

Business and Trade Committee Inquiry into the Employment Rights Bill

Written evidence submitted by Benenden Health

1.0 About Benenden Health

- 1.1 Benenden Health is a not-for-profit mutual society supporting over 870,000 members with affordable private healthcare.
- 1.2 To better understand how the Gender Health Gap impacts women in the UK and particularly at work, Benenden Health worked with the Fawcett Society to commission three national surveys, including 10,000 women as well as 5,000 female employees and 1,000 business owners¹. The findings from these surveys form the basis of this submission alongside complementary research from other organisations.

2.0 Executive Summary

- 2.1 Data suggests the UK has the largest Gender Health Gap, whereby women experience poorer health outcomes than men, across all G20 countries and the 12th largest in the world. This is severely impacting the lives of half of the population and impeding the country's economic growth. Closing the gap by 2040 could add almost £39bn to the UK economy.
- 2.2 Research conducted by Benenden Health has found that women are currently taking up to 12 days a year off work to manage their health. This ranges from 7.5 days in Greater London to 12 days in Wales and the North East.
- 2.3 It also found that two in five women (42%) said that their professional life has been negatively affected by the Gender Health Gap, with female employees saying they have had to miss important meetings and missed out on promotions and pay rises. The same proportion said that they would feel uncomfortable talking to their manager about health issues.
- 2.4 Benenden Health also found a big gap in what women want from their employers to support their health and what employers offer. The most important things that women said employers can do to support their health in the workplace were:
 - **Offer pregnancy loss leave (42%) and pregnancy loss policies (30%).** One in four pregnancies in the UK end in loss during pregnancy or birth, yet only 12% of employers have pregnancy loss policies, procedures or leave in place.
 - **Offer enhanced maternity leave (31%),** such as by allowing employees to take off more than the statutory 52 weeks' leave or by offering more than the statutory maternity pay. Only 15% of employers surveyed currently offer this.
 - **Offer flexible working, including flexible leave when experiencing pregnancy (30%)** yet only 14% of employers surveyed offered this.
 - **Offer free sanitary products (31%),** however only 18% do.

¹ Benenden Health (2023), *Gender Health Gap 2023 Survey Results*. Available [here](#).

- 2.5 The Employment Rights Bill presents a significant opportunity to embed these changes and address the Gender Health Gap, improving women's health and wellbeing in the workplace and in turn boosting economic growth. **However, as it stands, there are several areas for improvement in the Bill to ensure that it boosts growth in this way.**
- 2.6 Benenden Health is calling for:
- **The new bereavement leave entitlement to include leave for pregnancy loss prior to 24 weeks, with clear policies around this. Provisions are already in place for loss after 24 weeks.**
 - **Consideration to be given to how the removal of the two-year qualifying period for an employee to bring unfair dismissal claims against their employer may impact women during recruitment and onboarding.**
 - **An amendment to the Bill to ensure that the new flexible working entitlement requires employers to demonstrate that they have given additional consideration for requests for flexible working from those who are pregnant.**
 - **A provision be added to encourage businesses to offer enhanced maternity leave and requiring that their maternity provisions are clear in any employee contracts. Best practice guidance could be compiled outlining examples of businesses that currently offer enhanced maternity leave and what this can look like.**
 - The Government has proposed Menopause Action Plans for large businesses and menopause guidance for small businesses. **Benenden Health is calling for these to include guidance for managers on how best to conduct conversations around women's health more generally. For large businesses, it should recommend that they consider offering free sanitary products to support women in the workplace through all ages.**

3.0 The UK Has Stark Health Inequalities

- 3.1 The UK has the largest female health gap in the G20 and the 12th largest globally according to a study by Manual, a wellbeing platform for men.²
- 3.2 The existence of the Gender Health Gap in the UK is known and accepted as fact among policymakers, with the previous government seeking to address it through the Women's Health Strategy and this Government committing to prioritising women's health and to consider how to take forward the Strategy³.
- 3.3 According to Benenden Health's research, 35% of women have experienced a poorer health outcome because of their gender. Of these, a third had received an incorrect diagnosis and a quarter were put on the wrong medication.
- 3.4 Over half (57%) said that they had a negative experience with a healthcare professional. Almost half of women have struggled to receive a diagnosis in their lives (45%), with 31% of

² Manual (2021), *The men's health gap*. Available [here](#). & House of Lords Library (2021), *Women's health outcomes: Is there a gender gap?* Available [here](#).

