



**LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL
TERRITORY**

**STANDING COMMITTEE ON HEALTH
AND COMMUNITY WELLBEING**

(Reference: [Inquiry into Period Products and Facilities \(Access\) Bill 2022](#))

Members:

**MR J DAVIS (Chair)
MR J MILLIGAN (Deputy Chair)
MR M PETTERSSON**

TRANSCRIPT OF EVIDENCE

CANBERRA

MONDAY, 12 SEPTEMBER 2022

**Secretary to the committee:
Dr A Chynoweth (Ph: 620 75498)**

By authority of the Legislative Assembly for the Australian Capital Territory

Submissions, answers to questions on notice and other documents, including requests for clarification of the transcript of evidence, relevant to this inquiry that have been authorised for publication by the committee may be obtained from the Legislative Assembly website.

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Amended 20 May 2013

The committee met at 2.45 pm.

READ, MS ROSALIND, Senior Legal Officer and Women's Officer, Construction, Forestry, Maritime, Mining and Energy Union, Construction and General Division, ACT Divisional Branch

THE CHAIR: Good afternoon guys, gals and non-binary pals. I declare open the public hearing of the Legislative Assembly Standing Committee on Health and Community Wellbeing inquiry into the Period Products and Facilities (Access) Bill 2022, tabled by Ms Suzanne Orr in the Legislative Assembly on 4 August.

On behalf of the committee, I would like to acknowledge that we meet today on the lands of the Ngunnawal people. We respect their continuing culture and the contribution they make to the life of this city and this region.

The Period Products and Facilities (Access) Bill 2022 was referred to this committee on 4 August 2022. The committee has received a total of eight submissions, which are available for viewing on the committee's website. Today the committee will hear from eight witnesses: the CFMMEU, ACTCOSS, the Australian Education Union, Women's Centre for Health Matters, Dal Cuore, Zero Waste Schools Australia, Share the Dignity, and the sponsoring member, Ms Suzanne Orr MLA.

I would like to acknowledge the presence here today of Dr Marisa Paterson. Mr Michael Pettersson, will be stepping aside from the committee—that is to be formalised at a later date—for a brief period. Dr Paterson joins us for this committee inquiry and the committee's later inquiry into reproductive choice in the ACT. Welcome, Dr Paterson.

The first time that witnesses speak today, can you please note that you have read and understood the pink privilege statement that is on the table. Please be aware that today's proceedings will be recorded and transcribed by Hansard, and they will then be published. The proceedings are also being broadcast and webstreamed live.

I welcome the witness representing the CFMMEU, Ms Rosalind Read, the Senior Legal Officer and Women's Officer for the CFMMEU. On behalf of the committee, thank you for appearing today. Can you please confirm that you have read and understood the privilege statement?

Ms Read: I have read the privilege statement.

THE CHAIR: Would you like to provide an opening statement?

Ms Read: Thank you. I would also like to acknowledge the Ngunnawal people as the traditional owners of the land that we are meeting on today and pay my respects to their elders past and present and extend that respect to any Indigenous person here today.

I would like to start by asking committee members: do you recall what you kept in your pockets as a 10-year-old? I do, because at the age of 10 I started menstruating,

and sometimes I kept a pad in the pocket of my school uniform. The other thing that I started keeping at 10 years old was a mental map in my head of how to deal with the logistical issues associated with having a period at 10 years old in a primary school. I was in year 5. My year 5 teacher was a man, my year 6 teacher was a man, and the principal of my school was a man. Nothing was wrong with any of them; they were all perfectly good educators. Frankly, I would rather have had the ground open up and swallow me whole than speak to them about the fact that I had a period.

Instead I built a map in my head about how to deal with all of the issues. I had a pad in my pocket. I knew which toilet had a sanitary bin in it. I knew how to use that toilet, how to get to that toilet and how to access that toilet in the school. I knew what to do if that toilet was occupied when I wanted to use it. I had a strategy for what to do on sports day, when the sports uniform did not have any pockets in it. There was a whole range of things for which I had to develop strategies to deal with and be able to continue to access education while menstruating as a 10-year-old.

Since then—in high school, at university and in my professional life—I have continued to rebuild those mental maps and find other strategies to deal with the situations as they developed. I challenge you to find anybody with a period who works, for example, in an office who does not know who the person is that they can go to who will have a spare tampon when they need one.

Everybody has that map in their head, and it takes up some space. I do not know what else I would have done with that space if I did not have to build that map and think about those issues. But I did not think about it. I did not really think of it as a privilege at all. It was mildly irritating, and mostly annoying, that I had to think about it when I did have to think about it.

I then started working for the CFMEU. I started working for the women who are members of the CFMEU, who work in largely blue-collar workplaces which are profoundly gender segregated. These women work in situations where they might be one of a couple of hundred people on a building site. They might be the only woman working out of their depot in the ACT government. They are very isolated.

Those women do not have the privilege of building a map like I did, because, quite often, there are no amenities for them to access. There is no point in having a strategy about which is the best toilet to use when there is no toilet available in your workplace. Frequently, these women contact the union. They could be working on an ACT government road project, for example, as happened within the last two weeks. They contact the union and say, “We’re working out here on the road. There’s no toilet. The supervisor told us we should urinate behind a tree.” That happens so often that our organisers know how to deal with it without my assistance. They do not need any more training. Those types of issues happen so frequently that it is on our checklist so that organisers know how to try and deal with it before it arises. It is a frequent and common issue in the construction industry and in blue-collar workplaces.

The maps that those women make are about how to deal with a period when you cannot dispose of your tampon or pad, how to change your period product, what to do, and whether you should go to work at all if you have your period. Is it too difficult, is it too hard, to deal with the situation where you do not have access to amenities?

Often, those women are in very vulnerable, insecure situations of employment. They are often casual. They do not have access to paid leave. If they choose not to go to work then they are not getting paid. The choice is to get paid or have no access to a toilet when you are menstruating.

I suppose the facile response to that would be to point out that the Work Health and Safety Act creates rights to have access to toilets and sanitary disposal amenities. To assume that is sufficient is to ignore the real effects of period stigma and the imbalance of power that many of these women experience at work. Just like the 10-year-old me, they would rather not have to raise these issues with their inevitably male supervisor, with the male construction manager, with the male site manager or the male foreman. They do not want to; they would prefer not to do so. Sometimes they wait for weeks to come to the union and tell us about it. They deal with it on a long-term basis because they do not have any other solution and there is no other way of dealing with it.

Maybe you think, “That’s blowing it out of proportion. Period stigma is not all that significant.” If there is a full roster of what I assume will be mostly women coming along here to talk to you about it, you could think, “It can’t be that bad if these people are brave enough to raise it.” You have to recognise that each of those women who shares their story today, who makes a submission, is doing emotional labour on behalf of this committee. They are speaking probably at some personal cost about issues that may have been traumatic to them, or traumatic to the women they represent. When women come and tell us these stories, they are often very upset about it.

The effects of period stigma are real. It is important to recognise that this bill will take some steps to address them, but the reality of the situation right now is that that stigma, when combined with economic vulnerability and extreme gender segregation in male-dominated industries, is a risk to the health and safety and an affront to the dignity of the women working in the CFMMEU’s industries that I represent today, including many blue-collar workers in the ACT public sector.

THE CHAIR: Thank you very much, Ms Read. Dr Paterson, I am happy for you to have the first question.

DR PATERSON: Sure. Thank you very much for sharing your story. I really appreciate the guts that it takes to do that. You speak a lot about toilets and the issues around toilets. The bill talks about suitable places, and approved suitable places. Do you think there are other places where it would be suitable to have these products accessible to your members?

Ms Read: My understanding of the structure of the bill is that it is in two segments. One deals with suitable places for the distribution of period products and one deals with access to amenities. While the union is supportive of those parts of the bill in relation to suitable places, it is not our major concern as a representative of working people. The elements that are about access to amenities, particularly in the workplace, are our principal concern. I think it is important that there are also amenities in proximity to anything that is declared as a suitable place, for obvious practical reasons.

DR PATERSON: You speak in the submission about insecure working arrangements

and that basically the challenges are exacerbated in those situations as well. Is there some information that you would like to provide to the committee about how we could support those women more?

Ms Read: Yes. I have an example told to me by a member of the union who was working on an ACT government road project in a distant part of the territory—Tharwa or somewhere in that direction—out on the road, quite isolated, with no public toilets or anything even close. A portaloo was supplied but it did not have any sanitary disposal facilities. This woman was wrapping her used tampons in a plastic bag, putting them in her pocket and taking them home. She was working 12-hour shifts, which is pretty normal on those jobs, because you go out a long way and then you come back. It is necessary for her to be able to change her period product during the course of her shift.

I said to her, “We can raise this issue. You have a right to have that sanitary disposal; it’s in the Work Health and Safety Act.” She said, “No, I’m a casual. I like this job. I need this job. I don’t want to raise it, because I don’t want to be more expensive than the next man who comes along and who is able to do it without access to that sanitary bin.”

What I think needs to be done to support people in that situation is to make it a feature of the procurement code that that is one of the things that is assessed and considered under the Secure Local Jobs Code, which is what the bill talks about. It makes it an obligation for the secure local jobs registrar to inquire into the circumstances in which people who are code certified are providing access to amenities, and to make it a requirement for them to do that in a manner which reflects the dignity of the people who use them. Instead of making it a matter for the individual to complain about, you make it a requirement of the procurement code.

THE CHAIR: I am interested in what you think the government could do to support employers to make access to safe and appropriate facilities more readily available. In the example that you provided in your opening statement—perhaps naively glass half-full—I would optimistically like to hope that that was naivety and ignorance as opposed to a purposeful decision to exclude people from having appropriate spaces. What do you think the government could do to make sure—the code that you mentioned is one thing—that there are additional government supports to ensure workplaces are appropriate?

Ms Read: Women have difficulty getting employment in the construction industry because on one level employers say, “I don’t want to hire that person because I would have to give them a special toilet.” It is not apocryphal and it is not anecdotal; these things happen all the time. Education plays a role in making sure employers are aware of their existing obligations. Using the procurement code means that it becomes more desirable to provide those facilities as a matter of course, because you then become eligible for ACT government construction work. If you are just providing them and there is no incentive, then it becomes a barrier and a cost.

THE CHAIR: It being 3 o’clock, thank you very much, Ms Read, for appearing before the committee. We appreciate your evidence and the presentation from the CFMMEU. When available, a copy of the proof transcript will be sent to you, to

provide an opportunity to check and identify if there are any errors in transcription.

I do not think that you took any questions on notice, but if you have any more information, you can provide it to the committee in the coming days. If you are anything like me, things percolate immediately after a meeting. Feel free to send them through to us as well. We thank you very much for appearing today.

