



Health Services Union

SUBMISSION: Senate Standing Committee on Community Affairs

HSU Submission on Issues Relating
to Menopause and Perimenopause

March 2024

Title	1
About the HSU.....	3
Introduction.....	4
The Impact of Women’s Pain in the Caring Sector	6
Recommendation 1: Introduction of Reproductive Health and Wellbeing Leave.....	8
Reproductive Health and Wellbeing leave	8
Recommendation 2: New Standards in Workplace Amenities and Aides.....	9
Workplace Amenities Checklist	9
Safety Champion Poster Examples	11
Recommendation 3: Introduction of the Menopause Information Tool for Organisations.....	12
Recommendation 4: Introduction of Gendered Equal and Safe Workplace Compliance Code and Reproductive Health Champions.....	13
Victorian Women’s Trust Policy Template	14
Recommendation 5: Funding for Reasonable Working Adjustments in the Healthcare System.....	15
Appendix 1: HSU National Women’s Plan	16

About the HSU

The Health Services Union (HSU) is one of Australia's fastest growing unions with over 100,000 members working in the health and community services sector across the country.

Our members work in aged care, disability services, community health, mental health, alcohol and other drugs services, private practices and hospitals. Members are health professionals, paramedics, scientists, disability support workers, aged care workers, nurses, technicians, doctors, medical librarians, clerical and administrative staff, managers and other support staff.

You can find us at hsu.net.au

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Introduction

With over 100,000 members nationally, seventy per cent of whom are women working in essential, frontline roles in female dominated health and social assistance sectors, the HSU is expertly placed to work with you on these matters of utmost national importance.

The HSU National Assistant Secretary Kate Marshall, who is also the Assistant State Secretary of Health and Community Services Union, Victoria (HACSU VIC) has been driving the HSU agenda at both the National and State level. HACSU VIC is one of the constituent branches of the HSU and has been pushing for Reproductive Health and Wellbeing Leave to become Victorian Government Policy. HACSU VIC has built relationships with the Victorian Women's Trust, the University of Sydney, and Curtin University in support of this. This submission is proudly authored by Kate, and HACSU VIC. Kate is available to provide further evidence and to present to the inquiry.

The HSU has spoken to many Federal MPs over recent years regarding our National Women's Plan (attached), which sets out a comprehensive agenda to ensure that women in Australia can fully and meaningfully participate in work, and in turn are afforded the social and economic security they rightfully deserve.

We welcome the commitments already made by the Albanese Labor Government to achieving gender equality in Australia and we celebrate the gains already made, such as legislating paid family and domestic violence leave as a matter of priority, as well as meaningful changes in Superannuation which will assist many working women.

We thank the Prime Minister's office for their communication to the HSU on 1 August 2022, where the Government's commitment to bridging the gender pay gap is evident. The HSU believe that acknowledging and providing mechanisms as outlined in this submission will allow women to remain in the workforce for longer, well past menopause.

This inquiry allows Australia the chance to stand with other nations such as Ireland, where the Labour Party published legislation to provide employees with up to 20 days leave for early miscarriage or other reproductive health-related reasons.

Seventeen countries have menstrual and menopausal leave options in place or are considering policies. Japan, South Korea, and Indonesia are some of the countries that have this leave formally legislated, with Japan having had menstrual leave for over 70 years. The Spanish cabinet has approved a menstrual leave law, which is soon to go before Parliament.

This is Australia's chance to stand up and really make a difference in the lives of working women.

Often, it feels as though women cannot win. Women have been told to harden up or toughen up when expressing concern over symptoms they experience regarding menopause. They can be overlooked for promotions or projects due to taking time to manage symptoms and this can mean that they are not seen as 'dedicated' to the work. Women are made to feel ashamed of bleeding, cramping, miscarrying, aborting, and going through menopause.

Women use personal leave to take care of children or ageing parents. When women eventually take personal leave for reasons relating to their reproductive health, they are told that “their heart isn’t in their work”, or that they are “lazy”. Women are afraid to speak up about bullying, violence, and sexual harassment, and when they do, they are often targeted.

There are still workplaces that make women feel like a problem, particularly about perimenopause and menopause.

