



success through diversity  
Ahakoā whakaaro kē, ka puta a ihu

www.eeotrust.org.nz

He Pānui mō ngā Take Mahi me ngā Take Oranga

### Also in this issue:

- Women, work and breastfeeding – what are the barriers? ..... 4
- What are New Zealand employers doing? .... 5
- How to support breastfeeding mothers at work ..... 7
- Where to find out more ..... 8

## Breastmilk is best: How can workplaces help?

Whether and when to have a baby can be a difficult choice. Those considering expanding their family may weigh up multiple factors including the effects of loss of income, career implications, childcare options, as well as age and fertility issues.

Some commentators on population and fertility say that society's attitudes to children also have a subtle but real impact on choices around having children. The messages that workplaces send about families are also influential.

The government's paid parental leave legislation which came into effect in July this year is also likely to have an impact on people's decisions to have children. The scheme is expected to help about 20,000 families a year and, by early November, 7300 people had already claimed paid parental leave under the new legislation.<sup>1</sup>

The government's payment of 12 weeks leave is likely to affect the amount of time new parents take off work. Employers also play a part in new parents' decisions about whether and when to return to work. A number of workplace initiatives have been shown to have an impact on return to work rates including keeping in touch with parents while they're on leave and taking their needs into account when they're back at work.

Flexible and reduced working hours are key ways employers can use to help new parents manage their work and family responsibilities. Another area requiring workplace support is breastfeeding. While little investment or alteration to workplace practices is needed to assist mothers who wish to breastfeed, breastfeeding can nevertheless offer a range of benefits not only to babies and mothers, but also to employers.

This issue of the *Work & Life Bulletin* explores breastfeeding and employment issues – the international context, the benefits, the practicalities, and best practice in some overseas and New Zealand organisations.



If you would like information about the Equal Employment Opportunities Trust services or resources, please contact:

EEO Trust  
PO Box 12929  
Penrose, Auckland

ph 09 525 3023  
fax 09 525 7076  
admin@eeotrust.org.nz  
www.eeotrust.org.nz

©Copyright EEO Trust 2002

## International legislative background

Breastfeeding policy and practice in New Zealand is influenced by initiatives from the World Health Assembly, World Health Organisation and UNICEF. New Zealand has not met four operational targets outlined in the 1990 WHO/UNICEF Innocenti Declaration, including that "All governments by the year 1995 should have:-enacted imaginative legislation protecting the breastfeeding rights of working women and established means for its enforcement".<sup>2</sup>

The International Labour Organisation Convention 183 (2000) on maternity protection, which includes rights for breastfeeding women at work came into force in February this year. However it has only been ratified by Bulgaria, Italy and Slovakia.

The Convention says women should have the right to one or more daily breaks or a daily reduction of hours of work to breastfeed, with the number and duration of breaks determined by national law and practice. These breaks or the reduction of daily hours of work should be counted as working time and remunerated accordingly.<sup>3</sup>

## New Zealand legislation

In its recently produced *Employers' guidelines for the prevention of pregnancy discrimination*, the Human Rights Commission advises that "prohibiting a woman from breastfeeding at work could be considered to be sex discrimination", although this has not yet been tested in case law. The Commission advises as good practice that employers:

- Provide regular, paid breastfeeding breaks
- Offer the use of a quiet room/space for mothers and babies
- Ensure the baby's carer is welcome and can access the workplace
- Support breastfeeding mothers to accommodate their special needs.

## Benefits of breastfeeding

The benefits of breastfeeding for babies and mothers have been thoroughly researched and documented. A summary of some of the benefits follows.

