluded that the scheme had significant impact on improving these areas.

The evaluation showed that the PPL scheme significantly delayed the return to work for mothers for up to about 6 months, especially among mothers with lower income and less formal education, which is linked to increased longer term workforce participation. The scheme had also produced statistically significant improvements to the health of mothers and babies as well as increases in breastfeeding rates. As the benefits of breastfeeding are very well established, it is reasonable to assume that this will lead to longer term health benefits for children.7

Unlike evaluation of the effects of PPL in other countries8, the evaluation of Australia’s scheme did not find that it had influenced the share of childcare, housework or total household work between mothers and their partners at 12 months after the birth. It did however, improve women’s perceptions of their career prospects following the birth of a child.

While benefits have been gained by the introduction of the government funded PPL scheme, there are clearly still improvements to be made.9 This is why in 2013 nurses and midwives welcomed the then Federal Opposition’s proposal to expand the PPL scheme.

In August 2013, the Coalition released its policy for PPL. The policy promised that the Coalition would deliver a genuine paid parental leave scheme to give mothers six months’ leave based on their actual wage to help women to take time out of the workforce to establish a family while reducing financial pressures.10

Following election to Government, the Coalition revised this policy withdrawing their commitment from 26 weeks of PPL to the 18 week scheme already in existence. As part of the 2015 Federal Budget, a further revision was announced seeking to withdraw access to both employer funded and government funded PPL for eligible women.

This announcement was particularly concerning; rather than improve the PPL scheme as had been originally promised, the Government planned to downgrade the scheme despite its demonstrated effectiveness.

Recognising the potential impact this budget measure, if implemented, could have on nurses, midwives and assistants in nursing, the ANMF conducted a survey of members investigating their

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6 Ibid
7 Save the Children, May 2012, Nutrition in the first 1,000 days, State of the world’s mothers. Available online: http://www.savethechildren.org/aff/cf/%7B9d6f2ebe-10ae-432c-9bd0-df91d2eba74a%7D/STATE-OF-THE-WORLDS-MOTHERS-REPORT-2012-FINAL.PDF
views on PPL, including their experiences of accessing PPL and managing after the birth of a child as well as their intentions to access PPL in the future.

The survey, which ran over a 3 week period from 3 June – 22 June 2015, was conducted via social and digital media, primarily Facebook. The response was excellent with 1,244 nurses, midwives and assistants in nursing participating. The next section presents the results of the survey and provides an outline of ANMF members’ views on the Government’s decision to amend PPL. The survey is included for information at attachment A.

Survey responses

1,244 responses to the ANMF’s survey *How will the Abbott Government’s PPL decision impact you?* were received from ANMF members across all states and territories.

Figures 1 - 4 give a brief overview of simple demographic data collected in the survey, including participants’ employment characteristics. Figure 1 provides details of participants by state or territory.

The demographic data collected in the survey indicated that the key features of the survey participants were generally consistent with the wider nursing and midwifery workforce though representation of females (93.6%) was slightly higher than the general workforce (92%).
Figure 2 Participants by gender

Figure 3 Participants’ employment characteristics
Other areas of employment included: University and nursing education, school nursing, justice health, local government, NGO, primary care.

Experiences of using PPL and managing after the birth of a child

The majority of participants, 70.3%, reported that they have children with 58.8% indicating they had taken leave due to the birth of a child. More than a third of participants, 35.4%, reported that they had accessed the government’s PPL scheme, with 85.7% of those reporting that they had accessed both employer based PPL and government provided PPL.

The majority of participants reported that the main reason they had accessed both schemes was to extend the time at home with their newborn (Figure 5).
A significant number of participants (43%) reported that they had taken unpaid leave after the birth of a child. The overwhelming reason for this was because they had no other option; they either had no access to maternity or parental leave or the amount of leave available did not provide them with the time they felt they needed to spend with their newborn infant.

Participants were asked what were the key factors affecting the decision on when to return to work following the birth of child and were offered the opportunity to choose more than one option. An overwhelming majority, 90%, reported financial reasons as the key factor in their decision on when to return to work (Figure 6).

![Figure 6: Factors affecting participants’ decision to return to work](image)

While financial reasons were overwhelmingly the most significant, family support was also noted by participants as important and influential, particularly their partner’s availability and situation.

