HACSU
Health & Community Services Union

HACSU Women's Plan

Authorised by Paul Healey, HACSU State Secretary, 7 Grattan St, Carlton, VIC 3053

Published June 2024

About HACSU

The Health and Community Services Union (HACSU) is Victoria's only specialist union for the disability, mental health, and alcohol and other drugs industries. We represent the industrial, political, social and professional interests of over 10,000 Victorian workers.

HACSU's members work across public and private mental health, disability and AOD. We work to improve our member's working conditions and the services they provide to vulnerable Victorians.

We're a strong and growing union, and our links into the sectors we cover give us a complete look at the health and community services systems in Victoria. Our members have unique insight into what's needed to deliver safer services for both workers and consumers.

HACSU was founded in 1911 and our long history has shown that when working people come together, we win. We're proud to be a diverse and vibrant union with members dedicated to fighting and achieving major wins in their jobs, their workplaces, and their sectors.

HACSU acknowledges the Traditional Custodians of the lands on which we live and work, and we pay our respects to their Elders both past and present. As unionists, we pledge our ongoing solidarity with Aboriginal and Torres Strait Islander peoples in their struggle for recognition of sovereignty, historical truths, and justice. This land was stolen and never ceded. This always was and always will be Aboriginal land.

Our Plan For Women

Kate Marshall, HACSU Assistant State Secretary

HACSU is the only specialist union for mental health and disability professionals in Victoria. We have long campaigned for gender equality to improve women's working lives. We are uniquely placed to lead the way in achieving progressive change; the industries we cover are primarily dominated by women, with more than 65 per cent of our membership identifying as female. Our members also provide care and assistance to women from all other workforces.

Often, it feels as though women cannot win. We are either told to suck it up, harden up, or toughen up if we ask for help or show signs that we might be struggling or in pain. We are overlooked for promotions or projects due to the fact that we have children or that we even 'might' have children. We are ashamed to discuss bleeding, cramping, miscarrying, aborting, or going through menopause — because we have often been dismissed when we have raised these issues before. We are terrified of taking personal leave for these reasons, especially when we must use that leave to take care of children or ageing parents. When we eventually take personal leave for ourselves, we are told that "our heart isn't in our work". We are afraid to speak up about bullying, violence, and sexual harassment, and when we do, we are often targeted. There are still workplaces that make women feel like a problem when they request flexibility for child-caring responsibilities. We are still earning and retiring with less; worryingly, the demographic that is now most likely to become homeless is women over 55.

This is not good enough. In 2024, the women of Victoria demand more. All women and girls are entitled to respect, dignity, and bodily autonomy. We have progressed in seeking that recognition through parental leave (primary carer), sick leave, and carers leave. However, these entitlements still imply that a woman's primary role is looking after children, ageing parents, or both — that a woman's role is predominantly caring. Whilst that may be true to a certain extent for some women, there is more to women. We have enormous potential to change the way we work and live. We can contribute more to the workplace, lead organisations and corporations, and inspire change.

People work during the day because that is when human bodies function best. We have lunch breaks to refuel at a particular time because of our bodily needs. We have toilets and water available because they are essential to how the body works. The workplace is modelled around the human body. Still, it does not consider the specific needs of the female body and the participation of women in the workforce. Women have worked the best we can with the current system, but now is the time for change.

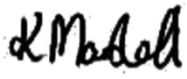
Attempting to rectify structural, generational change for working women is multifaceted, arduous, and often contradictory. **Gender equality must begin in the workplace** to ensure that women are afforded full financial equity, support to report bullying and harassment, and are

granted the flexibility to take care of their children and their reproductive health and wellbeing. We believe that such changes will encourage women to not only remain in the workforce but to reach higher levels of leadership and to engender a more profound sense of solidarity between working women.

HACSU and its members applaud the progressive steps taken by the Victorian Labor government to address gender equity issues. In 2020, history was made when the Gender Equality Bill 2019 (Vic) passed through the Victorian Parliament, representing historic progress towards breaking down gender barriers in the workplace. In 2015, the Victorian Government established a Royal Commission into Family Violence after the tragic death of Luke Batty. As a result, The Orange Door program was launched — a free service for those impacted by family violence who need extra support in the caring of children. The government has also implemented essential policy measures in schools, namely providing free pads and tampons to help reverse period poverty and launching a respectful relationships program to teach the importance of respect and consent. The state government has started investing in endometriosis research in the health space and has most recently announced a publicly funded IVF program. Earlier this year, Premier Allan announced the country's first Inquiry into Women's Pain. It is unsurprising to note that the cabinet and all state-based boards are 50 per cent women, and recently, Victoria has adopted a model of affirmative consent, which will also make the act of stealthing illegal.

