



Western Australia

**Women's Health and Education Reform  
Bill 2023**

## **Explanatory Memorandum**

The Women's Health Reform and Education Bill provides an opportunity for Western Australia to contribute positive change towards an equitable society. Studies of the current Western Australian health and support systems reveal that women, especially those living with a disability and/or Menstrual Discomforts, Conditions and Disorders, are disproportionately neglected.

Health services, places of study and community venues, lack the support that ensure women feel comfortable, safe and heard when accessing these services. The current legislation regarding menstrual and sexual health, disability support, sexual assault and education on these topics currently leaves gaps that cause divisions of inequity in our society. The community, including experts and those with lived experiences, have expressed their desire on numerous occasions for updated legislation to be more inclusive and progressive. Whilst aimed specifically at women, the Women's Health Reform and Education Bill will benefit all gender identities. The Bill addresses women's health and aims to improve health literacy as a means to combat systemic discrimination and disrespect commonly associated with ignorance. It also endeavours to create more supportive environments and initiatives that will allow for women to feel empowered, and promote a more equitable future for generations to come.

Current research into health issues such as disabilities are often centered around male anatomy, making services inaccessible to women - particularly those from diverse backgrounds. This bill aims to address this issue through the establishment of a disability research fund. This Bill also introduces several schemes in which the disabled community, specifically women, receive better support for coping with their health issues, regarding matters of isolation, generalisation of their issues, assumptions made by others, and more.

Menstruators exist everywhere and this bill aims to reflect this fact through the establishment of paid menstrual leave as well as expanded education programs. Public primary schools will be introduced to education surrounding menstruation and will be able to access the expanded free menstrual products program. Menstruators will be protected by the expansion of the definition of discrimination to explicitly include them. Workplace equality will be improved by the introduction of paid menstrual leave, removing the necessity of taking sick days when menstruation is not an illness. Introducing a public awareness campaign on menstrual leave will ensure that menstrual health is treated as a public health priority and spoken about publicly in a respectful, safe, and medically accurate manner, removing current taboos, stigmas and inaccuracies.

This bill is designed to better support and educate the community as we move towards a more inclusive future. The introduction of new legislation holds numerous benefits which will ensure all people living with a disability and/or menstrual condition in Western Australia are well informed and can improve their wellbeing and be well-supported.

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Western Australia

## **Women's Health and Education Reform Bill 2023**

**A Bill for an Act to address current gaps in women's health services and to educate society on current disparities in the issues experienced by women and menstruators in regard to disability, menstruation, sexual assault, and sexual health.**

## **Part 1 — Preliminary**

**1. Short title**

This is the *Women's Health Reform and Education Act 2023*.

**2. Commencement**

This Act commences on the day on which this Act receives Royal Assent.

**3. Terms used**

In this Act—

***adequate*** means of satisfactory or acceptable quality, regarding services or products being implemented;

***adenomyosis*** is a condition of the uterus where cells similar to the lining on the inside of the uterus are also present in the muscle wall of the uterus;

***body image*** means an individual's thoughts, feelings and beliefs that influence their perceptions and views on their body and physical appearance;

***comprehensive***, in regards to education or knowledge, means showing extensive understanding and covering a wide range of related information;

***confidentiality*** means the right to privacy about any and all information shared within a space, which can be broken if harm is expressed to be done to anyone surrounding the original commenter;

***disability*** has the meaning given in the *Disability Discrimination Act 1992*;

***discrimination*** means the differentiation in the treatment of people based on protected characteristics such as age, sex, ethnicity and the like;

***dysmenorrhea*** means the presence of painful cramps of uterine origin that occur during menstruation, including primary dysmenorrhea (menstrual pain without organic disease) and secondary dysmenorrhea (menstrual pain associated with underlying pelvic pathology);

***endometriosis*** is a chronic condition where cells similar to the lining of the uterus grow outside the uterus;

***gender*** refers to your sense of who you are, often female, male, non-binary, genderfluid, a combination of these or something else on the scale;

***gender identity*** means one's own internal sense of self and gender;

***gender pain gap*** means disparities observed and experienced in the healthcare system between men and women, in particular the bias against women's expressions of pain that negatively affect diagnosis and treatment of their health conditions when compared with those of men;

***healthcare professional*** or ***healthcare worker*** means a provider of health care treatment and advice based on formal training and experience, including but not limited to nurses, doctors and psychiatrists;

