

Submission by the Australian Nursing and Midwifery Federation

Jobs and Skills Australia – Gender Economic Equality Study

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Annie Butler
Federal Secretary

Lori-Anne Sharp
Federal Assistant Secretary

Australian Nursing and Midwifery Federation
Level 1, 365 Queen Street, Melbourne VIC 3000
E: anmffederal@anmf.org.au
W: www.anmf.org.au



Introduction

1. The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 345,000 nurses, midwives and care-workers across the country.
2. Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.
3. Our strong and growing membership and integrated role as both a trade union and professional organisation provides us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.
4. Through our work with members, we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.
5. The ANMF thanks Jobs and Skills Australia (JSA) for the opportunity to respond to the issues raised in its Gender Economic Equality Study Consultation Paper (the Consultation Paper).
6. The ANMF notes at the outset that the questions posed in the Consultation Paper are so broad and numerous that it was simply not possible to provide comprehensive responses. Indeed, the Consultation Paper at [6] indicates that the questions are not intended to be prescriptive. As such, the ANMF's submission is framed around particular themes that should be taken into consideration as part of JSA's research in this area.

Statistics on gender-based occupational segregation



7. The persistence of gender-based occupational segregation is well known, as are its impacts in reinforcing the gender pay gap through the undervaluing of traditionally feminised occupations. A report commissioned by the Fair Work Commission (FWC) from the Social Policy Research Centre at the University of New South Wales provides extensive data on current patterns within the Australian workforce.¹
8. At the time the report was published in 2023, the 8 of the 29 most feminised occupations fell within the coverage of the ANMF:²
 - a. Midwives in hospitals (98.9% female – the highest ranking in the list);
 - b. Registered nurses in general practice medical services (95.6% female);
 - c. Enrolled and mothercraft nurses in hospitals (89.9% female);
 - d. Registered nurses in aged care residential services (88.3% female);
 - e. Registered nurses in hospitals (87.9%),
 - f. Nursing support and personal care workers in aged care residential services (87.2% female);
 - g. Nurse managers in hospitals (86.6% female); and
 - h. Aged and disabled carers in aged care residential services (86.5% female).
9. The report goes on to make the following observations to explain the feminisation of midwifery:³

‘The very high levels of feminisation in midwifery are constructed and maintained through strong cultural and community expectations that midwives will be female providers delivering woman-centred models of care. Throughout history, birth has

¹ Cortis, N., Naidoo, Y., Wong, M. and Bradbury, B. (2023). *Gender-based Occupational Segregation: A National Data Profile*. Sydney: UNSW Social Policy Research Centre.

² Ibid, 8-9.

³ Ibid, 65-66.



been expected to be the domain of women, and male presence at birth has been controversial [citation omitted]... As women were largely excluded from educational institutions and prohibited from using surgical instruments they remained in midwifery, leaving obstetrics to develop as a male profession [citation omitted]. While women have more recently entered obstetrics, men have not entered midwifery. The profession remains widely understood in essentialist terms, framed as an occupation premised on relationships between women which are trusting, intimate, intuitive, and sensitive, and which men would be unable to cultivate [citation omitted].

For most of the twentieth century, midwifery in Australia has been considered a sub-specialty of nursing [citation omitted]. Within nursing, strongly gendered hierarchies and distinct lateral fields of specialisation contribute to further segregation... [O]ngoing segregation in nursing specialisation in terms of gender identity. In their frame, men seek out less feminised nursing specialisations and so avoid fields like midwifery because close interpersonal care and contact with mothers and children are seen as antithetical to traditional masculine work identities. As men who enter care or support roles are stigmatised or seen as potential sexual predators [citation omitted], men in nursing seek specialisations which enable them to affirm or 'recuperate' masculine identities, so are concentrated in emergency nursing, intensive care, trauma care, psychiatry, anaesthesia, or other fields which are distanced from maternity and care work and constructed as involving more autonomy, complexity, technology and risk.

Strong social and cultural factors therefore deter men from midwifery. However, a recent study captured attitudes to men among midwives and indicated growing acceptance of diversifying the midwifery workforce [citation omitted]. Some midwives expressed concerns about male midwives, conflating the male gender with medical models of reproductive care in which midwives are subservient to obstetricians, and felt male presence would reduce the safety felt by childbearing women affected by trauma. However, most midwives (over 70%) supported diversification, felt men do belong in midwifery, and felt that gender does not affect the quality of care. Bringing men into the workforce was welcomed as a way to raise status and pay, to provide choices to women in their care, and offer positive role models to male partners. Interestingly, those midwives who had experience of working with men were more likely to believe a midwife's gender does not impact on the quality of their care [citation omitted]. This reflects the way exposure to a minority group can help to open it up to diversification. However, this underlines difficulties for diversifying midwifery, as so few midwives will ever work with a male.