Ms Read: Thank you.

KILLEN, DR GEMMA, Head of Policy, ACT Council of Social Service
DARUWALLA, MS AVAN, Policy Officer, ACT Council of Social Service

THE CHAIR: We will now hear from representatives of ACTCOSS. I welcome Dr Gemma Killen and Ms Avan Daruwalla, representing the ACT Council of Social Service. On behalf of the committee, thank you for appearing today and for your written submission. We would be happy to hear an opening statement. Could you acknowledge that you have read and understood the privilege statement?

Dr Killen: I have read the privilege statement. We have a very short opening statement; it will not take long. Thank you for inviting us to appear and for holding the inquiry. We think it is a really important issue.

We want to begin by noting that period poverty is part of a broader poverty problem that we face here in the ACT. While we welcome the intentions of the bill to address period poverty specifically, and to provide menstrual products and facilities across the community, we want to see this happen as part of a wider approach to addressing poverty in our community. We would suggest that part of that involves pushing federal colleagues to raise the rate of income support to at least \$70 per day, and addressing serious cost barriers to health care in the ACT. We are happy to take questions.

DR PATERSON: In your submission you talk about access to education on menstruation. Do you have any other ideas or thoughts about how that would be most appropriate in the ACT?

Dr Killen: Like delivering education?

DR PATERSON: Yes, and reducing stigma.

Dr Killen: It is important to deliver education through the school system and, from an early age, age-appropriate education. One of the things that we often miss is that we focus all education methods at school and nothing afterwards. I think there has to be continuous education. There are lots of people who have missed out on education about menstruation or who do not necessarily have it at the forefront of their minds, so I think we need to have continuous conversations. That could be part of workplace conversations. We could deliver education through workplaces, social education, seminars and things like that, beyond school.

THE CHAIR: My question is particularly about public spaces, public bathrooms and public events, and what kinds of specific supports or interventions you think the government can and should make, particularly at government-sponsored events, to make those spaces safe and accessible.

Dr Killen: Providing menstrual products across all bathrooms is really important. Sometimes that seems like a really alien concept, but there was a time when people had to bring their own toilet paper when attending a public bathroom, for example, and now we accept it as normal that when you visit a bathroom there will be toilet paper provided. We should be aiming for a similar outcome with menstrual products,

so that you expect, when you visit a bathroom, that there will be menstrual products and facilities in that bathroom. It is about having them across a spectrum of bathrooms. In women's bathrooms, men's bathrooms and unisex bathrooms, there should be products so that people of all genders can access them and so that they are visible to all members of the community, and everyone knows that menstruation is happening around them all the time.

THE CHAIR: Could I ask a controversial question? I preface it by saying that this is not my view, but a view that has been put to me. What would you say to the critic who says, "People who menstruate should be responsible for procuring their own menstruation products; why should that expense fall upon the state?" I repeat: that is not my view, but I would be interested to hear how you would counter that argument.

Dr Killen: In our submission we relied a lot on stats from the Share the Dignity Bloody Big Survey. There were a few stats saying that there were a significant number of people who could not afford products. Forty per cent had changed to a less suitable product due to cost. Almost 50 per cent of people in the survey had worn a product for longer than advised—longer than four hours—because they could not afford new products. Twenty-two per cent improvised products because they could not afford to buy menstrual products. That tells us there is a significant number of people in the community that cannot afford those products, especially as the cost of living rises. It is a matter of dignity—human rights, I would say—in that we cannot control whether we menstruate, so we should have access to the products, whether we can afford them or not.

MR MILLIGAN: In your submission you comment on the need for the ACT government to provide equitable and affordable health care by increasing the supply of bulk-billing providers. Can you comment on how you think this would address the issue raised in the bill?

Dr Killen: Yes. One of the things we note in our submission is that period pain is also a significant factor in period stigma and missing out on education or work. Again, looking at my list of stats, 48 per cent of people in the Bloody Big Survey had missed class due to periods, 51 per cent missed out on socialising, and 40 per cent sometimes called in sick from work due to their periods. Some of that is because of stigma and some of that is also because of serious issues around period pain.

We know that, because people do not have access to health care, things like endometriosis are majorly underdiagnosed and undertreated. If people had better access to quality health care that was affordable, they would be able to talk about period pain issues and any other health care that relates to menstruation, deal with those issues and deal with much less stigma about them.

DR PATERSON: Could you speak to the importance of providing a broad range of products?

Dr Killen: Yes. Choice is really important, especially when we are talking about stigma, so that people have autonomy about the products they use. There is also a push from some parts of the community to move to reusable products and sustainable products, which is great for people that can use those products. But because of stigma,

some people do not want to. Because people do not always have access to suitable amenities, facilities, to clean those products, they are not always right for people. Avan might want to talk about students and reusable products.

Ms Daruwalla: For a lot of students, access to reusable products is really difficult, especially if they are living in shared accommodation or they are using primarily public bathrooms. They do not have that ability to wash out or clean reusable products and make sure that they are sanitary for them to use again.

DR PATERSON: In the work that you do, are there particular groups in society that you feel are at most risk of period poverty?

Dr Killen: We would be considerably concerned about people experiencing homelessness and people who are leaving family violence situations, or who are still in family violence situations, and who might be experiencing economic abuse as well, who might not be allowed to purchase products that they need to maintain their dignity.

THE CHAIR: I am interested in picking up on an earlier line of questioning from Dr Paterson around education. I imagine that it is not one size fits all; I imagine there is a very different way that you can speak to the experience of people who menstruate and period poverty more broadly in schools than, let us say, with an older cohort. At the risk of being accused of being ageist, my experience is that there is some difficulty in talking about this issue among older cohorts. How would you encourage the government to bridge that gap when developing appropriate education and awareness campaigns?

Dr Killen: I am not an education specialist, and I am sure there are other people who do this as their bread and butter. With many people, approaching conversations while keeping in mind people's level of knowledge is important, and starting conversations around things that are part of our everyday life, rather than talking about menstruation as something that is a health issue—there are parts of it that are a health issue but it is not something that is solely a health issue, a sanitary issue or something that is secretive or mysterious. It is about trying to bring it into more of an everyday conversation, and meeting people where they are at.

Ms Daruwalla: When it comes to health literacy, obviously, it always has to be culturally aware, and the same would apply for differences in age. When we talk about different community organisations and the way that they would distribute products, we discussed in our submission that it would be important that they be briefed that they need to be inclusive and they need to make sure that products are available to all genders. Similarly, they would need to be aware that people are entering the conversation at different levels and might need more information.

THE CHAIR: When you say they should be available to all genders, there might be some people listening or watching who might be challenged by that language. Can you explain why you describe it like that and why it is important to use inclusive language?

Ms Daruwalla: When we talk about menstruation, obviously, people focus on women.

I think we can acknowledge that women are the primary cohort, whilst also acknowledging that gender-diverse, trans and non-binary people often are experiencing periods. When we leave them out of the conversation, it just does more to stigmatise their identity and cause harm to that community.

MR MILLIGAN: I take it ACTCOSS would have a pretty good understanding in terms of the different providers in the community that provide products and support. Can you name some of those service providers, and how do they promote and distribute this support to the community?

Dr Killen: That is a great question. I do not think we have spoken to our members about the methods that they use to distribute products. Certainly, with respect to organisations like domestic and family violence services, DVCS and CRCC both provide products and homelessness services. There are other women's orgs as well.

Ms Daruwalla: Travelling services like St Vincent De Paul or people with food vans would definitely be distributing these products as well.

MR MILLIGAN: What are some of the barriers that they might face in terms of providing this support and reaching out to the community?

Dr Killen: Cost is a significant barrier for the community sector to provide these services. You can talk to Share the Dignity about this, when it is their turn. Some of our member organisations receive donations from Share the Dignity to share with their consumers. Cost is a significant issue.

When consumers come to our organisation, sometimes our facilities are less than appropriate when it comes to having an appropriate space to use menstrual products. We do not always have the best bathrooms or the most accessible buildings, so that can be a barrier to providing the quality of service that we want to provide.

MR MILLIGAN: Do you think that this bill works to address some of those barriers?

Dr Killen: Yes, we are hopeful, but we want to see the bill include funding resources for the community sector to provide these products.

MR MILLIGAN: A bit of funding support for these services providing outreach could be a recommendation in terms of supporting this bill; it is just a matter of putting it in the forward estimates.

Dr Killen: Yes, that is what we would like to see.

DR PATERSON: The bill talks a lot about suitable places. I asked the CFMMEU about this. Apart from toilets, and apart from the services that you run, are there any suitable places that you think would be a great place for products like these to be accessible and available to people, and which do not necessarily require going to a toilet or having to access one of the community services?

Dr Killen: I read some of the other submissions this morning, and one of them noted that in Scotland, in the Scottish model, people can apply to have menstrual products

sent to their house. That would be a great model that we could adopt. Ideally, we could see products available in all public bathrooms, but we could also use things like chemists. With the way that we distribute the rapid antigen tests, for example, through chemists, we could see menstrual products distributed similarly. Pretty much anywhere that people go, it would be great to see free menstrual products available.

DR PATERSON: You could almost do a free menstrual products to concession cardholders type of—

Dr Killen: We would be cautious about means testing menstrual products, with respect to how many people might be in particular situations, such as experiencing financial abuse, where their finances are being monitored; they do not necessarily have access to a concession card but they also cannot use their own money to buy products. There would be some nuances to work out there.

DR PATERSON: Do you see period poverty basically as some people having a one-off incident where they need period products versus someone who needs them all the time because of cost barriers or because they are experiencing a lot of other issues? Would you have any idea regarding the balance there?

Dr Killen: We do not have any idea about the balance.

DR PATERSON: We need to make sure that they are available to everyone, for that reason.

Dr Killen: Yes.

THE CHAIR: I would be interested in your best practice vision regarding a 10, 11 or 12-year-old person who is menstruating for the first time. It is 11 am in a public school. What happens? What are the people around them able to do? What services are provided? How would you, in an ACT public school, as an example, see that being as good an experience as possible?

Dr Killen: Having a variety of ways to access products is good. You might have products available at the nurse's office or at the front desk, as well as in bathrooms. For example, in our office we have boxes in the bathrooms and people can help themselves. There should be education pamphlets and posters available in lots of places so that there are lots of means of educating each other and starting conversations about menstruation.

Ms Daruwalla: I would agree with all of that. A big part of that aspect of health literacy and making sure that the child feels comfortable accessing it or asking their teacher about it is that both menstruators and non-menstruators are receiving the same education, and that it is not a classroom in which only half of the students know about that—or not even half.

