

‘Work and the health and well-being of children: Four essential pillars for better outcomes in Australia’

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HDA Oration,

Healthy Development Adelaide, State Library of South Australia,

June 12th 2008.

I want to reflect on why issues of **work** are vital to Healthy Development Adelaide’s goal to improve the physical, psychological and social health of Australia’s infants, children and adolescents through research. I will draw on some results of research projects being undertaken by me and my colleagues at the Centre for Work + Life in the University of South Australia¹.

Multi-disciplinary, cross-institutional networks like HDA are vital to making progress on all the really important health, social, environmental and economic problems of our age. Silo-ed thinking is not only not enough to deal with our world’s really important questions today, it actually gives us wrong answers.

HDA helps joined up thinking in a town where we university researchers have no excuse for *not* talking to each other, as well as to policy makers and service providers. Questions of scale are vital to the effective management of cities and state. With a population of only 1.6 million, 70 per cent of them living in this city – our state is on a scale where research collaboration and managed complementarity is possible, of great benefit, and – indeed - an ethical obligation.

In my contribution tonight I want to explore the links between work, health and well-being focusing on the implications for children. I suggest that Australia needs to develop *four pillars* to support good quality outcomes for workers and their dependents.

Lets start with a real example of the kind of professional we are educating in our institutions every year. What kind of work and care regime are they walking into and what can their children expect?

I spoke recently at a positive psychology conference at Sydney University. At the end of my presentation I was approached by a young woman, lets call her Catherine², who had recently completed a double degree in law and psychology. She was around 25, now working in a rehabilitation practice with workers returning to work after injury, a job she loves.

She started by asking me about working hours but quickly moved to asking me for advice. She and her boyfriend, lets call him Tom, had studied together through university and were living together. She was thinking about her future. She wanted advice about her boyfriend’s work: he works in an investment bank which he loves – he works

¹ <http://www.unisa.edu.au/hawkeinstitute/cwl/default.asp>. I especially acknowledge Dr Natalie Skinner who helps leads work on the Centre’s national work and life index, and Jocelyn Auer and Jude Elton who are working to collect qualitative data about health worker’s experience about how work affects the rest of their lives.

² Identifying details have been changed.

regularly 12 hours a day, 7 days a week. Kevin Rudd – Mr 24/7 - would perhaps approve of Tom and his highly developed work ethic.

At work, his employer supplies a gym, a chef, someone to organise the drycleaning, and the prospect of very high future earnings – not yet, but in time. But all is not rosy for Tom – or for Catherine.

Catherine said she now longer saw Tom until after midnight many days of the week and he left before 7am. They had had a wonderful overseas holiday recently, but good times once a year were not enough for her. What about kids? What should she do? She described Tom as addicted to the pace and excitement of his work, and she wondered whether she should move on now? She cried – for Tom, and for herself.

She could see that her needs were no match for the powerful attractions of Tom's world of skill, power, money and adrenaline. 'Everyone where he works is like it' she said. 'And there's the blackberry and the socialising'. She worried for his health.

Catherine and Tom – and the labour market and service economy in which they live - exemplify some of our current labour market trends, with all their mixed rewards for adults and children.

Australia: A happy working society

Catherine and Tom are lucky – like us all – to be living in a country that is relatively rich, healthy and happy. We have a A\$22 billion dollar public fiscal surplus. Australia ranks third on the Human Development Index – which measures life expectancy at birth, participation in education and our standard of living - after Iceland and Norway³ (United Nations 2007).

In addition, Australians have persistent relatively high levels of subjective happiness and well-being by international comparison. Recent rankings place us 12th out of 77 countries for happiness, and 19th out of 78 for life satisfaction (Leigh and Wolfers 2006, p 183).

But not all is as good as it might be in such a happy land. We do not do so well on inequality and poverty. We rank 13th out of 20 rich countries in terms of child poverty (defined as the proportion of children living below the national poverty line: 14.7 per cent in 2001 (OECD 2006, p 214)). And we have high levels of our population living in relative poverty – many of them Indigenous, and many of them what the world now calls 'the working poor'. A job used to be enough to get you out of poverty in Australia: for 12.4 per cent of working Australians, this is no longer true: they are poor (that is, they earned less than half of the median of equivalised household income in 2005/6 (Australian Government 2008, p 12). This is the same proportion of non-working population who are poor by this definition).

Caring for children

Catherine exemplifies Australian women's turn to education, and to a late start for children. She is also likely to exemplify Australian women's propensity to work around

³ The human development index (HDI) is a summary index that measures average national standards on three primary elements of human development: health, knowledge, and a decent standard of living. Health is measured by life expectancy at birth; knowledge is measured by a combination of adult literacy rates and education enrolment ratios; and standard of living by GDP per capita. <http://hdr.undp.org/en/statistics/> Accessed 1 June 2008.

their children, through part-time work.

Catherine is likely to work for at least 10 years in her professional job before she has children. She might move on from Tom before then, but if she is a typical Australian young woman, she will marry – and she will work for most of her life – and chances are that she will define herself, and draw much pleasure from *both* her home and her workplaces. There will be a break when the babies come – if they do – then part-time work.

Figure 1 - from slides provided as background to the 20:20 Summit - sets out the national picture for women in Australia at present – on:

- **participation in education** – today 16.4 per cent of women have a bachelor degree or higher, compared to 14.7 per cent of men;
- on **fertility** with the median age of birth now at 30.8 year in 2006 and the total fertility rate dropping from 2.1 in 1976 to 1.8 in 2006.
- On **employment**, with total employment rates of women rising to meet men’s, with very significant growth in part-time work – much more than in more OECD countries (44 per cent of women at work in Australia work part-time while the OECD average is 26 per cent).