Aside from the small body of scholarship on gender segregation in midwifery, other studies of the midwifery workforce focus on drivers and responses to



shortages of midwives. Some have explored issues of burnout and intention to leave, for example, and strategies for attracting midwives back to the workforce... 44% of midwives experience work-related burnout, which reduces career duration as well as wellbeing, generating organisational as well as personal costs. Working conditions have been identified as the main modifiable factors relating to burnout, with interventions needed to reduce emotional exhaustion and enhance sense of personal accomplishment among midwives [citation omitted]. Factors contributing to staying in midwifery have been found to include enjoyment of the job, having positive and satisfying relationships with women that make a difference, feeling supported and valued by colleagues and managers, having adequate resources, a degree of control and flexibility, suitable hours and work-life balance [citation omitted].'

10. Research from Edith Cowan University shows that the gender pay gap exists even within the female dominated Australian healthcare workforce.⁴ Across a nurse's career, the average pay gap at 6 months of employment was 4%, which increased to 13% after 3 years of employment. This is a curious phenomenon, given that the vast majority of wages for nurses are set out in collectively negotiated enterprise agreements. A contributing factor to this is the ability of male nurses to work more hours per week, as well as unsociable hours, such as weekends and shiftwork, thereby attracting higher penalty rates and overtime. The research also indicated that male nurses are promoted more rapidly and disproportionately hold executive roles in healthcare.
11. In the Consultation Paper, JSA are seeking to identify the ways in which 'gendered trends intersect with other factors and identities, such as cultural background, First Nations status, caring responsibilities, LGBTIQ+ identities, geography and disability across the world of work and education.'⁵ The ANMF is not in a position to comment on the intersectionality of these many factors and identities, and recommends that the Federal Government commission detailed research in this area.

Recent legislative changes to redress gender inequality

12. Since the election of the Albanese Labor Government in 2022, the Australian Parliament

⁴ <https://www.ecu.edu.au/newsroom/articles/research/female-nurses-face-significant-gender-pay-gap>.

⁵ Consultation Paper, 5.



has passed a suite of industrial laws, much of which features legislative changes geared towards redressing gender inequality in Australian workplaces. It remains to be seen the extent to which the reforms will impact occupational segregation and its impacts, including the persistent gender pay gap.

13. *Sex Discrimination and Fair Work (Respect at Work) Amendment Act 2021 (Cth)*:

- a. Changes took effect from 11 September 2021.
- b. This amendment introduced new definitions for ‘sexual harassment’ and ‘sexual harassment at work’, as well as expanding the Fair Work Commission’s anti-bullying jurisdiction to include the powers to make orders to stop workplace sexual harassment.
- c. The gendered angle of this amendment is clear in that the vast majority of workplace sexual harassment occurs between male perpetrators and female victim survivors.
- d. The impact of the anti-bullying provisions is contingent upon the affected worker remaining in their employment to pursue their claim. It follows that the ability to pursue such claims may enable victim survivors of workplace sexual harassment to maintain their employment, as opposed to resigning to seek employment elsewhere, or leaving the profession entirely.
- e. However, this avenue has its limitations. Because the FWC’s jurisdiction relies on the victim survivor’s employment relationship being retained, if they feel like their best option is to quit, they can no longer pursue their claim. This not only leaves the worker unsupported by the industrial framework, but also does little to preserve the security and safety of women in employment. The only remaining options for litigation would be through the Australian Human Rights Commission and/or the Australian Federal Court or the Australian Federal Circuit Court.



