

WORKING WOMEN  
STRONGER TOGETHER



Negotiators' Guide

**WOMEN'S HEALTH, SAFETY  
AND WELL-BEING AT WORK**

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# **WOMEN'S HEALTH, SAFETY AND WELL-BEING AT WORK**

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## **FOREWORD**

### **WOMEN'S HEALTH, SAFETY AND WELL-BEING AT WORK**

Working women's health and safety at work is a major priority for Unite. In workplaces where mainly or only women work, hazards are often unrecognised or under-researched. In workplaces where mainly men work, women are often expected to wear inappropriate safety clothes, and differences between workplace health issues for men and women are insufficiently addressed. Health issues that only affect women need to be central to the agenda alongside those that only affect men. And above all, prevention is better than cure – we want healthy, safe workplaces and working lives for all.

Please use this guide for workplace reps, shop stewards, union equality reps and safety reps to negotiate with employers, represent members, and to make a real difference.

**Diana Holland**  
**Assistant General Secretary**  
**Transport – Equalities – Food**

Unite believes that improving the working lives of our members and negotiating on equality, health and safety and tackling discrimination are key issues for the union.

There are specific health and safety issues for women at work and this guide covers the major ones which impact on many women during their working lives. Some of these issues are often overlooked, or even worse are invisible to employers, but have a major impact on women at work, leaving them isolated and not knowing where to turn for help.

It is very important that Unite ensures that employers and members are made aware of these issues and that policies are negotiated, communicated and properly implemented at work. This guide will help you to do this and I would urge you to make good use of it to improve women's well-being at work.

**Siobhan Endean**  
**National Officer for Equalities**

Unite has been working for many years to integrate equality into health and safety action at work. We play a leading part in the TUC's Gender and Occupational Safety and Health working group which developed a Gender Sensitivity health and safety checklist. This is designed to help union representatives examine their workplace practices and structures to ensure that gender issues are always taken into account in occupational health and safety.

Ensuring that your workplace risk assessments and practices do not take a "gender neutral" approach to health and safety is essential so that women's health and safety concerns are dealt with sensitively, and appropriate preventive action is taken. The checklist is included both in this pack and in the Unite health and safety guide. In addition the guide covers a number of key health and safety issues relevant to women including pregnancy, menopause, breast cancer, sexual harassment, abortion, and domestic violence.

**Susan Murray**  
**Unite National Health and Safety (Equalities)**

## UNITE WOMEN'S HEALTH CAMPAIGN

The Unite National Women's Committee are working together with you to use this guide to campaign on women's health in Unite organised Workplaces.

We are organising women workers by demonstrating how we can improve women's health, safety and wellbeing through union membership and organisation of the union in the workplace.

We are educating ourselves on the bargaining issues of women's health, safety and wellbeing in the work place and to encourage women members to become reps.

We are negotiating new agreements around women's health, safety and wellbeing.

We are campaigning for better rights for women's health and wellbeing in the work place.

### **CAMPAIGN MESSAGES**

- To organise women workers by demonstrating how we can improve women's health, safety and wellbeing through union membership and organisation of the union in the workplace.
  - Join your union.
  - UK and Irish Women workers have longer hours than any other European country
  - Excessive targets and work loads mean that women are suffering stress and a lack of work life balance
  - Organised workplaces and healthier and safer workplaces
  - Your union can help if you have an accident at work
  - Your union can negotiate better policies with your employer
  - Time off for health appointments
  - Safer journeys to work
  - Better working conditions for women
- To educate work place reps, organisers and officers on the bargaining issues of women's health and wellbeing in the work place.
  - Awareness of gender sensitive health and safety policies (eg body mapping, PPE, menopause, PMS)
  - Awareness of policy on cancer prevention, early detection and treatment ( exposure, time off for screening, treatment and return to work)
  - Awareness of policy on women's personal safety in work (dignity at work, lone working, personal safety and domestic violence)
  - Awareness of policy on stress and mental health
  - Awareness of maternity and parental rights at work

- To campaign for better rights for women's health and wellbeing in the work place.
  - Retain the Health and safety at work act and regulations
  - Retain maternity rights and flexible working
  - Support The Personal Safety and Security Bill
  - Safe public transport
  - Tackle long hours and excessive targets at work

### **Your help is needed!**

Unite is developing a database of best practice on equality issues in the workplace. If you negotiate an agreement or your workplace has taken action as a result of using this guide then please e-mail the details to [anooshah.farakish@unitetheunion.org](mailto:anooshah.farakish@unitetheunion.org)

## OVERVIEW OF WOMEN'S HEALTH AND SAFETY AT WORK

Women now make up about half the workforce, but because historically more men worked than women, occupational health and safety for women is often ignored and misunderstood, including reproductive health (for both men and women).

A TUC survey of women safety representatives identified that:

- most of the women safety representatives had never been asked about women's health and safety before;
- women's reports of ill-health or injuries caused by work are often ignored by doctors and employers;
- only one in five employers covered women's health and safety in their safety policy.

### Here are six reasons why we must take action

1. Many workplace risks, such as lifting and twisting, exposure to chemicals, long hours, stress, high or low temperatures, may affect women more seriously than men because of physical differences, work and home lives.
2. The jobs many women do, such as cleaning, caring, clerical work or call centres, are often for long hours and repetitive.
3. There are physical differences from men, but chemical exposure limits, uniforms and protective equipment are often designed for a man of average weight or height.
4. House work and caring duties mean women can double their exposure to chemicals and heavy lifting.
5. Discrimination against women can heighten safety hazards. Low pay and income, the burden of caring for others or domestic violence can add to workplace stress; women working alone or on night shifts may feel more vulnerable.
6. Pregnancy, menstruation and the menopause can make safety risks – such as standing for too long, insufficient toilet breaks or working at high temperatures –more serious.

### Unite workplaces are safer for women!

Research has shown that unionised workplaces are safer than those without safety reps and safety committees. So Unite workplace reps, equality reps and safety reps play a key role in negotiating better health and safety for members at work and should take the opportunity to work together to foster an integrated approach to equality and health and safety issues.

## **Safety Reps' Rights**

Safety representatives have specific legal rights and functions, which enable them to:

- inspect the workplace regularly;
- investigate employee complaints concerning health and safety issues at work;
- investigate accidents, dangerous occurrences and potential hazards;
- represent workers on health, safety, and welfare matters to their employer;
- inspect health and safety documents;
- receive information from inspectors;
- establish a joint union-management safety committee.

Employers are required to consult safety representatives, in particular about:

- measures introduced at a workplace that may substantially affect health and safety;
- arrangements for appointing health and safety competent persons and for emergencies;
- the health and safety information required to be provided to employees;
- health and safety training arrangements for the workforce, such as induction training;
- the health and safety consequences of planning and introducing new technology to the workplace.

## **Workplace Safety Policies**

Every workplace with five or more workers must have a written policy setting out a general approach to health and safety. Unite's position is that the every policy should

1. include an equality statement recognising that there are sex and gender differences to be addressed in occupational safety and health, and making a commitment to take action
2. describe what the employer will do to listen to and address women workers' specific health and safety concerns
3. make a specific commitment to identify and take action in relation to hazards and risks faced by women workers for example through risk assessments

## **Risk Assessments**

Employers have a legal duty to carry out risk assessments. These should address women's health and safety concerns. For more information about gender sensitive risk assessment, please see the Further Information list at the end of the guide. Risk assessments must also deal with risks to pregnant and breastfeeding women: for more information, see Section.. of this guide

## **Taking Action**

Once a risk assessment has been carried out the employer must decide how the risks can first be eliminated then, if elimination is not possible, minimised or controlled.

### **Think about an action plan**

Safety representatives should ensure that their workplace action plan:

- deals with the risks women face at work;
- sets out what will be done to make women safer and healthier;
- has been communicated to women workers so that they know the risks they face
- Details steps which will be taken to deal with them.

## **Action Points**

The following should therefore be considered to help you develop your action plan.

1. conduct a survey of the women at your workplace to identify their health and safety concerns and what they want to see done;
2. decide collectively whether your workplace needs an action plan for women's health and safety.
3. present your findings to management for discussion and action;
4. encourage more women to become Unite safety representatives;
5. ensure that both Unite meetings and consultation meetings with the employer are held at times convenient for women representatives
6. regularly review the employer's Safety Policy to ensure that it reflects women's health and safety concerns;
7. ensure that risk assessments are gender sensitive and recognise and include risk factors and health problems specific to women workers.

The remainder of this guide focuses on health and safety issues that, in the main, are specific to women. It is not intended to cover all the health and safety issues that affect women at work.

Further health and safety information can be found on the Unite website at [www.unitetheunion.org/healthandsafety](http://www.unitetheunion.org/healthandsafety).

There is also a list of sources of further information at the end of this guide.

For advice contact Susan Murray direct:  
[susan.murray@unitetheunion.org](mailto:susan.murray@unitetheunion.org) 020 7611 2596



## HOW GENDER-SENSITIVE IS YOUR WORKPLACE HEALTH AND SAFETY?

Health and safety at work is increasingly considered a part of the equality agenda by the TUC and by Unite. Everyone has an equal right to protection from harm at work but that doesn't mean treating everyone as if they were all the same!

Recent research has shown that both sex and gender affect workers' health and safety in many ways. These differences are too often ignored or misunderstood, leading to failures in preventing occupational ill-health and injuries. Many issues, such as reproductive health for both men and women, have been neglected and under-researched.

Gender stereotyping ("women's work is light work" or "stress is for wimps") or stereotyping of different types of work (manual/white collar) and job segregation can lead to false assumptions about who is, and who is not, at risk.

The TUC Gender and Occupational Safety and Health Working Group (G&OSH) has drawn up a "Gender Sensitivity" checklist to help safety reps and others check whether their workplace is gender sensitive.

This should include checking on Unite's own structures with a view to encouraging and supporting Unite safety reps to represent the whole workforce. Women and men may prefer to discuss issues with a safety representative of the same gender.

### **The TUC "gender sensitivity" checklist can be used to:**

- Identify gaps in workplace agreements, policies and procedures.
- Highlight ways to improve investigation, risk assessment and training. Improve the information gathered about men's and women's experiences of work and any ill effects.
- Review and improve health and safety monitoring and data collection/information gathering.
- Improve recognition and understanding of the issues and risks faced by women (and men) at your workplace.
- Address neglected issues such as reproductive health.
- Involve more women in health and safety decisions in the workplace and in the union.
- Involve more women in health and safety consultation and decisions.

- Ensure that all health and safety agreements, policies and procedures are gender sensitive.
- Make work fit for all workers – no more “one size fits all” in relation to jobs and equipment.

Please see the checklist on page 13.

### **Action Points for negotiators**

Unite wants to encourage a gender-sensitive approach to health and safety. This is central to establishing equal rights to protection, and a safer workplace for all.

