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Better Health at Work Award

NHS North East and North Cumbria

Women's Health in the Workplace Toolkit

Introduction

In today's evolving workplace, supporting women's health is not just a matter of equity—it's a strategic imperative. Supporting women's health in the workplace is essential for building inclusive, resilient, and high-performing organisations. In the UK, women make up nearly half of the workforce, yet many health-related challenges—from menstrual health and menopause to fertility, mental well-being, and chronic conditions—are still not adequately addressed in workplace policies and culture.

In 2022, the UK Government launched the Women's Health Strategy for England, a landmark 10-year plan aimed at improving the health and well-being of women and girls across the country. This strategy highlights the importance of listening to women's voices, tackling health inequalities, and embedding women's health considerations into all aspects of public life—including the workplace.

This Women's Health in the Workplace Toolkit is designed to help employers, HR professionals, managers – and anyone else who can contribute to creating environments where women feel supported, understood, and empowered. It aligns with national and local priorities and offers practical strategies to foster open dialogue, implement inclusive policies, and ensure access to appropriate support.

By prioritising women's health, UK companies can not only enhance employee well-being but also drive performance, retention, and innovation, improve employee engagement, reduce absenteeism, and enhance overall organisational performance.

Whether you're just beginning this journey or looking to strengthen existing initiatives, this toolkit provides a comprehensive guide to understanding and addressing the unique health needs of women in the workplace and to making meaningful, lasting change.

How to use this Toolkit:

This Toolkit is designed to give workplaces the 'why and how' around supporting women's health in the workplace: why it is an important workplace issue and how you can address it practically and pastorally. It covers the 7 key strands outlined in the national Women's Health Strategy.

Choose your topic:
Each topic works as a standalone section and you can navigate directly to the one you would like by clicking on the relevant coloured tab at the top of every page (see above).

Links:
Any text that is underlined is hyperlinked to additional information on that item, so if you'd like to know more, just click on these.

See example below:

Click here

The Toolbox icon:
Highlights 'tools for the job' with practical and adaptable resources, such as template documents, policies, guidance notes and factsheets, etc. Just click on these to access a downloadable/shareable version.

Signposting pages:
The information on these pages offers topic specific support and information and can be used: as a directory; to create/add to any internal intranet pages; supplement policies, Line Manager and employee resources.

The Strategy Roadmap:
Is a 7-step 'how to' plan for delivering positive change on any/all of the topics in this Toolkit. Whilst the process can be applied to any workplace, how it is delivered will be relevant to the size, sector, demographics and available resources of each individual organisation.

Women's Health in the Workplace

Implementing the Women's Health Strategy for England as part of workplace health

2022 Women's Health Strategy for England

1. Understand need

Staff Health Needs Assessment

+

Workforce Data & Insights

+

Staff Experience Metrics

+

Local and national research (lots of this can be found within the Toolkit)

2. Establish Women's Health Task Group

Agree Task Group* scope and terms of reference. This could be bespoke or a strand of your wider H&WB group

*Task Group membership built upon passionate & willing volunteers in roles with the ability to influence the Women's Health offer

3. Map & Gap - Undertake self assessment

Map current provision/ offer against:
- Women's Health Strategy
- Best practice

Identify gaps/ opportunities

4. Consider how you can address each priority area

Women's Health Strategy seven priority areas:

1. Menopause
2. Health impacts of VAWG
3. Fertility, pregnancy, pregnancy loss, & postnatal support
4. Healthy ageing & long-term conditions
5. Menstrual health & gynaecological conditions
6. Mental health & wellbeing
7. Cancers

5. Consultation & engagement

Staff consultation & engagement through:
- Engagement events
- Linking with staff networks/fora
- Develop/integrate into comms plans
- Developing a Women's Health intranet page
- Promotion with Health Advocates
- Create dynamic feedback mechanisms

6. Develop a delivery plan

Identify key mechanisms to address gaps & harness opportunities to improve workplace health and deploy

+

Policy

+

Procedure

+

Practice

Establish core outcome measures/KPIs

7. Monitoring & evaluation

Measure progress from any baseline data and using your KPIs

Intelligence: Keep consulting with staff and collecting data and insights

Analysis: Collate your information and understand what colleagues are saying

Action: share and respond to feedback. Implement/ improve: be responsive to feedback/data and use them to inform any changes

Share any successes and keep apprised of best practice

Timeline: Implementing the women's health strategy in the workplace is a process and requires a step-by-step approach that begins with laying the foundations and then building upon them over time - you can start small and still make a big difference

Align with any established workstreams and embed into wider structures/strategies - e.g. Health & Wellbeing/ Staff Experience & Engagement/ Recruitment and Retention

NHS
Northumbria Healthcare
NHS Foundation Trust

Credit: Template based on Northumbria NHS Healthcare Trust's Women's Health Approach 2025

Fertility, Pregnancy, Pregnancy Loss & Postnatal Support

According to a recent public survey, fertility, pregnancy, pregnancy loss and postnatal support were identified as very important topics for women's health. Women called for better care in:

- contraception
- preconception health
- fertility and infertility
- pregnancy loss and stillbirth
- birth trauma
- support for expectant and new mothers, and their partners
- patient experience and safety

Some of these issues are more healthcare focused, but there is still plenty of scope - and impetus - to support key areas in the workplace through having and actively implementing good, inclusive policies, procedures and practices.

Fertility

Around **one in seven** couples in the UK may have difficulties conceiving, which can have a significant impact on their physical, emotional and financial wellbeing.

Infertility can be caused by many different things. For 1 in 4 couples, a cause cannot be identified. Conditions that can affect female fertility include: age, hormonal imbalances, Polyendocrine Metabolic Ovarian Syndrome (PMOS), endometriosis, fallopian tube damage, uterine fibroids, cervical mucus issues, pelvic inflammatory disease (PID), sexually transmitted infections (STIs) and thyroid disorders.

Risk factors

There are also several factors that can affect fertility.

These include:

- **age** – fertility declines with age
- **weight** – being overweight or obese (having a BMI of 30 or over) reduces fertility; in women, being overweight or severely underweight can affect ovulation
- **sexually transmitted infections (STIs)** – several STIs, including chlamydia, can affect fertility
- **smoking** – smoking (including passive smoking) affects your chance of conceiving and can reduce semen quality; read more about quitting smoking
- **alcohol** – the safest approach is not to drink alcohol at all to keep risks to a minimum. Drinking too much alcohol can also affect the quality of sperm (the chief medical officers for the UK recommend adults should drink no more than 14 units of alcohol a week, which should be spread evenly over 3 days or more)
- **environmental factors** – exposure to certain pesticides, solvents and metals has been shown to affect fertility, particularly in men
- **stress** – can affect relationships and cause a loss of sex drive; in severe cases, stress may also affect ovulation and sperm production.

However, despite the relatively high number of people affected, CIPD research shows there is lack of workplace provision to help people through this challenging time in their lives. It can be a long and uncertain road for employees facing difficulties conceiving, and practical support and compassion at work can make a significant difference to how someone balances the demands of work with that of fertility investigations and treatment. (ref: CIPD)

Key findings

Just over a quarter (27%) of employers have a policy in place concerning fertility treatment, while 40% don't have a formal policy and don't plan to introduce one.

Almost half of employees (47%) didn't tell their manager or HR they were experiencing fertility challenges.

Over half of organisations (56%) providing some kind of support had not told their employees about it.

The top three most helpful forms of support reported by employees were: **paid time off to attend appointments; understanding from managers; and paid compassionate leave.**

Almost one in five (19%) employees said they had considered leaving their job because of their experience at work in relation to fertility challenges, investigation or treatment.

The impact on your business

Absence

Almost three quarters (69.5%) took sick leave to hide the fact that they were having treatment *(FMAW, 2020)*.

Engagement

Fertility support builds employee loyalty, with a quarter (25%) of people reporting that their loyalty to their employer has been negatively impacted due to lack of access to fertility support. *(Peppy, FMAW, BICA, 2023).*

Productivity

Three quarters (75%) of individuals felt that fertility challenges strongly impacted their productivity at work. *(Fertility Network UK and Fertifa, 2023).*

Talent Attraction

Nearly half (47%) of Gen Z individuals state that fertility support would be the most important factor for them when considering a new role *(Peppy, FMAW, BICA 2023).*

Retention

1 in 3 considered leaving their jobs (Peppy, FMAW, BICA, 2023) and in a more recent study, 1 in 5 (18%) actually did leave their jobs due to a lack of support *(Fertility Network UK and Fertifa, 2023).*

NEED URGENT HELP RIGHT NOW?

If you, or someone you know, are in a mental health crisis, you can now call **NHS 111** and select **option 2** for urgent mental health support at any time of day.

If you are deaf or have hearing loss, please use **NHS 111 – SignVideo** or use the **18001 111 Relay UK app**.

Pregnancy

Recent research **revealed a sharp increase in the number of women who are potentially pushed out of their job when pregnant, during or when returning from maternity leave. Up to 74,000 women every year now lose their job for getting pregnant or taking maternity leave – an increase of 37% from 54,000 in 2016.**

Pregnancy is a protected characteristic under the Equality Act 2010. Pregnant employees have 4 main legal rights:

- paid time off for antenatal care
- maternity leave
- maternity pay or maternity allowance
- protection against unfair treatment, discrimination or dismissal

'Antenatal care' is not just medical appointments - it can also include things like smoking cessation or antenatal/parenting classes, if they've been recommended by a doctor or midwife.

Employers cannot change a pregnant employee's contractual terms and conditions without agreement - if they do they are in breach of contract.

Employers must give pregnant employees time off for antenatal care and pay their normal rate for this time off. The father or pregnant woman's partner has the right to unpaid time off work to go to 2 antenatal appointments.

Employers are responsible for providing a safe working environment while effectively managing risks to the health and safety of all workers, including women of a childbearing age. You must carry out an individual risk assessment for pregnant workers and new mothers. This applies to workers who:

- are pregnant
- have given birth in the last 6 months, or
- are currently breastfeeding

6 in 10 professional women will leave their organisation within a year of returning to the workplace after maternity leave. The most common reason is feeling unsupported by their employer.

By supporting your employees through pregnancy and parenting at work, you will:

- improve your ability to retain and attract talented employees
- increase the wellbeing of your employees
- make a huge difference to your business continuity
- demonstrate that you take a positive, open and inclusive approach to pregnancy, parenting and loss at work, regardless of the journey

Pregnancy Loss and Stillbirth

Pregnancy loss affects a quarter of all pregnancies, so it's likely that at some point, one of your colleagues will be affected.

What is Pregnancy Loss?

Pregnancy loss can be experienced in many ways, and no two people's experiences will be the same. If a member of staff informs you about a pregnancy loss, it's important you understand the key differences:

- A **miscarriage** is the spontaneous loss of a pregnancy before 24 weeks. It can be described as:
  - Early miscarriage, if it occurs before 13 weeks.
  - Late miscarriage, or second trimester loss, if it occurs between 13 and 24 weeks.
- A **stillbirth** is a baby who dies after 24 weeks of pregnancy, but before or during birth.
- An **ectopic pregnancy** is when a fertilised egg implants itself outside of the womb, usually in one of the fallopian tubes. Unfortunately, it's not possible to save the pregnancy, and it usually has to be removed using medicine or an operation. Symptoms tend to develop between the 4th and 12th week of pregnancy. An ectopic pregnancy can be life-threatening if the tube ruptures.
- A **molar pregnancy** is when there is a problem with a fertilised egg, meaning a baby does not develop the way they should. It often requires specialist follow-up care or treatment over several months.
- **IVF failure (embryo transfer loss)** is when a cycle of fertility treatment doesn't work, usually due to implantation failure.
- **Abortion or termination** is the artificial removal or expulsion of an embryo or foetus. This can be for any reason, but also includes where there is a foetal anomaly or risk to maternal health.

Legal rights and pregnancy loss

Every worker who experiences pregnancy loss deserves access to the time and space they need to recuperate.

Workers who experience stillbirth, pregnancy loss after 24 weeks' gestation, are entitled to exercise their full rights to maternity/paternity/parental leave and pay. That means that they receive up to 52 weeks' maternity leave and 39 weeks' Statutory Maternity Pay or Maternity Allowance. (See more on maternity rights on the TUC website). In addition, they are also entitled to two weeks' statutory Parental Bereavement Leave.

This is written into law, and employers should understand their obligation to provide it.

Up until July 2025, there was no legal entitlement for parents who experienced miscarriage before 24 weeks' gestation. The amendments to the Employment Rights Act will give those experiencing pregnancy loss at any stage the legal right to take time off work to grieve. They will be entitled to take a minimum of five days off work, acknowledging the often-profound impact of losing a baby in pregnancy and putting it on an equal footing with other forms of bereavement.

Despite the positive step forward, pregnancy loss is still a very sensitive topic, and 5 days (likely unpaid) will be the minimum legal entitlement; many people will need more time – and a supportive employer - to deal with the physical and emotional toll, without also enduring a financial impact.

RESOURCE

So, in partnership with the Miscarriage UK – we have produced a best practice Model Miscarriage & Pregnancy Loss Policy, which can be found in this section.

Postnatal support

See also Mental Health section.

