

# Health and equality impacts of well paid parental leave

Women's Health and Equality Consortium &  
Maternity Action

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**Women's Health and Equality Consortium**

The Women's Health and Equality Consortium (WHEC) aims to tackle health inequalities and advance policies and practices that improve all women and girls' health. WHEC partners are: FORWARD, Imkaan, Maternity Action, Positively UK, Platform 51, Rape Crisis (England and Wales) and Women's Resource Centre.

[www.whec.org.uk](http://www.whec.org.uk)

**Maternity Action**

Maternity Action is a national charity working to challenge inequality and promote the health and wellbeing of all pregnant women, new mothers and their families.

[www.maternityaction.org.uk](http://www.maternityaction.org.uk)

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## Foreword

The Strategic Review of Health Inequalities in England post-2010, also known as the Marmot Review, identified well paid maternal and parental leave as a priority for overcoming health inequalities. The Review flagged the strong international evidence on the association between well paid leave and improved maternal and child health outcomes. These improved outcomes are not apparent when leave is unpaid.

Since this report was released, the debates surrounding leave policies have paid little or no attention to the health impacts of alternative policy approaches. Media and parliamentary debate has instead focused on the impacts on business and the affordability of increased pay. There has also been discussion of the merits of providing fathers and partners with greater access to leave. Health issues have been conspicuous by their absence.

The health impacts on mothers, fathers and their families should be a central consideration in development of policy on leave, pay and other family-friendly employment policies. Well thought out policies in this area support the public health goals of increased breastfeeding rates and duration, reduced inequalities in infant health outcomes and overall improvements in maternal mental health. There are direct financial benefits from improved health outcomes in the form of reduced NHS spending on children over their lifetime and reduced spending on maternal health. The improved child development outcomes from well thought out policies also reduce demands for early years services.

The Women's Health and Equality Consortium (WHEC) plays an important role in giving voice to women on health and social care issues, and particularly to those who are seldom heard in public debates. In working across departmental boundaries, the WHEC is well-placed to promote the joined up thinking which Governments commonly espouse but less frequently achieve. Achieving joined-up thinking on leave policies and related employment rights will provide direct and immediate benefits for new mothers and their families, and long term improvements in health and wellbeing.

**Rosalind Bragg, Director, Maternity Action**  
on behalf of the Women's Health and Equality Consortium & Maternity Action



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## Acronyms

APL	Additional Paternity Leave
BIS	Department for Business, Innovation and Skills
EC	European Commission
EHRC	Equality and Human Rights Commission
EOC	Equal Opportunities Commission
EU	European Union
HSE	Health and Safety Executive
NCT	formerly National Childbirth Trust
NHS	National Health Service
OPL	Ordinary Paternity Leave
PWD	Pregnant Workers' Directive
SME	Small to Medium-sized Enterprises
SMP	Statutory Maternity Pay
WHO	World Health Organisation

## Introduction

The Women's Health and Equality Consortium (WHEC) commissioned a paper on the health and equality impacts of well paid parental leave. This follows on from a key policy recommendation in the Marmot Review<sup>1</sup> :

'Providing paid parental leave in the first year of life with a minimum income for healthy living' with the policy objective 'to give every child the best possible start in life'.

Recent policy<sup>2</sup> focus has also highlighted the relationship between parenting, social mobility and children's outcomes in childhood and in adulthood, another key area identified by the Marmot Review.

At the same time, parental leave<sup>1</sup> has a high political profile with extensive political, policy and media debates about well paid maternity leave at European Level<sup>3</sup> as well as commitments from the Government<sup>4</sup> to introduce shared parental leave from the earliest stages of pregnancy. Shared parental leave, how much should be shared and whether it should be paid is a hot topic for policy makers, media and politicians of all parties.

The latest Government proposals set out in the 'Modern Workplaces' consultation launched on May 16 present a fresh opportunity to re-examine objectives, priorities and options.

Since April 2011, Additional Paternity Leave, a transferable leave arrangement after 26 weeks maternity leave, is available to fathers and this is an interim measure in place until the new flexible shared parental leave provisions are in place.

Much of the debate about well paid parental leave to date has focused on the cost of introducing high paid leave provisions or the relative merits of work life balance as enabling parents to balance work and family life. Whilst each of these crucial areas need to be considered, the health aspects of well paid parental leave for children, mothers and fathers, have been paid little attention.

This paper aims to examine the key question in this debate: how do we effectively reshape policy on maternity, paternity and parental leave to protect and improve maternal and child health and reduce inequality?

The paper examines a wide body of evidence on the equality and health impacts of well paid parental leave, as well as consulting experts in the field.

It begins with an **Executive Summary** and makes **Recommendations for Change**.

**Section 1** examines the current state of maternity in the work place in relation to current law on discrimination, health and safety, breastfeeding at work and maternity, paternity and

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<sup>1</sup> *Fair Society Healthy Lives, The Marmot Review*, Strategic Review of Health Inequalities in England Post 2010, Professor Sir Michael Marmot, Chair, February 2010.

<sup>2</sup> *The Foundation Years: preventing poor children becoming poor adults*, The report of the Independent Review on Poverty and Life Chances, Frank Field, Chair, November 2010; *Early Intervention The Next Steps, An Independent Report to HM Government*, Graham Allen MP, Chair, January 2011.

<sup>3</sup> European Council Directive 92/85/EEC, Measures to encourage improvements in the safety and health at work of pregnant workers and workers who have recently given birth or are breastfeeding.

<sup>4</sup> *Consultation on Modern Workplaces, Flexible parental leave, Flexible working, Working time regulations, Equal pay*. HM Government, May 2011.

parental leave. It also covers the specific effects on different groups, in particular vulnerable groups of women is examined and looks at Domestic Violence, Lone Parents, Parents of Premature babies.

In **Section 2** the paper sets out the current policy context including the Marmot Review and the current policy landscape on maternity, paternity and parental leave in the UK and in Europe.

In **Section 3** the health impacts of parental leave policy is examined including infant mortality, breastfeeding, maternal mental health and bonding.

**Section 4** addresses the equalities impacts of parental leave policies looking at the impacts on men and women, different ethnic minority groups and on social class.

## Executive Summary

- There are demonstrable improvements to maternal, infant and paternal health and general family wellbeing with flexible, well paid parental leave.
- Current maternity, paternity and parental leave policy needs to be re-designed to enable parents to be able to meet their work and care roles.
- Maternity leave needs to be ring-fenced for mothers for at least the first six months with better pay arrangements to enable optimum health and wellbeing outcomes.
- Maternal and child health is affected by a combination of pregnancy at work, access to maternity rights and low-paid parental leave.
- Return to work rates and lack of breastfeeding at work facilities impact on breastfeeding cessation rates.
- Fathers want to care more for their children but have their choices constrained by current parental leave arrangements.
- Paternal health is affected by lack of access to paternity and parental leave.
- Fathers' involvement in the earliest stages of pregnancy has demonstrable improvements in bonding and a greater likelihood of fathers being involved later on in childcare.
- The particular effects of poor workplace health and safety on pregnant women and those on maternity leave generally and on vulnerable groups of women specifically need to be addressed.



## Recommendations

### 1. Parental leave, early years and childcare

We recommend that the **Department of Business, Innovation and Skills, Department of Health, and Department for Education:**

- Ensure greater integration of parental leave policy and early years and childcare policy and infant and maternal/paternal wellbeing.

### 2. Health and safety

Poor health and safety protection for pregnant women fails to protect the health of mother and baby. Women forced to stop work because of unsatisfactory health and safety protections may take sick leave, commence maternity leave early or resign from their job. This reduces the length of maternity leave after the birth, reduces rates of maternity pay, and leaves some women without any entitlement to maternity leave or pay. We recommend that the **Health and Safety Executive:**

- Establish more effective protection of the health and safety of pregnant women and new mothers at work.
- Introduce better enforcement of health and safety risk assessments during pregnancy and for women who have recently given birth.

We recommend that the **Health and Safety Executive** and the **Department of Business, Innovation and Skills:**

- Dovetail health safety risk assessments, adjustments to working conditions and workloads with better access to flexible working to ensure better health and safety for pregnant women or women who have recently given birth.

### 3. Pregnancy discrimination

High rates of pregnancy discrimination leave 30,000 women each year out of a job and up to half of all pregnant women at work experience some form of detriment. This leaves many women without access to maternity leave and pay and renders ineffective laws designed to protect the health and wellbeing of pregnant workers. We recommend that the **Government Equality Office** and **Department of Business, Innovation and Skills:**

- Take urgent action to reduce the incidence of pregnancy discrimination. This requires awareness raising amongst employers about their legal obligations and amongst women about their rights. It is important that women have support to pursue legal action against employers who behave unlawfully.

### 4. Breastfeeding at work

Weak breastfeeding rights at work create barriers to continuation of breastfeeding on return from leave. The introduction of clear legal rights accompanied by promotion of good practice will facilitate increased rates of commencement and duration of

breastfeeding. We recommend that the **Department of Business, Innovation and Skills** :

- Legislate for paid breastfeeding breaks and for provision of facilities to support breastfeeding and expressing breastmilk.

We recommend that the **Department of Health**:

- Implement the recommendations in the Public Health white paper *Healthy Lives Healthy People* to encourage employers to implement breastfeeding-friendly employment policies.