Women are increasingly highly educated, are having fewer children (and later), and are participating more fully in the workforce

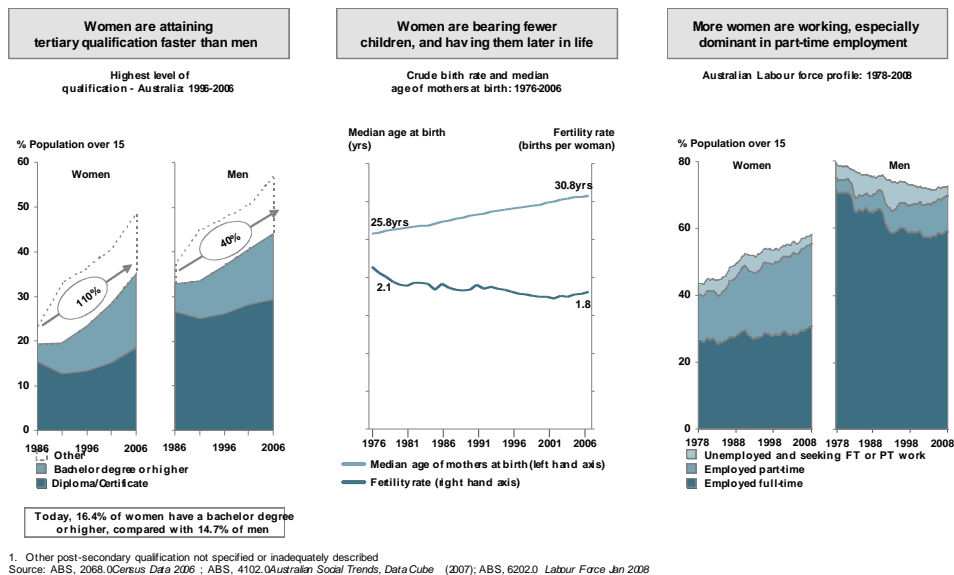


Figure 1: Changing education, fertility and labour market participation in Australia

Source: 20:20 Summit ‘Communities’ Presentation; accessed May 26 2008.

But Catherine and Tom’s lives are more complicated than education, babies and work.

They have a one in three chance of divorcing, and a much higher probability than their parents that they will encounter fertility problems – and have no children, or undershoot

their desired number.

They are much more likely than their parents' generation to spend significant parts of their lives living alone or with children in a sole parent household.

They will undertake many transitions throughout their lives – between jobs, between jobs and care, between relationships and household forms, and probably between cities.

As figure 2 shows says, only 40 per cent of families are now 'traditional' families living with two parents and biological children only. The proportion of sole parent households is increasing, as is the proportion of households without children.

Increasingly, families come in a wide range of forms

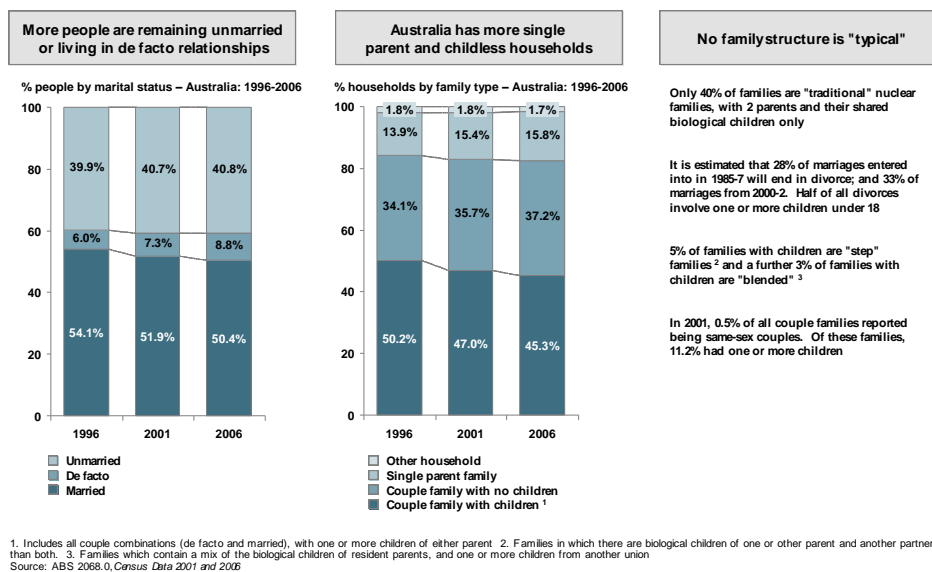


Figure 2: Family types in Australia

Source: 20:20 Summit 'Communities' Presentation; accessed May 26 2008.

Catherine and Tom: A dual-earner household, but with a twist

Tom is likely to continue to work full-time through his family formation and parenting years. He lives in what has now become the typical dual earner household, which has replaced the 'male-breadwinner/female-carer' family type of his parents and grandparents. For many years, their household is likely to be a one and a half breadwinner household - but with a twist.

One of the breadwinners, Tom, is working much more than full-time. Alongside Tom – who is a kind of *hyper*-breadwinner – Catherine will probably juggle a full-time job around household maintenance and care. Indeed she probably already is. How does this picture affect health, well-being, family formation, fertility plans and social outcomes? How will Catherine and Tom, and those around them, fare as their children arrive?

At present, Catherine has a one in three chance of taking any **paid maternity leave** when her babies arrive. Tom has even less chance of paid paternity leave unless he has

climbed to partner in his investment company when he can probably decide for himself.