Breastfeeding is a fundamental public health issue which has the potential to impact upon population health across the life course. It promotes a healthy start in life, prevents disease and contributes to reducing health inequalities. Breastfeeding reduces a baby's risk of respiratory infections, gastroenteritis, sudden infant death syndrome (SIDS), childhood leukaemia, allergies, type 2 diabetes, obesity and cardiovascular disease in adulthood. In addition, breastfeeding lowers the mother's risk of breast cancer, ovarian cancer, osteoporosis, cardiovascular disease, and obesity.

Increasing numbers of women are choosing to breastfeed their babies. As an employer there are sound business reasons for supporting employees to continue to breastfeed when they return to work. These include:

- Lower absenteeism, breastfeeding protects the health of babies, which include fewer ear and chest infections, and fewer tummy bugs. Breastfeeding lowers the risk of breast cancer in women.
- Increased morale and loyalty. Many women experience complex feelings of guilt and uncertainty when leaving a young baby to return to work. Continuing to breastfeed tends to help women to overcome these feelings as they experience a positive sense of still doing what is best for their child.
- Family friendly reputation: being known as a family friendly employer is not only good for corporate relations, but also for recruitment.
- Improved staff retention: your employee is more likely to return to her job after maternity leave if she knows she will come back to a supportive environment. You avoid losing her skills and incurring recruitment costs.

In the UK, breastfeeding women have legal protection under the Equality Act (2010).

The Health and Safety Executive advises that it is good practice for employers to provide suitable facilities such as a private room, washing facilities and clean fridge or section of fridge for expressing and storing milk. The toilets are not regarded as a suitable place.

By supporting your employee to breastfeed you are making a bigger contribution to the health improvement of people in our region and changing community attitudes, culture and conversations around breastfeeding.

Best practice examples and recommendations

CIPD good practice principles for workplace support

1. Raise awareness across the organisation about the need for fertility challenges, investigations or treatment to be recognised as an important workplace wellbeing issue.
2. Create an open, inclusive and supportive culture. Consider introducing mechanisms such as a Fertility Peer Support Network, implement/promote your EAP offer.
3. Develop an organisational framework to support employees, including specific policy provision. e.g., Flexible working, paid leave for treatment and paid leave in the event of pregnancy loss. Ensure policies are sensitively placed, for example, don't include fertility treatment or pregnancy loss provision/support within your maternity policy. These could be included in policies such as Special Leave.

RESOURCES

IVF example policy

Miscarriage/PL Guidance and policy

4. Manage absence and leave with compassion and flexibility, considering the potential impacts on both partners. Remove or adjust any designated 'trigger points' that might lead to the invocation of formal/punitive absence procedures. Offer an Adjustment Passport to support wherever the employee is on their fertility journey.
5. Equip line managers to support people with empathy and understanding.
6. Proactively undertake any appropriate/related risk assessments.
7. Undertake regular welfare checks with any pregnant members of staff, those returning from maternity leave and anyone who discloses they are undergoing fertility treatment.

RESOURCES

Guides for employees and organisations

8. Have a wider health and wellbeing offer that supports and facilitates health, safety and wellbeing (e.g., healthy eating, physical activity, mental wellbeing) and workplace practices as a holistic, wraparound approach.
9. Have family-friendly policies and procedures in place to support parents and carers returning to the workplace.
10. Create an open culture in the workplace by addressing all aspects of sexual and reproductive health and sexual health promotion. Eg. Safer sex and contraception, chlamydia screening opportunities in the workplace, information sharing and raising awareness around STIs and their impact on fertility, etc.

Signposting sources/resources

fertilitynetworkuk.org

Fertility in the workplace

Fertility Matters @ Work

Website

cipd.org

Workplace support for employees

acas.org.uk

Maternity leave and pay - Having IVF treatment

cipd.org

Pregnancy or baby loss: Guide for people professionals on providing workplace support

Pregnancy and work:

acas.org.uk

Looking after pregnant employees

maternityaction.org.uk

Pregnant at work 2025

tommys.org

Pregnancy and Parenting at work

hse.gov.uk

Government information protecting pregnant workers and new mothers

Dates for your diary

- September is PMOS Awareness Month
- World Childless Week is held every year in September
- 9th October is the start of Baby Loss Awareness week
- National Fertility Awareness Week runs annually during late October / early November

Healthy Ageing & Long Term Conditions

Healthy Ageing is the process of developing and maintaining the functional ability that enables wellbeing in older age.

There are 5 key domains to functional ability, these are the abilities to: meet basic needs; learn, grow and make decisions; be mobile; build and maintain relationships; and contribute to society. (WHO)

While life expectancy has risen, many people are living longer in poorer health – particularly those in more deprived parts of the country. The older a person is, the more likely they are to experience chronic diseases and disabilities.

Overall, health loss is higher in men, particularly driven by premature death; but women endure higher levels of illness over their lives.

Non-fatal conditions that lead to health loss through illness and disability, including musculoskeletal conditions, mental health conditions, headache disorders, Alzheimer's and other dementias, particularly affect females globally, while males are disproportionally affected by conditions that lead to more premature death, such as COVID-19, road injuries, cardiovascular diseases, and respiratory and liver diseases.

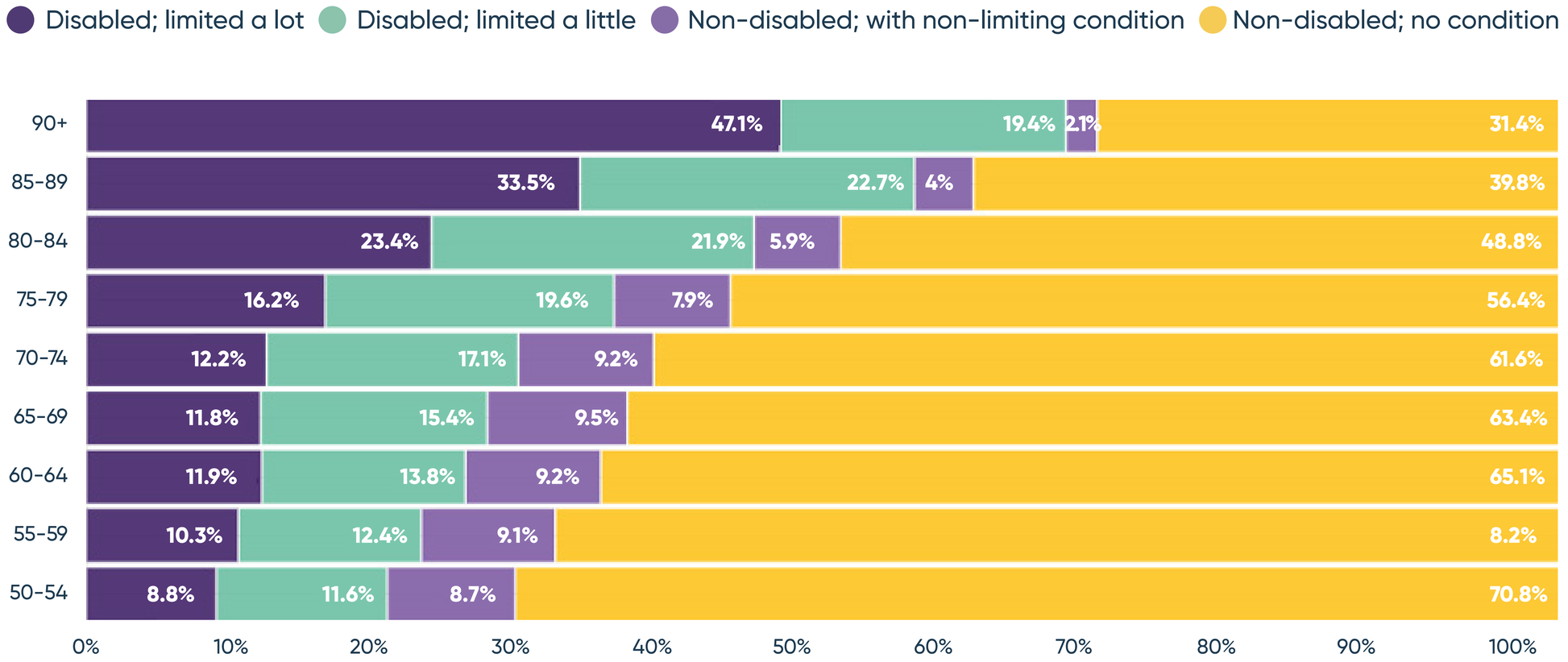
Importantly, these health differences between women and men continue to grow with age, leaving women with higher levels of illness and disability throughout their lives.

- **Older workers make a massive – and often undervalued – contribution to the economy.**
- **There are more people over 50 in employment in the UK than ever before, and the employment rate of older people is on the increase.**

- **In the UK, a significant and growing number of women aged 50 to 64 are employed, with 4.6 million in this age group, representing a substantial portion of the workforce. (CfAB)**
- **The average age of retirement for women has increased by seven years in the last three decades. In 2024, the average age of retirement for women was 64.**

By the age of 70-74, one in three women and a quarter of men are disabled

2.08 Disability status of people aged 50 and over, by age and sex, England, 2021 - Women



Centre for Ageing Better

Menopause

– see specific section

MSK

Good musculoskeletal health (MSK) is an important component of maintaining a person's functional abilities throughout their life. It is also fundamental to healthy ageing.

Social perceptions of ageing are gradually changing. People increasingly expect to lead independent, active and pain-free lives in their older years. For many people this includes remaining part of the workforce. For most, this includes an active retirement, without the fear of pain and falls.

MSK conditions are a group of conditions that affect the bones, joints, muscles and spine, and are a common cause of severe long-term pain and physical disability.

There are 3 groups of MSK conditions:

- inflammatory conditions, for example, rheumatoid arthritis
- conditions of MSK pain, for example, osteoarthritis and back pain
- osteoporosis and fragility fractures, for example, a fracture after a fall from standing height

Differences between men and women

Osteoarthritis in the UK

6M Women

4M Men

MSK conditions

11.6M women of all ages

35% have an MSK condition

8.7M men of all ages

28% have an MSK condition

Chronic pain

38% of women

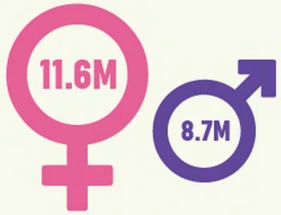
30% of men

have chronic pain in England

14% of women

9% of men

have high-impact chronic pain



11.6 MILLION (35%) women and 8.7 MILLION (28%) men of all ages have an MSK condition

Osteoporosis

Osteoporosis is a health condition that weakens bones, making them fragile and more likely to break. It develops slowly over several years and is often only diagnosed when a fall or sudden impact causes a bone to break (fracture).

Women are more at risk of developing osteoporosis than men because the hormone changes that happen at the menopause directly affect bone density. The Royal Osteoporosis Society reports that **half of women over 50 will suffer osteoporosis.**

The female hormone oestrogen is essential for healthy bones. After the menopause, oestrogen levels fall. This can lead to a rapid decrease in bone density.

Women are at even greater risk of developing osteoporosis if they have:

- an early menopause (before the age of 45)
- a hysterectomy (removal of the womb) before the age of 45, particularly when the ovaries are also removed
- absent periods for more than 6 months as a result of very low body mass

Heart Disease

Heart disease is the number one killer of women in the UK, and there are currently more than 3.6 million women in the UK living with heart disease.

Heart disease refers to a range of conditions that affect the heart. The term 'heart disease' is often used interchangeably with the term 'cardiovascular disease' (CVD). CVD refers to all diseases of the heart and circulation, including coronary heart disease, preeclampsia, atrial fibrillation, heart attack, congenital heart disease, heart failure and stroke.

Coronary heart disease (CHD) kills more than twice as many women as breast cancer, and each year, more than 30,000 women in the UK are admitted to hospital due to a heart attack.

Heart disease is often perceived as a man's disease but this is a myth - women are equally affected. Heart health and symptom awareness should be promoted to women to ensure they can act as early as possible. More information on Women's symptoms awareness can be found here.

For more information click on the respective topics: heart disease and stroke.