14. *Fair Work Amendment (Paid Family and Domestic Violence Leave) Act 2022 (Cth)*:

- a. Changes took effect from 1 February 2023, or 1 August 2023 for small business employers.
- b. This amendment introduced 10 days of paid family and domestic violence leave into the National Employment Standards.
- c. Much like workplace sexual harassment, family and domestic violence is a gendered phenomenon. It is anticipated that this new entitlement will benefit female employees and their children fleeing an unsafe situation outside of the workplace.
- d. The entitlement provides some level of financial security to workers experiencing family or domestic violence, as well as security of employment. It is anticipated that the impact of this provision will be more deeply felt in highly gendered professions such as nursing and midwifery.
- e. The entitlement to paid family and domestic violence leave for all workers covered by the National Employment Standards is relatively new. Further research is required to assess its impact over time. Early research commissioned by the Department of the Prime Minister and Cabinet suggest that there is some hesitation around workers taking this form of leave for its intended purpose, even though it is available to them and they would likely have benefited from the entitlement.⁶ Hesitation around accessing the entitlement are potentially numerous and complex, but might include a lack of awareness of the entitlement, a lack of trust in management, concerns around gathering evidence to support the claim, or concerns about confidentiality.⁷ In terms of the employer's role, low

⁶ Independent review of the operation of the paid family and domestic violence leave entitlement in the *Fair Work Act 2009* (Cth), Report to the Australian Government Department of Employment and Workplace Relations by the Australian Industrial Transformation Institute, Flinders University, August 2024, 16-19.

⁷ Ibid, 20-26.



uptake of the entitlement could derive from a lack of awareness on the part of the employer, a lack of certainty about the processes, difficulties with having a challenging conversation with an employee, or in more hostile cases, suspicion of the entitlement being misused, or fixation on the cost and staffing levels.⁸

15. *Fair Work Legislation Amendment (Secure Jobs, Better Pay) Act 2022 (Cth)*:

- a. Changes took effect from 7 December 2022 to 6 December 2023.
- b. New laws prohibiting pay secrecy clauses in employment contracts will likely facilitate a shift away from inequitable salary arrangements in workplaces to the extent that employers may be compelled to resolve workplace tensions caused by unfair pay practices that were previously unknown amongst workers. It is unclear at this stage whether this will have a greater impact in workplaces where occupational segregation is present.
- c. The strengthening on flexible work provisions, particularly the ability to seek relief from the FWC will better enable employees, particularly women with caring obligations outside of work, to balance those competing responsibilities. These changes could see an improvement in worker retention, given that the previous inability to effectively secure flexible work would likely have resulted in women leaving the workforce.
- d. Breastfeeding, gender identity and intersex status are now protected attributes under the *Fair Work Act 2009* (Cth) (FWA). This means that a person (typically an employer) cannot take adverse action against a worker on the basis of any of the aforementioned attributes.
- e. FWA object, modern awards objective, minimum wages objective, equal remuneration principle:

⁸ Ibid, 26-30.



- i. The stated object of the amended sub-section 3(a) of the FWA 'is to provide a balanced framework for cooperative and productive workplace relations that promotes national economic prosperity and social inclusion for all Australians by... providing workplace relations laws that are fair to working Australians, **promote job security and gender equality**' [emphasis added].
- ii. The revised modern awards objective at sub-section 134(1) of the FWA is to 'provide a fair and relevant minimum safety net of terms and conditions taking into account... the need to improve access to **secure work** across the economy;... the need to **achieve gender equality in the workplace by ensuring equal remuneration for equal or comparable value, eliminating gender-based undervaluation of work and providing workplace conditions that facilitate women's full economic participation**' [emphasis added].'
- iii. The revised minimum wages objective at sub-section 284(1)(aa) of the FWA is to 'establish and maintain a safety net of fair minimum wages, taking into account... the need to **achieve gender equality, including by ensuring equal remuneration for work of equal or comparable value, eliminating gender-based undervaluation of work and providing workplace conditions that facilitate women's full economic participation**' [emphasis added].
- iv. In relation to equal remuneration orders, and without going into particulars, the threshold for obtaining such orders has been somewhat relaxed.
- v. Since these fundamental changes to the FWA have been implemented, the ANMF has argued in proceedings before the FWC that the issues of gender equality and job security are inextricably linked. Following the passage of legislation to amend the object of the FWA and the modern awards objective, the FWC conducted a review of modern awards,⁹ which among

⁹ Modern Awards Review 2023-24 (AM2023/21).



other items had a focus on job security and the balancing of work and care.