1. Always bear in mind the equality considerations when signing up to any workplace agreement, including your health and safety policy.
2. Use health and safety legislation such as the Management of Health and Safety at Work Regulations 1999 to ensure that risk assessments are carried out for pregnant workers and are also gender sensitive for men and women
3. Work with Unite Equality Reps and Learning Reps to co-ordinate your strategy.
4. Use the G&OSH checklist to measure against all your workplace health and safety activities and to ensure that women’s and men’s health and safety concerns are met.
5. Encourage both women and men to become safety reps.

## **TUC GENDER AND OCCUPATIONAL SAFETY AND HEALTH 'GENDER-SENSITIVITY' CHECKLIST**

### **Checklist : How gender-sensitive is your workplace?**

#### **1. Your employer's workplace agreement or policy**

- Does the employer's health and safety policy or workplace agreement recognise that there are sex and gender differences in occupational safety and health (OSH)?
- Has gender-sensitive health and safety been discussed with the union?
- Does the agreement or policy commit the employer to addressing diversity in OSH?
- Does the workplace agreement / policy commit the employer to consulting with all workers and their representatives – male and female, full-time and part-time, permanent and temporary, about OSH issues including risk assessments?

#### **2. Your union policy**

- Does your union policy recognise that there are sex and gender differences in occupational safety and health?
- Have you discussed gender-sensitive health and safety at your Branch meetings or at meetings of safety reps or equality reps?
- Has the union discussed gender-sensitive health and safety with the employer?
- Does your union policy commit the union to consulting all members– male and female, full-time and part-time, permanent and temporary, about OSH issues including risk assessments?

#### **3. Health and safety management**

- Are women as well as men involved in health and safety management in the workplace?
- Is there an appropriate gender balance on the Joint Health and Safety Committee (JHSC) or other consultative structures?
- Are all sections of the workforce represented on the JHSC or other consultative structures?
- Are health and safety issues and priorities of concern to women regularly discussed at the JHSC or other consultative structures, and are they taken seriously?
- Are the employer's occupational health and safety advisors /managers aware of sex and gender differences affecting men's and women's health and safety at work?
- Does the employer include gender awareness for all staff as part of their health and safety training, and in other training, such as inductions?

#### **4. Safety reps and equality reps**

- Do all sections of the workforce, including predominantly female occupational groups, have access to a union safety rep?
- Does this include part-time workers and temporary staff?
- Do union safety reps regularly consult with women members as well as men about their health and safety concerns?
- Are women members' concerns and priorities adequately reflected in the workplace health and safety agenda?
- Are there any women safety reps in the workplace?
- Do women safety reps attend JHSC/consultative meetings?
- Does the union/branch has a policy of encouraging more women members to become safety reps and equality reps?
- Do equality reps (if you have them) also discuss health and safety-related issues such as work-life balance, maternity protection, harassment or stress with the employer? If so, are these also discussed jointly with safety reps and union negotiators?
- Does your union include gender awareness in their safety rep training?
- Does your union offer health and safety courses for women representatives?

#### **5. Risk assessment and prevention**

- Are risk assessments carried out and implemented by the employer?
- If so, do risk assessments take account of sex and gender differences?
- Are women as well as men consulted about risk assessments?
- Are reproductive health risks to both men and women adequately assessed?
- Are risk assessments relating to expectant, new and nursing mothers (and the unborn or breastfeeding child) carried out properly and in good time?
- Do employers provide a private space for breastfeeding mothers to express milk, and also provide a safe and hygienic place for the milk to be stored?
- Are any special reproductive health concerns of women and men such as work-related issues relating to fertility, prostate cancer, menstruation, menopause, breast cancer or hysterectomy adequately addressed?
- Are risks of violence – including concerns about working alone on site or late into the evening, and access to safe parking - or work related stress to women and men adequately addressed through risk assessment?
- Are sex and gender differences taken into account in COSHH and manual handling risk assessments and in assessments of postural problems including prolonged standing or sitting?

## **6. Sickness absence management and investigation**

- Does the employer have a sickness absence management policy or workplace agreement?
- Does the policy and practice ensure that any work-related health problems are properly investigated with a review of risk assessments where necessary?
- Are members and union safety reps involved in any investigations?
- Are members satisfied that the sickness absence management workplace agreement or policy is fair and non-discriminatory?

## **7. Reporting and monitoring procedures**

- Are all accidents and incidents regularly reported and reviewed, including near misses and work-related health problems (and those that may be made worse by work)?
- Are all accident and ill health statistics systematically reviewed at JHSC/consultative meetings?
- Is sex-disaggregated data (showing men and women separately) on accidents and ill health routinely collected?
- Does the data differentiate not only between women and men but also between different jobs and job levels and between different shift patterns?
- Are trends in the ill-health statistics analysed as well as trends in accidents and near misses?
- Are all workers aware of the importance of reporting work-related ill health and health problems made worse by work, as well as accidents and near misses?
- Does the union carry out any confidential surveys of members' health and safety concerns, and if so, are all members consulted?
- Do union surveys allow the union to differentiate between men's and women's responses in the questionnaire design, analysis and findings?
- Are the findings of any surveys reported and discussed with management, with feedback to all members?
- Are women's and men's health and safety concerns and priorities treated equally seriously by the union and by management in these discussions?
- Does the Union's bargaining agenda reflect member's gender specific concerns?
- Do the employer and trade union have the necessary negotiating machinery in place to consult and negotiate on health and safety changes and gender equality?

## **8. Any other issues identified specific to your workplace?**

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## RESEARCH TECHNIQUES FOR WOMEN WORKERS: WORKPLACE MAPPING

### What is workplace mapping?

Workplace mapping is a participative visual data gathering and reporting technique that workers can use to conduct their own “risk assessments” and collect data about what is actually happening in the workplace. It is “do-it-yourself” research for workers.

### Why use mapping?

Mapping is a powerful organising and research tool as it:

- Encourages worker participation in improving health safety.
- Raises awareness of health and safety.
- Raises the profile of trade unions.

Unite safety reps in hotels and supermarkets are using this method successfully to identify and address health issues. An example of a Unite checkout body map, which was used as a visual survey tool, is included at the end of this section.

The HSE has also developed mapping tools, for example for slips and trips and body mapping.

### Workplace mapping principles

There are several types of mapping research tools which, when linked, can give a total picture of the effects that the work environment can have on our lives. They are body mapping, risk mapping and “your world” mapping.

Mapping is about getting people to discuss their workplace collectively – how it affects them and how to improve it – and provide the basis for action by the union or further research.

Getting together to discuss how their job is affecting them gives workers a chance to see if a problem is really a work problem. If one person has an ache, it's only an ache. But if other workers have it too, it may mean that there is a health and safety problem at work which needs to be solved.

### Body mapping

Body mapping is a tool for getting members together to discuss how their job is affecting their health. It has been largely used for identifying musculoskeletal problems and ergonomic hazards but it is equally effective in documenting other health problems such as stress.

The effects of the working environment on our health are not always easy to work out. An inspection may reveal problems in the workplace but it may not reveal how work might be harming our bodies. Body Mapping is a way of overcoming this and identifying common patterns of health problems amongst members.

The body map is a chart showing the front and back view of a body. Using coloured pens or stickers, workers doing similar tasks on the same shift are encouraged to mark on the chart where they suffer pain or injury while they are working.

### **Hazard mapping**

Hazard mapping is a collective effort and is designed to gather information about hazards. Members can make a drawing of their workplace and mark on it the hazards that are present, using coloured pens or stickers.

Hazard mapping can help to identify workplace hazards such as stress, chemicals, physical hazards, work design and biological hazards. It helps members to visualise their workplace and the hazards that exist. It also provides documentation that can be presented to an employer, inspector or health and safety committee.

Hazard maps can even be drawn retrospectively. So, using workers' collective memory, a map can be drawn of the workplace or department as it existed years before, and links between the workplace and health problems that have a latency period, such as cancer, may be identified.

### **“Your world” mapping**

Problems outside of work can arise from the problems inside work. Instead of negotiating health and safety improvements piecemeal, real underlying issues should be identified and tackled.

World mapping is a research tool, which complements body mapping and risk mapping. It is a way of examining the problems women experience in their job and assessing how they impact on their whole life.