## 5. Paid maternity and paternity leave

There is clear evidence of the association between well paid parental leave and improved maternal and child health outcomes. We recommend that the **Department of Business Innovation and Skills, Department of Health** and **Government Equalities Office**

- Acknowledge the role of maternity and paternity leave and pay policies in improving the health and wellbeing of mothers, fathers and babies, and commit to the principle of fully paid leave. We call for a staged implementation of increased maternity and paternity pay.
- When developing the shared parental leave policy the Government builds on the Marmot Review recommendations to provide paid parental leave in the first year of life with a minimum income for healthy living, to progressively increase the coverage of paid parental leave and to make paid parental leave to all in the first year.
- Undertake a health impact assessment and an Equality Impact Assessment on any Government proposals to change maternity and paternity leave entitlements for all or specific groups of workers.

## 6. Leave for mothers

We recommend that the **Department of Business, Innovation and Skills**:

- Ensure that at least the first six months of leave should be exclusively the right of the mother, particularly in the light of World Health Organisation and Department of Health guidelines on breastfeeding for the first six months of a child's life.
- Ensure maternity leave is as flexible as necessary to enable better transitions for mothers from being pregnant at work to going on maternity leave and from being on leave to returning to work.
- Increase flexibility for parents of premature babies to accommodate the often extended time that babies spend in hospital after the birth.
- Ensure that leave arrangements do not regress women's current entitlements but improve and expand access.
- Leave and pay arrangements should enable all women in particular vulnerable women to have access to leave and pay arrangements and that targeted awareness campaigns for employee rights and employer responsibilities are prioritised.

particularly in sectors identified by the EHRC formal investigations and the TUC vulnerable workers commission report.

## **7. Leave for fathers and partners**

We recommend that the **Department of Business, Innovation and Skills:**

- Ensure current access to paternity leave and pay includes low-paid fathers and self-employed fathers and to introduce a paternity allowance equivalent to maternity allowance.
- Paternity leave to be available flexibly for a longer period of time.
- Introduce a provision for fathers to attend antenatal appointments.
- Ensure dedicated fathers parental leave is introduced on a 'use it or lose it' basis to encourage greater take up.
- Ensure there are individual entitlements rather than transferable entitlements, this would enhance the likelihood of fathers taking leave.



# 1. Maternity and the workplace – the current situation

## 1.1 Introduction

Previously the Department for Business Innovation and Skills (BIS) published statistics on new and expectant mothers at work<sup>5</sup>. It found that the approximate number of pregnant women working per year was 350,000 and the approximate number of women returning to work after giving birth was 240,000 (69 per cent).

These statistics lay bare the importance of ensuring that workplace health and safety protections and the related provisions in relation to pregnancy and maternity discrimination, maternity and parental leave and flexible working, properly support women who are pregnant or who have recently given birth. In this section the paper outlines the current landscape for pregnancy at work and maternity leave and pay and sets the context for the current situation around maternity and the workplace.

## 1.2 Pregnancy and maternity discrimination: The Equality Act

The Equality Act came into force from October 2010, providing a single legal framework with streamlined law to tackle disadvantage and discrimination<sup>ii</sup>. Pregnancy and maternity is one of nine protected characteristics<sup>iii</sup>.

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context.<sup>iv</sup>

It is unlawful to be dismissed because of pregnancy or for reasons connected with pregnancy or maternity leave. It is also unlawful to be denied access to holiday pay, sickness pay, training or any other contractual benefit that all employees are entitled to.

Where a woman is pregnant or on maternity leave, the test for discrimination is not whether she has been treated worse than someone else but whether she has been treated unfavourably because of her pregnancy. This applies from the time she tells her employer she is pregnant to the end of maternity leave, which is referred to in law as the 'protected period'.

## 1.3 Key issues arising from current law on pregnancy and maternity discrimination

According to the Equal Opportunities Commission (EOC) Greater Expectations report<sup>6</sup> the extent and impact of pregnancy discrimination is considerable:

- Each year almost half of the 440,000 pregnant women in Great Britain experience some form of disadvantage at work, simply for being pregnant or taking maternity leave. 30,000 are forced out of their jobs.

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<sup>5</sup> *Work and Parents: Competitiveness and Choice*, Department for Trade and Industry, Research and Analysis, November 2000.

<sup>6</sup> Equal Opportunities Commission, *Greater Expectations*, 2005.

Women who lose their jobs miss out on £12m in Statutory Maternity Pay each year and, on average, return to hourly earnings 5 per cent lower than they could have expected, 14 per cent less for those on lower incomes.

- Yet the majority of women take little or no action to assert their rights. Seven in ten pregnant women treated unfairly by their employers do not speak out.
- Around 3 per cent of those who lose their job will attempt to seek financial compensation for their dismissal at an Employment Tribunal. Less than one in 20 will seek advice.
- Unfair treatment at work during pregnancy makes it much less likely that they will return to their old jobs after maternity leave. It also makes it six times more likely that they will consider never going back to work at all.
- All women of childbearing age are potentially affected. Employer concerns about managing pregnancy may be having a wider impact on women's access to work. More research is needed but anecdotal evidence is shocking: 80 per cent of HR professionals replying to one online survey said that they think twice before employing women of childbearing age.

The EOC investigation into pregnancy discrimination identified several key reasons for non-compliance with the law on pregnancy and maternity:

- A lack of knowledge and understanding of maternity rights amongst employers.
- Particularly low levels of awareness of health and safety responsibilities amongst line managers, who are generally the first point of contact for the pregnant worker.
- Small employers often have problems keeping up-to-date with developments and changes in employment law.
- Lack of dialogue and planning for the challenges to managing pregnancy effectively.
- Costs associated with pregnancy, although not easily quantifiable, are a particular issue for small employers.
- Negative attitudes towards pregnancy and maternity such as viewing pregnant women as less committed and less suitable for career progression or training.

Discrimination and unfair dismissal affect women's future labour market participation and earnings. There is growing concern that pregnancy discrimination is on the rise following the economic downturn. In recent months, UK national helplines, law firms and NGOs have reported increased numbers of complaints relating to pregnancy discrimination and redundancy.<sup>7</sup>

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<sup>7</sup> Working Families, *Report of Working Families Helpline 2009*, Working Families *Report of Working Families helpline 2010* and Alliance against pregnancy discrimination in the workplace, *Pregnant women and news mums at risk of redundancy*, May 2009.

## 1.4 Health and Safety law

An employer must<sup>8</sup>:

- carry out a 'risk assessment' of any processes, working conditions, physical, chemical and biological agents that could jeopardise a woman's health or safety or that of her child while she is pregnant, breastfeeding, or has given birth within the previous six months
- if the assessment reveals a risk, do all that is reasonable to remove it or prevent her exposure to it
- give her information on the risk and what action has been taken
- if the risk remains, temporarily alter her working conditions or hours of work, if this is reasonable and if this avoids the risk
- if that is not possible offer her suitable alternative work (on terms and conditions which are not substantially less favourable than your original job)
- if this is not possible, suspend her on full pay (i.e. give her paid leave) for as long as is necessary to avoid the risk.

Health and safety has a legal basis in the EU Pregnant Workers Directive.

Lord Young conducted a review of health and safety laws in 2010.<sup>9</sup> Maternity Action made a submission outlining key issues in improving the workplace health and safety of pregnant women and new mothers. Pregnancy and maternity was not mentioned in the final report.

## 1.5 Key issues arising from current law on health and safety

The 2005 EOC investigation found that only half of the women interviewed responded that their employers had conducted an assessment of whether their duties presented any risk to their health or to that of their unborn child. Many of those who did receive risk assessments reported that potential hazards were not identified or dealt with forcing women to choose between continuing work with potential detriment to their health or leaving employment (EOC 2005). The EOC found that almost half of the women did not know that they were entitled to a risk assessment at work when pregnant, and 50 per cent of pregnant women did not receive a risk assessment. Risk assessments which are carried out are often not done well, or adjustments to work are not made (EOC 2005). Despite the low levels of compliance with requirements to conduct a risk assessment and make necessary adjustments, women infrequently take enforcement action.

The Equalities and Human Rights Commission (EHRC) inquiry into recruitment and employment in the meat and poultry processing sector found that poor treatment of pregnant workers was widespread in the industry. A significant proportion of workers in this sector are migrants. Women surveyed reported being forced to continue work that posed a risk to their health, including heavy lifting and extended periods of standing under threat of losing their

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<sup>8</sup> Health and Safety Executive, *A Guide for New and Expectant Mothers who work*, re-printed May 2009.

<sup>9</sup> *Common Sense Common Safety* A report by Lord Young of Graffham to the Prime Minister following a Whitehall-wide review of the operation of health and safety laws and the growth of the compensation culture, December 2010.

job. Miscarriages were also reported due to lack of adjustments at work. Use of health and safety risk assessment was often non-existent.<sup>10</sup> These findings support the need for stronger protection of health and safety at work for pregnant women.<sup>11</sup>

Enforcement of health and safety obligations remains problematic. Women who do not receive a risk assessment or whose risk assessment is unsatisfactory can complain to the Health and Safety Executive (HSE) or their local authority, depending on the nature of the workplace. They can also take a sex-discrimination claim to the employment tribunal. The EOC study found little action on enforcement by the HSE and local authorities and that health and safety was generally addressed in sex-discrimination cases only in conjunction with other claims (EOC 2005).