Breastfeeding is best **for babies** as it:

- Meets all their nutritional needs in the first six months of life
- Boosts the immune system
- Provides protection against numerous illnesses and allergies
- Helps the development of eyesight
- Reduces the likelihood of later diseases and health risks, including obesity, diabetes, heart disease and some childhood cancers
- Reduces the risk of Sudden Infant Death Syndrome
- Enhances cognitive development and protects against ear infections which, if repeated, can lead to hearing loss and lower levels of educational achievement.<sup>4</sup>

Breastfeeding is best **for mothers** because it:

- Enables quicker recovery from pregnancy and childbirth
- Helps protect women against breast and ovarian cancers, rheumatoid arthritis, osteoporosis
- Reduces healthcare costs
- Is convenient and, unlike formula, requires no preparation
- Is free (Australian figures suggest formula costs up to A\$1,200 per year<sup>5</sup>)
- Reduces lost wages from using sick leave to care for the baby (as breastfed babies are healthier)

Breastfeeding is best **for communities and governments** because the above health benefits reduce overall healthcare costs. For example:

- In the US in 1997 it was estimated that infant diarrhoea in non-breastfed infants cost US\$291.3 million, with overall extra healthcare costs relating to illness amongst non-breastfed infants of more than US\$1 billion per year.<sup>6</sup>
- UK research in 1995 estimated the hospitalisation costs of formula-fed babies

- suffering from diarrhoea at around £41.5 million per year.<sup>7</sup>
- It has been estimated that Australia would save A\$11.75 million in health care costs by increasing the breastfeeding rate at three months from 60% to 80%.<sup>8</sup>
  - Australian figures suggest the health care costs of a formula-fed baby are around twice the rate of a breastfed baby.<sup>9</sup>

While some women choose not to breastfeed, it makes sense in light of these benefits to ensure that when women return to paid work they are not prevented from continuing to breastfeed if they wish to do so.



### **Business benefits of supporting breastfeeding**

Research shows that organisations also benefit if their employees breastfeed when they return to work after having a baby as the following examples show.

Tyler reports that US businesses which had implemented “workplace lactation programmes” found them “low-cost, high impact” and easy to implement.<sup>10</sup>

Researchers say that organisations which support women to breastfeed in the workplace will gain:

- improved employee relationships, loyalty, commitment and morale
- increased productivity
- higher return to work rates, and more rapid return to work
- higher retention rates, ensuring skills, knowledge, abilities and experience are retained, and the costs of recruitment, retraining etc are reduced
- reduced absenteeism (due to improved maternal and child health)
- improved reputation/image for the employer, which can also improve customer loyalty, public goodwill and higher profitability/value.

### **What’s been gained overseas**

The Los Angeles Department of Water and Power’s lactation programme, which enabled women to pump and store breastmilk at work, resulted in a return of \$3.50-\$5 for each \$1 it cost according to an independent economic study. These savings were due to:

- a 27% reduction in absenteeism: the absenteeism rate for breastfeeding mothers was found to be seven times lower than for bottlefeeding mothers,
- a 35% reduction in health care claims,
- increased employee loyalty,
- improved productivity,
- better recruitment, and
- an enhanced public image for the company.<sup>11</sup>

Aetna Inc., a health insurance company in Connecticut, had a 2.7 to 1 return on their investment in workplace breastfeeding support.<sup>12</sup>

An Australian study of 101 working mothers in 1995 found that three-quarters (75%) of one-day maternal absences from work due to sick babies were for bottle-fed babies.<sup>13</sup>

A US study in 1995 found one-day absences from work were over twice as common amongst bottle-feeding as breastfeeding mothers.<sup>14</sup>

The benefits of breastfeeding support cannot always be separated from the benefits of broader initiatives to support new parents as the following examples show:

- A large Australian financial institution’s pregnancy and return-to-work programme increased women’s return-to-work rate by 40%, saving the company \$50,000-\$150,000 per woman.
- A petroleum company introduced flexible working, a breastfeeding room, information materials on family issues, and family leave. Return to work rates increased from 42% to 72% in one year.<sup>15</sup>

# Women, work and breastfeeding – what are the barriers?

Working conditions play a critical role in women's decisions on breastfeeding. Research by Michele Lennan in the North Health area identified four main barriers to breastfeeding:

- social structures (e.g. bottle-feeding culture),
- lack of support for women,
- levels of knowledge of health professionals, women and families, and
- work.<sup>16</sup>

Work was identified as a barrier due to women not knowing how to combine working and breastfeeding (including lack of encouragement and information) and the lack of workplace support/initiatives.

