

Mothers in the Workforce Bill 2023

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Contents

Explanatory Notes	4
Part 1 Preliminary	7
1 Name of Act	7
2 Commencement	7
3 Relationship with other Acts and laws	7
4 Objects	7
5 Definitions	7
Part 2 Mandatory Motherhood Education Content	7
6 PDHPE Syllabus Reform	7
Part 3 Counselling and Psychologist Services for New Mothers	7
7 Counselling support groups to be integrated into NSW Government organisations	7
8 Pregnant employee support group	8
9 New Mothers support group	8
10 Mothers transitioning back into the workforce support group	8
11 Other provisions for the support groups	8
Part 4 Perinatal Infant Mental Health Services (PIMHS) Improvements	8
12 Perinatal Infant Mental Health Service improvements	8
Part 5 Employee Childcare Access	9
13 Childcare services are to be implemented into Government services	9
14 Childcare workers are to be employed in government facilities	10
15 Childcare is to be provided during counselling sessions	10
Part 6 Enhancing Income and Guidance for Mothers	10
16 Wider Provisions	10
17 Refresher MUTE Programs	10
Part 7 Information Accessibility	11
18 Information Packs to be provided to Government employees	11
19 Parts 3, 4 and 5, will be integrated into and discussed during Postpartum Mother Crafting Sessions	11
Schedule 1 Stage 5 PDHPE Syllabus Reform	12
Schedule 2 Dictionary	13

Mothers in the Workforce Bill 2023

Act no. , 2023

A Bill for

An Act to support women's reintegration into the workforce following maternity leave; and for other purposes.

Explanatory Notes

A significant concern when assessing the return of women to the workplace is the lack of accessible childcare. Australia is currently experiencing a childcare crisis, with one-third of Australians living in areas with a significant childcare shortage. Though there are plans to implement universal preschool for ages three and up, these are long-term and NSW does not currently have the facilities to implement these policies. As a result of high demand, prices for childcare have grown exponentially, significantly impacting the ability of women to return to the workforce. Australia's childcare costs sit at the fourth highest in the OECD. In particular, these challenges have more of an effect on mothers of disabled children, low SES mothers, and mothers in rural and regional areas, for whom childcare is both harder to access and the extra hours provide more benefits. Furthermore, the flexibility of hours is an issue, with women in shift work often struggling to find childcare that fits their hours. This inflicts damage both to Australian women, who lose financial autonomy and career progress and to the broader Australian economy. Lack of childcare access is a significant contributor to the gender pay gap, which continues to show that Australian women earn approximately 20% less than men.

Whilst broadly NSW needs to consider both the creation of childcare facilities and the training of workers within those facilities, this Bill has taken the view of exploring in-house childcare, provided by government workplaces with significant discounts. This both allows employees to access childcare around their hours and increases community access to childcare. An example of this can be seen in Westmead Hospital, which provides in-house childcare for children between the hours of 6:30am to 6:30pm allowing mothers to work longer shifts. The service also caters to children outside of the hospital but prioritises children of hospital workers. Services like this, when implemented across NSW government facilities, are able to assist 400,000 workers and their families with childcare, easing a significant childcare burden and granting women more financial autonomy, as well as aiding individuals outside of the government workforce who need assistance with childcare.

The pre-existing stigmas of mothers re-entering the workforce have a dramatic impact on workplace culture, significantly in relation to childcare facilities. Culturally established gender roles strengthen bias and discrimination within the workplaces of women in NSW, exposing the deep-rooted societal beliefs in the role of women in the raising of children. These biases include subtle discrimination, hostility and a significant reduction in promotional opportunities for women who announced their pregnancy, during their return to work, or when parental leave was requested. Interpersonal punishments in association with interpersonal rewards were identified in a review performed by the Australian Human Rights Commission. It found that women behaving in a way that was consistent with feminine stereotypes of needing help were met with positive connotations of "sweetie" and "honey". Yet actions that conflicted with stereotypes, such as the questioning of power and asking for promotional opportunities, were met with attempts to cut off interactions completely. The study found that 35% of all women experienced discrimination when returning to work following parental leave, 34% of this in relation to family responsibilities and 8% to breastfeeding.