Taking sick leave in approximately weeks 18-26 of pregnancy can leave a woman below the earnings threshold for Statutory Maternity Pay or reduce the rate of Statutory Maternity Pay which is payable.

Women who are compelled to stop work because of inadequate health and safety protection may resign, take sick leave or commence maternity leave earlier than they would like. Women can commence maternity leave up to 11 weeks before their expected date of delivery. This affects the amount of maternity leave available after the birth.

## 1.6 Breastfeeding at work

The Equality Act prohibits less favourable treatment because of breastfeeding in the provision of services. However, there is no specific right to breastfeed at work.

**Equality Act 2010 : If you are breastfeeding, have just had a baby or are pregnant.**  
The new law makes it clear that it's against the law for you to get less favourable treatment because you're breastfeeding when receiving services. However, there is no right to breastfeed at work. In addition, you shouldn't be discriminated against at school because you're pregnant or have just had a baby.

*GEO Equality Act 2010*

*What I need to know a summary guide to your rights 2010*

Breastfeeding workers have some legal protection under health and safety legislation<sup>12</sup>. They must show that their, or their baby's health, would be affected if they cannot continue breastfeeding. The employer must carry out a risk assessment and consider whether any aspect of her working conditions are a risk to the woman's health or the health of her baby. If there is a risk to the health of the mother or the health of the baby the employer must then take reasonable steps to avoid the risk. This can involve making reasonable adjustments to a woman's working hours or conditions, if this is not possible a woman is entitled to suitable alternative work. If there is no suitable alternative work, then an employee must be suspended on full pay.

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<sup>10</sup> Equality and Human Rights Commission, *Inquiry into recruitment and employment in the meat and poultry processing industry*, 2010.

<sup>11</sup> Equality and Human Rights Commission, *Pregnant Workers Directive Position Paper*, 2010.

<sup>12</sup> Management of Health and Safety at Work Regulations, 1999

One of the risks to the health of a breastfeeding mother and her baby is cessation of breastfeeding. The Department of Health recommends exclusive breastfeeding for the first six months, then breastfeeding (or substitutes, if used) in conjunction with solid food<sup>13</sup>.

Working conditions which prevent women breastfeeding successfully put the woman's and baby's health at risk.<sup>14</sup>

Employers are obliged under the Workplace (Health, Safety and Welfare) Regulations 1992 to provide suitable facilities for a breastfeeding employee to rest. While the HSE recommend providing facilities such as access to a private room to express milk and a secure clean fridge to store milk as good practice, there is no legal requirement for employers to provide such facilities or to provide paid breaks to do so.

The Department of Health white paper 'Healthy Lives Healthy People' proposed pilots to encourage breastfeeding-friendly employment policies. This appears to have been shelved.

#### **Healthy Lives Healthy People, Department of Health 2010**

3.12 Wider society, including employers, has a role to play in supporting families. The Department of Health will work in partnership with employers to encourage breastfeeding-friendly employment policies, through pilots involving an acute NHS trust, over 300 children's centres in areas with low breastfeeding rates, a primary school and a secondary school.

### **1.7 Key issues in breastfeeding at work**

Enforcement of health and safety obligations in relation to breastfeeding remains problematic. A woman may be able to complain to a health and safety enforcement officer if her employer does not carry out a risk assessment or does not provide 'rest facilities', otherwise she may face a difficult and expensive indirect sex discrimination case.<sup>15</sup> This is not conducive to resolving workplace disputes.

More effective legal protection for breastfeeding at work is needed. There is a discrepancy between the explicit protection of breastfeeding mothers in relation to services and the very weak legal framework in the workplace. Effective legal protection of breastfeeding in relation to services is intended to legitimise and encourage breastfeeding without restricting women's participation in public life. Similarly, women should be able to continue breastfeeding without being penalised at work.

In the absence of clear legal protection, promotion of good practice amongst employers is of increased importance. It is very disappointing that the White Paper proposals have been shelved. These had been welcomed by a broad range of organisations including Maternity Action, NCT and The Breastfeeding Network:

We are very pleased to see moves to support working Mums to continue breastfeeding. We know that returning to work is a barrier to some mums continuing

<sup>13</sup> Department of Health, *Infant feeding recommendations*, 2003.

<sup>14</sup> Maternity Action, *Continuing to breastfeed when you return to work*, January 2011.

<sup>15</sup> Maternity Action, *Effective protection for women who continue breastfeeding after returning to work*, 2010 (unpublished).

to breastfeed, especially those who work full-time or do not have access to facilities to breastfeed or express milk at work<sup>16</sup>

## **1.8 Maternity, Paternity and Parental Leave Policy**

### ***Maternity leave***

Since 1997, there have been significant improvements to the family leave provision, particularly for working mothers. Paid maternity leave has risen from three to six to nine months. Maternity leave without pay is available to 12 months. Statutory Maternity Pay and Maternity Allowance is available to women who are eligible<sup>v</sup>. Adoption leave and pay, which can be taken by either parent, has also been introduced.

### ***Paternity leave***

Paternity leave, introduced in 2003, gave fathers and partners, including same-sex partners, the right to two weeks' paid paternity leave.

The last Government introduced Additional Paternity Leave regulations which came into effect from April 2011. This is an entitlement to additional paternity leave of up to 26 weeks in the child's first year. Fathers and partners could take this only after their partner has returned to work, and payment would be the same as statutory maternity pay.

The Government's 'Modern Workplaces' consultation (Modern Workplaces, May 2011) is currently underway. (See Appendix for summary). This will introduce flexible shared parental leave by 2015. Once the early weeks of maternity and paternity leave have ended, parents will be able to share the overall parental leave allowance between them made up of the remaining maternity leave and overall parental leave combined together. Some of this is paid and some of this is unpaid. They will have 4 weeks of reserved parental leave each on a 'use it or lose it' basis; for fathers this will mean an extra 4 weeks paid leave, subject to affordability.

### ***Parental leave***

Since 1999, parents have had the right to take up to 13 weeks' unpaid 'parental leave' for each child up to the age of five or 18 for disabled children. Parental leave is an unpaid provision and derives from the European Parental Leave Directive. It is currently available for parents who have worked continuously for one year and can be taken in blocks of a week up to the age the child is 5. Many occupational schemes enhance parental leave with pay and better flexibility and availability up to older age children.

Employees are also entitled to unpaid time off to deal with emergencies involving dependants. Current proposals include extending parental leave to 18 weeks unpaid leave to comply with the parental leave directive requirements.

### ***Antenatal appointments***

Women are entitled to paid leave to attend antenatal care. There is currently no right for fathers to attend antenatal clinics with their partners to either offer support to the mother or to begin the bonding process. The current Modern Workplaces consultation proposes that fathers gain the right to attend at least two antenatal appointments.

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<sup>16</sup> The Breastfeeding Network welcomes Government proposals to help breastfeeding mothers return to work. *Breastfeeding and Returning to Work - Press Release* 30th November 2010, <http://www.breastfeedingnetwork.org.uk/breastfeeding-and-returning-to-work-press-release.html>.

## 1.9 Key issues arising from current maternity, paternity and parental leave policies

### **Maternity leave**

In the UK, mothers typically return to work after they have exhausted maternity leave entitlements which may be the statutory entitlements or any occupational entitlements<sup>17</sup>. Evidence shows that where leave is unpaid or at a low level of pay, there is a tendency towards under utilisation of entitlements. Whether parents can afford to take time off work after the birth of a child is a key factor influencing take-up of leave entitlements and amount of time spent on leave.

In a survey by Yaxley, Vinter and Young<sup>18</sup> several key issues related to pay were associated with maternity leave take-up. Mothers took just over seven months of maternity leave, on average, but the length of leave taken appeared to be influenced by the mother's earnings. Only 30 percent of mothers earning less than £20,000 per annum took more than six months' leave, compared with over half of mothers earning in excess of £20,000 per annum. Those working in managerial and professional occupations were also far more likely to have taken more than six months' leave, compared to mothers who worked in administrative, service and sales occupations (48 percent compared to 26 percent). Younger mothers aged under 30, also tended to take less time as maternity leave.

Mothers who were lone parents were far more likely to take a short period of maternity leave where 48 percent returned to work within three months, compared to partnered mothers where only 31 percent returned after three months<sup>19</sup>. One explanation offered for the trends above is that around 29 percent of mothers receive additional pay from their employer over and above the statutory minimum rate<sup>20</sup> ..

Aside from mothers working in the public sector or in a workplace with trade union representation, those in higher skilled, higher paid occupations are more likely to receive such payments; whilst those in lower skilled, lower paid jobs are more reliant on state benefits.

The new shared parental leave proposals will not address the inequalities in duration of leave if there is no increase in remuneration above the statutory minimum level.

### **Paternity leave and shared leave**

Much of the current debate about shared parental leave is about how best to encourage fathers to be more involved in caring for their children and whether or if early involvement of fathers through for example taking paternity leave around the time of the birth helps to support fathers in their caring role.

Although fathers' use of paternity leave is increasing, according to a report by the EHRC, only 45 percent of eligible fathers take paternity leave and of those who do not, say loss of

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<sup>17</sup> La Valle, Clery, and Huerta., *Maternity rights and Mothers employment decisions*, Department for Work and Pensions Research Report 496, 2008.