- vi. Aside from being amongst the most feminised workforces in the country, nurses and midwives have a high proportion engaged in part-time work when compared to the workforce as a whole. For example, 56.8% of registered nurses work part-time, whereas that figure is 32.9% across the broader workforce.¹⁰
- vii. Work and care responsibilities are predominantly undertaken by females and the adverse impacts of balancing work and care are felt disproportionately in female dominated health, care and support industries. The perception of caring and care work as naturally suited to women has created a tendency to undervalue caring roles because of gender-based assumptions.
- viii. The upshot of the Modern Awards Review is that the FWC has indicated that later this year it will initiate proceedings to review the terms and conditions that govern part-time employment in certain modern awards.¹¹ It remains to be seen the extent to which any changes arising from the forthcoming proceedings will impact feminised industries and occupations.

16. *Fair Work Legislation Amendment (Protecting Worker Entitlements) Act 2023 (Cth)*:

- a. Changes took effect from 1 July 2023 to 1 January 2024.
- b. Changes to laws concerning unpaid parental leave will allow parents greater flexibility as to how they manage their absence from work following the birth or placement of their child.
- c. Superannuation is now an industrially enforceable right under the national

¹⁰ Cortis, N., Naidoo, Y., Wong, M. and Bradbury, B., 33-34.

¹¹ Modern Awards Review 2023-24 (AM2023/21) – Final Report at [167(6)].



employment standards, in addition to the rights and obligation set out in the *Superannuation Guarantee (Administration) Act 1992* (Cth). This provision will simultaneously redress the issue of women retiring with smaller savings than men, as well as the prevalence of wage theft affecting not only take-home pay, but superannuation contributions.

17. *Fair Work Legislation Amendment (Closing Loopholes) Act 2023* (Cth) and *(Closing Loopholes No. 2) Act 2024* (Cth):

- a. Changes taking effect between 15 December 2023 to 26 August 2025.
- b. The right to disconnect was enshrined in the FWA to establish a mechanism by which workers could seek to push back against unreasonable intrusions by an employer into the personal time of workers. Given the amount of overtime worked by nurses and midwives, it is likely that this new right will reduce fatigue and burnout in workplaces where retention is an issue.

18. Work value cases:

- a. Finally in relation to the amended FWA object and modern awards objective, the ANMF notes that these legislative changes have had a profound impact on the work value cases it has pursued in recent years.
- b. The ANMF's joint application to amend the *Aged Care Award 2020*, the *Nurses Award 2020* and the *Social, Community, Home Care and Disability Services Industry Award 2020* commenced in 2020, prior to the abovementioned legislative reforms. By the time the Aged Care Work Value – Stage 3 Decision was handed down,¹² the changes to the FWA object and modern awards objective had taken effect.
- c. Prior to the legislative reforms, work value applications were assessed only with reference to the nature of the work, the level of skill and responsibility involved,

¹² [2024] FWCFB 150.



and the conditions under which the work was done. The industrial reforms made explicit that the repeated, historic methods of setting award rates, entrenching gender-based undervaluation in award rates must be addressed by the FWC when deciding work value cases.

- d. The new provisions enabled the FWC to properly assess the value of the work for the first time, free from gender-based assumptions about the value of the work performed in aged care. The result of this saw an increases in base wages ranging between 3% and 28.5%. It follows that such changes to the FWA, coupled with successful proceedings in the FWC, will go some way to addressing the gender pay gap caused by the historical undervaluation of work in feminised industries.
- e. In 2024, the ANMF commenced proceedings in the FWC to pursue a work value case for nurses employed outside of aged care, as well as midwives, covered by the *Nurses Award 2020*.¹³ While the proceedings are still in a preliminary stage, the application, if successful, could achieve similar outcomes to the aged care matter. Again, given the highly feminised nature of the professions, such an outcome would have a tangible impact in further closing the gender pay gap.

Access to education and training

- 19. Breaks in workforce participation due to childbearing and other carer responsibilities and reproductive health are higher for women.¹⁴ For nurses and midwives there has been less access to scholarships to cover the cost of post graduate education reducing their ability to participate.¹⁵
- 20. Additionally, women are most often the primary care giver for children or an ageing parent.¹⁶ These added responsibilities, increased amount of time out of the workforce and

¹³ *Nurses and Midwives Work Value Case*, AM2024/11.

¹⁴ <https://genderequality.gov.au/working-for-women/priority-area-2-unpaid-and-paid-care>.

¹⁵ <https://foundation.acn.edu.au/Foundation/Foundation/GiveNow/its-time-for-nurses.aspx>.