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Dementia & Alzheimer's

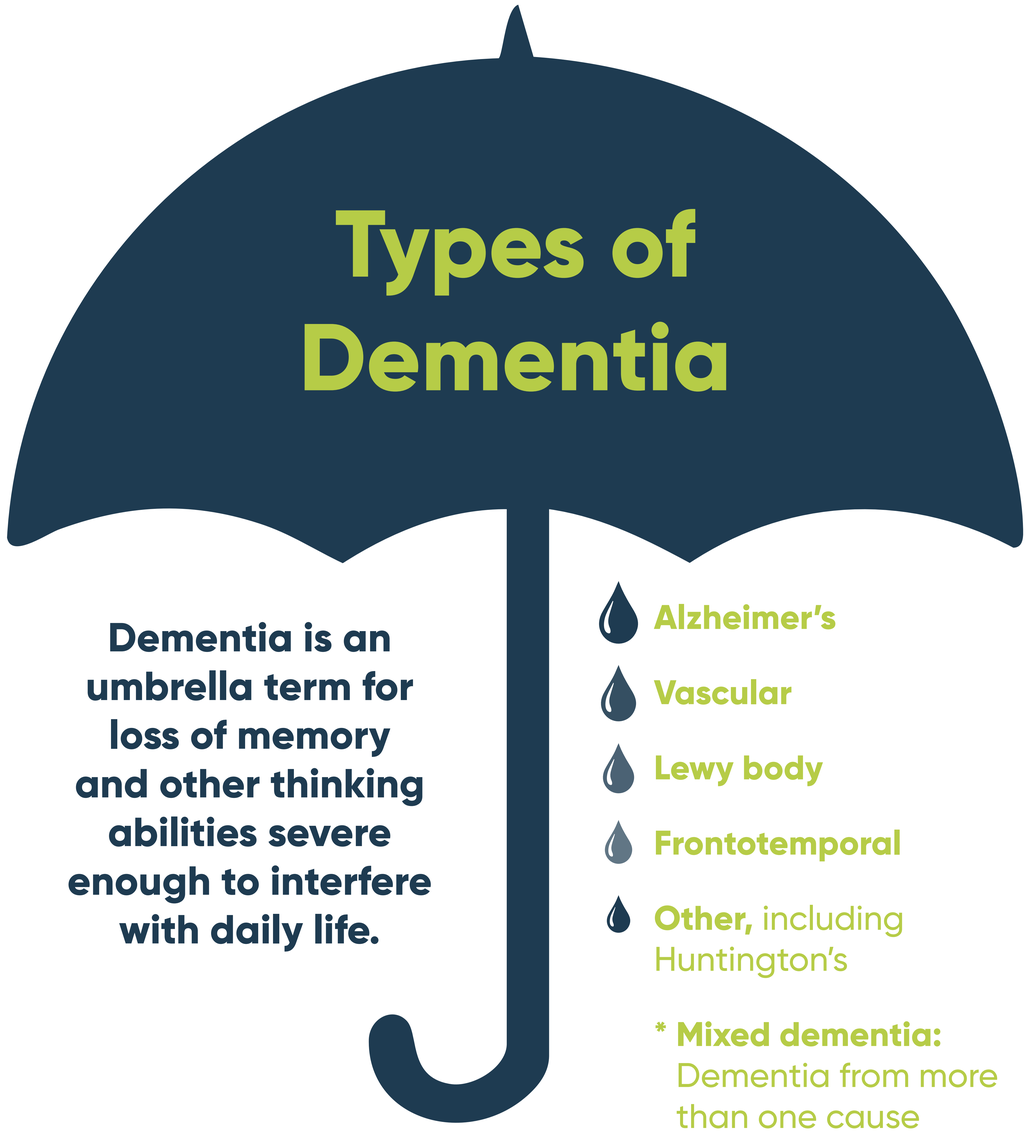
Dementia is a progressive condition that affects memory, thinking and behaviour. It is not a normal part of ageing and is caused by disease. There are several types of dementia, with Alzheimer's and Vascular dementia being the most common.

Dementia has been the leading cause of death for women since 2011.

- Women are more likely than men to develop dementia.
- Women over 60 are twice as likely to develop Alzheimer's, the most common cause of dementia, as they are to develop breast cancer during the rest of their lifetime.
- Women are twice as likely to be diagnosed with Alzheimer's disease, whereas men are slightly more likely to develop vascular dementia.
- Women are also more likely to find themselves providing unpaid care for a loved one with the condition.

One of the most significant risk factors for dementia is increasing age and women tend to live longer than men, but this alone doesn't necessarily explain why women are more likely to develop dementia. Of all people with dementia in the UK, two in three (65%) are women. There has been some research to suggest that hormonal changes, differences in the effects of high blood pressure and even different life experiences and rates of physical activity are potential contributors, but more research needs to be conducted.

Dementia risk is lowest in people who have healthy behaviours in mid-life (aged 40–65).



Risk Factors for long term ill health

Condition	Non-Modifiable	Modifiable/ Partially Modifiable
Heart Disease	Increasing age Gender Family history	High blood pressure Pre-eclampsia Diabetes Stress High cholesterol Inactivity Overweight/obesity Unhealthy diet Smoking Alcohol intake
Alzheimer's/ Dementia	Age Genetics Sex/Gender Ethnicity Other long-term conditions Deprivation Hearing loss	Inactivity Overweight/obesity Unhealthy diet Smoking Alcohol intake Cognitive reserve Untreated Hearing loss High blood pressure Air pollution Sleep Social isolation Diabetes
Osteoporosis	Age Sex/Gender Early menopause/ hysterectomy Other LTCs Medication Family history	Inactivity Poor nutrition Low body mass index (BMI under 19) Smoking Alcohol intake Vitamin D deficiency
Diabetes (Type 2)	Age Sex/Gender Ethnicity Other LTCs Family history Polyendocrine Metabolic Ovarian Syndrome	Inactivity Overweight/obesity Unhealthy diet Smoking Alcohol intake High blood pressure Poor sleep High waist measurement

Preventing long term ill health

- Eat a heart-healthy diet that includes a variety of fruit, vegetables, wholegrains and healthy protein sources.
- Limit the amount of processed foods eaten, and check their nutrition labels. These foods can contain high amounts of saturated fat, trans fat, LDL cholesterol, salt and sugar that can negatively affect health.
- Avoid sugary drinks and stay well-hydrated with water instead.
- Choose healthier sources of fat, such as nuts, seeds and avocados.
- Make exercise or physical activity a regular part of your day. Aim for at least 30 minutes of moderate-intensity physical activity on most days, but any bit of activity helps.
- Maintain a healthy weight through regular exercise and a balanced diet.
- Limit alcohol intake. Drinking too much alcohol can raise the levels of some fats in the blood, reduce our HDL "good" cholesterol and increase blood pressure, all risk factors for CVD.
- Stop smoking. Quitting is one of the best things you can do for your heart health, as smoking significantly increases your risk of CVD. Help is available from local stop smoking services, which can be found here.
- Be aware of your health and attend health checks/ screening appointments, or seek medical/specialist advice if you notice any changes.

Early intervention is key. The free NHS Health Check - NHS is available for people over 40.

- Look after your mental health as well as your physical health. Engage in activities that engage your body and mind and spend time socialising with friends, family and community. (See mental health section).

RESOURCE

Click here for more information on all of the aforementioned.

There is good evidence that the following six things will help you reduce your risk of developing dementia.

Be physically active

Eat healthily

Don't smoke

Drink less alcohol

Stay mentally and socially active

Take control

These are not listed in order of importance. The benefits of these changes will vary from person to person.

Neurological conditions

Neurodiversity

Everyone's brain works in a different way. Neurodiversity is the concept that brain differences are natural variations – not deficits, disorders or impairments.

For at least 1 in 5 of the UK's adult population, these differences mean they are not seen as 'neurotypical' and may be diagnosed with neurological conditions such as autism spectrum condition (ASC), dyslexia and attention deficit hyperactivity disorder (ADHD). There is no set 'list' of what conditions fall under the neurodiverse banner, but autism and ADHD are two of the most commonly referred to.

According to the Office for National Statistics (ONS), around 4 out of 5 autistic people in the UK are not in employment and are the least likely to be in work of any other disabled group.

Neurodivergence and learning difficulties/disabilities are underdiagnosed in women. Research suggests that four out of five **(80%)** autistic females remain undiagnosed or misdiagnosed by the age of 18. This gap in diagnosis can have serious repercussions.

Without the proper support and understanding, they are at a higher risk of developing mental health issues. Studies show that **autistic women and non-binary individuals experience mental ill-health at higher rates than their male counterparts.** By age 25, three quarters(77%) of autistic women and around two thirds (62%)of autistic men have been diagnosed with a psychiatric condition.

A study published in the Journal of Autism and Developmental Disorders highlighted that some women with ASD/ASC experience a worsening of symptoms such as sensory sensitivities and social difficulties during specific phases of their menstrual cycle, particularly during the premenstrual period. This suggests a link between oestrogen levels and symptom severity in ASD.

Recent research shows that while only 3% of non-autistic women struggled with premenstrual dysphoric disorder (PMDD), more than 1 in 5 (21%) autistic women experienced this condition.

A 2022 study found that neurodivergent women, those with autism, ADHD, or both, tend to experience more intense menopausal symptoms.

One reason for the high unemployment rates amongst those with autism may be that recruitment processes are inaccessible. A recent study identified four key points:

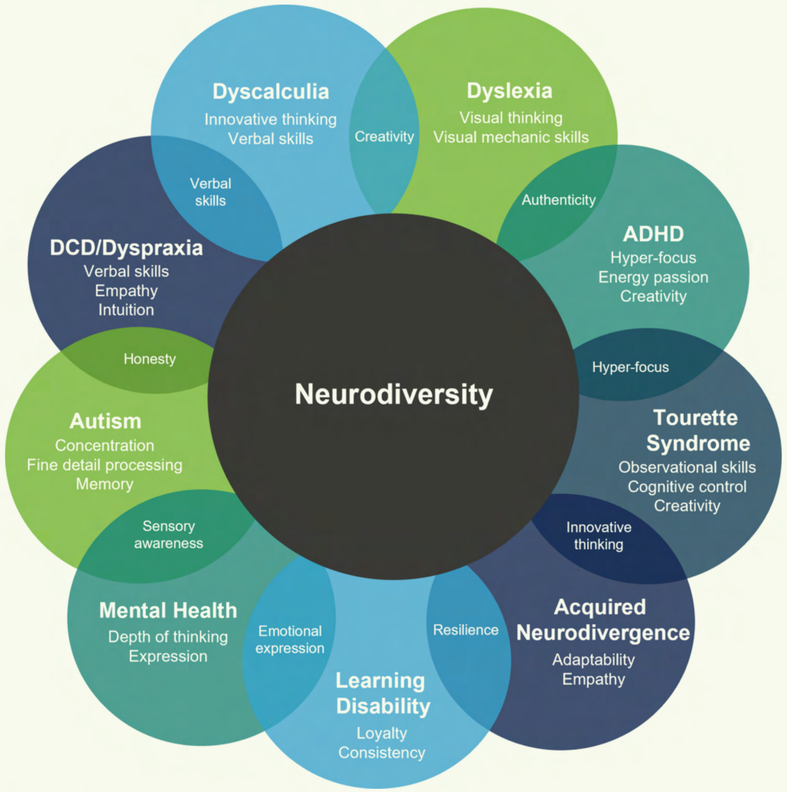
(1) frustration with the focus on social skills;

(2) a perceived need for more flexible hiring processes;

(3) a desire for more clarity and

(4) the importance of the environment.

Recommendations for improvements included the use of more practical recruitment strategies (e.g., work trials), more clarity about what to expect, and improvements in recruiters' understanding of the challenges autistic and neurodivergent candidates may face.



Source: genius within

RESOURCE

CIPD Neuroniclusion Guide

Guest post: Five neurodiversity myths every employer must challenge - Support for neurological conditions | The Brain Charity

Best practice examples and recommendations

- **Prioritise prevention** and provide 'good work' for all staff by centring health and wellbeing as core business as usual; built into infrastructure, people management, culture, policies, procedure and practice.
- **Facilitate a health-conducive environment and healthy behaviours.** Move beyond awareness and provide mechanisms to support and lever maintenance, or improvement of health and wellbeing. Work on delivering the 'how' and not just the why. e.g., equipping Line Managers with the right tools for the job (e.g., training, good, clear policies), offering paid time for staff to attend any health-related appointments, offering proactive adjustments/ flexibilities, providing an EAP, Occ Health and other staff benefits, implementing reward and recognition programmes, creating and monitoring an inclusive and equitable workplace across all dimensions, with fair and equitable remuneration. Examples of how can be found here.
- Awareness – take an active role in promoting a positive understanding of the links between health and work among all employees; raise awareness of the issues facing older workers, including specific long-term conditions.
- Managers and supervisors play a key role in supporting health and wellbeing at work so it is imperative that they are well trained and well supported themselves.

Research shows a clear link between how people see their line managers and their own health, and one survey found that managers account for 70% of the differences in employee engagement.

- Provide managers and employees with clear pathways of support escalation/ processes and what is available to them internally and externally. e.g., EAP, Occ Health, Access to Work, Able Futures, private healthcare provision, reduced/free gym membership, reasonable adjustments/ workplace flexibilities, assistive technologies and equipment, leave options, etc.
- Take a person-centred approach – one size does not fit all. Policies should be there to provide structure, guidance and ensure a base level of consistency, not be inflexible mandates. Work with individuals to help overcome any challenges they are facing.
- Flexible Working Policy – Employers should offer flexible working as the default, and encourage employees to make use of these options. If all employees choose to work flexibly, this helps tackle the stigma sometimes associated with taking time off for health reasons and the negative attitudes that persist around health and wellbeing conditions.
- Create or adapt policies/ procedures (with employees) that accommodate older women who feel the need to slow down, reduce or alter their hours of work - one which can offer them opportunities for redeployment, lighter duties or job re-design.
- Set up Women's Health Days in the workplace to raise awareness about the specific health, safety and wellbeing issues that affect older women in the workplace.
- Establish and support LTC, Women's, Neurodiversity and other Network Support Groups – integrate these groups into organisational structures and allocate a Senior Leader sponsor or ambassador.
- Make reasonable adjustments where needed, including to any sickness absence 'triggers' and performance targets.
- Consultation and co-production: actively seek different staff groups' input on decision making. Collect continuous feedback from employees to improve any health and wellbeing or related workplace initiatives. Target resources at what people want and need, not what you think they want.
- Take a health approach in all policies, procedures and practices and use tools like Health, Equality and Integrated Impact Assessments to ensure you have considered all potential impacts on different staff groups and they are as inclusive and equitable as possible.
- Employers should ensure that workplace policies, practices and environments are flexible, supportive and inclusive to accommodate any additional needs, and that any reasonable adjustments are regularly reviewed.
- Implement as many best practice principles from relevant sources as possible.