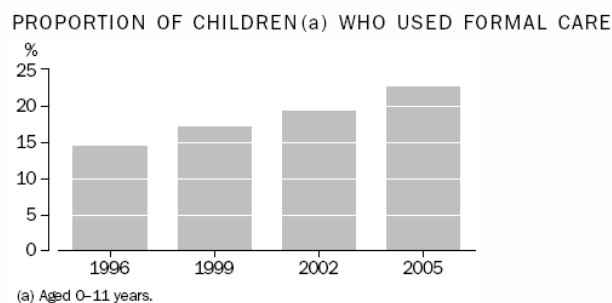
When Catherine returns to paid work after having her children she will start to fall behind in **earnings relative to the men** she works alongside. This falling behind casts a long shadow into old age, in an occupationally-based **superannuation** system where women work on average around half as many effective years as men (20 to 38). Recent studies suggest that only a small minority of Australian women can ‘confidently look forward to a comfortable financially independent retirement’⁴ (Olsberg 2006 p172).

And what about **care of children?** The growth in labour market participation of mothers and in dual earner households has seen much change in the way we rear our children.

In 2005, the latest year for which we have good data, 46 percent of children 0-12 years old were in formal or informal childcare. Over a fifth received formal care, and 33 per cent received informal care, sometimes in combination with formal care. There have been waves of heated moralistic debate about childcare in Australia – whether children should be in it, for how long and what it does to them? However, in many cases all this debate has done is feed parental guilt as parents have voted with the feet of their children. The proportion of children in formal care has been increasing steadily (figure 3 shows the proportion of children 0-11 years in formal care between 1996-2005). Informal care has also been increasing.

Grandparents and the extended family are a big part of the childcare picture. A fifth of informal care is provided by grandparents – a growing proportion of whom are actually in work themselves.

Figure 3 The proportion of children 0-11 years in formal care 1996-2005



Source: ABS, Childcare, Australia, Cat no 4402.0, June 2005 (reissued), p 3.

Catherine and Tom’ extended family networks are probably not practical for childcare. So they will more than likely be looking for care for their babies before they are one year old. While only seven per cent of babies under one are in formal childcare in Australia, their numbers are increasing. In 2005, across Australia, 16,700 infants less than 12 months old were in formal childcare, and 132,700 three year olds were in formal care in that year or 53.4 per cent of that age cohort. Most of this care is for relatively short periods.

⁴ Women currently in the workforce will only average a full-time equivalent of 20 years compared to men’s 38 (Olsberg 2006, p 166). And they tend to earn less and earn later than men, giving them lower accumulated superannuation.

Most Australian four year olds will have had experience of formal childcare before they hit pre-school – if they are lucky enough to get to pre-school⁵.

Catherine is highly likely to be back at work before her child is one: the proportion of women who are working before their child is one doubled between the mid-seventies and 2001, to reach 36 per cent. Tom and Catherine are highly likely to find themselves with serious caring responsibilities for children as well as their own parents – and in many cases these will hit at the same time.

In this context, the key question for Australians is not whether to use childcare – as most children experience it already – but how can it be done with the best outcomes for children? And how can we ensure that we do not embed early cycles of cognitive, emotional and social disadvantage by giving good care to the rich and bad care to the poor? Moralising against non-maternal care just loads mothers up with guilt – rather hypocritical in a system which increasingly relies on women’s contribution in paid work both at the household and economy-wide level, while providing very meagre support for maternal leave from paid work.

Relying on the services sector

Catherine and Tom will be relying on workers in the services sector. They will be able to afford their help. Lets hope Catherine can find childcare in Sydney when she wants it – at a cost which at least makes it worthwhile going to work, and which does not involve too long a commute, or a big compromise on quality.

Parents increasingly looking for childcare in a system that is facing severe shortages of skilled workers especially in inner city locations, and where ratios of skilled staff to children are in many locations below internationally recommended good practice.

The service sector workers who will be working for Catherine and Tom, like childcare workers and those doing the catering at Tom’s investment bank, are paid much less than those they service - around \$16/hour. Their own childcare, superannuation, job security, paid maternity leave, housing and commuting options are, on average, grossly inferior to those whose children they care for and whose offices they clean⁶.

Where they work in inner city locations they must commute long distances between home and work. They have much lower chances of paid maternity or paternity leave, much higher incidences of unpredictable hours, less control at work and are likely to make much greater use of informal care, for example, working shifts opposite partners in complex patchworks of care and work arrangements. A quarter of all Australian workers are now employed on casual terms, many of them in the services sector and many of them women. More than thirty percent of this state’s working women for example are casually employed.

⁵ Only 64.6 per cent of NSW eligible children did so in 2007 and 93.1 per cent of those in South Australia (Harrington 2008).

⁶ Our book, *Living low paid: the dark side of prosperous Australia*, to be published by Allen & Unwin in December chronicles these outcomes,

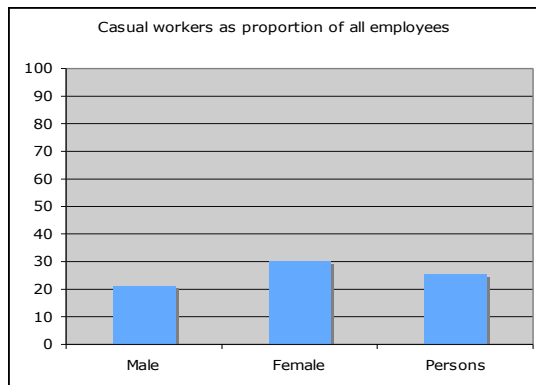


Figure 4 Casual workers as a proportion of all employees, Australia 2007
 Source: ABS Forms of Employment, Cat No 6359.0, November 2007

Who is doing the housework and care?