Dr Killen: Yes, and the conversation should start well before the menstruation starts, so that, when it happens, people know where they can go, who they can talk to and what is happening.

THE CHAIR: I want your insight on this question: what is the value in ensuring that people who do not menstruate receive exactly the same education about menstruation, access to products et cetera?

Dr Killen: I think we all know people that menstruate, and it is part of the biology of the human race. It is important that we all know how it works, so that there is not this mystery and stigma attached to it.

THE CHAIR: There being no further questions, thank you very much, Dr Gemma Killen and Ms Avan Daruwalla, for appearing today. A copy of the proof transcript will be sent to you in the coming days for you to check for accuracy. If there are any problems, feel free to let our secretary know. Equally, if you think of anything that you want us to know over the coming days, feel free to send that through to us as well, so that it can inform the committee's report.

Dr Killen: Thank you.

BURROUGHS, MS ANGELA, Branch President, Australian Education Union, ACT Branch

HENNESSY, DR BIANCA, Research and Policy Officer, Australian Education Union, ACT Branch

THE CHAIR: Our next witnesses appearing today are Ms Angela Burroughs, the branch president, and Dr Hennessy, the research and policy officer, from the Australian Education Union, ACT branch. On behalf of the committee, thank you both for appearing today and for your written submission to our inquiry. Can I remind witnesses of the protections and obligations afforded by parliamentary privilege and draw your attention to the privilege statement that is on the table? Could you acknowledge that you have read and understood that statement?

Dr Hennessy: I have read and acknowledge the privilege statement.

Ms Burroughs: I acknowledge that I have read and understand the privilege statement.

THE CHAIR: Thank you very much. Do you have an opening statement that you would like to make?

Ms Burroughs: Sure. First of all, the Australian Education Union would like to commend the ACT government on this nation-leading initiative that will enable access to free period products and hygienic facilities in our workplaces, particularly as our members will be by far the largest and most important group to implement this program.

Period poverty is just one manifestation of broader inequality. This is particularly relevant to us as public school educators, when we know that inequality in school education is a serious concern that needs to be addressed by reform of the national schools funding arrangements that are due for consideration next year.

We are looking forward to working with the education department to see this policy that supports education workers seamlessly implemented. It is critical that the implementation does not burden our members further in terms of their workload. Teachers, in particular, are often asked to do more with less. Teachers are often asked to implement social initiatives, such as how to cross a road, how to drive a car, how to swim, consent education and these sorts of things. At a point in time when there is a national teacher shortage, we have to ask: what will give way for us to be able to do this? This is a really important initiative, but we need to ensure that its implementation is properly resourced and supported, so that our teachers, who we acknowledge are already overworked because of a shortage, will be able to successfully implement this process.

Further than that, Dr Hennessy will answer any technical questions about the bill.

DR PATERSON: Around school-specific implementation, I am interested in understanding how you would see that happening and what it entails.

Dr Hennessy: That is the million-dollar question for us. I am aware that a lot of this will be figured out in the next few months with the Education Directorate. The way that these things usually happen is that the Education Directorate gives some guidance and schools have some autonomy about how their school community needs certain things to be applied. We expect it to go that way, but there will need to be some training for teachers who will be delivering a whole new range of health education to their students. We do not know what it will look like.

They will need to figure out: are we going to put them in bathrooms? Is it a front office thing? How can we provide these products in a way that meets the legislative requirements to do with dignity and privacy, as they currently stand? There will also be big logistical questions around availability and how to stock up on those kinds of things. There will be questions around how to communicate with parents and families around this.

The simple answer is that we do not know what it will look like, because we have not yet seen any consultation between the directorate and our members. We are waiting for the legislation to be passed first.

DR PATERSON: We heard from a witness before who described her experience as a 10-year-old having to navigate a school system. Do you think there should be more consultation with, or engagement of, students in this process, regarding their own experiences?

Dr Hennessy: Yes. One of the things we noted in the submission was that accessing products in a way that gives people dignity might include age-appropriate decision-making and a participatory process that could form part of the education required. Certainly, that will be necessary because we know that most people who menstruate start menstruating at about 11, so we are looking at primary schools.

As Angela said, we need to do that in such a way that as many resources as possible are created by ACT Health or the Education Directorate and supplied to schools in an easy-to-use format so that teachers are not designing their own curriculum around these things. It should also be school specific as to what programs they already have in place and what services they are connected to.

Ms Burroughs: The major change is likely to be in the primary school sector. A number of schools will already have a program for free distribution of period products; it is just not necessarily systemised. With primary schools it is a bit trickier. Your question was about whether there should be student consultation. At the primary school age, it is more likely that parents and carers will want to be involved in that consultation than students at that age. At the high school level and above, it would be great for there to be student consultation in the mix.

At the moment, in delivering the health curriculum, it still remains a contested space for primary school teachers, in that it is one of the few areas, or probably the only area, that I have ever taught where a parent will withdraw their child because they do not want that information being communicated to them by a teacher; they want to do that from a parent's perspective.

THE CHAIR: From what you have said, it is split in two. Teachers, naturally, will be expected to deliver the education, because that is what teachers do. It sounds like the challenge will be how we eliminate the administrative and logistical burden of installing the appropriate disposal facilities and ensuring that access to these products is promoted amongst the schools. We do not want to see this type of thing fall to teachers. Would that be fair, in terms of what you have said so far? Or would you suggest bringing in external educators who perhaps specialise in health education? The point of my questioning is to find out how we can make sure that this reform is a success without putting an additional burden on teachers, as you have articulated.

Ms Burroughs: Oddly enough, this is one of the most awkward parts of curriculum implementation that many teachers experience. It is an area where the expertise of health practitioners is often drawn upon, particularly in meetings that also involve parents and carers, just to explain what is going to be taught and what is not going to be taught. They are excellent resources, and our members would appreciate some support from medical experts in terms of providing some guidance in relation to curriculum delivery. But you are right; there is then the logistical and the facilities or infrastructure side of things that should not involve teachers. It will involve the administrative side of school operations.

THE CHAIR: Perhaps we should have the Education Directorate here, but your members work in schools, so perhaps you can tell me: in terms of appropriate bins being provided in schools as well as the promotion of these products being accessible and where they are accessible, none of that is systemised at the moment. It is a case-by-case, school-by-school approach at the moment?

Ms Burroughs: I was referring to the fact that free access is not necessarily systemised. Initiatives from individual schools have made period products freely accessible. In terms of the provision of infrastructure, I do not know; that would be a question for the Education Directorate.

THE CHAIR: Would it be the union's position that a systemised approach to purchasing and distributing amongst schools would be the best way to see that this bill is successful, as opposed to case by case, school by school?

Dr Hennessy: I would say so, when we consider the issue of school budgets. Often, the way that we fund things in schools is that we give a school a big envelope of money and give them some guidance about how they should spend it. It means that schools that experience particular challenges have to spend more on those challenges and might be able to spend less on other things.

I would not want to see a way of funding this that disadvantages schools that have a bigger population of students who might need to access the products. Systematic, global-level resourcing and funding would be something that school principals would enjoy; otherwise they are the ones who need to say, "We can't afford this product because we have to pay for a casual teacher," and that kind of thing. We do not want to put them in those difficult situations any more than we need to.

MR MILLIGAN: In your submission you raised concerns about what would happen if someone reported a lack of access to facilities, and their report not being addressed

in a timely manner. What exactly are your concerns?

Dr Hennessy: We do not know what would happen. The bill does not tell us what the process is. In the submission we name a few possible routes that a worker or their representative might take. They might go to the Human Rights Commission and they might lodge some sort of complaint, but it is not specified. If the bill was a little more prescriptive in that regard, it would clear up any confusion about what people should do if a directorate does not fulfil its duties.

DR PATERSON: Are there unique issues around your membership, teachers who work in schools, around the issue of period poverty—for teachers, not so much for students?

Dr Hennessy: It is a tricky one because if there were, we would not know about it, because it is something that people do not really talk about.

Ms Burroughs: I would say that, from what we are hearing, it is period poverty for students rather than for teachers. For teachers, the issue is having the time in the day to be able to even get to the bathroom.

THE CHAIR: On behalf on the committee, thank you both for appearing. We appreciate your time and the submission from the AEU. A copy of the proof transcript will be provided to you in the coming days, to check for accuracy. If there is any further information that you wish to provide to the committee based on your presentation today, feel free to send that through to us, to help with the report.

ANTHES, MS LAUREN, Chief Executive Officer, Women’s Health Matters
LISTO, DR ROMY, Senior Health Promotion Officer, Women’s Health Matters

THE CHAIR: I welcome the representatives of Women’s Health Matters. Could you acknowledge that you have read and understood the pink privilege statement that is on the table?

Ms Anthes: I acknowledge that I have read and understood the privilege statement.

Dr Listo: I have also read and acknowledge the privilege statement. I would like to start by acknowledging the Ngunnawal people and pay respects to elders past and present. I thank the committee for the opportunity to appear today.

Women’s Health Matters supports the Period Products and Facilities (Access) Bill, which we view as a step towards improving the health and wellbeing of women and people who menstruate and promoting gender equality in the ACT. Period poverty is a serious problem affecting a significant number of people in the population, and there is very limited data about the prevalence of period poverty in Australia or its impacts on different groups.

However, we believe it is reasonable to expect that women and people who menstruate on low incomes who are experiencing homelessness, people from migrant and refugee backgrounds who are students, and trans men and non-binary people experience period poverty most significantly. Period poverty might lead to an overuse of products or inappropriate substitutes. There are significant and serious health impacts, including toxic shock syndrome, and feelings of shame that are associated with this.

The bill defines period poverty as a lack of access to period products or appropriate facilities and sanitation, and a lack of access to information for a person to manage their period. We think that this multifaceted definition is a real strength of the bill, but we believe that these aspects of period poverty could be dealt with more evenly across it. In particular, while access to period products is provided for in educational institutions and community facilities via the bill, access to sanitation and facilities is dealt with in territory workplaces and funded workplaces. Given that there is a limited amount of information about the prevalence of period poverty in the community and who it affects, we think that a universal approach to both access to products and sanitation and facilities should be considered.

One of our functions as an organisation is health promotion, and we are pleased to see the inclusion of information provision in the bill. Although we recognise that it is not really the place of the bill to go into this in further detail, we think it is critical that this information is accessible, age appropriate and culturally safe and appropriate. This means consideration needs to be given to how to tailor health promotion strategies to different groups in the community.

For this purpose, we urge the ACT government to go beyond online approaches, to use multiple modalities and collaborate with the ACT community and health sectors. So that the bill contributes to destigmatising menstruation more broadly, we believe

that consideration should also be given to how to provide information to those who do not menstruate as well, as some of the other witnesses have mentioned. There is growing public awareness and research into the management of menstruation-related conditions such as endometriosis and polycystic ovarian syndrome. The provision of information is also an opportunity for health promotion and service navigation for painful and irregular periods.

