



*Championing better
work and working lives*

Department for Health and Social Care: Women's Health Strategy: Call for Evidence

Submission to the Department for Health and Social Care

Background

The CIPD is the professional body for HR and people development. The not-for-profit organisation champions better work and working lives and has been setting the benchmark for excellence in people and organisation development for more than 100 years. It has 155,000 members across the world, provides thought leadership through independent research on the world of work, and offers professional training and accreditation for those working in HR and learning and development.

Public policy at the CIPD draws on our extensive research and thought leadership, practical advice and guidance, along with the experience and expertise of our diverse membership, to inform and shape debate, government policy and legislation for the benefit of employees and employers, to improve best practice in the workplace, to promote high standards of work and to represent the interests of our members at the highest level.

Our response

Impact of COVID-19 including on mental health

The COVID-19 pandemic and economic crisis is having a disproportionate impact on nations and communities across the globe, and this extends to how the virus is experienced by particular groups, including working women. COVID-19 has intensified both the physical and mental health risks for many people in work. While risk of infection from the virus has a disproportionate impact according to male sex, [evidence](#) by Kings College London suggests that women of working age are at greatest risk of developing 'Long COVID'. In general, women were twice as likely to suffer from COVID-19 symptoms that lasted longer than a month, compared with men.

Research from [Warwick Business School](#) and others highlights insightful evidence about the work burden working-class women are carrying due to the COVID-19 pandemic. For example, more women than men are key workers, and female keyworkers are disproportionately working in frontline roles which require face-to-face interaction: in health and social care, this means 40% of women versus 17% of men. In all classes, more women were experiencing psychological distress than were men. Another [study](#) in the Understanding Society research examining the impact of COVID-19 found that women spent five more hours on housework and 10 more hours on childcare than men during lockdown, and this increased housework and childcare was associated with higher levels of psychological distress for women. The study suggests that lockdown has hit lone mothers particularly hard in terms of mental health, and continued gender inequality in divisions of unpaid care work during lockdown may be putting women at a greater risk of psychological distress.

We note with concern, although not surprise, the [data released by ONS](#) (5 May 2021) showing one in five adults (21%) experienced some form of depression in early 2021, more than double that observed before the coronavirus (COVID-19) pandemic (10%). Further, that women were more likely than men to experience some form of depression across all age groups, for example over four in 10 (43%) women aged 16 to 29 years experienced depressive symptoms compared with 26% of men of the same age. And even after

controlling for age and other characteristics, women continued to be more likely than men to experience some form of depression.

We also note the latest release by [ONS](#) on sickness absence in the UK labour market in 2020. Although sickness absence levels have been falling for both sexes since 2010, they have been consistently lower for men than women. Women lost 2.3% of their working hours in 2020 as a result of sickness or injury, in comparison with 1.5% for men. Over the decade the sickness absence rate for women has been falling at a faster rate than men, however: 0.5 percentage points compared with 0.3 percentage points for men.

The CIPD has been regularly surveying employees on their experiences of COVID-19 at work, including how it's affecting aspects of their health and wellbeing as well as their relationship with work. Building on the [CIPD Good Work Index's](#) investigation of job quality and working lives, the CIPD has explored people's experience of work during the COVID-19 pandemic on a monthly basis from April to September 2020. The latest data shows female workers are more likely than male workers to report their mental health is worse off as a result of the pandemic (50% versus 41%), and female workers not attending a normal place of work were more anxious than male workers about returning to the workplace (52% versus 40%).

The CIPD's annual Good Work Index, data last conducted in January 2021, also finds that 63% of women say they have experienced a non-physical health condition (such as anxiety or depression) in the past twelve months, compared to 45% of men. For example, 41% of women surveyed said they had experienced anxiety, compared to 25% of men, and 22% said they'd experienced depression, compared to 18% of men.

In addition, almost half of female workers attending their workplace are anxious about catching or spreading COVID-19 at their workplace (49%, compared to 40% of men).

Financial wellbeing

Historically, employers have been reticent about discussing money issues with staff in the workplace. However, over the past few years, there has become less stigma associated with the M-word. In part, this has been driven by a realisation that employee financial worries can have a negative impact on their performance. CIPD research in 2017 found 25% of employees reporting that money worries had reduced their ability to do their job. The CIPD's [2021 reward management survey report](#) found that more than two-thirds (68%) of organisations told us their employees' financial wellbeing had worsened since the pandemic – a finding supported by our research into the impact of COVID-19 on working lives which found that 35% of all workers surveyed reported a fall in their financial security.