RESOURCE

The HSE has some good guidance here.

RESOURCES

Template policy/guidance

Carers leave/support

Reasonable adjustments

Workplace Adjustment Passport

Flexible Working

Neurodiversity Guidance and policy tips

ED&I policies

Attendance Management – LTC provision

Special Leave

Disability Leave

Signposting sources/resources

LTC stats and info	**Ageing Better -** resources and information	Becoming an age-friendly employer	**MSK -** All Our health Musculoskeletal health: applying All Our Health - GOV.UK	MSK - Versus Arthritis
MSK - **Royal Osteoporosis Society**	**MSK -** Backcare	**Heart disease/CVD -** British Heart Foundation	**Heart disease/CVD -** Stroke Association	**Neurodiversity - National Autistic Society:**
Neurodiversity - The Brain Charity	**Neurodiversity -** British Dyslexia Association	**Neurodiversity -** Dyspraxia Foundation	**Neurodiversity -** The Dyscalculia Association	

Violence Against Women & Girls

Violence Against Women is a cause and consequence of gender inequality

Violence against women and girls (VAWG) is an umbrella term used to cover a wide range of abuse types that affect more women and girls than men and boys. These include domestic homicide, domestic abuse, sexual assault, abuse experienced as a child, female genital mutilation (FGM), forced marriage and harassment in work and public life. (ONS definition) This is not an exhaustive list and VAWG also covers 'revenge porn', 'upskirting' and many other crimes that disproportionately affect women.

Incidents of rape and sexual assault recorded by police has increased by nearly four times over the last 14 years, from 34,000 to 123,000*.

There is a substantial amount of research that finds the impact of these crimes on women and girls is significant and often long-lasting: more than 6 in 10 reported mental or emotional problems and 1 in 10 reported that they had attempted to take their own life as a result. In addition, a fifth reported taking time off work and 1 in 20 reported losing their job or giving up work.

Violence against women is linked to many long-term health problems. These can include:

- **Arthritis**
- **Asthma**
- **Chronic pain**
- **Digestive problems such as stomach ulcers**
- **Heart problems**
- **Irritable bowel syndrome**
- **Nightmares and problems sleeping**
- **Migraine headaches**
- **Sexual problems such as pain during sex**
- **Stress**
- **Addictions**
- **Problems with the immune system**

Many women also experience mental health problems after violence, including PTSD, depression and anxiety. Sexual violence can also affect someone's perception of their own bodies, leading to unhealthy or disordered eating.

Close the Gap | Blog | Violence against women (VAW) in the workplace: A barrier to equality

NEED URGENT HELP RIGHT NOW?

If you, or someone you know, are in a mental health crisis, you can now call **NHS 111** and select **option 2** for urgent mental health support at any time of day.

If you are deaf or have hearing loss, please use **NHS 111 – SignVideo** or use the **18001 111 Relay UK app**.

Sexual Harassment at Work

Sexual harassment is unwanted behaviour of a sexual nature.

The Office for National Statistics (ONS) in the year ending March 2024, found that more than a fifth of people aged 16 years and over who have said they have experienced in-person sexual harassment in the last 12 months had done so at their place of work.

TUC research illustrated that workplace sexual harassment is endemic, and it is overwhelmingly women who are targeted. The research found that **half of all women** have experienced workplace sexual harassment, rising to **7 in 10 for disabled women and LGBT+ workers**, but four out of five do not report the harassment to their employer.

A 2024 survey also found certain occupations were at greater risk than others, with **nurses, teachers and night workers facing the biggest risk.**

The law (Equality Act 2010) protects the following people against sexual harassment at work:

- employees and workers
- contractors and self-employed people hired to personally do the work
- job applicants

Sexual harassment can be a one-off incident or an ongoing pattern of behaviour.

It can happen in person. It can also happen online, for example in meetings, email, social media or messaging tools.

Higher risk factors might include things like:

- meeting clients or service users alone
- an environment where people are drinking alcohol
- work-related social events
- power imbalances between staff
- travelling for work, including overnight stays

Some staff groups are at even higher risk. For example:

- younger staff, including apprentices and interns
- people with learning difficulties
- LGBTQ+ workers

NB. Women who fall into more than one of these groups will be at even higher risk. (see intersectionality in menopause section).

The Worker Protection Act (a preventative duty) came into effect on 26 October 2024. The new duty is an anticipatory duty, meaning that employers now need to take a proactive and preventative approach to protecting their employees from workplace sexual harassment.

Domestic Abuse

The UK government's definition of domestic abuse is 'any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality.

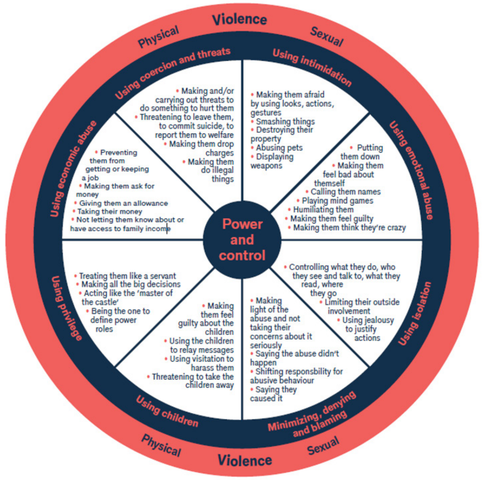
Domestic abuse isn't just physical, it can include, but is not limited to, the following:

- Coercive control (a pattern of intimidation, degradation, isolation and control with the use or threat of physical or sexual violence)
- Psychological and/or emotional abuse
- Physical or sexual abuse
- Financial or economic abuse
- Harassment and stalking
- Online or digital abuse

Between April 2020 and March 2024 there were 1,012 domestic abuse related deaths - of which almost half were domestic homicides.

Around three-quarters of all victims were female.

However, a recent report highlighted that for the last two years in a row **suicides linked to domestic abuse outnumbered homicides.**



RESOURCE

The Duluth Power Wheel 1

Risk factors

Whilst domestic abuse can affect anyone from any demographic, there are additional risk factors that can increase the likelihood of someone experiencing it:

- Female — nearly twice as many women than men are affected by domestic abuse
- Age — aged 16–24 years (women)
- Sexual orientation and gender identity — about 80% of trans people experience emotional, physical, or sexual abuse from a partner or ex-partner, and 38.4% of bisexual, gay, and lesbian people class themselves as having experienced domestic abuse
- Affected by long-term illness, disability, or mental health problems — the odds of experiencing domestic abuse were twice as high for those with a physical disability and three times higher for those with a mental illness

Mental health problems can be a risk factor for perpetrating and experiencing domestic abuse

- Separated or in the process of separating from a partner
- Pregnant or has recently given birth — although pregnancy appears to offer protection for some women, it increases the risk for others
- Socio-economically disadvantaged — although domestic abuse is experienced across all socio-economic classes, there is increased risk if a person is low income or under financial strain, or has reduced access to social support

For more info: Risk factors | Background information | Domestic abuse | CKS | NICE

Impact on workplace

It is well-established that good work is good for you. Home Office research shows that being a survivor of crime is associated with lower employment rates. Approximately two-thirds of survivor of non-sexual domestic abuse and stalking and just under two-thirds of survivors of domestic sexual assault were in some form of employment. For those individuals in employment, domestic abuse can lead to considerable amounts of time lost in work as well as a loss in productivity.

Key points/messages

"To effectively prevent VAW, it's essential to address gender inequality within the workplace. Women's experiences of VAW are deeply intertwined with the structural barriers they face in the labour market, such as inflexible working arrangements, low-paid part-time roles, and inadequate workplace support for survivors. These challenges reinforce gender inequality and perpetuate conditions that increase women's vulnerability to violence and economic dependency. Addressing these issues requires transformative action from employers, who play a critical role in fostering equitable and supportive working environments."
CTG Blog

Many abusers will specifically target someone's job or career (and thus, independence/ earning potential), by preventing them from being in education or employment. This could involve:

- limiting their working hours
- making them consistently late for work
- causing injury so they must call in sick
- hiding car keys or breaking glasses so they can't drive to work
- withholding money so they can't use public transport
- forcing them to take unpaid leave
- not allowing them to attend training courses. (EIDA Toolkit)

Power and Control wheel: read more

RESOURCE - Policy and Guidance

Preventing sexual harassment at work: a guide for employers

SH policy sample.docx

SH climate survey .docx

Sexual harassment pdf

Domestic Abuse Policy Template and Guidance: "Sharon's Policy" | Employers' Initiative on Domestic Abuse

Best practice examples and recommendations

Sexual Harrassment

Take concrete steps to create safer, more equitable environments for women. This includes implementing comprehensive policies to prevent sexual harassment, undertaking training to identify and support survivors of VAW, and embedding gender equality into recruitment, pay, and progression practices.
Ref CTG

Be proactive and systematic in your prevention approach - focus on key priority areas:

- **Organisational and cultural change:** Senior leaders should set the tone for expectations around behaviour and workplace civility. They need to embed and live the values and behaviour that underpin dignity, respect and inclusion. Having a designated Senior Ambassador can be helpful.
- **Policies and procedures:** A standalone Sexual Harassment policy will demonstrate organisational commitment and provide clear guidance for staff and Line Managers. A good policy should include Training & Development and Implementation sections to ensure it is actively implemented and embedded. Ensure all other policies are aligned, e.g., social media, disciplinary/grievance, lone-working.
- **Training and development:** Deliver regular mandatory training sessions for all staff and specific training for LMs/HR/Mediators so that they understand what sexual harassment is, their role in preventing/addressing it and have the appropriate skills to do so with confidence and support.
- **Reporting and investigating:** Encourage any incidents to be reported and ensure there are visible and well-promoted channels for complaints. Any complaints need to be addressed promptly, fairly and comprehensively. Any evidence of discriminatory behaviour or harassment needs to be investigated and acted on swiftly with a clear zero tolerance message.
- **Monitoring and review:** Regularly check if your policies and procedures for preventing sexual harassment and handling complaints are working/fit for purpose and how effective your training around sexual harassment is. Staff surveys and your reporting data are a good measure of this.

For larger organisations, monitoring the gender diversity of the workforce at every level, including for recruitment and promotion, will help to highlight if there is any potential discrimination or harassment on grounds of gender.

Domestic Abuse

A crucial first step as an employer developing a response to domestic abuse is to have a clear understanding of its scope. A common misconception is that domestic abuse is limited to physical violence by an intimate partner, but, as outlined previously, it can take many more forms than this.

Be mindful of the barriers. Disclosing domestic abuse is sensitive and people may not feel comfortable to do so at work, whether for personal reasons, the psychological impacts of abuse, concerns about how the employer will respond, or their employment or relationship status. e.g., they could work with/be employed by their abuser, be in insecure work or a role that is quite isolated which limits their confidence, awareness or opportunity to disclose.

Build in mechanisms to help overcome barriers.

Survivors need a strong employment rights framework that protects and maintains their economic and financial security, that must include:

1. Paid leave for survivors of domestic abuse, to be taken flexibly as required (best practice is 10 days)
2. A domestic abuse policy in every workplace
3. Mandatory training for all staff, developed with specialist VAWG services where possible

- Where possible, work closely with trade unions and organisations specialised in supporting survivors of domestic abuse in shaping the policy and approach.
- A comprehensive domestic abuse policy sets out: signs of domestic abuse, roles and responsibilities, education and training, steps to ensure safety in the workplace, as well as what the employer can practically offer (see template examples here).
- The practical support offer to employees could include the following measures:
  - paying salaries into separate accounts
  - additional financial assistance
  - access to counselling and/or other health-related services
  - access to time and space within work to make calls and other arrangements as well as flexibility and time out of work
- Take any additional, specific steps to ensure safety in and around the place of work, such as: informing security, providing safe parking spaces, accompanying to buses or trains, and ensure that information about the employees' whereabouts is not accessible (for example, listing members of staff on websites).
- Have a clear and visible zero tolerance company approach to perpetrators or employees showing abusive behaviours.

Embed the policy in wider organisational culture and practices, including:

- **Company frameworks:** a domestic abuse policy can be more effective where it is embedded. e.g., cross-reference in HR policies and link to any ED&I and health and wellbeing approaches.
- **Signposting**, for example, putting posters around the workplace or the back of toilet doors, having a list of easily accessible local service providers or specialist apps, using intranet pages or staff communications. Consider

service providers specialised in specific groups and that content is translated into the main languages spoken by employees as well as contracted staff.

