Title: How can multiple frames enable action on social determinants? Lessons from Australia's Paid Parental Leave

Abstract

How do public health advocates and practitioners encourage policy actors to address the social determinants of health? What strategies can be used to elevate healthy social policies onto government agendas? In this paper we examine the case of Australia's first national paid parental leave scheme, announced in 2009 after decades of policy advocacy. This scheme provides job-protected leave and government-funded pay at the minimum wage for eighteen weeks for eligible primary care givers on the birth of an infant, and has been shown to reduce health inequities. Drawing on documentary sources and interviews (n=25) with key policy actors, this paper traces the evolution of this landmark social policy in Australia, focusing on the role of actors, institutions, and policy framings in setting the policy agenda.

We find that advocates strategically deployed three different framings – for economy, gender equality, and health - to drive paid parental leave onto the Government's agenda. They navigated barriers linked to power, gender ideology and cost, shifting tactics along the way by adopting different frames in various institutional settings and broadening their coalitions. Health arguments varied in different institutional settings and, at times, advocates selectively argued the economic or gender equality framing over health. The case illustrates the successful use of strategic pragmatism to provoke action, and raises broader lessons for advancing action on the social determinants of health. In particular, the case highlights the importance of adopting multiple synergistic policy framings to draw support from non-traditional allies and building coalitions to secure public policy change.

Key words: paid parental leave, social policy, social determinants of health, healthy public policy

Introduction

More than ten years have passed since the World Health Organisation's Commission on the Social Determinants of Health (CSDH) called for greater inter-sectoral government action to reduce inequities in the conditions in which people are born, live, work and age, known as the social determinants of health. Inequities in employment conditions, social protection, housing,

and access to health care serve as the ‘causes of the causes’ of poor health, and are themselves driven by inequities in power, money and resources (CSDH, 2008). In the decade since the Commission, several high-level meetings and declarations have promoted progressive health and social policies to address the social determinants of health, including the WHO Adelaide Statement on Health in All Policies (2010), Rio Political Declaration on Social Determinants of Health (2011), and Helsinki Declaration (2013). In particular, Health in All Policies (HiAP) has been promoted as a policy strategy to promote integrated policy responses across sectors through the systematic consideration of health and equity implications in all policy decision-making processes (Kemmer, 2001; Delaney et al, 2016).

While there has been some progress made in prioritising healthy public policy, in particular in Nordic nations (Marmot, 2018), global progress so far has been uneven both within and between countries (Neumann et al, 2006; Marmot et al, 2012). In Australia, for example, while overall life expectancy has increased over time, the gap between Aboriginal and Torres Strait Islander Australians and non-Indigenous Australians is still 10.6 years and 9.6 years for men and women respectively (AIHW, 2017). Health inequities persist worldwide despite the accumulation of strong evidence and advocacy (Baum et al, 2013).

Understanding how advocates, including those from public health, have managed to secure progressive social and health policies is therefore critical to identifying levers for greater government action and successful policy change. One such landmark social policy which has been shown to reduce health inequities in Australia is national Paid Parental Leave (PPL). Announced in 2009 after decades of policy advocacy, Australia’s PPL scheme entitles working primary caregivers to eighteen weeks government-funded paid leave to care for a child. Three key policy goals were enshrined in the legislation: increased women’s workforce participation, gender equality, and maternal and child health (Australian Government, 2009). The scheme has enabled parents to provide care during a critical developmental period of their children’s lives, and is associated with positive child and maternal health outcomes (Hewitt et al, 2017). PPL is also instrumental for achieving gender equity through positive effects on women’s labour force participation (Rossin, 2011). Subsequent evaluations of Australia’s scheme have demonstrated a health equity benefit; in particular, improvements in the health of women who are low paid or on contingent employment contracts (Hewitt et al, 2017).

Despite its eventual health success, it is notable that Australia was one of the last countries in the OECD to adopt a national PPL scheme. Until 2009, the issue did not get onto the policy

agenda of the two main political parties, resulting in most women workers in Australia being unable to access a period of paid employment following the birth of a child. Understanding how this policy was finally elevated onto the government agenda, and in particular, the role that health arguments played, could produce important insights of successful advocacy strategies for advancing health-promoting social policies.