Amidst a great deal of change at work and at home, some things have not changed – and in this Catherine and Tom have a lot in common with the low paid households they depend on. Australian women might now make up nearly half of all workers in Australia but they have not given up their primary responsibility for housework and care for children at home.

In 2006, Australian women on average did nearly 27 hours of domestic work and care a week, while men did just under 14 (ABS Cat no 4153.0). And things have hardly changing in decades - either in Australia, or around the world⁷. In the 14 years to 2006, men did not change their contribution to unpaid domestic work at all. Women cut back by 10 minutes a day on average. Men increased their time on childcare by nine minutes a day, while women increased it by ten minutes a day. Overall, then, women's unpaid work and care did not change, but men's increased by 8 minutes a day.

There are few signs of change even amongst younger Australian men and women. To arrive at these averages, for every man who does his share, there are more who do not.

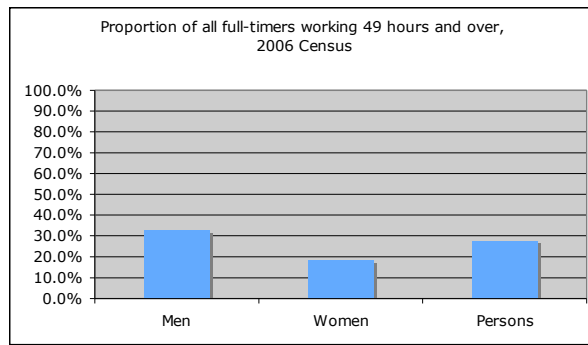
Long hours: A 'one and a half earner'?

And what of Tom's hours? Tom is amongst a third of Australian men who now regularly work more than 50 hours a week.

While only a small proportion of women join them, some women who live with hours like Tom's refer to themselves as single parents. They manage it all at home, alone. Unlike Catherine, some do not mind. But this is not always what they expected and it has very long running consequences in the event of divorce – for both the men who are distant from and lose contact with their children, and women who do much worse in terms of housing, life-time earnings and retirement incomes.

⁷ The OECD point out that women do 80 per cent of domestic work and childrearing in the European Union, pointing out that 'with the exception of the Nordic countries and the United States, male habits have barely evolved since time surveys began' (OECD 2006, p 38).

Figure 5 Proportion of all full-timers working 49+ hours a week, 2006 Census



Source: ABS Census 2006. One third of men doing very long hours – 49+

Long hours have a number of health effects that are negative and have led European countries to try to put a cap on average hour of work at 48 a week (including overtime). The evidence is quite convincing: there are positive associations between long hours and public safety, job injuries, heart disease, blood pressure, and depression (Spurgeon 2003)⁸.

Catherine is right to be concerned about Tom's hours – and not just because they put her relationship with him at risk, but because they may well put his health at risk.

Does it have to be like this?

If Tom and Catherine, and the growing number of service-sector workers who support them, lived in a range of other countries, their experiences would be very different. Consider Denmark.

Denmark

In Denmark both partners would probably work full-time before and after their children. (Danish women increasingly work full-time after having children.) Parents have a year off with each child, earning around 80-90 per cent of their usual earnings in that year (men take only a small portion of this leave). There is little penalty for either parent when they take time out to look after children, and the tax system encourages dual earners (unlike Australia, it does not penalise second earners or offer incentives like family tax payments for women to stay at home).

The core working hours in Denmark are 37 and long hours are less common there than in many countries. What is more, quality, well-regulated childcare options are available. After the first year of an infant's life, public childcare is both available *and* socially

⁸ Existing studies suggest that there is an association between working long hours and job injuries (Landsbergis, 2003; Spurgeon, Harrington & Cooper, 1997). The risk of workplace injuries has been shown to increase with long work hours and a 1998 research study suggests it increases exponentially past nine hours of work (Hanecke, et al., 1998). Long hours also appear to negatively affect the cardiovascular system. Overtime has been shown to increase twenty-four hour average blood pressure in those working 60 or more hours of overtime a month compared to those working 30 hours of overtime or less a month (Hayashi, et al., 1996). Recent work has found an association between acute myocardial infarction (AMI) and working more than 11 hours a day in the month prior to the incident. A more recent study found a doubling in the risk of experiencing an AMI for those working more than 60 hours a week (Sokejima & Kagamimori, 1998; Liu & Tanaka, 2002).

accepted - even preferable - to parental care because of the high quality childcare standards (Leitner and Wrolewski 2006, p 303). One consequence of all of this is that women who take breaks around their children suffer very little negative effect upon their life-time earnings (Datta Gupta and Smith 2000).

And couples in Denmark tend to share housework and unpaid care more than in most other developed countries – though still far from equally. Women in Denmark often shoulder a full-time job as well as the main load of domestic work, but they have a high level of social support, a narrow gender pay gap (women earn around 89 per cent of men's earnings), and the prospect of a retirement without poverty. Interestingly Denmark enjoys both high female participation rates (71.7%) and high fertility (TFR 1.8).

Icelandic happiness

Even better than Denmark is the example of Iceland, which has the highest birth rate in Europe, high labour market participation amongst women, and tops the world on both the Human Development Index and happiness scales. With the highest divorce rate in Europe, the country also has a culture that accepts change in family shape, and supports such transitions, rather than penalizing them. Mothers and fathers enjoy 9 months shared paid parental leave at close to replacement earnings and some attribute the high levels of well-being in the country to the equality that women enjoy (Carlin 2008 p 23-25).