A range of findings show the disproportionate effect the pandemic and accompanying economic crisis is having on many working women, which clearly adversely affects the financial wellbeing of women. A study published by the [Global Institute for Women's Leadership](#) at King's College London examines the impact of the furlough scheme. It found a number of adverse economic outcomes for women workers, including that: women were more likely to be furloughed for longer periods than men; furloughed women had worse perceptions of their job security than had furloughed men (women who had been on furlough were eight percentage points more likely than their male counterparts to put their chance of losing their jobs at greater than one in five), and furloughed women had worse

projected financial security than had furloughed men. It points out these gender disparities are likely down to the long-term use of furlough in the hardest-hit sectors of the economy, in which women make up the majority of workers, such as accommodation and food services and the arts and entertainment sector. These disproportionate impacts are likely to continue in line with the continuation of the furlough scheme until end of September 2021.

Employers talking to staff about financial issues in a non-judgmental way about their worries and concerns is something the CIPD believes can help. Organisations can use the feedback to respond with in-house financial awareness programmes and/or point staff to external sources of information.

In addition, CIPD research finds that two important elements of financial wellbeing are being paid enough and being paid fairly. In theory, paying people should not cost anything. However, many employers are not starting from scratch and will probably have legacy issues to address first, which may have budget implications. However, once these have been addressed, people are more likely to be motivated if they believe that their efforts are being recognised fairly.

Paying a living wage will have a financial impact, but the CIPD's 2020 Reward Management survey finds many advantages reported by accredited Living Wage employers, which should help reduce it. In addition, job, work and organisational redesign give employers the opportunity to improve productivity and so reduce the cost of wage increases.

The Menopause

Women over the age of 50 are the fastest growing segment of the workforce, and most will go through the menopause transition during their working lives. CIPD research shows that for every ten women experiencing menopausal symptoms, six say it has a negative impact on their work.

With the right support, there's no need for women to press pause on their career during this natural transition. But many women will continue to suffer in silence unless we break the taboo and start talking openly about the menopause at work.

Simply put, employers need to support people with menopausal symptoms in the same way they would support someone with any other health condition. Information and education about the menopause should be included as part of the organisation's inclusion and diversity training for the whole workforce, and health and well-being policies should signpost to the support available.

Our recommendations to employers

- Review existing policies and frameworks and look for opportunities to specifically highlight menopause issues within these or through a stand-alone policy.
- Help to break through the silence in your organisation: if you create a culture where everyone can talk openly about health issues, such as the menopause, women are much more likely to feel confident about asking for the support they need to be effective in their role.

- Identify reasonable adjustments. Small adjustments to someone's job or working pattern can help people manage their symptoms and continue to perform well in their role.
- Enable line managers to support their teams: Educate managers about the menopause, who it can affect, and how they can support colleagues going through it.
- Get your senior leadership team on board. Make support for the menopause a key part of your strategy to attract, retain and develop female talent. Present a persuasive vision for change and a strong case for future-proofing your business.

Our recommendations to policy makers

We launched a Menopause Manifesto, in Parliament last year, which is calling on the Government to:

1. Ensure that menopause is referenced as a priority issue in its own public policy agenda on work, diversity and inclusion.
2. Nominate a Menopause Ambassador to represent the interests of women experiencing menopause transition across Government departments.
3. Support an employer led campaign to raise awareness of the menopause as a workplace issue.

Maternity provision

Employers that follow good practice in maternity provision and support can improve the experience and wellbeing of pregnant employees and new mothers and encourage them to return to work following maternity leave. We outline below some of the key areas of workplace maternity provision.

Maternity policy

A clear easily accessible maternity policy can help employees understand and be aware of their rights and entitlements during their maternity alongside any additional assistance that an organisation offers. It can also specify any obligations that are placed upon them, such as providing adequate notification to their employer.

It's important that both managers and the employee are fully aware of when the maternity leave is set to begin and when it will end and what the situation is regarding pay.

Risk assessment

Workplace risk assessments should already have considered any risks to female employees who are pregnant. It is also important to review the existing risk assessment to check if any new risks have arisen. If this shows that the employee would be placed at further risk, the organisation should identify what adjustments may be necessary.

Antenatal appointments

Pregnant employees are entitled to attend antenatal appointments that have been recommended by a doctor or appropriate health official and it is important that they attend these.

Access to Employee Assistance programmes

An Employee Assistance Programme can offer further support and reassurance to a pregnant employee if she has any personal worries surrounding her condition. This can help ensure that the employee has an additional area of support outside of her direct manager if there are issues that she does not wish to discuss with them.

Pre-maternity leave meeting

The pre-maternity leave meeting should be held just before the employee's maternity leave commences in order to confirm everything and address any queries she may have. It can also allow for a discussion on who will be best to look after the employee's duties in her absence and any outstanding work.

Keeping In Touch (KIT) days

Female employees on maternity leave can work up to 10 KIT days without losing their entitlement to maternity pay. This can be a helpful way for them to keep up to date with important organisation developments and break up the time away from work that they have taken. It is up to both the employer and their employee how many of these days, if any, are worked and she cannot be forced to take one.