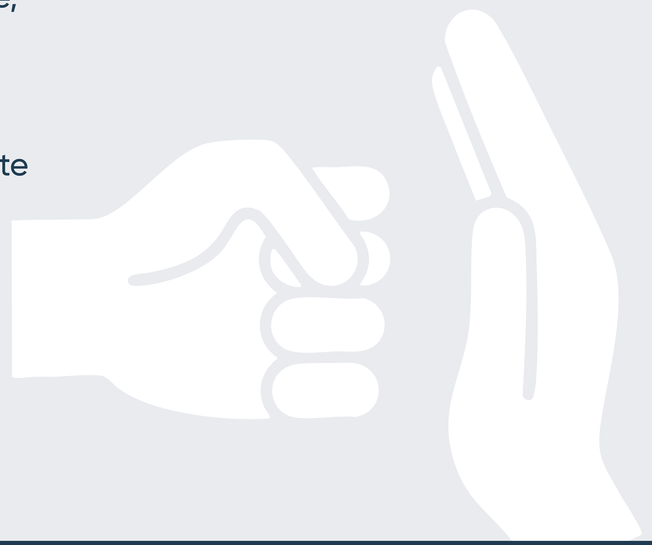
- **Train Domestic Abuse Champions** who raise visibility of the issue and are trained to spot the signs of abuse and how to respond to and refer individuals.

  Make any disclosure as easy as possible; e.g., a visible one-click button on a company intranet that goes directly to a signposting and support page, including contacts for the Champions, is a quick and easy way to facilitate.

  Ensure there are commensurate mechanisms for staff who aren't desk-based, such as posters with a QR code to the information that can be accessed using personal devices and having a Champion(s) in remote/ frontline teams.

- **Ambassadorship from senior management and leadership** raising the issue of domestic abuse can also play a key role in changing workplace culture and breaking down barriers.

- Join the Employers Initiative on Domestic Abuse (EIDA) and sign the Employers Domestic Abuse Covenant (EDAC).



Signposting sources/resources

Domestic Abuse Act Factsheet | Employers' Initiative on Domestic Abuse

Addressing-violence-and-harassment-against-women-in-the-world-of-work-en.pdf

EHRC technical guidance on sexual harassment and harassment at work

ACAS guidance on sexual harassment in the workplace

Preventing Sexual Harassment | TUC

CIPD - Sexual Harassment in the workplace

Respect
Help and advice for domestic violence perpetrators

Halo Project: Forced Marriage and Honour Based Violence Charity

Reducing the Risk

Support services

Rape Crisis
free helpline 0808 802 999

Galop
the LGBT+ anti-violence charity, 0800 999 5428

Rights of Women
free and confidential legal helpline for women who have experienced sexual harassment at work:
020 7490 0152

Victim Support
free advice line
0333 300 6389

Refuge National domestic abuse
helpline 0808 2000 247

Southall Black Sisters

Latin American Womens Rights Service

Women's Aid

Survivors UK

Citizens Advice

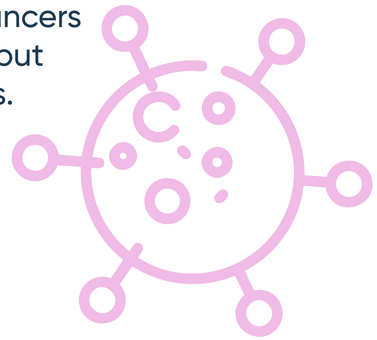
Equality and Human Rights Commission (EHRC)

Cancers & Screening

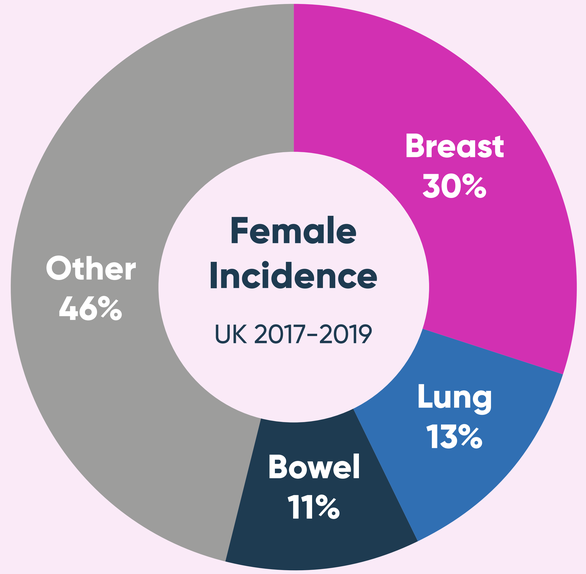
Cancers & Screening

- **One in two people will be diagnosed with cancer in their lifetime.**
- **Every year, more than 127,000 people of working age are diagnosed with cancer in the UK. Around 4 in 10 of these cases could be prevented. (CRUK)**
- **Over two million people are currently living with cancer in the UK. This is estimated to double by 2030.**
- **At least one in four people living with cancer experiences a wide range of long-term debilitating health conditions caused by their cancer.**
- **Cancer is the leading cause of death of women in our region and is also the biggest driver of inequalities in life expectancy.**

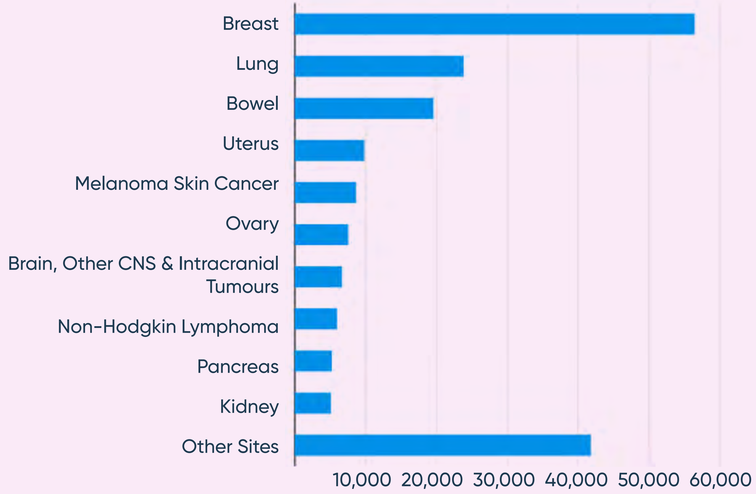
Breast cancer is the most common cancer in UK females, accounting for almost a third (30%) of all female cases (2017-2019). The next most common cancers in UK females are lung cancer (13%) and bowel cancer (11%). Breast, lung and bowel cancers together account for over half (54%) of all new cases in females in the UK. Two of the ten most common cancers in females are sex-specific (uterus and ovary), compared with one of the ten most common cancers in males (prostate). Breast, brain, other Central Nervous System and intracranial tumours and pancreatic cancer are among the ten most common cancers in females, but not in males.



The Three Most Common Cancers in Females, Percentages of All Cancer Cases Excluding Non-Melanoma Skin Cancer (CO0-C97 excl. C44), UK, 2017-2019



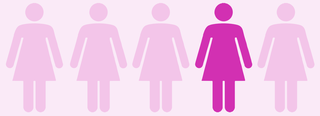
The Ten Most Common Cancers in Females, Annual Average Numbers of New Cases, UK, 2017-2019



Impact on workplace

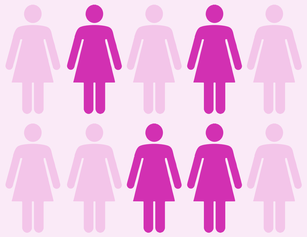
A study from the Cancer Experience Registry revealed that:

Nearly half of women who left their jobs after a cancer diagnosis did not do so by choice



1 in 5 women reported some kind of job discrimination

Macmillan research has shown that two of the most important factors in a successful adjustment back to work are a good relationship with the employer and a phased return to work



Almost four in ten people (37%) who return to work after cancer treatment say they experience some kind of discrimination from their employer or colleagues

More than 1 in 10 women experienced "involuntary" changes to their work schedules

RESOURCE

For a comprehensive guide to Managing cancer in the workplace click on this link

RESOURCES

Cancer policy

Cancer Policy

Carer's Leave Policy

Template Carers Policy

Carers leave

Support for employers

Flexible Working

Flexible working

Policies for home and hybrid working

Attendance Management: Reasonable Adjustments / Leave

Reasonable adjustments

Sickness absence

Supporting disabled people

Disability Discrimination & Equality Act

Disability discrimination, equality act and cancer

Top Tips for Line Managers

Top tips

Cancer & Screening factsheet/timeline

Factsheet

NEED URGENT HELP RIGHT NOW?

If you, or someone you know, are in a mental health crisis, you can now call **NHS 111** and select **option 2** for urgent mental health support at any time of day.

If you are deaf or have hearing loss, please use **NHS 111 – SignVideo** or use the **18001 111 Relay UK app**.

Dying to Work Charter

Being told that you are going to die as a result of a disease for which there is no cure or effective treatment and that you only have months, or at best a year or so to live is a traumatic event and everyone will react differently.

Sometimes the nature of the illness is such that the person is unlikely to be able to work again. In other cases, a person may decide that they do not want to work anymore and would rather spend their remaining time with their family and friends, getting their affairs in order, or simply doing what they want. However, a lot of workers with a terminal diagnosis decide that they want to continue working as long as they can, either because they need the financial security or because they find that their work can be a helpful distraction from their illness. Whichever choice a person makes, they should be able to expect help and support from their employer. Unfortunately, the experience of many workers is that their employer is either unsympathetic or puts up barriers to them continuing in work.

If a worker with a terminal illness loses their job, they lose their income. They can also lose any death in service payments they have earned through a life-time of work but are only payable to those that die while still in employment.

Best practice – recommendations

- Source and offer Cancer Champion training. Create a Network (or integrate into relevant existing ones) and highlight/promote your Cancer Champions to staff.
- Raise awareness of symptoms and risk factors via campaigns and information sharing.
- Train Line Managers to be able to support their staff member compassionately and effectively.
- Raise awareness of preventative and early intervention opportunities such as cervical and breast screening and HPV vaccinations.
- Provide paid time off and flexible working provision for medical and screening appointments.
- Facilitate, support and encourage healthy practices that can help reduce risk: e.g., smoking cessation, maintaining a healthy weight, reducing alcohol intake, healthy eating.
- Implement supportive policies and procedures around absence, including the provision of paid sick leave to cover any treatment and recovery.
- Offer a phased return: ensure ongoing support is available/ provided upon the person's return to work and any reasonable adjustments are implemented.
- Help your employee to cope with any related fatigue by offering various adjustments. Flexible working, working from home, reduced hours or lighter/ alternative duties are a few options. Simple things like rest breaks or a short walk outdoors can really help.

NB. Make the connection and highlight any cross-over with other relevant workplace policies- for example, women undergoing treatment for cancer might experience sudden onset menopausal symptoms which may need workplace adjustments.

- Sign-up to the Dying to Work Charter.
- Complete any appropriate risk assessments.
- Carers – refer to Macmillan guide.
- Keep in regular contact with the employee, but be led by their preferences in terms of frequency and method(s) of communication.

If a colleague is continuing to work through their treatment you may be able to make it easier for the person to cope with any side effects at work.

For example:

- flexible working, by allowing frequent breaks
- having access to a fridge to store medicines in, or allowing uniform changes.

The choices someone makes about employment can significantly affect their entitlement to financial help and their long-term financial outlook. Before formally agreeing changes in working hours, resignation or early retirement, ensure your employee has obtained expert advice about the consequences for their own situation.

Signposting sources/resources

RESOURCES

Macmillan at Work

Macmillan at Work offers training and resources to employers to enable them to provide better workplace support for employees living with or affected by cancer.

We work to raise awareness about the rights of people with cancer in the workplace. We support HR and line managers to feel more confident dealing with cancer in the workplace.

To take advantage of our expertise join Macmillan at Work today.

Eves appeal

Maggie's (managing work)

Dying to work

Menopause

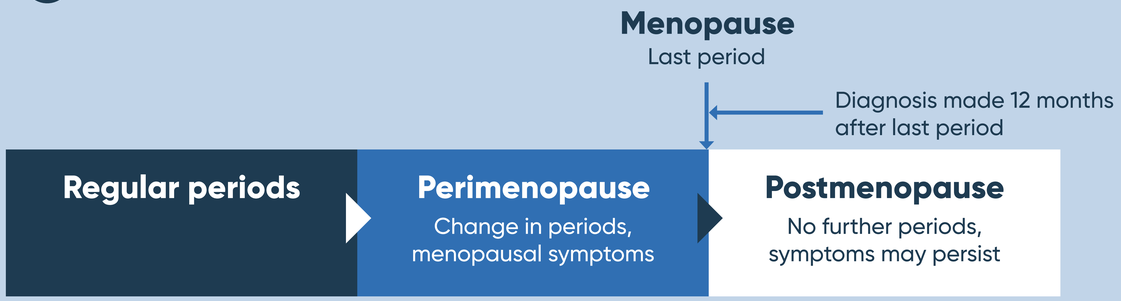
Menopause definition:

Natural menopause is the point when periods stop. It can only be known for certain that a women has experienced menopause once her periods have stopped for 12 months or more. Menopause can be brought forward through surgery or other medical intervention.

The time before menopause is described as the perimenopause. This is usually when changes might start occurring and symptoms recognised.

The time after menopause is called post-menopause. This starts the day after menopause has occurred, which is the last day of the last period. Symptoms can still be experienced post-menopause.