Judith Galtry found that mothers were either returning to work after having a baby for career reasons or financial reasons. The former group have more control, flexibility and negotiating power to facilitate their return to work and ensure their employment conditions support ongoing breastfeeding. Maori and Pacific Island women are concentrated in the second group.<sup>17</sup>

Research by Barbara Lusk for the Health Funding Authority found the three main barriers to breastfeeding for Pacific Island women were:

- the need to return to work for financial reasons,
- the influence of family members, and
- lack of training/guidance on breastfeeding.<sup>18</sup>

Pacific Island women identified support from families, workplaces and colleagues as vital in helping them continue to breastfeed after they returned to work.

Lusk also identified the need to return to work early and workplaces which are not baby-friendly as amongst the main barriers for all mothers. A review of research on breastfeeding and employment suggests that when breastfeeding and employment are in competition, it is breastfeeding that tends to be sacrificed.<sup>19</sup>

A recent Australian study found that breastfeeding mothers felt that whether breastfeeding at work would be successful would depend on:

- Type of work and workplace, e.g. administrative and part-time work was seen as easier to adapt than manufacturing or retail, partly due to the opportunity to access a private space.
- Feeding requirements of the baby (especially demand-fed babies)
- Impact on other staff.<sup>20</sup>

## What could help?

The women interviewed felt the best ways to accommodate breastfeeding at work were:

- Flexible hours
- Workplace creche
- Childcare centre nearby.

As the lack of paid parental leave has been identified as a barrier to breastfeeding, it will be interesting to monitor whether the new paid parental leave legislation encourages higher breastfeeding rates, although Galtry argues that the qualifying criteria for paid parental leave could exclude the very groups who most need it.<sup>21</sup>



<sup>1</sup>Sunday Star Times (3 November 2002)

<sup>2</sup>Bevin (1998)

<sup>3</sup>ILO website [www.ilo.org/ilolex/english/convdisp1.htm](http://www.ilo.org/ilolex/english/convdisp1.htm)

<sup>4</sup>Plunket (2000) [www.plunket.org.nz](http://www.plunket.org.nz), NZ Cost Death Study cited in Galtry (1995), American Academy of Pediatrics and Christchurch Health and Development Study cited in Bevin (1998), Department of Workplace Relations and Small Business Work and Family Unit (1998)

<sup>5</sup>Australian Government (2000)

<sup>6</sup>Lennan (1997) citing Riordan (1997)

<sup>7</sup>Cited in Lennan (1997)

<sup>8</sup>Department of Workplace Relations and Small Business Work and Family Unit (1998)

<sup>9</sup>Australian Government (2000)

<sup>10</sup>Tyler (1999)

<sup>11</sup>Galtry (1997) citing various studies; Tyler (1999) citing Cohen (1995)

<sup>12</sup>Tyler (1999)

<sup>13</sup>Department of Workplace Relations and Small Business Work and Family Unit (1998)

<sup>14</sup>Tyler (1999) citing Cohen (1995)

<sup>15</sup>Australian Government (2000)

<sup>16</sup>Lennan (1997)

<sup>17</sup>Galtry (2000)

<sup>18</sup>Lusk (2000)

<sup>19</sup>Galtry (1998) (2000)

<sup>20</sup>McIntyre (2000)

<sup>21</sup>Galtry (2002)

# What are New Zealand employers doing?

Provisions for breastfeeding in the New Zealand workplace are not common according to Dr Judith Galtry who is currently researching employer support for breastfeeding.

Along with lactation consultant, Marcia Annandale, Galtry has examined support for breastfeeding employees in three New Zealand and two US workplaces. This research, as well as initial attempts to identify companies supportive of breastfeeding, suggest that breastfeeding provisions are largely ad hoc in New Zealand workplaces, based mainly on specific requests as they arise and sometimes only available to certain staffing areas.

