Irish National Teachers' Organisation
Cumann Múinteoirí Éireann

Reproductive Related Health Matters: INTO Member Survey Report

April 2019

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Introduction

Noting the increase in motions referencing difficulties accommodating fertility treatment appointments and lack of leave for pre-24 weeks miscarriage to INTO Congresses post the 2014 changes to the teachers' sick leave scheme the INTO Equality Committee recognised the need to address the difficulties being experienced.

An initial motion, below, to the 2018 INTO Congress was placed on the 6th order paper but did not reach the floor of Congress for debate.

That Congress calls on the CEC to

a. seek Statutory Leave for Reproductive Health that would include still births, miscarriage or threatened miscarriage regardless of term, ectopic pregnancy, fertility treatment and other reproductive health matters
b. establish a Reproductive Health Committee to support the CEC in this work by
    i. gathering evidence of members' reproductive health issues as they interact with their work and their current leave entitlements.
    ii. investigating best practice in other jurisdictions
    iii. seeking support from other unions and reproductive health related organisations and bodies
c. that this Committee and the CEC would report to Congress 2019 on its work and progress in realising statutory leave for reproductive health

Reproductive health related matters sub-committee

Following on from Congress 2018 the Equality Committee established a reproductive health related matters sub-committee comprising 3 members of the EQC and 3 INTO members who had direct experience of reproductive health related matters and who had spoken on a related motion at INTO Congress in 2017.

The first tasks of the sub-committee were

- to explore the challenges presented by the current pregnancy related sick leave scheme and 2014 changes in teachers' sick leave scheme
- to design, pilot and review an INTO member survey of reproductive health related matters.

Current teachers' sick leave scheme and the pregnancy related sick leave

Teachers' Sick Leave Scheme:

In 2014 the teachers' sick leave scheme was aligned with changes applied to the public service sick leave scheme. The current sick leave scheme allows teachers to avail of a maximum of 183 days of paid sick leave over a rolling 4-year period for an "ordinary" illness. Within this overall limit on paid sick leave, a teacher is entitled to a maximum of 92 days of full-pay sick leave within any rolling 12-month period, after which point the rate of pay the teacher receives drops to half-pay up to and including the 183rd day of sick leave. When all paid sick leave (i.e. all 183 days of full and half pay sick leave) within the rolling 4-year period has been exhausted, the teacher will receive a payment from the Department of Education and Skills called Temporary Rehabilitation Remuneration. A teacher is not accruing pensionable service during any period of time during which they are in receipt of Temporary Rehabilitation Remuneration.

When an illness is categorised as "critical", the limits of paid sick leave are extended to 365 days of paid sick leave within a rolling 4-year period. Within this overall limit, a teacher is entitled to a maximum of 183 days of full-pay sick leave within any rolling 12-month period, after which point the rate of pay the teacher receives drops to half-pay. When all paid sick leave (i.e. all 365 days of full and half pay sick leave) within the rolling 4-year period has been exhausted, the teacher will receive Temporary Rehabilitation Remuneration. As is the case with an ordinary illness, a teacher is not accruing pensionable service during any period of time during which they are in receipt of Temporary Rehabilitation Remuneration.

Treatment of Pregnancy Related Sick Leave under the Sick Leave Scheme:

Absences on pregnancy-related sick leave are taken from the 183 days of available paid sick leave (for an "ordinary" illness) / the 365 days of available paid sick leave (for a "critical" illness). However, there are some specific provisions which apply to pregnancy-related sick leave:

- A teacher on pregnancy-related sick leave will never receive less than half-pay (even where that teacher has exceeded the maximum amount of paid sick leave available to them). Accordingly, a teacher who is absent due to a pregnancy-related illness will never be placed on Temporary Rehabilitation Remuneration during the course of that absence.
- Where a teacher exhausts their entitlement to paid sick leave, and where some/all of the sick leave on their record was pregnancy-related, the pregnancy-related sick leave taken in the previous 4 years will be credited back to them at half pay (subject to the overall non-pregnancy related Sick Leave limits).
- A pregnancy-related illness will be recognised as "critical" where the teacher has had two or more consecutive days of in-patient hospital /clinic care (rather than ten consecutive days or greater for non-pregnancy related sick leave).