Questions regarding productivity and focus undermine the vitality of women in the NSW workforce, in which working systems were not designed with the consideration of the needs of a parent. Behavioural studies show that critical periods of career advancement fall within the period in which a female is most fertile (20 to 30 years of age) and the traditional working hours of 9am to 5pm conflicts with schooling and childcare periods. Furthermore, a lack of flexibility in the consideration of mothers for parental leave fosters tension and stigma between working and non-working mothers, as well as overlapping with social beliefs and expectations regarding pregnancy, motherhood, and weight.

The Bill will also create greater empathy for mothers and the impacts of motherhood on a woman's financial security by amending and extending the Stage 5 (Years 9-10) Mandatory PDHPE syllabus. This will focus on education on the connotations of motherhood; what motherhood means for different cultures; the impacts of motherhood and how it alters personal identity (physical and mental); the challenges of motherhood (including discrimination in the workforce, financial insecurity, mental health impacts including postpartum depression); the skills of parenthood (e.g. how to handle a bottle, how to navigate the law surrounding parental leave) and awareness about the support systems available for mothers (including the counselling programs implemented through this bill). This will reach all students, thus working to abolish the onus that is placed on the woman to be the sole caretaker when the baby is born. This aims to remove the stigma against mothers in the workforce and stereotypes of motherhood and provide practical skills to enable students to navigate parenthood in the future.

In New South Wales (NSW), there are several post-maternity counselling opportunities available for women. These include public health services, non-profit organisations, private counselling services, online resources and support groups, and the Maternal and Child Health Line. Public health services include individual counselling, group sessions, breastfeeding support, and parenting education. Non-profit organisations focus on maternal health and offer post-maternity counselling. Private counselling services provide individualised support tailored to specific needs. Online resources and support groups provide virtual support. The most important details are the availability of post-maternity counselling services in NSW, as well as the difference between psychologists and counsellors. Counsellors are experts in listening and helping people achieve their personal goals, while psychologists use cognitive behavioural therapy and psychological testing to diagnose and assess mental illness. We aim for a higher level of care, by implementing mandatory maternity mental health training for women returning to work, with a focus on postpartum depression, postpartum psychosis and baby blues to therefore improve the health status of women re-entering the workforce. Baby blues affect up to 80% of new mothers, characterised by mood swings, teariness, feeling overwhelmed and/or anxious. It may be due to hormonal changes after birth, but if symptoms don't shift after 5 days, it is a sign of anxiety and depression. 10-15% of women will be diagnosed with depression during pregnancy and in the postnatal period, most common in the first few weeks following birth. Symptoms include feeling depressed, irritable, angry, anxious, increased crying, reduced interest in activities, decreased appetite, fatigue, difficulty concentrating, morbid thoughts, disconnectedness from the baby, guilt and failure. Counselling services are available to new mothers to provide support, guidance and resources. Public hospitals, community health centres, non-profit organisations, private counselling services, online resources and the Maternal and Child Health Line offer round-the-clock telephone counselling. Improvements to be made include increased publicity and knowledge of services available, a higher level of care for psychological illnesses, and more person-centred approaches.

The Youth Legislature of New South Wales enacts—

Part 1 Preliminary

1 Name of Act

This Act is the *Mothers in the Workforce Act 2023*.

2 Commencement

The Act commences on the date that is 90 days after the date of assent of this Act.

3 Relationship with other Acts and laws

This Act prevails to the extent of an inconsistency with another Act or law.

4 Objects

The objects of this Act are to—

- (1) ensure that education surrounding pregnancy and motherhood is provided in the education system,
- (2) achieve accessible support for as many mothers as possible as they re-join the workforce,
- (3) ensure that parents can access suitable counselling and childcare at any time required, and
- (4) allow for all mothers to feel supported as they reintegrate into the workforce.