The aim of this paper is to understand how Australia's PPL scheme emerged onto the Australian government's agenda as a case study of progressive and health-promoting policy change. It asks; what factors enabled or constrained the rise of PPL in Australia? How did health emerge as a key policy goal? What can we learn about this case for advancing progressive policies onto government agendas to address the social determinants of health? The paper draws on a policy studies approach that recognises that policymaking does not occur in a linear fashion, but is the result of a contest of actor interests and ideas within institutional structures (Shiffman & Smith, 2007; Maddison & Dennis, 2009). The focus here is on the interplay between material *and* ideational factors; where the framing of policy issues is "central to explaining how consensus is built around certain policy choices" (Rushton and Williams, 2012: 148). Framing analysis can reveal the implicit assumptions and ideas that shape policy agenda-setting (Jenkin et al. 2011; Townsend et al. 2018). Policy actors use frames or narratives strategically to focus attention on particular issues and policies, with successful framing creating "new ways of talking about and understanding issues" and dominant framings becoming so widely accepted that they can become taken for granted as self-evident truths (Benford and Snow, 2000; Stone, 2001). We also draw on previous research on agenda-setting in relation to the social determinants of health, showing the role of policy framing, underlying ideologies, civil society mobilisation, strong actor leadership, and socially progressive governments as key factors (Baker et al, 2018).

The Australian political and social context

Australia has a liberal-democratic federal system of government consisting of the Commonwealth (national level) Government, states/territories and local government. The Federal government includes a bicameral Parliamentary legislature (the Senate and House of Representatives) and an Executive led by the Prime Minister and Cabinet elected on a three-year term. Two major political parties dominate Australian politics: the Liberal Party of Australia (LPA) with libertarian-conservative values that usually governs in a coalition with the conservative National Party, and the social-democratic Australian Labor Party (ALP).

Unlike other social democratic countries, Australia does not have a national social insurance scheme. From 1907 onwards, Australia adopted a “wage-earner welfare state” model that prioritised the full employment of men in work and provided a generous “family wage” to support men’s families at home (Castells, 1985). This male breadwinner model was complemented by a modest welfare safety net of payments, financed from general revenue, for those outside the family wage system (Smith, 2017). The evolution of Australia’s welfare system has therefore stood in contrast to other European and Scandinavian countries that developed broad social insurance schemes (Deeming, 2014:579). One legacy of this model is that the issue of an entitlement to take paid parental leave from work has historically been seen as an industrial relations matter (i.e an obligation and entitlement to be negotiated between employers and employees) rather than a matter for health policy.

Methods

We selected Australia’s adoption of a national PPL scheme as a qualitative case study (Yin, 2012) because of its significance as a major national social policy initiative in Australia that explicitly included health as a core goal (Australian Government, 2009). This case study design allowed for an in-depth investigation of the factors that constrained and enabled agenda-setting for health. The study examines the evolution of paid parental leave in Australia, focusing on key developments from the 1970s when the first legislation for paid maternity leave for Commonwealth female employees was enacted, and with a particular focus on the decade leading up to the policy announcement in 2009.

Data collection & Analysis

We conducted twenty-five qualitative semi-structured interviews with key government and non-government policy actors, recruited using purposive snowball sampling (Creswell, 2007). These included five politicians and political advisors, eight government officials, four peak industry body representatives, three women’s group representatives, two union representatives, two academics and one representative from a peak non-government organisation. All informants were active in the decade leading up to the PPL announcement, with several informants (n= 12) also active or acutely aware of historical developments preceding this period. Illustrating the multi-sectoral nature of the policy agenda-setting, informants were from a range of sectors and perspectives including social policy (n=6), health (n=3), industrial relations and economics (n=8) and gender equity (n=8).

Interviews were conducted between August and November 2016, and July and November 2017. After providing informed consent, informants participated in interviews of approximately 60 minutes duration that were digitally recorded and stored securely. Nine interviews were conducted face-to-face, and for interstate or overseas informants, fifteen were conducted by phone and one by Skype. Prior to interviews, documents were sourced from archived searches of Parliamentary Hansard (government bills, parliamentary debates) and Factiva (Australian media reporting) using key terms ‘maternity leave’ and ‘parental leave’. Key government reports and submissions to government inquiries between 2000 – 2009 were also collected. Academic databases (Web of Science) were also searched using terms ‘parental leave’ and ‘welfare state’ to identify key texts on Australia’s welfare state history and paid parental leave in industrial relations and economics. These documents were read to identify potential informants, construct a timeline of chronological events (see Supplementary Table 1), and cross reference facts, details and give further depth and context to the interview data.