Note: Maternity leave is provided for post 24-week miscarriages

INTO member survey of reproductive health related matters

The aim of an INTO member survey of reproductive health related matters was to:

- ascertain members' experiences of managing reproductive health related matters within the constrains of the somewhat inflexible school year and the pregnancy-related and teachers' sick leave schemes
- ascertain members' views on a reproductive health related leave scheme, particularly the views of principals

A pilot survey was drafted and disseminated to a core group of members, most of whom had personal experience in the area of reproductive health matters. The survey was also considered by Standing Committee III and by the CEC. Feedback was taken from all groups and integrated into the survey.

Member survey dissemination

The member survey (Appendix 1) was sent out to all members with an email address on the INTO Membership database on Thursday 14th February. A thank-you/reminder communication was sent out to the same cohort on Friday 8th March. The survey closed on 25 March.

Member survey responses

A total of 2,271 responses were received:

- 92% of respondents were female
- Respondents came from across all counties with 26% from Dublin
- 40% had never physically experienced a reproductive health related issue but of these 20% had supported a spouse/partner with an issue
- 60% (1,311 respondents) indicated that they had experienced an issue. All these were female and came from across all counties

Reproductive health related matters experienced

Almost half the respondents indicated that they experienced a pre-24-week miscarriage while 28% experienced fertility screening and 26% fertility treatment. Other issues experienced included threatened miscarriage (16%), polycystic ovaries diagnosis (15%) and endometriosis (15%).

Pre-24 week and threatened miscarriage were the most frequent reproductive health related matters that members supporting a partner/spouse with, followed by fertility treatment or diagnosis.

Of those indicating they had experience of reproductive health related matters 70% of experiences took place after the change to sick leave entitlements in 2014.

Managing leave for reproductive health related matters

Just over 75% of those who experienced a reproductive health related matter indicated that they deliberately used school closures (mid-terms/school holidays) to schedule appointments/treatments because they needed time off work to do so. The majority did so because they did not want to take a school day though one fifth cited privacy reasons/not wanting anyone to know while some were unable to share the reason with their principal. For others they had exhausted sick leave entitlements.

Members also cited using EPV days, going on job share, taking career breaks and, where possible, scheduling early morning or after school appointments/treatments to help manage their reproductive health leave requirements.

'During IVF treatment I travelled to Dublin leaving at 5am to have early appointment so that I would be back in work for 10am. Thankfully I was lucky but the huge amount of unnecessary stress I put on myself, in hindsight, was ridiculous.'

'I felt I could not take school days and used up EPV days or tried to schedule appointments during holidays but this can be very problematic for IVF treatments. This caused more stress in an already stressful situation.'

Many members indicated an acute consciousness of inconveniencing their class, their principal and other teachers if taking an un-substitutable day.

'[I deliberately used school closures] Many times. I have even postponed having treatment in order to wait for holidays so as to not miss school. I have used EPV days. I am a junior infant teacher. Each time I take a day, another teacher is put into my classroom if a sub is unavailable, which happens fairly regularly of late. I am very conscious that this is very disruptive for the other teacher and their students who are missing their special education time because of me. I am also conscious of the children in my own class and the disruption for them when I am not here and their parents i.e. what they will think when I am absent.

'[I deliberately used school closures] … as I didn't want to take a school day ... as I didn't want to take an EPV day as they are sometimes not worth the hassle of prepping work, splitting the classes, putting pressure on the split children, putting pressures on the classes they join and putting pressure on the facilitating teachers. Yes, for privacy reasons – I didn't want anyone to know. Yes, as I wasn't able to share the reason with my principal (and for no other reason then for privacy reasons as I have a very supportive principal).

Some indicated that they would have preferred to keep the matter private but had to tell their principal in order to find a way to manage appointments. However, given that the scheduling of many appointments/treatments is fertility cycle dependent it can be impossible not to take a school day. Many members also expressed that managing leave causes stress on top of the personal/emotional stress being experienced due to the reproductive health related matter.

…. I didn't want to take school days but when you're dealing with fertility it becomes cycle dependent. In the end I had to tell my principal because I couldn't deal with the stress and stress just makes the situation worse.