***inclusive education*** means education that includes and considers the perspective of diverse identities;

***MDCDs*** means menstrual discomforts, conditions and disorders, which is an umbrella term for all menstrual related discomforts, pain or conditions related to a person's menstrual cycle that may vary with signs and symptoms, including pain during menstruation, heavy menstrual bleeding, blood clots or emotional upheaval;

***SEFA*** means sexual education for all;

***menarche*** means the first menstruation, or the onset of the menstrual cycle;

**menopause** means when people who menstruate naturally stop having menstrual periods, diagnosed after the person who menstruates has gone 12 months without a menstrual period;

**menstruator** means a person who experiences menstruation, regardless of gender identity;

**menstrual absence** means a form of absence which grants a student the option to take time-off from their study and/or study flexibly which does not count towards unreasonable absence, for menstruation or menopause related symptoms;

**menstrual health** means a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity, in relation to the menstrual cycle;

**menstrual leave** means a form of leave which grants an employee the option to take paid or unpaid time off from their employment or work flexibly without counting towards sick leave, for menstruation or menopause related symptoms;

**menstrual product** means a physical internal or external product used to absorb or collect menstrual blood and effluent;

**menstruation** means the regular discharge of menstrual blood and mucosal tissue from the inner lining of the uterus through the vagina;

**PCOS** means polycystic ovary syndrome, which is a hormonal disorder that causes an assortment of health problems such as irregular menstrual periods, excess hair on the body and face (hirsutism) and a very large number of follicles (small fluid-filled sacs where eggs develop that look like cysts) on the ovaries;

**perimenopause or menopausal transition** means the time during which one's body makes the natural transition to menopause, marking the end of the reproductive years;

**PMDD** means premenstrual dysphoric disorder, which is a cyclical, hormone-based mood disorder characterised by a cluster of mood symptoms that recur in the luteal phase of most

menstrual cycles and subsiding within a few days of menstruation;

**PMS** means premenstrual syndrome, which is a condition characterised by distressing physical, behavioural and psychological symptoms that may regularly recur during the luteal phase of the menstrual cycle, and disappear or significantly diminish by the end of menstruation;

**qualifying research** means the systematic investigative process that is undertaken for the purpose of discovering information;

**reasonably practicable** means a human who interacts with an AI system to perform some function or achieve some goal; and

**VET** means Vocational Education Training.

**Part 2 — Improving Women's Health**  
**Division 1 — Disability Reform at the Professional Level**

- 4. Establishment of Western Australian Future Fund for Women's Disability Research**
- (1) The Western Australian Future Fund for Women's Disability Research (*FFWDR*) is established under this section for the purpose of financially supporting qualifying research into the presentation of disabilities within women and girls under this section.
  - (2) The FFWDR Account is an agency special purpose account under the *Financial Management Act 2006* section 16.
  - (3) The FFWDR is to be administered by—
    - (a) the Treasurer;
    - (b) Minister for Disability Services; and
    - (c) Minister for Health.
- 5. Credits to the FFWDR**
- (1) Money standing to the credit of the FFWDR is to be held in a public bank account, subject to any investment of that money under the *Financial Management Act 2006* section 37(1).
  - (2) The FFWDR is to be credited with the following—
    - (a) any income derived from the investment of money standing to the credit of the FFWDR account; and
    - (b) any other money lawfully made available to the FFWDR account.

**6. Disability Advisory Group to be Established and Maintained**

1. The Minister for Health and Minister for Disability Services must establish and maintain an advisory group (to be given a name determined by the Minister for Health and the Minister for Disability Services)
2. The function of the advisory group is as follows -
  - a. As and when directed by the Minister for Health and Minister for Disability Services, to make a recommendation for a financial year on how money standing to the FFWDR Account should be applied during the financial year.
  - b. As and when directed by the Minister for Health or Minister for Disability Services, to provide other advice or assistance in relation to one (1) or both of the following -
    - i. Treatment of patients by medical staff and other public servants in institutionalised facilities;
    - ii. furthering, or facilitating the furthering of recommendations made on issues affecting the disabled community.
3. The advisory group's members are as follows –
  - a. The CEO, or a nominee of the CEO of any private organisation that qualifies and receives financial support under the FFWDR;
  - b. 1 individual to be appointed by the Minister for Health and Minister for Disability Services as a community representative;
  - c. 1 individual to be appointed by the Minister for Health and Minister for Disability whom they consider an expert in research;
  - d. At least 3 other individuals who are to be appointed by the Ministers for Health and Disability Services, and have a

suitable variety and level of relevant expertise and experience.