We have some concern around the definition of “dignity” in the bill, as the examples currently given appear to reduce it to the concept of privacy. We think that dignity involves much more than privacy, and it will mean different things to different people. We think it is appropriate that the meaning of “dignity” is defined more in access guidelines and in specific circumstances, in consultation with different stakeholders.

Finally, in our submission, we also encourage the government to give consideration to developing and piloting a reproductive health policy. Research has found an association between endometriosis diagnosis and people leaving the workforce. We believe strategies to help people stay in the workforce are also important in addressing period-related poverty.

Among other things, reproductive health policies allow employees with painful or difficult periods to access paid leave, ensuring they are not financially disadvantaged by the indirect costs of menstruation. Women’s Health Matters has recently developed our own reproductive health policy to normalise and destigmatise reproductive health, including periods in our workplace.

Again, we wish to express our support for the bill, which we view as supporting better health outcomes for people who menstruate and also gender equality by normalising and breaking down stigma around menstruation.

DR PATERSON: I think it is a lot easier for people to conceptualise education and information in a school setting, for example. But once we leave school, it seems that it is pretty broad. How do you give people information and reduce the stigma? You spoke about workplaces. I do not know what your views are and whether you see workplaces as being appropriate for the dissemination of information or health promotion campaigns, or whether you see that health promotion needs to be at the population level and a broad ACT government initiative type of thing.

Dr Listo: There are probably a number of different ways to approach it, and probably a different combination of things would be the most effective. One part of the problem around period poverty is around stigma, and that goes across the population. I think that a health promotion campaign that would address something like that could be quite effective in that regard.

In terms of things like service navigation, more information about menstruation-related conditions or how to use particular products, because we know there might be the provision of new products for people—for example, some of the more sustainable products that are on the market now—that might be better suited to the settings in which people are accessing the product, which could be workplaces or community facilities.

It would be absolutely worth considering further consultation with members of the community to work out what will be the most appropriate and effective methods of communication. There is so much stigma around this topic, and that is different in different communities. It will require a tailored and appropriate approach.

DR PATERSON: With what you are saying about different communities, do you work, as Women's Health Matters, with different communities around period poverty?

Dr Listo: We have not, specifically. We did a small amount of consultation on the exposure draft of the bill with a migrant and refugee women's organisation, but we have not done work around period poverty.

DR PATERSON: In your submission you mention women with disabilities and the challenges that they may face—broad social exclusion, lack of infrastructure and discrimination. Do you see that any measures could be put in place that would specifically target those women or how to support them regarding period poverty?

Dr Listo: For women with disabilities specifically, absolutely; making facilities as accessible as possible within the ACT government scope would be a good move going forward. That is one of the areas where information provision needs to be tailored. There are some great existing resources that are specifically targeted to people with disability about how to manage periods and how to use particular products. Taking a tailored approach would be important.

DR PATERSON: Working with different community organisations, and that type of thing.

Dr Listo: Yes, absolutely.

Ms Anthes: Based on your questions, and talking about women with a disability, people from different communities and backgrounds, workplaces and where to educate, overarching all of that, work around normalisation and destigmatisation is key. Normalisation and flexibility across a range of different facilities and areas are something that we would want to emphasise. It is where something like a reproductive health policy and education come into play. Being able to normalise conversations about this in various different settings and having that level of normalisation and flexibility will go towards supporting other cohorts like women with disability as well.

Dr Listo: The other thing that I want to add is around the kind of products that are available. The bill talks about a reasonable range of products. It is important that that includes the ones that we know are more accessible. That would be pads and tampons.

THE CHAIR: I am interested in your second-last recommendation:

... that in the formulation of the access guidelines, the responsible Senior Executive and Team takes further consultation with groups likely to experience period poverty ...

Would you see that as the government seeking out and then consulting itself with

some of these groups that are more likely to experience period poverty, or would you see a better outcome being achieved if the government outsourced that to leading community organisations who already have trusted relationships with the vulnerable communities that they support and serve?

Dr Listo: Probably the latter would be the most effective. As you said, it is important that there are those trusted relationships, to be able to have more effective consultation.

Ms Anthes: Being led by the community and directed by the community that it affects is critical. Regardless of whether we are looking at implementation in government or more broadly, one of the benefits of being able to move outside government and engage with organisations that have those trusted relationships means that there is potentially broader applicability from a universal perspective, not just within government.

Dr Listo: The other thing to note with the access guidelines is that they would differ for different settings. That kind of approach might be easier to implement as well.

THE CHAIR: You also spoke about multiple modalities, in terms of developing that education material and resources, particularly in collaboration with community organisations. For the layperson, what do you mean by different modalities? Do you mean not just online but also print, do you mean different ways that content is created and broadcast, or a bit of both?

Dr Listo: I guess a bit of both. What we know from our research over a number of years is that people access information about health in different ways, and it is not just online. That is a really important part of how people access information about their health, but we also know that some people prefer to find out, particularly around sensitive health topics, maybe in a community forum setting; maybe they do not have a lot of online access, so they need printed resources. People engage with information in different ways, so we think there would be a missed opportunity with this bill if it did not look at a number of different options for informing people or promoting period products and information.

MR MILLIGAN: In your submission you recommend that further examples of “dignity” be provided, beyond the concept of privacy. Can you comment more on that? What else would you like to see included as an example?

Dr Listo: It is more that we think that the bill might not be the best place to define what “dignity” means, rather than providing additional examples. It may be better suited to something like the access guidelines, which might be tailored to the different settings in which they will be implemented. For example, what will be appropriate in terms of dignity for someone who is trying to access period products in a primary school setting will be quite different from someone who is trying to access products at a homelessness service. Rather than trying to define that in the bill, it is important to think broadly about what that might mean for different people and to give advice to the settings that will be implementing this piece of work through those guidelines.

THE CHAIR: Given the time, I would like to thank you, Dr Listo and Ms Anthes,

for appearing today on behalf of Women's Health Matters. A copy of the proof transcript will be forwarded to you in the coming days to check for accuracy. If there are any mistakes, let us know. Otherwise we thank you very much for your appearance today and for your detailed submission.

RAHMAN, MS KISHWAR, Director, Dal Cuore

THE CHAIR: We will now move to our next witness, Ms Kishwar Rahman from Dal Cuore. On behalf of the committee, I thank you very much for joining us. I remind you of the privileges afforded to you under parliamentary privilege. The committee hearing today is being recorded and a *Hansard* transcript will be made of the proceedings. Would you please provide the capacity in which you appear and acknowledge that you have read and understood the privilege statement?

Ms Rahman: My name is Kishwar Rahman, and I am one of the three female co-founders of Dal Cuore. I acknowledge that I have read and understood the privilege statement.

THE CHAIR: Thank you, Ms Rahman. Would you like to provide an opening statement?

Ms Rahman: Yes; thank you. First of all, I would like to start by acknowledging the Ngunnawal people, on whose country we meet today. Thank you for the invitation to appear at the inquiry today. I would like to emphasise a couple of points that we made in our submission and maybe go through some of the nuances.

Firstly, the proposed bill currently envisions that access to period products will be through public places determined by an approval process. We have ongoing issues with the notion that it is going to be a fixed place from which the period products will be accessible, because for those experiencing period poverty this may not be the case at all. For example, as we have already indicated, online ordering accompanied by postal delivery is something that needs to be considered.

Furthermore, there needs to be greater user research on how people experiencing period poverty are coming into contact with community organisations that provide community services. In other words, what are the contact points between service providers and the targeted clients under the bill? What, if any, are some of the triggering events for these points of contacts? What is the frequency of these contacts? Are the services being delivered from a fixed place or through mobile or alternative means such as iPhone? This was something that was touched upon by my previous colleagues—if I may refer to them as such—in terms of the modality of some of the service delivery.

Also, there is an underlying assumption that people can travel to a fixed place and also have the means to travel to a fixed place, which we have some issues with. For example, the notion of a fixed place does not help menstruating persons that are fleeing domestic violence situations or are caught up in acts of God, such as fires, and random events such as the pandemic, which has seen a lot of people spending time at home isolating for longer periods of time than two weeks because family members have also become infected with COVID. Therefore, limiting accessing period products through fixed places needs to be user tested before deciding that it is actually enshrined in the proposed legislation.

The second point we wanted to draw out a bit further was that the legislation is

heavily favourable towards students or people participating in the education sector. We are concerned that this does not address the fact that we have an ageing population, with a vast section of this demographic experiencing perimenopause and menopause and health challenges associated with this phase of the menstruation journey. The barriers faced by these persons are not necessarily the same as those faced by a younger cohort, and their willingness and the barriers they face to go to a public fixed place to pick up period products also needs to be researched and understood. Once again, user research needs to be conducted as to what their touchpoint is with community services and what their willingness is to pick up period products from these public places.

Thirdly, menstrual and hygiene information for persons experiencing perimenopause or full menopause will likely be very different than for those who are at the beginning or middle of their menstruation journey or information relating to menstruation after giving birth. These are just some examples and do not cover the cohort of menstruating experiences. The risk of ignoring the small mature cohort of persons experiencing menstruation and, more specifically, perimenopause and full menopause is that their ability to contribute socially, culturally and economically in their communities is also then dismissed and devalued.

I also want to note—and I know that there have been some observations in the submissions that have been made—that it is actually refreshing to see some gentlemen presiding in this standing committee enquiry, because it means we hopefully will have more champions in men in discussing period poverty in our community, regardless of gender barriers, because men are also partners, friends, husbands, fathers and sons and are related to menstruating people. Removing the shame around discussing menstruation, which is experienced by half of our population, will also assist in information dissemination and address the myths about menstruation and menstrual hygiene. Thank you.

THE CHAIR: Thank you, Ms Rahman, I appreciate that. We will turn to Dr Paterson for the first question.

DR PATERSON: Thank you for your opening statement. I want to explore this idea that you touched on in your submission around access outside of normal business hours. Talking, for example, about schools, what do students do outside of school hours? And it is the same for workplaces. You can ensure access during those times, but I am interested to know what you would propose as a solution to that problem.

Ms Rahman: I think there is a combination of solutions, but they do need to be user-research based. I am not going to pretend to be one of those people who are systematically affected by period poverty. I was when I was fleeing a domestic violence situation and access to a whole lot of things, including period products, was obviously an issue. My touchpoint with community services did assist but they were during office hours, so to speak—nine to five. I think one could be looking at touchpoints where children or other people might safely access those services and whether that means, for example, that it is outside Woolies at Dickson, which can be safe at certain hours on weekends and not at others. Safety is a big consideration that needs to be factored in in determining what those access points are after hours. They can be supplemented by online and postal service delivery. But, obviously, that does

not cover a whole range of people who still may be experiencing period poverty.