³ Minister for Secondary Care, Karin Smith MP (2024), *Written question for the Department of Health and Social Care – Health Services: Women*. Available [here](#).

these experiencing delays of longer than a year. Over a quarter (26%) of the women surveyed were still waiting for a diagnosis at the time of responding.

- 3.5 Meanwhile, other research shows that women are 50% more likely than men to receive the wrong initial diagnosis for a heart attack⁴ and more than twice as likely to die after a heart attack than men⁵.
- 3.6 Despite all of the above, research on women's health issues remains remarkably low. Just 2.5% of publicly funded research is dedicated to reproductive health, despite the fact that 1 in 3 women will suffer from reproductive or gynaecological health problems⁶. There is five times more research into erectile dysfunction, which affects just 19% of men, than premenstrual syndrome which affects 90% of women⁷.

4.0 Addressing the Gender Health Gap is Key to Boosting Economic Growth and Women's Productivity in the Workplace

- 4.1 Benenden Health's research found that women are currently taking up to 12 days a year off of work to manage their health. This ranges from 7.5 days in Greater London to 12 days in Wales and the North East.
- 4.2 It also found that two in five women (42%) said that their professional life has been negatively affected by the Gender Health Gap, with female employees reporting that they have had to miss important meetings and have missed out on promotions and pay rises.
- 4.3 Meanwhile, 64% of female employees said that having to manage menopause symptoms makes their lives more difficult in the workplace. 70% said the same for having to manage period symptoms and 62% for managing pregnancy at work.
- 4.4 According to research conducted by the Fawcett Society, about one in ten women aged 45-55 left their jobs in 2022 due to perimenopause or menopause symptoms and lack of workplace support. Mapped on to the total UK population of 5 million women aged 45-55, that would represent 333,000 women leaving their jobs due to the menopause. The research also found that a further 13% reported that they had considered leaving work, 14% said they had reduced their hours, and another 14% said they had moved to part-time work⁸.
- 4.5 The Women and Equalities Committee has noted that that the menopause costs the UK economy 14 million working days per year⁹. Meanwhile, heavy and painful periods are estimated to cost the UK economy over £531 million in sick days¹⁰.
- 4.6 According to data shared with the British Medical Journal by the McKinsey Health Institute, closing the gender health gap by 2040 could add almost £39bn to the UK economy and give each British woman around 9.5 more days of good health a year¹¹.
- 4.7 **The Employment Rights Bill offers an immediate route to embedding key changes to address the Gender Health Gap, ultimately boosting productivity and growth. However,**

⁴ British Heart Foundation (2016), *Women are 50% more likely than men to be given incorrect diagnosis following a heart attack*. Available [here](#).

⁵ European Society of Cardiology (2023), *Women more likely to die after heart attack than men*. Available [here](#).

⁶ UK Clinical Research Collaboration (2023), *UK Health Research Analysis 2022*. Available [here](#).

⁷ Independent (2016), *Erectile dysfunction studies outnumber PMS research by five to one*. Available [here](#).

⁸ Fawcett Society (2022), *Menopause and the Workplace*. Available [here](#).

⁹ Women and Equalities Committee (2022), *Menopause and the workplace*. Available [here](#).

¹⁰ Hologic (2017), *The common condition costing £531m a year in lost work days*. Available [here](#).

¹¹ BMJ (2024), *Closing the gender health gap: a £39bn boost to the economy, as well as lives*. Available [here](#).

as it stands, there are several areas for improvement in the Bill to ensure that it boosts growth in this way.

5.0 Protecting Workers: Are there weaknesses or loopholes in the Bill that could be exploited or have unintended consequences?