This is a government that has demonstrated repeatedly that they are committed to gender equity, and we hope that this plan amplifies and adds to the already significant work done by the Andrews Government.

Meaningful change for working women begins in the workplace and is amplified by courageous policymakers. These changes are more critical than ever, particularly as we as a community grapple with the effects of the COVID pandemic and the amplification of challenges this crisis has brought. We are leaning on healthcare workers and the caring industries more than ever. Given that women primarily dominate these sectors, industrial change and economic equity must be encouraged, celebrated, and implemented.



Kate Marshall
HACSU Assistant State Secretary

HACSU's Industrial Wins & Campaigns

To date, HACSU has campaigned hard to include progressive clauses in our enterprise agreements to assist with achieving gender equity in the health and community services sector. We believe that employers should adopt these clauses in all enterprise agreements, and state and federal governments should implement them as policy.

The impact of women's pain and the need for higher wages & better working conditions

Retaining women in the workforce is an issue many workplaces across Australia are currently facing. Juggling 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 poor wages, violence and aggression, long hours, understaffing, and lack of empathy when it comes to women facing gendered health issues.

For example, in the mental health workforce over 83 per cent 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 per cent 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 once reserved for clinicians with far more experience.

More than half of HACSU members in the disability care workforce have experienced violence and aggression in the workplace. Concerningly 53 per cent have experienced physical violence and 67 per cent have experienced psychological harm in the past 12 months. Like the mental health sector, retention and training of the frontline disability workforce continue to be critical issues — 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's not surprising that many women leave the health workforce early due to facing these incidents — alongside struggling with symptoms such as hot flushes, sleeplessness, heavy bleeding, increased incidents of depression and anxiety, migraines, and aches and pains. Given the long timeframe associated with common reproductive conditions such as endometriosis, menopause, pregnancy loss, and symptoms related to IVF, people may be struggling with 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, with these women retiring with even less super than what is

predicted for women. In turn, this may lead to an increase in homelessness and poverty. If allowances are made to work with, rather than against, 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. 76 per cent of HACSU members report that they feel stigma about disclosing symptoms of pain at work with a further 67 per cent reporting that their pain is causing them financial hardship.

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 within 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 de-escalation and occupational health and safety.

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

We are also acutely aware that for far too long, HACSU members and those in other caring industry sectors have been undervalued and underpaid, with the average woman working in healthcare, 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 sector is riddled with insances of labor hire, predatory gig economy platforms, 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 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 her 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.

"Normalising and supporting robust reproductive health policies would contribute greatly to gender equality in the workplace and in society. For starters, reproductive leave should be a priority in Victorian public policy. I'm endorsing this plan and hope that future generations to come don't have to keep having these same conversations!"

- Rachel Payne MP

Legalise Cannabis Victoria

Reproductive Health & Wellbeing

Our claim:

- Minimum 12 days paid leave for employees experiencing reproductive health matters.
- The availability of flexible work arrangements and reasonable adjustments for those experiencing reproductive health matters.

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 their 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, or symptoms of 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.

Pregnancy Loss Leave

Our claim:

- Employees who experience pregnancy loss after 20 weeks are entitled to access paid parental leave entitlements under their applicable enterprise agreement (per occasion).
- Employees are entitled to a period of paid pregnancy loss leave if the pregnancy comes to an end before 20 weeks' gestation (per occasion).
- An Employee, and their partner, are entitled to 5 days of paid pregnancy loss leave if the pregnancy ends between 1 and 10 weeks.
- An Employee, and their partner, are entitled to 10 days of paid pregnancy loss leave if the pregnancy ends between 10 weeks and 19 weeks and 6 days.

Currently, most women in the public sector have access to the full provision of parental leave when they lose a pregnancy after 20 weeks. We are grateful that such provisions are in place. However, an estimated one in five women lose a pregnancy in the first 20 weeks of their pregnancy, and the trauma and impact of such a loss can have debilitating effects.