Some members, particularly those without a permanent contract were conscious of the impact on their careers and on their pay should they take schools days for appointments/treatment.

I do not have a permanent job and would feel that telling my principal that I was going for fertility treatment would stand against me in any future job interviews. I find this quite stressful as I would much rather be upfront about why I need the time off.

I had to go to the UK for an operation because there was no expert in Ireland to operate on me. I had to be off work longer to recover but I had to go back sooner than I wished because I couldn't afford to go unpaid anymore.

Other members expressed concern at using up all their sick leave and returning to school while still in need of recovery time due to lack of appropriate leave.

I'm so worried about using a lot of sick days with my IVF. Its already a nightmare to have to go through IVF. This is adding to it. I will be waiting until July to try another round of it as afraid of sick days, but my husband worried we are letting precious months slip by.

The reduced sick leave scheme puts pressure to returning to work when sometimes one is not emotionally ready e.g. following a late miscarriage.

Almost half of those who indicated they experienced a reproductive health related had to leave school immediately and without warning while 40% of members supporting a spouse/partner had to leave school immediately and without warning.

Most members indicated requiring either 1-3 days, 4-6 days or 31 days or more for individual treatment and recovery. This indicates the diversity of need for treatment and recovery periods.

You can't predict how it will go. Being off very 2nd day for scans draws a lot of unwanted attention from fellow staff, pupils and parents. It is an emotional roller-coaster, an exhausting experience (driving 3 hours to Dublin for a 20-minute scan and 3 hours back to Cork), not to mention the expense. The added stress of having to avoid questions/lie/cover up/ come up with an excuse for your absence is an additional stress that you could definitely do without. For myself and my husband, we are heading into our 3rd round of IVF. I know that fellow staff members are gossiping and it's a horrible feeling. Also, my principal found it very difficult to secure a sub teacher for every 2nd day. For him, it would have been

much easier if he could offer 2 weeks work to a sub.

For those who supported a spouse/partner with a reproductive health related matter the majority did not take any days' leave however 20% required between 1 and 3 days to support their spouse/partner. A variety of leave opportunities were use for these days

In the beginning I used school closures but I also used sick leave. I took a family illness day to bring my partner to the hospital for surgery.

Divulging reproductive health related matters to the school principal

Given the sensitivity of reproductive health related matters particularly where one is trying to conceive or one is in the first trimester of pregnancy many find it extremely difficult to divulge the actual need for leave. While 6% of the respondents were principals, of those who were not just over 60% divulged the reproductive health related matter to their principal. However, not some divulgements were made given the difficulty in managing the issue or the leave required.

I left school in an ambulance related to this issue, therefore they became aware of the condition.

In the early stages of fertility treatment I used ordinary sick days and tried, as much as possible, to use school closures. However, as the days became more frequent, and as they are so inflexible due to the timing of your cycle, I eventually spoke to the school principal. I was very uncomfortable doing this and wish that I could have found another way of dealing with it.

Of those who did divulge, 40% felt somewhat comfortable doing so, 35% did not feel comfortable doing so and a quarter felt very comfortable doing so. Those who didn't divulge used ordinary sick leave, EPV days, unpaid leave and school closures to manage their reproductive health related matters. Aside from the sensitivity and the privacy of the matters needing treatment many expressed having very supportive principals but some referenced concerns regarding the professional/career impact of divulging.

I divulged to my principal at the time who was supportive but due to lack of scheme I had to get a normal sick cert with another reason on it.

I said I had ongoing issues that needed treatment. I mentioned cysts. There was no way I could trust my principal to be discreet. It is also an extremely mentally and physically challenging experience which is not easily explained to many people.

I divulged some miscarriage info and not the fertility treatment because my principal had already asked me if I was planning treatment in the future and it was in relation to his designation of class choices to teachers, so I was afraid to divulge the treatment because this might hamper my chance of getting a class rather than being put into a learning support role for a whole year. I told him I had some medical appointments and would not need to miss more than a couple of days cumulatively over a period of approximately 3 weeks.

Since becoming a principal, several teachers have come to me in relation to reproductive health related matters. I work in a special school where students present with challenging behaviours. I try then to place teachers in classes with the least amount of children who present with behaviours that challenge, so, there is a benefit in the principal knowing, but it depends on the principal.