5.1 New right to bereavement leave leaves many pregnant women unprotected

- 5.1.1 As part of its survey of 5,000 working women, Benenden Health asked what the most important things that an employer could do to support women's health in the workplace were.
- 5.1.2 **By far the most commonly called for measures among working women surveyed were for pregnancy loss leave (42%) and pregnancy loss policies (31%).**
- 5.1.3 According to miscarriage statistics from Tommy's, the largest UK pregnancy and baby loss charity, (50%) of adults in the UK said that they, or someone they know, had experienced pregnancy or baby loss¹².
- 5.1.4 Most miscarriages happen in the first 12 weeks of pregnancy (known as early miscarriage), and it is estimated that early miscarriages happen to 10-20 in 100 (10 to 20%) of pregnancies.
- 5.1.5 It is estimated that second trimester loss (late miscarriage) happens to 3-4 in 100 (3 to 4%) of pregnancies.
- 5.1.6 However, according to Benenden Health's survey, only 12% of employers have pregnancy loss policies, procedures or leave in place.
- 5.1.7 This is despite the Miscarriage Association noting in its guidance for employers that many people will need some time off work to recover physically and emotionally from pregnancy loss¹³.
- 5.1.8 Acas states that many people would still consider miscarriage before 24 weeks to be a bereavement however it notes that there's no entitlement to statutory maternity, paternity or parental bereavement leave in these cases. It goes on to note that an employer should still consider offering time off at "*what can be an extremely difficult time, both physically and emotionally*"¹⁴.
- 5.1.9 As it stands, the Bill proposes to extend bereavement leave to a wider group of employees. At present, in the case of the loss of a child, bereavement leave is only available to parents who lose a child under 18 or experience a stillbirth after 24 weeks of pregnancy – there are currently no provisions for those who experience miscarriage before 24 weeks. The Bill will broaden eligibility to cover a wider group of individuals who suffer a loss. The specific relationships that will qualify for the extended bereavement leave will be set out in regulations.
- 5.1.10 The Bill's current failure to make provisions for pre-24-week baby loss has the unintended consequence of leaving the one-in-five pregnant women who experience this type of bereavement without any protections or right to leave.

¹² Tommy's (2024), *Miscarriage statistics*. Available [here](#).

¹³ Miscarriage Association (2024), *Supporting an employee before, during and after a loss*. Available [here](#).

¹⁴ Acas (2024), *Time off work for bereavement: stillbirth or miscarriage*. Available [here](#).

- 5.1.11 Given the large mismatch between what women are calling for from their employers and what is currently available in the way of pregnancy loss leave, and given the fact that the vast majority of pregnancy loss occurs before 24 weeks, **Benenden Health is calling for the new bereavement leave entitlement to include leave for pregnancy loss prior to 24 weeks, with clear policies around this. Provisions are already in place for loss after 24 weeks.**
- 5.1.12 This matches calls made by the GMB union in its new Pregnancy Loss Charter that acknowledges the gap in statutory provision for loss before 24 weeks and stipulates employers should provide a minimum of one month's paid leave for the pregnant person and two weeks for partners or prospective co-parents¹⁵.
- 5.1.13 Other organisations have also called for bereavement leave to be extended to those who experience baby loss before 24 weeks. Clea Harmer, the chief executive of the bereavement charity Sands, said giving staff paid time off after a miscarriage is “*crucial*”¹⁶, whilst the independent pregnancy loss review, commissioned by the Department of Health and Social Care states¹⁷: “*We recommend that up to 10-days paid leave for the person who is pregnant and 5-days for the partner should be provided for any pre-24-week baby loss. A ‘Fitness for Work’ statement from a GP should not be required unless additional time off is required. This paid time off should not be used for ‘sickness trigger’ purposes.*”
- 5.1.14 During Second Reading of the Bill, the Deputy Prime Minister, Angela Rayner MP, noted that “*Central to all these reforms is our belief that all employers should always support their employees. The best ones already do.*”¹⁸
- 5.1.15 Some companies already offer miscarriage policies. NHS England offers colleagues up to 10 days paid leave for the mother (or parent who was pregnant), and up to 5 days paid leave for the partner. This includes, but is not limited to, miscarriage, ectopic pregnancy, molar pregnancy, and termination of pregnancy¹⁹.
- 5.1.16 Commenting on NHS England’s new policy, Rosie Leverton, head of partnerships at baby loss and pregnancy research charity Tommy’s, said²⁰:
- “Pregnancy loss can take a huge toll on women and birthing people, both physically and mentally. Their partners may also be profoundly affected.*
- “As the largest employer in the UK, the NHS is sending a powerful signal that staff going through this experience deserve understanding, compassion and the right to grieve – and that support is possible, no matter what your workplace looks like.”*
- 5.1.17 At Benenden Health we offer 1 week’s paid leave if a colleague suffers baby loss prior to 24 weeks. We also have a generous sick pay entitlement, and colleagues would not be penalised for using this if they wished to extend their 1 week’s paid leave.
- 5.1.18 If a colleague suffered baby loss after 24 weeks, they would be entitled to Benenden Health’s enhanced maternity leave provision of 8 weeks full pay and 10 weeks half pay, plus the statutory 2 weeks bereavement leave at full pay.

