

Attachment B

MR FITZGERALD: If we could have the Public Health Association of Australia? Good, thanks very much for that. We welcome the Public Health Association of Australia. If both of you could give your full name and the position and organisation that you represent.

MR MOORE (PHAA): Thank you. I'm Michael John Moore. I am the chief executive officer of the Public Health Association of Australia and I appear in that capacity.

MS WALKER (PHAA): And I'm Melanie Walker. I'm the policy officer with the Public Health Association of Australia and I'm in here in that capacity too.

MR FITZGERALD: Good, thank you.

MR MOORE (PHAA): If I can start with a brief statement that would be great.

MR FITZGERALD: Please.

MR MOORE (PHAA): It's important I think for us to identify the Public Health Association of Australia is interested in public health not just as a matter as the absence of sickness, but actually dealing with people in a state of wellbeing. So our approach is to ensure as far as we can that we develop policies and we advocate to that end. Some of the basic documents that we rely on for that come from the World Health Organisation, the Ottawa Charter and so on.

We'd like to welcome the opportunity and thank you for the opportunity to appear today. It may also be, on a personal level, that I may also be able to help the commission should you be interested in that I was for five years was a shared parent for two of my children; for the third one I was not. I also was a small business owner with 18 staff, most of whom were casual. That may be of help on a personal level, but I have to separate that from my Public Health Association of Australia role.

We would like to first of all acknowledge the paper prepared by the commission. We would like to reinforce the following key points about the World Health Organisation and the international labour organisations who recommend an absence of work of around four months, and also the impact of the study across 18 OECD countries that found that with longer periods of paid maternity leave infant mortality rates were significantly lower.

The return to work is an important reason for stopping or not commencing breastfeeding when it comes to the most important factor six weeks after birth. Yet the World Health Organisation actually recommends that breastfeeding should be the exclusive form of feeding up to six months if that's possible. Research in the United States also suggests that adverse impact on child health and development from returning to work within three months is also a factor. So those are important factors to us as a public health organisation.

We advocate some basic principles rather than a specific scheme. Those basic principles come first from the International Labour Organisation. The Maternity Protection Convention 183 provides a basis for a national paid maternity leave scheme that, from our perspective, such a scheme should include a minimum of 14 weeks. Payments we consider most appropriate should include payments that are a cash benefit equivalent to income replacement for women on low incomes but capped at the average weekly earnings. Funds should be derived from consolidated government revenue.

The paid maternity leave should include the right to breastfeed or express milk on return to paid work. It should include an option for the principal carer to access paid leave and an option for paternal leave to allow the father or the same sex partner to spend time with the baby; the Australian Federal Government to implement the recommendation arising from supporting and valuing parenthood options. Our policy actually is due for renewal and goes back to 2002. However, we note that the current policy is actually the same so we support that. We think that a review period of 12 to 24 months examining the effectiveness of the implementation is also a critical factor. Our policies are based on significant research. They are developed through our membership of about 1500 members, many of whom are academics. We do rely heavily on evidence. If there's anything else that we can assist the commission with we would be delighted to answer any questions.

MR FITZGERALD: Thanks very much. Can I just start, a couple of things. This figure of 14 weeks which is based on the ILO protocol or advice, why do you think that is the right figure? Everyone keeps saying that that's a figure, but of course we've heard others talk about 26 weeks. There are submissions that will come to us that talk about 52 weeks. How robust do you think the evidence is behind this 14 weeks as being the appropriate period of time that a mother should remain at home with a child?

MR MOORE (PHAA): My view and the view of the Public Health Association has been developed from that base; from that evidence based on the International Labour Organisation. That having been said, we are very conscious of the fact that there's a discrepancy between that and recommendations that breastfeeding for six months is the ideal minimum. Therefore we find a tension between these two. The readdressing of this policy which is due to happen this

year and is in the process of happening, I believe is likely to move to favour a six-month period rather than a 14-week period. But our current policy is a 14-week period based on the ILO.

MS WALKER (PHAA): I guess it represents a bit of a compromise position and that's why there's such a strong emphasis in the current policy around the right to breastfeed on return to work.