Keep employees informed of important developments while they are away

A lot can happen in a year and employees on maternity leave should be kept fully up to date with any changes that could affect them or their role. This includes promotion opportunities for positions that will not be filled until after her eventual return from work. An employee can therefore be reassured that her maternity will not affect potential development opportunities.

Return to work plan

A return to work plan could help the employee to reintegrate following maternity leave, because it will allow her to establish a new routine and get up to speed with changes that occurred during her maternity leave.

Support for working parents and carers

We believe the provision of affordable childcare and the reform of parental leave policies will help support greater gender equality and wellbeing in the workplace.

The CIPD's UK Working Lives survey found that 19% of women said their ability to work has been impacted by a change in caring responsibilities due to the COVID-19 pandemic, compared to 16% of men. This is a relatively small, but significant difference that highlights that women have often taken on additional caring responsibilities through the pandemic.

This has created additional pressure, not least when it comes to balancing work and personal commitments. The same survey finds that 20% of women with caring responsibilities for children under 18 report that it is difficult to do their job properly because of commitments outside of work, compared to 12% of men with children under 18.

In the CIPD's [Manifesto for Work 2020](#) we call on the Government to critically review and reform parental leave policies (including paternity and shared parental leave and pay) to

deliver more balance and choice over the distribution of caring responsibilities and better reflect the changing nature of modern families.

In our response to the Government's consultation - [Good work plan: proposals to support families – parental leave and pay](#) we suggest, amongst other recommendations, the Government should prioritise reform of paternity leave and pay and the current shared parental leave scheme to maximise father's involvement in childcare, help support the participation rate of women with young children at work, help to reduce the gender pay gap and provide flexibility to working parents.

In our Manifesto for Work 2020, we also call on the Government to provide affordable childcare from the end of maternity leave to enable women to return to work more quickly if they choose to and that working carers should be supported through the provision of one week (five days) statutory paid carers' leave.

CIPD [research](#) with Sheffield University (2020) of a representative survey of working carers in England and Wales, shows clear evidence that carers who feel supported by their organisation report better wellbeing. In organisations that provided support for working carers, 43% reported high wellbeing Vs 30% in organisations considered unsupportive. Supported working carers are also less likely to consider reducing their hours or quitting their job, potentially with lifelong consequences on careers and income.

Domestic abuse

One of a number of health and wellbeing concerns relating to the impact of COVID-19 is that incidences of domestic abuse are increasing and that escape routes could be cut off and people may feel isolated from their support network. The National Domestic Abuse helpline, run by the charity Refuge, reported a concerning increase in calls and online requests for help since the 2020 lockdown in response to the COVID-19 pandemic. According to the [ONS](#), in April, May and June 2020, roughly one-fifth (21%, 20% and 19%) of all offences recorded by the police were flagged as domestic abuse-related, which represents an increase of around five percentage points compared with the same period in previous years.

Domestic abuse does not only affect women of course but many more women are affected. All employees who experience abuse should be supported, regardless of sex and the type of abuse. Employers need to think about how support can be maintained as we all work in different ways, and in 2020 we produced [guidance](#) alongside the EHRC. An empathetic, non-judgmental approach and flexibility (for example in working hours or concerning work tasks) are two key areas employers should focus on. We welcome the Home Office's domestic abuse campaign, #YouAreNotAlone, but much more needs to be done to raise awareness of domestic abuse and provide effective support in the workplace. Meanwhile, we welcome the Domestic Abuse Bill and wider programme of work, as well as the review into the employment rights of people experiencing domestic abuse to look at what more can be done to help them in the workplace.

Pregnancy loss, still birth and fertility treatment

There's a need for much greater awareness, understanding and support in the workplace for women experiencing pregnancy loss and undergoing fertility treatment. These are prevalent but hidden issues in the workplace: research by UK charity [Tommy's](#) found that:

- one in four pregnancies end in loss during pregnancy or birth
- around 1-2 in 100 women have a miscarriage in the second trimester
- 1 in 100 women in the UK experience recurrent miscarriage (3 or more in a row)
- one in every 250 pregnancies ends in still birth, and it's estimated that 4.2 million women are living with depression linked to stillbirth.

We would like to cross-reference to the submission by Manchester Metropolitan University to this consultation (Dr Krystal Williamson, Department of Health and Social Care). The submission outlines valuable evidence on the impact of complex fertility journeys (including miscarriage on women's workforce participation including absence, productivity and leaving the workforce). Their research highlights varied experiences regarding how fertility treatment affects individuals' ability to do their job, but many women assumed disclosure would negatively impact career progression. It provides important insights on the kinds of workplace support that are effective in supporting retention and return to work (including policies, line manager training, employee networks and wider awareness-raising activities) which we will take into account when developing our own guidance for HR professionals and line managers later this year.