¹⁵ GMB Union (2024), *All miscarriages and terminations need paid bereavement leave*. Available [here](#).

¹⁶ Telegraph (2024), *Police and firefighters should get ‘same bereavement leave for miscarriages as NHS staff’*. Available [here](#).

¹⁷ Clark-Coates, Z. & Collinge, S. (2023), *The Independent Pregnancy Loss Review - Care and support when baby loss occurs before 24 weeks gestation*. Available [here](#).

¹⁸ Hansard, House of Commons, Deb. Volume 755, Cols.46-148, 21st October 2024. Available [here](#).

¹⁹ NHS England (2024), *Paid leave for NHS staff experiencing pregnancy loss*. Available [here](#).

²⁰ NHS England (2024), *Paid leave for NHS staff experiencing pregnancy loss*. Available [here](#).

5.2 Unfair dismissal measures could lead to increased discrimination against women

- 5.2.1 The measure in the Bill to make unfair dismissal protection a day-one right is a positive and welcomed move overall, as all colleagues should be treated and managed fairly, regardless of length of service. However, it cannot be denied that hiring managers can associate the recruitment and management of new colleagues as a risk, and with Benenden Health's research showing that over a third of both male and female business owners don't understand women's' health issues, there are concerns that this may translate into 'risk adverse' hiring which may discriminate against women.
- 5.2.2 This concern is further supported by Benenden Health's research showing 37% of women have heard comments in the workplace about women being more emotional than men, 33% experiencing jokes about being on their period and 42% hearing derogatory comments about a female employee's health, showing discriminative attitudes in the workplace do still exist.
- 5.2.3 As an extension of this, with research continually showing that childcare responsibilities typically fall to the mother²¹, it is reasonable to assume that women are more likely to request flexible and part-time working, or even to choose a career break to support them with this. Coupled with women being able to take up to 52 weeks of maternity leave, this may further increase the risk of discrimination during recruitment and onboarding practices if the removal of the qualifying period is not managed or monitored effectively.
- 5.2.4 Benenden Health is therefore calling for additional consideration to be given to how the removal of the two-year qualifying period for an employee to bring unfair dismissal claims against their employer may impact women during recruitment and onboarding.**

6.0 What solutions or actions are required by Government, businesses and workers to effectively support the labour market while boosting productivity and protecting workers' rights?