<sup>18</sup> Yaxley, Vinter and Young, *Dad's and their babies: the mothers perspective*. Equal Opportunites Commission Working Paper Series, 41, 2005.

<sup>19</sup> Dex and Ward, *Parental Care and employment in early childhood*, EOC working paper series No 57, 2007.

<sup>20</sup> Smeaton, Deborah and Marsh, Alan, Policy Studies Institute *Maternity and Paternity Rights and Benefits: Survey of Parents 2005*, Department for Trade and Industry, Employment Relations Research Series No. 50, 2006.

pay is the main reason<sup>21</sup>. EHRC research found that fathers in families with an income of up to £15,000 are much less likely (46 per cent) to take paternity leave than those in the highest income group (59 per cent).

While some families cannot afford to take paternity leave, others on higher incomes feel they have more choices. The EHRC found that a third of higher income parents say their current arrangements are based on choice, compared with a quarter of lower income families (Working Better, 2009).

Pay levels are key to fathers taking more leave. The BIS Employment Relations Series cites earnings related pay arrangements as key to greater take up of leave by fathers in other European countries<sup>22</sup>.

The new additional paternity leave regulations will apply to fathers and partners of babies born from April 11 2011. During the consultation process on the regulations BIS produced an impact assessment which concluded that only between 4-8 percent of eligible fathers were likely to take up APL. The Government estimates that the flexible shared parental leave proposals will increase the take up by fathers to three times this figure<sup>23</sup>, although the evidence for this is unclear.

There is currently no equivalent to a maternity allowance for fathers. Low-paid fathers and self-employed fathers would benefit from the introduction of a paternity allowance.

Organisations such as the Fawcett Society have welcomed the Government's announcement to introduce shared parental leave as helping to close the gender pay gap:

'Changes to parental leave that allow men more of a role in raising their children will lead to happier, healthier relationships and families. A fairer division of caring responsibilities will go a long way towards closing the gender pay gap – some 14 per cent of the persistent gap in pay between women and men can be attributed to the 'motherhood penalty', which sees women discriminated against in the workplace because of their greater caring responsibilities'<sup>24</sup>.

In the Government's new flexible shared parental leave proposals there are no new proposals to increase levels of pay. The four weeks of paid parental leave being introduced for fathers on a 'use it or lose it' basis will be subject to affordability. Further consideration needs to be given to paternity and parental leave policy which increases even further, the likelihood of fathers actually taking the leave.

### **Parental leave**

Current parental leave take up is very low. Only 11 percent of eligible mothers and 7 percent of eligible fathers and partners take parental leave and usually for only one week. (Smeaton and Marsh 2006). This reinforces the importance of paying leave to achieve take-up.

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<sup>21</sup> Working Better Meeting the changing needs of families, workers and employers in the 21<sup>st</sup> century, EHRC, 2009

<sup>22</sup> Moss, P, Editor, International Review of Leave Policies and Related Research. BIS Employment Relations Series 115, 2010..

<sup>23</sup> Ed Davey Minister for Employment Relations, Modern Workplaces Consultation Launch event Q&A session, May 16 2011..

<sup>24</sup> Fawcett Society website on reaction to Nick Clegg's speech on 17 January announcing shared parental leave. <http://www.fawcettsociety.org.uk/index.asp?PageID=1209>

### **Antenatal care**

Attending antenatal clinics can ensure greater father involvement during pregnancy and this has been identified as an important factor in having positive impacts on mothers' mood levels<sup>25</sup> and self esteem indicating that greater access to antenatal appointments and related activity by fathers would also be useful in the policy design of parental leave.

### **1.10 Flexible Working**

Parents of children under the age of 17 (or 18, if disabled) have the right to request flexible working. Employees can ask to work shorter hours, work from home or otherwise move away from the rigidity of an office based, set hours working day.

Flexible working is receiving increasing attention as way of achieving greater work life balance. The Government have proposed extending the right to request to all in the 'Modern Workplaces' consultation.

### **1.11 Key issues in flexible working**

Failure to enable mothers, and fathers and partners, to access flexible working can result in parents, especially mothers being unable to balance the demands of their work with the needs of their families. EHRC research into sex discrimination in the financial services industry found that one of the greatest barriers to women's greater participation, equal standing and equal pay in the industry was a culture of long working hours and "presenteeism", the reluctance to provide flexible working arrangements, and pressure on women working flexibly to resume standard and long working hours.<sup>26</sup>

The infant feeding survey identified different working patterns had a considerable influence on breastfeeding including the ability to work reduced hours (Infant Feeding Survey, 2005).

Fathers are less likely to request and be granted flexible working arrangements.<sup>27</sup>

A joint briefing by Maternity Action and the Fatherhood Institute, published in March 2011<sup>28</sup> outlines key concerns about protecting the needs of mothers, fathers, partners and other key carers during the proposed extension of the right to request flexible working to all employees.

The briefing notes the problematic enforcement mechanisms where parents believe that a flexible working request was refused without good business reasons. The only way in which an employee can challenge the reasons for refusal of flexible work is to bring a claim under the sex discrimination provisions. This is a heavy-handed and potentially expensive way to resolve what are often quite minor disputes. There are also significant differences in the options available to male and female parents. The briefing proposes a simpler process for resolving these disputes through the employment tribunal.

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<sup>25</sup> See section 3.4 for summary of NCT Research evidenced based briefing Jenny McLeish 2007.

<sup>26</sup> Equality and Human Rights Commission, *Financial Services Inquiry: Sex discrimination and gender pay gap report of the Equality and Human Rights Commission*, 2010.

<sup>27</sup> Equality and Human Rights Commission, *Working Better: Fathers, family and work – contemporary perspectives*, 2009.

<sup>28</sup> Maternity Action and The Fatherhood Institute, *Protecting the needs of parents and carers during the extension of flexible working*, March 2011.

Any changes to the right to request needs to maintain or increase the protection available to mothers, fathers, partners and key carers who are a particularly vulnerable group.

## **1.12 Impacts of current situation on different groups**

### ***Lone Parents***

According to La Valle, Clery and Huerta (La Valle et al 2008), around 25 percent of lone mothers do not qualify for statutory maternity pay. Those lone mothers who do qualify are far more likely than 'couple' mothers to rely on it alone, without additional employer maternity pay. This is because they are more likely to be in jobs offering less favourable maternity provisions. Evidence shows that 48 percent of mothers who were lone parents were far more likely to take a short period of maternity leave compared to 31 percent of partnered mothers (Dex and Ward, 2007).

There is a risk of a widening gap between families with secure income and good access to parental leave, and those with less job security and less chance of taking leave.

### ***The health and wellbeing of premature babies***

According to BLISS, 22,000 babies are born too soon or too sick every year and need to stay in neonatal intensive care units for weeks even months<sup>29</sup> every year. A crucial issue for parents of babies born too soon or too sick is when the maternity or parental leave date starts.

'Since leave starts when the baby is born, it does not recognise the difficulty of parents whose leave begins long before they can take their baby home from hospital. In some cases mothers have had to return to work while their baby is still in neonatal care'.<sup>30</sup>

Parents of premature babies face additional costs and stresses. These include travel to and from hospital, paying for food away from home and lost earnings.

An additional and proportionate amount of paid maternity leave and paid paternity leave equivalent to the time the baby is in the neonatal unit would be beneficial and allow the special needs of the mother, child/children and father or partner to be accommodated.

### ***Migrant women and agency workers***

Migrant women are particularly at risk of poor health and safety and unfair dismissal. The report (Recruitment and employment in the meat and poultry processing industry Inquiry, EHRC, 2010), into the meat and poultry industry, which is predominantly staffed by migrants, found that pregnant workers were being readily dismissed by employers. Agency workers were not given any more work when managers realised they were pregnant and agencies admitted that they were under pressure from employers not to supply pregnant workers. Pregnant women were forced to work long hours at tasks which posed a risk to their health and safety. There was evidence of women reporting repeated miscarriages due to the lack of adjustments to their work.

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<sup>29</sup> BLISS response to Additional Paternity Leave consultation 2009.

<http://www.bliss.org.uk/page.asp?section=134&sectionTitle=Maternity+and+paternity+leave>

<sup>30</sup> BLISS response to Government consultation on the PWD.

[www.bliss.org.uk/download\\_document.asp?section=67&itemid...](http://www.bliss.org.uk/download_document.asp?section=67&itemid...)

Maternity Action<sup>31</sup> has highlighted the barriers to accessing maternity pay faced by women in the UK on a spouse visa, work visa, student visa or any other form of definite leave to remain. These women have 'no recourse to public funds' as a condition of their visa and many are unaware that they are entitled to Maternity Allowance as well as Statutory Maternity Pay. Maternity Action found significant gaps in the information available on Government websites and telephone advice. The vast majority of women who are entitled to Maternity Allowance are on low incomes and in low-paid roles, so Maternity Allowance is likely to be a significant proportion of their household income.

### ***Domestic violence and maternity***

More than 30 per cent of domestic violence cases start during pregnancy and 40-60 per cent of women experiencing domestic violence are abused while pregnant.<sup>32</sup> According to Women's Aid research (Walby and Allen, 2004) among employed women who suffered domestic violence in the last year, 21 per cent took time off work and two per cent lost their jobs. Good 'domestic violence at work' policies, awareness of domestic violence by managers and colleagues along with other employment support measures need to be in place to enable women experiencing domestic violence at work not to experience any detriment.