4. At least one of the members must be considered by the Minister for Health and Minister for Disability Services to have experience in dealing with issues relating to the health of disabled First Nations Australians living in Western Australia.
5. At least one of the members must be considered by the Minister for Health and Minister for Disability Services to have experience in dealing with issues relating to the health of disabled people living in regional and/or rural Western Australia.
6. At least one of the members must be considered by the Minister for Health and Minister for Disability Services to have experience in dealing with issues relating to the health of disabled people living in low socio-economic circumstances.
7. A member of the advisory group holds office for the period for a maxim of 5 years, subject to any condition specified in their instrument of appointment under which their membership may be suspended.
8. At least 50% of the advisory group's members must menstruate.
9. The advisory group may do the following -
  - a. Determine its own procedure;
  - b. Perform its function through subgroups of its members;  
and
  - c. Perform its function despite any vacancy in its membership.

## **7. Eligibility for the FFWDR**

1. Entities eligible for the FFWDR include -
  - a. A person or organisation considered by the Minister for Health and Minister for Disability Services who -

- i. carries out or supports - or is to carry out or support - qualifying activities.
    - ii. administers - or is to administer - a programme or scheme for supporting qualifying activities.
  - b. A person or organisation that provides - or is to provide - services in relation to the making or approving of other arrangements that qualify under clause 4(1)
2. The disability advisory council is to approve of proposed direction of funds to organisations who qualify under clause 7 subsection (1), whose recommendation must state one of the following -
  - a. That money standing to the credit of the FFWDR Account should be applied in accordance with the proposals;
  - b. That money standing to the credit of the FFWDR Account should not be applied in accordance with the proposals
  - c. That money standing to the credit of the FFWDR should be applied in accordance with the proposals as the proposals are modified as specified in the recommendation.
3. When making decisions on the eligibility of applicants to the FFWDR, the Minister for Health, Minister for Disability Services and disability advisory group must consider -
  - a. The best interest of the disabled community
  - b. The ethical implications of the proposed medical research

## **8. Application of the FFWDR**

1. The Minister for Health and Minister for Disability Services may apply money standing to the credit of the FFWDR Account for the purpose of furthering the purpose of the fund outlined in clause 4(1)

2. An arrangement made or approved under Clause 7 may include payments to a person, such as those:
  - a. To fund a research programme or scheme that the entity is administrating;
  - b. For the entity's services
3. Within 14 days after the day on which the Minister for Health and Minister for Disability Services receives a recommendation for the purposes of section 7(2), each house of Parliament must be presented with the following:
  - a. A copy of the advisory group's direction to make the recommendation; and
  - b. A copy of the recommendation
4. Money standing to the credit of the FFWDR Account must not be applied under any other circumstances.

**9. Disclosure of FFWDR Direction of Funds and Conflicts of Interest**

1. The Minister of Health and Minister for Disability Services are to disclose any direction of funds to organisations and persons who qualify for FFWDR funding as outlined in clause 7
2. Organisations and persons who qualify for FFWDR funding under clause 7(1)(b) are to keep a record of -
  - a. Each disclosure of funds made available by the disability advisory group;
  - b. How these funds are directed to specialised groups who are to perform research into the presentation and effects of disabilities in women
3. All members of the advisory group under clause 6(3) are required to disclose any actual or potential conflict of interest that the

member has arising out of the advisory groups function outlined in clause 6(2). This includes but is not limited to -

- a. Current or previous affiliation with organisations or persons applying for the FFWDR.
4. In cases where the Minister for Health and Minister for Disability consider it appropriate, a condition similar to that described in clause 9(3) applies to any person who has a role of providing assistance to the advisory group.

#### **10. Annual Review of the FFWDR**

1. An annual report is to be prepared by the disability advisory group and is to include information about:
  - a. The operation of the FFWDR during the financial year;
  - b. Details of the amount charged to the FFWDR during the financial year and directed to qualifying organisations;
  - c. All disclosures described within clause 9.
2. The Minister for Health or Minister for Disability Services is required to table the annual report within Parliament prior to the commencement of the new financial year and consideration of the annual budget.

#### **11. Suspicion of Corruption**

1. If it is suspected by Parliament that a breach of disclosure agreements or any other form of corruption has occurred at any point, the FFWDR, including the function of the disability advisory group, are to be subject to an independent review under the authority of Parliament.
2. During this time, function of the FFWDR is to be suspended.