Losing a pregnancy before ten weeks can have a massive effect on a person's mental health, compounding the physical trauma of the loss. Accordingly, our claim is five days of paid leave to ensure that both the person who has lost the pregnancy and their partner can support each other through that trauma.

Losing a pregnancy after ten weeks also affects mental health; however, the physical trauma may be more significant as a worker may require surgeries, meaning more recovery time and potentially more financially stress for the person/s experiencing the loss.

Pregnancy loss leave, like reproductive leave, prevents employees from going to work without having the proper time to grieve and process their loss. It also allows women to attend any medical appointments and procedures following the miscarriage. Without these leave entitlements, individuals are forced to inappropriately use up their personal leave entitlements in instances that should not be considered as "illness or injury".

Gender Equity

Our claim:

- A commitment that the Employer will work collaboratively and consult with employees and HACSU to identify, support, and implement strategies designed to eradicate the gender pay gap, gender inequality, gendered violence, and discrimination.
- A commitment that the Employer will support a dedicated HR role and elected Health and Safety Representative to deliver workplace health and safety with a gendered lens inclusive of education, training, and designing responsive and flexible workplace health and safety arrangements.
- A claim process regarding systemic gender equality issues.

Our claim seeks to enhance gender equality while simultaneously ensuring compliance with the principles espoused in the Gender Equality Act 2020 (Vic) or Workplace Gender Equality Act 2012 (Vic). Including a claims process to address issues of gender inequality provides a direct mechanism for employees and unions to improve the working conditions for women.

Parental Leave

Our claim:

- More parental leave for both primary and secondary caregivers.

Our claim seeks to ensure that parents can have more time at home with their child/ren. HACSU has secured four extra weeks for primary caregivers and one additional week for secondary caregivers in Public Sector Mental Health — meaning that primary caregivers have 14 weeks, whilst secondary have two weeks.

Our next campaign will seek to amalgamate the primary and secondary streams of parental leave. This will ensure both men and women have access to the same amount of parental leave and eradicate the notion of the "secondary carer". Such change is vital to enhance gender equality by providing opportunities for men to play an equal part in parenting responsibilities. It will also remove any hesitations associated with hiring or promoting women whilst facilitating greater female workforce participation.

Workplaces such as Maurice Blackburn and KPMG have already successfully adopted these clauses in their agreements. We are eager to see this change adopted in the mental health and disability sectors and across all public sector agreements in the future.

Family Violence Leave

Our claim:

- A commitment that the Employer recognises that employees sometimes face situations of violence or abuse in their personal life that may affect their attendance or performance at work.
- The Employer is committed to providing support to those employees and will provide leave to those who are experiencing, or being threatened with, violence due to physical and/or psychological injury, as well as to attend counselling appointments, legal appointments or proceedings, and all other activities related to, and as consequence of, family violence.
- The Employer is not to provide any personal information, including but limited to, personal address, phone numbers, email address, working hours etc to anyone unless pivotal to the working engaged in by the employee.

This clause is available to all employees including full-time, part-time, and casual and includes a commitment from the Employer to implement temporary or ongoing changes to assist in the employees working life including and not limited to:

I. temporary or ongoing changes to their span of hours or pattern of hours and/or shift patterns;
II. temporary or ongoing job redesign or changes to duties;
III. temporary or ongoing relocation to suitable employment at a suitable location;
IV. a change to their telephone number/s and/or email address to avoid harassing contact;
V. any other appropriate measure including those available under existing provisions for family friendly and flexible work arrangements

Employees are also eligible to utilise this clause in conjunction with existing leave provisions to assist a person experiencing family violence.

An Employee experiencing family violence will have access to 20 days per year of paid special leave for medical appointments, legal proceedings, and all other activities related to family violence (this leave is not cumulative but if the leave is exhausted, reasonable consideration will be given to providing additional leave and will not be unreasonably refused).

This leave will be in addition to all existing leave entitlements and may be taken as consecutive or single days or as a fraction of a day and can be taken without prior approval.

Prior to the Royal Commission into Family Violence in Victoria, experts estimated that the total cost to the Victorian community and broader economy was $918 million, with the cost to individuals and their families being $2.6 billion and the total cost to the state $5.3 billion. Far too often, women experiencing domestic violence are excluded from the workforce due to family violence's ongoing and associated effects.