A typical menopause timeline



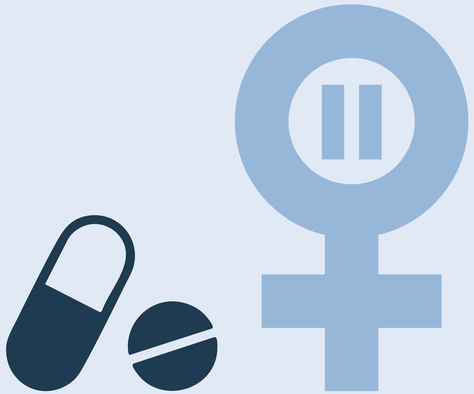
This does not apply to all women, e.g., those who are not having periods due to certain types of contraception, or who have had a hysterectomy, when symptoms are used to make the diagnosis

The average age of menopause of women in the UK is around 51 years, though this varies greatly with ethnicity. Non-white women experience menopause several years earlier than white women on average. At any one time, around 6% of women in the North East and North Cumbria will be experiencing menopause symptoms, that's around one in twenty women.

Menopause is a hormonal issue. In the time up until menopause, the ovaries reduce the production of the two main hormones; oestrogen and progesterone, and fertility ceases. As such, menopause can directly affect all people born with ovaries, however they identify.

Although the prescribing of Hormone Replacement Therapy (HRT) in our region has increased considerably over the last 2 years, there are significant inequalities in the prescribing of HRT by area of deprivation. Those living in the most deprived communities have a lower rate of prescribing compared with the most affluent communities and the gap is increasing.

Symptoms of the menopause such as mental health issues may become more prominent or exacerbated around the time of menopause. **The NENC region has one of the highest female suicide rates in the 45-54 age bracket, which coincides with the (majority) onset of peri/menopause.**



Premature Ovarian Insufficiency (POI)

Premature Ovarian Insufficiency (POI) refers to a condition where the ovaries stop functioning properly **before the age of 40**. POI is thought to affect 4 in 100 women.

POI means that the ovaries are no longer working correctly, they aren't able to consistently produce eggs or make the hormones estrogen and progesterone, which are vital for menstrual cycles, fertility, and overall health.

How is POI different from menopause?

Unlike menopause, which is permanent, ovarian function in POI can sometimes return temporarily and unpredictably. This means a woman with POI may still occasionally ovulate or even have a period months or even years after diagnosis. They can also experience many of the symptoms and issues associated with full menopause, so should be able to access any/all appropriate support, adjustments and resources in the workplace.

The first line of treatment for Premature Ovarian Insufficiency (POI), is Hormone Therapy (HRT), endorsed by NICE guidance.

The Daisy Network is a nationwide support group for women diagnosed with premature ovarian insufficiency or premature menopause.

RESOURCE

The Daisy Network

Workplace Impact

Menopause symptoms can have a significant impact on women at work.

Approximately 8 in 10 of those affected by any stage of menopause have problematic symptoms that affect them at work;

A quarter of women (25%) report severe symptoms

More than two thirds (69%) experience anxiety or depression due to menopause

Over 8 in 10 (84%) experience trouble sleeping

Research by the Chartered Institute of Personnel and Development found that two thirds (67%) of working women between the ages of 40 and 60 with experience of menopausal symptoms said they have had a mostly negative impact on them at work.

Of those who were negatively affected at work:

- 8 in 10 (79%) said they were less able to concentrate
- 7 in 10 (68%) said they experienced more stress
- nearly half (49%) said they felt less patient with clients and colleagues, and
- just under half (46%) felt less physically able to carry out work tasks

As a result of this, **over half of respondents** were able to think of a time when they were unable to go into work due to their menopause symptoms.

Further research by the Fawcett Society found that **one in ten women** surveyed who were employed during the menopause left work due to menopause symptoms.

These statistics provide both a business and moral imperative to ensure that menopause is recognised and addressed as a fundamental workplace issue. It is in everyone's interests for workplaces to take a proactive, compassionate and informed approach to supporting – and better still, actively facilitating - women workers to stay well and in work throughout and beyond menopause. Providing time and resource to foster this approach will not only have far-reaching benefits for the individuals in terms of physical, mental and financial health and wellbeing but will also ensure employers make a significant return on any investment by retaining their invaluable skills, expertise and contributions – all of which result in bottom-line benefits.

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Intersectionality:

If an individual with menopause symptoms also has a disability or a long term health condition, they are more likely to report experiencing discrimination in the workplace. For example, "36% of women with a disability or long-term health condition say their symptoms have had a quite or very negative impact on their career progression compared with 24% who don't have one" (CIPD, Menopause in the Workplace, 2023).

It is also acknowledged that if an individual with menopause symptoms also identifies as being from an ethnically marginalised group, they are more likely to report experiencing discrimination in the workplace. For example, "38% of women who identify as an ethnic minority say their symptoms have had a quite or very negative impact on their career progression compared with 25% who are white." (CIPD, Menopause in the Workplace, 2023).

Any policy(ies), or other workplace menopause commitment(s), should seek to educate both staff and employers to be aware of inadvertent or indirect discrimination by challenging assumptions. It is important to raise awareness that ethnic minority women can have a different experience as a result of racial heritage which affects age, duration and severity of symptoms.

Key points

(adapted from RCN Position Statement)

Peri-menopause is a time of transition which can accompany other life changes such as caring responsibilities, personal relationships, financial circumstances, and professional roles. Simple lifestyle changes can be effective in reducing the impact of menopausal symptoms and menopause can be a good opportunity to rethink lifestyle choices, reset, refocus, and rebalance work and recreation.

RESOURCE

More information can be found at: Menopause Fact Sheet - Self Care Forum

Nutrition and weight management:

Hot flushes are frequently exacerbated by alcohol, caffeine, smoking, and spicy food, so eliminating or modifying these factors can be helpful. Women with a higher BMI may experience greater severity of symptoms and weight management strategies, including formal weight management programmes can be helpful.

RESOURCE

The British Dietetic Society and British Menopause society both have practical resources:

Top ten nutrition tips for the menopause - British Dietetic Association (BDA)

Menopause Wellness Hub - Women's Health Concern

Physical Activity

Increasing movement and exercise are a powerful tool to boost mood, ease joint aches, strengthen bone health, aid sleep, improve cardiovascular health and assist with weight management. Women should aim to achieve 10,000 steps a day and include 30 minutes of physical activity that raises the heart rate at least 5 times a week.

Further advice can be found here: Get active - Better Health - NHS

Yoga and Pilates have shown to be effective in keeping the menopausal body strong and supple and is useful in reducing anxiety and promoting mindfulness and calm.

A common barrier to exercise is urinary frequency or incontinence so including pelvic floor exercises can be effective, and referral to a women's health physiotherapist may be helpful.

Psychological Support

Managing psychological difficulties such as stress and anxiety is a key component of menopause management and accessing talking therapy is a powerful tool. Many employers offer counselling and psychological support.

RESOURCE

CBT Factsheet

Cognitive Behavioural therapy (CBT) is a non- medical evidence based psychological strategy that can be extremely effective in managing a wide range of symptoms including anxiety, stress, mood swings, insomnia and hot flushes.

Template policy/guidance

Model Menopause Policy and Guidance

RESOURCE

Template Menopause Policy

Workplace Best practice – examples and tips

Supporting menopause in the workplace is no longer a 'nice-to-do'—it's essential for organisations committed to all aspects of employee and workplace wellbeing. Embedding menopause-friendly practices benefits everyone, creating a more supportive workplace for all.

There is no 'one-size-fits-all' approach to menopause support. People experience menopause differently based on their background, health, and personal circumstances.

Tailored, person-centred support and a suite of accessible options can make a significant difference and empower people to make the right, most informed choices for them.

The following are some best practice ideas to build your workplace offer:

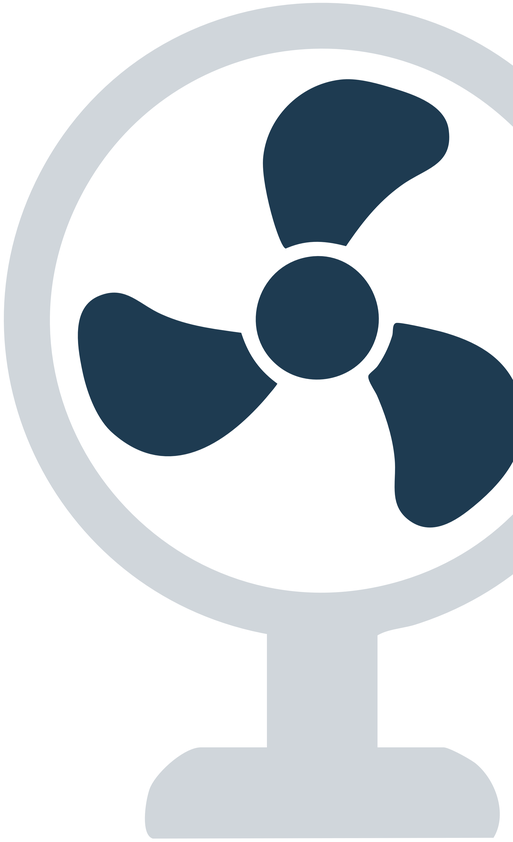
- Introduce/offer flexible working where possible; this is even more important to consider if symptoms of the menopause present as sleep disturbance or night sweats
- Endorse and encourage regular breaks, comfort breaks in long meetings, presentation events and or extended shifts

- Consider working patters, particularly in relation to **shift workers;**
  - o can you support staff to request their days off together to ensure they rest, instead of a single day
  - o can you support a team approach to shift arrangements to support flexibility
  - o can you develop buddy systems to maintain cover for medical appointments or short notice changes
  - o can you support changes from day to night shifts or alternatives to minimise the impact of symptoms
  - o can you support fewer shift changes; frequent changes from days to nights can make sleep disruption worse
- Uniform provision/adaptation; ensure any uniform is made from breathable, flexible and cooler fabric options, or make these readily available upon request
- Facilitate staff getting access to daylight, exercise and a break from the workplace/ office where possible. e.g., Implementing 'walking meetings', having outdoor rest areas, lunchtime walking club
- Offer quiet places for detailed work that requires concentration
- Provide appropriate facilities: e.g., Toilets, showers, lockers and provision of period products wherever possible
- Develop a workplace menopause network and/or 'menopause champions' who can develop their knowledge and offer signposting to helpful resources for support and symptoms management (with time to do the role in work time)
- Offer workplace menopause awareness training for all staff
- Designate a senior management menopause champion(s) who will embed this as part of their role and lead on women's health across the organisation as an advocate/ally
- Develop a specific intranet section for menopause that can be accessed by personal devices, to ensure accessibility for all staff, especially non-PC users
- Develop and implement a menopause or general 'Workplace Adjustment passport' alongside a dedicated policy (or integration into existing complementary policies). This would be held by the individual but could support their request for a change in work pattern, for example

***You could also deploy a 'menopause matrix' to help staff to measure or assess their own symptoms and provide adjustment examples that would help their individual circumstances. This could also be used as a tool/prompt to inform conversations with a GP or Occ Health.**

- Ensure that all workplace/ organisational policies cross-reference to menopause where relevant; this may be the case for performance management, attendance management, carers leave, long/short-term sick, etc.
- Develop systems for recording 'menopause related sickness' and reporting/discussing this at senior management meetings to measure the scale of the issue and the impact of support put in place to determine its effectiveness.
- Consult with staff to inform your approach: is the support you offer the support staff need/ want - and is it effective? This could be via a staff survey or focus groups to collect data and feedback on menopause support and training/ awareness in the workplace.
- Regularly measure and report on the number of women employed, age bands and retirement rate/leavers rate relevant to the cohort most affected by menopause. *Do you know if attrition is an issue and how your organisation compares with national data?

- Implement a smooth, fast-track mechanism for accessing desk fans, cool water stations, standing desks etc. Ideally, this should be accessible without the staff member having to disclose they are struggling with menopause, if they aren't comfortable doing so.
- Facilitate easy access to Occ Health, or alternative services for menopause support, ideally via self-referral. (Requiring staff to go through a line manager who may not have awareness in menopause can pose a barrier to disclosure and access.)
- Engage with local health and wellbeing partners to offer sessions about general lifestyle factors, such as healthy eating, alcohol, sleep, and physical activity advice.