## Few workplaces are baby-friendly

Lusk's report for the Health Funding Authority also said that few workplaces were baby-friendly. "One mother felt that her work environment was not a place where she could comfortably 'look after any infant'. 'At church I can sit out in the hall and breastfeed but not in the hall at work. At work there isn't a place where I can look after my baby to change him, to feed him.'"

Judith Galtry's current research highlights the importance of the support of immediate managers or supervisors for

breastfeeding policies. "For instance, at Corning, the process of establishing a lactation program was facilitated because the manager of the diversity program had experienced firsthand the difficulties of trying to pump while working without institutional support, so she was very supportive.

"She saw the establishment of the program as a way of countering discrimination against female employees who were mothers. When the program was first introduced some employees nevertheless perceived it as a type of special treatment available to only one group of employees. Nowadays, this complaint is not commonly voiced, as there appears to be greater acceptance of the need for, as well as the benefits of, an increasingly diverse workforce.

Galtry says a smaller United States' company employing 29 women made provision on a more modest scale for breastfeeding employees. This involved providing a private room with a sink and enabling breastfeeding employees to take a break twice a day for the purposes of expressing milk. Employees had to provide their own breastpump or could manually express breastmilk.

"However, discussions with employees suggested that only one

## Employer support for breastfeeding

Dr Judith Galtry, Marcia Annandale and Dr Sarah Farquhar are currently investigating employer support for breastfeeding in New Zealand and the US in a project funded by the government's EEO Contestable Fund.

Galtry says the project recognises the importance of breastfeeding for infant and maternal health, as well as its benefits for employers and wider society. It also recognises that breastfeeding can often create problems for women in the workplace.

The project will result in the development of guidelines aimed at supporting breastfeeding by both employers and childcare centres. The guidelines will be available early next year through the EEO Trust website.

Galtry is also being funded by Cornell University, N.Y., to write a book on the intersection of breastfeeding and employment as an international policy concern. She welcomes input into this project to [jgaltry@actrix.gen.nz](mailto:jgaltry@actrix.gen.nz)

employee had used these provisions and she was in a managerial position. Other 'lower level' employees expressed the view that despite the existence of the policy there would be little acceptance if they sought to use it, but this had not been tested.

"Sometimes, of course, this suspicion may become a self-fulfilling prophecy, although there is some indication from the literature that occupational status plays a role in determining workers' ability to access these types of provisions.

"An employee at this smaller firm in New York City also made the point that while the policy might look good on paper, less effort had been put into its implementation."

Galtry says that international literature emphasises the importance of providing facilities so women can express milk to maintain breastfeeding but suggests that employers should also think about how they can support employees who are able to arrange for the breastfed infant to be brought into the workplace.

She also says that by topping up the government's paid parental leave package to enable new mothers to have longer off work, or paying employees who are not eligible for the government package, employers will encourage breastfeeding.

### **New Zealand best practice**

Entrants in the EEO Trust Work & Life Awards recognise the business benefits of retaining staff by enabling them to manage their commitments. They recognise the complexity of their employees' lives and assist them to maintain a balance between work and

home life.

Many of the entrants in this year's awards, including the Auckland University of Technology, 3M, Kapiti Coast District Council and Te Uthina Manakitanga Trust provide special facilities for breastfeeding mothers.

Netball New Zealand, which won the Small Organisation category, was sensitive to the needs of a player who was breastfeeding and to other mothers on the team. They enabled the player to travel with her baby so she could continue to breastfeed during a tour. The player's mother came on the tour to care for the baby and, in order to avoid disrupting the focus of other players, many of whom were also mothers of young children, the player attended to her baby separately from the team's accommodation and other activities; a balancing of professional and personal needs.

Hesketh Henry, which was joint winner of the Beginners Award in 2000, supported one of their staff who returned to work two months after the birth of her baby for one day a week – often bringing her baby with her. She returned to work full-time eight months later and continued breastfeeding until the baby was 20 months old.