Many employers may not understand the emotional or practical implications of experiencing pregnancy loss, fertility treatment or still birth. However, they can all have a significant impact on an individual at work, requiring support, understanding and flexibility. Balancing work demands with the requirements of treatment or recovery from a loss can be extremely difficult without the necessary support from the employer. For example, Fertility Network UK found that almost a fifth of people undergoing IVF had to reduce their work hours or quit their job. And it's not just women who may require support. Pregnancy loss or difficulty conceiving can be traumatic for the partner, whose feelings often get forgotten and who may also be undergoing fertility treatment.

The [Fertility Network UK](#) says one in six couples undergo fertility treatment but most workplaces (58%) don't have a policy in place about fertility treatments for them to be able to get the support needed, with a further 19% of people surveyed saying they didn't know if their employer had a policy. Individuals may be getting used to new medications, self-injecting, taking medication at specific times of the day, experiencing hormonal changes, undergoing intrusive investigations and needing to spend many hours at hospitals or clinics, often at short notice. The support required will differ for each individual according to their circumstances and needs.

Although the figures suggest the incidence of miscarriage and women undergoing fertility treatment is high, talking about these issues is still a big taboo in most workplaces. This means many employees can't access the support they could benefit from, if indeed it's available. In contrast, having a clear policy in place which tells people about the support the employer can offer and who people could talk to can go some way to counter the barriers. Equipping employers and line managers with knowledge and empathy and knowing what to say when someone discloses a loss or fertility problems is essential.

In a 2019 poll by [LinkedIn and Censuswide](#), 91% of 1,000 HR professionals said they would benefit from education and support to better understand employee fertility issues. Interestingly, two-thirds of HR professionals also thought fertility support in the workplace should be considered a statutory right. The CIPD will be working with HR members and experts this year to produce practical guidance for the profession, as well as line managers, to improve how organisations support people experiencing pregnancy loss, fertility treatment and still birth.

Tackling stigma and educating managers and the workforce about women's specific health issues, and providing effective support.

There has been steady incremental progress by employers to support employee health and wellbeing. The CIPD's 2021 [Health and Wellbeing at Work survey report](#) shows the pandemic has had a dramatic impact on organisations, prompting them to transform their working practices on an unprecedented scale to look after people's health, safety and wellbeing. HR professionals have been at the centre of leading their organisation's response to COVID-19.

Key findings include:

- Most organisations are taking additional measures to support employee health and wellbeing in response to COVID-19, most commonly through an increased focus on mental health (84%), more support tailored to individuals' needs (83%) and additional support for people working from home (74%).
- Three-quarters (75%) of respondents believe that senior leaders have employee wellbeing on their agenda, up from 61% last year, and two-thirds (67%) report that line managers are bought in to the importance of wellbeing, up from 58% last year.
- Half (50%) of organisations take a strategic approach to wellbeing (up from 44% last year) and there's an encouraging fall in the proportion who report their organisation is '*much more reactive than proactive*' (27%, down from 41% last year).
- Wellbeing activity is increasingly focused on mental health 'to a large extent' (57%, up from 41% in 2020). More organisations are taking steps to support mental health (94%) and address workplace stress (81%).
- Financial wellbeing continues to be the wellbeing dimension that receives the least attention, with well under half (41%) reporting their wellbeing activity is designed to promote financial wellbeing; and yet almost a quarter (23%) agree that poor financial wellbeing is a significant cause of employee stress.
- Around three-fifths of respondents report that their organisation has a supportive framework to recruit, manage or retain people with a disability and/or long-term health condition, showing little change from 2018.

However, despite the increased focus on mental health, we are still seeing a worrying increase in poor mental health and work-related stress. Further, the overwhelming majority of respondents (84%) have observed 'presenteeism' (working when unwell), both in the workplace (75%) and while working at home (77%) over the past 12 months. Seven in ten (70%) have also observed some form of 'leaveism', such as working outside contracted hours or using holiday entitlement when unwell or to work, over the past 12 months. These are not the signs of a healthy workplace.