Signposting sources/resources

wellbeingofwomen.org.uk
Sign the Menopause Workplace Pledge

Menopause in the workplace: Guidance for employers | EHRC

helptogrow.campaign.gov.uk/hr/menopause-and-the-workplace/

Menopause in the workplace | CIPD

The Menopause Charity - Menopause Facts, Advice and Support

Menopause - NHS

ACAS Menopause and the law - Menopause at work - Acas

BS 30416 - BS 30416:2023 Menstruation, Menstrual Health, Menopause | BSI

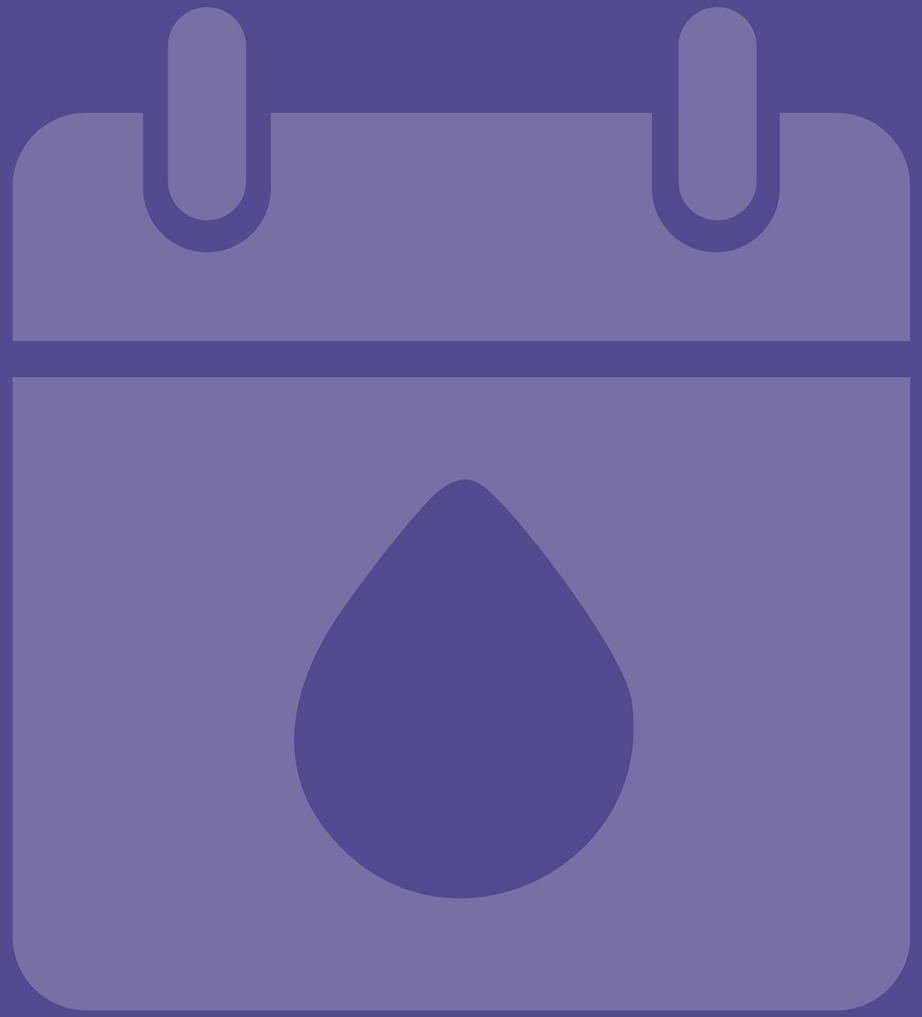
www.bitc.org.uk/toolkit/menopause-in-the-workplace/

IOSH Menopause | IOSH

Faculty of Occupational Medicine: Guidance-on-menopause-and-the-workplace.pdf

The Daisy Network

Menstrual Health



Menstrual health

Menstrual health is defined as complete physical, mental, and social wellbeing in relation to the menstrual cycle.

- **There are 15 million women who are of menstrual age in the UK.**
- **The average age for commencement of menstruation is 12.5 years.**
- **On average a woman will menstruate until she is fifty years old, for an average total of 37.5 years. During which time she will menstruate around 500 times.**
- **Menstrual cycles vary but on average there are 13 per year.**
- **A woman will menstruate for an equivalent duration of 6.5 years of her life. (AHPMA)**

There are a range of conditions related to menstruation including:

- **Endometriosis, Adenomyosis and Fibroids** - which all cause severe menstrual pain. Endometriosis affects 1 in 10 women in the UK.
- **Menorrhagia** - very heavy menstrual bleeding.
- **Pre-menstrual dysphoric disorder (PMDD)** - a particularly severe and distressing form of pre-menstrual syndrome (PMS). Mood symptoms are very pronounced, and can include anxiety, depression, irritability, severe mood swings, difficulty concentrating, and fatigue.
- **Polyendocrine Metabolic Ovarian Syndrome (PMOS)** - can cause very irregular periods, excess facial or body hair, acne and weight gain, along with irregular or missing ovulation.

Impact on workplace

Women menstruate at work. Period. However, a 2023 WaterAid survey revealed that menstrual taboos still dominate the lives of working women across the UK, with an overwhelming 85% saying they experience stress or anxiety when managing their periods at work.

Almost a quarter (23%) of working women – equating to 3.5 million - have considered quitting due to the impact of menopause or menstrual symptoms at work (*research from Simplyhealth.)

Almost nine in 10 (87%) working women want their employer to be more supportive when it comes to women's health.(*)

Bloody Good Period research regarding menstruation in the workplace found that discussing periods in the workplace still has significant stigma attached to it, and support from employers is lacking. A third of survey respondents felt it was seen as more professional to not discuss menstruation in the workplace and 27% did not feel supported by their employer when it came to periods and the workplace. Nearly two thirds felt that a key thing employers could do is normalise conversations around menstruation. (TUC research)

Period poverty is an increasing issue – compounded by the ongoing cost of living crisis:

A 2023 ActionAid poll revealed that **21% (more than one in five) women and people who menstruate in the UK are now struggling to afford period products - up from 12% in just one year**. This amounts to an estimated **2.8 million people**, putting around one million more people into period poverty versus the year before.

Due to period poverty, but also because of issues like the

ongoing stigma around periods, the survey revealed that missing school, work, avoiding exercise or socialising are all too common for those who menstruate.

A shocking **14% of survey respondents said they have avoided or missed work during their period.**

Studies show that women with menstrual related symptoms (MRSs) have lower scores on several domains of quality of life such as general health and physical, mental, social and occupational functioning. These symptoms may create considerable financial burdens.

Almost a quarter of women (24%) said they regularly experience period pain that affects their ability to work, yet 65% of women have never taken time off work for period pain. (Ref: NENC NHS ICB)

See also Menopause section and corresponding policy.

RESOURCE

Template policy/guidance

Edinburgh M&M example and Guidance

Period Symptom Checker

Best practice – examples and recommendations

Supporting menstrual health

Build an open and inclusive culture. Normalise menstruation in the workplace through supportive discussions and open dialogue.

Create awareness and tackle stigma

Strive to create a taboo-free culture regarding menstruation and menopause.

This could include:

- acknowledging menstruation as a normal life experience in workplace communications
- providing training sessions and/or having a dedicated section for information and resources on the company intranet
- engaging with awareness days/weeks for specific menstrual health issues
- including reference to menstruation and menstrual health conditions in policies and guidance and promoting these mechanisms to staff

The aim should be to create a culture where this topic is not considered taboo, while recognising that some individuals will see it as a personal and private matter, and this should be fully respected.

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Develop a support framework

This can include policy provision, support pathways, guidance and training. This could be embedding into existing policies or creating a standalone one. If creating a bespoke menstruation and menstrual health policy this should be cross-referenced with other relevant policies, such as:

- health and wellbeing
- women's health
- attendance management
- long-term health conditions and/or disability
- ED&I/Dignity at work
- flexible working
- menopause

It is also important to:

- review organisational procedures and processes to ensure they are aligned
- communicate policies and procedures to managers and staff
- Have a designated workplace representative as a first point of contact for women who wish to discuss any issues they are having or access any advice or information; this could be a Health Advocate, trade union representative and/or a member of the HR team

Embedding good people management practices

As with any health and wellbeing issue, Managers should be trained in how to support all employees based on individual need/circumstances and be able to signpost to helpful support.

Managers need to be confident, comfortable and inclusive when discussing menstrual health in the workplace. Training should include information about the diversity of menstruation experiences and the importance of sensitivity and discretion.

Ensure managers know where to go for information, such as HR, occupational health and/or external providers; ideally, provide a guidance note/pathway for managers to refer to.

There can be significant psychological health issues associated with menstrual health conditions. Managers should be prepared to discuss psychological wellbeing if an employee raises a menstrual health issue.

Managing menstrual health conditions

In addition to the recommendations above, organisations can offer specific support for employees experiencing menstrual health conditions. Recognising menstrual health issues as genuine fluctuating and long-term health conditions and embedding appropriate support within your wider health, safety and wellbeing framework can improve employee experiences.

This can be done by:

- **Carrying out appropriate risk assessments**

In particular, look at **air quality, temperatures, natural, light, and ventilation** in line with the Management of Health and Safety at Work Regulations 1999 (as amended) and comply with any other regulations that may apply to a particular work situation.

- **Ensuring employees have easy access to information and support**

This includes any rights under relevant legislation (such as the UK's Equality Act) and company policies and provisions around absence, flexible working and wellbeing.

Signpost to any relevant wellbeing support. e.g., employee assistance programme, internal health and benefits packages/platforms.

Ensure period products are widely available and free to use in workplaces. Promote or highlight their availability and location. For example, some workplaces have a designated 'pink box' initiative and highlight this with appropriate signage/include on any facilities maps, etc.

- **Managing attendance and performance management with compassion and flexibility**

Attendance management approaches which include trigger mechanisms are likely to be experienced as an additional stressor by employees with long-term menstrual health conditions. Taking a flexible and individualised approach to attendance management can help prevent unhealthy presenteeism and avoid unfairly penalising employees with ongoing menstrual health conditions.

Add menstrual health condition as an option on any attendance/absence monitoring systems to provide business/people intelligence to understand the scale of the issue in your workplace and to support employees and managers when deploying.

- **Providing access to, and training in, work adjustments**

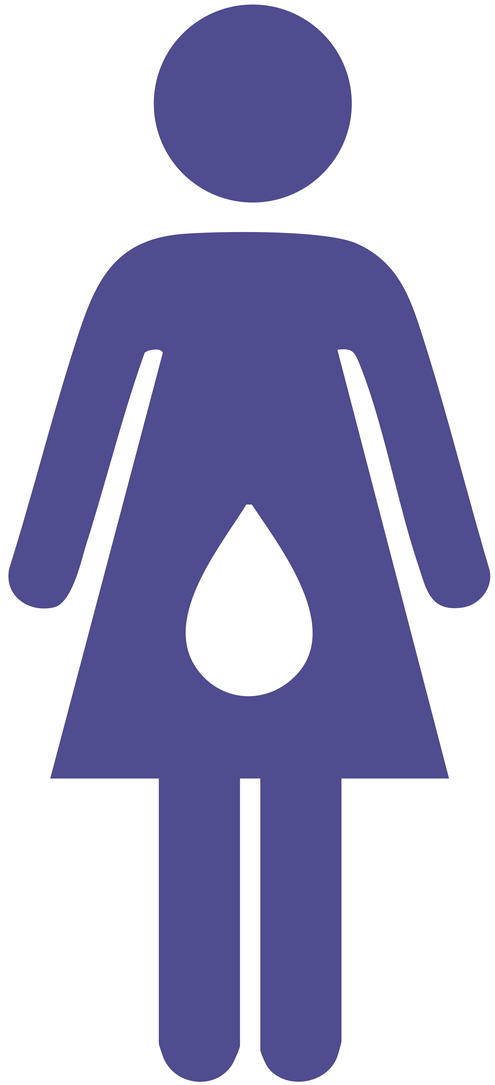
Some employees may require adjustments to their job role, work environment or work schedule to manage their menstrual health condition alongside their work. The nature of the adjustment will differ depending on many factors, including the nature of the job, the organisation and the employee's unique needs.

Adopting flexible working practices that allow for working in different locations, use of regular and frequent bathroom breaks and reasonable adjustments of rotas, shifts, uniform or equipment to mitigate the disruption and/or discomfort of symptoms.

If your Attendance Management policy has 'trigger points' these could also be adjusted given the long-term and regular recurrence of menstrual health conditions.

RESOURCE

Formalise any agreed adjustments with the use of a Workplace Adjustment Passport. See Menopause section for additional recommendations.



Signposting sources/resources

RESOURCES

Menstrual health at work

Webinars on:

- Endometriosis
- Polycystic Ovary Syndrome
- Pre-Menstrual Dysphoric Disorder
- Adenomyosis
- Fibroids
- Heavy Menstrual Bleeding

Period problems - NHS

Endometriosis UK

BSI Menstruation, Menstrual Health and Menopause in the Workplace

MyPeriod - Menstruation and support at work | CIPD

Menstruation Friendly UK

Menstruation Friendly UK - News

Mental Health

Mental Health

Context/stats

Social and economic factors can put women at greater risk of poorer mental health than men. When women find it hard to talk about difficult feelings, they tend to internalise them. This can lead to depression, eating disorders and self-harm.

However, women generally find it easier to talk about their feelings and have stronger social networks, both of which can help protect their mental health. They are also more likely to seek help and be treated for a mental health problem.

This information is aimed at all women, but trans women may also find useful information from Mermaids and Gendered Intelligence.

What affects women's mental health?

Around **one in five** women have a common mental health problem, such as depression and anxiety. While there can be many reasons why these develop, some risk factors affect many women.

Women are more likely than men:

- **to be carers,** which can lead to stress, anxiety and isolation. In 2021 ONS data highlighted that three quarters (75.6%) of mothers with dependent children were in work, reaching a record 20-year high. The employment rate for mothers was also higher than for women or men without dependent children.

Carers UK has information on looking after your mental health.

- **to live in** poverty which, along with concerns about personal safety and working mainly in the home, can lead to social isolation
- **to experience physical and sexual abuse**, which can have a long-term impact on their mental health
- **to experience sexual violence**, which can cause PTSD

Women's health issues

Life events (change, loss and bereavement) and hormonal changes can affect women's mental health.

Perinatal depression

Having a baby is a life-changing event. For some women, it can trigger postnatal depression (after birth) and/or antenatal depression (during pregnancy). The term 'perinatal depression' covers both.