DR PATERSON: And then I guess you run into the issues around stigma. If you did have a vending machine or something at the front of Woolworths, I would imagine that would be quite challenging as well.

Ms Rahman: Yes; you do not necessarily want to be seen loitering outside a vending machine that sells those products. Just as an idea, mixing of the products might assist—so that you have the choice between getting some tampons and a Snicker bar, for example, and it is not an isolated product vending machine. That may be another solution. Safety is a big consideration as well—and, yes, people do menstruate after hours.

DR PATERSON: Yes.

THE CHAIR: Ms Rahman, in your submission, you cite the government of Scotland on a few occasions for their model of providing universal free access to period products. Would it be fair to say that internationally that is best practice at the moment, the model of the government of Scotland?

Ms Rahman: It is one of the main practices. My understanding is that the Victorian government is also looking at adopting a model similar to that—ensuring that products are available not just through the public education systems but through a variety of other channels as well. I think we need to look at the user research and the data that comes from it. One of the things that is hard to find—including in the model that is being proposed here—is how we are going to measure success and that we are actually reaching the right people, who are in fact suffering from period poverty versus those who may be taking advantage of the system. On the one hand, we do not want to make the criteria for period poverty too onerous, which was highlighted in the legislation. We do not have to need people to show their bank balance or have a discussion around the economic status in order to access those products. But it also needs to be a balanced with ensuring that we are hitting the right people and are talking to the right people to ensure that we are not missing these people.

Going back to the Scottish example, we have not been able to discover some data on whether they are hitting the right target client groups. They have taken a universal approach, but it is not clear whether they are getting through cultural barriers and physical barriers in terms of travel and getting to places where they can actually pick up those products during the opening hours. The councils also operate nine to five, mostly.

THE CHAIR: That was actually going to be a follow-up question that I was going to ask you regarding point 2, where you note that you are concerned that a person's eligibility to access free products is subject to an assessment of the person's—to quote the bill—'financial, social, cultural and physical circumstances'.

Ms Rahman: Yes.

THE CHAIR: Would you see an arrangement like the one described, like in Scotland, where you can order online and receive through the post, as one that would perhaps

challenge those suggestions in the bill? Do you think that, if universality is better practice, perhaps, the bill should be reformed to remove those sorts of prerequisites or standards?

Ms Rahman: There are two parts to your question. One is those four elements—the financial, social, cultural and physical circumstances. The other is the postal service and online delivery. They are intertwined in so far as it assumes people have access to the internet, the literacy and the knowhow. I work in the digital technology delivery side, so yes, I do, but not everyone does. Also, in times of crisis, the last thing you think about is going online and getting things delivered, because you may not actually have a fixed address. So those are some things to consider.

I think with the terms ‘financial’, ‘social’, ‘cultural’ and ‘physical’ circumstances, they have tried to capture different categories and say that these are some of the barriers that are being faced. The ‘physical’ touches on the travel issue that I have raised; that it assumes people have the ability—physical ability but also transport and access to funding—to get to a location. I think that is a big assumption. As to whether the postal solution will address all their needs, I do not think that is the full solution either.

So this then goes back to finding out what the touchpoints are of these people who are isolated to ensure that they also have the ability to collect some period products. And they might not be as glamorous as we think. They could be things like: are they going to an ATM; are they going to Woollies; or are they going to a police station to report domestic violence? So they might not be as safe as some of the environments we have considered but they are nevertheless touchpoints that are experienced by those people.

THE CHAIR: I have many follow-ups but I am conscious of the time, so I might defer to Mr Milligan.

MR MILLIGAN: In your submission you say that you believe that the definition as written in clause 6 of the bill is too broad. Can you comment a little bit further on that?

Ms Rahman: We suggested that perhaps the conflation of the terms ‘period products’ with handwashing facilities and waste management facilities is perhaps taking it too far. In the individual private domain, waste management facilities tend to be a lot more basic, like your rubbish bin or flushing down the loo, to be blunt. I think it conflates issues of the actual period poverty being expressed, where you do not have access to the products themselves, which is quite critical, versus how you get rid of those products and also information about those products.

We thought A and B together made sense. But when you then start going into whether you have access to toilets, handwashing facilities and waste management facilities—even though it is expressed in terms of ‘either of the following’; so it is one or any of the others—there should perhaps be two separate categories. One is more relevant in the facilities in the public service domain. There are some good discussions about ensuring that the ACT government, in its procurement practices, ensures that any tenders that go out for building facilities meet certain toilet, WHS and other requirements; versus in the private domain of individuals who might be experiencing

period poverty where access to those products is actually the first starting point.

MR MILLIGAN: Excellent. Thank you.

THE CHAIR: On behalf of the committee, thank you so much, Ms Rahman, for appearing today and for the submission from Dal Cuore. It is very much appreciated. Over the coming days, the secretary will forward you a copy of the proof transcript to check for accuracy. If there are any mistakes, please let us know. Thank you again for your submission and for appearing today.

Ms Rahman: Thanks very much.

Short suspension.

McINTOSH, MS PAULA F, Teacher, Friends from Zero Waste Schools Australia

THE CHAIR: We are now going to hear Ms Paula McIntosh from Friends from Zero Waste Schools Australia, via WebEx. Thank you very much for appearing today. I remind you of the obligations and protections afforded to you under parliamentary privilege, which are outlined on the privilege statement, which I understand have been emailed to you. Before we begin today, would you mind confirming the capacity in which you appear and acknowledge that you have read and understood the privilege statement.

Ms McIntosh: I appear as part of Zero Waste Schools Australia and I am a teacher in a Victorian high school. I have read and understood all of the terms and conditions for today.

THE CHAIR: Thank you, Ms McIntosh. Would you like to begin with an opening statement?

Ms McIntosh: Yes. I would like the committee to know that I am here to share my experiences and observations around the provision of single-use pads and tampons in the Victorian public school context, and I am hoping that the ACT might be able to learn from some of those experiences that I have. I have worked in Victorian public schools for over 20 years and I worked at Melbourne Girls' College for a number of years. I am now working in a different high school at the moment.

At Melbourne Girls' College, we had a real focus on trying to reduce our carbon footprint, and waste was a big part of that. When, in 2020, the Victorian government said that they were going to roll out the provision of single-use pads and tampons to all schools in Victoria, we knew that that was going to have a big impact on the amount of waste that we were sending to landfill as an organisation. We really did support the government's push to try and reduce period poverty and also to reduce the cost of living on Victorian families. But we also thought that those aims could be achieved in a much more sustainable way.

So my students and I, as part of our sustainability team, started an online petition called 'Ecofriendly periods for big schools'. We got around 2,000 signatures for that petition, and a company called Modibodi saw the petition. The committee might not be familiar with Modibodi. Modibodi are a reusable period underwear company. They saw the petition that my students and I put together and they contacted me. We started a project together, because we basically wanted to show the Victorian government that their aims of reducing period poverty and reducing the costs of living on families could be achieved in a much more sustainable way.

Modibodi provided five pairs of period underwear to 60 of our volunteer students throughout the school. I have to say it was a pretty fantastic project that we were able to roll out within the school and it had a great impact on reducing the amount of waste that the school was sending to landfill but also on the learning of our students. We did a pre-use survey and a post-use survey, and I am happy to share my screen and show some of the comments that the students said after using the period underwear for a few months.

Perhaps, though, I can go back and just give you a little bit more detail around the actual dispensers that are now sitting in all of the female toilets in Victorian public schools. The Department of Education partnered with a company called Asaleo. Asaleo are a company here in Springvale, not far from me, who produce Libra and Stayfree single-use pads and tampons. The deal was that Asaleo was going to provide the Victorian government with the dispensers for free. They put them into the toilets and they actually provided the units as well, and they did that for free. The trade-off was that the Victorian government would buy the single-use products, from Asaleo. So that was the deal that was done.

We noticed a huge amount of waste in our school after the dispensers were put in. I popped into one of the toilets today and, if I can, I will show you what they look like. What I am holding up is the pack of eight tampons that are stacked up in the dispensers. Of course, every tampon is wrapped in plastic. I am not sure if you can see it, but each of the eight tampons are also wrapped in single-use plastic as well, and I am holding up one of the pads.

The company, Asaleo, said to the Victorian government that the dispensers that they had designed were designed to be anti-theft and to reduce product wastage. The dispensers have this sort of slow-release technology, this lever, that kids would push and the tampons and the pads would come out slowly. If you actually look at the dispensers, the pads are all packed in on top of each other and kids can actually pull out three or four at a time very easily.

What also happens is that students will grab a pack of tampons and take two or so out of the packet and the rest, as per what I am showing you, are just left sitting on the bench in the toilet. The cleaners will come along and put those in the bin. So a lot of product was actually getting wasted, not to mention all of the waste like the plastic that is just left on the floor, the pads stuck on mirrors and walls and all that sort of thing as well. If you went to my Instagram, you would see photos of it. If you went to Zero Waste Schools Australia, you could see photos and evidence of that. So the slow-release, low-waste and low-theft technology has not really been fit for purpose.

Teachers who care about the environment and who are involved in sustainability, like me, are a little bit disappointed with this initiative. It has cost the Victorian taxpayer \$21 million over three years. It will be reviewed at the start of 2023, so I am led to believe. I do not know if I am allowed to share my screen. Am I allowed to share my screen with you to show you some of the numbers?

THE CHAIR: I do not think so. No; I am sorry, Ms McIntosh.

Ms McIntosh: That is all right.

THE CHAIR: What we might do, if it is all right, is move to questions now. It is not that I want to cut you off. It has been very interesting, but I am just cognisant of the time. You could, however, forward that information to the committee after the hearing and we may be able to accept it as an exhibit, so we could take a look at those things.

Ms McIntosh: Okay.

THE CHAIR: Given the time, would it be all right if we move to questions?

Ms McIntosh: Absolutely.

THE CHAIR: Wonderful; thank you. I will defer to Dr Paterson for the first question.

DR PATERSON: I was just wondering about your experience working with students from different cultural backgrounds and how you have gone about engaging with, I guess, the stigma and different cultural views about periods but also in terms of your zero-waste objective and the response that you have to that.

Ms McIntosh: At Melbourne Girls' College, we have an environment team and there are over 50 students in that team from all different walks of life. The way that we tackled this was through our curriculum. We have had a push on trying to get our students to use reusable sanitary items as much as possible, and we have actually tackled that through the curriculum—usually through the health and PE curriculum. That goes out to all students. On the uptake of the project that we did with Modibodi, there were students from all different cultural backgrounds that put their hands up. It was a completely voluntary initiative. We had students from all different cultural backgrounds that wanted to participate. There did not seem to be any stigma, from a cultural perspective, that came through to me.