MR FITZGERALD: But some of the research which we're examining - and again I don't want to be definitive about this - indicates that a large percentage of women cease breastfeeding after four weeks from birth. That's well in advance of the time that they return to work. So I was wondering whether you have any particular views about that. I'm not disputing the desirability of a longer period of breastfeeding and it's an issue that we'll be looking at in some detail. But it does seem to be that women are in fact ceasing breastfeeding well in advance of returning to work which indicates that there may be a choice there, there may be other reasons occurring. If breastfeeding was so significant and important, why would we not be seeing breastfeeding taking place over a longer period of time?

MR MOORE (PHAA): We would, I suppose, argue another way in the opposite direction that as a public health organisation we know from the evidence the significance of breastfeeding and the significance of breastfeeding over a longer period. Where women are effectively forced back into the workforce, then that by and large cuts an option for them.

If we have a longer period where women are able to remain with their baby, then we can provide the encouragement, the enticement in the advocacy to allow longer periods of breastfeeding. I think it provides both a challenge and an opportunity: a challenge that it's not happening at the moment; paid maternity leave provides an opportunity for advocacy and encouragement for women, and identifying blocks and particularly structural issues - and we think that paid maternity leave is a structural issue - that prevents us from being able to advocate in that way.

MR FITZGERALD: Can I be absolutely clear: you're recommending that that 14 weeks be quarantined for maternity leave. Over and above that have you got a position in relation to paternity or supporting partner leave?

MR MOORE (PHAA): You're quite right, it's over and above that. We have a position on partner leave which may be for a father or in a same sex couple situation for the partner. But that is over and above the 14 weeks that we have recommended as a minimum - and I do want to emphasise it's a minimum in our policy - for paid maternity leave.

MR FITZGERALD: Sorry, could I - I'm not sure. What is that minimum period for paternity or supporting partner payment?

MS WALKER (PHAA): We actually have not identified a specific minimum for that but we've said that for the partner there should be an option available.

MR MOORE (PHAA): Yes, there was certainly a discussion around a four-week period but I know that there's some evidence that goes to four weeks and goes to six weeks. So I guess we hadn't quite nailed down that period.

MR FITZGERALD: Okay. Well, I'll come back to some others. Angela?

MS MacRAE: The other interesting difference, I guess, compared to the scheme we just looked at is that you're looking at capping at average weekly earnings?

MR MOORE (PHAA): Yes.

MS MacRAE: Obviously you have just heard the alternative argument - - -

MR MOORE (PHAA): We have.

MS MacRAE: - - - that look, it's about, you know, requirements, people have got their mortgages and all those sorts of things and it's about income replacement and it's not - there shouldn't be a needs-based sort of entitlement. How have you come down on the side of something that's capped?

MR MOORE (PHAA): Let me emphasise in the initial instance this was - policy was developed long before either Melanie or I were part of the Public Health Association. However, we have spoken to our colleagues to try and get an understanding of what happened at that time.

MS MacRAE: Yes.

MR MOORE (PHAA): First of all, it's important to understand that these policies are developed across about 1500 people at the time that this was developed with obviously much greater input from some rather than others. That having been said there is no doubt that the academic input that we have is not just about public health, it's also about recognising a sensible financial scheme; the one that we have advocated that consolidated revenue is the appropriate place where this be funded. But we are also very conscious that in government budget decision-making there are always hard choices to be made. Where money is put into one thing it means not available for something else. So our association was also in the process of trying to ensure that this was not a scheme that would be rejected on the grounds of just not a high enough priority because of the amount of money.

MS MacRAE: Just being too expensive, yes.

MS WALKER (PHAA): I guess it's fair to say that you can see that the members have done a fair bit of discussion around finding a compromise position and a bit of a balance between the different points of view.

MS MacRAE: What would you see as happening for those outside the workforce, because we're talking about income replacement here. So would you see a continuation of a Baby Bonus-type arrangement for those outside the workforce or how would you see that working?

MR MOORE (PHAA): Actually, our policy is silent on that.

MS MacRAE: Right.