1:5 women have a **mental health problem in the perinatal period** in the UK, 2:5 in our region.

Risk of **long-term effects** on the infant:

- poor mother–infant attachment
- delayed thinking and speaking skills
- struggles dealing with emotions and behaviour as they grow up

Depression amongst mothers has been **directly linked to**:

- higher rates of childhood stomach and breathing diseases, slow growth and hospital admissions
- lower completion of recommended immunisation schedules
- social and emotional difficulties among young children

In the UK, suicide is the main cause of mothers dying within a year after pregnancy.

Traumatic births are defined as those that are physically traumatic or those that are experienced as traumatic. Importantly, symptoms of trauma may not reflect the obstetric complexity of the birth (Fraser and Kearney, 2017).

Studies estimate that 1-6% of women experience Post-Traumatic Stress Disorder (PTSD) post-childbirth, with a further 22-40% experiencing symptoms of PTSD. This emphasises the scale of the issue and the need for a clear approach for detection and management.

Women should have been offered the **opportunity to discuss any concerns** or worries about their pregnancy or childbirth experience with Maternity, Health Visiting and General Practitioners by 8 weeks after the birth. However, there is no consensus regarding the ideal timing, so women may present with postnatal mental illness, including trauma, when back in the workplace. Women can be signposted for a birth debrief from the maternity service in which they gave birth alongside support from their local community mental health service, GP and Health Visiting service.

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Menopause

While every woman's experience of the menopause is different, many women find they have symptoms in addition to their periods stopping. These can include changes to mental health, such as mood swings, anxiety and feeling low. Treatment includes hormone replacement therapy (HRT) or talking therapy.

See menopause section for more information.

COVID-19 and women's mental health

It is important to acknowledge the impact of the coronavirus pandemic on women's mental health.

Women make up the majority of frontline health and care workers, are more likely to do unpaid work, are overrepresented in low-paid and insecure work and are more likely to have pre-existing difficulties with debt and bills. They are also more likely to shoulder a higher proportion of caring responsibilities.

All of the women in these positions were at greater risk of developing a mental health problem before the pandemic and will be at increased risk as the economic ramifications of the pandemic are realised.

As previously mentioned, women are much more likely to be affected by domestic violence and abuse **(see VAWG section)**, with the police recording more incidents and charities reporting higher demand during the pandemic. A better understanding of the scale of domestic abuse during the pandemic | National Statistical.

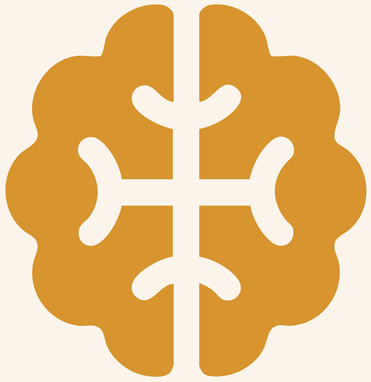
Neurodivergence

Neurodivergence isn't a mental health problem, but if you are neurodivergent you are more likely to experience mental health problems. For example, up to half of autistic people also experience depression at some point in their lives (National Autistic Society) and up to half of those with ADHD experience one or more anxiety disorders (National Library of Medicine).

Neurodivergence and learning difficulties/disabilities are underdiagnosed in women.

Research suggests that **8 out of 10 (80%)** autistic females remain undiagnosed or misdiagnosed by the age of 18. This gap in diagnosis can have serious repercussions.

Without the proper support and understanding, they are at a higher risk of developing mental health issues. Studies show that **autistic women and non-binary individuals experience mental ill-health at higher rates than their male counterparts.** By age 25, over three quarters of autistic women and around two thirds of autistic men have been diagnosed with a psychiatric condition.



Alcohol & Substance Use

Alcohol is a depressant and overuse of alcohol can contribute to worsening of mental health problems. Low mood and anxiety are particularly associated with alcohol consumption.

Alcohol and other substances are often used as a 'coping mechanism' or to 'self-medicate' to manage stress, anxiety and depression but although it might give immediate, temporary 'relief', it can lead to more negative consequences, in the short, medium and long-term.

There is a reciprocal relationship between alcohol and depression: people suffering with depression are more likely to be heavy drinkers – and heavy drinkers are more likely to suffer from depression.

- Around one in seven women drink more than the Chief Medical Officers' weekly low risk guidelines (14 units a week)

Women experience alcohol harms at lower levels of consumption than men and some risks are further exacerbated by ageing.

The Health Survey for England found a **higher proportion of women in employment drank in the week prior to the survey than women who were unemployed or economically inactive.** The survey also showed that women in more advantaged groups drink more often and more heavily than their more disadvantaged counterparts – a pattern also seen among men – **but**, disadvantaged women experience more of the harms from alcohol, in a pattern known as the 'alcohol harm paradox'.

The Women's Mental Health Taskforce recommended that women be explicitly considered in all future mental health policies.

Impact on workplace

Key points/messages

Women's experience at work also has significant potential to impact their health, given more than half of the female health burden affects women during their working years.

A UN report in 2019 highlighted the government obligations to:

'create and sustain specific conditions that promote a life of dignity and wellbeing for all'

and 'Reducing inequalities is a precondition for promoting mental health and for reducing key risk factors, such as violence, disempowerment and social exclusion'

TUC research highlighted that:

- Nearly half of young women who had experienced bullying or harassment reported a negative impact on their mental health.
- 1 in every 2 women had experienced some form of sexual harassment in the workplace. Of women who had experienced sexual harassment in the workplace, 1 in 10 said it had a negative impact on their mental health and 3 per cent reported a negative impact on their physical health.

Poverty and struggling to make ends meet, having to shoulder a disproportionate amount of caring responsibilities with little support, and discrimination in the workplace can all lead to anxiety, stress and poor mental health for women.

The good news: employers have the power to positively impact the health of the women in their workforces.

Supporting women's holistic health

Best practice – examples and tips

Supporting women's health is complex and multifactorial, but there is clear evidence that taking some key actions can make a significant difference for all employees – irrespective of gender – and thus will positively impact women in the workplace.

Increase support for caregivers.

While there are great examples of men increasingly sharing these roles with women, there still is a persistent unequal divide, with women doing more unpaid labour like caregiving than men. Substantially more women report being a caregiver to someone living with a mental or physical illness (of those, 61% of women and 39% of men). Supporting caregivers will reduce exhaustion, help retain talented employees and likely improve performance.

Reduce microaggressions.

Women are twice as likely to be interrupted and hear comments on their emotional state. It's even worse for women with traditionally marginalised identities – such as black women, LGBTQ+ women and women with disabilities.

Women who experience microaggressions are much less likely to feel psychologically safe, which makes it harder to take risks, propose new ideas or raise concerns. They are also three times more likely to think about leaving their jobs and four times more likely to almost always be burned out.

Increase flexibility at work.

A vast majority of employees say that opportunities to work remotely and have control over their schedules are top company benefits, second only to healthcare. Whilst workplace flexibility is desired by both men and women, it does have a disproportional impact on women. The report found that women who have the flexibility to work from their preferred location have 15% better mental health, 19% better spiritual health and 19% less exhaustion.

Provide tailored support for women.

Involve women in decision-making processes, provide health and wellness benefits that support women's health and create safe working environments where women can speak openly about their health needs.

Promote and facilitate ill-health prevention/ health improvement

Physical and mental health are intrinsically linked, so take steps to prioritise prevention wherever possible and empower all workers to understand and adopt healthy behaviours. The core elements of prevention are: increased physical activity, smoking cessation, healthy eating/weight and lower risk alcohol consumption. All of these have significant and evidenced links to improving mental health. There is a raft of good employer practice within the BHAWA network and beyond. For some inspiration click here.

Deliver activity and foster a mentally healthy culture based on tried and tested models such as the 5 Ways to Wellbeing.

Offer and make "reasonable adjustments".

Implement a holistic Workplace Adjustment Passport that covers as many intersectional needs as possible including medium and long-term conditions (this covers mental health issues and menopause/menstrual conditions), caring responsibilities and neurodiversity.

Provide mental health training, awareness and frequently promote relevant resources.

Prioritise mental health training for people at all levels, including executive teams, managers, and individuals. Everyone should have the same level of understanding, including how mental health intersects with the various aspects of our identities – gender and otherwise. Connect 5 is a tailored workplace mental health programme and free to access in the NENC area.

Take a proactive, preventative approach. It isn't necessary to dive into signs and symptoms. Mental health training should provide baseline knowledge, discuss intersectionality, dispel myths, and offer tools and strategies to navigate workplace mental health, such as how to have difficult conversations and create mentally healthy cultures.

RESOURCE

Workplace Adjustment Passport

Regularly and visibly communicate about the mental health benefits available using mixed methods.

These should be embedded in company-wide comms, ensuring that all staff groups are considered/reached.

Ensure information is prominently featured on the intranet/staff platform, which should be accessible in and out of work and via personal devices.

Don't just rely on digital messaging; use physical assets/ mechanisms such as noticeboards, toilet door posters, leaflets/wallet cards/stalls in high-traffic accessible areas and guest speakers at appropriately organised events.

Normalise and mainstream conversations on traditionally stigmatised topics and accessing support in the workplace. This can be done via sharing peer and Senior Leaders' experiences.

RESOURCE

CIPD Wellbeing Factsheets

Wellbeing

RESOURCE

Mind

Sign up to the Mental Health at Work Commitment

Build mental health into policies, practices, and measurement.

- Reference mental health explicitly in relevant policies and incorporate it into organisation-wide practices. Examples include paid time off and leave provision as well as flexible hours and healthy communication.
- Establish a genuine commitment to EDI, including having Senior Leadership sponsors and establishing staff/peer network groups to create an active and representative dialogue.
- Address and rectify structural issues that harm women, such as pay inequity, insufficient parental/carer's leave, and lack of awareness of and consequences for all forms of harassment.
- Foster positive changes through accountability mechanisms such as regular pulse surveys and key performance indicators at corporate level, e.g., ENPR scores, mental health absence/attrition figures. Measuring female employee engagement, retention, and dimensions of mental health demonstrates that women's health is an organisational priority.

Foster inclusive flexibility and sustainable ways of working.

Workplace factors such as lack of autonomy, unrealistic workloads, and lack of work-life balance can lead to poor mental health. For women, these can be even more detrimental due to microaggressions, caregiving responsibilities, and other factors.

Build as much flexibility as possible into policies, procedures and practices. Every woman and every individual will need something different, be it remote work or flexible hours. Ensure flexibilities are reviewed to keep them fit for purpose.

Best practice looks like the following:

Offer flexible working from day one of employment.

Flexible working can take lots of different forms, including having predictable or set hours, working from home, job-sharing, compressed hours and term-time working.

The CIPD have set out several benefits of flexible working for employers and employees, including improved work-life balance, supporting more people in to and remaining in the labour market, productivity improvements, and job satisfaction.

Advertise all jobs as flexible unless you can demonstrate no flexibility is possible.

Research for insurance company Zurich showed a 19 per cent increase in the number of women applying for senior roles, and a 16 per cent increase in women applying across all vacancies when they advertised jobs as flexible.

Shared parental leave, maternity and paternity rights should be available to all working parents regardless of employment status.

Provide paid carers leave, from day one in a job, for all parents. Currently parents have no statutory right to paid leave to look after their children. The TUC recommends 10 days.

Leaders should model sustainable and flexible work practices themselves.

Signposting sources/resources

111 Option 2

Samaritans 116123
Samaritans Every life lost to suicide is a tragedy | Here to listen

Text SHOUT to 85258

PALS patient advice and liaison line 08000320202
What is PALS (Patient Advice and Liaison Service)? - NHS (www.nhs.uk)

MH and Money
Money-talk

MH and Money
Mental Health and Money Toolkit

MH and Money
Money in Mind

MH & Neurodiversity
Neuroinclusion at work

MH & Neurodiversity
National Autism Society

MH & Alcohol
Women and alcohol

MH & Alcohol
Alcohol and mental health

Signposting sources/resources

DA: Contact Refuge if you're experiencing domestic abuse

Caring Carers UK has information on looking after your mental health and support mechanisms

Post-partum MH: PANDAS offers information and support to people experiencing perinatal mental health problems.

Local NHS MH Services

Prevention: Prevention and mental health | Mental Health Foundation – promotion of good health to prevent mental health conditions/ill health

Prevention: Five steps to mental wellbeing

National Institute for Health and Clinical Excellence (2020) Antenatal and postnatal mental health: clinical management and service guidance. Clinical guideline CG192. London: National Institute for Health and Clinical Excellence.

Fraser, L. & Kearney, S. (2017) Final Literature Report and Service Recommendations for the Birth Trauma/ Birth Reflection Maternity Project. Northumbria Healthcare NHS Foundation Trust Obstetrics and Gynaecology Health Psychology Service.

MBRRACE-UK (2023) Saving Lives, Improving Mothers' Care

National Institute for Health and Care Excellence (NICE), (2014; updated 2020)

Shang et al, (2022) The effectiveness of postpartum interventions aimed at improving women's mental health after medical complications of pregnancy: a systematic review and meta-analysis, BMC Pregnancy Childbirth

RCPCH (2020) State of Child Health

MH & Work: Acas

Acknowledgments

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All sources and references are linked/featured throughout this document.