To guide the interview analysis we drew on theoretical concepts from the policy science literature. Core concepts included the power of actors (Shiffman & Smith, 2007), the strategies they use including the formation of advocacy coalitions around shared principles and core beliefs (Sabatier & Jenkins-Smith, 1999), and how the issue was framed by actors across different institutional settings (McInnes et al, 2012; Rushton & Williams, 2012). We also paid attention to the wider social, policy and political context in each period (i.e. broader trends in social and economic policy, changes in government), including the dominant ideologies and values (i.e neoliberalism, feminism) that gave some ideas more influence than others (Rushton & Williams, 2012).

Prior to coding and analysis, interviews were transcribed verbatim and imported into QSR NVivo11 (QSR International Pty Limited, Australia). One informant asked to review their transcript prior to analysis and did not suggest any changes. Data were de-identified and analysed using a combination of deductive and inductive thematic analysis (Creswell, 2007). A coding schema was initially developed by BT and LS informed by our core theoretical concepts and themes developed iteratively as we read the transcripts. Common themes were discussed and explored within the research team. Ethics approval was granted by Flinders University Social and Behavioural Research Ethics Committee and Australian National University Human Research Ethics Committee.

Results

We identify two distinct phases in emergence of legislated PPL as a political priority in Australia; the first phase between the 1970s-2000 where PPL was pursued primarily within the industrial relations system and failed to get onto the government agenda; and the second from 2000 onwards which signified a shift to a government-funded scheme and the eventual policy announcement in 2009. To describe these developments we first outline the key institutional and ideational factors that constrained the adoption of a PPL scheme during the first phase. We then focus on the decade leading up to the 2009 decision to adopt a PPL scheme and identify the key enabling factors that led to this policy. In particular, we identify the role of three different policy framings, the building of advocacy coalitions with non-traditional allies, and the use of multiple policy venues as key factors that generated attention to PPL and ultimately helped to secure policy change.

Paid parental leave as ‘market failure’: 1970s - 2000

To identify the trajectory of arguments for PPL in Australia, we first identify the key constraints that delayed the adoption of PPL in the 1970s and 1980s when most high-income countries were introducing legislated and paid leave. We briefly outline the evolution of Australia’s welfare system to show that, until the early 2000s, parental leave was considered an industrial relations and gender equity issue, rather than a health and social policy issue. We highlight the resistance to an employer-funded scheme by industry associations, and identify a lack of evidence as a further key barrier.

As mentioned above, Australia’s welfare state evolved very differently to the arrangements of European and other Scandinavian countries. With a primary focus on full or near-full employment for men, paid a generous wage to support women and children at home, and with a small set of payments for those outside this employment model (e.g. disability, elderly, single mothers) (Smith, 2017), Australia’s “male breadwinner” welfare state institutionalised gender inequality at work and at home (Castells, 1985). Until the end of the Second World War, women earned half that of men and it was not until 1972 after more women had entered the labour market that industrial laws were changed for “equal pay for equal work” (Smith, 2017:9). This gendered model conflicted with policies that might expand Australia’s welfare system or introduce forms of social insurance (Deeming, 2014), stymieing options for funding PPL. For example, when the ALP government legislated 12 weeks paid maternity leave for female federal employees in 1973 (who remained the only employees guaranteed paid parental leave until 2011), the federal Minister for Labour Clyde Cameron asserted that the policy was

not intended to flow-on to require the private sector to pay (cited in Baird et al, 2002:5). In this same period, social democratic countries were introducing broad national paid parental leave schemes across many forms of employment; Sweden in 1974, Norway in 1978; Iceland in 1981; Denmark in 1984 and Finland in 1985 (Edyal et al, 2015).

From 1983 onwards, successive governments in Australia shifted emphasis from the government provision of services and supports to promoting the privatisation of welfare services, leading to more means-testing and targeting of the welfare safety net, and a willingness to deregulate the labour market (Quiggin, 2003). Throughout this period, and until the 2000s, the issue of PPL was considered a private matter, to be negotiated between employers and employees. Viewing PPL as a privately negotiated (i.e. not universal) workplace condition meant negotiations had to occur within an industrial relations system which was highly adversarial and gender biased, a combination that was particularly constraining for advocates seeking to secure employer-funded paid leave.