MR MOORE (PHAA): So I'm not really in a position to be able to comment on that. I suppose I can to this extent: that because the policy is silent on it we would expect no change in that regard.

MS MacRAE: Just in relation - and this is probably my own ignorance - but in terms of having a right to breastfeed or express milk on return to paid work, is there much resistance to that in the existing environment? Are there employers that say, "Look, I'm sorry, you just can't - you can't breastfeed here"? Or is it more a matter of, "We haven't got appropriate places for you to do that"? How would that work? How does that work currently?

MR MOORE (PHAA): I think it's more - I think the reason that it's in our policy, and speaking to some of our members who are involved in this policy development, was about structural issues, not that anybody is ever going to say, "No, you are not able to breastfeed here." But it's to put a positive - in our policy the idea was to put a positive thing that it's always understood that there is a right to breastfeed and whether a mother is very busy at the time - it's those sort of structural issues. Sometimes you get into the workplace and, you know, there's a teleconference going on and trying to breastfeed a baby who is screaming may bring about a reluctance on the part of some employers. So for our purposes the policy was to say, "No, there's a right."

MS WALKER (PHAA): I think it goes to the organisational culture too, particularly for women if they're working in an industry - in hospitality where there's a lot of younger workers and people aren't in that same life situation. I think that at the management level it's important that there's some acknowledgment that these things are okay and they are part of acceptable culture in the workplace.

MR FITZGERALD: Could I just explore a little bit more of the health benefits that you think would be derived from this proposal. Clearly you've indicated that breastfeeding is a significant issue. But beyond that particular issue what are the other benefits that you think would be derived both in terms of child and maternal health that we currently don't derive from the existing arrangements, the existing arrangements being unpaid parental leave or the right to return to work together with a reasonable level of support through the social transfer system, be it the Baby Bonus or the Family Tax Benefits or parenting allowance. So why do you think this particular scheme will add significantly to the health and wellbeing of both mothers and children over and above that which we currently experience?

MR MOORE (PHAA): The most significant health benefit is derived from the breastfeeding. That's why we - I don't want to repeat what I said earlier.

MR FITZGERALD: Sure.

MR MOORE (PHAA): So take that as taken. But there is also a wellbeing issue about society recognising the role of women as mothers and as workers. The Public Health Association emphasises constantly that wellbeing is a significant factor in health. So for example, when women are recognised both as mothers and as workers then there is less likely to be as broad a prevalence of depression. That goes specifically to sickness but it's also about wellness, it's about feeling good about themselves and being able to manage and being able to manage their children in a positive way in a positive environment in a positive community. That is what we actually see as the largest - we would term health benefit, some people would call it a

community benefit. I think that is something that can be underestimated but is something that is constantly emphasised by the World Health Organisation.

MR FITZGERALD: Do you think that the scheme that you're proposing or variations on that are more a signalling device that does that, that actually starts to say that, "We value women, we value motherhood, we value the having of children and that is compatible with being in the workforce." Is it more a signalling device than it is in terms of a genuine benefit? I don't mean, obviously, more money is benefit. But there has been a degree to which people have said to us that one of the real benefits of this is that it signals the value of motherhood, child-bearing as a normal and acceptable function within the workplace itself.

MR MOORE (PHAA): At the same time as we want to emphasise the importance of a signalling, I don't want to diminish the level of the health benefit as well. We think both are as important. We want to ensure that the Productivity Commission understands that we believe the significance of ability to breastfeed, the significance of the choice to be able to have children that is not restricted on a financial basis by and large, are very important factors in wellbeing and important factors that drive this particular policy for the Public Health Association.

MS WALKER (PHAA): I think, even acknowledging the declining birth rate, there's some evidence that what we're doing now isn't moving in the right direction. So I think it's probably a little unfair to say that, you know, the base we're coming from is rather strong. I think the evidence is there to say that the base we're coming from isn't strong and we need to provide more support.