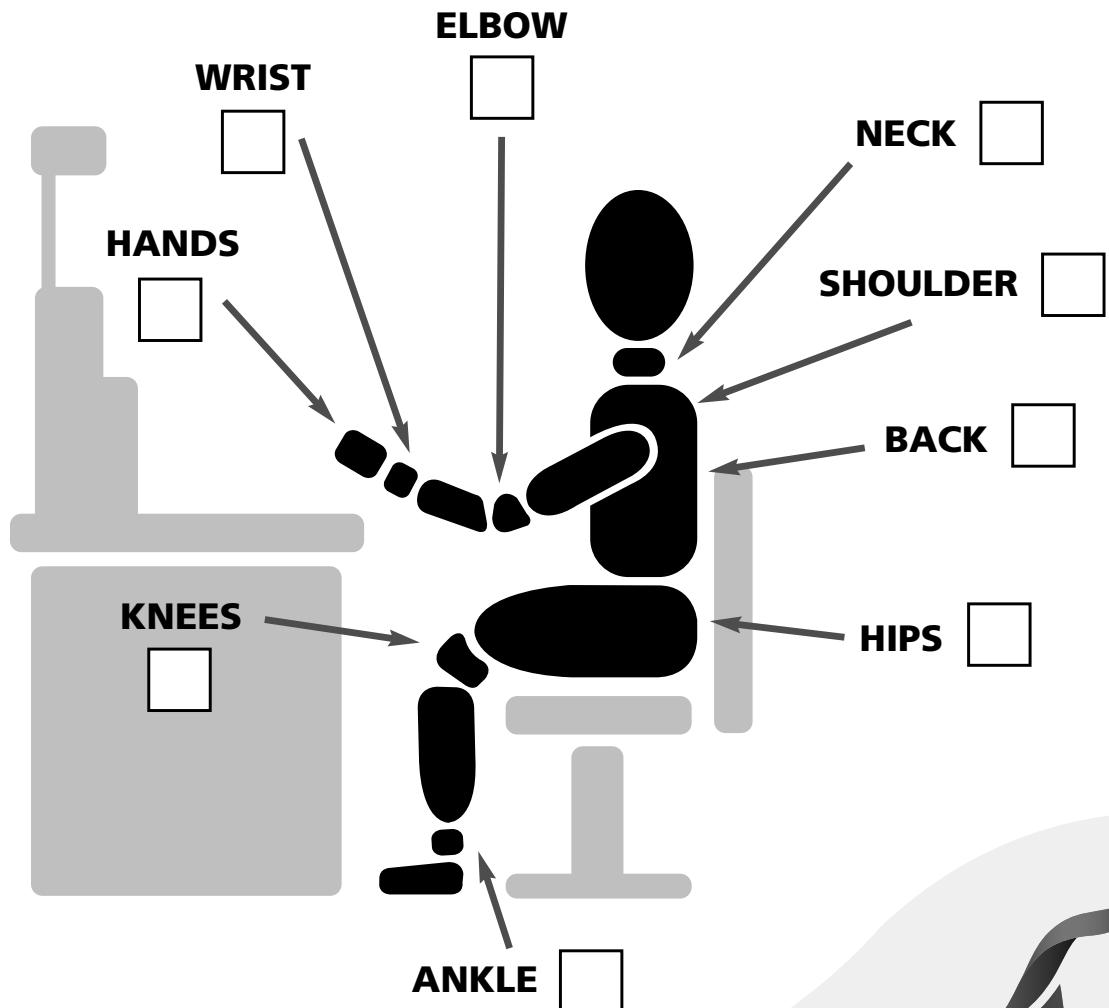
Store Name: \_\_\_\_\_

Steward's Name: \_\_\_\_\_ Date Map Completed: \_\_\_\_\_

## Body Mapping for Checkout Staff

Could you please mark the appropriate boxes on the body map

**KEY: Constant = A      Occasional = B**



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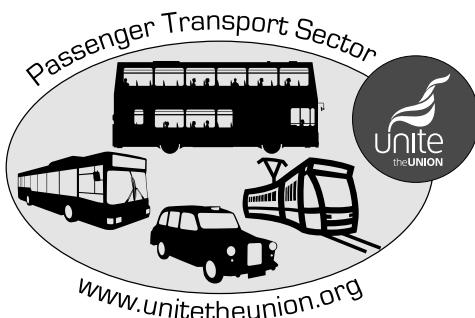
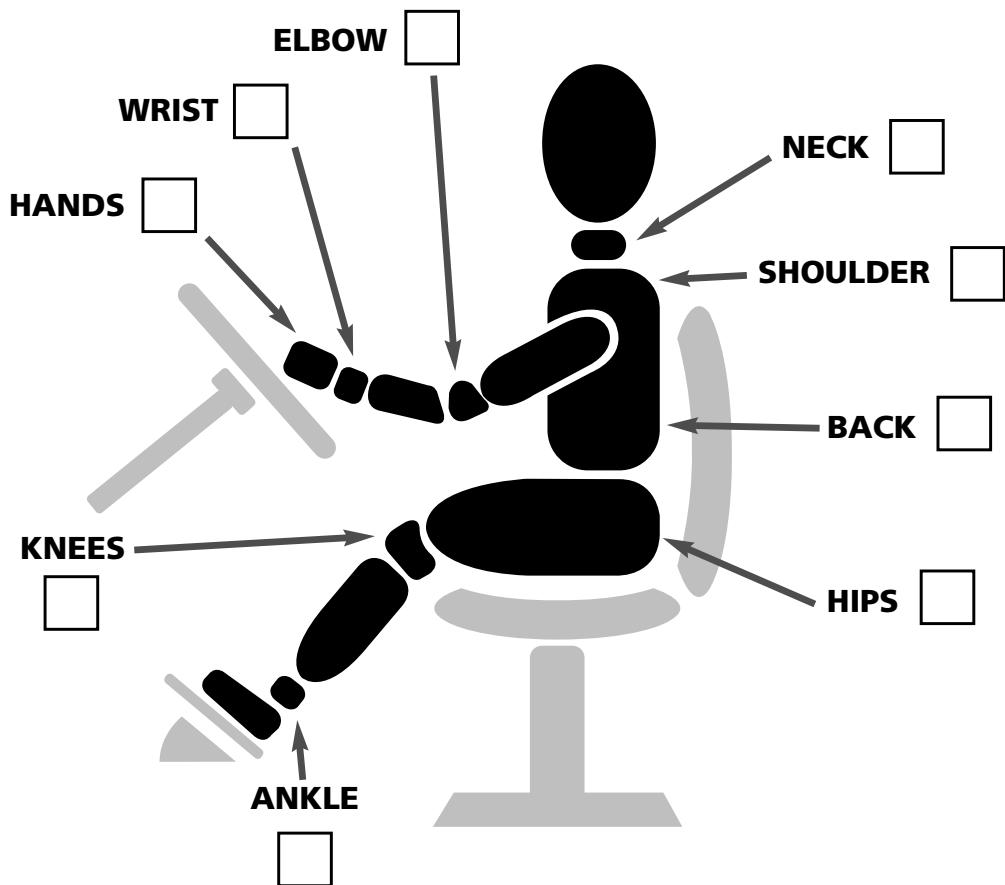
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# Body Mapping for PCV Drivers

Please place a sticker on the appropriate boxes on the body map using the coloured stickers provided

**KEY – Constant** 

**Occasional** 



**PLEASE BE AS HONEST AS POSSIBLE TO ENSURE ACCURACY**  
**Thank you for your co-operation**

## DOMESTIC VIOLENCE

This factsheet considers the problem of domestic violence and how UNITE representatives in the workplace can help those who experience domestic violence. Information includes:

- effects of domestic violence
- negotiating a policy at work
- what to do if you or another member is experiencing domestic violence

### **Domestic violence is a workplace issue**

It causes distress to members and can affect their employment through lower productivity, absenteeism, and in some cases acts of violence being carried out in the workplace.

However the workplace is also one of many places in which women can access support and information. Indeed it may be the only place they feel safe.

Domestic violence policies form an essential part of a strategy to achieve equal opportunities in the workplace, and are a serious issue for UNITE members.

### **What is domestic violence?**

Domestic violence can take the form of physical and sexual violence, psychological, financial and emotional abuse, threats and intimidation, harassment, isolation, belittling and constant unreasonable criticism.

People experience domestic violence regardless of their gender, class, age, race, disability, sexual orientation or trans identity. It is a pattern of behaviour used by one person to control or dominate another with whom they have, or have had, an intimate or family-type relationship. Evidence is clear that the majority of those who suffer domestic violence are women and majority of perpetrators are men, which it is important to recognise in developing policies and raising awareness.

Not all domestic violence takes place in the home, or during a current relationship. Often women are most vulnerable when they are leaving a relationship, or after it has ended.

Domestic violence also seriously impacts on children's safety and well-being and there is a significant correlation between domestic violence and child abuse.

## **How widespread is domestic violence?**

It is very likely that in any workplace employees will be personally affected by domestic violence, either as a survivor or a perpetrator. A TUC survey of Trade Union women found that 54% either had experienced domestic violence themselves, or knew a colleague who had.

One in four women experience domestic violence over their lifetimes. It forms 25% of all reported violent assaults, and has the highest rate of repeat victimisation of any crime. Two women a week are killed by their current or former male partner in England and Wales.

## **What UNITE can do**

Overall our aims are to:

- Negotiate a policy with the employer, whether as a stand alone policy or as part of other policies
- Ensure the workplace is a place of safety for those suffering domestic violence with measures in place for protection of eg new address
- Create an environment where individuals experiencing domestic violence feel confident that they will be believed, listened to, treated supportively and sympathetically, and not judged – whether or not they are ready to take a decision to leave
- Be able to advise members where they can get support, including from qualified counsellors, including if both partners work together
- Raise awareness in the workplace, and campaign nationally for improved policies to prioritise the safety and empowerment of those who suffer domestic violence, and take action to support women's and other refuges
- NEVER tell a member to take action s/he isn't happy with, but do always recommend that physical violence is reported to the police – it may be, or may quickly become, a life-threatening situation

## **Effects of domestic violence on work**

Members may face extreme difficulties in keeping the job going if they are affected by domestic violence or are trying to get out of the violent relationship.

Symptoms may include “poor” time-keeping and frequent sickness, poor concentration, low self confidence and self-esteem, anxiety, depression, insomnia, agoraphobia or post-traumatic stress disorder, where painful memories resurface and cause problems months or years later. Some survivors may turn to alcohol and drugs to help them deal with the situation. A woman may have to keep a rigid timetable about her hours of work and never socialise after work. It is important to note that not all women who are will show signs of experiencing domestic violence.

Signs of physical and especially other forms of abuse may be concealed for months, even years. Nearly a third of women experiencing domestic violence seek help only after 10 years of living with it, and over a third seek help after 2-10 years. Specific discrimination may also prevent men and LGBT people suffering domestic violence from being able to speak out.

Employers are becoming more aware of the cost of domestic violence to their business, e.g. reduced productivity and abuse-related costs (absence, turnover). It is estimated that the cost of responding to domestic violence across Greater London alone is £278 million a year.

If there are perpetrators of domestic violence in the workplace this may also affect the business costs, productivity and workplace safety.

### **“Why doesn’t she leave him?”**

Often women experience practical and psychological barriers to seeking help. Women find it difficult to tell anyone about the abuse they are living with because of the stigma involved. Black women may face additional problems, both from within and outside their community including racism from organisations. Shame and dishonour are powerful cultural notions, and Asian and other minority ethnic women may face social ostracism and rejection if they seek help. Lesbians and gay men can also experience domestic violence, and may experience prejudice from the police and within support services; and the situation of trans men and women needs particular recognition. Additional barriers are also faced by older women, disabled women, men, and those living in rural areas.

Many women fear not being believed and they fear losing their children (which is a common threat by perpetrators). Even when women do manage to leave their partners, contact arrangements for children do not always take account of one parent’s violence to the non-abusive parent and children.

These problems, together with the imposed social isolation within abusive relationships, low self-esteem, financial concerns, and fear of future violence, mean that women may feel that they have no option but to continue the relationship, particularly if there are children or other adults dependent on them.

### **A negotiated policy**

1. A strict confidentiality clause for members who seek help at work; in particular personal details of members (addresses, telephone numbers, work locations, shift times) must be kept strictly confidential.
2. Allow the employee to decide the course of action taken throughout.
3. Recognition of the effects of domestic violence on work and agreement that members will be believed, and treated sympathetically and flexibly. In particular, a commitment that time-keeping problems and increased sickness, caused by domestic violence, will not affect a member’s work record.
4. A commitment to grant, or at least consider sympathetically, time off for members experiencing domestic violence, for example to enable them to sort out the practical and legal problems.
5. Extended leave if the member needs to go to a refuge or move away.

6. Paid leave to attend appointments e.g. for legal, housing, medical or childcare issues, or for professional counselling – the employer should also cover the cost where there is a legal route to do so.
7. Redeployment to a different workplace, or a non-frontline job, if possible and if the member wishes.
8. Other security measures eg changing entry codes, should be implemented if employees are being harassed by abusers. Employers should provide a secure workplace and ensure reception and other relevant staff have appropriate domestic violence training.
9. Rights to flexible working may give a woman more control over her situation. Not requiring women to work overtime without sufficient notice - abusive partners are often very controlling of their partners' time.
10. If the couple work together, there should be prompt use of the harassment procedure if abuse takes place at work.
11. Named staff (managers, personnel and/or shop stewards/workplace reps) to provide listening and guidance (though not formal counselling) for employees on welfare or domestic issues. These staff should have some training in domestic violence and dealing with personal issues.
12. Information on domestic violence services, the workplace policy, the role of the named contacts, and protocols for identifying and responding to domestic violence (victims and perpetrators) to be given to all staff as part of induction, health & safety, and management training.
13. Promote a 'zero tolerance' culture. 'Jokes' about domestic violence should not be acceptable in the workplace.
14. Salary advances to be available in extreme situations where it is identified that this may help a woman flee a violent situation.