There's also still a mixed picture in how proactive organisations are in their approach to employee health, and the survey findings identify a number of priority actions for

organisations. These include:

- A focus on prevention as well as providing effective support pathways for people if they become unwell, including a systematic framework with tools to assess the main physical and psychological risks to people's health, so that organisations can target their activity where it's needed.
- Having a standalone wellbeing strategy setting out the organisation's priorities and the responsibilities of different groups including HR, occupational health, managers and employees.
- Visible commitment from the senior leadership team to ensure wellbeing is embedded and taken seriously across the organisation.
- Implementing a financial wellbeing policy, including support for people experiencing financial difficulty, such as signposting to external sources of free advice.
- Fostering a climate of disclosure. Creating an open culture around health and disability issues is a key step in fostering an environment where people feel comfortable to disclose their condition and seek support.
- Promote and embed flexible working practices across the organisation so people with a health condition, such as the menopause, and/or disability can flex their hours and responsibilities to suit any fluctuating health needs. Employers should wherever possible advertise jobs as flexible and be open to requests for flexible working arrangements from existing staff. CIPD has launched a Flexfrom1st campaign (<https://www.cipd.co.uk/news-views/campaigns/flex-from-first#gref>) to encourage more employers to enable employees to request flexible working arrangements on day one of employment. We are also calling on Government to amend the flexible working regulations so that there is a legal right to request flexible working on day one of employment instead of after 26 weeks as is currently allowed by law.

The crucial role of good people management

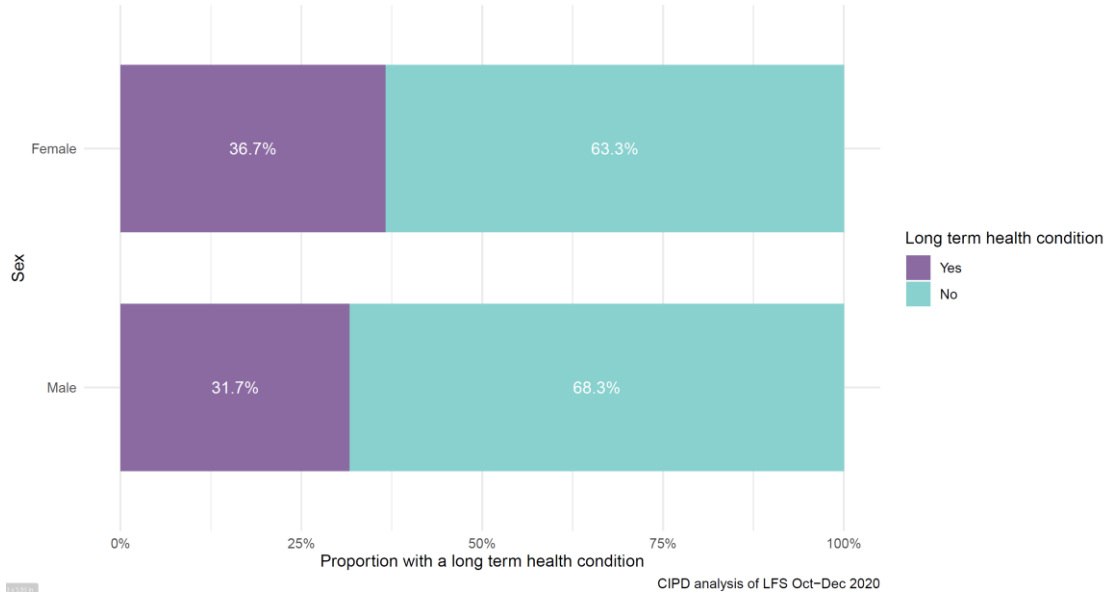
We know from years of research at the CIPD that good people management plays a fundamental role in supporting people's health and wellbeing. But far too few organisations equip them with the knowledge and skills to support people's health effectively, including women's health. Just over two-fifths (43%) of organisations train line managers to support people with mental ill health, for example. Therefore, it's not surprising less than four in ten (38%) agree managers are confident to have sensitive discussions and signpost people to expert sources of help if needed; even fewer (31%) agree managers have the skills and confidence to spot the early warning signs of mental ill health. Developing line manager knowledge and confidence is the most common challenge organisations face in managing people with a disability and/or long-term health condition; and yet less than a third (32%) provide training and guidance for managers to do this while just two-fifths (42%) report managers have a supportive line management style that treats people as individuals.

Crucially, managers should be checking in regularly on people's wellbeing, be able to spot any early warning signs of poor health and signpost to expert sources of help where needed. Line managers are under considerable pressure in the current climate, and the impact COVID-19 is having on many people means they will be managing a potentially complex mix of personal situations in their teams. Managers need to work hard to promote inclusion and