This clause centres on a commitment from HACSU and our Employers that we will do everything possible to ensure that women can continue to thrive in the workplace, even in the face of family violence. We believe that flexibility, leave, and financial status issues should never preclude a woman from fleeing violence.

Violence and abuse cut across lines of income, class, and culture with long-term effects on women's mental health. Violence is still the leading contributor to death, disability, and illness for women.

Family violence is a health issue.

Lactation & Express Breaks

Our claim:

- Employees cannot be discriminated against for breastfeeding or chestfeeding, or expressing milk in the workplace.
- An Employee who wishes to continue breastfeeding or chestfeeding after returning to work from a period of parental leave or keeping in touch days, may take reasonable time during working hours without loss of pay to express breast milk for a nursing child each time such employee has need to express the milk, or breastfeed the child within the workplace.
- Paid lactation breaks are in addition to normal meal and rest breaks provided for in this Agreement.
- Employers will provide a comfortable place, other than a bathroom, that is shielded from view and free from intrusion from co-workers and the public, which may be used by an employee to express breast milk or breastfeed a child in privacy.
- Appropriate refrigeration will be available in proximity to the area for breast milk storage. Responsibility for labelling, storage and use is with the employee.

Lactation breaks are critical to ensure women can participate in the workplace following the birth of their child/ren. Workplaces must allow women to express milk during work hours to ensure that babies are fed, assist with milk supply, and to avoid breast engorgement. Therefore, workplaces should ensure that women have a safe, comfortable, and private place to breastfeed or express milk and that this is considered paid time.

Such measures ensure that women do not suffer further disadvantages due to their predominant role as carers and are also consistent with the prohibition under the Sex Discrimination Act 1984 (Cth) against discrimination on the grounds of breastfeeding. The CPSU (Community and Public Sector Union) has successfully won this clause in the Victorian Public Service Enterprise Agreement 2020.

Superannuation Reform

Our claim:

- Superannuation to be paid into superannuation funds on the day workers earn it.
- Superannuation to be paid on both employer and government parental leave payments, as well as unpaid parental leave.
- Superannuation firms to not charge fees or interest while a person is on maternity and/or parental leave.
- No taxation of superannuation balances under $500,000.000.

Women face a greater risk of experiencing poverty in their old age due to low superannuation accumulation during their working life. This is partially attributable to the traditional role of women as carers and the impact of parental leave and part time working arrangements impeding superannuation growth.

Our claim seeks to improve women's superannuation balance by expanding the categories of leave that attract superannuation and changing the frequency of superannuation being paid. We estimate that changing the superannuation payments from quarterly to fortnightly could result in individuals having up to $8,000 more in their accounts come retirement.

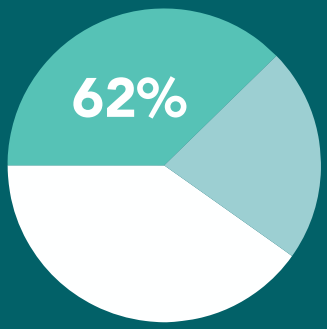
Going Forward

Whilst we have successfully achieved the inclusion of some of the above claims (or various iterations of these claims) in enterprise agreements to date, the fight is unfortunately not over. HACSU will continue to fight for the widespread inclusion of progressive claims in all agreements, covering all workforces.

Women's Business is Union Business

Women make up a disproportionate percentage of the casual workforce.

From May to November 2021,
60% of new jobs were casual roles.
62% of those roles were filled by Women



Health & Productivity Impacts

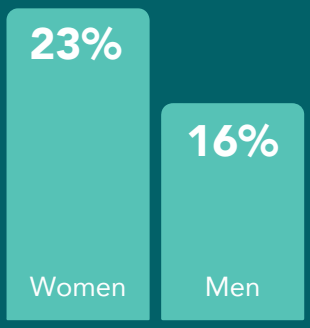
84% of costs attributed to Endometriosis in Australia relate to a loss of prodctivity

45% of working women consider retiring or taking a break from work due to severe menopause symptoms.