Germany

Compare this with Germany, ranked 22nd on the Human Development Index, where the lack of childcare, marginal part-time work for mothers, a family-based tax system and – until very recently - limited maternity leave are associated with both low fertility (TFR of 1.3) *and* low female participation in paid work (58.8 per cent amongst women of working age). Gender pay inequity is wide, with women earning around 74 per cent of men's earnings. Germany has recently increased its paid maternity leave (it took a woman Chancellor) to 14 weeks at 100 per cent of pay for six weeks before birth; and a further 12 months at 67 per cent of pay which can be shared with the father.

'Choice' in different contexts

As in most countries, women in Denmark are more time pressured than men. But they do not have to make a 'choice' between maternity and labour market attachment, like women in Germany, with long terms consequences for their earnings, pension, and the welfare and income available to their children, especially if they divorce. The terms for combining work and family are much more positive in Denmark than in Germany.

Most countries, including New Zealand, the UK and Germany, are working to improve their work-care arrangements to better accommodate women, men and children. They are doing so to improve gender equality and productivity through a growing labour force. But they are also doing so in response to the strong health and well-being evidence in their support. The power of positive international examples is that they make better futures possible to imagine and to realize.

The Four Pillars for good outcomes for children when parents work

Societies that are to enjoy high levels of parental and child health and well-being, without wide socio-economic and gender gaps, as they increasingly rely on the paid work of

mothers, have to provide four practical policy pillars. They are:

1. Long paid parental leave
2. Quality, affordable accessible early childhood education and care
3. Quality part-time jobs and flexibility at work
4. Good management – of systems and workplaces

If Australia is to reap the fruit of workers' contribution at work without compromising the health and well-being of our population, especially our children, we have to construct these pillars promptly so that they are – as much as we can ensure – universally available.

1. The first pillar: long paid parental leave

The international consensus is that *responsive, sensitive* care is the critical element of early care for infants and children. Most Australian parents, mainly mothers, prefer to offer that infant care themselves, but for many this is not possible or only possible through paid leave.

The international literature suggests that paid leave will result in significant improvements in children's long term cognitive, physical and emotional health.

The evidence suggests that full-time maternal employment in the first year of a child's life and long hours of institutional childcare are associated with 'poorer health outcomes for children' (Waldfogel 2006, p 49).

In Australia, we are almost a century late to the notion that working parents should be supported to take paid leave from work when a new baby arrives. At present only 37 per cent of Australian women take some paid leave when they have a baby – many of them taking much less than the 14 weeks recommended by the ILO. Low paid women and those in the private sector especially miss out.

The Australian Productivity Commission is currently inquiring into the economic, productivity and social costs and benefits of providing paid maternity, paternity and parental leave in Australia⁹. In a country that led the world in much of the last two centuries in terms of paid leave and reduced working time, our lagging status is puzzling¹⁰.

⁹ See <http://www.pc.gov.au/inquiry/parentalsupport>. Elizabeth Broderick, Sex Discrimination Commissioner, eloquently summarised her thinking on PML to the Productivity Commission recently as follows:

I want us to live in a country where all mothers can give their newborns the best start in life, where working women are not disadvantaged because they are mothers, where fathers and supporting partners can be actively involved and where decisions about how to share paid work and care are not just based on financial realities or financial considerations. So in 2008, it's about time. (Elizabeth Broderick, Sex Discrimination Commissioner, Transcript Productivity Commission Inquiry into paid maternity, paternity and parental leave, Sydney 20th May, p 418. http://www.pc.gov.au/data/assets/pdf_file/0006/80484/sydney-20080520.pdf Accessed 5th June 2008).

¹⁰ When I appeared at the Productivity Commission in May to argue a case for paid leave, Commissioner Fitzgerald asked what explains this lag. It is a puzzle. Countries that are as patriarchal as ours have much

The effects of a good system of PML go well beyond positive benefits for gender equity and higher female labour market participation, as a growing body of international research confirms. Fraser Mustard, thinker in Residence in South Australia in 2006 and 2007, made this point in a number of his public contributions in this state: a good system of paid parental leave which allows parents to spend all-important time, especially the first year, with their children is a vital contributor to the early, healthy development of children. This is of increasing importance in a population where the proportion of parents, especially mothers, in employment is rising.

A period of paid maternity leave has positive benefits for parents, especially mothers. The existing research evidence suggests it is associated with:

- improved maternal and child health (Chatterji and Markowitz, 2004);
- lower maternal depression (Chatterji and Markowitz, 2004);
- lower infant mortality (Ruhm, 2000¹¹; Tanaka 2005)¹²;
- fewer low birth-weight babies (Tanaka 2005);
- higher rates of breast-feeding (Berger, Hill and Waldfogel 2005);
- greater use of preventative health care (Berger et al., 2005).

The literature also makes clear that *unpaid* parental leave – which most Australian parents have access to - does not have the same effect. It is the *paid* aspect of PML that is critical for some of these benefits (Ruhm, 2000, Tanaka 2005). This is especially important for low income households which at present in Australia have least access to paid leave, but can make least use of unpaid leave in practical terms (Waldfogel 2004, p 5).

better provisions, but it is hard to go past the long-term consequences of male leadership of employer organizations, industrial commissions, governments and unions as part of the explanation, alongside a failure to fully measure the cost of poor provision on gender equity, productivity and the welfare of infants and mothers. More recently arguments over cost, who pays, best methods of provision and false divisions between ‘mothers who work’ and ‘mothers who do not’ (most are both over the life cycle) have all added to the mix that has slowed progress.