6.1 Pregnant women need greater consideration for flexible working requests

- 6.1.1 As it stands, the Employment Rights Bill will also increase the burden of justification on employers so they must accept a request except where it is not reasonably feasible.
- 6.1.2 There are a number of grounds specified that employers could use to refuse flexible working requests; for example, a detrimental impact on quality or performance, the burden of additional costs, or the inability to re-organise work among existing staff. **However, as it stands, the Bill does not indicate that extra consideration should be given to flexible working requests from those who are pregnant.**
- 6.1.3 This means that requests from pregnant people would be given the same level of consideration as any other employee, despite Benenden Health's research indicating that nearly two thirds of women (62%) find managing pregnancy symptoms makes their lives more difficult in the workplace.
- 6.1.4 Benenden Health's research also found that 30% of working women would like flexible working arrangements when experiencing pregnancy, yet only 14% of businesses surveyed offered this.

²¹ Government Equalities Office & Women and Equalities Unit (2021), *Shareing of childcare and well-being outcomes: an empirical analysis*. Available [here](#).

- 6.1.5 There is a wealth of evidence indicating that women are more in need of flexible working arrangements whilst pregnant in order to work comfortably and maintain productivity.
- 6.1.6 The NHS website indicates that around 80% of pregnant women experience nausea and/or vomiting during pregnancy, also known as morning sickness²². It goes on to note that morning sickness can occur at any time of day, although it's usually worse after waking, and states that eating 6 small meals a day can help to reduce symptoms²³. For a working woman, this would require her to have flexible working arrangements to accommodate break patterns facilitating this.
- 6.1.7 In addition to this, a programme of research commissioned by the Department for Business, Innovation and Skills (BIS) and the Equality and Human Rights Commission (EHRC) in 2018 found that one in five mothers said they had experienced harassment or negative comments related to pregnancy or flexible working from their employer and / or colleagues. Meanwhile, 10% of mothers said their employer discouraged them from attending antenatal appointments.
- 6.1.8 The latest State of the Nation report from Pregnant Then Screwed found that 1 in 2 (52%) mothers say they faced some form of discrimination when pregnant, on maternity leave or when they returned, one in five mothers (19%) made the decision to leave their employer due to a negative experience, and 7% of women lost their job through redundancy, sacking, or feeling forced to leave due to a flexible working request being declined or due to health and safety issues²⁴.
- 6.1.9 In light of the above research, Maternity Action and the Fawcett Society, among others, have called for increased flexible working rights to help to end pregnancy and maternity-related discrimination at work²⁵.
- 6.1.10 **Benenden Health is calling for an amendment to the Bill to ensure that the new flexible working entitlement requires employers to demonstrate that they have given additional consideration for requests for flexible working from those who are pregnant.**
- 6.1.11 A survey conducted by CIPD found that 75% of employers believe flexible working has a positive effect on retention and 73% said that it improves staff motivation²⁶. Meanwhile, a report from Timewise states that flexible working arrangements are a useful tool in improving companies' gender balance through improving female representation at senior levels²⁷, and a report by McKinsey found that gender-diverse companies are 15% more likely to achieve financial returns above their industry average²⁸.
- 6.1.12 Thus, not only could this measure help to better support pregnant women, given that 62% said they find managing pregnancy symptoms makes their lives more difficult in the workplace, but it could also help decrease pregnancy-related discrimination, increase employee retention, improve companies' gender balance and boost business growth.

6.2 Greater support for working families

- 6.2.1 Another key finding from Benenden Health's research was that nearly one third (31%) of working women would like their employer to offer enhanced maternity leave, such as by

²² NHS (2023), *Severe vomiting in pregnancy*. Available [here](#).

²³ NHS (2024), *Morning Sickness*. Available [here](#).

²⁴ Pregnant Then Screwed (2023), *State of the Nation 2023*. Available [here](#).

²⁵ Maternity Action (2021), *Action Plan to end pregnancy and maternity discrimination at work*. Available [here](#).

²⁶ CIPD (2012), *Flexible working provision and uptake*. Available [here](#).

²⁷ Timewise (2022), *The business case for flexible working*. Available [here](#).

²⁸ McKinsey (2015), *Diversity Matters*. Available [here](#).

allowing employees to take off more than the statutory 52 weeks' leave or by offering more than the statutory maternity pay. However, only 15% of employers surveyed currently offer this.