The primary advocates for parental leave in the 1970s- early 2000s were trade unions, some women's organisations and feminist academic researchers, who began to apply a gendered-lens to Australia's employment and welfare system. Employer groups, who overwhelmingly opposed paying for leave, instead framed the issue of the responsibility of community and government. The industrial relations setting, characterised by asymmetric power relations between the employer groups and trade unions, meant that benefits were rarely offered to low-income low skilled employees, widening inequality in access. As one informant noted of the industrial climate in this period:

The context was a sort of free market one where government wanted employers to have more freedom to bargain and weren't particularly keen on recognising inequality in bargaining power and were keen to persuade employers that the government was there to help them... it was hostile to rights or employer responsibility for health and wellbeing (Public servant)

Policy advocates therefore primarily focused on claims for a period of *unpaid* leave, primarily for women, in this period. In 1979, for example, the trade union movement, supported by the federal government, secured one year's unpaid maternity leave for working women through the Industrial Relations Commission. However, the issue of securing paid leave failed to garner significant traction within the wider trade union movement or the main political parties (Baird, 2003).

According to several informants, trade unions in this period were still “*very much about protecting men’s working conditions - there was no push coming from the working class left to do something about improving women’s capacity*” (Women’s organisation). When women’s trade unions committees eventually proposed a model for paid maternity leave in the mid-1990s, their proposal was rejected by the ALP government who instead introduced a once-off welfare payment, not linked to employment status (Earle, 1999). The decision to allocate welfare, rather than institutionalise maternity leave as a condition of employment, was highly criticised by women’s groups for failing to promote their economic rights at work. The move was also seen as a key event that further delayed the national PPL scheme. A final constraining factor identified by several informants was the lack of health and economic evidence in Australia in the 1970s – 2000s to support a campaign. In the 1990s and early 2000s, feminist academics began to study Australia’s situation and noted a dearth of information on who had access to paid leave, or the health benefits that paid leave would provide. As one interviewee noted: “*It was just like a vacuum out there... there was this huge gap in evidence*” (Academic).

Shifting tactics for advocacy (2000-2009)

In this section, we draw on primary interview data to identify the key factors that led to the elevation of PPL as a progressive social policy for health in Australia. We identify four key factors; i) the use of three different framings by advocates – for economy, health and gender equality; ii) the formation of a broad coalition of non-traditional allies through these frames; iii) the use of different policy venues to promote the three framings and secure political support; and iv) the election of a socially progressive government as a key window of opportunity.

1. Strategic framing and building an advocacy coalition

In the early 2000s, after years of employer resistance, advocates made a strategic decision to shift their attention away from an employer-funded PPL scheme to a government-funded scheme. As one informant noted;

Recognising the opposition from Australian employers, the only way to get it over the line was to be if it would be taxpayer funded (Trade unionist)

Once advocates shifted to a government-funded scheme, they then worked to build a broad coalition of actors that included women leaders in the trade union movement, women politicians from across the political party spectrum, the Human Rights and Equal Opportunity

Commission, public servants, women's organisations, academic researchers, and media personalities. In particular, advocates focused on bringing some employer groups on board, viewing employer voices as crucial to influencing government and weakening opposition to a scheme. As one informant noted of this strategy;

The employers who thought they were going to have to pay opposed it and as soon as it was clear that the government was going to pay that opposition really was very diluted and that was important (Trade unionist)

To persuade industry groups to support the campaign for government-funded PPL, policy advocates developed a strategic framing of the economic "business case". This economic framing focused on the cost-effectiveness for business - that a period of leave paid for by government would improve women's workforce attachment and cost less than recruitment and training a replacement employee. As one peak industry representative noted;

There's all the costs associated with replacement, you know recruitment and training and other costs. There was also the benefit that employers would gain from a higher participation rate, given the ageing population and skills shortages, so our whole focus really was on benefits to the community and to business, because that was the way we were driving the argument (Industry)

By pitching the "business case" and shifting the costs of funding to government, policy advocates were successful in getting several employer groups to support a government funded scheme. Importantly, this strategic collaborating worked to fragment the industry groups' opposition. Some industry associations continued to oppose PPL because they relied on highly skilled women entering lower skilled positions, meaning such a scheme would be "*potentially narrowing the drawing pool*" of available workers (Industry representative). Other peak industry bodies, however, became supportive and joined the coalition on the principle that government and not industry would fund it. Bringing in industry was seen as important for building support. As one informant noted:

You know having peak industry groups and the Australian Council of Trade Unions lined up with the Sex Discrimination Commissioner, I think it was quite powerful at the time (Industry)