5 Definitions

The dictionary in Schedule 2 defines words used in this Bill.

Note— The *Interpretation Act 1987* also contains definitions and other provisions that affect the interpretation of this Bill.

Part 2 Mandatory Motherhood Education Content

6 PDHPE Syllabus Reform

The Personal Development, Health, and Physical Education (PDHPE) Syllabus will be reformed to provide a more comprehensive curriculum, beginning from Stage 5 (Years 9-10) which will be defined in Schedule 1.

Part 3 Counselling and Psychologist Services for New Mothers

7 Counselling support groups to be integrated into NSW Government organisations

- (1) A minimum of one counsellor will facilitate separate counselling support groups to be integrated into NSW Government organisations and will be available for—
 - a. pregnant employees;
 - b. new mothers on maternity leave;
 - c. mothers who have begun the transition back into the workplace, and
- (2) This should take place in local hospitals, and/or medical centres, and will combine employees from different government organisations, as to increase participation levels.

- (3) These support groups should also be open for pregnant women not employed by government organisations to attend, but it should be noted that subject matter regarding their reintegration into the workforce will not be applicable.

8 Pregnant employee support group

The group facilitated for pregnant employees should work to prepare said employees for childbirth and maternity leave, and also provide initial information on how the reintegration process will work.

9 New Mothers support group

- (1) The group facilitated for new mothers on maternity leave should address any difficulties and concerns found in parenting, and discuss solutions and strategies to overcome stress, exhaustion and the beginning stages of mental illness.
- (2) During these sessions, children should be allowed to be brought, or childcare should be provided.

10 Mothers transitioning back into the workforce support group

- (1) The groups facilitated for mothers who have begun the transition back into the workforce should be held at a recurring interval of every two weeks for up to two months.
- (2) These groups should address any issues employees are facing in returning to work, how the transition has affected their mental health, and ensure that their transition is as smooth as possible.

11 Other provisions for the support groups

Each of these are also applicable to surrogate mothers, mothers who gave their child up for adoption, mothers who didn't carry the child to term, and adoptive mothers, and clause 9 should also be applicable to teenage mothers.

Part 4 Perinatal Infant Mental Health Services (PIMHS) Improvements

12 Perinatal Infant Mental Health Service improvements

- (1) The Perinatal Infant Mental Health Services (PIMHS) should be improved to be more widely advertised and accessible, and to have an added focus on preparing mothers with perinatal mental disorders to be able to return to the workforce with minimum difficulties or increased teenage mothers.
- (2) Government-authorised advertisements are to be introduced to television, radio, socials, newspapers and other appropriate media to inform the public on what the service is, the medical professionals involved, how to access it, as well as to make its availability widely available.
- (3) Currently the service requires a doctor's referral which is not feasible for all demographics. To improve this PIMHS should offer diagnoses as a part of the program, and therefore be more accessible to mothers in need.

- (a) This should also be available through Telehealth for mothers unable to access the service in person.
- (4) Currently the service focuses on:
 - (a) helping treat parental mental illness
 - (b) reduce symptoms and help recovery
 - (c) improve confidence in caring for the baby
 - (d) support the emotional attachment between a parent and their baby
 - (e) A fifth focus should be added to prepare mothers to be separated from their child, to become comfortable with childcare services, and to be able to maintain a healthy attachment with their baby once they return to work.
- (5) The service should provide as many sessions as necessary.
- (6) If the mother is attending sessions after her return to work, she should be able to attend during work hours and should be covered by paid leave that is additional to the 10 days allowed by the Fair Work Ombudsman, so that there is no added stress to mothers, particularly single mothers.
- (7) During the session children should be able to be brought or childcare should be provided.
- (8) This should also be applicable to surrogate mothers, mothers who lost their child during pregnancy/ childbirth, mothers who gave their child up for adoption, adoptive mothers and teenage mothers.