3. If it is found that corruption has occurred, members at fault are to be terminated from the FFWDR.

## **Division 2 – Creating Menstrual Inclusive Workplaces**

### **12. Paid Menstrual Leave**

1. Employees to receive paid menstrual leave calculated to be twelve (12) days per year of non-cumulative leave.
2. This paid menstrual leave is in addition to existing leave entitlements.
3. Menstrual leave is not to be exclusionary of issues relating to menstruation, including but not limited to, dysmenorrhea, endometriosis, adenomyosis, PCOS, PMDD, menopause, perimenopause and other MDCDs.
4. An Employee will not be discriminated against or have adverse action taken against them because of their disclosure of, experience of, or perceived experience of, the need for menstrual leave.
5. The Employee shall give their Employer notice as soon as reasonably practicable of their request to take leave under this clause.
6. Employers may ask an employee to provide proof of leave requirement.
  - a. The proof for need of leave an employee provides may be but is not limited to-
    - (i) a statutory declaration;
    - (ii) doctor's letter;
    - (iii) medical certificate;

- b. The employee can provide a once-off form of proof in any format that details an ongoing need for menstrual leave.
7. Menstrual leave may be taken as whole or part days off.
8. Employers must take reasonable steps to keep the type of leave confidential for the employee.
9. Menstrual leave may be extended, for people who experience MCDCs, paid or unpaid, at the employer's discretion.
10. A review of menstrual leave must be completed 3 years after implementation.
  - a. The review must include a qualitative study addressing the following-
    - i. Perspective of Employees taking menstrual leave;
    - ii. Perspective of Employers granting menstrual leave;
    - iii. Perspectives of any other stakeholders identified;
    - iv. Impact on work quality; and
    - v. Impact on health and wellbeing.
  - b. The review must include a quantitative study addressing the uptake of menstrual leave.
  - c. The review must be conducted by the Minister for Health.
11. A public education campaign on paid menstrual leave must be implemented.
  - a. The campaign must-
    - i. be inclusive of all menstruators;
    - ii. provide information on the implementation of paid menstrual leave;
    - iii. be accessible to a wide audience;

- iv. promote the elimination of discrimination and harassment against people who menstruate;
- v. provide medically accurate information regarding the menstrual cycle; and
- vi. provide statistics and information regarding the prominence of menstrual health-related conditions in Australia.

### **13. Planning for Menstruation in the Workplace**

1. Workplaces must provide maintained, menstrual-friendly bathrooms.
  - a. These bathrooms must be equipped with the following -
    - i. Clean running water;
    - ii. Private toilets;
    - iii. Disposal bins;
    - iv. Soap; and
    - v. Menstrual products.
  - b. These bathrooms must be provided irrespective of gender.
2. The products provided must meet the following criteria-
  - i. Be free;
  - ii. Be accessible by the employee in the bathroom or bathroom cubicle;
  - iii. Be of a sufficient quality to maintain dignity;
  - iv. Must contain a range of products in different sizes and absorbency levels; and
  - v. Be provided in a culturally appropriate manner.

3. Ensure traditionally male workplaces and remote workplaces are menstrual-inclusive workplaces, with preparation and planning for menstruation included in employee manuals and guides, and that all uniforms and equipment anticipate employees' menstruation.

### **Division 3 – Creating Menstrual Inclusive Schools**

#### **14. Expansion of the current access to Free Period Products for WA Secondary Schools**

1. The free menstrual products program shall be expanded to include public primary schools.

#### **15. Implementation of the free menstrual products program**

1. These schools must provide properly maintained, menstrual-friendly bathrooms for students irrespective of gender.
2. Bathrooms must be equipped with the following -
  - a. Clean running water;
  - b. Private toilets;
  - c. Disposal bins;
  - d. Soap; and
  - e. Menstrual products.
3. The menstrual products in these bathrooms must meet the following criteria
  - a. Be free and be accessible by the students in the bathroom or a cubicle;

- b. Be of sufficient quality to cater for all menstrual experiences, catering to different levels of bleeding and size differences; and
- c. Be provided in a culturally appropriate manner.

#### **16. Promotion of the free menstrual products program**

- 1. All students are to be made aware of the provision of menstrual products within school bathrooms.

#### **17. Menstrual Absences from School**

- 1. School attendance keeping is to note menstrual absence as a reasonable absence from school.
- 2. Students who take a menstrual absence from school are to-
  - a. be provided with alternative methods to access learning by the school;
  - b. be responsible for accessing their alternative learning; and
  - c. not be discriminated against or have adverse action taken against them because of their disclosure of, the experience of, or perceived experience of, the need for menstrual absence.