This year's Diversity Survey asked organisations about the support they provide to women to enable them to continue breastfeeding. Eighteen percent of respondents provided an on-site breastfeeding area while 12.5% provided facilities for expressing and/or storing milk. EEO Employers Group members were more than twice as likely to provide these facilities as non-members.

### **Case studies of New Zealand's best employers**

For more information on how New Zealand workplaces are supporting New Zealand families, buy a copy of New Zealand's Best Employers in Work & Life. This publication gives comprehensive summaries of the work/life initiatives of the entrants in the EEO Trust Work & Life Awards.

New Zealand Best Employers in Work & Life 2002

\$37 + \$5 postage

New Zealand Best Employers in Work & Life 2000, 2001, 2002

\$55 + \$5 postage

Ordering details at [www.eeotrust.org.nz](http://www.eeotrust.org.nz) or [admin@eeotrust.org.nz](mailto:admin@eeotrust.org.nz).



# How to support breastfeeding mothers at work

Workplaces can support employees who wish to breastfeed after they return to work by considering:

- Attitudes
- Breaks
- Facilities
- Information
- Support from colleagues, especially managers/supervisors
- Flexible working options
- Policies

A positive and supportive workplace attitude to breastfeeding is essential. Even comprehensive policies and fantastic facilities will go unused if mothers do not feel that their decision to continue to breastfeed when they return to work is supported throughout the organisation – by managers, supervisors and colleagues.

Educate your workplace about the benefits of breastfeeding to uncover and transform any lurking resistance.

Mothers will generally need to express or breastfeed twice in an eight-hour working day, which can take around 20-30 minutes each time.

Galtry says that it is relatively easy and inexpensive for employers to provide adequate facilities for breastfeeding and/or expression and storage of breastmilk. All that is needed is:

- a clean, private, lockable room,
- a power point and
- a table and comfortable chair.

Facilities don't need to be clinically clean or sterile but ideally the room should have a sink and running water to clean breastpump equipment.

The mother will need to store milk in the workplace fridge. Some brands of breastpump include a portable cooler case and Galtry found that in the US many mothers prefer this option as it eliminates the risk of breastmilk being confused with other foodstuffs in the communal workplace fridge.

Some workplaces also provide:

- Parenting magazines and a bulletin board

- Lockers
- Emergency bottles and breastpump
- Telephones and computers for employees who wish to continue working
- A booking system if the room is to be shared

If workplaces do not have space for a dedicated parents room, other options include a designated area of a first aid or sick room, or sharing facilities between businesses.

Wider support is offered by some workplaces, including:

- Breastfeeding education classes
- Unlimited phone access to a breastfeeding consultant
- On-site breastfeeding consultations
- Free use of an electric breast pump
- Support to partners/family of male employees.

Written policies on breastfeeding are an important part of support for breastfeeding in the workplace but these need to be backed up by support throughout the organisation, including education for **all** employees, especially managers and supervisors, on the benefits of breastfeeding.

Employees could also be provided with information to help them make a decision on breastfeeding or support their choice to continue to breastfeed when they return to work, for example the Ministry of Health's *Breastfeeding and Working* booklet gives a clear summary of benefits and issues.

Many employers also offer flexible working options to help employees balance their work and home commitments. Flexibility can support breastfeeding and could include:

- flexible/gradual return to work from parental leave,
- part-time work and job-sharing,
- career breaks.
- flexible hours,
- working from home and
- flexible leave arrangements, including annual leave, time off in lieu

# References

Note: You are welcome to request a summary of these resources from the EEO Trust. Contact [ccheung@eetrust.org.nz](mailto:ccheung@eetrust.org.nz). We do not loan resources. Resources which are particularly relevant to workplaces are flagged with an asterisk.