DR PATERSON: Thank you.

THE CHAIR: Thank you, Dr Paterson. Ms McIntosh, I can only imagine that you will be participating in the review the Victorian government will run into this program when the time comes.

Ms McIntosh: Yes.

THE CHAIR: From your early assessment, if you had to isolate the biggest thing that, if you were designing and implementing the Victorian program, you would have done differently from what you have experienced, what would be the biggest thing you would change?

Ms McIntosh: I would not provide single-use pads and tampons to Victorian public school students. I would use that money to provide them with reusable period underwear, which lasts longer than three years and, on my numbers, gets much better bang for the taxpayers' buck. That \$21 million divided by the number of menstruating students in Victorian high schools, means that students could get, at retail cost, six pairs each, which will last a lot longer than three years, which is the duration of this initiative.

THE CHAIR: Okay; great. As a follow-up on that, what sort of resistance, if any, did you experience from your students and their parents and carers? I assume that, with these reusable products that you were introducing to the young people, many of them would have been hearing about this or learning about this for the first time, and many of their parents and carers would have been as well. They would have been familiar with these single-use products. What kind of resistance did you meet in the first

instance and how did you combat that?

Ms McIntosh: There was not very much resistance. There were a couple of parents that contacted the school principal as they were a little bit worried about privacy kind of issues. That was very quickly dispelled once they were armed with a little bit more knowledge of what we were actually trying to achieve with the project, and it really became very much, 'I want in with this.' There was not a huge amount of resistance at all. But you have to bear in mind that Melbourne Girls' College is in Richmond. It is a very 'woke' community that we are dealing with. Adam Bandt is the local member. People are very switched on to issues surrounding sustainability, and we have got a very supportive parent body that actually works with the sustainability team and has done for years.

So it was not too difficult to alleviate the concerns that some parents had. I even had to get the sizes of students and match them up appropriately with their underwear and all that sort of thing. That needed to be handled sensitively. There were some questions around that but, again, once parents understood exactly how we were going to go about that, concerns were pretty much allayed.

DR PATERSON: Can I ask a supplementary?

THE CHAIR: Yes. I have a supplementary from Dr Paterson.

DR PATERSON: Just wondering on that, though, do you not think that you could adversely cause more period poverty by having products not available in schools? For example, if you did issue kids with the underwear and they did not bring it that day, would it not be better to have both on offer?

Ms McIntosh: Quite possibly. That might be a good way of approaching it, I suppose. What we were really trying to do was reduce the amount of waste that we were sending to landfill and make the point that governments have to spend in a responsible way that does not, hopefully, cause more harm to our environment. I think governments need to spend money in a way that is aligned with their goals of creating a circular economy, and I do not see how necessarily rolling out single-use pads and tampons is a way of trying to reduce waste to landfill and having a circular economy objective, which many governments say that they do.

DR PATERSON: On the logistics, you said that you had 60 students, and it does sound like it was a little bit of a logistical exercise to organise.

Ms McIntosh: It was, but we thought about that as well. If something like this were to be rolled out on a much greater scale, it could be done through a school uniform shop pretty easily, on the uniform list. If students wanted to take it up then it could be provided through those stores that actually provide the uniform, the blazers and all the rest of it.

THE CHAIR: Mr Milligan, do you have a substantive question?

MR MILLIGAN: No; everything was pretty well covered there.

THE CHAIR: Okay. Given the time, we will call it a day, Ms McIntosh. On behalf of the committee, thank you very much for your submission and for appearing at today's committee hearing. It was very useful information; thank you so much. Over the coming days you will be sent a copy of the proof transcript of today's conversation for you to fact check and make sure that you have got it all right. Feel free also to provide any further information to us that will assist in our deliberations. We can accept that as an exhibit. Thank you again for appearing today. Have a great afternoon.

Ms McIntosh: Thank you for listening.

COURTENAY, MS ROCHELLE, Share the Dignity

THE CHAIR: We are now going to our next witness, Ms Rochelle Courtenay, from Share the Dignity Australia, who I believe is joining us online. Ms Courtenay, welcome.

Ms Courtenay: Hello. Thank you for having me. What an exciting day—talking about periods.

THE CHAIR: Well, I am sure I speak for Mr Milligan as well when I say that I am learning a lot. Thank you very much for appearing today. Before we commence could you confirm the capacity in which you appear today and an acknowledgement that you have read and understood the privilege statement which was sent to you before today's hearing?

Ms Courtenay: I am the founder and managing director of Share the Dignity, and I acknowledge all of the pieces that have been sent to me today.

THE CHAIR: Wonderful. Thank you very much. Would you like to commence with an opening statement?

Ms Courtenay: Yes. I started Share the Dignity back in 2015 when I read an article that talked about how many women in Australia who are experiencing homelessness were having to use socks and newspaper and wadded up toilet paper to deal with their period. I could not believe that that was happening here in Australia, the lucky country, and I could not believe that no-one had done anything about it.

So I welcome this bill; it would make a massive difference to the women in ACT, because I know that, for the last seven and a half years, we have collected and distributed over 3.6 million packets of sanitary items that we have been able to distribute to the 3,000-plus charities that we work with in Australia. We cannot keep up with the need that is out there in Australia, and the more that we work in this space, the more that poverty seems to grow.

I absolutely agree that this approach needs to be looked at in a multipronged way. We cannot just give products to people; we need to make sure that we are giving them products but that we are also educating them, removing the shame and stigma around menstruation, and we look into how we have sustainable options available, because it is great for the environment but it is also great for the women to not have to always come back every month looking for more sanitary items. How we do that, I am not sure, but the fact is that the problem exists and it is hard to address because of the shame and stigma that surrounds menstruation. But, if we don't make a difference by introducing a new bill like this, we will see the need in Australia completely outgrow what the capabilities of Share the Dignity are.

THE CHAIR: Thank you very much. We will go to Dr Paterson for our first question.

DR PATERSON: Thank you very much. There are a couple of things. We heard from Zero Waste Schools just before your appearance, and there some very interesting

issues raised against single-use items. In your submission you urge the government to move against solely subsidising single-use items. Do you think there is a need for both single-use and the more sustainable items to be accessible at once?

Ms Courtenay: If you are rolling out a new bill like this, then I think it is worth trialling different things. Share the Dignity has 353 vending machines around Australia. We started to install them into schools, into community centres, into libraries and into hospitals. They dispense a free period pack that has two pads and six tampons in them. For the most part, those machines do not get abused, because there is no money in them and it is only women who are in need who need to use them. Would we love to have a machine that dispensed a menstrual cup? Yes, but we are just not there yet.

I did listen to Zero Waste. I think having the option of having reusable undies like Modibodi in the shop is a great option. But I think that there are different ways that we can address period poverty in the ACT.

DR PATERSON: Just on your vending machines, there is discussion around the location of vending machines. Do you put a lot of thought into the location of these machines? Is there anything that the committee should consider around the location of the machines?

Ms Courtenay: We have been working with the Dignity vending machines for about six years. For us, it is really important to make sure that whoever menstruates gets access to those machines. That includes that the machines are installed so that they are at the height for disabled people to have access but they are also, in a perfect world, being able to be installed in unisex bathrooms, so that transgender people also have access.

Our Dignity vending machines have a timing mechanism on them, so we do not see a lot of wastage of products that way. That is not the case for how it is being rolled out in Victorian schools. But all Queensland schools have a Dignity vending machine in them or about to be rolled out with a Dignity vending machine in all schools. For us, we believe that that is the answer.

I can tell you that the school in Broome dispensed 16 packs last Friday and the most used time throughout that week was the first break during school. So you have got a reporting ability in using the Dignity vending machine. I think it would be really important to have in this bill a cross-section of ways to be able to analyse what works best.

DR PATERSON: Someone else we heard from was talking around periods not just happening within opening hours. How do you get across that barrier with your vending machines if they are inside schools and that kind of thing?

Ms Courtenay: Most girls will take a few different packs. The vending machines dispense two pads and six tampons, which is normally enough for a day. The Dignity vending machines have a timing mechanism in the schools. We set them to three minutes so that more girls can access them during the shorter breaks. But, for example, in hospitals, we set it at 10 minutes and the vending machine has exactly that on it. It

is the same with libraries and all of those sorts of places. We do work with the community centres and other areas to find out where the best placement of the machines is and, if the timing mechanism is continuously a problem, we can drop that down virtually.

THE CHAIR: Ms Courtney, I am going to be devil's advocate and put a question to you that is a view I do not share but it is one I put to someone earlier today and I am interested in your perspective. What would you say to the critic who says, "Well, there is a reason that these products exist in the grocery store and are for purchase—because they are products people should provide for themselves and they should not be provided at the taxpayers' expense"? What would be your instinctive response to that criticism that has been put to some of us, at least, in the course of presenting this inquiry to the public?

Ms Courtenay: It is a great question. It has probably come from a man—just saying!

THE CHAIR: I would not want to divulge the identity of my constituents, but I would not call you wrong.

Ms Courtenay: You can buy condoms in a supermarket too but there are free condom vending machines out there to ensure the health of boys, girls, women and men is assured. I do not believe that there would be anyone sitting there who would not believe that your daughter deserves an education and that, if you cannot afford access to sanitary items, she should ever miss out on a day at school. I passionately believe that.

I spoke to a woman who came up to be after I was speaking at an event the other day. She had a job but her husband had lost his job during COVID, and she would cut up a pad into three so that she could make that pad last longer. She was an everyday woman who worked in a school, but her income did not stretch far enough for her to be able to buy sanitary items and to put food on the table for her and her kids. So I would just question what is important to us as a society. I believe that Australians know better, and we can do better now because we know the problem exists.

THE CHAIR: As a supplementary on that, what would you say to the slippery slope—there has never been a politician in history who has said that and it has been a good quote, but we will say a slippery slope—to period products and sanitary products being provided to all people who require them for free by governments, rather than finding them in grocery stores and that, at some point in the future, it is just a matter of course that these products are provided? Is that the end goal?

Ms Courtenay: I think that the end goal should be that anyone who menstruates has the ability to have access to sanitary items and, if that is the government's role, then good on the government. That is a country that I want to live in. I do not want to live in a country where a woman is living through anxiety because she cannot deal with her own period because she cannot afford it. I do not think that there is any woman or man in Australia who would think that that was an acceptable place to live.

THE CHAIR: Perfect; thank you. And for the journalists who are watching, that was a view that I do not share but a question I felt necessary to put. I just want to stress

that before I wake up tomorrow to an awkward *Canberra Times* article.