Support for a Reproductive Health Related Leave Scheme

The vast majority of members (88% of all respondents and 93% of those who have had experiences of reproductive health related matters) would like to see INTO negotiate a scheme to support members in managing their reproductive health related matters.

I am so happy and relieved to see the INTO recognise this and campaign for proper leave It is heart-breaking to hear stories on this topic each year at Congress. It is very emotive. I hope I never have to experience this situation, but employees need support and time to manage reproductive health related matters in the form of additional leave, unrelated to sick leave. Thankfully I have not had issues so far but I would like to see a support in place for teachers who have issues like this. I think it is very important.

If there was a Reproductive Health Related Leave Scheme almost three quarters of respondents indicated that they would be either very comfortable or very comfortable submitting a medical certificate that indicated reproductive related matter for inclusion in the OCLS by their principal and a second person in the school. However, concerns relating to how discretely and confidentially the information would be treated and the exposure of the issues given the terminology used for the leave type.

I can't immediately think of a way around it. If an alternative option is available on OLCS, it will need to be named and will just become another term for this type of leave. The discomfort I think I'd feel is a small price to pay for such leave though. While maternity leave is given for miscarriages post 24 weeks, many respondents indicated that time for treatment and recovery for pre-24 weeks miscarriages should be included in pregnancy related sick leave.

Principals' perspective on managing a Reproductive Health Related Leave Scheme

The majority of principals indicated that they could manage such a leave scheme with guidance. However, training would be desirable and beneficial particularly to appropriately support a teacher experiencing such a matter. However, concerns raised by principals particularly with regard to current workload …. support for staff going through difficult times is vital, but draining on a principals time and own well-being. It is adding an extra job-description to the principals role – principals are fed up of risking their own mental well-being with no recognition in any form from any quarter. ''Training" is not enough, as all it means is returning after training to an even bigger in-box. Please take note of this.

Those experiencing reproductive health related matters also recognise the need for training for principals in supporting teachers.

I feel training for principals and school management is a must. I felt so alone and unsupported in work when dealing with some of the hardest times of my life. I felt my principal was more concerned with what the parents had to say about my absence then my mental well-being.

Stress

Many of the respondents' comments emphasised the added stress being experienced both at a personal level and at a professional level when trying to manage leave for reproductive health related matters and the related perception of parents and colleagues with regard to often unexplained leave taking.

It's a stressful thing to have to go through without having to stress about taking time off and how to keep the matter private.

I'm currently out on sick leave from surgery and now reproductive health issues and feel incredible pressure because of the reduced sickness entitlement. It's adding more stress to my recovery in turn its taking longer.

Despite my principal being as incredibly supportive as possible, I put myself under unnecessary stress and worry while undergoing IVF. I scheduled all my scans for early morning and would try to get into work just a half hour late. Even though some of my scans were very uncomfortable and I felt unwell afterwards, I felt my principal had been so accommodating that I didn't want to trouble her further. I wasn't in a position to take unpaid days to cover appointment days.

Conclusion

I found it incredibly difficult to manage. First of all it is such a personal and private matter. You feel like a failure and as a result you do not even tell family members or friends. Having to disclose the most intimate details of your personal life to your principal, who essentially is just a colleague, an acquaintance and like most people hasn't a clue how IVF works is something you would rather not have to do.

I think there is still a stigma attached to it [reproductive health matters] but I am extremely happy to see that it is being discussed. This is a huge start. I am quite an open person and I have a very good relationship with my principal who is very supportive to all staff. However, I would still struggle to open up on the issue with him. Not necessarily because of our different genders, I just find it hard to talk about in general. Sometimes work can provide a brilliant distraction from my reproductive problems and I like having a part of my life that my infertility does not affect. Having said that, I have only had screening and tests so if I were to progress along the same lines and seek IVF, I would like to tell my principal about it as I would need time off and I feel it would affect me emotionally at work, factoring in the use of hormone injections etc. This survey and subsequent motion to Congress is a very good stepping stone to raising awareness and making conversations easier. Even apart from infertility, miscarriage is a big elephant in the room and I would hope that some form of training or support would be put in place to principals so that they can fully understand how to support a staff member through this.