#### **18. Changes to the Sex Discrimination Act 1984**

- 1. Add to the Sex Discrimination Act 1984, to address discrimination and harassment due to menstruation or associated with it, the following-
  - a. For the purposes of this Act, a person (the *discriminator*) discriminates against a menstruating person (the *aggrieved person*) on the ground of the aggrieved's menstruation or potential menstruation because of-

- (i) the aggrieved menstruation or potential menstruation;  
or
  - (ii) a characteristic that appertains generally to people who are menstruating or potentially menstruating; or
  - (iii) A characteristic that is generally imputed to people who are menstruating or potentially menstruating; or
  - (iv) The discriminator treats the aggrieved person less favourably than, in circumstances that are the same or are not materially different, the discriminator treats or would treat someone who is not menstruating or potentially menstruating.
- b. For the purposes of this Act, a person (the *discriminator*) discriminates against a person (the *aggrieved person*) on the ground of the aggrieved person's menstruation or potential menstruation if the discriminator imposes, or proposes to impose, a condition, requirement or practice that has, or is likely to have, the effect of disadvantaging people who are menstruating or potentially menstruating.
2. Consequences for discriminating or harassment against a person for menstruation or associated with menstruation holds consequences of the *Sex Discrimination Act 1984*.
  3. The Equal Opportunity Commission must investigate allegations made in writing.

## 19. Equal Access to Menstrual Products

1. Ensure open and free access to menstrual products in carceral settings including-
  - a. Prisons;
  - b. Holding cells;
  - c. Refugee detention;
  - d. Youth detention; and

- e. Immigration detention.
- 2. These locations are to provide maintained, menstrual-friendly bathrooms in the same conditions outlined as per clause 15(1)(2)(3).

## **20. Menstrual Inclusive Healthcare**

- 1. Recognise menstrual health as a public health priority by-
  - a. Prioritising research into menstrual health and related conditions; and
  - b. Prioritising research into the gender pain gap.
- 2. Healthcare workers must complete a tertiary unit of study, on menstruation and related conditions prior to completing their degree-
  - a. This unit of study must contain up-to-date best practices;
  - b. Accurate definitions of menstrual health conditions;
  - c. Patient perspectives and experiences; and
  - d. Up-to-date best practice management of menstrual health conditions.
- 3. Current healthcare workers must complete a tertiary unit of study on menstruation and related conditions as professional development-
  - a. Current healthcare workers will have 3 years to complete the unit of study;
  - b. This unit of study must contain up-to-date best practices;
  - c. Accurate definitions of menstrual health conditions;
  - d. Patient perspectives and experiences; and
  - e. Up-to-date best practice management of menstrual health conditions.

## Part 3 – Creating Community Spaces

### Division 1 – Implementation of Better Disability Support Services

#### 21. Support for students with disabilities within schools

1. All public schools must support students with any health issues diagnosed or otherwise by-
  - (a) Employing a full-time psychologist and nurse;
    - i. If they have none they must be actively advertising for the position/s;
  - (b) All public schools must inform students about-
    - (i) Psychologist/s;
    - (ii) Nurse/Doctor/s;
    - (iii) Administration staff; and
    - (iv) All other support staff they may have.
  - (c) Not ignoring any student's concerns; and
  - (d) Not refusing to see any student expressing concern;
    - (i) If no support is available the school must encourage the student to seek support elsewhere - parents are only told if a student consents.
2. Consequences for discriminating against a student-
  - (a) If a student is turned away from any support service;
    - (i) Refer to the *Sex Discrimination Act 1984*

**22. Establishment of The Women's Inclusive Community Program (WICP)**

1. There will be a group established called The Women's Inclusive Community Program (WICP),
  - a. The WA State Government is to establish and maintain The WICP.
    - i. This may be delegated to any relevant minister or group.
2. These programs must-
  - (a) Employ staff with medical training;
  - (b) Allow all women to participate
    - (i) Unless they present a threat
  - (c) Not require any form of enrolment;
  - (d) Not enforce any attendance;and
  - (e) Be subsidised in full by the WA State Government.
3. These programs must be confidential spaces

**23. Goals of the WICP**

1. The program must provide a social, community-based safe-space for women. During the program-
  - (a) Women may talk with each other about whatever they wish;
  - (b) No one is forced to talk about anything;
  - (c) No one is allowed to discriminate against anyone else on any grounds;
    - (i) Doing so will result in a ban from the program.