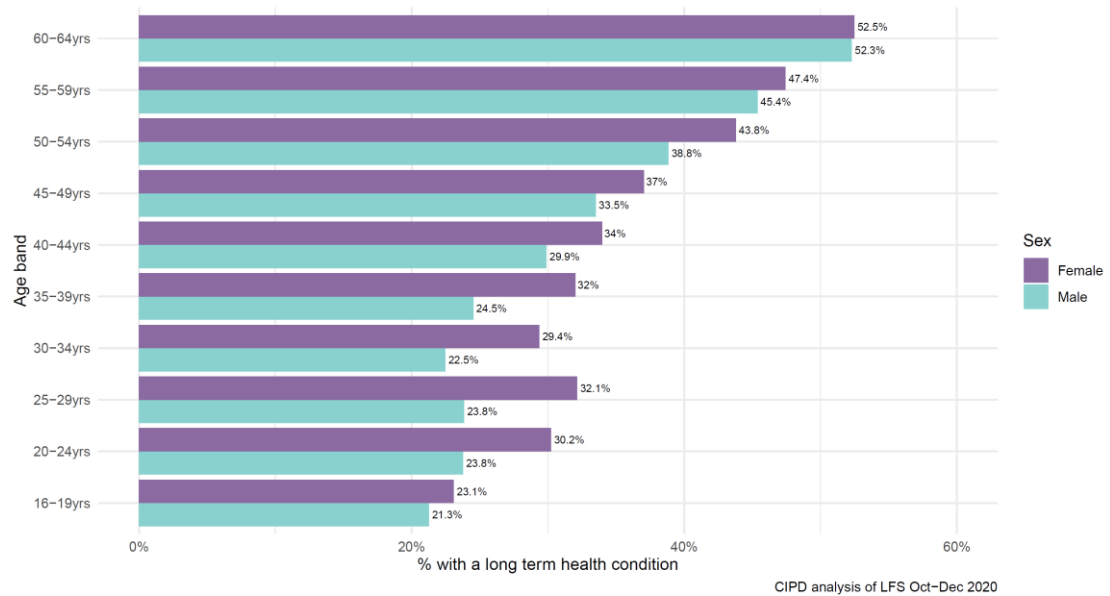
support the needs and circumstances of individuals including female employees. This means having the competence to nurture trust-based relationships with those they manage, so individuals feel they can talk about any work or wellbeing issues. They need to have the confidence and knowledge to not shy away from potentially ‘embarrassing’ conversations about female-specific health issues such as menstruation and the menopause.

Appendices

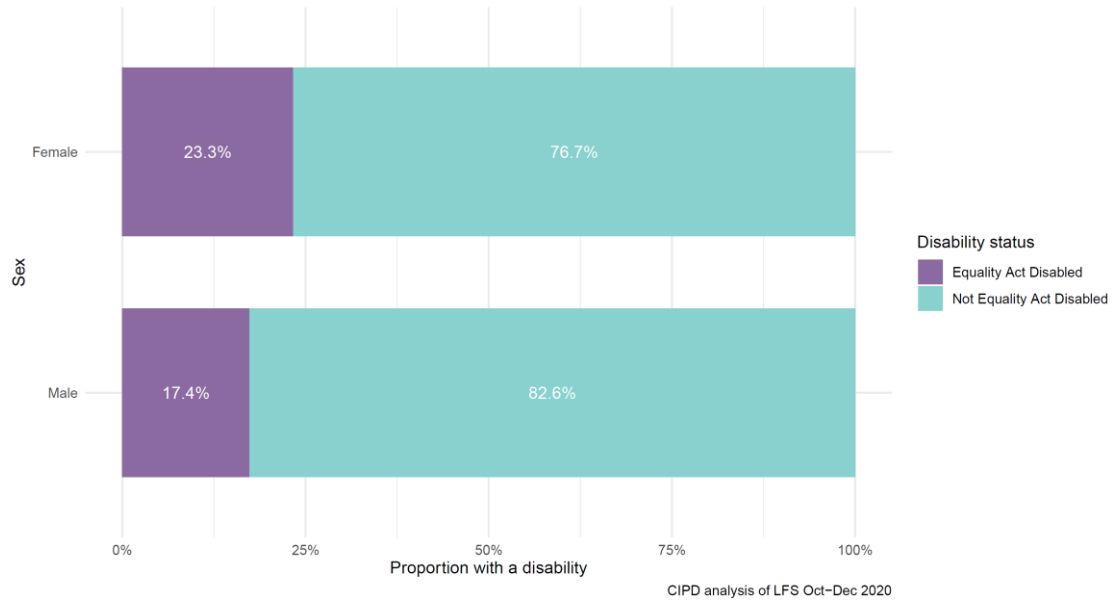
Long term health condition of working age population by sex
More women have a long term health condition than men