As actors broadened the coalition with industry groups, others focused on bringing greater public attention to the issue. In 2002, the female leader of a minor political party introduced a parliamentary bill for a government-funded scheme for 12 weeks' maternity pay for eligible

female employees (Workplace Relations Amendment Paid Maternity Leave Bill, 2002). This was the first time that a political party in Australia had costed and supported a government-funded scheme, and while the major political parties rejected it, it nevertheless thrust the issue onto the public agenda. Shortly after the bill, the independent government body the Human Rights and Equal Opportunity Commission, conducted an inquiry into women and work and released a series of reports using a gender equality and rights framing proposing the adoption of a government funded PPL scheme (HREOC, 2002a; 2002b). The Human Rights and Equal Opportunity Commission concluded that the market had failed to provide a majority of female employees with access to paid maternity leave, and that this leave should be a “basic right for women in paid employment and should be secured rather than negotiated as tradeable benefit” (HREOC, 2002b:34).

In another venue, the Industrial Relations Commission, trade unions, supported by feminist academics, pushed for an extension of unpaid maternity leave in a high profile case known as the ‘Work and Family Test Case’ (2005). Less formal processes used during this period included women’s groups hosting nationwide workshops and privately lobbying of politicians from both major political parties who were supportive of women’s rights. More formally, policy advocates used parliamentary processes including government inquiries to “*drum up a wide range of people to give evidence and make noise and add to the pile of reports recommending Australia adopt paid parental leave*” (Women’s organisation). The culmination of these efforts, using economics and gender equality framings in different venues, was to elevate the issue onto the public and mainstream media’s agenda.

2. A “flashpoint” for conservative vs progressive values

It was conservative versus progressive values and not because it was something that couldn’t be afforded, that really wasn’t the issue at hand, it was really a ‘values’ thing (Industry)

While policy advocates used economic framing to bring several industry groups on board with a parental leave campaign, a separate battle emerged on a different front as the issue became a “flashpoint” between actors espousing very different ideologies. This division did not fall along traditional political party lines, with politicians from across the major political parties, some trade unions and even some women’s groups espousing a conservative view of women in more traditional caring roles at home. Nationally, widespread acceptance of conservative ideology was reflected in the election of the socially conservative Liberal-National coalition (LNP)

government in 1996, which stayed in power until 2007. Prominent leaders in government in this period were generally unsupportive of a gender equality framing, and instead promoted a counter “inequity” framing against PPL; that it would be inequitable because it was excluding women who chose to stay at home out of the paid workforce. As one informant noted;

There was a strong view amongst a large percentage of the parliament, particularly the Howard parliament that women should not work with children under five (Public servant)

The conservative response to the campaign for paid leave was therefore to increase the welfare payment for women on the birth of a child, referred to as the “baby bonus” policy (O’Neill, 2010). Like earlier maternity payments, policy advocates were highly critical of the baby bonus because it was not linked to women’s economic rights at work, did not promote an optimum length of absence from work for maternal and child health, and “*didn’t put the pressure on employers to step up*” (Public servant). Conservative resistance was the primary constraining factor delaying Australia’s adoption of a government funded PPL scheme once the issue gained public attention. Indeed, it wasn’t until the 2007 election of a more socially progressive Australian Labour Party (ALP) that a national PPL scheme was finally introduced.

3. Overcoming final obstacles

Policy advocates made use of different venues to strategically advance their different policy framings for health, economy, and gender equality. As outlined above, advocates used the Industrial Relations Commission, Human Rights and Equal Opportunity Commission, and parliamentary processes to advance their agenda. As the coalition expanded to include mainly female representatives of peak industry associations, trade unions, women’s organisations, academics, public servants and political parties, a decision was made to focus on a minimalist model of payments - the minimum wage for primary caregivers only for eighteen weeks, as opposed to full wage replacement for both parents for a longer period. Informants reported this was a strategic decision to secure political support from a fiscally conservative Treasury and a reluctance in some parts of the community, within the public service and major political parties to increase government spending. As two informants noted:

The strongest point of resistance came from a policy position that was held by what I might describe as a sort of diehard social security policy people who all held the view that government funding should be directed to lowest income people... It felt like we were battling the entire public service (Public servant).