### **What to do if you are experiencing domestic violence**

Remember you are not alone and you are not to blame, whatever your abuser has told you. You do not have to put up with your partner's behaviour. You can take responsibility for your own safety, but you cannot stop the abuser's behaviour. It is important to talk to someone – see list of contacts at the end of this leaflet.

Make a crisis plan. Pack a bag of essential possessions and keep it safe in case you need to leave in a hurry. Include money, keys, important telephone numbers and addresses, medication, and important documents like birth certificates, passports, bankbook, driving licence etc. Make sure you have access to a mobile, public phone, or neighbour's phone.

You may decide to stay, or to leave home and stay with friends or family or in a refuge. If you want to stay in the family home and use legal action to get your partner to leave, you should go to a solicitor or contact Rights of Women (see below) to discuss the options open to you. Community Legal Services funding may be available for women on low incomes.

## SEXUAL HARASSMENT

Women have been subjected to sexual harassment at work for many years. Unite views this as a very serious issue which needs to be addressed and eliminated in the workplace. In the same way that members should not be expected to tolerate other dangers to their health and safety at work, they should not be expected to put up with sexual harassment in any form.

Recipients of sexual harassment are not always women, men and gay men in particular, can be subjected to sexual harassment. However, at work men are often in positions of authority and power over women and this has led to women being more at risk of experiencing sexual harassment than men. More than 50% of women are likely to experience sexual harassment at some point during their working lives. It is the most common, but one of the least discussed, occupational health issues for women.

### What is sexual harassment?

Sexual harassment at work is prohibited under the Equality Act 2010 and has been defined as “unwanted conduct of a sexual nature, or other conduct based on sex affecting the dignity of women and men at work”. This can include unwelcome physical, verbal or non-verbal conduct.<sup>1</sup> It can be carried out by a manager and/or a colleague. Examples of sexual harassment include:

- Unwelcome comments about the way you look;
- Lewd remarks or glances;
- Questions about your sex life;
- Requests for sexual favours;
- Intimate physical contact;
- Offensive jokes;
- Displaying pornographic photographs, pictures or calendars;
- Offensive e-mail

It is important to recognise that what is offensive to one person might not to another so it is impossible to give a precise list of what constitutes sexual harassment. Additionally, the fact that the harasser did not intend to harass and cause offence is irrelevant. If the behaviour is viewed by the recipient as unwanted, unreasonable and unreciprocated then it is likely to be sexual harassment.

Sexual harassment creates a hostile and intimidating work environment and can lead to:

- Loss of confidence;
- Impact on work performance;
- Affect promotion opportunities;
- Stress, depression and stress related physical illnesses;
- Increased absenteeism;
- Requests for transfers;
- Resignation.

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<sup>1</sup> European Commission Recommendation on the Protection of the Dignity of Women and Men at work, 1991

## **What can Unite do about sexual harassment?**

The most effective way of dealing with sexual harassment at work is to have an agreed policy which sets out clearly that sexual harassment will not be tolerated and a clear procedure that can be followed by a person who is subjected to harassment. It is also helpful if the policy includes measures that the employer has put in place. This can take the form of a specific policy on sexual harassment or be included in a policy on bullying and harassment, or equality at work.

Unite representatives should press employers to:

1. State that they take sexual harassment seriously and inform all employees of this;
2. Reassure staff that action will be taken in cases of harassment
3. Create an environment that those who are harassed will feel confident to make a complaint or seek a resolution
4. Develop a clear policy prohibiting sexual harassment which should be communicated to all staff and should include a clear definition and examples of harassment and bullying;
5. Take preventative measures to eliminate sexual harassment, by assessing work situations, envisaging any harassment which could occur and encouraging language and behaviour of a professional nature, to discourage it;
6. Develop a clear procedure to handle complaints;
7. include sexual harassment, the impact and how to deal with it, in training courses for all staff including managers.
8. Monitor work environments and workers' attitudes to ensure sexual harassment is eliminated;
9. Ensure that any policy is implemented in practice.

**Also it is important that reps are sympathetic to any member complaining about sexual harassment.**

Additionally, Unite members can help to stop sexual harassment in the workplace by:

- a) Treating others with respect;
- b) Avoiding making stereotypical assumptions about people;
- c) taking care to speak and behave in a way which is not offensive patronising or threatening;
- d) Using appropriate language and cutting out offensive references in jokes or personal comments;
- e) Being prepared to challenge sexual harassment when it is perpetrated by others.

## **What should a member do if they experience sexual harassment?**

Any member who experiences sexual harassment should:

- Make it clear that they object, only if they feel comfortable to do so;
- Make a record of all incidents;
- Seek advice from a Unite shop steward, representative, regional officer or regional women's & equalities organiser.

It may be that the issue can be resolved informally, but if this is not possible then the member can take a grievance. If this does not produce a satisfactory result then it may be possible to take legal action against the organisation. This could involve taking an employment tribunal claim under the Equality Act 2010, and/or for unfair dismissal where a dismissal has taken place, or taking legal action under the Health and Safety Legislation. **It is important to note that in the majority of cases the member must have commenced or gone through an employer's grievance procedure before submitting an employment tribunal claim.** Any employment tribunal claim must be brought within three months of the sexual harassment. In many cases sexual harassment may extend over a period of time to make up a continuing act and in this case a claim must be brought within three months of the last act. **Shop stewards and representatives should contact their Unite regional officer or regional women's & equalities organiser for advice in all cases of sexual harassment.**

**For more information please refer to Unite Guide on Zero Tolerance - Dignity and Equality at work**



## **HEALTH & SAFETY FOR PREGNANT WORKERS & NEW MOTHERS**

Employers have legal requirements to safeguard the health and safety of pregnant workers and new mothers. Specifically :

- a) The requirement to carry out a risk assessment and take preventive action**
- b) Suspension from work on maternity grounds**
- c) Facilities and breastfeeding**
- d) Impact of pregnancy and new motherhood on work**

This chapter also contains the following information

- Risk assessment & flowchart
- Hazards checklist for pregnant workers
- Risk assessment checklist for pregnant workers
- General advice on reproductive health issues

UNITE has a model maternity and family leave agreement which is available from the Equalities department.

According to recent Government figures approximately 350,000 pregnant women are at work every year and 240,000 return to work within a year of giving birth. Safe and healthy working conditions are vital for men, as well as women, when couples are trying to conceive.

A workplace that is safe for pregnant workers and new mothers should be safer for everybody. You can use health and safety law to negotiate better working conditions and at the same time encourage a gender-sensitive approach to workplace health and safety to ensure equal rights to protection for all members.

### **Management of health & safety at work regulations 1999**

These regulations set out the legal requirements for the risk assessment of hazards in the workplace.

They make special provisions for women who:

- are pregnant
- have recently given birth (in the last six months)
- or who have had a stillborn baby after 24 weeks of pregnancy

Not complying with these regulations means that the employer could potentially face both a criminal prosecution and a civil claim.

## **Risk assessments**

In addition to their general duty to carry out risk assessments in relation to their work activities, employers have legal duties to take the following steps in relation to pregnant workers and new mothers.

### **step 1: carry out the risk assessment**

If there are any women at work who are of child-bearing age employers must assess the specific risks to health and safety of employees who are pregnant, or may become pregnant, or are new mothers.

The risk assessment must also cover the risks to the unborn child and to babies during breastfeeding.

### **step 2: inform/consult workers**

Inform all women employees of child-bearing age of the potential risks. This information is essential for women who are trying to get pregnant as the first eight weeks of pregnancy are usually the most vulnerable time for the foetus. The employer should also remind women workers that they must notify them as early as possible that they are pregnant, breastfeeding or have given birth in the last six months.

UNITE safety reps should also be informed. They have legal rights to be consulted on health and safety issues affecting the workers they represent. Preferably, safety reps should be involved in the risk assessments – though the legal duty to carry them out remains the employer's.

Safety reps should be aware, however, that there may be medical confidentiality issues - women workers may not wish to tell other workers about their pregnancy.

### **step 3:**

Take action to ensure that workers who are pregnant or who are new mothers are not exposed to risks (from any work process, working conditions, or physical, biological or chemical agent) identified by the risk assessment, which would present a danger to their health and safety.

### **step 4:**

As soon as a worker has provided written notification of their pregnancy, that they have given birth in the last 6 months or are breastfeeding.

Members will need to notify management - in writing - as early as possible. Until your employer knows about a pregnancy they are not obliged to take any steps other than those taken in their overall risk assessment. This is so employers can take preventive action, as outlined in the risk assessment. A maternity certificate should be provided to the employer if they request it.

The employer should then carry out a specific risk assessment for that worker based on the initial risk assessment and any medical advice the worker has received.

If a risk cannot be removed then the employer should:

- offer to change the worker's hours or conditions of work to avoid the risk; or
- offer her alternative work; **or**
- if neither is possible, suspend her on full pay from work as long as is necessary to protect her health and safety, and that of her child, unless she is already on maternity leave