A key issue for women experiencing domestic violence is how will the new shared parental leave policies work? There is an assumption in the policy debate that fathers and mothers are able to negotiate between them who takes leave and when, and make arrangements between them to do so. In cases where relationships are broken down, at best or at worst where one partner is the perpetrator of domestic violence against a partner, negotiating shared leave is likely to be problematic.

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<sup>31</sup> *Maternity Action website Improving access to maternity pay for migrant women: Maternity Allowance*  
<http://www.maternityaction.org.uk/sitebuildercontent/sitebuilderfiles/maternityallowancereport.pdf>

<sup>32</sup> British Medical Association, *Domestic Violence: a health care issue?* 1998.



## 2. The Policy Context

### 2.1 The Marmot Review

The Marmot Review key policy recommendation (The Marmot Review 2010) ‘to provide paid parental leave in the first year of life with a minimum income for healthy living has the policy objective to give every child the best possible start in life’. Marmot’s key findings based on extensive research and literature examining the equality and health impacts on paid parental leave found that:

‘Paid parental leave is associated with better maternal and child health with studies finding an association with lower rates of maternal depression, lower rates of infant mortality, fewer low birth-weight babies, more breastfeeding and more use of preventive health care. This highlights the importance of parents across the social gradient having access to paid parental leave during the whole of the first year as well as the availability of good quality childcare and flexible employment thereafter, including for those young children with parents not in work who are assessed as likely to benefit’.

#### **Marmot Review – Policy recommendations A3**

**Time period: 2011-2015**

Providing paid parental leave in the first year of life with a minimum income for healthy living

**Time period: 2016-2020**

Progressively increasing the coverage of paid parental leave in the first year

**Time period: 2020 and beyond**

Make paid parental leave in the first year available to all

Marmot’s vision is for a holistic approach to a range of provision which would support parents to parent well in the earliest stages of babies and children’s lives. Marmot recognised the importance of paid parental leave but good quality childcare and flexible employment for parents in work and those wanting to work.

Graham Allen in his review of early intervention has also called for a consideration of paid parental leave along the lines of the supports parents can access in countries like Sweden. The entire complement of provision for pregnancy, maternity and paternity along with a focus on infant development and care is increasingly been seen as requiring an integrative approach where parental care and good quality early years and childcare should be characterised by a ‘pedagogical approach, where care, nurturing and learning form a coherent whole. (Swedish pre-school curriculum)’ ‘Parents now expect a *holistic pedagogy* that includes health care, nurturing and education for their pre-schoolers. (Lenz Taguchi and Munkhammar, UNESCO report, 2003)<sup>33</sup>.

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<sup>33</sup> Professor Peter Moss presentation to the Daycare Trust annual conference 2009.  
[http://www.daycaretrust.org.uk/data/files/Events/National\\_conference\\_2009/peter\\_moss\\_presentation\\_compatibility\\_mode.pdf](http://www.daycaretrust.org.uk/data/files/Events/National_conference_2009/peter_moss_presentation_compatibility_mode.pdf)

Recent policy (Frank Field review 2010 and Graham Allen review 2011) focus continues to highlight the relationship between parenting, social mobility and children's outcomes in childhood and in adulthood, another key area identified by the Marmot Review.

One year on from the publication date of the Marmot review new evidence was published highlighting the continuing challenges of health inequalities in England<sup>34</sup>. The challenge to ensure giving every child the best start in life was highlighted in *Fair Society, Healthy Lives* as the highest priority recommendation for reducing health inequalities, and called for 'a second revolution in early years'.

#### Children Achieving a Good Level of Development at Age Five<sup>vi</sup>

- Just under half (44 per cent) of all five year olds in England are not considered by their teachers to have a good level of development in the first year of school – this assessment is based on national criteria of behaviour and understanding
- The percentage who do not have a good level of development rises to 58 per cent in the London Borough of Haringey, followed by 55 per cent in Brent, Newham and the County of Herefordshire
- The local authorities with the largest percentage of children (69 per cent) achieving a good level of development at age five are Solihull in the West Midlands and Richmond upon Thames

Clearly there remains considerable challenges to the implementation and roll out of the Marmot Review recommendations.

## 2.2 Healthy Lives Healthy People White Paper

At the time of writing, consultation has recently closed on the White Paper which was published in November 2010 and sets out the Government's long term vision for the future of public health in England. The aim is to create a 'wellness' service (Public Health England) and to strengthen both national and local leadership. One important reference in the white paper is around breastfeeding at work.

The focus in the white paper is on widescale reforms to the NHS which aim to improve health for all. A key question in the context of health and equality for maternal and infant health is whether the health of the poorest will improve faster, this remains a key concern of the Marmot Review.

## 2.3 Government Proposals

Against this backdrop of several policy developments around health inequality the Government have proposed to introduce a new system of flexible shared parental leave from the earliest stages of pregnancy and have committed to introducing this by 2015<sup>35</sup>. Given the evidence set out in the Marmot Review of the maternal and infant health benefits of paid parental leave there is an opportunity to ensure that the new policy design provides the best possible opportunity to improve health and equality outcomes.

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<sup>34</sup> Fair Society healthy lives website February 11 2011. <http://www.marmotreview.org/media-events/activities/one-year-on-1.aspx>

<sup>35</sup> Nick Clegg speech on Jan 17 at the Demos event and Vince Cable speech on 16 May at the BIS 'Modern Workplaces' consultation launch..

The design of the scheme proposals will enable parents to share parental leave after a period of ring fenced maternity leave of 18 weeks. Following this either parent could take the remaining 34 weeks of the current allocation of maternity leave plus their individual entitlement to 18 weeks unpaid parental leave individually or simultaneously for select periods of time.

The government have announced that the principle of no loss of entitlement for mothers, a use it or lose it element for fathers and a flexible approach to the leave will apply. Fathers and partners in work would be entitled to two weeks' paternity leave as now. The same rights would apply to same-sex partners. The Government, however, have not proposed increasing pay.

Much of the current debate is framed in terms of 'shared parental leave' where Britain's policy of a long period of leave reserved for mothers, most of it at a low rate of pay, relatively weak parental leave and a very short period of paternity leave make the assumption that it is women who are the main carer and men are the main breadwinner (EHRC Working Better report 2009) . This is in comparison to other countries with long well paid periods of parental leave with higher take-up rates by fathers<sup>36</sup>.

A key consideration in the maternal and infant health debate is at what point a dedicated maternity leave provision should be ring-fenced.

The current 52 weeks arrangement could in part be taken by the father from as early as 18 weeks maternity leave. However, in reality many women take their maternity leave before the expected week of childbirth and can take it up to 11 weeks before. The longer women take off before the baby is born the younger the baby will be when they return to work under this new regime. This can mean women returning to work when their babies are very young even just weeks old. In many cases mothers, particularly those that are higher earners than their partners, may feel under pressure to 'earn' rather than 'care' if earnings are not more fully compensated.

The progressive nature and intent behind shared parental leave, that fathers can be more involved in caring is welcome, however, policy development must acknowledge that there may be implications for maternal and infant health if women return to work too soon.

The Government has flagged its intention to exempt small employers with fewer than ten staff from future regulation, including employment regulation. There have been suggestions that maternity and paternity leave may be included in this. This is particularly worrying as a disproportionate number of employees in SME's are women and the current, comparatively high rates of unemployment leave pregnant workers and women on maternity leave particularly vulnerable to discrimination. There are also some concerns about what the implications are for reducing the number of weeks of maternity leave provision and the 'protected period' for pregnancy and maternity and discrimination. This point would need to be clarified if mothers continue to take 'parental' leave after 'maternity' leave.

## **2.4 European Union Policy**

The European Commission has been conducting a review of the reconciliation of work and family life. Part of this review has included proposed amendments to Council Directive 92/85/EC also known as the Pregnant Workers Directive (PWD). The Parental Leave

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<sup>36</sup> Moss, P, International Review of Leave Policies and Related Research. BIS Employment Relations Series 80, 2010..

Framework Directive has been amended following agreement reached by the Social Partners<sup>37</sup>. This now provides for longer parental leave of four months but remains unpaid.

It is widely accepted that a comprehensive and modern reconciliation agenda is essential for promoting the economic recovery and economic growth, enabling inclusive and efficient labour markets, and responding to demographic and cultural changes in how people balance work and family life in modern Europe. However, much of the public debate following the FEMM Committee proposals to provide for 18 or 20 weeks fully paid maternity leave were dominated by arguments that it would cost too much<sup>38</sup>.

The proposals to introduce fully paid maternity leave and the option of two weeks fully paid paternity leave were accompanied by proposals to improve health and safety protection, to support breastfeeding and to promote gender equality. In addition there are further proposals to introduce paid breastfeeding breaks. References to the WHO guidelines as the basis of the report were made.

The link between increased paid leave and women's labour force participation are outlined in the European Commission's Impact Assessment report<sup>39</sup> along with an examination of how the provision of paternity leave ensures shared responsibility of childcare in the early stages of a child's life and supports the continuation of the mother's career. Sharing caring responsibility also has a bearing on health and safety, as active involvement of both parents in caring improves the quality of life and wellbeing of the parents.