The HSU respectfully makes the following recommendations to the Senate:

1. Introduction of Reproductive Health and Wellbeing Leave, which will destigmatise menopause and allow for conversations to take place within the workplace.
2. New Standards in Workplace Amenities, allowing women to feel comfortable and safe at work, leading to higher productivity rates.
3. Introduction of Menopause Information Tool for Organisations, leading to more education, training, and hence understanding of the workforce.
4. Introduction of Gender Equal Compliance Code and Reproductive Health and Wellbeing Champions.
5. Funding for Reasonable Adjustments in Healthcare Settings.

The HSU believes the policy initiatives set out in our Women’s Plan, as well as outlined in this submission, provide further tangible steps that complement the work of the Government and further advance our shared goal of equality.

We recognise the essential nature of policy and legislative reform that is required to address gender-driven inequities. We believe that much of this change can begin in our working lives.

HSU members are now looking to you to help us deliver better policies and procedures for all working women and to remove barriers to women entering and remaining in full and gainful employment.

We urge the Committee to accept these recommendations.

The Impact of Women's Pain in the Caring Sector

The HSU has long campaigned for gender equality to improve women's working lives. As an organisation we recognise that we are uniquely placed to lead the way in achieving progressive change; the industries we cover are primarily dominated by women, for example our branch HACSU VIC has more than 65% of its membership identifying as female and 27% of those members, reporting being over the age of 55. As carers, HACSU VIC members also provide care and assistance to women from all other workforces.

Retaining women in the workforce is an issue many workplaces across Australia are currently facing. The juggle of work/family life balance is a struggle, especially for those women who are single parents, in low-paid jobs, and having to work across several employers to make ends meet. In the health sector, it can be tough to attract and retain workers for reasons of violence and aggression, as well as long hours, understaffing, and lack of empathy when it comes to women juggling health issues which are biological.

For example, in the mental health workforce, over 83% of our members report exposure to at least one form of violence in the last 12 months including physical violence, verbal abuse, bullying, and mobbing with over 54% reporting severe psychological distress. Retention continues to be of grave concern within the mental health sector with a direct correlation to graduates and early-career mental health clinicians being forced to fill roles within the system once reserved for clinicians with far more experience.

A significant proportion of the disability care workforce experience violence and aggression in the workplace. More than half of HACSU VIC members have experienced violence in the workplace. Concerningly 53% had experienced physical violence and 67% have experienced psychological harm in the past 12 months. Like the mental health sector, retention and training of the frontline workforce continue to be a critical issue particularly as there are no minimum qualification standards and training and supervision are not funded by the National Disability Insurance Scheme. This means that the only way to gain critical training and supervision for early career disability professionals is on the shopfloor with older, more experienced disability support workers who are overwhelmingly women.

Considering the statistics above, it is not surprising that many women leave the health workforce early due to facing incidents such as the above as they struggle with symptoms such as hot flushes, sleeplessness, increased incidents of depression, and anxiety, migraines and aches and pains. Given the length of time that menopause can take for some women, people may be struggling with these symptoms for years and not communicate this to their employers. This becomes overwhelming and we see women leaving the workplace early.

This then has flow-on effects meaning these women will then retire with even less super than what is predicted for women. This in turn may lead to an increase in homelessness and poverty. Whereas if allowances are made to work with, rather than against (or ignore), women's reproductive systems, we can move closer to gender equity at work, within pay, and in superannuation accounts.

Unsurprisingly, due to the lack of workplace flexibility within the health and community services sectors, many of our older workers have opted to retire earlier than expected, with many instances being linked to symptoms related to menopause and perimenopause.

With the dire state of healthcare within Victoria and indeed, the entire country, it has never been more urgent to implement strategies, policies, and industrial interventions to ensure that organisations can retain critical corporate knowledge with sectors of need, ensuring that older workers can stay employed in a way that is not detrimental to their health and wellbeing.

It is our firm belief that by implementing such policies and industrial interventions, we will see higher rates of retention across key sectors of concern including mental health, disability, aged care, drug and alcohol, housing, and childcare. Due to the complex emotional labor required within the caring industries, older workers mentor younger colleagues, passing down their knowledge and skills, particularly learning de-escalation and occupational health and safety.

Mentorship is crucial in the healthcare sector for maintaining high standards of care and ensuring that younger professionals are properly trained.