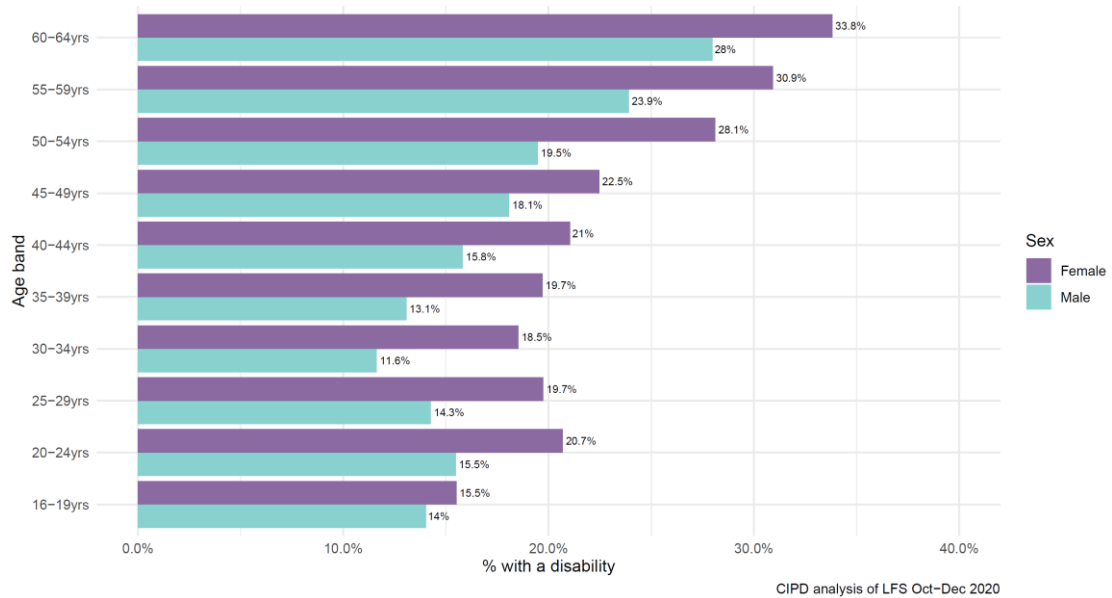
Long term health condition of working age population by sex and age
the proportion of people with a long term health condition increases with age



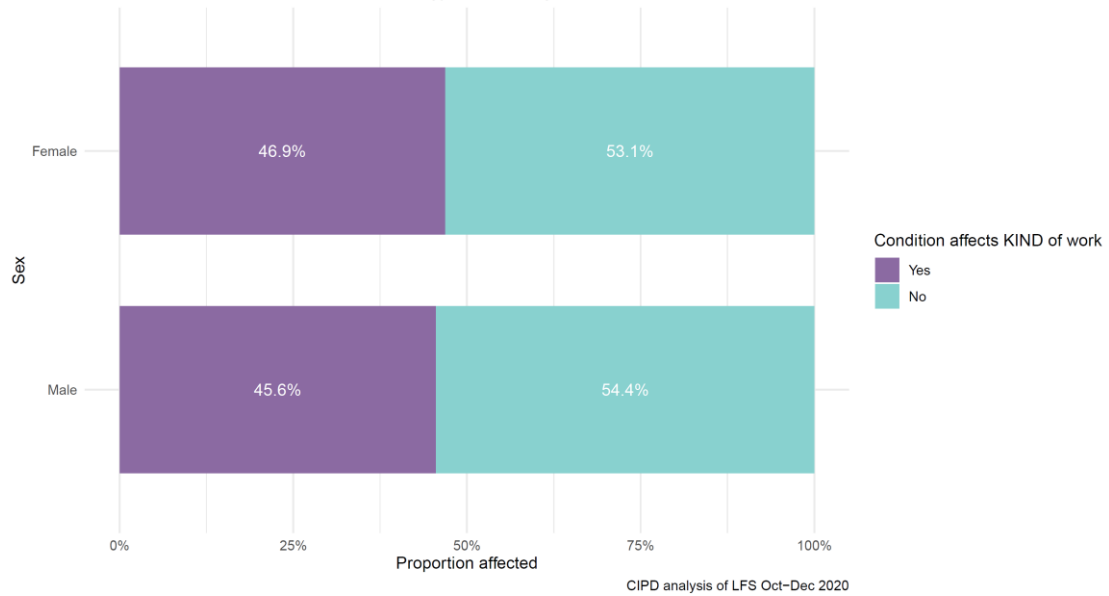
Disability status of working age population by sex
More women have a disability than men