A further impact assessment to determine the costs/benefits of the new proposals was conducted<sup>40</sup> and found overall that the benefits did outweigh the costs. Despite this the proposals have floundered as the Council of Ministers voted against adopting the proposals.

Other areas being considered under the reconciliation of work and family life review include universal childcare provision.

## 2.5 Early years and family policy

In addition to the debates about paid parental leave, shared parental leave and health and wellbeing for families, childcare and early years policy is also relevant to this agenda particularly in the context of any strategy to reduce inequality in the UK<sup>41</sup>.

There is widespread consensus that early years are a crucial time for children's cognitive, social and emotional growth. There is a strong association between socio-economic status and attainment by age 5 as 35 percent of children known to be eligible for free school meals achieved a good level of development compared to 55 percent of pupils not eligible for free school meals<sup>42</sup>. Children's outcomes in adulthood are closely linked to cognitive and social competencies and good cognitive abilities are associated with attainment later in life and therefore indirectly with higher wages.

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<sup>37</sup> European Council Directive 96/34/EEC, Framework agreement on parental leave.

<sup>38</sup> BCC press release Ministers must fight pregnant workers directive costs says BCC, December 2010. [http://www.britishchambers.org.uk/zones/policy/press-releases\\_1/uk-ministers-must-fight-pregnant-workers-directive-costs-says-bcc.html](http://www.britishchambers.org.uk/zones/policy/press-releases_1/uk-ministers-must-fight-pregnant-workers-directive-costs-says-bcc.html)

<sup>39</sup> EC Impact Assessment paid maternity leave October 2008

<sup>40</sup> European parliament Impact Assessment on costs benefits of 18 or 20 weeks fully paid maternity leave September 2010

<sup>41</sup> *An anatomy of Economic Inequality in the UK*, report of the National Equality Panel, 2010.

<sup>42</sup> Equality and Human Rights Commission, *How Fair is Britain? The First Triennial Review*, 2010.

Many factors contribute to this outcome. Parental socio-economic status and education, parental behaviour, the quality of the home learning environment and the quality of pre-school and primary school education and care also matters for the development of cognitive and social competencies with quality settings having a positive impact.

Currently the early years and childcare policy is being considered by several key reviews including, Frank Field's review of poverty and Graham Allen's review of early intervention<sup>43</sup>. The Graham Allen review has recommended that better paid parental leave needs to be considered in the context of improving early years outcomes for children.

#### **Graham Allen MP Review on early intervention**

##### Recommendations

35. I recommend the formation of a broad based all-party group to explore possible means of giving British parents and babies similar benefits in *maternity and paternity support* to those now enjoyed by their Swedish counterparts and their babies. Graham Allen review.

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<sup>43</sup> *Early Intervention The Next Steps, An Independent Report to HM Government*, Graham Allen MP, Chair, January 2011.



### 3. The health impacts of paid parental leave

#### 3.1 Introduction

At a time of increased expenditure there can be a significant decrease in household income for many families around the birth of a child, as one or both parents take maternity and paternity leave. Without fully earnings related compensation, as a consequence, the time around a child's birth is when families are at greatly increased risk of falling into poverty. Evidence from 1999 showed that up to one in six households fell into poverty as a result of having a baby<sup>44</sup>. Parental pay policies around the time of a child's birth are therefore crucial for ensuring adequate income levels for families.

Evidence shows that the level of financial compensation for parental leave is a very significant factor discouraging men from taking up leave entitlements<sup>45</sup>, with 42 per cent of men surveyed saying it was the main factor. This should also be a consideration in setting the levels of flat rate pay.

Research clearly shows the importance of parental leave during the first year in terms of a child's health and wellbeing. As the Marmot Review also found, it is linked to lower maternal depression<sup>46</sup>; lower infant mortality<sup>47</sup>; fewer lower birth weight babies (Tanaka 2005); more breastfeeding<sup>48</sup> and greater use of preventative health care (Berger et al., 2005) It also shows that unpaid leave does not have the same protective effects (Ruhm 2000; Tanaka 2005).

Therefore it is important that the level of pay for parental leave should not discourage or prevent parents from spending this time with their child.

#### 3.2 Paid maternity leave and infant mortality

Several studies have found a positive correlation between extending paid maternity leave for new mothers and the significant reduction of infant mortality.

Tanaka (2005) examined the relationship between parental leave and child health. The study examines the aggregate effects of parental leave policies on child health outcomes using data from 18 OECD countries from 1969-2000 and investigated the effects of both job-protected paid leave and other leave - including non-job-protected paid leave and unpaid leave - on child health outcomes, more specifically, infant mortality rates, low birth weight and child immunisation coverage. This study explores the effects of other social policies related to families and young children, such as public expenditures on family cash benefits, family allowances, and family services per child, on child health outcomes. It found:

- every 10 weeks of extra maternity leave cuts the infant mortality rate by 2.6 per cent.

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<sup>44</sup> HM Treasury *The modernisation of Britain's tax and benefit system: Tackling poverty and extending opportunity*, 1999.

<sup>45</sup> European Commission, *Europeans' attitudes to parental leave*, 2004.

<sup>46</sup> Chatterji and Markowitz, Does the length of maternity leave affect maternal health? NBER Working Paper No.10206, 2004.

<sup>47</sup> Ruhm, C, *Parental Leave and Child Health Journal of Health Economics* 19, 2000; Tanaka, Parental Leave and Child Health across OECD Countries *Economic Journal* 115,, 2005.

<sup>48</sup> Berger, Hill and Waldfogel, Maternity leave, early maternal employment and child health and development in the US *Economic Journal* 115,, 2005.

- boosting paid leave for new mothers in the UK from the then six months to a full year would cut the infant death rate by 6.8 percent.
- the infant mortality rate - deaths of babies up to a year old - in England and Wales was 5.2 deaths for every 1,000 live births in 2002, according to the Office for National Statistics, with 563,000 babies delivered in England in 2002-03.
- the cause of the apparent connection between leave and deaths is unknown, but may link to longer periods of breastfeeding and better health care.
- the effects of extra maternity leave on infant mortality were only significant if the leave was paid.

Where the leave is unpaid, or paid only at a low flat rate, mothers may well go back to work early anyway, so the beneficial infant health effects of leave do not occur, according to the paper. The research, underlines the importance of the debate around well paid parental leave in the context of child health.

The research was controlled to eliminate the effects of other variables between countries such as differing spending on family cash benefits, levels of spending on maternity and paternity leave and on family services.

While these policies do have significant effects on cutting neonatal infant mortality rates (after the first month of life), the influence of paid parental leave remains when they are removed from the equation.

The results support the hypothesis that an extension in the length of leave enhances child health through increasing parental time with the child.

A linked study published at the same time, based on US data, found that longer leave improved other health outcomes, as well as cutting mortality rates. In a press interview <sup>49</sup>Joint author Jane Waldfogel, professor of social work and public affairs at Columbia University, a research associate at the London School of Economics and a co-editor of both reports, said the cross-country parental leave findings were "striking".

### **3.3 Maternal employment and breastfeeding**

Both the World Health Organisation and UNICEF recommend exclusive breastfeeding the first 6 months<sup>50</sup>. In the period after birth most infants, even the most vulnerable, grow and develop normally if they are exclusively breastfed. If foods or drinks are introduced too early or are not given safely in the correct quantity at the optimum time, growth rates falter dramatically and can lead to growth retardation. By the time these children are two years old, many will be stunted. In parallel, there is evidence indicating that breastfeeding has long term health benefits. Over time, breastfed babies have reduced rates of many infectious and immunological diseases, reduced rates of some cancers, better cardiovascular health, and reduced rates of obesity. Mothers who breastfeed have reduced

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<sup>49</sup> Lucy Ward, *Year's paid maternity leave should save lives of babies, study say*, *The Guardian* 15 March 2005.

<sup>50</sup> World Health Organisation/UNICEF Innocenti Declaration, 1990, <http://www.unicef.org/programme/breastfeeding/innocenti.htm>

rates of breast and ovarian cancer.<sup>51</sup>

However, going back to work within the first six months has been found to be an important factor in breastfeeding cessation<sup>52</sup>. Low rates and early cessation of breastfeeding have important adverse health and social implications for women, children, the community and the environment which can result in an unnecessary burden on the NHS and increase inequalities.

The Millennium Cohort Study<sup>53</sup> on breastfeeding examined the relationship of maternal employment characteristics, day care arrangements and the type of maternity leave pay to breastfeeding for at least four months. The study found that mothers employed part-time or self-employed were more likely to breast-feed for at least four months than those employed full-time. The longer a mother delayed her return to work postpartum, the more likely she was to breast-feed for at least four months. Mothers were less likely to breast-feed for at least four months if they returned to work for financial reasons or used informal day care arrangements.

Mothers were more likely to breastfeed for at least four months if their employer offered family-friendly or flexible work arrangements or they received Statutory Maternity Pay (SMP) plus additional pay during their maternity leave rather than SMP alone. The study concludes that current policies may encourage mothers to enter or return to employment postpartum, but this may result in widening inequalities in breastfeeding and persistence of low rates. Therefore policies should aim to increase financial support and incentives for employers to offer supportive work arrangements.