We are also acutely aware that for far too long, HSU members and other caring industry sectors have been undervalued and underpaid, with the average woman working in health care, social assistance, and education earning approximately \$30,000 less than the average man working in the most male-dominated industries of construction and manufacturing.

The caring sectors are riddled with instances of labour hire, an emerging gig economy, and industries that have not been allowed to bargain effectively for better working conditions. This results in weakened industrial rights, burnout, unsafe working conditions, and mass job insecurity. Furthermore, women over the age of 55 years old are the fastest-growing demographic of women facing homelessness.

Any woman, regardless of her reproductive health and wellbeing challenges, must be afforded the industrial right to continue with their employment with appropriate reasonable adjustments. This would ensure that women could continue to build their superannuation, earn a wage, and contribute invaluable knowledge to the next generation of health and community service workers.

Recommendation 1: Introduction of Reproductive Health and Wellbeing Leave

While not exclusively experienced by women, reproductive issues impact significantly on women in the workforce. Women are often forced to utilise paid and unpaid personal leave because of reproductive health issues. Access to paid reproductive health leave for all employees experiencing reproductive health issues increases workforce participation, reduces the gender pay gap, and reduces the superannuation gender pay gap at retirement.

For many women, small adjustments to working arrangements that assist in accessing treatment or alleviating symptoms associated with reproductive issues can improve women's working lives without the need for employees to take extra leave. For example, a reasonable and flexible start time could allow persons experiencing sleep disturbances to manage burnout and exhaustion without losing an entire day to personal leave.

In this clause, 'reproductive health matters' include symptoms related to menopause and perimenopause, In Vitro Fertilisation (IVF) and other forms of assisted reproductive health services (for example, IUD or hormone injections/replacements), or specialty treatment for conditions that cause excessive pain or excessive bleeding.

It is noted that the *HSU Women's Plan*, (published in 2021) refers to a recommendation of five days of Reproductive Leave. Since then, upon advice from medical professionals who specialise in women's health at Melbourne IVF, academics at the University of Sydney, and to better align with a woman's regular cycle, the recommendation is now a minimum of 12 days Reproductive Leave per year. This leave will allow women to manage any symptoms as they arise, such as excess bleeding, pain, cysts, endometriosis that have come about as a result of hormonal change due to menstruating. It also allows those who are suffering the symptoms of menopause to alleviate sleeplessness, break through bleeds, anxiety and hot flushes by seeking medical assistance, or time to recover before returning to productive work.

Reproductive Health and Wellbeing leave

Our Claim:

Minimum 12 days paid leave for employees experiencing reproductive health matters for the purpose of attending and recovering from specialty appointments and treatments.

The availability of flexible work arrangements and reasonable adjustments for those experiencing reproductive health matters.

"The discomfort can be constant at times and it's as if people don't believe me. When you suggest completing work a different way as it causes you less discomfort, they would think you were trying to get out of work."

- Kim, Disability Support Worker and Delegate

Recommendation 2: New Standards in Workplace Amenities and Aides

Many workplaces across the country covering a plethora of sectors have begun providing menstrual products including pads and tampons as standard. It is widely accepted that providing free menstrual products in the workplace alleviates stress and anxiety for those who menstruate.

Approximately 97% of menstruators report unexpectedly starting their period at work and being unprepared with a further 96% having bled through their clothing at work and have gone home as a result. A further 40% have called in sick because of their period.

It is estimated that the impacts of menstruation account for up to 9 days of lost productivity per year and 93% of menstruators report that they do feel positively towards organisations supplying free period products. There is an economic and moral imperative for businesses and organisations providing these products to promote a safe and healthy workplace.

It is well beyond time that these standards be expanded to assist women grappling with menopause and perimenopause.

According to the latest Circlein Survey, 83% of women report that their work was negatively affected by the symptoms of menopause and perimenopause and over half considered retiring or taking a break from work.

Extremely concerning, 60% of respondents ranked their workplace support during menopause as 'poor' or 'below average'. HSU members working in disability, mental health, and alcohol and other drug services, all dominated by women, report a general lack of understanding, empathy, or support from their employers.

On average women experience the onset of menopausal symptoms at 50 years of age, meaning that many will still be in the workforce. It is estimated that across the country the NDIS will require an additional 83,000 workers and 9 in 10 mental health clinicians say that workforce shortages are risking patient and worker safety.