MR MILLIGAN: What is the cost of your machines and who maintains and restocks them?

Ms Courtenay: Our Dignity vending machines cost \$10,000 for the first year to install them—for the machine, for the product, for the installation and for the insurance. If we were to put one into a university—and we have actually put five into your local universities in the last two months—it is \$5,000 a year for the next four years after that to pay for stock. For each machine it is different but in, for example, Queensland education, it is the Queensland education staff who restock that machine and reset the telemetry. So I can tell you that a particular machine has 17 left and, at 10, it beeps and tells you that you need to restock it and it also gives us an alert. We also have volunteers around Australia who put their hand up to being part of looking after those machines.

MR MILLIGAN: Excellent. Thank you.

THE CHAIR: Thank you very much, Mr Milligan. Dr Paterson, do you have another question?

DR PATERSON: Yes. In your submission you talk about period products being available in ACT mental health facilities as a singled-out facility. I was a bit shocked that the official visitor was having to bring in period products to the women in the mental health facility. Is this something that you think is widespread in other secure facilities?

Ms Courtenay: Yes. Do you know that you can get codeine, your head sutured and a CAT scan, but you cannot be guaranteed a pad in a public hospital or a private hospital in Australia? It is not acceptable. We have heard a huge number of stories from women in mental health units. We have even heard from women who have had a miscarriage. No-one expects to have a miscarriage. What happens if you do not have somebody with you or you cannot afford a pad? It is a fundamental right to have access to sanitary items—whether we put a machine in or they just have access to them. I would suggest that, in this bill, it is about looking at different ways that people can access sanitary items. But a hospital should absolutely be where you can access sanitary items, including a mental health hospital.

We do a lot of work with headspace around the country. If kids are not speaking to their parents then they are not telling them that they need sanitary items, and that then adds to the anxiety and the depression. It is a never-ending revolving circle of the places that really should be supplied with sanitary items.

DR PATERSON: Just on that point, how widespread do you think the issue is of the stigma being so great for young people that they are not talking to their parents about this issue?

Ms Courtenay: We did a study last year called the Bloody Big Survey, and 125,000 Australians responded to it. It is the biggest body of data that the world has ever seen on menstruation, which is absolutely crazy in itself! It tells us that 46 per cent of girls

will not have that conversation and are embarrassed about period products.

We work with thousands of charities around Australia. We can put out baskets of full packets of pads and tampons for people but, if they have to be seen to go and get them or to ask somebody, they just will not do it. That is why we have the Dignity vending machines. People can just access them when they want to and in their own discreet way. I think we are 10 years off from removing that shame and stigma, where people will just walk up and ask for it like they ask for a cup of coffee.

THE CHAIR: So, just to be clear on that and really specific, as I understand it, the model in ACT public schools at the moment is that sanitary items are available on request. So you are saying, based on the results from that survey, that would not be a good way of running access to those facilities and it would be better to be provided in the rest rooms?

Ms Courtenay: That is right. It has always been available in the sick room if you go up to the nurse. But you would see that there is such a huge percentage of people—even women in their forties and fifties—who are hiding them in their trolleys. We are talking about girls but we are also talking about people in the workforce and older people as well. It is bad enough that people are living through poverty and they are embarrassed by that, but periods and poverty! That is a double whammy.

THE CHAIR: In terms of your particular vending machines, have you trialled, or do you have any intentions to trial providing alternative menstruation products like the Modibodi underwear and like menstrual cups in these vending machines? Do you see a point in the future where that would be possible? Have you given that a go anywhere on a trial basis?

Ms Courtenay: No, we have not, and we would not be able to afford it, when you are looking at \$2.50 for a period pad but \$30 for a menstrual cup or \$20 for the underpants. We are seven years old, and we are just doing the best we can to eradicate period poverty.

THE CHAIR: But, as a hypothetical here, thinking two steps ahead to the things I might want to recommend, what if the ACT government came to you and said, ‘We will provide the Modibodi underwear and we can purchase the menstrual cups; can you help us provide the vending facilities or the pickup facilities?’

Ms Courtenay: Absolutely. Anything can be vended. You can vend a salad nowadays. Anything can be vended; it is really about how you do that. That would be a little bit different; I think you would want to collect a little bit of the data from there, and that can be done. We have looked at how you can do it. All kids have a phone or a student ID. Could they just scan their student ID and that would then give them the size 12 Modibodi underwear? We could then collect that data. If you are not looking for the data and they can just dispense it, I think that that would be great, but I think it would also lead to some problems. For example, people might try to take them to Woolworths and ask for funds back.

We have worked with community centres, and that is why they did not leave the packs of pads and tampons open. Legally, under the Therapeutic Goods

Administration Act, you cannot open those items and leave them in the bathroom for people to take singularly; you have to hand them the full pack. They told us that people were then trying to take them back to supermarkets to get a refund so that they could buy food. That is why we started the vending machines.

THE CHAIR: Dr Paterson, in the remaining minute, do you have anything you want to clarify?

DR PATERSON: Just on the waste issue. You said that the pack had two pads and four tampons. Again, do you end up with a situation where you get lots of waste in the school bathrooms?

Ms Courtenay: No. We find that, at the beginning, when we first install them in schools, a lot of girls will be a little bit silly. We then set the timing mechanism to five minutes and then after a month we drop it back to three minutes, and then it just becomes normal. We don't have a lot of wastage. In some of the remote areas where tampons are not used, we find that the girls will put the tampons on the top of the machine and other girls will pick them up. But, at the end of the day, I never wanted to do something where we only did pads or we only did tampons, because then we take the choices away from them. Most people who live through poverty do not get a lot of choices. It is her body and she can do whatever she likes with it.

THE CHAIR: I think that is an absolutely perfect place to wrap that up. Thank you so much, Ms Courtney, for appearing today and for your detailed submission. A copy of the proof transcript will be sent to you in the coming days to confirm for accuracy. I do not believe you took any questions on notice but, if you have any clarifying information you want to provide to the committee in the coming days, please do so. It will help with our deliberations. We thank you very much for appearing today.

Ms Courtenay: No worries; thank you everybody.

DR PATERSON: Thank you.

ORR, MS SUZANNE, Member of the Legislative Assembly

THE CHAIR: Welcome, Ms Orr, and thank you for appearing this afternoon. It seems silly but I will get you to advise the capacity in which you appear and acknowledge that you have read the privilege statement.

Ms Orr: I am the member for Yerrabi. I am appearing today as the sponsor of this private member's bill, and I have read and understand the privilege statement.

THE CHAIR: Wonderful. Do you have an opening statement for the committee?

Ms Orr: I do not have an opening statement, but I will just say that the bill is something that has come about after quite a bit of campaigning and activism from the grassroots within the community within my electorate. It is something that we have been working on secretly since 2020 but quite publicly since December last year when we released the consultation draft. My office and I worked on the consultation of that draft for a number of months, culminating in revisions and refinements and the introduction in the August sitting. It has been quite a process, and I am really proud to have got it to the point where we have got it and I look forward to taking it further.

THE CHAIR: Thank you, Ms Orr. I will defer to Dr Paterson for the first question.

DR PATERSON: It is a pretty extensive bill. Can you outline for the committee what the consultation process was, what level of submissions you received and how you incorporated that into your bill?

Ms Orr: As I mentioned, we put the bill out for consultation in December. We wrote to a number of our community service partners and other organisations who we knew would be interested. For example, we wrote to the Australian Education Union, to ACTCOSS and to a number of people who have appeared today. We got a range of submissions back—some from the people you have heard today. We did not receive submissions from some of the people you have heard from today—so some of this information is new, which is part of the process.

We have also had a lot of feedback from individuals within the community—personal anecdotes of their own experience, what their experience was like and how they thought they could get better access to products—and also a lot of questions around a lot of the issues that have come up for you today. So we have been working through those. But there has particularly been a lot of feedback on the facilities. It is not something that we had a strong approach on in the first round of the bill, but it was certainly raised as quite a significant issue through the consultation. So we worked on that refinement.

We took on board everything we could. We did not get a lot of feedback during the consultation period on the information in the bill, quite surprisingly. I know, from reading through the submissions to the enquiry and hearing the testimony today, that that has actually proven to be quite a big point of discussion for the committee. I would certainly be very supportive of any recommendations the committee might have on how we can further shape that now that we have got this great feedback from people.

DR PATERSON: One of the witnesses that we heard from today suggested that the bill should just address period poverty and not address the toilets and the facilities. I am interested in our perspective. Why do you think that it is important that toilets and facilities are recognised in this bill?

Ms Orr: That is a really good question, and it goes to some of the feedback that we have already received about period poverty manifesting in many different ways and can happen for many different reasons. Acknowledging the products is certainly one part of it but, as it became quite apparent to us through the consultation, having access to toilets and handwashing facilities and other facilities that help you hygienically manage your toilet, can be just as much of a barrier to hygienically managing your period as not having access to products. And the two are not necessarily dependent on each other. You can have access to products and not necessarily have access to toilets, as I think some of the other testimony you have heard today has pointed out, and vice versa—you can have access to toilets but not have access to products. So they need to be handled a little bit differently.

That is the balance we have tried to strike with the bill and how we have introduced the facilities. But I would note that facilities are a bit of an uncharted territory. Not even the Scottish bill goes that far. So we are finding our way through that one and certainly working up how we can best respond to that. But we wanted to push ahead and include it in the bill for the simple reason that it is clearly a large part of the puzzle.

Also, I think there were some comments made earlier about there being a test within the bill based on economic, social and other circumstances. There is no test in the bill. Within the objectives of the bill and within the definitions, there are parts that set out that these are reasons that people can be in poverty. But it does not actually say that you have to prove that you are experiencing one of these to access the scheme.

DR PATERSON: Thank you.

THE CHAIR: That was going to be my first question. So let the mouse spin and I will come up with my second. As I mentioned to our last witness, there is currently a system in place in ACT public schools where you can self-identify to the nurse, to a student leader or to a school leader to say that you require access to tampons and pads and they are provided. How does your bill change that in a public school, and why is it important to change that, in your view?

Ms Orr: I think one of the parts of the discussions that has been really interesting is that people have not necessarily known that we do already have these avenues available in schools. Partly in putting the bill forward, it was to raise awareness of these programs and also the issue and get people talking about it a lot more widely and understanding it. What I think will be really good about the bill is it will formalise that provision within the schools.

There has been a lot of discussion and one thing I am always very cautious of when writing legislation is where you draw the line. How prescriptive do you be? How much do you lock in a particular outcome and how much do you not? With the public

schools, it has a section that says that schools are particularly an area where we know that there is a lot of risk for period poverty and we know that there needs to be very specific solutions. So they are included in their own section. It actually says to come up with guidelines so that we can have people working together—the Education Union, the schools and the government—to make sure that we are getting the right response for the individual school.