- 6.2.2 New research from Pregnant Then Screwed and Women in Data has found that 4 in 10 mothers (43%) took just 12 weeks or less following the birth of their most recent child²⁹. It also found that statutory maternity pay is 43% of the national living wage and that three quarters (76%) of mothers have had to rely on some form of debt or withdraw money from their savings as a result of the low rate of statutory maternity pay and maternity allowance.
- 6.2.3 This is despite the fact that maternity leave of more than 12 weeks is known to have huge benefits for a mother and her child, including a reduction in the rates of maternal physical and mental health issues³⁰, reductions in infant mortality and improvements in the rates of breastfeeding³¹.
- 6.2.4 There are also huge benefits for business. According to CIPD, companies offering enhanced parental leave see improved mental health and well-being among returning employees, leading to higher productivity and lower absenteeism³².
- 6.2.4 The Bill contains a number of changes to make sure there is more flexibility and security for working families. For example, the Bill will amend existing powers so that regulations can be made to ban dismissals of women who are pregnant, on maternity leave, and during a six-month return-to-work period, except in specific circumstances.
- 6.2.5 However, as it stands, the Bill will not make any attempts to encourage businesses to offer enhanced maternity leave or pay, despite many workers calling for this and evidence showing that current statutory entitlements are inadequate for 4 in 10 women and lower productivity.
- 6.2.6 Benenden Health is therefore calling for a provision be added to encourage businesses to offer enhanced maternity leave and requiring that their maternity provisions are clear in any employee contracts. Best practice guidance could be compiled outlining examples of businesses that currently offer enhanced maternity leave and pay and what this can look like.**
- 6.2.7 For example, Benenden Health uses Statutory Maternity Pay (SMP) as a baseline and then tops this up to match the employee's salary in full for 8 weeks, and then pays half of their pay on top of SMP for a further 10 weeks. For the remainder of their entitlement, they are paid SMP. Maternity Leave can be extended past 52 weeks through requesting additional leave. While we ask colleagues prior to commencing annual leave when they may return to the workplace, we explain to them that this is flexible and can be changed.**

6.3 Greater support for women during menopause and menstruation through Equality Action Plans

- 6.3.1 64% of female employees told Benenden Health that having to manage menopause symptoms makes their lives more difficult in the workplace. 70% said the same for having to manage period symptoms.

²⁹ Pregnant Then Screwed (2024), *4 in 10 mothers took just 12 weeks or less maternity leave in the UK*. Available [here](#).

³⁰ Heshmati, A., (2023), *The effect of parental leave on parents' mental health: a systematic review*. The Lancet. Volume 8, Issue 1, e57-e75. Available [here](#).

³¹ Khan, M. S., (2020), *Paid family leave and children health outcomes in OECD countries*. Child and Youth Services Review. Volume 116. 105259. Available [here](#).

³² CIPD (2024), *Flexible working practices factsheet*. Available [here](#).