The Effects of Gender-Based Violence

72% of Australians over the age of 15 have experienced sexual harassment **in their lifetimes.**

23% of Women and 16% of Men have experienced some form of **harassment in the workplace.**



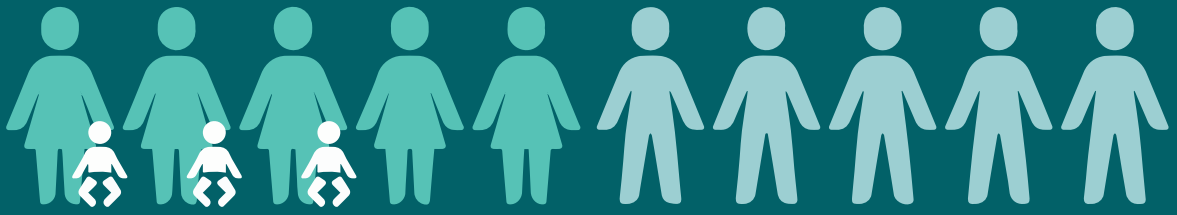
$3.8 billion

The esimated cost of Workplace Sexual Harassment in Australia (2018).

$26 billion

The Estimated annual cost of Gender Based Violence in Australia (2016)

Domestic & Family Violence is the #1 cause for homelessness in Australia.



Almost 50% of Australians experiencing homelessness are women, often accompanied by their children.

New Reforms & Industrial Tools

Countless reports, submissions to inquiries, and surveys have revealed that overall, women are unwilling to report instances of harassment, bullying, and unfair treatment due to health conditions as they have no confidence in the reporting mechanisms. To combat this, HACSU is calling for the following policies to be implemented in all public sector workplaces.

New Standards in Workplace Amenities & Aides

Across the country, workplaces in many sectors have begun providing menstrual products as standard, including pads and tampons. It is widely accepted that providing free menstrual products in the workplace alleviates stress and anxiety for those who menstruate.

Approximately 97 per cent of menstruators report unexpectedly starting their period at work and being unprepared, with a further 96 per cent having bled through their clothing at work and having gone home as a result. A further 40 per cent 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 per cent of menstruators report that they feel positively towards organisations supplying free period products. There is an economic and moral imperative for businesses and organisations to provide these products and promote a safe and healthy workplace.

It is well beyond time that these standards be expanded to assist women grappling with menopause, perimenopause, pregnancy loss, IVF, endometriosis, lactation and expressing, and heavy bleeding and cramping.

According to the latest Circlein Survey, 83 per cent 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. Of extreme concern, 60 per cent 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 and parents must be supported to re-enter the workforce if they choose. To curb violence and risk, and promote supervision and mentorship within the workforce, HACSU is urging companies, public sector entities, and the government to include a broad list of amenities to foster healthier workplaces that promote inclusion.

"For generations, women have been expected to remain silent about the injustice they have faced. No more. Sexual harassment must be brought out of the shadows, and it starts with our leadership recognising that enough is enough. Change needs to support women in their intersectional diversity across race, class, sexuality, age, and disability.

Gender equality cannot be achieved by handing down crumbs. It requires an unapologetic commitment to reform the systems that build and uphold the barriers to begin with. This report does just that."

- Yasmin Poole
Award-winning speaker, writer and youth advocate.

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, IVF.
- The allocation of Reproductive Health Wellbeing Champions.*

*See following pages

Menopause Information Tool

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 because of perimenopause and menopause. However, a large proportion suffer symptoms such 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, HACSU is recommending all public and private sector settings roll out the 'Menopause Information Pack for Organisations', 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 checks 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.

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:

MIPO: *Changing Minds about Changing Bodies*

Gendered Equal & Safe Workplace Compliance Code and Reproductive Health Champions

Health and Safety Representatives provide an important function within all workplaces, ensuring 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 taking a gendered approach to safe workplaces.

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, menopause, and chronic reproductive health conditions, and investigating instances of bullying and harassment in relation to those conditions.

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 '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. 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 and HACSU members.

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 with additions from the HACSU membership.

Rationale

[Insert organisation name] has introduced a reproductive health and wellbeing policy. Experiences of menstruation, menopause, and chronic reproductive health conditions 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, menopause, and condition, while not being penalised by having to deplete their sick leave. Reproductive health conditions 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 reproductive health conditions including periods, menopause, symptoms related to IVF, symptoms related to pregnancy loss, and endometriosis.

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

- The possibility of working from home*;
- the opportunity to stay in the workplace under circumstances that encourage the comfort of the employee e.g. resting in a quiet area; or
- 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.