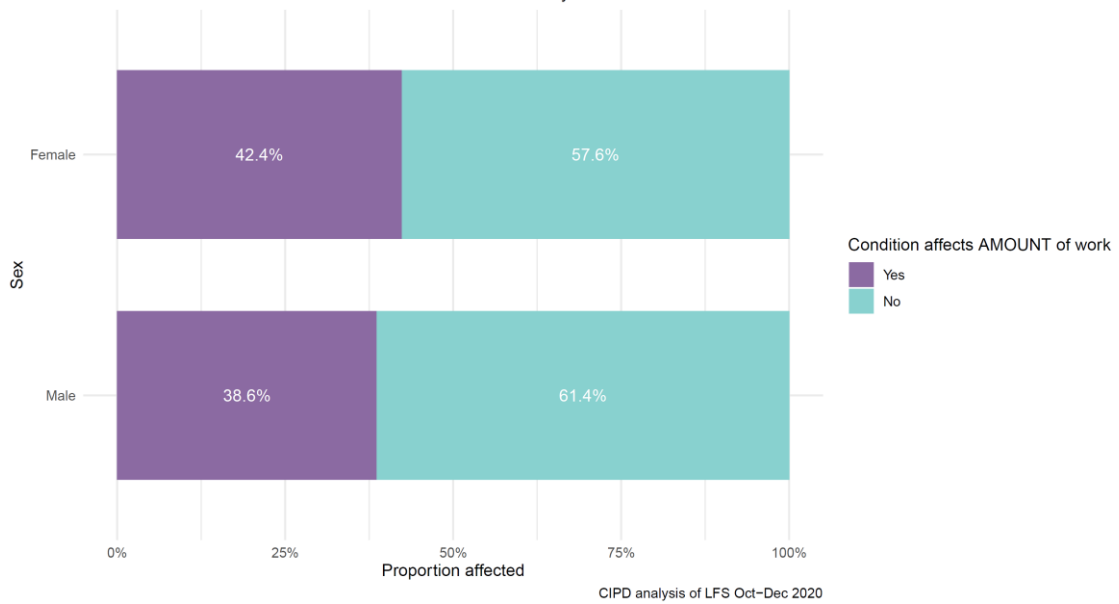
Disability status of working age population by sex and age
the proportion of people with a disability increases with age

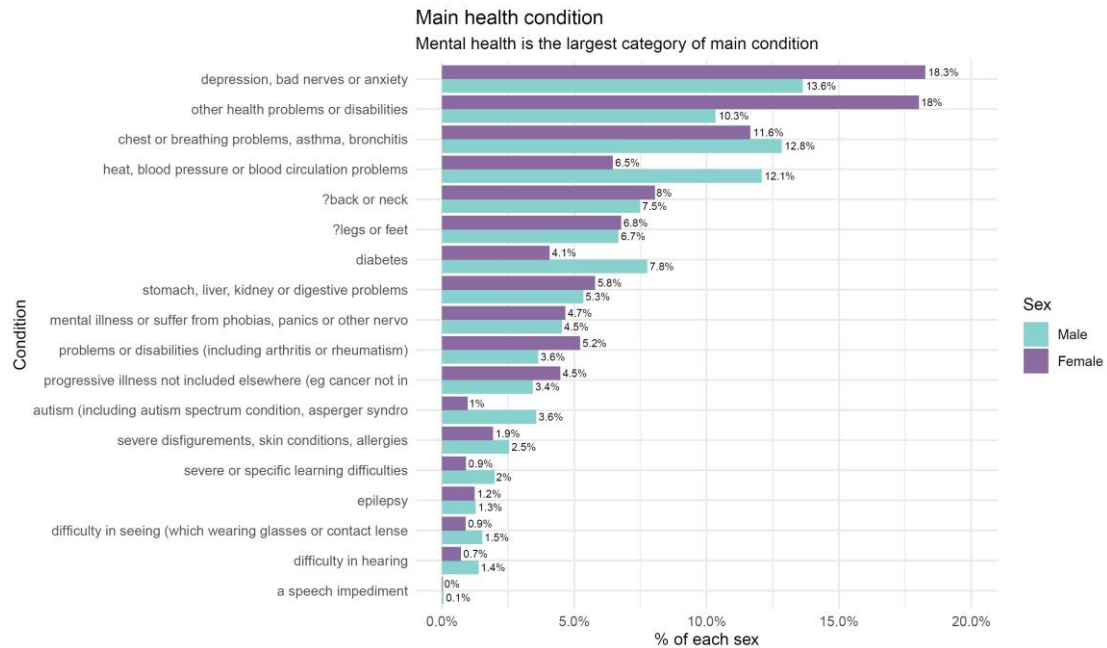


Whether health condition affects the **KIND** of paid work someone can do
 More women have a condition that affects the type of work they can do



Whether health condition affects the **AMOUNT** of paid work someone can do
 More women have a condition that limits the amount of work they can do





Note: This question asks people to pick the MAIN condition. Some people have multiple conditions, and it is possible to produce a cut of this data too. There are some interesting differences by gender. The second most common main condition for women is “other”. It is perhaps the case that women specific conditions have been left out (which is often the case when women do not play a prominent role in the survey design). There is no mention of menopause in here for example.

CIPD’s Senior Economist, Jon Boys, has put the data slides together (above), but if you have any questions relating to the slides, please do not hesitate to contact us and we can put you in contact with Jon.