Part 5 Employee Childcare Access

13 Childcare services are to be implemented into Government services

- (1) Mothers returning to the workforce will have access to childcare services within their work hours and travel time for up to six years after maternity leave.
 - (a) Childcare services will be accessible by any government employee;
 - (b) Children are to be cared for up to ten hours; dependent on working hours for the Mother
 - (c) Childcare services are to be located within the workplace, or nearby.
 - (d) Mothers will be made aware of this once services become accessible, during postpartum mother crafting sessions, as well as upon their return to the workplace after maternity leave.

14 Childcare workers are to be employed in government facilities

- (1) Government jobs are to be provided to qualified childcare workers to care for the children—
 - (a) Qualifications are to be obtained through TAFE certificates or university degrees
 - (b) If there is an interest in childcare employment without required qualifications, training will be provided.

15 Childcare is to be provided during counselling sessions

- (1) Childcare services are to be provided to mothers during any counselling session during and after maternity leave for up to 6 years after the birth of the child.
 - (e) Services provided for up to 3 hours, dependent on the distance and length of the session.
 - (f) See Part 3 for further information regarding counselling services

Part 6 Enhancing Income and Guidance for Mothers

16 Wider Provisions

- (1) Wider provisions are to be supplied to mothers that are facing or have faced challenges in re-integrating the workforce, ensuring that they receive targeted incomes and comprehensive support.
- (2) Mothers with special and unique challenges will be recognised and will have access to additional support and resources that are tailored to their specific and unique needs.
 - (a) Single-income mothers
 - (b) Single-income households
- (3) The groups of mothers that have support and guidance will have to be formally and specifically recognised or referred to by professionals.
- (4) This support will be—
 - (c) including, collaborating with community organisations;
 - (d) support services and membership programs that tailor to the mother's specific needs;
 - (e) to allocate dedicated time, and increased specialised career-wise counselling to the mothers that are in need of aid and guidance; and
 - (f) the support will be available during maternity leave and for a period of 7 years after the birth of the child.

17 Refresher MUTE Programs

Mothers will be provided the opportunity to participate in Refresher MUTE Programs to assist in their reintegration into the workforce.

- (a) MUTE programs refer to mentorship programs, up-skilling classes, training and education.
- (b) Accessible to any government employee returning from maternity leave.
- (c) Programs will be available via the workplace as well as TAFE colleges.

Part 7 Information Accessibility

18 Information Packs to be provided to Government employees

- (1) Information packs will be created outlining the integration of services available for women re-entering the workforce, what the services will entail and when they will be enforced
- (2) A booklet will be included with in-depth information relating to the changes discussed in Part 3, 4 and 5.
- (3) An information pamphlet will outline the stages of implementation.

19 Parts 3, 4 and 5, will be integrated into and discussed during Postpartum Mother Crafting Sessions

- (1) Information packs will be provided during these sessions to mothers who are government employees (see Clause 18).
- (2) Mothers have the opportunity to receive counselling and psychologist referrals during this session (see Part 3).

Schedule 1 Stage 5 PDHPE Syllabus Reform

[1] “How Can I be the Best Version of Me and Support the Identity of Others?”

The topic will be amended to—

- (1) examine how diversity and gender are represented in the media and communities, and investigate the influence these representations have on identity, including representations of motherhood;
- (2) analyse how identity is affected by motherhood and how aspects of identity can have an impact on health, safety and wellbeing, including postpartum depression, the challenges, stigma surrounding motherhood and an overview of all mental health issues surrounding pregnancy and motherhood; and
- (3) challenge unrealistic standards about body image and physical appearance postpartum.

[2] “How Can People Respond Positively to Life Challenges?”

The topic will be amended to—

- (1) examine the impact of changes and transitions of motherhood on relationships;
- (2) explore causes of change in relationships and discuss the impact of each on individual wellbeing, eg social and emotional change, sense of self;
- (3) assess behavioural expectations in different relationships and social situations and examine how these expectations can influence decisions, actions and wellbeing;
- (4) predict future challenges and opportunities and the skills required to manage these in a positive way;
- (5) examine self-management skills required to manage change and transition including a mother’s reintegration into the workforce and the barriers to achieving this; and
- (6) access and assess health information, resources and services that support mothers to effectively manage changes and transitions, e.g. websites promoting mother’s mental health.