"Congratulations to HACSU for this important and progressive Womens Plan. A plan that puts Womens rights, needs and aspirations at the forefront of industrial campaigning"

- Bronwyn Halfpenny MP

Victorian Labor Parliamentary Secretary for Jobs

Responding to Work-Related Gendered Violence Including Sexual Assault

Health and community services workers frequently face serious challenges around gendered violence and sexual harassment, often because employers and unions have not been supported with resources to embed prevention and early-intervention strategies.

At present, it is extremely difficult for health and community services workers and employers alike to access comprehensive support to grapple with instances of gendered and sexual harassment in the workplace. Our workplaces are frequented by many — staff, allied health workers, participants, patients, consumers and their families, union officials, and community members alike. It can be extremely difficult to know how to navigate the complexities of assault given the sheer amount of people entering our workplaces and a lack of clarity over who is ultimately responsible for instances of poor behaviour.

We are acutely aware that our workforces, by the very nature of their work, can at times be placed in uncomfortable positions. It is with this in mind that HACSU are committed to creating a culture of safety — with acknowledgement that our workforces traverse difficult landscaps when working so closely with people to support them.

With the implementation of the federal legislation which now puts a positive onus on all employers to provide a safe workplace, free from the risk of gendered violence and sexual harassment, we are acutely aware that mental health, disability, drug and alcohol, justice, emergency services, housing, and indeed all public sector organisations are nowhere near ready to respond.

HACSU are calling for the creation of specialised workplace policies, procedures, training and resources that respond to the unique challenges that face each sector — particularly those where violence and assault are considered "just part of the job". This will provide safe and consistent responses and expectations for workers and employers alike and should include comprehensive checklists for Health and Safety Representatives, workers, and employers, particularly in relation to hazard mitigation of unsafe patients and participants.

This response must include a framework to enshrine prevention as standard and should include compassionate and enforceable early-intervention strategies — crucial to those working in the health and community services sectors. Training should be offered as standard on induction and should include such topics as active bystander intervention, gender equal workplaces, preventing and responding to sexual harassment in the healthcare sector, hazard mitigation, safe and supported workplaces, and vicarious trauma.

Disputes Panels in All Workplaces

The Health and Community Services Union recently won a clause in the Public Area Mental Health Enterprise Agreement to implement an independent disputes panel to investigate workplace disputes. The panel comprises an independent chair, a representative from the employer, and a representative from the relevant trade union.

Our view is that implementing this in all workplaces would provide working people with another mechanism to report sexual harassment, in line with surveys conducted by the Australian Council of Trade Unions which found that unionised workplaces are far safer for women.

To have strong union involvement in this space is essential to ensuring all Australian workplaces are safe.

HSRs & Designated Working Groups in All Workplaces

Workplaces with elected health and safety representatives and designated working groups are safer, are more productive, and encourage employees to speak up about unsafe work conditions. Recently, occupational health and safety training providers have included a specific gendered violence refresher course for HSRs (Health Safety Representative) to combat instances of gendered violence, harassment, or bullying in workplaces. This training should be mandated for HSRs and should be included in all workplaces as a non-negotiable policy to give workers another avenue to report safely.

Fair Work Commission Gender Equality Panel

While we acknowledge the positive steps taken by the Federal Government in expanding the scope of the FWC, we believe it is imperative that a gender equity panel be established within the Commission to tackle complex issues of sexual harassment and gendered bullying in the workplace and that training be given to all commissioners in line with the Respect@ Work Report.

Funding for Reasonable Working Adjustments

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 must take on the unique challenges that face mental health, disability, and drug and alcohol workers with regard to the physical risk and emotional labour required to do the job effectively.

An example of this can be found within HACSU'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 within 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 their 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, HACSU 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 is targeted and unique to the demands and capability of that sector.

Equitable Access to Addiction Treatment & Rehabilitation

Every year, around 500,000 Australians seek assistance for addiction but are unable to access help. Current policy settings negatively impact working people, with long wait times, long treatment times, and costs that are impossible for the average person. Workers are forced to choose between keeping their job, re-mortgaging their house, withdrawing their superannuation — or simply not getting the healthcare they need.

Of particular concern is the lack of rehabilitation options for mothers, with a shortage of services that accept children. Women are more likely to be a primary caregiver, which leaves mothers sitting on long waiting lists to access help.