2. These spaces must aim to improve mental health and reduce social isolation, and take reasonable steps to do so.
3. Within Western Australia, individual communities may decide on the design of the program, so long as it takes reasonable steps to provide the previous goals.
4. If an individual seeks to press charges, or wishes to inform the authorities and/or police of their abuse and or harm, they have the right to do so.
  - a. Staff may assist with the consent of the individual in seeking police support and in guiding the individual through reporting their stories.

#### **24. Location of WICP**

1. These are to be held at any local government community buildings such as-
  - (a) Community Centres;
  - (b) Librarys;
  - (c) Town Halls; or
  - (d) Any other facilities deemed appropriate by Local Councils.
2. Buildings used to host the programs will be of acceptable standard as per the standards outlined within the *Buildings Regulations Act 2012*.
3. If there are no buildings available, the WA State Government is to fund the establishment of a new one.
4. If current buildings are not accessible or suitable for purpose, the Western Australian State Government is to fund upgrades.
  - a. Discussion about inadequate features can be discussed in the Website established in clause 30.

**25. Establishment of the Women's Disability Community Program (WDCP)**

1. The WA State Government is to establish and maintain The WDCP.
  - a. This may be delegated to any relevant minister or group.

(2) These programs must-

- (a) Employ staff with medical training;
- (b) Allow all women with any health-related issue to participate unless-
  - (i) They present a threat
  - (ii) Do not meet the requirements of clause 27(1)
- (c) Not enforce any attendance; and
- (d) Be subsidised in full by the WA State Government.

(3) Be confidential spaces.

**26. Location of WDCP**

1. These are to be held at any local government community buildings such as-
  - (a) Community Centres;
  - (b) Librarys;
  - (c) Town Halls; or
  - (d) Any other facilities deemed appropriate by Local Councils.
2. Building used to host the programs will be of acceptable standard as per the standards outlined within the *Buildings Regulations Act 2012*.

3. If there are no buildings available, the WA State Government is to fund the establishment of a new one.
4. If current buildings are not accessible or suitable for purpose, the Western Australian State Government is to fund upgrades.

## **27. Eligibility for the WDCP**

1. In order to participate in the program, at least one of the following must be provided-
  - (a) A Medical Certificate;
  - (b) A written diagnosis; or
  - (c) Any other form of proof of illness or disability.

## **28. Goals of the WDCP**

1. The program must provide a social, community-based safe-space for women experiencing illness, disability, or any other health related condition.
  - (a) Women may talk with each other about whatever they wish;
  - (b) No one is forced to talk about anything;
  - (c) No one is allowed to discriminate against anyone else on any grounds;
    - (i) Doing so will result in a ban from the program.
2. These spaces must aim to improve mental health and reduce social isolation that can be associated with cognitive and/or physical disability or chronic health conditions-
  - (a) Everyone's struggles are to be equally validated; and

(b) Women within the program are expected to support each other's issues.

3. Within Western Australia, individual communities may decide on the design of the program, so long as it takes reasonable steps to provide the goals outlined in clause 28.
4. Trained medical staff may assist and offer any advice to women participating in the program.

## **Division 2 – Creation of Accessible Infrastructure**

### **29. Provision of Inclusive Sensory Rooms**

1. All community buildings are to be equipped with adequate sensory rooms to-
  - a. Provide a sensory-friendly space suitable for all ages
  - b. Include equipment to-
    - (i) Improve focus
    - (ii) Relieve stress
- (2) These rooms must have a capacity calculated based on the size of the venue
- (3) If existing community buildings are not equipped with adequate sensory rooms, the Western Australian government is to provide funds for renovations.

### **30. Establishment of an Accessibility Directory Website**

1. The government is to establish a website that provides information to the public about Services made available to people with disabilities, including but not limited to the -

- a. WDCP;
  - b. WICP; and
  - c. Other programs and services provided by the state government.
2. The website is to also include a platform in which members of the disabled community can voice public submissions about the current accessibility standards of public spaces. This website is to be made available to members of the public at all times.
  3. This website is to be maintained by the Minister for Disability Services who may delegate roles in a way that they see fit.