347 A lot of people had a preference for a scheme that went to 26 weeks of replacement wages but
 348 understood that they'd been fighting for so long, that if they took that as their first position it
 349 probably wouldn't succeed (Public servant)

350 The second strategic move was focused on building the evidence, and it was here that the role
 351 of health framings became more visible. Policy advocates collected personal stories of low-
 352 income working women, which became powerful symbols of the failure of the *staus quo*
 353 highlighted in parliamentary processes and mainstream media. As one former senior public
 354 servant noted;

355 We heard stories of women going back to work with their three week old baby in a box
 356 underneath the desk and still bleeding with their stitches in and the health impacts really became
 357 clear (Public servant)

358 Feminist academics focused on building the evidence on who had access to employer leave
 359 and demonstrated inequities in access between high and low income-working women. Medical
 360 and breastfeeding groups' joined the campaign, primarily focused on breastfeeding benefits for
 361 children. Several informants viewed the World Health Organisation's breastfeeding guidelines
 362 advocating at least six months breastfeeding after birth, developed in the mid-2000s, as
 363 providing compelling evidence for ensuring women had time off work after a birth, with one
 364 former senior public servant noting:

365 It was very strong scientific evidence – I mean I would call it as close to irrefutable as you're
 366 going to get – that the benefits of having a child breastfeed for six months is – you know, very
 367 strong, so that gave us a very strong base I think for designing the scheme (Public servant)

368 In addition to the health evidence, policy advocates focused on building the evidence around
 369 the economic case, including economic modelling for PPL. As noted above, the minor
 370 Democrats party costed twelve weeks paid leave (2001), followed by further economic
 371 modelling by the Human Rights and Equal Opportunity Commission (2002). Policy actors then
 372 seized the opportunity of the 2007 federal election to secure support from the incoming ALP
 373 party to conduct further modelling through the Productivity Commission, an independent
 374 government advisory body on microeconomic and social policy issues. Here, advocates
 375 focused on linking PPL to broader economic debates around workforce participation,
 376 population decline, and economic growth occurring in public discourse at the time. As two
 377 informants note;

There were concerns more broadly then about the state of the economy, at the time the talk about the three Ps – participation and productivity being two of the critical ones.... One of the ideas was if you could frame parental leave as an issue of economic participation for women you would get a broader coalition of support for the policy (Public servant)

Putting something to the Productivity Commission is also about lending credibility and business credibility. They are a credible and legitimate actor... because of the rigour of most of their sort of analysis they are generally perceived as an organisation that gives credible information on business and economic cases (Politician)

Finally, advocates within the coalition in government worked strategically to focus the terms of the Productivity Commission inquiry to include all three framing arguments – for economics, gender equality and maternal and child health as key objectives of any proposed PPL scheme. This focus in the Commission, reflected in the terms of reference for the inquiry, enabled submissions and interventions from a wide range of supportive actors. These framings were convincing, with the Productivity Commissioners recommending that Australia adopt a government-funded PPL scheme, highlighting the economic, gender equality and health benefits (Productivity Commission 2009: xiv). Policy actors within government quickly worked to consolidate support. As one noted:

You have to have a champion within government. Somebody who's really committed to making it happen and I think there was enough of those in the Labor party that pushed it along and made it a priority... they ran around Parliament house getting support, getting the numbers, like they were really good, and you don't always see that; you don't often see that actually (Public servant)

In May 2009, shortly after the release of the Productivity Commissions' inquiry recommending a government-funded PPL scheme, the ALP government announced legislation for such a scheme at 18 weeks' pay at the minimum wage for eligible primary caregivers (Australian Government, 2009).

The use of different framing arguments for economy, gender equality, and health

We have so far identified the key constraints and enabling factors that shaped the trajectory of PPL in Australia. In this section, we focus specifically on the use of the different policy framings by advocates, and the benefits and tensions identified by informants. Although not contested, our first finding is that a health framing for PPL was rarely used as the core argument

409 in the earlier phases of advocacy. Until the early 2000s, the health rationale for PPL often came
 410 from the experiences of low-income working women through the trade union movement. While
 411 these were not disputed, they did not make it onto the industrial relations agenda, where the
 412 dominant debate remained primarily economic. As one informant noted,

413 It [health] didn't come up in conversation... it was really much, very much from an economic
 414 and industrial relations question around that table (Industry)

415 Second, policy advocates used health framing strategically to appeal to conservative groups
 416 that were reluctant to support the policy. Child health, and in particular the benefits of
 417 breastfeeding for children, were particularly influential frames for winning over some
 418 conservative opponents. Policy advocates were also acutely aware that the health framing kept
 419 the issue focused on inequalities for women in work and prevented a broadening out of the
 420 policy to women who did not experience the health risks of going back to work early. As one
 421 informant noted;