¹¹ Ruhm (2000) studied aggregate data in 16 European countries between 1969 and 1994, finding that ‘more generous paid leave is found to reduce deaths of infants and young children. The magnitudes of the estimated effects are substantial, especially where a causal effect of leave is most plausible’ (2000, p 931). He found, for example, a 10 week increase in paid leave ‘is predicted to reduce infant mortality rates by between 2.5% and 3.4%. By contrast, unpaid leave is unrelated to infant mortality which makes sense of parents are reluctant to take time off work when wages are not replaced’ (2000, p 947). Ruhm estimates that a year of paid leave is associated with around a 20 per cent decline in post-neonatal death (ie deaths of babies more than 28 days old and less than a year) and 15 per cent in deaths between 1 and 5 years (Ruhm 2000, p 947).

¹² Tanaka’s 2005 analyse of the effects of maternity leave in 18 OECD countries between 1969 and 2000 finds that longer periods of paid leave were correlated with reduced infant mortality and that this persists regardless of country, year, controls on general health expenditure and other social programs affecting children. Specifically her study shows that a ten-week extension in paid leave reduces the infant mortality rate by 2.6 per cent with an even greater effect for post-neonatal mortality (of 4.1 per cent). By contrast, unpaid leave has no significant effects on infant health. Paid leave is also found to be an important factor in infant health with low birth weight associated with the absence of paid leave. The positive effects of paid leave persist when controlling for low birth weight, suggesting that PML also has other positive effects on pre-natal care and breast-feeding. While social policies like ‘Baby Bonus’ cash payments to families also have significant effects on decreasing post-neonatal mortality rates, controlling for such policies does not eliminate the positive effects of PML on post-neonatal mortality. Paid leave has effects beyond the cash payment benefit (Tanaka 2005).

The World Health Organisation now recommends that women exclusively breastfeed their babies for six months (HREOC 2002; WHO 2001). PML increases the effective period of leave taken by mothers and is associated with longer periods of breastfeeding. Roe et al (1997) found that an extra weeks paid leave after birth increases the length of breast-feeding by 3 or 4 days. Berger et al have assessed US data about parental leave and find:

causal relationships between early returns to work and reduction in breastfeeding and immunisations, and increases in externalising behaviour problems among children whose mothers worked pre-birth...These results suggest a causal link between early maternal employment and child outcomes. They also imply that longer periods of maternity leave could enhance children's health and development (2005, p F30)

As the editors of a special *Economic Journal* issue summarise:

Children whose mothers stay out for more than 12 weeks are more likely to be breast fed, are breast fed longer, are more likely to be fully immunised and are more likely to receive recommended preventative (well-baby) care. The policy implication of this is clear: extending paid job-protected maternity leave will lead to improvements in child health. How large the gains are will depend on what the leave entitlement is currently and how long the extensions are (Gregg et al 2005, F4).

More recent studies confirm these findings. Baker and Milligan have analysed the impact of increases in PML in Canada (from 6 months to around a year from 2000). They find that breastfeeding increases a third of a month 'with each additional month not at work, which implies an elasticity of 0.458' (2007, p 4). Also analysing this 'natural experiment' Hanratty and Trzcinski (2007, p 1) found that the changes in Canada resulted in a substantial increase in the duration of time at home in Canada relative to the US.

Australia needs to play catch up with the rest of the world on this, and should start with a 26 week government funded system of paid leave for all mothers including at least two weeks taken by fathers on a 'use it or lose it basis'¹³. In my view the payment should be at normal earnings up to a level of average weekly ordinary time earnings¹⁴ and Australia should aspire to 52 weeks paid leave by 2016 in stepped increments.

2. The second pillar: quality affordable accessible early childhood education and care

Long parental leaves are an essential first pillar of a good system to support working parents. Good childcare is the second.

In many Australian households women return to work part-time after a year or less at home. A great number start to make use of formal and informal childcare. This means that a good system of early childhood education and care (ECEC) is vital to good health and well-being outcomes in the families of working carers.

Historically, in Australia our childcare system has developed in response to rising labour market participation of mothers. This economic motivation has trumped consideration of health and well-being for children. More recently, however, many have placed short

¹³ In Sweden, a third of fathers now take 'their full 6-month entitlement' – a result of quarantining a portion of leave to fathers only, with no right to reallocate it to mothers (the 'use it or lose it' principle (OECD, 2006, p 26).

¹⁴ See the submission by the *Work + Family Policy Roundtable* at <http://www.unisa.edu.au/hawkeinstitute/cwl/documents/WFPRoundtableSubmission.pdf>

and long-term children's health and well-being more centrally as an objective of ECEC, and policy makers have joined them (WFPR 2007). Economists like James Heckman have been central to this shift (showing how investment in early childhood education and quality care is rewarded many times over later in life (OECD 2006, p 35) along with contributions from experts like Fraser Mustard on the development of the human brain.

Real choices for mothers and fathers about their work and care options rest on the existence of quality, affordable, accessible childcare. Private solutions for children's care are not adequate now in most economies. As the OECD has recently observed:

It is widely recognised that when a certain level of female participation in the formal labour market is reached (generally from 50% upwards), private solutions to meeting child care needs become insufficient. Parents or other family members are themselves working, and informal child-minding solutions are unsatisfactory because of quality concerns, shortages and instability. (OECD 2006 p 20-22).

Unfortunately much of the research about early childhood outcomes arises from the US which has a very particular ECEC system, some of it of dubious quality.