## **Part 4 – Education on Women's Health**

### **Division 1 - Inclusive Disability Education Course**

#### **31. Establishment of a mandatory disability education course**

1. The education course must include the following contents:
  - a. Symptoms and traits of common disabilities including but not limited to -
    - i. Cognitive disabilities or impairments such as;
      1. Autism Spectrum Disorder;
      2. Attention Deficit Hyperactivity Disorder and;
      3. Speech Impediments;
    - ii. Physical disabilities or impairments such as-
      - i. Endometriosis;
      - ii. Adenomyosis; and
  - b. How they can differ according to sex.
  - c. Advice about how to best support students experiencing these symptoms or disabilities

#### **32. Eligibility to Teach Course**

1. The mandatory education course will be delivered by qualified staff
  - a. The requirements to qualify to deliver the course are as follows-
    - i. A nurse;
    - ii. A doctor;

iii. Someone with a Certificate IV in Disability Services; or

iv. A university lecturer who teaches medical units of study.

### **33. Completion of Course**

1. All proficient level teachers, primary, secondary, and university must have completed the course-
  - a. The course may be completed during a graduate teaching degree; or
  - b. The course may be completed as a compulsory module if the teacher has completed their degree prior to the commencement of this bill.
2. The course is to be taught via-
  - a. Online seminars;
  - b. Pre-recorded videos; or
  - c. In-person seminars.
3. It can be split across days if that is convenient but the whole course must be done;
4. There are no exemptions.
5. If the teacher has not completed the course they will not be able to renew their teaching registration under the Teacher Registration Act 2012.
6. Professional development days are to reinforce this content by-
  - a. Continually offering assistance to teachers;
  - b. Explaining in new health protocol concerning disability; and

- c. Keeping them informed of up-to-date medical information concerning health issues.

### **34. Authority Over the Course**

1. The State Minister for Health is to establish and maintain the course;
  - a. They may do this by;
    - i. Assigning a group of people to preside over the course;
    - ii. Utilising other members of Parliament; or
    - iii. The Minister for Health may establish and maintain the course alone.
2. The chosen body of the Minister for Health is then required to annually review the course-
  - a. They must provide a range of qualitative data concerning the perspectives of-
    - I. Students (both disabled and not);
    - II. Staff who delivered the course;
    - III. Support staff;
    - IV. Teachers, primary, secondary and university.
  - b. They must also provide quantitative data concerning-
    - i. How many educators have participated in the course;
    - ii. How many educators have completed the course; and
    - iii. How many established programs to support students were used.

3. Upon the results of the review, changes may be made to the course so long as-
  - a. They are supported by up-to-date medical research;
  - b. They are wanted by the community;
  - c. The course still works towards teaching educators how to recognise and manage health issues.

## **Division 2 - Expansion of Inclusive Education in Primary Schools**

### **35. Primary Menstrual Health Education Program**

1. The Western Australian government will create and provide funding for a program titled Sexual Education For All (SEFA) to expand comprehensive sexual, reproductive and menstrual education in Primary schools.
2. The program will taught to primary school teachers by registered Australian nurses through means of-
  - a. In-person learning seminars;
  - b. Online workshops; or
  - c. Pre-recorded informational videos.

### **36. SEFA Teaching Points**

- 1) The program will implement a new revised scope and sequence statement for the Health and Physical Education Curriculum to address current gaps in knowledge.
- 2) The following points regarding menstrual health are to be taught-
  - a) Defining menstruation;

- i. When it will occur and what to expect.
  - b) Why does menstruation occur;
    - i) Basic understanding of hormones and female anatomy functions.
  - c) Health effects;
    - i) Common health effects associated with menstruation.
    - ii. Potential symptoms of MDCDs.
  - d) How to self-manage menstruation;
  - e) Teachings of correct use of menstrual products.
    - iii. Medications and non-invasive techniques to treat symptoms.
    - iv. When and how to seek external management.
  - f) Attitude formation regarding the normalisation of menstruation through-
    - i) open discussions;
    - ii) use of correct terminologies;
    - iii) emphasis of all students regardless of gendered identities to be taught the subject.
- 3. The following points regarding sex and relationships are to be taught-
  - a. Introduction of the following topics from Year 2;
    - i) Body image;
    - ii) Sexism, racism, homophobia and disability discrimination;
    - iii) Gender (and how it differs from sex); and

- iv) Related language.
- b. Introduction of the following topics from Year 5;
  - i) Sexual identity;
  - ii) Sexual attraction; and
  - iii) Related language.
- 4. The following points regarding disability are to be taught from Year 4:
  - a. Symptoms and traits of common disabilities including but not limited to -
    - i. Cognitive disabilities or impairments such as;
      - 1. Autism Spectrum Disorder;
      - 2. Attention Deficit Hyperactivity Disorder and;
      - 3. Speech Impediments;
    - b. Physical disabilities or impairments such as-
      - ii. Endometriosis;
      - iii. Adenomyosis; and
    - c. How they can differ according to sex.
    - d. Advice about how to best support students experiencing these symptoms or disabilities

### **37. Government Involvement and Conditions**

- 1. The program is to be provided through government funding to all schools that elect to begin menstrual health education in a Primary school environment.