422 We always had a view that we would win with a range of arguments. And women's workforce
 423 participation was one, the economic argument, as was the business case. But it was also health
 424 and wellbeing of children and mothers – in particular children because, you know, innocent
 425 newborn babies it's pretty hard not to want to protect them (Trade unionist)

426 However, while gender equality arguments and women's health arguments were often
 427 complementary, however, appeals to child health created some tensions. As one respondent
 428 noted:

429 I remember at times discussing and thinking "We had to be careful here that we don't get so
 430 close to the "It's a health argument – women shouldn't work" because you get some very
 431 conservative bedfellows in this argument so we had to be very careful about that (Public
 432 servant)

433 Tensions also emerged between arguments for gender equality in parenting and arguments for
 434 women's health. As informants noted:

435 I was strongly going 'it's got to be for either parent. You know we don't want to entrench
 436 women's kind of primary parenting role.... But others were saying 'we can't do that. It's the
 437 health benefits that hook this and the initial 14 weeks has to be for women.... they just can't go
 438 limping back to work; that's the point of this (Public servant)

439 We wanted to run an argument that would win and we didn't think that government or business
 440 or the community at large would actually get behind payments for parents but they would get
 441 behind payments for mothers (Academic).

442 Finally, while equity and fairness were a driving concern for many policy advocates, most saw
 443 equity arguments as unconvincing for bringing community and political parties on board.
 444 Instead, advocates often used the economic "business case" framing, viewing it as more
 445 compelling:

446 To me it [health equity] was always the unstated rather than the overly stated reason or it was
 447 always there... but my sense is that people who were not attracted to that argument needed the
 448 other argument to get them over the line and that the other argument proved to be more
 449 compelling (Trade unionist).

450 It was an equity argument, not just an economic argument. But you know, if you don't like the
 451 equity argument, I'm happy to go with your economic one, if that's going to get traction you
 452 need, and that's quite often the compromise you make (Peak NGO).

453 **Discussion**

454 Our analysis reveals that the key constraining factors for PPL in Australia were conservative
 455 and neoliberal ideologies, a historically gendered employment framework, an adversarial
 456 industrial relations policy setting, the battle over who would pay for it, and a lack of evidence
 457 in support of policy change. Changing strategy to focus on a government-funded scheme,
 458 framing to encompass multiple goals, forming broad advocacy coalitions, generating evidence,
 459 and the election of a socially progressive government eventually contributed to policy change
 460 and the inclusion of health objectives.

461 We argue that the linking together of all three framing arguments of health, gender equality,
 462 and the "business case" was a game-changer for generating political priority and fundamental
 463 to Australia finally adopting a national PPL scheme. Although there was some tension between
 464 them, in general these three frames supplied alternative yet largely complementary ways of
 465 making the case for change. They meant advocates could speak simultaneously to different
 466 values and interests and they could be mobilised to address different audiences or concerns.
 467 Deploying these three frames was therefore a powerful strategy for generating attention and
 468 support from businesses, trade unions, women's organisations and community groups.
 469 Together they made it hard to dismiss the case for a universal PPL scheme.

These findings contribute to broader scholarship on how the social determinants of health interface with political and policy processes. As highlighted in our introduction, a recent narrative review of the literature identified the role of issue framing, ideology, institutional norms, new evidence, civil society mobilisation, strong leadership, supportive institutions, and changes in political administration as key factors shaping attention to the social determinants of health on government agendas (Baker et al, 2018). This study supports and builds on many of these factors. First, our findings support the key role of strong leaders inside and outside of government as political and policy champions and the importance of policy framing in agenda-setting. It takes this analysis further by illustrating the strategic use of multiple frames simultaneously by policy actors to secure support for policy change (in this case health, gender equality and economic framing for paid parental leave). Further, few studies on agenda-setting for the SDH have focused on the role of diverse policy networks or interest groups other than civil society (exceptions include Browne et al 2016 and Baum et al 2013). Our analysis reveals that the formation of an informal coalition of actors from across civil society, academia, business, government, and political parties was needed to advance the PPL scheme, highlighting the importance of building coalitions with non-traditional policy allies.

In addition, while much research on agenda-setting has focused on health institutions (Baker et al, 2018), our analysis illustrates the importance of “non-health” institutions in driving the agenda. For example, we find that human rights (Australia’s Human Rights and Equal Opportunity Commission) and economic bodies (Australia’s Productivity Commission) played a key role in advancing the agenda for paid parental leave. Policy actors shifted between venues using different framings to mobilise support. This suggests that advocates can pay attention to how they might frame a health issue within a social, economic, human rights or other framing that resonates with supportive actors outside the health sector.