\*Australian Federal Government (2000) Balancing breastfeeding and work: important information for workplaces Commonwealth of Australia

\*Australian Workplace (2002) Breastfeeding in the Workplace. Free download from [www.workplace.gov.au/Workplace](http://www.workplace.gov.au/Workplace)

Bevin, Tui (1998) Maternal employment and breastfeeding

Department of Workplace Relations and Small Business Work and Family Unit (1998) 'Combining breastfeeding and employment', *Work & Family*, No. 16 (April)

\*Equal Opportunity for Women in the Workplace Agency (EOWA) (2002) Employment Matter Guidelines: Arrangements for dealing with pregnancy, potential pregnancy and breastfeeding. Free to download from [www.eowa.gov.au](http://www.eowa.gov.au)

Galtry, Judith (1995) 'Breastfeeding, labour market changes and public policy in New Zealand: is promotion of breastfeeding enough?', *Social Policy Journal of New Zealand*, Issue 5, December 1995, pp. 2-16

Galtry, Judith (1997) 'Suckling and silence in the USA: The costs and benefits of breastfeeding', *Feminist Economics* 3 (3): pp 1-23

Galtry, Judith (1998) "Breastfeeding and paid employment: The Swedish, United States and New Zealand experiences," In *Breastfeeding in New Zealand: Practice, Problems and Policy* (eds.) A. Beasley and A. Trlin, Dunmore Press, pp. 141-167.

Galtry, Judith (2000) "Policies and practices to support breastfeeding in the workplace." Research Paper prepared for the World Health Organization/UNICEF Technical Consultation on Infant and Young Child Feeding, 13-17 March. Geneva: World Health Organization.

Galtry, Judith (July 2002) Submission to the Social Services Committee considering the Parental Leave and Employment Protection (Paid Parental Leave) Amendment Bill, 2002.

\* Human Rights Commission (2002) Employers' guidelines for the prevention of pregnancy discrimination

Lennan, Michele (1997) Breastfeeding scoping project, North Health

Lusk, Barbara with Maraea Rakuraku and Lina Samu (2000) Recommendations on breastfeeding promotion (for the Health Funding Authority)

McIntyre, Ellen (2000) Combining breastfeeding and paid employment: a project targeting women, employers and workplaces, Dept of Public Health, Adelaide University and Business SA

Ministry of Health (2001a) Report on Maternity 1999 (Section 5.2 on breastfeeding) Wellington: Ministry of Health

\*Ministry of Health (2001b) Breastfeeding and Working (free leaflet)

Plunket On-line [www.plunket.org.nz](http://www.plunket.org.nz)

\*Spangler, Amy (2000) 'Breastfeeding and the working mother', in *Breastfeeding: a parent's guide* (published by Amy Spangler, ISBN 0-9627450-7-3, available to purchase from Birthcare, Auckland)

Tyler, Kathryn (1999) 'Got milk?', *HR magazine*, 44 (3) March, pp. 68-73

## Useful websites

Equal Opportunity for Women in the Workplace Agency [www.eowa.gov.au](http://www.eowa.gov.au)

Human Rights Commission [www.hrc.co.nz](http://www.hrc.co.nz)

International Baby Food Action Network [www.ibfan.org](http://www.ibfan.org)

La Leche League in NZ [www.lalecheleague.org/LLL/NZ/](http://www.lalecheleague.org/LLL/NZ/)

Parents Centres NZ Inc [www.parentscentre.org.nz](http://www.parentscentre.org.nz)

Plunket On-line [www.plunket.org.nz](http://www.plunket.org.nz)

World Alliance for Breastfeeding Action [www.waba.org.br/](http://www.waba.org.br/)

[www.geocities.com/Heartland/Meadows/8570/breastfeed.html](http://www.geocities.com/Heartland/Meadows/8570/breastfeed.html)

[www.geocities.com/HotSprings/Spa/3156/](http://www.geocities.com/HotSprings/Spa/3156/)

# World Breastfeeding Week

World Breastfeeding Week is held every year from August 1-7.

The 2002 campaign featured a poster of Lucy Lawless breastfeeding her child with the slogan 'Breastfeeding – my best role ever'.

The World Alliance for Breastfeeding Action (WABA) has not yet announced the theme for next year's Week, however Women's Health Action is keen to create a campaign which targets the issues for women returning to work and the support they need.

