



Parental Leave and Employment Protection (Six months leave and work contact hours) Amendment Bill

Submission to the Government Administration Committee

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Contact

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About the New Zealand Nurses Organisation

NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand. NZNO represents over 46,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment related matters. NZNO is affiliated to the International Council of Nurses and the New Zealand Council of Trade Unions.

NZNO promotes and advocates for professional excellence in nursing by providing leadership, research and education to inspire and progress the profession of nursing. NZNO represents members on employment and industrial matters and negotiates collective employment agreements.

NZNO embraces Te Tiriti o Waitangi and contributes to the improvement of the health status and outcomes of all peoples of Aotearoa New Zealand through influencing health, employment and social policy development enabling quality nursing care provision. NZNO's vision is *Freed to care, Proud to nurse.*

EXECUTIVE SUMMARY

1. The New Zealand Nurses Organisation (NZNO) welcomes a further opportunity to support an extension to parental leave and employment protection entitlements as proposed in this member's Bill.
2. We have consulted widely with our members, colleges and sections, the Board, regional councils, Te Rūnanga and staff.
3. NZNO's evidence-informed position remains the same as stated in earlier submissions (eg NZNO 2012, 2015) that paid parental leave facilitates breastfeeding, the single and most cost effective instrument for ensuring children have the best start in life, for improving population health and reducing the burden of disease.
4. As nursing is a female dominated profession and nurses comprise about five percent of the female workforce, the issue of fair recognition for reproductive labour, overwhelmingly borne by women, is especially pertinent in the current environment where equal participation in the workforce is expected and where self-sufficiency, including in retirement, is predicated on the capacity to earn enough to save.
5. In a globally competitive environment, employment conditions are an important factor in retaining and attracting in young, skilled workers, such as nurses, in first world countries with ageing populations such as Aotearoa New Zealand.

6. NZNO subscribes to the '26 for Babies' campaign, but goes further in advocating for a full year's paid parental leave.
7. As an affiliate of the New Zealand Council of Trade Unions, Te Kauae Kaimahi (NZCTU), NZNO has contributed to and supports its submission and the recommendations therein.
8. NZNO wishes to make an oral submission.
9. NZNO **supports** the Bill.

DISCUSSION

Health: extending parental leave will improve population health and reduce the burden of disease

10. Of particular concern to nurses is the need to establish the right conditions to establish and maintain breastfeeding, which is the most cost-effective and sustainable way of reducing the burden of disease and increasing the physical, mental and emotional wellbeing of New Zealanders.
11. Breast milk is not just "best" for baby in the way that one type of baby seat is better than another: it is the essential characteristic defining the class of vertebrates (*Mammalia*) to which humans belong. It is species-specific, 'living' in the same way that blood and semen are; adjusts to the age and condition of the child, delivering protective antibodies when necessary; and plays a role in protecting DNA (Chapkin et al, 2010).
12. In addition to the well known protection that breastfeeding offers against immediate risks such as sudden unexpected death in infancy (SUDI), chest, ear and urinary tract infections (Ministry of Health), there can be no doubt that breastfeeding fundamentally affects health outcomes in later life (Koletzko et al., 2009).
13. There is epidemiological evidence that breast-feeding protects against more serious and long term disease such as tumour development in children (Mathur et al, 1993), immunological diseases (Ahmed & Fuchs, 1997), infantile diabetes mellitus (Gerstein, 1994), inflammatory gastrointestinal disease and obesity (Koletzko et al., 2009).
14. In the light of the government's focus on reducing childhood obesity we also draw your attention the mounting body of evidence suggests that breastfeeding may also play a role in programming non-communicable disease risk later in life (Arenz S, Rückerl R, Koletzko B, von Kries R., 2004) including protection against overweight and obesity in childhood (Vafa, Moslehi, Afshari, Hossini, & Eshraghian, 2012).