While both the State and Federal governments are investing in the recruitment of graduates and early career practitioners, older women must be supported to stay in the workforce longer, if they choose. To curb violence, and risk and promote supervision and mentorship within the workforce, HSU is urging companies and public sector entities to include menopause amenities to foster healthier workplaces that promote inclusion.

Workplace Amenities Checklist

- Pads of varying types (heavy etc).
- Tampons.
- Extra uniforms.
- Accessible temperature controls.
- Electric desk fans.
- Hand-held manual fans.
- Ventilation.
- Heat packs.
- Sanitary bins.
- Spray deodorant.
- Rest Area/chillout spaces that are private.
- Access to cool drinking water.
- Refrigeration amenities for those women on hormone replacement therapies.

- Reproductive Health Wellbeing Champions allocated.*

(See Menopause Information Pack for Organisation example posters)

“I think something that plays a big part about being menopausal at work is that it's embarrassing and finding the right person to tell who won't pity you, tell anyone and will still continue to value your work is very rare. It needs to become normalised as it's a normal part of living the human experience.”

- Robyn, Mental Health Nurse and Health Safety Rep

Safety Champion Poster Examples

MIP 
Menopause Information Pack
for Organizations

**We are a
menopause
friendly
workplace**

For more information, and to find out how to access support for you or your employees, get in touch with our designated menopause support champion:

MIP: Changing Minds about Changing Bodies

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Recommendation 3: Introduction of the Menopause Information Tool for Organisations

Conservatively it is estimated that menopause is currently costing Australian organisations \$5 billion annually.

A comprehensive campaign inclusive of education and inclusion must be embarked upon by all public sector and private sector organisations to address this gaping hole in policy.

Women, no matter what their age, should be allowed to thrive and progress. While meaningful steps are beginning to be made to address menstruation in the workplace, policies are severely lacking about menopause.

Many women report little to no symptoms as a result of perimenopause and menopause. However, a large proportion suffer such symptoms as anxiety, depression, sleep disturbances, hot flashes, itchiness, night sweats, unpredictable bleeding, and low confidence.

Unsurprisingly, such symptoms can have a debilitating impact on a person's ability to work, only amplified by a general lack of empathy and understanding present in most workplaces.

To combat this lack of education, the HSU is recommending the rollout of the Menopause Information Pack for Organisations for all public and private sector settings, developed by Monash University, Monash Business School, The University of Melbourne, the University of Glasgow, and the Royal Women's Hospital.

The tool includes:

- Information on why menopause is a workplace issue.
- Health check on existing policies.
- Strategic decisions for menopause-supportive workplaces.
- Training decisions for menopause-supportive workplaces.
- Guides for managers.
- Creative conversations for line managers and supervisors.
- A collaborative work and employer menopause transition tool.
- Menopause support posters.
- Suggested reasonable adjustments and absences from work.

Recommendation 4: Introduction of Gendered Equal and Safe Workplace Compliance Code and Reproductive Health Champions

Health and Safety Representatives provide an important function within all workplaces to ensure that workers, employers, and patients' physical and psychological occupational health and safety is in check at all times. This obligation extends to OHS departments and People and Culture Managers within organisations.

Compliance codes, declared under the 2004 OHS Act, provide practical guidance to those who have duties or obligations under the Act. These now replace the old "Codes of Practice".

The current compliance codes available are concerning:

Lead, 2022, Managing exposure to crystalline silica-engineered stone, 2022, Demolition, 2019 Excavation, 2019, Facilities in construction, 2018, Hazardous manual handling, 2019, Hazardous substances, 2019, Managing asbestos in the workplace, 2019, Removing asbestos in the workplace, 2019, Noise, 2019, Plant, 2019, Prevention of falls in housing construction, 2019, Prevention of falls in general construction, 2019, Workplace Amenities and Work Environment, 2019, Communicating occupational health and safety across languages, 2008, First Aid in the Workplace, 2021, Foundries, 2008 and Confined Spaces, 2019.

At present there is no compliance code in force in Victoria about safe workplaces with a gendered lens.

The compliance code should guide the implementation of gender-safe principles in all workplace policies and assist Reproductive Health and Wellbeing Champions on site. Duties should include making recommendations on workplace design and amenities, flexible working arrangements and reasonable adjustments, workplace health and safety issues, issues relating to menstruation and menopause, and investigating instances of bullying and harassment about menopause.