¹⁶ <https://www.pmc.gov.au/resources/national-strategy-achieve-gender-equality-discussion-paper/current-state/burden-care>.



therefore access to wages and superannuation limit the amount of money available to spend on post graduate education, especially where a post graduate certificate may cost upward of \$10,000.

21. In nursing and midwifery, there is less incentive to achieve higher degrees as the career pathways are underdeveloped and higher-level jobs are often underpaid in comparison to positions that offer penalties.¹⁷
22. Advanced practice positions that offer a career pathway are often seen as dispensable and a way of cost cutting for example educators are seen as expendable.¹⁸ This was highlighted during the COVID-19 pandemic when nurse educators were pulled from their positions to work clinically – our members report this practice continues today and reduces support available to new graduates and less experienced nurses and midwives, who consequently are not supported to expand their scope of practice and competence. This potentially leads to job dissatisfaction and increases the likelihood of nurses and midwives leaving the profession. Subsequently, access to health services and health outcomes are reduced.
23. Similarly, nurses may complete the criteria to become endorsed as a nurse practitioner including a master's degree, only to discover there are no ongoing funded positions available, despite a recognised need for such positions.¹⁹
24. While the ANMF seeks to negotiate provisions into enterprise agreements that support nurses and midwives receiving continuing education, it should be noted that such provisions do not exist in the underlying *Nurses Award 2020*. This means that in the course of negotiating such agreements, employers, when agreeing to include such entitlements, can trade them off against other award-based entitlements, provided the resulting

¹⁷

<https://pmc.ncbi.nlm.nih.gov/articles/PMC6800779/#:~:text=30%25%20of%20RNs%20exhibited%20high,than%20RNs%20who%20were%20satisfied.>

¹⁸

<https://pmc.ncbi.nlm.nih.gov/articles/PMC9683441/#:~:text=The%20study%20revealed%20that%20lack,as%20factors%20influencing%20professionalism%20negatively.>

¹⁹ [https://bmcnurs.biomedcentral.com/articles/10.1186/s12912-019-0337-](https://bmcnurs.biomedcentral.com/articles/10.1186/s12912-019-0337-z#:~:text=Common%20barriers%20evident%20across%20several,lack%20of%20peer%20or%20management.)

[z#:~:text=Common%20barriers%20evident%20across%20several,lack%20of%20peer%20or%20management.](https://bmcnurs.biomedcentral.com/articles/10.1186/s12912-019-0337-z#:~:text=Common%20barriers%20evident%20across%20several,lack%20of%20peer%20or%20management.)



agreement satisfies the better off overall test.²⁰ The consequence of this is that the attaining of superior conditions can have the effect of suppressing wages. It must be stressed that nurses and midwives need to meet the continuing professional development requirements of the Nursing and Midwifery Board of Australia in order to maintain their registration.²¹ To that extent, education alongside work is not optional in these professions. The barriers to obtaining training or qualifications beyond the requirements for registration are even more challenging.

Workforce participation

25. Approximately 90,200 nurses and midwives between the ages of 45 and 54 currently hold registration in Australia.²² Nursing and midwifery are consistently feminised professions, and therefore the economic consequences of reduced workforce participation and productivity are substantial. Maintaining an attractive workplace for older women is integral for ensuring adequate skill mix and workforce size.²³ Ongoing workforce participation is important for the general wellbeing of the women experiencing menopause symptoms, particularly for their long-term savings and retirement income. As nursing and midwifery are highly female-dominated professions, the economic consequence of perimenopause and menopause is of relevance.

26. An American analysis of 2001-2010 medical claims data found that women diagnosed with menopause symptoms (and aged 40+) had significantly higher medical, pharmacy, and sick leave costs. Further, they used more sick day leave and had significantly reduced hourly and annual work productivity. Menopause is often instigated by other medical interventions (cancer treatment, ceasing hormonal contraception, surgery, genetic abnormalities, metabolic disorders, etc.), which can also intrude on sick leave and long

²⁰ FWA, section 193.

²¹ <https://www.nursingmidwiferyboard.gov.au/registration-and-endorsement/registration-renewal/renewal-faq-for-nurses-and-midwives.aspx#:~:text=When%20do%20I%20need%20to%20renew%20each%20year%3F&text=Nurses%20and%20midwives%20with%20general,on%20behalf%20of%20the%20NMBA..>

²² <https://www.nursingmidwiferyboard.gov.au/News/Annual-report.aspx>.