15. Breastfeeding promotes normal physical and mental development, particularly the development of coordinated binocular vision and the development of the jaw, both connected (as original research of Aotearoa New Zealand speech therapist Frances Broad suggests) with children's later ability to read.
16. Nor should the environmental costs of the large scale replacement of breast milk with powdered milk made for cows (or goats, or even beans as is the case with soy) in the 20th century (surely the greatest *in vivo* experiment?) be discounted.
17. Those who are financially vulnerable and for whom the economic imperative to return to work and not breastfeed are greatest, are also those for whom access to health services is the most difficult.
18. Regardless of fees (though free GP and after hours care is rare, despite government subsidies), the costs and difficulties associated with lack of transport, inadequate housing, time off work, care for other children etc. are almost insurmountable for many, as evidence presented by, amongst others, the Children's Commissioner's Expert Advisory Group on Solutions to Child Poverty shows (Expert Advisory Group on Child Poverty, 2012).
19. Though there is legislation to make breastfeeding in employment situations more feasible, and to adhere to the WHO International Code of Marketing Breast Milk Substitutes to halt the advertising and promotion of breast milk substitutes, quite clearly an environment conducive to breastfeeding has not been achieved.
20. There are a myriad of reasons, but overworked nurses and midwives, particularly in hospital settings where staff shortages and a higher proportion of acute maternity care is required, report that they often do not have time to ensure that breastfeeding is established, and that specialist help with breastfeeding by lactation consultants is not always or readily available.
21. Further, other forms of assistance or follow up care/education for first time parents, or for those who are vulnerable, are *ad hoc* and highly variable between DHBs.
22. The importance of parental bonding, particularly in relation to emotional development and resilience can hardly be overstated. Disturbances in parental bonding are linked with the development of mental disorders later in life (Canetti et al, 1997) and must be considered a factor in New Zealand's extraordinarily high rate of adolescent (and other) suicide (Shuttleworth & Theunissen, 2012) and high incarceration of young people (Department of Corrections, 2014).
23. Clearly it is essential that there is as little interruption as possible to the bonding process, and that support for parents to be with their child for

at least the first six months, though the weight of evidence suggests that a much longer time is optimal, is essential.

24. Extending the period of paid maternity leave, will enable and encourage many more mothers to choose and maintain breastfeeding, and will enhance parental bonding, promoting the physical, mental and emotional health of our most vulnerable future citizens and significantly reduce the costs of preventable disease.

Comparative Cost

25. Aotearoa New Zealand's parental leave legislation and policy is well out of step with other OECD countries not only in terms of the period, but also in having a threshold of ten hours (which, as stated in our submission on the employment Standards bill 2015, we do not support), the low rate of pay and the lack of provision for paid paternity / partner leave.
26. Moreover, we note that there has been an erosion of the level of paid parental leave payments, which used to be a little above the minimum wage for forty hours' work but is now only 87 percent of the minimum wage i.e. \$516.85, before tax.
27. We strongly recommend increasing the parental leave payment to the minimum wage level of \$590, and tying it to the greater of the increase in the minimum wage and the increase in the average wage.
28. While cost estimates for paid parental leave vary, we submit that all are a fraction of the conservatively estimated \$6 billion estimated for consequential and remedial measures for damaged children unable to realise their potential, (Expert Advisory Group on Child Poverty, 2012)
29. It is not only more rational to invest eg \$6,000 per baby/family rather than \$90,000 p.a. per prisoner, but also more just. Babies are not responsible for the circumstances they are born into, just as many people have little control over factors such as employment and housing which impact on their ability to better their circumstances.
30. NZNO draws your attention to the *Final Report of the World Health Organisation's Commission on Social Determinants of Health: Closing the gap in a generation: Health equity through action on the social determinants of health* which specifically mentions parental leave as important component of a suite of integrated measures to mitigate inequity and promote the healthy work/life balance essential for population health (Chapter 8, 2008).
31. All New Zealand children deserve to be afforded the necessities of life and this Bill is a step in the right direction to help families do that.
32. Nationally we cannot afford to have young population that does not meet its potential in terms of health, ability or stability.