[3] “What Factors Enhance Inclusivity, Equality and Respect in Relationships?”

The topic will be amended to—

- (1) add a syllabus point about how parenthood should be a shared responsibility of both guardians; and
- (2) Add a syllabus point about single mothers and their unique struggles that hinder their reintegration into the workforce.

Schedule 2 Dictionary

section 5

body image means a combination of the thoughts and feelings that one has about one's body, created and influenced by internal and external factors

challenges are the factors which inhibit the achievement of a thing; require physical or mental effort and external support to overcome

childbirth is the completion of pregnancy where one or more babies exits the internal environment of the mother

Counselling Support Groups are safe and inclusive environments to talk about emotions, circumstances and anxieties to a group of likeminded people/people in a similar situation. These are designed to provide support through challenging circumstances and equipt members with new and better ways to cope.

counsellor is a trained professional in providing guidance and support on personal or psychological issues

diagnose is to identify the nature of (an illness or other problem) by examination of symptoms and context

Emotional Mother-Child Attachment is the unique bond experienced and established between a mother and child, created through patterns of interaction and communication between one another. For the growth of mentally and physically healthy individuals, the mother is expected to create a suitable attachment starting before the birth and to maintain it afterwards.

exhaustion is the state of extreme physical or mental tiredness. For mothers, this could stem from the overwhelming responsibility of looking after a child, the psychological toll of childbirth and raising a child etc.

Government Employees references NSW Health employees (including Healthshare and Health Infrastructure workers), Paramedics, Fire and Police officers, Education employees (including but not limited to teachers, principals, teachers aids, administration workers), Defence force workers, Transport NSW workers, Service NSW employees, Coast Guard, Australia Post employees as well as any other government employee.

health information is an instruction or guidance on health conditions, and problems relating to pregnancy, motherhood and childbirth.

health resources are tools provided by the government to assist in the maintaining of one's physical and psychological health.

maternity leave is the period of absence granted to a mother before, during and after birth.

motherhood is a state in which one experiences maternal roles. This term includes surrogate mothers, mothers who gave their child up for adoption, mothers who didn't carry the child to term, adoptive mothers and teen mothers.

parental mental health is the emotional wellbeing of a woman, her partner and their infant from conception until 24 months postpartum.

parenthood means the state of being a parent and being responsible for the upbringing of a child

Perinatal Infant Mental Health Services (PIMHS) means a free, statewide mental health service that assists Women and parents who have a severe, acute or complex mental illness, or are at risk of recurrence, and are pregnant or have a child under the age of two.

perinatal mental disorders means a mental illness suffered by a mother either during pregnancy, or in the period following childbirth.

postpartum depression means depression suffered by a mother following pregnancy and/or childbirth. This is usually a result of hormonal changes, the adjustment process to motherhood, and fatigue.

postpartum means the period of time from when a mother gives birth, predominately used regarding issues pertaining to the mother.

pregnancy means the process or period of a child developing inside the womb between conception and birth.

reintegration means a process that supports and enables individuals to re-establish the economic, social and psychosocial relationships needed to maintain life, livelihood and dignity

representations of motherhood refers to the narratives about motherhood pushed in society such as the media, individuals and precedent. This includes but is not limited to mothers always being happy, mothers always being a rewarding experience, motherhood being the sole purpose and obligation of a woman etc.

self-management skills means the ability to regulate one's emotions, thoughts, and behaviours effectively in different situations

single income households means a household whereby only one main source of income is received

single mothers means a mother without a partner, who is the sole/ primary caregiver of her child

stress means a mental state of worry and anxiety caused by a difficult situation. This can affect one's well being; physical health; ability to interact and look after others; and general life stability.

telehealth means the provision of healthcare remotely by means of telecommunications technology.

wellbeing means a sense of health and vitality that arises from one's thoughts, emotions, actions, and experiences.