As I think has been acknowledged today, all schools will be different in what they require as the right response to them. I have certainly had feedback throughout this process of some schools that have said, ‘This is fine; we do not have an issue,’ and other schools that have come to us and said, ‘We are actually already supporting a lot of students, so this is great.’ From that perspective, we did not want to be prescriptive in law and lock in a one-size-fits-all solution. But we did acknowledge this, and one of the changes we made, particularly from the AEU’s submission during our consultation period, was to put in place that guideline so that people at least had the guidance and the common understanding of what was required.

THE CHAIR: As a follow-up to that, how would you reconcile that approach of having a school-based approach to the evidence we heard from the AEU today? I heard a fair bit of anxiety that the risk of administering this program will fall disproportionately on teachers—and they used the words ‘a systemised approach’. As I heard it, it sounds like a one-size-fits-all approach actually sounded appealing. How do you reconcile those two things and how do you think the government can make sure, in implementing your bill, that there is not a disproportionate burden falling on teachers to administer it?

Ms Orr: It is a really good question, and it is something we have worked through with the AEU. I think a lot of their feedback was going to the information and the education. I certainly completely acknowledge that teachers would have a large role of that within the schools, but I would note that, within the bill, the education is not solely applicable to the school. The reason we have said that the information needs to be publicly available is that we know that, if you do not go through the school system, you are not getting access to this information.

One of the things that I think has come through quite strongly in the submissions, but that we have been really aware of from the beginning, is that there are a lot of people who need updated information, or have immigrated to Australia where information has just not been provided through their own education, who need to actually have access to this. The bill intends to have that information available for anyone to access, and teachers certainly could use that information as part of their teachings under the curriculum when they do their health education.

THE CHAIR: Tremendous.

MR MILLIGAN: We heard earlier that Victoria spent \$21 million—and a submission states \$23 million—on products over three years. Have you done any costings or estimates in terms of what you think this would cost the ACT government?

Ms Orr: Unfortunately, as you would be aware, Mr Milligan, we do not have access

to a parliamentary budgeting office here in the ACT. So we have not got a costing per se. What I would point to is that, because we already have this existing within schools, there would be a difference in how we approach it and not necessarily a new program, which is what the Victorian system was. They also have many more schools than what we do.

MR MILLIGAN: We are in opposition and we do not have access to a budgetary office either, but we do costings, we do our own analysis and we get independent costings and so on to go towards the bills that we do bring forward and also policies. Have you done that or are you relying on an ACT budgetary office to do that for you?

Ms Orr: Now that it is before the government, part of what they will be doing is looking at the costings and suggesting recommendations based on their understanding of those budgetary provisions.

MR MILLIGAN: Okay.

DR PATERSON: There has been some really interesting discussion around the issue of reducing the waste. I am interested to know whether you think that, through this bill, the ACT government should go further and offer different types of products in schools.

Ms Orr: One thing that we have been very conscious of within the bill is not specifying what types of products should be used. You will note that, within the bill, the only part where a product is defined is actually in the dictionary. It has a range of products there. It has pads, tampons, sanitary cups and period underwear. So it has the four examples there to show that it can be single use or it can be multiple use and sustainable products.

The reason that I have not put in there that a particular product should be put forward is that I actually think that the best response for the person who is experiencing the need is what should be determining what product they get. So as to how the bill is put into operation, those are the sorts of questions that I think can be worked through. Again, it goes back to what I said earlier—that period poverty manifests in a range of different ways. Sometimes it is economic, sometimes it is actually down to cultural taboos, sometimes it is just an isolated incident and a one off, and other times it is ongoing. So actually having the ability to work through and say to someone, ‘If a student is coming to school every month and asking for products it may be because they do not have the economic means to purchase it themselves, and actually getting some period underwear for them, if they have got all the washing facilities at home, might actually be the best way to support them and to help them.’ Whereas, if you are, say, fleeing domestic violence or you are in a crisis situation—and I think there were some examples given earlier—you might just need something to get you through that and you will be okay for the rest of the time.

Those are the sorts of things where we really wanted to make sure that there was a range of options and that we were not overly prescriptive in the legislation and that the unintended consequence was that we ended up not giving someone the best response for them.

THE CHAIR: Just to clarify then, on Dr Paterson's question and get specific, should the bill pass and the government is then obligated to provide these products, is it your vision that all those products that would meet that definition be provided to meet a consumer's expectation?

Ms Orr: The bill says that products must be handed out in a dignified way that respects the person who needs them. So my expectation would be that that is what is the focus of the response.

THE CHAIR: That is a good point.

MR MILLIGAN: I am happy for Dr Paterson to have my question, if you have one.

DR PATERSON: Sure. Again, it seems like schools are an easier target and where the focus just naturally goes, because it is easier to implement. But we have heard from other witnesses that periods do not just coming in opening hours, and the same with workplaces that are still operating with some form of hours. How do you think your bill goes to that broader question of how you make these products accessible broadly to the community?

Ms Orr: I think it is important to note that, under the bill, there are three different ways that products can be dispensed: through the schools—so through your education providers; through community service partners, which can apply to be a suitable place under the suitable places list; and the main one, which is the suitable places list, which is a notifiable instrument. Again, we have not prescribed in legislation what places should or should not be included, because we actually want the government to have the flexibility to adapt that list over time. We have done it as a notifiable instrument so that people can see where it is available and they can put forward suggestions of where to have suitable places, and these need to be across a range of geographies and accessible to a lot of people.

I appreciate that everyone wants to know where they can go to get the products, which is completely understandable. In the first instance, though, in writing the law, we wanted to provide that flexibility so that we are not locking ourselves into a one solution for all of the time and we can actually have a range of options that go out there and people can access those within the parameters of it being dignified and easily accessible.

DR PATERSON: It sounded like there was a bit of a difference from the other witnesses around the different vending machines. Share the Dignity spoke about their vending machines being able to be time-release controlled and, through that, they were able to collect a lot of data the times and locations that were highly accessed. Whereas, it sounds like the vending machines that the Victorian government have implemented are just an anything goes type of thing, and it sounds like there have been some issues with them. Do you think that we need to be looking closely at these types of things when looking at the implications of this bill?

Ms Orr: I think that is an administrative decision. Again, the bill is silent on how the products are distributed, except for where it provides the parameters—dignified, easily accessible and available to a range of people, without necessarily having to

identify themselves. I think we jump to vending machines because that is what we know, but it is certainly not the only way to provide products.

I would also put out there that, if you are, say, a community service provider and you are providing relief packs to people who are in crisis, including the products in that relief pack would be a much better way of going about it than having a vending machine. If you are a hospital and providing things, providing it to the patient in the hospital would be a much better way of doing it than making them go to the bathroom and collect the products.

We talk quite a lot about vending machines within schools, but I would actually put it out there that I do not think that it is the only solution. I think there are a lot of instances where a vending machine would not be suitable, or that there would be better ways than a vending machine to distribute the products.

Again, within the bill, we set the parameters for how products should be distributed and the principles behind that distribution, but we have recognised and acknowledged that there needs to be a certain amount of administrative discretion in how that is applied, because there is not going to be one thing that suits everybody and there will be different and better ways of helping people.

DR PATERSON: Thank you.

THE CHAIR: I do not have any further questions. Mr Milligan?

MR MILLIGAN: I am fine. Dr Paterson may have more questions.

DR PATERSON: I have a question about the information. Some of the submissions raised the issue of information and what information is needed under the bill. What opportunities would you see stemming from the submissions today and everything you have learnt to refine that in the bill?

Ms Orr: It was actually quite interesting reading through the submissions. The initial feedback that we got was really around making it accessible in different languages, because there are a lot of people who would like to access this information who might not necessarily be comfortable in English. The other part that came back through the consultation was to make it accessible to different ages—so make the language age appropriate. Both of those are reflected within the bill, but I think there has been a lot more feedback within the submissions that goes to the type of information that is made available and the different avenues that the information could be distributed through. At the moment, in the bill, it says to make it publicly available at a minimum through a government website. But certainly my takeaway from the submissions was that there is probably a bit of an appetite for a few more avenues to be clearly articulated.

DR PATERSON: How important do you see your bill in reducing stigma on its own?

Ms Orr: That is a really good question. Throughout the consultation period, I actually had a number of people say, ‘Can’t you just do this as policy?’ We had looked at the

Scottish example and the discussion that it had generated, and part of the decision for taking this forward as a bill was to give that certainty, that we know that this will be provided—it is a lot easier to repeal policy than it is legislation—but also because we knew we could generate a conversation through doing this. I think that has quite successfully happened.

I tend to agree with some of the other witnesses in that we are, unfortunately, a long way off reducing the shame and stigma. But certainly opening up the conversation, normalising it and putting in law sends that signal that this is something that we just work through in our day-to-day existence and it is okay. I think those are all really important steps in this bigger program of starting to reduce shame and stigma so that people who menstruate can participate in life fully without any barriers from menstruation.

DR PATERSON: I am just wondering how community service organisations can put their hand up to say that they want to participate.

Ms Orr: Under the act, community partners can apply to be a suitable place and be on the suitable places list to actually provide products. Under the bill, there is a requirement to develop guidelines and an application process for how to do that, so everyone understands the obligations and the processes for going forward but they have the option there to do it.

DR PATERSON: I have a question around the evidence from the CFMMEU about particular workplaces that might be really gender—what is the word?

Ms Orr: Skewed in one direction.

DR PATERSON: Yes. How do you think this bill will go in those types of industries in terms of improving things for people who menstruate?

Ms Orr: Putting the obligation into the law certainly takes a lot of the nervousness out of raising it and being the person who is raising the issue that could arguably be seen as an outlier issue. I do not think it is an outlier one, but when you are the only person on a construction site who menstruates, you are identifying yourself as the standout, as the outlier. No-one should be put in that position. No-one should have to go through that. So putting the obligation there sets that tone. It sets that expectation that this is just par for the course, that this is something we do every day as part of our work practices and we can get on with it, rather than people necessarily having to say, “Actually, in retrospect, I would like this provided.”

DR PATERSON: Thank you.

THE CHAIR: Thank you very much for appearing, Ms Orr. And on behalf of the committee, thank you to everybody who appeared today and provided detailed submissions to assist in the committee’s deliberations. A proof transcript will be sent to everyone who participated in today’s hearings over the coming days to check for accuracy.

Should any other member of the Assembly have any questions, they can lodge them

with our committee secretary within five days. Otherwise, our hearing is now adjourned. Have a good afternoon.

Ms Orr: Thanks.

The committee adjourned at 5 pm.