**Intentions to access PPL in the future**

Participants were asked whether they were planning to have children soon and whether the Government’s decision to amend access to PPL would affect these plans. More than 50% of participants indicated that they are planning to have children soon, with 71% of them reporting that the Government’s decision to restrict access to government funded PPL and employer provided PPL would affect their decision to start a family.

The overwhelming majority (94%) indicated that the most significant impact of the proposed changes would be increased financial pressures which would subsequently impact on the length of time they would be able to spend with their newborn (Figure 7).
Many participants reported that they would need to delay their decision to have children and to wait longer between children. Several indicated that the changes could see them decide not to have children at all. Just over 80% of participants reported that they would need to access other leave entitlements, primarily annual leave, to care for their newborn if the Government’s changes proceeded.

**Optimum paid parental leave**

Almost 90% of participants indicated their support for the World Health Organisation’s recommendation of 6 months paid parental leave, with almost 80% reporting that they believed that women and families should have access to both employer funded and government funded PPL.

The majority of participants (65%) did not believe that the amount of PPL offered by their employers was sufficient, with 76% indicating that they believed a minimum of 26 weeks PPL should be available. Figure 8 gives an overview of participants’ views on the ideal length for PPL.

![Figure 8 Ideal length of PPL](image-url)
Almost 80% of participants responded that they were unhappy (20%) or very unhappy (59%) with the Government’s proposed changes to PPL, with 78% indicating that they would be prepared to take action in support of PPL.

Discussion and Conclusion

Paid parental leave (PPL) is recognised globally as providing significant benefits to mothers and babies, fathers and partners, and families and communities. These benefits are physical, psychological, social and economic. PPL has also been shown to contribute to reducing inequality both between lower and higher income earners and between men and women.

Research has shown that the provision of PPL, most particularly when it is government subsidised, does not negatively impact on productivity but rather, brings substantial benefits to employers. It has been shown to be affordable even in lower income countries and to contribute to countries’ social and economic development.

However, when PPL is too short its benefits are not realised. PPL that is too short is associated with lower workforce participation rates and income replacement that is too low has a significant effect on employment continuity and equity for women.11

The potential loss of these benefits was of great concern to the survey’s participants. They were dismayed by the Government’s proposal to reduce their access to PPL, particularly when they believed that nurses and midwives spend so much of their lives caring for other people’s families, they should be supported to care for their own.

Participants regarded the proposed changes as a retrograde step and an unproductive way of looking after nurses and other health care workers. They also saw the Government’s ‘turn-around’ on PPL as contradictory and not supporting its own ‘vision of Australia as a family oriented country’.

Nurses and midwives understand that by reducing financial pressures for women and their families and the pressure for them to return to work, appropriate PPL allows mothers to spend more time with their infants, improves the health of mothers and babies and, perhaps most significantly, provides time for extended breastfeeding.

Australia currently has one of the poorest breastfeeding rates in the developed world. The Breastfeeding Policy Scorecard12 ranks Australia as 33rd out of 36 industrialised countries in terms of overall breastfeeding practices up to 6 months (as per the World Health Organisation standard) and the availability of policies which support women to breastfeed. Although breastfeeding initiation rates are high, 96%, the rate drops to 39% within just 3 months.

This issue was of critical importance to the survey’s participants. As nurses and midwives, the participants were very well informed about the benefits of breastfeeding and the need for appropriate workplace and government policies to support the establishment and continuation of breastfeeding. They expressed considerable concern, and even anger, about the need to return to

12 Save the Children, May 2012, Nutrition in the first 1,000 days, State of the world’s mothers. Available online: http://www.savethechildren.org/atf/cf/%7B9def2ebe-10ae-432c-8bd0-df91d2eaba74a%7D/STATE-OF-THE-WORLDS-MOTHERS-REPORT-2012-FINAL.PDF
work earlier because of reduced entitlement to PPL and the effect this would have on breastfeeding, particularly as shift workers.