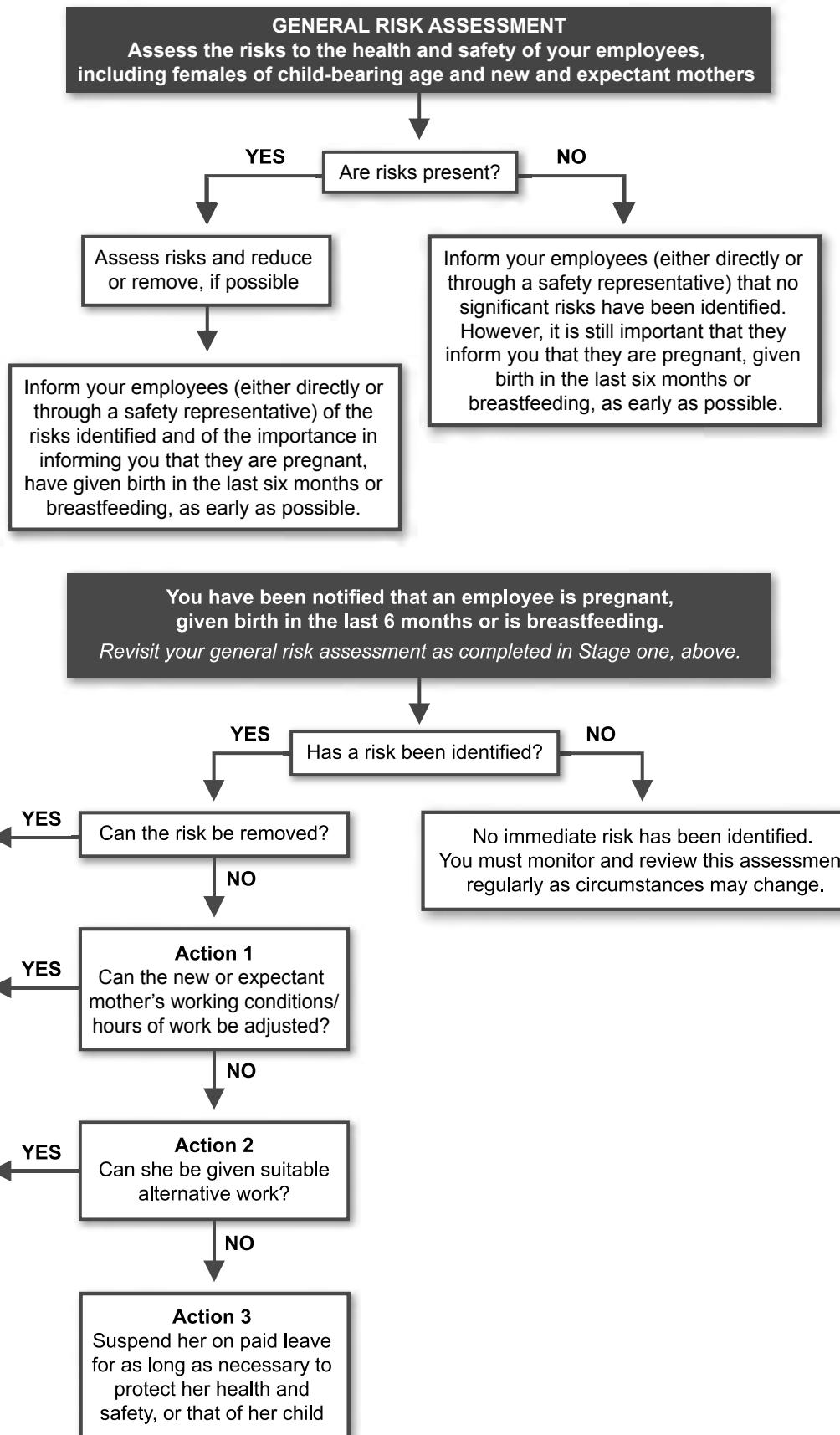
Under no circumstances should the woman suffer a reduction in pay due to a change in shifts or suspension.

**step 5:**

Keep the risk assessment specific to this worker under review, and take steps to eliminate risks at different stages of pregnancy. The employer has a legal duty to check and, if necessary, update the general risk assessment for any employee if they suspect it is no longer valid, or there have been significant changes to anything it relates to. As part of that process, the employer should regularly monitor and review the assessment in the pregnant worker's workplace, taking into account possible risks that may occur at different stages of your pregnancy.

This is important because the risk of damage to the unborn child may rise at different stages of a pregnancy from any process, working condition or physical, biological or chemical agents. For example, a worker's dexterity, agility, co-ordination, speed of movement and reach may be impaired because of their increased size as the pregnancy progresses.

The risk assessment flow chart on the next page originally appeared in the Health and Safety Executive's (HSE) booklet "New and Expectant Mothers at Work. A Guide for Employers" and is reproduced by kind permission of the HSE.



NOTE: Employers have a legal duty to revisit, review and revise the general risk assessment if they suspect that it is no longer valid, or there have been significant changes to anything it relates to.

## **Night working**

If a medical certificate shows that night work may affect a pregnant worker's or a new mother's health and safety, the employer must either offer the woman suitable alternative day work or, if this is not reasonable, suspend her from work on paid leave for as long as it is necessary to protect her health and safety or that of her child.

Note: the Working Time Regulations 1998 state that an employer must offer night workers a free health assessment before they start working nights. The official online guidance to these regulations says:

*If you become pregnant or are a new mother, and are worried about the risks of night time work, you should speak to your employer about being moved to daytime work. Your employer should give you special consideration and conduct a risk assessment.*

## **Suspension from work on maternity grounds**

Rights on suspension from work on maternity grounds are contained within the Employment Rights Act (1996) as amended by the Employment Relations Act 1999. There is no qualifying period of service, although the law applies only to employees. Therefore, most agency and temporary workers do not have this right automatically, although they may be able to pursue a claim for sex discrimination. They are entitled to risk assessments and protection from risks.

Prior to suspension, the employee must be offered any available work, if it is both suitable and appropriate for her in her condition, and for which the terms and conditions are not substantially less favourable than for her existing work. Pay during suspension is at the rate of a week's pay (including any bonuses, shift premiums etc that are normally payable) for each week of suspension, unless the employee has refused suitable alternative employment. Contractual rights must not be affected.

A worker is entitled to make a complaint to an Employment Tribunal if there is suitable alternative work available which her employer has failed to offer her before suspending her from work on medical grounds. (see also 'step 4, 3<sup>rd</sup> bullet point' p31)

## **Facilities**

Regulation 25 of the Workplace (Health, Safety and Welfare) Regulations 1992 says "suitable and sufficient facilities shall be provided for any person at work who is a pregnant woman or nursing mother to rest".

The Approved Code of Practice for these regulations says that these should be conveniently situated in relation to sanitary facilities and, where necessary, include the facility to lie down.

The HSE recommends as good practice that a healthy and safe environment should be available for breastfeeding mothers to express and store milk. These facilities could be included in the facilities required under Regulation 25.

## **Impact of new motherhood on work**

### **Breastfeeding**

Breastfeeding is recommended for new babies for at least the first six months by the Department of Health. According to the HSE there are health and safety risks to be considered for workers who are breastfeeding – for example organic mercury can be transferred from blood to milk causing a risk to a new baby if the mother was highly exposed before and during pregnancy. Such issues must be taken into account when doing risk assessments and the risk assessment should be reviewed regularly, particularly if breastfeeding continues for some months after the birth.

UNITE can help facilitate breastfeeding by negotiating on a number of fronts :

**Facilities at work** so that women can express breast milk. Such facilities must be hygienic and refrigerated storage for the milk will be necessary to allow new mothers to breastfeed their babies at work during their main break, if their baby can be brought to work by the childminder. Again, there must be a safe and hygienic environment for them to do so.

### **Stress**

New motherhood is an extremely demanding time, and combining work with looking after a new baby can be very stressful. As well as interrupted sleep patterns, having a baby will usually increase anxiety and tension. Stress can also be an occupational hazard (see below).

There is also the risk of post-natal depression, which is now fully recognised by the medical profession.

The union's main task is to ensure that employees who are new mothers are not put under additional pressure through being over-loaded with work, or by fear of dismissal.

Some of the worries of looking after a new baby will be lessened by the operation of a good family rights policy at work and effective stress management policies and procedures. See further below.

### **Maternity leave and adoption leave**

All pregnant employees, that is those working under a contract of employment, are entitled to take up to 52 weeks' statutory maternity leave (SML) around the birth of their child. This includes surrogate mothers and mothers who have undergone IVF treatment. You can qualify for maternity leave regardless of length of service with the employer, the size of your employer, and the number of hours you work.

The SML period is made up of 26 weeks' ordinary maternity leave (OML) followed immediately by 26 weeks' additional maternity leave (AML).

If you adopt a child you may have the right to 52 weeks of statutory adoption leave. To qualify you must be an employee, be newly matched with a child by an adoption agency and have worked continuously with your current employer for at least 26 weeks when you were matched with a child.

For more information see UNITE Guide to Family Rights and UNITE Model Maternity and Family leave agreement.

**Negotiating aims would be:**

1. Sufficient paid leave so that women are not forced back to work when the baby is very young
2. An agreement that allows time off for medical appointments if the baby is ill and if there are childcare problems
3. Assistance with the costs of, or by providing, quality childcare will also help relieve anxiety about the care of the baby during working hours
4. The policy should make it explicit that pregnancy should not be equated with illness
5. The employer should provide facilities for breast feeding mothers to express milk
6. Ensuring that the new laws giving rights to paternity leave, parental leave, time off for dependents, flexible working, adoption leave, and part-time, agency and temporary workers are all fully recognised in any workplace family rights policy
7. Maternity leave.

For more information about negotiating family rights policies please consult UNITE Guide to Family Rights available from the Equalities department at Unite House, Holborn, or from your Regional Women's & Equalities Organiser.

**Impact of pregnancy**

Pregnancy is likely to affect the health and safety of employees. Negotiators should be aware of how it can affect members, and ensure that the effects are recognised by the employer (see also Hazard Checklist).

**Aspects of pregnancy**

Morning sickness  
Backache  
Varicose veins  
Haemorrhoids  
Frequent visits to toilets  
Increasing size  
  
Tiredness  
Balance  
Comfort

**Factors in work**

Early shifts; exposure to nauseating smells  
Standing; manual handling, posture  
Standing, sitting  
Working in hot conditions  
Difficulty in leaving job/site of work  
Use of protective clothing; work in confined areas or fitted workstations or driving; manual handling; dexterity, agility, co-ordination, speed of movement, reach – may be impaired  
Overtime; evening work  
Problems of working on slippery, wet surfaces  
Problems of working in tightly fitting work uniforms

## **Hazards at work**

There is HSE Guidance for pregnant workers, which lists materials, substances and working practices deemed as harmful to pregnant women.

This covers the physical demands of the job such as lifting and standing; also working in specific environments and with dangerous substances. See the Further Information list below.

## **Hazards checklist for pregnant workers**

**Please note that the HSE has extensive advice and guidance on a wide range of hazards on their website.**

### **Working hours (see also night work above)**

Long working hours, shift work and night work can all affect the health of new and expectant mothers and breastfeeding mothers - fatigue and risks of stress related ill-health are issues.

It is also crucial that women, to protect their own health and that of their child have adequate and appropriate nutrition and liquid refreshment. Their eating patterns may change as a result of pregnancy and there may be other issues such as morning sickness.

Temporary adjustment of working hours and/or shift patterns may be necessary including more rest, refreshment and meal breaks.

### **Occupational stress**

Stress may be a risk for new and expectant mothers. Hormonal changes take place. Women may face difficulty in managing work/life balance and/or have worries about finances/job security.

Many jobs can be very stressful, including dealing directly with the public, repetitive assembly line work and call centre work.

Ensure that the workplace stress policy/procedures cover such issues and appropriate support is given to workers - this is a delicate issue and must be handled carefully with due respect for confidentiality.

### **Violence**

Exposure to violence at work is not only stressful but may result in physical injuries to both mother and unborn child.

Ensure steps are taken to minimise the risk- and this would apply to all workers facing this hazard - including providing training in handling violence (eg customers), avoiding lone working, changing the job and/or workplace layout. If the risk cannot be reduced significantly, then pregnant women or new mothers should be offered alternative work.