A recent review of evidence about the effects of childcare concluded that 'Children whose mothers work long hours in the first year of life or children who spend long hours in child care in the first several years of life have more behavioural problems' (Waldfogel 2006, p 61).

It seems that full-time parental work in the first year of life appears to have negative effects on 'health, cognitive development, and externalising behaviour problems' but the effect is likely to depend on the quality of care that children receive and does not appear to persist for part-time work or for work in general in the second and third years (Waldfogel 2006, p 62). This leads the OECD to conclude of its recent survey of ECEC that

in general research is reassuring and points to the positive effects of quality child care outside the home, even when it begins early, eg developmental advantages for young children; economic benefits for women and families; positive socio-economic effects through increased productivity and tax receipts; labour market volume and flexibility; social welfare, social cohesion and community development; and finally, better educational achievement for children if the foundations have been well laid (OECD 2006, p 38).

However, several factors are important, including:

1. the quality of the care (especially the ratio of staff - particularly qualified staff - and their stability),
2. the length of time in care, and
3. the home life of the child (especially the sensitivity and responsiveness of the care they receive there).

Most Australian infants are not spending long days in care: the median hours of care for 0-12 year olds in 2005 were 10 a week (16 for those in long day care and 14 for those in family day care) (ABS, Cat no 4402.0 June 2005).

And there are positive outcomes from formal care. The well-being, social and cognitive capacities of children from disadvantaged backgrounds are often improved through participation in quality programs, while effects are more neutral for children in advantaged households. Universal, quality pre-school education programs are strongly

endorsed by the body of research evidence, given their positive effects for children from a range of socio-economic backgrounds.

This points to the third essential pillar for a better work-related arrangements for parents who work which I turn to in a moment: flexibility at work that allows parents to negotiate around childcare and work to arrange parental care as they wish.

At present Australia's spending on early childhood education compares very poorly with other OECD countries: in 2004 our spending on pre-primary education and care amounted to 0.1 per cent of GDP, compared to the OECD average of 0.5 per cent of GDP (Harrington 2008). The Rudd Government's commitments on this score are a big step to remedy our low standing in the OECD stakes. But we have a long way to go, especially if we are to provide universal quality care that is accessible not only to the lucky wealthy like Catherine and Tom, but also to the low paid – whose children are likely to especially benefit.

3. The third pillar: Quality part-time jobs and flexibility at work

If we can imagine and create a system of care in the early years that gives parents the practical option of a year's paid parental leave, with the possibility of accessing quality childcare around parental re-entry to work in the pre-school years of 2 through to 5, then we need to add a third pillar: part-time work and workplace flexibility.

Working parents need more than long parenting leave and good childcare support for real choice about how to put together work and children with healthy outcomes. The third pillar is access to quality part-time work and employee-centred control over working time and place.

Our annual survey of work-life outcomes in Australia – the Australian work and Life Index (AWALI) - points to the importance of employee-centred flexibility for better work-life outcomes. Our 2007 survey showed that less than half of the 1435 workers we surveyed had a good fit between their preferred and actual hours, with most wanting to work less (Pocock, Skinner and Williams 2007).

Our 2008 survey, which we will release in July, confirms these results. Indeed in our 2008 results we find that five out of ten women and men worked half a day more or less than they would prefer – most of them preferring to work less (Skinner and Pocock 2008).

They have much worse work-life outcomes than those with a good fit.

Control of total working time is a basic first step in getting the flexibility that parents and carers need.

Mothers are especially 'rushed and pressed for time': in our 2007 survey almost three-quarters of working mothers felt often or almost always rushed for time, compared to 44 per cent of women without children.

How can women be the kind of 'warm and responsive' carers of our text book baby manuals – the kind that the research tell us are so important – when they are stretched thin like this?

And workers are paying for this mismatch with poor work life outcomes – outcomes that are associated with poorer self-reported physical, mental and social well-being. In our 2007 survey, men and women with poor work-life outcomes reported poorer health, more use of prescription medications, more stress and more dissatisfaction with their close personal relationships.

The likely costs of this squeeze and inflexibility to the health budget are unlikely to be trivial.

In Canada Duxbury and Higgins suggest that the medical treatment sought by employees affected by high levels of caregiver strain are C\$5 billion annually (Duxbury and Higgins 2004). We do not have reliable estimates of this cost for Australia – they would be well worth collecting. At present we are not properly costing poor work-life outcomes especially their externality burden on the health system and on children's well-being.

So the third pillar of a good work regime for parents and carers, with positive impacts on children, needs to maximize opportunities for flexibility for workers and to assist workers to get a good fit between *how much* and *when* and *where* they want to work. Other countries do this with mandatory rights to request flexibility of hours, the arrangement of these hours, and to request to work from home. A form of this right is included in the Rudd Government's National Employment Standards (NES) which will be legislated later this year.

Other countries also achieve flexibility by providing quality part-time work. At present much of Australia's part-time work is of poor quality: that is, insecure (much of it casual), associated with high demands, with low autonomy for workers, low pay, and exclusion from career and skill development. We can do much to improve flexibility at work with positive benefits for working parents and those they care for.

But a fourth pillar is also essential: changes in the culture and practices of management.

4. The fourth pillar: Good management – of systems and workplaces

Good management of our workplaces - and their system-wide funding in the case of public systems like health - is very important to the well-being of workers. The effects of bad management spillover into households, affecting children.

This goes to the three questions of:

1. adequate staffing, preventing worker overload,
2. employee say over work tasks and time, and
3. flexible, responsive managers and workplace cultures.