Finally, in addition to the role of individual and neoliberal ideologies in constraining attention to health, we add the role of socially conservative ideologies in constraining attention to health and the enabling use of feminist gender equality framings. Paid parental leave was delayed for so long in Australia in part due to the dominance of socially conservative ideologies that viewed women’s (in particular women with children) role as in the home. Change finally occurred after the election of the Australian Labor Party which is more socially progressive than the other major party. However, it is worth noting that the Australian Labor Party was not always

501 supportive of PPL, and it wasn't until the economic and gender case was made that policy
502 change occurred.

503 This case illustrates broader lessons for scholars in thinking about how to bring about policy
504 change to address the social determinants of health. Our analysis highlights the benefit of
505 deploying multiple synergistic framings, building coalitions with non-traditional policy allies,
506 and using multiple policy venues. This is likely especially important when the dominant policy
507 concern is economic and when public health actions directly confront private sector interest
508 groups. In this context, a public health argument that simply asserts health as an important
509 consideration in non-health sectors is likely to remain on the periphery and be ignored.
510 However, when economic arguments can align with public health, health framings can become
511 more influential, especially when coupled with other politically salient frames such as gender
512 equality. This finding suggests that a more nuanced and multiple frame approach may be
513 beneficial for approaches globally that seek to address the social determinants of health, and
514 especially those that are able to use arguments that appeal to the core business of other sectors.

515 Public health advocates could therefore benefit from developing multiple framing strategies,
516 and joining health to other 'non-health' frames and advocacy groups, aligning themselves with
517 other progressive social goals and groups. This includes connecting with broader social
518 movements for change, so that health is also included in their aims, as well as identifying non-
519 traditional 'health' actors such as trade union groups and private sector actors, where
520 appropriate, to form broader coalitions. In the case of PPL, the informal coalition became more
521 successful when it brought some private industry actors on board, and included academics,
522 women's organisations, trade unions, public health actors, public servants and politicians from
523 across the political spectrum. Further, the findings revealed that while equity was a driving
524 force for many, other framings were more effective in bringing in different actors.

525 The analysis also reveals that targeting different venues helped to bring other actors on board
526 and draw attention to the issue. These venues include not just government departments (e.g
527 health, Treasury, social services) or Parliamentary inquiries, but other settings traditionally not
528 in focus for health, including the industrial relations setting and independent economic and
529 human rights bodies. In the case of PPL, advocates worked across multiple venues, and were
530 more successful when they linked PPL to different goals, especially economy and gender
531 equality.

Our findings fundamentally highlight the power of economic arguments in contemporary public policy, challenging public health advocates to better connect health with economic benefits. The responsibility for economic costs (coupled with low perceived economic benefits) was a major obstacle to advancing political priority for the PPL scheme in the first three advocacy decades. Many actions to promote health and address the social determinants of health globally go to the heart of economic power and inequality. Making this explicit and then strategising how to address this, including by adding other policy goals into the argument and drawing in support from industry and prominent economic actors, is in our view well-illustrated by the PPL case analysis. Without broadening to include other policy goals, health will continue to risk subordination to economic agendas, and remain viewed as a desirable but not essential policy goal.

As this is a qualitative case study in Australia, we cannot generalise the findings to social policy in other political contexts. Future research on the politics of the social determinants of health could explore further the dynamics between framing strategies, actor networks and institutions. For example, recent research combining framing and network analysis reveals the role of network ‘boundary spanners’ who can build cohesive framing (Browne et al. 2016). Our analysis suggests that actors use frames strategically to build networks, and further research is needed to assess policies with positive and negative outcomes in relation to social determinants of health. **Conclusion**

This paper contributes to public health understanding of the policymaking processes that can enable or constrain action on the social determinants of health. Focusing on a case study of PPL in Australia, we show that advocates navigated several institutional and ideational barriers and shifted tactics along the way, adopting new and different frames, broadening coalitions and shifting policy venues. Our analysis highlights the constraining effect of dominant economic ideologies and the power of industry resistance to labour and social policies that affect their practices and profits. We suggest that the coupling of health with other frames may be key to addressing this, requiring health advocates to join forces with non-traditional policy allies and broader social movements to bring about change.

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