### **Extremes of heat and cold**

Working in hot environments means greater risk of suffering from heat stress. Breastfeeding may be impaired by dehydration. Risks to health are increased if there are sudden changes in temperature. Working in extreme cold may be hazardous for pregnant workers.

Avoid exposure to hot working conditions; provide proper rest facilities, access to a cool environment and drinks; warm protective clothing should be provided for colder conditions.

### **Work equipment and personal protective equipment**

Such equipment is not generally designed for pregnancy. Wearing it may not only be uncomfortable but also pose risks eg if it impedes movement or dexterity. Ensure that the risk assessment covers this issue as the pregnancy progresses. Wherever possible, safe alternative equipment should be provided. If this is not possible, unsafe working should not be allowed - this would be in breach of the Management of Health and Safety at Work Regulations 1999.

### **Work at height**

This should be avoided for pregnant workers.

### **Physical risks**

The HSE lists these as being agents which may cause foetal lesions and/or are likely to disrupt placental attachment.

### **Movements and postures**

This must be taken in the context of the whole job – for example the type of movements, the pace of the work, ergonomic factors, work equipment and working patterns/ rest breaks. So the risk assessment must look at the job holistically.

Posture may become a health and safety concern at different stages of pregnancy depending on the individual person. Jobs involving awkward movements or long periods sitting or standing in one position may cause problems. Constant sitting may increase the risk of thrombosis or embolism whilst prolonged standing may lead to dizziness and fatigue and can contribute to increased risk of premature childbirth and miscarriage. Work in confined spaces, or where workstations cannot be adjusted to accommodate increasing size, may be hazardous especially later in pregnancy.

Ensure that the hours of work and pace of work not excessive; provision of seating; regular rest breaks; adjusting work stations and/ or practices to prevent postural problems and risk of accident.

### **Manual handling**

Pregnancy may weaken ligaments making the women more susceptible to injury from manual handling. Heavy lifting is risky for women who have just given birth, especially those who have had caesarean section.

Under the Manual Handling Operations Regulations 1992 the employer is required to avoid the need for manual handling wherever possible for all workers.

Ensure that the risk assessment takes this into account and try to eliminate manual handling - in doing the risk assessment for the pregnant worker the employer may be

persuaded to alter the task to avoid manual handling for all workers. If necessary the work tasks may have to be altered to reduce the physical work for the woman does and/or aids provided.

### **Shocks and vibration**

There may be increased risk of miscarriage from exposure to shocks or low frequency vibration (eg driving). Exposure to whole body vibration may mean an increased risk of premature birth or low birth weight.

Avoid work, involving risks of shocks and vibration during pregnancy.

### **Noise**

Prolonged exposure to loud noise may lead to increased blood pressure and tiredness.

Ensure that noise exposure is kept to a minimum for all workers, and in particular that the exposure limits laid down by the Noise at Work Regulations 1989 are not exceeded.

### **Compressed air/diving**

Increased risk of the bends for pregnant workers; potential serious harm to the unborn child. Breastfeeding poses practical difficulties but there is no evidence that it is harmful to the baby to breastfeed if diving or working in compressed air.

HSE advice is that pregnant workers should not dive or work in compressed air.

### **Radiation**

#### **Ionising radiation**

Exposure to radiation during pregnancy or while breastfeeding can be harmful.

The relevant regulations are the Ionising Radiation Regulations 1999 and they place additional duties on employers in relation to workers who are pregnant and breastfeeding. Regulation 8 says that provided you tell your employer in writing that you are pregnant, the employer must make sure that you are not exposed to more than 1mSv for the rest of the pregnancy; and in relation to a worker who is breastfeeding restrict exposure to prevent bodily contamination. Risk assessments should be carried out.

If the pregnant /breastfeeding woman works in areas where exposure is likely to exceed 1mSv, your employer must change the working conditions.

Radioactive contamination of the skin of a woman who is breastfeeding may present a direct radiation hazard to her baby.

#### **Cosmic radiation**

Pilots and cabin crew should tell their employer as soon as they discover they are pregnant. The airline should then limit occupational exposure to cosmic radiation so that the dose is less than 1 mSv during the remainder of the pregnancy.

### **Non-ionising electromagnetic radiation**

The HSE advises that exposure to electric and magnetic fields, within current recommendations, is not known to cause harm to the unborn child or the mother. But extreme over-exposure to radio-frequency radiation could cause harm by raising body temperature (see above for temperature).

### **VDUs and radiation**

The HSE has investigated concerns about radiation emissions from VDUs. The current evidence suggests that pregnant women need not stop working with VDUs. But to alleviate stress and anxiety about this the HSE advises that workers should be able to discuss any concerns they have with someone adequately informed of the current position.

### **Biological agents – infectious diseases**

Many biological agents can affect the unborn child.

Exposure to biological agents at work is regulated by the Control of Substances Hazardous to Health Regulations 2002 (COSHH). Where biological agents may pose a risk to workers' health then the employer must carry out a risk assessment and put in place control measures preferably to prevent exposure but if not to control it as far as possible.

Examples of such biological agents are hepatitis B, HIV, herpes, TB, syphilis, chickenpox and typhoid. Occupations who may be at risk include health care workers, care workers, cleaners, workers looking after animals or in agriculture or dealing with animal products (eg meat processing). Rubella and toxoplasmosis can harm the unborn child, as can chlamydia in sheep.

Pregnant workers should avoid exposure to these agents.

### **Chemical agents**

Exposure to chemicals at work – whether by inhalation or absorption through skin - is also regulated by COSHH. COSHH require a full assessment of any health risk arising from a hazardous substance at work. Steps must be taken to prevent exposure to the chemical if possible. If this is not possible then measures to control the risks must be put in place. This could mean, for example, substituting the substance being used with a safer alternative if available, enclosing the process, reducing the spray from the process. As a last resort and only if other control methods are inadequate, suitable personal protective equipment should be provided, free of charge, by the employer.

In the case of agricultural workers, any risk assessment should consider whether there is a residual risk of contamination for example from exposure to pesticides at an earlier stage in pregnancy.

The HSE also publishes free guidance called EH40 which sets out the legal exposure limits for a number of substances.

### **Our key demands are:**

- Full COSHH assessments of all the chemicals workers are likely to be exposed to in the workplace – and don't forget this is a legal requirement under COSHH
- Full information about chemicals must be given to UNITE safety reps, including safety data sheets
- All controls and exposure limits must be strictly adhered to for all workers and monitored to ensure they are effective
- For pregnant workers, change their work allocation if there is a risk of exposure, or suspend from work if risk of exposure cannot be eliminated
- Occupational health arrangements to be subject to full consultation with workers.

A number of substances used in the workplace are labelled with an "R" formula to indicate particular hazards of exposure to each :

<b>R40</b> (limited evidence of carcinogenic effect)	<b>R62</b> (possible risk of impaired fertility)
<b>R45</b> (may cause cancer)	<b>R63</b> (possible risk of harm to the unborn child)
<b>R46</b> (may cause heritable genetic damage)	<b>R64</b> (may cause harm to breastfed babies)
<b>R49</b> (may cause cancer by inhalation)	<b>R68</b> (possible risk of irreversible effects)
<b>R61</b> (may cause harm to the unborn child)	

Preventing exposure to such chemicals must be a priority. Risk assessments must take into account women workers who are pregnant or who have recently given birth. And it is important to look for these markings on the labels/ safety data sheets and any other information relating to them. Safety reps should make sure they exercise their rights to information about health and safety to obtain this information.

### **Mercury and mercury derivatives**

HSE says that exposure to mercury could be hazardous to an unborn child. Preventing exposure must be the priority.

### **Antimitotic (cytotoxic) drugs**

These are drugs used as treatments for cancer. They are known to cause damage to genetic information in sperms and eggs. They pose health risk in particular to pharmaceutical workers and health care workers. Risk assessments should consider in particular the preparation of the drug for use, administration of the drug, and disposal of waste (both chemical and human). All female workers of childbearing age should be fully informed of the reproductive hazards.

Chemicals absorbed into the skin, labelled "SK" in the HSE list, "EH40 Occupational exposure limits" – employees working with chemicals including pesticides (Control of Pesticides Regulations).

### **Carbon Monoxide**

Pregnant women are more susceptible to effects of exposure to carbon monoxide. Exposure can result in the unborn child being starved of oxygen. There is some evidence of adverse effects on the unborn child.

## **Lead and lead derivatives**

Exposure to lead is known to cause damage to foetuses and potential damage to babies via breast milk. The Control of Lead at Work Regulations 2002 and the associated guidance and approved code of practice require action to be taken in relation to workers who are, or are liable to be, exposed to lead at work.

## **Passive smoking**

Research suggests that there is a strong link between exposure to environmental tobacco smoke (ETS) and lung cancer; and also to a smaller birth weight in babies where the mother has been heavily exposed to ETS.

So far as workplaces are concerned, it is now against the law to smoke in virtually all 'enclosed' and 'substantially enclosed' public places and workplaces.

Public transport and work vehicles used by more than one person must also be smokefree at all times. No-smoking signs must be displayed in all smokefree premises and vehicles. Staff smoking rooms and indoor smoking areas are no longer allowed, so anyone who wants to smoke has to go outside. Managers of smokefree premises and vehicles have legal responsibilities to prevent people from smoking. For more information see [www.smokefreeengland.co.uk](http://www.smokefreeengland.co.uk)

The Workplace (Health, Safety and Welfare) Regulations 1992 specifically state that "rest areas and rest rooms should be arranged to enable employees to use them without experiencing discomfort from tobacco smoke."

The risk assessment as required under the Management of Health and Safety at Work Regulations 1999 should take this issue into account when considering pregnant workers and women who have recently had a baby, and indeed all workers' health and welfare in the workplace. HSE advise that Coshh does not apply to passive smoking.

## **Other issues**

### **Medical surveillance of workers includes:**

- identifying women workers who are of reproductive capacity and advising them of the special need to protect an unborn child
- removing a women worker who declares she is pregnant from work where her exposure to lead is "significant"
- monitoring regularly workers' exposure to lead

Note: this is not an exhaustive list. Consult the Regulations/AcoP and Guidance.

### **Sex discrimination**

The Equality Act 2010 makes it unlawful to discriminate on the ground of pregnancy, gender and married status in employment. There is no length of service qualification. It has been established in law that this includes failing to carry out a risk assessment as required under health and safety regulations.

Women who have experienced a detriment as a result of a failure to comply with health and safety regulations can take a case to a tribunal.

### **Maternity leave and adoption leave**

All pregnant employees, that is those working under a contract of employment, are entitled to take up to 52 weeks' statutory maternity leave (SML) around the birth of their child. This includes surrogate mothers and mothers who have undergone IVF treatment. You can qualify for maternity leave regardless of length of service with the employer, the size of your employer, and the number of hours you work.

The SML period is made up of 26 weeks' ordinary maternity leave (OML) followed immediately by 26 weeks' additional maternity leave (AML).