This code should include an obligation to provide training and education for workplaces to assist working women of all ages in continuing to thrive when issues relating to menstruation, menopause, and reproductive health occur. Recently reported in Circle In's report 'Driving the Change', when asked to define what was most challenging about their experience while working in menopause, almost half of the women surveyed reported a drop in confidence, and 83 per cent said that the stress of juggling work during menopause harmed their work.

Almost half of the respondents considered retiring due to severe menopausal symptoms, with 28 per cent surveyed going through with it. 42 per cent did not retire due to financial reasons.

One in 8 women surveyed left the workforce due to their symptoms and 2 in 8 would if financial reasons did not hamper them.

A recent survey by The Victorian Women's Trust found that 86 per cent of respondents wished they had better access to flexible working arrangements to cope with menopause. Developing a framework of flexibility for all Victorian workplaces and a robust education program for employees is urgent. The compliance code should also include the introduction of a menstrual and menopause well-being policy modelled on the suggestions made by The Victorian Women's Trust.

It would go a long way to ensuring that working women are not isolated, embarrassed, or forced to leave the workforce earlier than they should.

Victorian Women's Trust Policy Template

Rationale

[Insert organisation name] has introduced a menstrual and menopause policy. Experiences of menstruation and menopause can be very debilitating, yet we have been enculturated to mask their existence in the workplace, at schools, and home. This policy supports employees in their ability to adequately self-care during their period and menopause, while not being penalised by having to deplete their sick leave. Periods and menopause are not a sickness after all. This policy also seeks to remove the stigma and taboo surrounding menstruation and menopause.

Policy

This policy is designed to provide opportunities for restful working circumstances and self-care for employees experiencing symptoms of menstruation and menopause.

The policy is designed to be flexible depending on the employee's needs, providing for the following options:

1. The possibility of working from home*;
2. The opportunity to stay in the workplace under circumstances that encourage the comfort of the employee e.g. resting in a quiet area; or
3. The possibility of taking a day's paid leave.

In the case of paid leave, employees are entitled to a maximum of 12 paid days per calendar year (pro-rata, non-cumulative) in the event of inability to perform work duties because of menstruation and menopause, and their associated symptoms. A medical certificate is not required. (Should be incorporated into your organisation's working-from-home policy.)

Recommendation 5: Funding for Reasonable Working Adjustments in the Healthcare System

Keeping women employed in key sectors of demand will require an all-of-industry response. This means organisations and unions must get creative with industrial mechanisms that can keep older women employed longer to retain invaluable experience.

These reasonable adjustments, particularly for healthcare must take the unique challenges that face mental health, disability, and drug and alcohol workers about the physical risk and emotional labour required to effectively do the job.

An example of this can be found within HACSU VIC's *Better Mental Health Plan* in response to the recommendations of the Royal Commission into Victoria's Mental Health System. With the massive influx of graduate nurses, social workers, occupational therapists and new lived and living experience workers into the sector, it has never been more critical to implement interventions that retain our older workforce who are predominantly women.

It is commonplace for older mental health workers to retire before they would like to due to a requirement to continue to work full-time hours with little leeway in terms of reducing the workload or altering their duties. Often this results in huge losses of corporate knowledge on the floor, with graduates left to navigate the care of consumers in units or the community without enough support from experienced mentors.

To better equip graduates and to keep older mental health workers in the sector longer, the HSU is proposing the introduction of an application-based 9-day-fortnight roster for older workers to stay employed longer. It is our view that the 9-day-fortnight should be funded at a full-time rate with a requirement for at least 4-8 hours of clinical supervision for graduates and grade 1 and 2 positions. We believe that the extra day off within the fortnight will help our most experienced mental health workers to feel able to continue to work in the sector for longer.

We believe interventions like this could and should be implemented within all caring industries including disability, aged care, AOD, housing, and childcare to ensure that women who may be grappling with perimenopausal and menopausal symptoms can stay employed and foster the next generation of workers. To do this, would require an all-State and Federal Government approach including the relevant Minister to ensure that the response to targeted and unique to the demands and capability of that sector.

Appendix 1: HSU National Women's Plan