The Infant feeding survey<sup>54</sup> examines in considerable detail the extent of breastfeeding cessation and return to work rates, breastfeeding expressing facilities and other factors effecting breastfeeding or expressing cessation. 90 percent of mothers surveyed were in work. It found:

- a high instance of use of follow on milk amongst those in routine and manual occupations, those who had never worked and those with lower educational qualifications.
- By the time babies reach 8-10 months old, 45 per cent of all mothers had returned to work. Eight in ten mothers returning to work did so after their baby was five months old, with 57 per cent returning after their baby was six months old. Most mothers worked part-time: 14 per cent working less than 15 hours per week and a further 56 per cent working between 15 and 30 hours.
- One in seven working mothers (15 per cent) said that they were provided with facilities to either express milk or to breastfeed at work. Such facilities were particularly associated with mothers using a workplace crèche (29 per cent).

Some working patterns were associated with a higher than average propensity for mothers to combine work and breastfeeding at five or six months: mothers working less than 15

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<sup>51</sup> World Health Organisation, *Infant and young child feeding*, Geneva: WHO, 2009.

<sup>52</sup> Guendelman, Lang Kosa, Pearl, Graham, Goodman and Kharrazi, *Juggling Work and Breastfeeding : Effects of Maternity Leave and Occupational Characteristics*, Pediatrics, Official journal of the American Academy of Pediatrics ; January 2009.

<sup>53</sup> The impact of maternal employment on breastfeeding duration in the UK Millennium Cohort Study, Summer Sherburne Hawkins, Lucy Jane Griffiths, Carol Dezateux, Catherine Law and the Millennium Cohort Study Child Health Group, Centre for Paediatric Epidemiology and Biostatistics, Institute of Child Health. 2006.

<sup>54</sup> Department of Health, *Infant feeding survey*, 2005.

hours a week, mothers in managerial or professional occupations, and mothers given access to facilities to breastfeed or express milk at work.

Half (51 per cent) of mothers breastfeeding initially had breastfed in public, this proportion increasing from four per cent of mothers breastfeeding for less than two weeks to nearly all (86 per cent) breastfeeding for at least six months.

Three per cent of mothers said that they had been stopped or asked not to breastfeed in public, although 13 per cent said that they had been made to feel uncomfortable. Eight per cent of breastfeeding mothers said that they wanted to breastfeed in public but had been deterred from doing so.

In comparing the 2000 infant feeding survey with the 2005 infant feeding survey, a higher proportion of mothers stayed on maternity leave longer than in 2005 compared to 2000. Significantly maternity leave and pay provisions improved during this period through wider entitlement to leave and pay and an extended period of leave.

Other research studies conducted in different countries have found 'occupational reasons' to be one of the most common causes for breastfeeding cessation<sup>55</sup>.

Research has found that availability of electric pumps, private rooms for expressing and professional advice increase the probability of maintaining breastfeeding after returning to work have been identified in research<sup>56</sup>.

The evidence shows that the current breastfeeding at work rights are weak and do not support women to continue to breastfeed when they return to work. A clear set of legal rights to be able to access a private room to breastfeed or express milk, access to a secure, clean fridge for storing breast milk while at work and proper facilities for washing, sterilising and storing receptacle along with paid breaks and the promotion of good practice will facilitate increased rates of commencement and duration of breastfeeding. An important element of the right to breastfeed on return to work is an effective enforcement mechanism. The weak protections for breastfeeding women at work are in stark contrast to the clear protections in the Equality Act for women who breastfeed in public places.

### **3.4 Antenatal and postnatal mental health**

Evidence from a NCT research review paper on antenatal and postnatal mental health<sup>57</sup> describes a range of mental health disorders that can affect women in pregnancy and the postnatal period in particular anxiety, depression and even psychosis.

The evidence shows that where fathers are more involved and supportive, low moods and low self-esteem among mothers are reduced. There was also a correlation between depression and anxiety in mothers and the baby's development and health.

Several other key points were made in the briefing that where women had abusive partners, were in poverty, had had premature babies, experienced a loss of a job or had poor social networks, mood levels and self esteem were lower.

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<sup>55</sup> Escriba, Colomer, Mas, 1994; Fein, Roe, 1998; Hamlyn, Brooker, Oleinikova, Wands, 2002; Lakati, Binns, Stevenson, 2002; Lindberg, 1996; Ong, Mabel, Li, 2005; Rea, Venancio, Batista, 1999.

<sup>56</sup> Katcher, Lanese, 1985.

<sup>57</sup> NCT Research evidenced based briefing Jenny McLeish, 2007.

The evidence suggests that extended Keeping In Touch days during maternity and greater flexibility in how maternity leave can be taken could enable women experience social isolation during maternity to benefit from some interaction with other social networks such as those developed in the workplace. Also greater father involvement during pregnancy has positive impacts on mothers' mood levels and self esteem indicating that greater access to antenatal appointments and related activity by fathers would also be useful in the policy design of parental leave.

### **3.5 The development of secure attachment in babies and young children**

Parental leave policy can facilitate a good quality of infant life and although specifying the dimensions of a good quality of life for infants is a process that has several, and culturally specific, dimensions one basic element is that in the highly dependent phase of childhood infants need at least one carer to be constantly in close proximity<sup>58</sup>. This is important as infants require continuous care and the nature of this human care fosters infant sociability and inter-subjectivity (O'Brien 2008).

Research evidence from a NCT briefing on the development of secure attachment in babies and young children<sup>59</sup> shows the importance of 'secure' attachment in development and suggests that how well we attach as babies remains largely unchanged in life. The degree to which we are 'securely' attached or 'insecurely' attached is a good predictor of how we function in the world of work, for example. This attachment applies to parents and carers.

### **3.6 Fathers and bonding**

There is strong evidence that fathers who are involved in caring for their babies are likely to stay involved<sup>60</sup>. This early bonding can have a range of positive outcomes including better peer relationships and higher educational and occupational mobility<sup>61</sup>.

An EHRC research paper<sup>62</sup> found that families who have benefited from paternity leave say it is invaluable for: paternal 'bonding' with the baby; getting used to being parents together; making early decisions together; and for recovering from the shock and 'benign chaos' of the baby's arrival.

Moreover, fathers are increasingly saying they want to spend more time with their children but feel that the current provision does not give them the choices to do so (Working Better, 2009).

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<sup>58</sup> O'Brien, Margaret, *Fathers, Parental Leave Policies and Infant Quality of Life: International Perspectives and Policy Impact*, The Annals of the American Academy of Political and Social Science, 2009.

<sup>59</sup> NCT Research evidence based briefing, Richard Meier 2010 .

<sup>60</sup> Bronte-Tinkew, J. Ryan, S, Carrano, J and Moore, K. A. *Resident fathers pregnancy intentions prenatal behaviour and links to involvement with infants* Journal of Marriage and Family, 2007.

<sup>61</sup> Flouri, E and Buchanon, A, *What predicts fathers involvement with their children?*. British Journal of Developmental Psychology, 2003.

<sup>62</sup> Ellison, G, Barker, A and Kyusariya, T, YouGov, *Work and Childcare a study of modern parents*, Equality and Human Rights Commission, 2009.



## 4. Equalities impacts of parental leave policies

### 4.1 Gender impacts - women

It is clear from the evidence that there are consequences for pregnant women or women in the labour market for their health, wellbeing and for pay. Current maternity and pregnancy workplace provision along with low levels of maternity pay for a long period of time can have long term consequences. Job loss as a result of pregnancy or maternity leave can jeopardise women's financial security for their whole lives. Women dismissed or otherwise discriminated against during pregnancy are less likely than other women to return to work after having a baby. If they do return to work, it has been estimated that their earnings will be reduced by five per cent. The impact will last into retirement through lower pension earnings<sup>63</sup>.

The Fawcett Society<sup>64</sup> found that becoming a parent marks the start of the great divide between women's and men's pay. Motherhood has a direct and dramatic influence on women's pay and employment prospects. Mothers are more likely to take time out of the labour market or take part time work and the loss of income starts when they leave work to give birth and care for children.

One of the goals of a re-defined parental leave policy has to be to reduce the penalty mothers pay for 'motherhood'.

### 4.2 Gender impacts - men

The current framework of leave and pay restricts men's caring role during their child's first year.

There is now extensive evidence that the involvement of both parents in bringing up children promotes wellbeing and social mobility. 69 per cent of men surveyed for the EHRC who took paternity leave said it improved family life.<sup>65</sup>

Early active involvement by both parents can lead to a range of positive outcomes for children and young people including better peer relationships, better literacy and fewer behaviour problems (EHRC Working Better 2009).

Paternity leave is positively correlated with health outcomes, especially as regards to the propensity for postnatal depression in both mothers and their partners.<sup>66</sup>

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<sup>63</sup> Alliance against Pregnancy Discrimination, *Pregnant women and new mums at risk of redundancy*, May 2009.

<sup>64</sup> The Fawcett Society, *Not having it all How motherhood reduces women's pay and employment prospects* The Fawcett Society 2009.

<sup>65</sup> Equality and Human Rights Commission: *Working Better: Fathers, family and work – contemporary perspectives*, 2009.

<sup>66</sup> University of Southern Australia *The Case for Improving Paid Parental Leave in the South Australian Public Sector*:2009 and Productivity Commission, *Paid Parental Leave: Support for Parents with Newborn Children Inquiry Report*, 2009.