If you adopt a child you may have the right to 52 weeks of statutory adoption leave. To qualify you must be an employee, be newly matched with a child by an adoption agency and have worked continuously with your current employer for at least 26 weeks when you were matched with a child.

### **Surrogate parents**

They will not normally be eligible for Statutory Maternity or Adoption Leave. However they will be eligible for unpaid parental leave once they have got a parental order.

### **If you lose your baby**

You can still take your Statutory Maternity Leave if your child is stillborn after 24 weeks of pregnancy or born alive at any point of the pregnancy. Miscarriage before 24 weeks will be treated in the same way as sickness (although this should not lead to sex discrimination in sickness monitoring policies).

## **Additional paternity leave (APL)**

APL provides parents with the right to share their leave entitlements. Fathers or partners for children due, or matched for adoption, on or after 3 April 2011 may be eligible to take up to 26 weeks additional paternity leave. APL must be taken during the child's first year and can begin anytime from 20 weeks after the birth.

The leave may be paid if taken during the mother or partner's Statutory Maternity Pay period, Maternity Allowance period or Statutory Adoption Pay period. Leave taken after this period has ended would be unpaid.

## **Agency Workers**

Agency workers who are pregnant and are "employees" of an agency or a hirer are covered by the health and safety protections referred to in this factsheet from day one of their employment. This includes rights to paid time off for ante-natal appointments and to be offered a suitable alternative assignment where they are unable to continue working in their current assignment due to health and safety risks.

The Agency Workers Regulations 2010 extend these rights to agency workers who are "workers" but only after they have completed a 12 weeks qualifying period. For more information see the Unite Bargaining Guide to the Agency Workers Regulations 2010.

## **Fertility Treatment**

One in seven couples now has problems in conceiving naturally and it is forecast that infertility will double in Europe over the next decade.<sup>2</sup> Although, men also experience infertility, the treatment for women is more invasive and takes longer. Besides being time-consuming, it is expensive if not carried out through the National Health and a stressful experience.

Employers are often not supportive towards the issues that are faced by women going through fertility treatment and it is usually difficult to obtain paid time-off from work for treatment and appointments. There is currently no legal right to have paid time off for and no express protection from unfair treatment or dismissal for absence from work due to infertility treatment. However, it may be possible to take an employment tribunal claim for sex discrimination and unfair dismissal. In most cases it would be necessary for a worker to take a grievance with their employer prior to making an employment tribunal claim. Any tribunal claim would need to be taken within three months of the discriminatory event. **Shop stewards and representatives should contact their Unite Officer in any cases of detrimental treatment of a worker because of this issue before giving members advice.**

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<sup>2</sup> Human Fertilisation and Embryology Authority

## NEGOTIATING FOR PAID INFERTILITY TREATMENT LEAVE

The best way for Unite to gain benefit for women members who are under-going infertility treatment is to negotiate a policy in the workplace. The cost of such a policy to the employer would be low as it would only affect a small proportion of the workforce at any one time. The policy would be of benefit to members as it would reduce the stress and exhaustion involved in under-going treatment.

The following points give guidance on what should be considered in negotiating a policy on paid infertility treatment leave:

1. Paid time-off should be available for infertility treatment and any medical appointments.
2. Time off should be available to partners, where necessary and this should include same-sex couples.
3. Time off should not be treated as sickness absence and should be exempt from use in disciplinary proceedings or action to improve attendance.
4. There should be a guarantee that time off for fertility treatment will not affect pay, performance ratings or promotion. Neither should it be included in reasons for dismissal.
5. Strict confidentiality is required as this is often an issue that an employee does not want revealed to colleagues.
6. Best practice suggests that 10 days' leave is a reasonable target which should be available on a flexible basis, including single days.
7. It is best to avoid leaving decisions on time off to management discretion as the issues surrounding infertility are not always understood.
8. Employers should also consider giving paid time-off for counselling where treatment has failed.

### **Tribunal claims**

There are very strict time limits to bring tribunal claims – normally within 3 months of the date of the incident complained of. It is absolutely crucial that members are referred to their Regional Officer for advice **without delay** if a tribunal claim is a possibility.

### **Personal injury claims**

Unfortunately members do suffer accidents, injuries and ill-health at work which may be attributable to the employer's negligence and/or breach of statutory duty. There are very strict time limits to bring claims for compensation and these may vary depending on the circumstances. If this is a possibility members must be referred **without delay** for advice from their Regional Officer.

# Pregnant worker risk assessment checklist

The conditions will vary from workplace to workplace, but here is a basic checklist:

<b>working hours and travelling for work</b>	
Does the woman work night shift?	<input type="checkbox"/>
Are there adequate arrangements for toilet breaks, refreshment and meal breaks and rest periods?	<input type="checkbox"/>
<b>hazardous substances</b>	
Is it likely that the woman will come into contact with biological or chemical hazards?	<input type="checkbox"/>
What prevention/control measures should be put in place, including a move to other work?	<input type="checkbox"/>
<b>radiation</b>	
Have steps been taken to ensure that the woman has been given alternative duties if radiation exposure or contamination cannot be prevented or controlled to the required minimum level?	<input type="checkbox"/>
<b>trips, slips and falls</b>	
What are the potential hazards and what can be done about them?	<input type="checkbox"/>
<b>work at height</b>	
Is work at height avoided?	<input type="checkbox"/>
<b>workstation</b>	
Are there ergonomic issues and awkward spaces?	<input type="checkbox"/>
Does the work involve continuous standing or constant sitting?	<input type="checkbox"/>
<b>access/egress</b>	
Are there accesses, stairways, steps etc safe and free from obstruction?	<input type="checkbox"/>
<b>stress</b>	
Does the woman do unusually stressful work?	<input type="checkbox"/>
Will changes to her work be necessary to reduce the risk of stress?	<input type="checkbox"/>
<b>workplace temperature</b>	
Are steps taken to ensure that the woman is not exposed to extremes of heat or cold?	<input type="checkbox"/>
<b>passive smoking</b>	
Is there a smoking policy which gives priority to the needs of non-smokers?	<input type="checkbox"/>
Are rest areas arranged so that separate areas are provided for smokers and non-smokers?	<input type="checkbox"/>
<b>facilities</b>	
<b>Rest facilities:</b> are they free from environmental tobacco smoke?	<input type="checkbox"/>
Are there facilities to: lie down; breastfeed or express milk in privacy; store expressed milk in a secure, clean refrigerator and facilities for washing, sterilising and storing receptacles?	<input type="checkbox"/>
Are rest facilities easily accessible from the woman's workstation?	<input type="checkbox"/>
<b>violence</b>	
Is the woman potentially exposed to violent situations at work, eg working with the public?	<input type="checkbox"/>
What steps is the employer taking to minimise the risk?	<input type="checkbox"/>

**working alone**

What arrangements are being made for lone workers, for example if there is a medical emergency or if they may face violence

**manual handling**

What are the risk factors in the woman's job, do these affect pregnancy: ergonomic factors, lifting, twisting, bending and stooping?

**any other issues**

## **ABORTION, CONTRACEPTION AND SEXUAL HEALTH**

Supporting a woman's right to choose is embodied in our union policy. Unite has for many years supported and campaigned for access to abortion on demand and effective and appropriate sexual health services in the UK and Ireland. UNITE is affiliated to Abortion Rights, the national pro-choice campaign, which works for defend and extend access to safe, legal, free abortion services for all UK women. [www.abortionrights.org.uk](http://www.abortionrights.org.uk)

In England, Scotland and Wales, abortion is legal in most circumstances until the 24<sup>th</sup> week of pregnancy. Abortion is only available after this in cases of foetal abnormality or grave threat to the mother's health.

Most abortions in England, Scotland and Wales are paid for by the NHS, so you will not have to pay for treatment, even if you contact independent abortion providers such as BPAS and Marie Stopes.

If your own doctor is unsympathetic, or refuses to refer you for an abortion on grounds of conscience, you are entitled to contact another GP or a doctor at a family planning clinic or at one of the organisations listed above, who should be able to provide you with the same information.

The General Medical Council, the national body responsible for GPs, has made it clear that doctors are obliged to make sure that their 'personal beliefs' do not prejudice patient care. If you feel your doctor has not managed your abortion request appropriately, you should inform the local Primary Care Trust (PCT).

For advice about unplanned pregnancy, contraception, abortion and sexual health services, you can talk to your GP. Alternatively, contact one of the following organisations listed for confidential, reliable advice and support.

Women should be aware that not all organisations offering 'Pregnancy Advice' or advertising themselves as 'Crisis Pregnancy Service' will refer you to an abortion provider or offer unbiased, medically accurate information. If in doubt, contact your GP or one of the organisations listed here.

### **Northern Ireland & Republic of Ireland**

If you live in Northern Ireland or the Republic of Ireland, access to abortion services is severely restricted and it is likely that you will have to travel to the mainland UK or overseas for abortion treatment.

Women from Northern Ireland travelling to the mainland UK for treatment are not eligible to use NHS services and must meet the cost of treatment and travel themselves.



## THE MENOPAUSE A HEALTH, SAFETY AND WORKPLACE ISSUE

### Introduction

UNITE women members will at some time reach the menopause. This is also called "the change" - perhaps more accurately, as this life change is not a sudden, but a gradual, process. While it is not an illness, and while women can experience the menopause in different ways, it brings with it physical changes to the body and a host of symptoms, many of which are uncomfortable and can seriously affect women both at home and at work.

A 2003 TUC survey of safety reps found that only about one employer in five offers advice and information on the menopause and only one safety rep in 50 said that their health and safety policy dealt with issues related to the menopause. The menopause is not an illness. But it most certainly poses many workplace health and safety issues.

The menopause is also still a "taboo" subject which women may find difficult to raise when they are having difficulties at work because of it. Often women may not even be aware that the symptoms they are experiencing are because of the menopause. So representing menopausal women members at work can be a difficult and a sensitive issue.

However, occupational health awareness is developing in this area. Research commissioned by the British Occupational Health Research Foundation highlights women's experiences of working through the menopause and offers suggestions for workplace actions including flexible working, raising awareness amongst managers, and providing formal and informal sources of support at work.

### UNITE policy on women's health and the menopause

UNITE is calling for a united workplace agenda for equality backed up by new legal rights to support unions in advancing a positive equality agenda. This means recognising the importance of the health and well-being of older women and campaigning for fairer treatment at work including new rights for women at this time in their lives.

**This factsheet** aims to raise awareness and help women members and safety reps and shop stewards prevent discrimination and work towards positive attitudes and improvements in the workplace - which can benefit everyone. As well as general guidance on how to tackle this issue, including examples of UNITE women's workplace action, there is a hazards checklist, model agreement and ideas for a bargaining agenda.