2. The SEFA is mandatory for both public and private primary schools.
3. If the student is absent on the day(s) of the program, they must be given the opportunity to attend the program the following year.
4. This funding is to extend to both public and private institutions.
5. All schools that request the service will be answered and provided within a five-month turnaround period.
6. Teachers and nurses will be compensated through allocated government budgeting including overtime, non-working hour rates and travel expenses.
7. Enrolling the school in the program to be initiated by the school principal or vice-principal in Private and independent institutions.
8. Schools (Private/independent) may enrol in the program up to four times throughout the school year.
9. Enrollment in the course provides two, three-hour seminars up to fifteen teachers per seminar.
10. Regarding parental permission-
  - a. Lessons to commence with students who have received explicit parent permission;
  - b. Students who have not received parental permission to be replaced by an appropriate subject substitute, within the realm of health and physical education.

### **38. Appropriate Education Timeline**

1. Nurses will provide teachers with knowledge regarding aspects of menstrual health in accordance with the allocated timeline being-
  - a. Third grade;

- I. Students introduced to the topic of menstruation (all genders must be introduced).
- b. Fourth and fifth grade;
  - I. Students should gain an understanding of what menstrual cycles are;
  - II. Potential side effects;
  - III. Self-managing their cycle;
  - IV. When to seek external management; and
  - V. Access to educational and physical resources.
- c. Sixth-grade students should-
  - a. Be aware of the biological and scientific reasoning behind cycles as well;
  - b. Proper definitions for bodily functions; and
  - c. Warning signs of significant health issues regarding MDCDs.

### **39. Provision of Further Resources**

Resources are to be provided through the SEFA program in order to further teachers' education and understanding of the matter, including that containing information on-

- a. Age appropriate terminology to expand discussions of menstruation;
- b. Further learning materials to expand students understanding of menstruation, examples including-
  - i. Dioramas;
  - ii. Learning cards;
  - iii. Explanatory videos; or

- iv. Approved internet resources.
- c. Times lines regarding progression of knowledge in regards to student ages;
- d. External internet resources to expand and clarify knowledge on menstrual education;
- e. Contact links via email or phone for clarification of subject matters taught by SEFA program coordinators;
- f. Menstrual products to be handed out and kept for students if required.

#### **40. Outcomes of SEFA**

1. SEFA program has intended goals of improving the overall environment for menstruators in Primary school and inherently the transition to secondary education.
2. With comprehensive knowledge regarding menstrual health education, students are to have a greater understanding as well as normalisation of menstruation and menstrual health.
3. This formation in the creation of these safer environments through comprehensive education to be taught throughout SEFA lessons regarding-
  - a. Menstruation should not be hidden from peers;
  - b. The frequency of menstruation does not subtract from the pains and issues they inflict; and
  - c. Teaching of menstruation to be embraced as a natural function and not to be hidden from younger, primary aged children.
4. Upon review of the program, SEFA will be expanded to all public high school students.

#### **41. Recording of SEFA Outcomes**

- 1) Success of the program will be analysed and determined through means of:
  - a. Quantitative data
    - i. Numeric student survey outcomes on the confidence of subject matter;
    - ii. Number of opt in school enrollments by private schools to the course throughout the year
  - b. Qualitative data-
    - v. Observed engagement in the matter by students as reported by teachers;
    - vi. Reported feedback and general comments from teachers;
    - vii. Further engagement and discussions of menstrual health by students as reported by teachers; and
    - viii. Level of engagement by teachers observed through in-person-learning courses as reported by nurses presenting program materials.



YOUTH GOVERNOR OF  
WESTERN AUSTRALIA

**DECLARATION OF ROYAL ASSENT**

IN THE NAME OF HIS MAJESTY, I assent to this Act.

A handwritten signature in black ink, appearing to read 'ZDBJ', with a horizontal line underneath.

**His Excellency, Hon. Doug Jackson**  
Youth Governor of Western Australia  
16 October 2023