*We cannot have a second child as breastfeeding is very important and it would not be possible if I had to return to work [earlier]. Finding time to express is very difficult on a busy acute care ward.*

*I may need to take unpaid leave to allow me the extra time with my baby to maximise breastfeeding and promote the ongoing health of myself and my baby. Forcing breastfeeding mothers to cut short the time that they can breastfeed is short-sighted and frankly stupid. With all the proven benefits for both mother and baby of breastfeeding and bonding, including reduced postnatal depression, reduced ovarian and breast cancer risk, reduced allergies and respiratory infections.*

*[Without] paid time at home I will not breastfeed because it’s too difficult to work and breastfeed. I believe breastfeeding is the best start in life and the government is taking that right from women by cutting time at home with the newborn.*

Participants were also very concerned about the effect of a reduction in PPL on their need for an early return to work, which they believed they would be forced to do because of financial pressures, and the need to place their child into some form of child care earlier than they thought appropriate. Many of them commented that they did not want to have children just to place them in the care of another person.

*I can’t imagine leaving my newborn so early. I know day-care will be apparently more affordable. However, back to work when my child is so young will be heartbreaking and detrimental to my health & their health.... breastfeeding will be difficult when I’m at work in NICU for 12 hour shifts.*

*I want a 2nd child close to [my first] so I can have both my young children raised by me and not a day-care centre! Now I’m worried I have used up all my holiday pay with the 1st baby so if I try for another baby now, I won’t have any holidays to take after my maternity leave runs out. This means I’m being forced back to work with a young child and a 12 week old which makes me feel sick having to put such a young baby into child care and not being at home being raised by their mother.*

*We would love to have another baby and give our son a sibling. Not getting the government payment on top of my employer’s payment means I’ll have to return to work so soon and will have to put our new baby in day-care when they are still quite young (3 months) it’s heartbreaking.*

Noting that 26 weeks of PPL has not yet become the Australian Government standard, many participants spoke of the benefit they felt they had gained by being able to access employer funded and government funded PPL and maximising their time with their newborn.

*Having access to both payments made it far less financially stressful. I also felt that I deserved to be remunerated in some way for staying home. Being available to our children and allowing them to be cared for by family at home, especially when they’re so young, is an incredibly valuable thing for families but also to societies that want secure, healthy and happy citizens.*

*If I had not taken both leaves, it is possible I would have been returning to work when my baby was 8-10 weeks old. You cannot exclusively breastfeed a baby until at least six months if you return to work that early doing shift work.*
Several participants discussed the pressure they now felt they were under to choose between their career and their family, with some suggesting that this pressure could even force them from the profession.

We have a mortgage, my husband is also a uni student. This decision may influence us to delay beginning our family further than study commitments have influenced us to do so. It will definitely mean I need to return so work sooner that 6 months. It will decrease our standard of living while I am not working, impacting on the quality of our lives overall and the experience of having our first child. I’m 33, 34 next year so really can’t delay this decision for too much longer!

I will probably choose to leave nursing and find other employment, with the potential to ideally work from home. I do not want to leave my baby at four months old to the care of another.

Many participants also expressed dismay at the attitude of the Government with regard to women following their announcement of the proposal to reduce PPL after initially promising to increase PPL. This is particularly as many feel that they contribute to society both through their work and their taxes.

We are undecided about our third child but I think this would dramatically affect our decision and I am sad for other families who will be forced back to work early. It’s appalling the government calling us double dippers when the scheme works well. It gives families a nice time at home for about 7-9 months depending on what employer schemes [they have]. We don’t have kids to put them in child care from 8 weeks of age.

I took PPL with work maternity leave to maximise time at home with my new baby. I am not a double dipper. I pay my tax and I work hard.

Nurses and midwives strongly support government and workplace policies which support women, families and communities and which ultimately assist us to build a better society; PPL is a key component of this policy structure. To nurses and midwives it is straightforward, maximising PPL for Australian families means bringing out the best in our community, it simply makes sense.

As soon as my husband and I were engaged I saved all my annual leave and long service leave. This was in preparation for the day that we would choose to start a family. A newborn child and their first 6 months of life is a treasure. Moments that you can never again recapture - their first smile, their first sound. I went without a honeymoon, holidays with friends, overseas trips saving every bit of leave. These are special times that I can never re-live or never again capture. All babies should have access to their parents in those very special times. I am grateful to have had a well settled baby with no sleep, eating, behaviour issues. Maybe I was blessed - maybe though this is another positive benefit that can be attributed to parent-baby time. For those negative folk - I don’t expect handouts (indeed I had my baby before baby bonuses) but surely parental leave makes a happier baby, a happier and more productive parent when they do return to work when parents are more confident in their parenting and new found family status?
Paid Parental Leave Survey

How will the Abbott Government’s PPL decision impact you?