- 6.3.2 Meanwhile, 42% said that they would feel uncomfortable talking to their manager about health issues and two-thirds of both female and male business owners said that they would value more support in understanding women's health issues (64% and 71% respectively).
- 6.3.3 A survey of 2,000 British women and people who menstruate who work onsite, conducted by WaterAid, found that 85% said they experience stress or anxiety when managing their periods at work³³.
- 6.3.4 The survey also found that over 2 in 5 (43%) fear leakage through clothes at work, followed closely by painful periods (42%) and heavy bleeding (40%). Meanwhile, nearly half (48%) reported hiding their period products on route to the toilet at work and almost a third (31%) of working women have had to use makeshift materials such as toilet paper or fabric to manage their periods at work. Nearly two thirds of respondents (63%) admitted to feeling embarrassed talking about their periods at work.
- 6.3.5 The cost to the UK economy is huge. The NHS Confederation, Create Health Foundation and London Economics found that absenteeism from work due to heavy and painful periods, endometriosis, fibroids and ovarian cysts costs the UK economy nearly £11 billion every year³⁴.
- 6.3.6 Meanwhile, as previously mentioned, research conducted by the Fawcett Society found that about one in ten women aged 45-55 left their jobs in 2022 due to perimenopause or menopause symptoms and lack of workplace support. Mapped on to the total UK population of 5 million women aged 45-55, that would represent 333,000 women leaving their jobs due to the menopause³⁵. Another report showed that unemployment due to menopause symptoms has a direct economic impact of approximately £1.5 billion per annum³⁶.
- 6.3.7 A report published by CIPD found that nearly two thirds (63%) of UK working women with experience of menopausal symptoms said they had negatively affected their careers³⁷, yet almost two thirds (60%) of FTSE 100 companies fail to publish menopause support³⁸, and only a quarter of employers have a menopause policy in place³⁹.
- 6.3.8 Research conducted by Censuswide on behalf of Health & Her revealed the economic cost of failing to support women in the workplace. It found that menopause symptoms including hot flushes, memory loss, joint aches and anxiety cost the UK economy 14 million working days every year, equating to an approximate £1.8 billion GDP loss to the UK economy when the average GDP associated with a working day is factored in⁴⁰.
- 6.3.9 The latest CIPD Health and wellbeing at work report states "*Effective support and adjustments for menstrual health issues and menopause transition can be simple, low-cost and make a significant difference to how well someone with symptoms can function at work. A supportive culture and genuine reporting climate are important to encourage employees to disclose their symptoms and access the support they need.*"⁴¹

³³ Water Aid (2023), *85% of UK working women feel stress or anxiety managing their period at work – says poll*. Available [here](#).

³⁴ NHS Confederation (2024), *Women's health economics: investing in the 51%*. Available [here](#).

³⁵ Fawcett Society (2022), *Menopause and the Workplace*. Available [here](#).

³⁶ NHS Confederation (2024), *Women's health economics: investing in the 51%*. Available [here](#).

³⁷ CIPD (2023), *Over a quarter of women say menopause has had a negative impact on their career progression, new CIPD research finds*. Available [here](#).

³⁸ HR Review (2022), *Two-thirds of FTSE 100 companies have failed to publish menopause support*. Available [here](#).

³⁹ CIPD & Simplyhealth (2023), *Health and wellbeing at work*. Available [here](#).

⁴⁰ Health & Her (2021), *Written evidence submission to the Women and Equalities Committee inquiry into Menopause and the workplace*. Available [here](#).

⁴¹ CIPD & Simplyhealth (2023), *Health and wellbeing at work*. Available [here](#).

- 6.3.10 Benenden Health wholeheartedly agrees with this statement.
- 6.3.11 Benenden Health has a colleague-run peer support group named ‘Pause’ to create a safe space for colleagues to share, listen, and learn about the effects of menopause/peri menopause in the workplace. It also hosts various webinars throughout the year on topics such as the menopause, offers a quiet room on site, allows flexibility within its dress code where reasonable to help colleagues maintain a comfortable working temperature, and provides reasonable paid time off for colleagues to attend medical appointments in relation to the menopause. Free of charge sanitary products can also be found within all ladies and gender-neutral toilets.
- 6.3.12 In the Bill, the Government has proposed Menopause Action Plans for large businesses and menopause guidance for small businesses. **Benenden Health is calling for these to include guidance for managers on how best to conduct conversations around women’s health more generally. For large businesses, it should recommend that they consider offering free sanitary products to support women in the workplace through all ages.**
- 6.3.13 Benenden Health has produced a Gender Health Gap Guide⁴² for employers, outlining how they can improve the experiences of female employees through measures such as:
- **Empowering managers to support women’s health through training on women’s health issues and on how to conduct compassionate conversations.** Training should focus on treating each employee individually, respectfully and confidentially.
 - **Positively challenging derogatory comments.**
 - **Providing easy access to information on women’s health issues** through women’s health pages on their intranet, health leaflets from expert organisations in break rooms and linking to health information in regular communications, such as newsletters.

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⁴² Benenden Health (2023), *The Gender Health Gap: A guide to breaking down barriers for women in the workplace*. Available [here](#).