### 4.3 Race impacts

There are significant differentials in maternal health outcomes for different ethnic groups.<sup>67</sup> This points to the importance of addressing racial inequalities in the social determinants of health.

Evidence suggests that migrant women experience high rates of pregnancy discrimination. The EHRC inquiry into the meat and poultry processing sector found that poor treatment of pregnant workers was widespread. Pregnant women were readily dismissed and women reported being forced to continue work which posed a risk to their health (EHRC Meat and poultry processing inquiry report, 2010).

Knowledge of maternity rights amongst employees is variable and migrant workers face the additional barrier of language.

There is evidence of confusion about entitlement to Maternity Allowance amongst women with 'no recourse to public funds' as a condition of their visa. Government information on entitlement to Maternity Allowance has significant gaps. As the vast majority of women entitled to Maternity Allowance are on low incomes, inability to access maternity pay can prevent vulnerable migrant women from taking maternity leave.

### 4.4 Social class

As identified earlier in this report, maternity leave take up and paternity leave take up is strongly influenced by how much pay individuals earn whereby the less they earn the more likely they will take shorter amounts of leave. In a survey by Yaxley, Vinter and Young<sup>68</sup> several key issues related to pay were associated with maternity leave take-up. Mothers took just over seven months of maternity leave, on average but the length of leave taken appeared to be influenced by the mother's earnings. Only 30 percent of mothers earning less than £20,000 per annum taking more than six months' leave, compared with over half of mothers earning in excess of £20,000 per annum. Those working in managerial and professional occupations were also far more likely to have taken more than six months' leave, compared to mothers who worked in administrative, service and sales occupations (48 percent compared to 26 percent). Younger mothers aged under 30, also tended to take less time as maternity leave.

Mother's earnings levels clearly have an impact on return to work rates which in turn is likely to have an impact on a range of health and wellbeing measures including breastfeeding. The Fatherhood Institute<sup>69</sup> reported on a survey conducted about paternity leave take up which found that money is the key reason. 41per cent can't afford to followed by lack of awareness 23per cent don't know it exists and fear, 21per cent think their employers won't 'allow' it.

In the EHRC report Working Better, found that pay levels are key to fathers taking more leave (Working Better, 2009). The BIS Employment Relations Series on International Leave Policies cites earnings related pay arrangements as key to greater take up of leave by fathers in other European countries (International Review of Leave Policies, 2009). There is currently no equivalent to maternity allowance for low-paid fathers. The Governments proposals on flexible shared parental leave do not propose the introduction of a paternity allowance. Without an equivalent to Maternity Allowance for fathers and no earnings related

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<sup>67</sup> CMACE, Saving Mother's Lives: Reviewing maternal deaths to make motherhood safer 2006-2008. 2011

<sup>68</sup> Yaxley, Vinter and Young, Dad's and their babies: the mothers perspective. Equal Opportunites Commission Working Paper Series, 41, 2005.

<sup>69</sup> The Fatherhood Institute website Why don't men take Statutory Paternity Leave?, <http://www.fatherhoodinstitute.org/2005/low-takeup-of-statutory-paternity-leave/>

compensation for all fathers it is likely that low-paid fathers will find it difficult to access the leave arrangements currently in place and those being proposed with out higher paid arrangements.

In conclusion, health inequalities between social classes are reinforced by low-paid maternity, paternity and parental leave policies. As the evidence has shown, these result in shorter leave amongst lower income earners.



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## Appendix

### Consultation on modern workplaces, Department of Business, Innovation and Skills, May 2011

#### Summary of main proposals relating to maternity, paternity and parental leave and pay

##### 1. Flexible parental leave

The Government aims to introduce a new parental leave arrangement in April 2015, subject to affordability.

The new parental leave arrangements would replace the current 52 weeks Maternity Leave (including up to 26 weeks Additional Paternity Leave) and 2 weeks Paternity Leave with the following:

- 18 weeks Maternity Leave which is reserved exclusively for the mother and must be taken in a continuous block around the time of the baby's birth.
- 2 weeks (Ordinary) Paternity Leave which is reserved exclusively for fathers or partners and must be taken around the time of the birth.
- 38 weeks flexible parental leave, of which 4 weeks is reserved for the mother and 4 weeks is reserved for the father or partner. The remaining 26 weeks can be taken by either parent and can be taken concurrently. The leave may be taken in smaller chunks or on a part time basis if the employer agrees. Where agreement with the employer is not possible, the default position is for leave to be taken in a single continuous block.

The Government is considering whether or not to exempt micro-employers and start-ups from the new provisions. The Government is proposing a much greater degree of flexibility in how the leave can be taken.

New pay arrangements would replace the current 39 weeks of Statutory Maternity Pay (including up to 19 weeks Additional Paternity Pay) and 2 weeks of Ordinary Paternity Pay with the following:

- 18 weeks of Statutory Maternity Pay
- 2 weeks Ordinary Paternity Pay
- 25 weeks of paid parental leave, of which 4 weeks is reserved for the mother and 4 weeks is reserved for the father or partner. The remaining 17 weeks can be taken by either parent.
- Paid leave must be taken during the first year of the child's life.

##### 2. Parental Leave

The Government is considering whether or not to collapse the current Parental Leave entitlement with the flexible parental leave available during the first year, and to extend the period over which unpaid parental leave can be taken until the child is 8, 12, 16 or 18. The EU Parental Leave Directive will increase the parental leave entitlement per child from 13 to 18 weeks. The Government is proposing to remove the requirement of one year's service with an employer before an employee can take unpaid parental leave. Paid parental leave will be limited to the first year of the child's life.

The Government is proposing a much greater degree of flexibility in how the leave can be taken.

### 3. Antenatal care

The Government is proposing a statutory right for fathers to take leave to attend antenatal appointments. This would extend to a limited number of antenatal appointments either through a new statutory entitlement or by allowing use of parental leave before the birth.

### 4. Flexible working

The Government is proposing to extend the statutory right to request flexible working to all employees. They are proposing to replace the statutory process for considering requests with a new duty on employers to consider requests 'reasonably'. This would be supported by a Statutory Code of Practice.

The Government has stated that it has no intention of prioritizing requests from different groups of employees, such as parents.

The Government is considering whether or not to exempt micro-businesses and start-ups from these provisions.

Consultation documents are available at

<http://discuss.bis.gov.uk/modernworkplaces/documents/> [Accessed 4 July 2011]

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## End Notes

<sup>i</sup> The terms Maternity Leave, Paternity Leave and Parental Leave are often used interchangeably. Throughout the paper these terms will be used, usually in the following context.

**Maternity leave:** used exclusively by mother which can be paid or unpaid and is usually intended only for women, linked to pregnancy, childbirth and the first months of motherhood and treated as a health and welfare measure. Though adoptive parents may take adoption leave based on maternity leave provisions and adoptive parents may be Lesbian or Gay couples.

**Paternity leave:** A period of time that only fathers can take. In the UK this can be the Ordinary Paternity Leave provisions – one or two weeks leave at the statutory flat rate. Additional Paternity Leave, is also being introduced from April 2011. OPL and APL is also available to nominated including same sex partners.

**Parental leave** is derived from the parental leave framework directive and is currently an individual entitlement for each parent for each child. In all cases certain eligibility criteria needs to be met.

**Shared Parental leave** is a relatively recent term now being used to indicate an amount of leave that may be ring fenced for each parent followed by an amount of leave that could be shared or taken by either parent. The Coalition Government plan to introduce shared parental leave from the earliest stages of pregnancy by 2015.

For further details and definitions in other EU member states see *International Leave Policies and related research*, BIS Employment Relations Series No 115, published 2010, Editor Peter Moss.

<sup>ii</sup> The nine main pieces of legislation that have merged are:

- the Equal Pay Act 1970
- the Sex Discrimination Act 1975
- the Race Relations Act 1976
- the Disability Discrimination Act 1995
- the Employment Equality (Religion or Belief) Regulations 2003
- the Employment Equality (Sexual Orientation) Regulations 2003
- the Employment Equality (Age) Regulations 2006
- the Equality Act 2006, Part 2
- the Equality Act (Sexual Orientation) Regulations 2007

<sup>iii</sup> The Protected characteristics covered in the Equality Act 2010 are as follows:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation.

<sup>iv</sup> For more detailed information about the Equality Act 2010 provisions relating to pregnancy and maternity see The Employment Code or Practice Chapter 8 published by the Equality and Human Rights Commission.

<sup>v</sup> See [direct.gov](http://direct.gov) for more information about exact eligibility criteria.

<sup>vi</sup> This indicator is based on data collected from the Early Years Foundation Stage Profile (EYFSP). Children are normally assessed by a teacher in the year in which they turn five. The assessment is based on observation of the child's behaviour and understanding, rather than being a test. Child development is recorded against 13 assessment scales, based on early learning goals. Children who achieve 78 points across all 13 scales (including a minimum number in particular areas of learning and development) are considered to have reached 'a good level of development'. The percentage of children achieving a good level of development at age five is presented for this indicator, based on the local authority where each child was living, rather than the location of the school. As LAs are only required to report results for the schools and nurseries they maintain, results may be affected for this indicator for some areas if a large proportion of their child population is in private schools. Data from the EYFSP are collected and published by the Department for Education.