Legal rights to request to work part-time – as I have suggested above - mean little in the face of managers who are facing severe resource constraints or are personally uncommitted to providing workers with flexibility.

Our Centre's recent surveys show that feelings of overwork at present affect the majority of Australian workers: in 2007, 55 per cent of workers in our survey agreed somewhat or strongly that they were overloaded at work. Not surprisingly such workers had much worse work-life outcomes than those who did not feel overloaded. Job overload – especially in combination with low control at work – is associated with higher risk of psycho-social ill-health.

Only last week, Tony La Montagne and his colleagues in Victoria released a new study which found that almost one in six cases of depression among working Victorians are caused by job stress. This amounts to more than 21,000 cases of preventable depression

in Victoria each year, well below the level actually reflected in workers compensation statistics¹⁵.

These findings confirm many other studies, suggesting that improving job control, moderating demands at work, and providing more support from supervisors and co-workers are likely to moderate anxiety and depression (Jones and Fletcher 2005) and reduce risk of coronary disease (Michie and Williams 2003).

Ironically, work has protective health effects while also being a source of them – especially where systems and workplaces are not well-managed.

This is very relevant in the health sector where managers sometimes struggle with under-resourcing which restricts their ability to innovate and meet staff requests for flexibility and – in other cases – where managers are enculturated through the ‘old school’ and will not meet employee needs. I want to give you just one example from a focus groups we recently conducted in Western Australia.

It is hard to overstate the labour shortages facing the WA health system. They are critical. But they matter little to some managers in the system. Take the case of Marie, an RN with 17 years experience on a ward in a Western Australian hospital. She recently took a years leave without pay to follow her husband up north to a mining job. She describes her experience:

My marriage fell apart [overnight]. And [she cries] I needed to contact my manager about going back on the ward ... I needed an 8.00am to 4.30pm shift and I was basically told [no] – after 17 years...I’ve gone from being a full-time mum to being at full-time work. I live by myself with my four year old son who is close to full-time day care now and my [work-life] issues are being dumped from a ward after 17 years, having no support.

In a crisis, and in a labour market starved for skilled nurses, Marie wanted to go back to a ward where she had friends: she says ‘when I really needed them they didn’t come through’:

the hospital talks the talk [about work/life balance] but when it comes to [action], when you approach them...

Fortunately there are many good examples that counter this one: managers and co-workers who accommodate the changing transitions of their colleagues’ lives, back them up when they face sick children, divorce or violence at home, make sure they can come to work 30 minutes late because the childcare centre does not open before 7.30am.

However, this diversity illustrates how important management training is as well as the performance evaluation of managers. I am sure all the managers in the room would also rush to point out how important it is, in addition, to have enough resources to do things well, to be able to meet the needs of workers like Marie.

Good management of systems like health – if they are to result in good outcomes for the children of those who work there – require flexible, responsive managers, as well as adequate resourcing so that staff overload is not chronic and managers can accommodate employee requests for shorter or different arrangements.

¹⁵ Stressful work in this study is defined by a combination of high job demands and low control over how the job gets done. The study showed that job stress especially affects those in low skilled jobs, more women than men and that it doubles the risk of depression: nearly one in five (17 per cent) of working women in their study suffering depression attribute their condition to job stress and more than one in eight (13 per cent) of working men with depression have problems due to job stress. This amounts to 21,437 working Victorians suffering preventable depression caused by job stress. (La Montagne et al 2008).

Conclusion: What chance for the four pillars?

I want to come back to Tom and Catherine as I end. What is the right thing to say to Catherine about her concerns about Tom's hours? There are no easy answers.

If I were speaking as a sensible researcher I'd say that the research evidence says she is not alone, that long hours are not good for Tom's health and if she doesn't like them they probably won't be much help to their long term relationship.

But – short of changing Australia's labour regulation - the only levers she can pull are those under her control: that is, in relation to her own behaviour. What is she willing to put up with and for what rewards and returns? If things don't add up positively, she probably shouldn't hang about if she wants to have children and for them to have an active father. The biological clock has more reality that many women of her age realise.

There is some evidence that control of your expectations and assertive personal and household strategising is a much better option than passive 'adaption' (which usually means that women, in particular, adapt and feel *stretched* as they juggle complex, multiple demands).

But public policy makers and employers have a role here also: to prevent unhealthy long hours and to construct more favourable terms for combining work and care over the life-cycle by both men and women – and for all workers, high and low paid.

'Why can't a woman be more like a man?'

In May 2008 at a meeting at Parliament House in Canberra, discussing gender pay equity, Professor Mark Wooden argued that women have to be more like men if they are to ever achieve equality at work: they have to work the hours of men, including long hours, if they are to become equal. In other words, with Henry Higgins, Wooden was asking 'why can't a woman be more like a man?'¹⁶ I am reminded of that saying 'Women who want to be equal to men lack ambition'.

There are of course at least two other roads to equality and both of them will be better for men, women and children. The first is to ask why can't a man be more like a woman? Repeated Australian surveys suggest that most workers would like to work around 35 hours a week (van Wonrooy and Wilson 2005, Skinner and Pocock 2008 forthcoming). There is no great appetite amongst men for long hours. Why can't men 'level down' to reduce their hours and to take up more unpaid work and care - to mimic women and their combination of paid work with care?

Or, much better, why can't we develop a new pathway, sheltered by the four pillars I have proposed, with better outcomes for women, men and children?

Better research evidence about the true health and well-being costs and benefits of grafting women onto a masculinised workplace or taking a new path may be a very useful contribution to this conversation and to building a better way forward for Catherine, Tom, and Marie - and all of those service sector workers who they rely upon.

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