Sian Burgess of Women's Health Action welcomes contact from New Zealand employers who wish to become more breastfeeding-friendly. [sian@womens-health.org.nz](mailto:sian@womens-health.org.nz)



## Research Forum

### Canadian study on work/life conflict

A major new Canadian study examines some issues associated with work/life conflict. The study, by Dr Chris Higgins of the Richard Ivey School of Business and Dr Linda Duxbury of the School of Business at Carleton University, identifies who is at risk from work/life conflict, articulates why key stakeholders should care and provides direction on ways to move forward.

#### Family responsibilities

Most of the respondents in the sample had responsibilities outside work and these varied with gender and job type. Professional and technical women in Canada are delaying having children in order to focus their attention on their careers. This suggests that professional women see mothering and a career as incompatible goals, whereas professional men tend not to see a conflict between fathering and having a career.

#### The nature of work

Comparisons with a similar survey of 1991, suggest that work demands have increased in terms of time spent at work and workload.

There is little indication that employers are keeping up with the needs of employees for more flexible and family-friendly working conditions. Most employees are from dual-income families with dependent responsibilities and require a range of work schedules. The data indicates, however, that most still work standard hours, and the percentage of respondents using the most desired family-friendly flexible work arrangements has not changed over the decade. Only 20% work flexitime and one percent telework. In addition, arrangements which increase conflict and stress, such as rotating shifts and fixed shifts, are more common.

The report concludes with a number of suggestions for employers who wish to redress the work/family conflict. These include:

- Identifying ways to reduce employee workloads
- Identifying ways to reduce the amount of time employees spend in job-related travel
- Recognising and rewarding overtime
- Giving employees the opportunity to say "no" to overtime, which should not be seen as a career-limiting move

From: *The 2001 National Work-Life Conflict Study: Report One*

Available free to download from: [www.hc-sc.gc.ca/pphb-dgspsp/publicat/work-travail/index.html#fore](http://www.hc-sc.gc.ca/pphb-dgspsp/publicat/work-travail/index.html#fore)

## Please Read On...

### **How employers can help carers**

All workplaces include staff with caring responsibilities. A new Australian publication called *Carer friendly – creating carer friendly workplaces* describes how employers can create carer friendly workplaces which help staff balance their caring responsibilities and their work commitments. Available from [www.doplar.wa.gov.au](http://www.doplar.wa.gov.au) or [doplar@doplar.wa.gov.au](mailto:doplar@doplar.wa.gov.au).

### **How does work/life balance affect the bottom line?**

This US paper from Work and Family Connection is structured around eight years of case studies to demonstrate the bottom-line benefits of work/life initiatives. For example, "A Mercer survey of 800 employers has found work-life and diversity programs are now firmly established in corporate America. What's more, says William M. Mercer's Rich Federico, employers are impressed with their results. Half said they cut absenteeism, 64% said they increase morale and 47% said they help raise productivity." *The bottom line* is available from [www.workfamily.com](http://www.workfamily.com).

## Snippets...

Australian winner of the Leading CEO for the Advancement of Women Award, Robert Franklin of Autoliv Australia, credits his harmonious workplace to his company's family-friendly and women-friendly policies as indicated by:

- low absenteeism (2.7%),
- low turnover (0.05%), and
- no industrial disputes in 10 years.

See [www.eowa.gov.au](http://www.eowa.gov.au) for details of the 2002 EOWA Business Achievement Award winners. (Information from WORK+LIFE Strategies' Diversity & Flexibility email news October 2002)

## Upcoming Events

The 13th Annual Kravis-de-Roulet Conference on Leadership in Work/Family Balance is being held at the Berger Claremont College in California on February 22, 2003.

Speakers include Ellen Galinsky, President of Families and Work Institute, author Maggie Jackson, and Christina Maslach, Professor of Psychology from the University of California at Berkeley. There will be two panel discussions exploring work and family life.

More details at <http://berger.claremontmckenna.edu>.