MR FITZGERALD: Well, just related to that, in relation to the father and/or the supporting partner, one of the submissions that we are likely to receive or that we've had consultations in relation to says that an important feature of any scheme would be that the paternity leave should be taken concurrently with the maternity leave. One of the reasons for that is that the bonding between child, mother and father or partner is critical. So they have said that you shouldn't have a scheme which allows maternity leave followed by paternity leave, rather, they have to be concurrent. You have not mentioned the issue of attachment or bonding. I'm sure you'd regard it as important. But are those sorts of considerations important in your proposal?

MR MOORE (PHAA): By and large our policy is reasonably silent on that particular issue. But if I can suggest a couple of things. First of all, one of the options that is available to a parent or a partner for bonding time specifically, the time of birth, is standard leave. After all, it does take nine months to produce a baby. So we would think, by and large, I think, that we would not feel strongly - our policies have not felt strongly enough on this issue to include that in terms of the bonding. We do emphasise the importance of the mother-child breastfeeding arrangement. So

whilst we do think the partner-father is a significant issue, it is nowhere near the level of significance of the mother and breastfeeding and bonding. That is the fundamental issue.

MS WALKER (PHAA): I guess the key principle here would be flexibility. We understand the economic constraints that are faced by low-income families and I think that the key to this, we need to be flexible. Obviously in a perfect world the best-case scenario would be that the two parents were there bonding with the child in the first couple of weeks, but we understand that the parents may need to stagger that time because of financial constraints that they're facing. So I guess again that's trying to balance realism with where we want to be as well.

MR MOORE (PHAA): I should clarify too, I said yes, standard leave is available but we have advocated also at least a couple of weeks of paternity partner leave. Yes.

MS MacRAE: Just in relation to sort of saying well, if we had a paid maternity leave we'd have a review in 12 to 24 months, what sort of yardsticks would you use at that stage to ask whether or not it had been a success and what sort of outcomes would you be looking for?

MR MOORE (PHAA): Evaluations are always interesting things, aren't they, for the question that you ask. I think that one of the key features for us would be the impact on breastfeeding, but also we would need to look for ways to measure wellbeing as well and changes in community attitudes. These are much harder but not impossible to measure and I think they would be important, particularly on community attitudes in two directions: (1) the broader community and how they accepted a scheme like this. After all, as taxpayers the broader community would be paying for it. But also in the opposite direction, the people who have taken advantage of paid maternity leave, what impact do they think that it's had and how it felt. I think that would be some of the early indicators that would be measurable.

MR FITZGERALD: Can I just go to the funding. Again, I don't want to press you too far on this given that it's only early days and you have an opportunity to put in a full submission. But a couple of things: you've indicated that this should be fully funded by consolidated revenue by the government itself. I was just wondering why you believe that and why you don't believe that there is a role for employer and/or employee contributions to this scheme, acknowledging that you've capped it at average weekly earnings.

MR MOORE (PHAA): Yes.

MR FITZGERALD: But philosophically why do you believe that the employer and employees shouldn't contribute to this scheme, which is a feature of many of the international schemes.

MR MOORE (PHAA): Indeed. I'd like to answer this question on two levels, on both a personal level and on a PHAA level.

MR FITZGERALD: Yes.

MR MOORE (PHAA): The Public Health Association view right across its policies looks for equity and shared responsibility in community. By and large the Public Health Association perceives that this ought to be a community responsibility for equity.

On a personal level, having run a small business for four years, and four years was long enough, I have to say that I think that had we had to shoulder this particular responsibility, as much as I would have liked to have been equitable, business would have made me - business decisions would have probably pushed even someone with attitudes like mine to equity to being much more selective about how we employed. We would have been looking to employ looking to employ people who were not in the child-bearing range. That's a hard thing to say in some ways, but it's the sort of extra expense that when you are in an industry that's competing very strongly with other people in the same industry, particularly an overcrowded one, that you're looking at savings on every single part of your business. I think that that would have a very negative impact on the community as a whole.

MS WALKER (PHAA): I think the PHAA has acknowledged that and that's why they've put that principle in there around coming from consolidated revenue, just to acknowledge that there are those pressures on business. We'd like to see a compromised position that allows women and children to get better outcomes, but also acknowledges the realities of the world that we live in and what can actually be achieved.