Workforce: maintaining a competitive edge

33. In 2008 an OECD Health Working paper *Health workforce and International Migration: Can New Zealand compete?* brought to light an issue that NZNO had long been trying to raise awareness of: the precarious position of New Zealand's health workforce in the face of increasing global demand for skilled health workers which makes it peculiarly susceptible to policy changes in other nations (Zurn and Dumont, 2008).
34. In the absence of nationally supported pathways for nursing development and leadership, overseas recruitment of internationally qualified nurses (IQN) has doubled over the past twenty years to the extent that 25 percent of the registered nursing workforce are IQN (The Nursing Council of New Zealand, 2015).
35. The WHO's draft Global Strategy for Human Resources in Health: Workforce 2030 (2015) recommends a goal for developed countries, who must be accountable for meeting their own workforce needs instead of poaching from developing countries, of a maximum of 10% overseas recruitment.
36. Recruitment of IQN is becoming more difficult as Aotearoa New Zealand's employment conditions lag behind those that other countries offer.
37. Moreover, despite the best efforts of the Chief Nurse's Office, there are not enough supported nurse entry to practice positions for new nursing graduates, resulting in unemployment, underemployment and even voluntary employment of new graduates over the past few years.
38. With the burden of student debt, limited provision for funding for higher education or return to nursing programmes, inferior wages and conditions compared with Australia and other OECD countries, it is not surprising that nurses are "voting with their feet".
39. Research on new IQN and also young "Gen Y" nurses reveals the extent to which the nursing workforce is poised between sustainability or crisis as nurses balance commitment to careers in Aotearoa New Zealand, or going overseas to nurse, or leaving the profession altogether (Walker & Clendon, 2012).
40. For both groups of mainly young women with, or about to have, families, employment conditions matter; and while Aotearoa New Zealand may not be able to compete with other countries in terms of wages, being a good place to bring up children, being able to provide them with the necessities of life and knowing that they will have the opportunity to develop their full potential who will have opportunities, is critical to their decision about where they will work.

41. During the last two decades fertility rates have decreased and have become positively correlated with female participation rates across the OECD. Many developed countries, including Aotearoa New Zealand, are not maintaining replacement population levels, prompting several to initiate generous maternity benefits linked to employment (Adserà, 2004).
42. There is a clear policy choice here. Either Aotearoa New Zealand invests in affordable strategies that encourage young skilled people with families to stay or return to New Zealand, or we lose them, and accept the increasingly catastrophic effects on the health, and other skilled, workforces.
43. The current situation of training young people to go overseas with no strategy for attracting them back, coupled with unsustainable recruitment of IQN for whom there is also no apparent retention strategy, is a lose-lose one for Aotearoa New Zealand.
44. Extending paid parental leave is an affordable and essential recruitment and retention strategy for skilled workers in Aotearoa New Zealand.

Work contact hours

45. NZNO supports the Bill's provisions for work contact hours, but we echo the CTU's recommended changes to ensure they are consistent with the "keeping in touch days" which will be passed with the passage of the Employment Standards Legislation Bill; to strengthen the framework proposed in cl 14; and to improve protections for workers and enforcement.
46. We suggest that the Bill be amended to include actual criteria for determining "fair agreement".
47. We suggest that an employer who applies undue influence to make a worker come back to work prematurely should be subject to personal grievance proceedings and a penalty under s 135 of the Employment Relations Act 2000.
48. Clarification of how the hourly rate of pay is calculated is necessary, particularly in view of the increasing prevalence of short term, contracted hours employment. Average daily pay may be the most useful calculation, but this would need to be calculated based on the rates applicable on the worker's last day before going on parental leave.
49. It should be specified that time-in-lieu must be granted on at least a 1:1 basis with actual hours worked and that accrued time in lieu is to be treated in the same manner as accrued annual holiday entitlements under the Holidays Act 2003.

50. To ensure that hours are fairly and objectively monitored, we recommend that agreed work contact hours are specially coded in PAYE and that workers should be notified when they are undertaking agreed contact hours.
51. There is a risk that people could inadvertently go over their work contact hours and thus be at risk of losing their parental leave payments or being considered to have returned to work because they have gone over the limit allowed. A monitoring and enforcement mechanism is needed.

CONCLUSION

52. In conclusion NZNO supports the Bill on the basis of evidence that it is will help to:
 - increase the physical, mental and emotional wellbeing of babies and families;
 - reduce expensive mitigation and correctional interventions later; and
 - help maintain a highly skilled local workforce and, in particular, retain and attract young, skilled people including New Zealanders, about to become parents.
53. We recommend that you note our support for the CTU submission and recommendations to strengthen the provisions around work contact hours.

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