Nurses and midwives know that access to paid parental leave (PPL) is critical in improving maternal and child health. The World Health Organisation recommends 26 weeks’ PPL as the minimum standard to allow new mums and babies to bond, to encourage and maximise breastfeeding, and to give time for new mums to recover.

That’s why in 2013, when Tony Abbott promised that his government would introduce a scheme where all new mothers could access 26 weeks’ PPL, many women, their partners and families were pleased. Unfortunately, the Abbott Government has not kept this promise. Rather than increase access to PPL, the Government has reduced it. The most recent change, to reduce access to PPL even further, was announced on Mother’s Day this year.

We want to know about your experience of working and raising a family, your views on PPL and how this government’s decision will affect you.

Email
First Name
Last Name
Postal Code

1. Are you?
   Female
   Male
   Identifying as other

2. Are you currently working?
   Yes
   No
   On leave

3. Do you work…?
   Full time
   Part time
   Casually

4. On what basis are you employed?
   Permanent
5. Which sector do you work in?
- Public
- Private
- Aged care
- Other, please specify

6. Do you have children?
- Yes
- No

7. Have you ever taken leave due to the birth of a child?
- Yes
- No
If yes, please describe what type...

8. Have you (or your partner) ever accessed the government’s paid parental leave (PPL) scheme?
- Yes
- No

9. If yes, were you able to access both employer based PPL and the government provided PPL?
- Yes
- No
Comment

10. If yes, what was your main reason for accessing both PPL schemes?
- Because it was available
- To extend the time at home with my newborn
- To assist with breastfeeding
- Other, please specify

11. Have you ever taken unpaid leave after the birth of a child?
- Yes
- No

12. If yes, why did you take unpaid leave?
13. What were the key factors affecting your decision on when to return to work following the birth of a child?

Financial
Ready to return
Child care available
Personal reasons
Other, please describe...

On Mother’s Day 2015, the Federal Government announced that they would deny access to Government funded paid parental leave to Australian women who have some paid parental leave provided by their employer. This means that instead of every new primary carer being provided with a minimum of 18 weeks’ paid parental leave and the opportunity to complement this leave with employer provided leave, new mothers/primary carers will now only have access to one scheme, not both.

Tell us if you are one of the nurses and midwives who was planning to start a family soon and how these changes will impact on you and your household

14. Are you planning to have children soon?
   Yes
   No

15. Will the Government’s decision to restrict access to government funded PPL and employer provided PPL affect your decision to start a family?
   Yes
   No
   Unsure

16. If yes, how will it affect your decision?

17. If you decide to have a child, will the Government’s changes to PPL impact on you and your household?
   Yes
   No
   Unsure

18. If yes, how will the changes impact on you and your family?
   I will need to return to work earlier than planned
   I will miss out on time spent with my baby
My baby will not receive the benefit of maximum time spent with a parent in the first 6 months of life
I will have increased financial pressures
I may find it harder to return to the workforce
Other

19. Will the changes to paid parental leave mean that you may need to use other leave entitlements?
No
Yes

20. If yes, please describe which leave entitlements may you need to use
Annual leave
Sick leave
Unpaid leave
Other

21. The World Health Organisation recommends 6 months paid parental leave for the primary care giver and a new born as optimal. Do you support this?
Yes
No
Unsure

22. Do you believe you should be able to access both government and employer PPL schemes to maximise your leave entitlement?
Yes
No
Unsure

23. Do you believe the amount of paid parental leave in your workplace agreement is enough?
Yes
No

24. How much paid parental leave should be available?
25. How do you feel about the Government’s proposed changes to PPL going ahead?

Happy
Not worried - doesn’t concern me
Unhappy
Very unhappy

26. Would you be prepared to take action in support of Paid Parental Leave?

Yes
No

27. What action would you be prepared to take?

Sign a petition
Send an email to a politician
Attend a rally
Other

28. Do you consent to the ANMF using your de-identified responses to this survey?

Yes
No

29. Do you consent to the ANMF contacting you by email for further information if required?

Yes
No