MR MOORE (PHAA): Interestingly enough, coming back to my PHAA hat, from an equitable perspective one of the things we said we would try and gain is a sense of community wellbeing and a change in community attitudes, and it might just backfire if it was done in that way.

MR FITZGERALD: But business has shown a propensity already to enter into negotiated and/or voluntary arrangements for top-up maternity leave.

MR MOORE (PHAA): Yes.

MR FITZGERALD: Approximately 44 per cent, give or take 25 per cent, of women are currently covered by some form of paid maternity leave, clearly in the public sector and so on.

MR MOORE (PHAA): Yes.

MR FITZGERALD: So whilst I acknowledge that some businesses would be adversely affected depending on their worker profile, clearly business is starting to move to recognising that it is an important part of the employment arrangements, whether that's because they want to be an employer of choice or because of other reasons. Some would say to us that perhaps what the government should do is simply pay up to a very minimum level but then allow the employer top-up to either continue on a voluntary arrangement or make it mandatory, but they pay for that so that you ease the burden on many businesses but you don't eliminate that burden. In fact all we would be doing is in fact paying for that which is already starting to occur in the marketplace. Is that a good use of public money? Why should the public purse be used for something where there is already evidence that the industry is prepared to pay for that at least in part?

MR MOORE (PHAA): We would argue that the businesses that are already going down this path - and you mentioned public service but it would also be very large businesses. My personal experience, with my other hat on, with a small business is that extra pressures of this kind - another example of a similar pressure was transferable long service leave for effectively casual workers. These put a significant extra pressure on small businesses. So I think there is a very big distinction between small businesses compared to medium-size and large businesses. I think that would be worth exploring from an evidence base.

MR FITZGERALD: The other question is, should this be available to all employees? Again, you've acknowledged a capping of average weekly earnings so that there would be some where employers would want to go over and above that in other places. But there is an issue about, should this apply for all workers irrespective of their income? I presume your answer is yes.

MR MOORE (PHAA): Our answer is yes.

MS WALKER (PHAA): Yes.

MR MOORE (PHAA): In our policy it is yes; however, with a capped average weekly earnings.

MR FITZGERALD: Can I ask a question which you may not have a comment on and it may not be an appropriate question in some sense but I'll ask it anyway.

MR MOORE (PHAA): Why not.

MR FITZGERALD: Given that you're putting forward a government funded scheme, there are always trade-offs to be made.

MR MOORE (PHAA): Yes.

MR FITZGERALD: One of the issues that we're exploring is the inter-relationship not only with the social security transfer system, but also with the child care area. Some would say that if you support a paid maternity leave scheme by government then that may well come at the cost of increasing government funded child care for very young children under the age of 12 months. On the one hand we're asking more women to stay at home to be with the child; on the other hand some are asking for much greater child care for very young children. Some would say that that's an inappropriate trade-off, that in fact there should be trade-offs elsewhere but not between those two.

MR MOORE (PHAA): Yes.

MR FITZGERALD: I was just wondering whether you have a view about that.

MR MOORE (PHAA): We would have a principle that we would fall back on and the principle we would fall back on is that women should be able to make the choice. So in as far as it's possible to make the choice, then that's where we would go. That doesn't really clearly answer your question, but that's the principle upon which I can base a response from the Public Health Association at this stage. However, we will take the question on notice and see if in our submission back to you that we can take that into account.

MR FITZGERALD: Yes. I'm not trying to set up a fight between the two.

MR MOORE (PHAA): Yes.

MR FITZGERALD: But rather that once you start to say it's government funded, then you have to say, well, where does the government funding go?

MR MOORE (PHAA): Yes. It is an important issue for us that it be government funded, and therefore we're quite happy to look at that question and to consult our members on that question and come back to you on it.

MR FITZGERALD: Okay. Are there any other final comments you'd like to make before we conclude?

MR MOORE (PHAA): No. We'd like you to just thank you for the opportunity for appearing and we're very pleased that you are taking health and wellbeing into account as a fundamental part of this inquiry.

MR FITZGERALD: Good. Thank you very much. We might now just break for 15 minutes. There's morning tea outside, I understand.