²³ <https://www.tandfonline.com/doi/abs/10.5172/conu.673.30.1.46>.



service leave. Under these circumstances, women are more likely to work part time, leaving them with less sick leave and long service leave accrued throughout their career.

27. A study using the National Child Development Survey (NCDS) which is a birth cohort survey following all those born in one week in England, Scotland and Wales in 1958, collected data on time in employment and work histories and found that women who were identified as experiencing early menopause (before aged 45) spent significantly less time in employment in their 50s by a factor of 9 percentage points, compared to women who did not experience early menopause. Further, the number of menopause symptoms faced at age 50 led to reduced full-time employment rates by around 1-2% per additional psychological symptom reported.²⁴
28. Menopause symptoms among healthcare professionals can lead to reduced performance, absenteeism, and intention to leave the profession in favour of a less demanding positions.²⁵ Appropriate interventions and supports are therefore needed to help retain experienced nurses, midwives, and personal care workers. This is of particular importance considering the increasing average age of health workers, increased national retirement-age and access to aged pension, and decreased attraction of new workers. While it must be acknowledged that menopause is a normal part of a woman's life, it must also be acknowledged that it presents symptoms that can affect the socially accepted norms of work, often developed by and for men. Addressing the inequalities which arise in menopause and perimenopause is integral to the objectives of gender equity.
29. The average age of first-time mothers in Australia is 31.1, meaning that during menopausal years, many women will be responsible for at least one teenager in addition to the caring responsibilities of aging parents and family members. "Sandwich" generation caregivers, providing care to the generation above and below simultaneously, report substantial

²⁴ Geukes M, Van Aalst MP, Robroek SJW, Laven JSE, Oosterhof H. (2016) The impact of menopause on work ability in women with severe menopausal symptoms. *Maturitas*. 90:3-8.

²⁵ Vanderzalm J, Deschenes S, Kunyk D. (2023) Women's health nurses' experiences of menopause: Considerations for nurse leaders. *Nurs Manage*. 54(6):34-40.



financial and emotional difficulties, high caregiver role overload, and low use of support services, with high labour force participation.

30. For women who choose to have children or who need to take career breaks because they shoulder the caring responsibilities for children and children/adults with disabilities or aging parents, income is affected as they lose momentum and may miss opportunities to advancement and therefore increased wages. This also results in a loss of superannuation affecting their retirement income, increasing the risk of poverty and homelessness in retirement. They may also need to work well after the age of retirement resulting in physical demands especially if that work is direct clinical care on rotating rosters. Women with caring responsibilities may choose casual work so they can have the flexibility needed to undertake these unpaid caring roles. This results in a lack of secure income, inability to progress in the workplace, often exclusion from education and professional development and lack of access to working conditions such as personal or annual leave.
31. The nature of nursing and midwifery as 24-hour professions places unique demands on the metabolic health of its workers. Circadian disruption has been correlated to earlier onset of menopause symptoms, which carries an increased risk of adverse health outcomes. Such arrangements continuing for workers on a long-term basis likely contributes to heightened absenteeism to deal with subsequent health issues, as well as contributing to an exodus from the profession.

Reproductive health and wellbeing leave

32. It is the objective of the Australian Council of Trade Unions and its affiliates, including the ANMF, to see a new right enshrined in the National Employment Standards, being 10 days paid reproductive health and wellbeing leave for all national system employees. The provision, as envisaged, would permit a worker the time, flexibility and support to respond reproductive health matters, and take preventative healthcare measures. 'Reproductive health' would be broadly defined to encompass a range of health issues impacting predominantly female employees across their working lives.



33. In relation to reproductive health, some suggested workplace interventions include, robust industrial safeguards delivering flexible working arrangements; increased sick leave; long service leave; and carers leave to facilitate symptom management and concurrent responsibilities; flexible working arrangements where appropriate; employee support programs including mental health and specialist services; awareness training for managers. The introduction of reproductive leave would be a positive move toward gender equity as is the payment of superannuation whilst on parental leave.

Conclusion

34. The ANMF is delighted that JSA is undertaking an intersectional study of occupational segregation. As stated at the outset of this submission, the ANMF has not responded comprehensively to all the questions posed in the Consultation Paper, due to the limited timeframe permitted. We would encourage JSA to allow parties further opportunities to participate, particularly in response to policy proposals that purport to address gender inequality in Australian workplaces.