Women-only services that can accept children benefit women, by tackling the addiction as a family unit. There is a national shortage of these services — e.g. in Western Australia, of 16 state-run rehabilitation services, only three can take children.

Overall, women face more difficulties than men in accessing rehab services. According to Professor Nicole Lee, women often have history of trauma, high prevalence of common mental health issues such as anxiety or depression, and face economic barriers to accessing treatment.

The Victorian union movement is working to open a worker-led rehabilitation, outpatient, and outreach service in partnership with government and publicly-funded rehabilitation services. This program is based on Foundation House, the successful NSW union-initiated rehabilitation service.

Offering a service that has a 28-day inpatient program, with extensive ongoing outpatient support, will ensure that working people can retain their employment and build community, all while receiving life-changing treatment. The NSW service has had great success, expanding into toolbox talks, health and safety training, and union delegate training. Funding has been secured via enterprise agreements, and industry donates to the service as they see ongoing benefits.

We aim to build on what Foundation House NSW has created. Ideally, we will be looking to open four services in Victoria after a successful trial period, with one specifically for women and children who need crucial mental health and addiction support.

Collaborative, community-based services with the support of the trade union movement will reduce addiction-related harms for women while ensuring that they stay employed and have continuous support via their workplace.

Leave to Receive Treatment For Addiction

A key barrier to women accessing treatment for addiction treatment is a lack of leave entitlements. Often, women must use personal leave for their reproductive health and wellbeing, as well as having caring responsibilities. Specific leave provisions need to be added to enterprise agreements and awards as standards to assist women in seeking addiction treatment.

Modelled on the CPSU's Leave to Attend Rehabilitation clause in the Victorian Public Sector Enterprise Agreement, we believe that a leave provision must be added and available for all working people after passing probation to attend rehabilitation. This clause should be a 28-day minimum and should accrue further leave with years of service. We see this as a harm-reduction measure that makes economic sense for business, community, and family.

At present, policy settings cost the Australian community approximately $55 billion annually due to the knock-on effects of addiction. It is economically responsible to invest in addiction leave, equitable rehabilitation, and harm reduction measures as every $1 invested saves the community $27.

Giving working women and mothers and equitable, affordable and accessible options to undertake treatment is crucial.

Housing & Employment

In the 2018-19 period, 1 in 57 Victorians accessed a government funded homeless service. This is a devastating number, but it's also one that is highly likely to underestimate the extent of the issue. Approximately 24,000 Victorians and 116,000 Australians will be homeless tonight.

These Australians cover many demographics: young people, mothers and children escaping domestic violence, people with a disability, older people, and community members grappling with mental health and addiction.

According to the Victorian Inquiry into Homelessness, demand for services has exceeded availability of support, with 112,919 Victorians seeking assistance in the 2018-19 period. Of those

who sought assistance for short-, medium-, or long-term accommodation, most could not be assisted by government or not-for-profit services due to them being over capacity.

The Victorian Inquiry into Homeless noted:

- 76 per cent could not be provided long-term housing
- 62 per cent could not be provided transitional accommodation
- 32 per cent could not be provided crisis accommodation.

The trade union movement applauds the Andrews Government's record $5.3 billion investment to build more than 12,000 public housing dwellings with projected job creation at 43,000. This move will represent a 10 per cent increase in the overall Victorian social housing stock.

However, despite this landmark investment, this will not ensure that the state will meet the national average of social housing as a percentage of total dwellings. For Victoria to reach the social housing average, it is estimated that the state would need to build at least 3,400 dwellings each year until 2036.

As a movement, we know that the housing crisis has become more urgent due to the direct and indirect economic impacts of the COVID-19 pandemic. Most worryingly, women are the most disproportionately affected due to insecure work, family violence, and a lack of superannuation in retirement.

Worryingly, women over 55 years old are the fastest-growing demographic of homelessness in Australia.

"Flat Out supports criminalised and imprisoned women and we wholeheartedly support this plan.

Women need secure jobs that pay enough to be economically independent and care for children and elders. A secure, liveable income and a roof over our heads throughout our lives is a very basic ask, but so many women don't have them.

The result can be poverty, family violence, homelessness and acts of survival that put women and children at the mercy of the criminal legal system. Caring work at home and in employment, whoever performs it, should be recognised, respected, and properly remunerated in our economy.

We are proud to support HACSU's work on advancing the rights of women as workers"

– Karen Fletcher, Executive Officer
Flat Out

We need viable ways forward to ensure that those seeking housing are afforded the opportunities for employment, studies, or apprenticeships, while also receiving mental health support.

Our plan provides solutions highlighted in the Victorian Inquiry into Homelessness, specifically providing housing for women and housing with employment opportunities attached.

$3 billion has been committed by the Victorian state government to tackle domestic violence. However, five years after the Royal Commission into Family Violence, 26,000 women and children are being turned away from housing services each year, and police reports are at an all-time high. There are severe shortages in emergency and long-term housing options for victims of family violence, with some waiting times up to eight weeks.

In the year leading up to December 2020, police attended 92,521 family violence incidents. Each night, 66 women and 55 children spend the night in motels due to a lack of available housing. 51,000 Victorians became homeless due to family violence in the 2019-20 period.

We believe this must be addressed collaboratively with the government, businesses, NGOs, and trade unions as a matter of urgency.

Collaborative partnerships to provide affordable housing with job training attached are crucial to filling this gap. Women deserve the dignity of housing with employment opportunities connected in a supportive setting.

Free & Universal Early Childhood Care & Education

There are approximately 2.6 million families with dependent children under 15 years old in Australia. For decades, Australian families have struggled with ECEC costs consuming a high proportion of the household income, with it being inaccessible for working families. In many instances, it is cheaper for women to not return to their workplace rather than pay for childcare. Our view is that the economic benefits of free early childhood care and education involve much more than encouraging women back to the workforce. This shift also needs to be expanded to include better working wages and conditions for those who provide this care and recognise that this care fosters incredible educational outcomes for our young people.

We must fund these services across the board. They must include culturally and linguistically diverse learning environments and cater to children who identify as having a disability or a mental health condition.

Childcare reform has been an urgent matter for years, and the COVID pandemic has exacerbated this. Parents are reporting much higher levels of emotional distress and isolation, with Melbourne University finding that in 2020, employed parents with a primary school aged child are four times more likely to be in higher mental distress relative to 2017 statistics. Furthermore, the consequences of 'the pink recession' mean that women are far more negatively impacted due to job losses and reduced hours.

The positive mental health and confidence of parents, particularly women who are still considered the primary caregiver, is an urgent endeavour that should be front of mind for all of Australia. The 'motherhood penalty' narrative has merely been perpetuated by COVID but has always been present when discussing the economic disadvantage of mothers and workplace discrimination. Many international studies have found that mothers are viewed as 'less competent' and 'less committed' due to child-caring responsibilities. The reality is that affordable childcare and early education are significant barriers for working mothers to return to the workplace and rise within the ranks of a workplace.

We contend that a positive way forward would be to ensure that state and federal governments:

Make childcare and early education universal and free to ensure equitable access.

Raise the wages and conditions of those working in these sectors to solidify this as a long-term career path.

Scrap primary and secondary caregiver provisions to level the playing field.

Introduce workplace measures with flexibility, working from home arrangements and on-site childcare

Progressive childcare, early education, parental leave, and flexibility are not a luxury. They are a right.

Summary

1. Industrial Reforms
    - Pregnancy loss leave
    - Gender equity
    - Parental leave reform
    - Lactation & express breaks
    - Family violence leave
    - Superannuation reform
    - Reproductive health & wellbeing
2. New standards in workplace amenities and aides
3. Introducing the Menopause Information Tool
4. Gendered Equal & Safe Workplace Compliance Code
5. Responding to work-related gendered violence
6. Workplace disputes panels, designated working groups, & funding for reasonable adjustments
7. Access to rehabilitation treatment and addiction leave
8. Equitable housing and job retraining
9. Free and universal childcare and early childhood learning

"So, what is our aspiration and what do we want it to look like? Well, we want it to be fair. We want a working environment for all women that fosters and rewards application, ability, integrity, and that is shielded from discriminatory pay and practices. We need to pay attention to our whole needs, including our health and wellbeing and we need recruitment, promotion and the procurement of contracts that is free from bias. We need to chip away at the underlying bias in our culture that reinforces our perception that women are in fact less capable of most things."

– Fiona McLeod AO SC

HACSU
Health & Community Services Union

Authorised by Paul Healey, HACSU State Secretary, 7 Grattan St, Carlton, VIC 3053