## **What is the menopause?**

The menopause marks the end of menstruation. A woman's periods do not usually stop suddenly, though this can happen. Reaching the menopause means the end of egg production (ovulation) and a reduction in the body's production of the hormone oestrogen. The menopause occurs on average at age 50. Onset is usually between 47-52, though it can occur at 40 or sometimes much earlier, or later. Breast cancer treatment and hysterectomy can cause women to have symptoms of the menopause or may cause an early menopause.

## **What are the symptoms of the menopause?**

Not all women will experience the same symptoms, but the most common are:

- Hot flushes affecting the face and neck
- Night sweats
- Heavier and more irregular periods
- Insomnia
- Headaches
- Weight gain
- General irritability

**Women also complain of other problems** such as short-term memory loss, nausea, need to urinate frequently, aches and pains, mood swings, dry skin and eyes, dizziness, tiredness and lack of energy. But don't forget, some symptoms may occur for other reasons and you should contact your GP for advice.

**Women will also experience physical changes to their bodies** particularly in their reproductive organs. Many symptoms and physical changes to women's bodies after menopause result from the loss of oestrogen. After the menopause women may be more prone to heart attacks and strokes, acceleration of loss of bone bulk and osteoporosis and bladder trouble.

A TUC report based on a survey of union safety representatives published in 2003, *Working through the Change*, found that the **symptoms most likely to be made worse by work** were hot flushes, headaches, tiredness and lack of energy. These were closely followed by sweating, anxiety attacks, aches and pains, dry skin and eyes and short-term memory loss. UNITE acknowledges this report as a source for much of the information in this factsheet.

**Health and safety issues for menopausal women in the workplace include :**

- Toilet access and breaks - often workers have difficulty in getting access to toilets because of strict rules about breaks, because their workstation is a long way away, or, in the case of drivers, because of a shortage of public facilities, or strict schedules
- Personal protective equipment or unsuitable or tight fitting clothing or uniforms may aggravate hot flushes and sweating
- Workstation design - working in a restricted position for a long period may cause health problems
- Workplace temperature – a woman's body temperature may rise by up to 5 degrees during a hot flush
- Hot work e.g. in kitchens, furnaces
- ventilation – additional ventilation may be required
- Lack of access to natural light (e.g. because of workplace design or shift patterns) may affect the body's ability to absorb calcium and can also affect the mood
- Inflexible hours of work and breaks – may add to stress and physical discomfort at work
- Pressure to meet impossible deadlines within contractual hours and pressure to work unpaid overtime outside work
- Poor indoor air quality and heat – may exacerbate dry skin and eyes
- Women having HRT or post-operative treatments may experience symptoms which affect them at work e.g. nausea
- Lack of exercise and/or sedentary lifestyles may have adverse effects on health e.g. increased risks of osteoporosis, cancer, diabetes and cardio-vascular disease in women. Always contact your GP for advice
- Heavy or unpredictable periods makes easy access to sanitary facilities even more important for women
- Standing at work may also be an issue for some women – and research in Europe has shown that the risk of both heart attack and stroke could be increased as a result of prolonged standing
- Stress in the workplace

**Negative workplace attitudes to the menopause** will add to stress at work when a woman may be dealing with a whole range of difficult issues at home, too, including lifestyle changes, concerns about health (e.g. if the menopause follows surgery) caring responsibilities etc. Negative attitudes experienced by women include:

- Criticism from management about sick leave related to the menopause
- Embarrassment or difficulties in discussing the menopause with employers
- Criticism, ridicule and harassment from managers when they raise the subject
- Pressure and lack of understanding from colleagues
- Humiliation - such as direct comments to women accusing them of poor hygiene.

**We are all unique and the menopause will affect women in different ways.** You should seek advice from your GP if you are worried about your health and the menopause. If a member experiences problems at work because of the menopause, please contact your safety rep/shop steward for advice. If more formal legal advice or action is necessary, remember that there are strict time limits for all court or tribunal cases and members should be referred via their full-time officer to union solicitors **without delay**

### What can we do?

**Think positive!** Some people may take a pessimistic view and see the menopause as a significant step towards ageing. It is also something that women have little control over. Added to this, society, aided by the media, demonstrates more positive attitudes to youth rather than to age and wisdom. Women often find the menopause difficult to talk about, though, like puberty or pregnancy, it is a natural occurrence. The menopause can also be seen as a positive step into the next phase of women's lives. UNITE wants to help members take a positive and informed attitude to the menopause in the workplace. For example how many UNITE safety reps or managers have had training about the menopause and work?

### Become a UNITE Safety representative/shop steward

UNITE women members have a wealth of experience of tackling workplace health issues which can be shared with others - as well as the wide range of legal rights for safety reps. By becoming a UNITE safety rep women members can play an important role in raising workplace standards for all. And often women members prefer to discuss issues with another woman.

### Elect a UNITE equality rep

The UNITE is strongly supporting union equality reps and campaigning for them to have full rights to training and paid time off. Establishing this role

in your workplace can assist in ensuring issues like the menopause are identified and taken forward by the union.

**Raise awareness** through your branch: invite a speaker on the menopause and/or other health related issue

**Raise issues** of concern at work with your safety rep and shop steward

**Ask for training from UNITE** on tackling the menopause and other health-related and gender issues in the workplace

**Think healthy!**

A healthy diet and lifestyle can make all the difference in meeting the menopause. Ask your GP for advice.

**We can work together** by raising the issue and encouraging discussion of this often taboo subject to change attitudes and make improvements for older women and at the same time for everyone in a workplace. You can refer to the **Bargaining Agenda** on page 57. See also a Unite Model Agreement page 59.

### **What is the law?**

#### **Health and safety at work etc act 1974**

Employers are required to protect the health, safety and welfare of all their employees. They have a duty to provide a safe workplace and safe systems of work. This is also a common law duty. The employer must also ensure, so far as reasonably practicable, the welfare of all their employees while they are at work.

#### **Safety representatives and safety committees regulations 1977**

These confer a number of rights and functions on trade union elected safety representatives including representation of workers' views on health and safety, raising health and safety concerns with the employer, inspection of the workplace, investigating accidents and dangerous occurrences, consultation, information, to call for the setting up of a safety committee when two request this in writing, facilities to enable them to carry out their functions, and paid time off to carry out their functions and for training.

#### **Workplace (health, safety and welfare) regulations 1992 as amended**

These regulations are very important in the context of the menopause. They cover a wide range of workplace requirements including maintenance, ventilation, temperature, access and egress, lighting, cleanliness of the workplace, sanitary and washing facilities, eating facilities and restrooms, changing facilities, drinking water, space in workrooms, workstations and seating requirements, employers' duty to protect employees from effects of sunlight and provision relating to disabled workers.

### **Health & safety (display screen equipment) regulations 1992 as amended**

Require workstation assessments for “users” of VDUs and risk assessments, provision of breaks or changes of activity for VDU users. Workstation requirements also cover work environment issues including providing sufficient space to change position and vary movements, ensuring that any equipment does not produce excess heat that would cause discomfort to operators and establishing an adequate level of humidity.

### **Personal protective equipment (PPE) at work regulations 1992 as amended**

PPE should only be necessary if other methods of controlling the risks are not adequate. If PPE is necessary, then it should offer adequate protection for its intended use, those using it should be trained on its safe use, it should be properly maintained and fit the wearer. The state of health of the wearer should be taken into account and members should, if possible, be given a choice of suitable PPE. It should also be personal to the wearer.

### **Management of health and safety at work regulations 1999 as amended**

One of the most important health and safety regulations. Among other things they require employers to carry out risk assessments – that is a careful examination of what could cause harm to people at work so that they can consider the precautions to be taken to control and preferably prevent injury.

### **Working time regulations 1998**

They cover issues such as holidays, breaks and working hours. They define night workers and require employers to offer free health assessments for night workers.

### **Equality act 2010**

The Equality Act 2010 designates protected characteristics to age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

It is unlawful to discriminate against people who have protected characteristics under the Act. The menopause is not an illness or a disability, but in some situations it may be possible to rely upon the Equality Act 2010. The Equality Act 2010 prohibits direct and indirect sex discrimination so it may be possible to rely upon the Equality Act 2010 to protect women members from unfair treatment or harassment. The Act also outlaws discrimination on the grounds of age, and similarly may be relevant.

Please consult your Regional Women's & Equalities Organiser for advice.

## THE MENOPAUSE RISK ASSESSMENT CHECKLIST

### 1. health and safety management

Have managers and supervisors been trained in issues relating to health, safety and welfare and the menopause?	
Does the risk assessment include consideration of menopause and other gender issues?	
Do workers have access to information on the menopause?	
What occupational health arrangements have been made in relation to the menopause?	
Does the sickness absence policy recognise the menopause as a health, safety and welfare issue?	
Can women report sickness to a woman manager?	
What arrangements are in place to deal with related issues such as stress management?	

### 2. sanitary and health issues – frequent urination, heavy periods, irregular periods, nausea and vomiting

Are workstations easily accessible to sanitary and rest facilities?	
Are there private washing and changing facilities?	
Is there access to sanitary products?	
Do rotas, shifts and schedules (eg for drivers) ensure that workers have easy access to sanitary and washing facilities?	

### 3. temperature - hot flushes and perspiration

Is there a policy on workplace maximum (and minimum) temperature and is it implemented?	
How is it implemented?	
Is ventilation available and is it regularly maintained?	
Is additional ventilation eg portable fans provided if necessary?	
Do uniforms and PPE reflect the needs of menopausal women?	
Is loose clothing provided?	
Is it made of natural fibres?	

**4. aches and pains, dizziness, lack of energy, headaches**

Have workstation risk assessments been reviewed to take the menopause into account?	
Are there opportunities to switch to lighter or different duties?	
Do manual handling assessments take these issues into account?	
Are sickness absence policies sympathetic?	
Are there flexible working arrangements in place in relation to breaks?	
Do working hours in general take account of these health issues?	

**5. reproductive organs; and bone damage**

Is there access to natural light?	
Are there regular and flexible breaks?	
Are uniforms etc made of natural fibres?	
Are work processes considered?	

**6. Mood swings, irritability, loss of concentration, insomnia**

Is there flexible working time?	
Are there flexible breaks?	
Is there access to natural light?	

**7. Workstations and work environment: skin and eyes**

Have workstations been reviewed?	
Where VDUs are used are there regular breaks?	
Are ventilation systems functioning?	
Are humidifier systems functioning?	

**8. Are there any other conditions in your workplace which may be relevant to menopausal women?**

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## THE BARGAINING AGENDA

### What safety reps and shop stewards can do:

1. Make sure your employer is complying with health and safety legislation – for example ensuring a comfortable workplace temperature, and adequate ventilation, consulting with workers, carrying out risk assessments and operating safe systems of work.
2. What particular health and safety issues may affect menopausal women in your workplace?
3. Could welfare facilities be improved? Ensure that there are good rest facilities and a quiet area, easily accessible cold drinking water and adequate and suitable sanitary facilities for women (and men) which are situated within easy reach of workstations
4. Does your health and safety policy cover gender issues such as the menopause? If not, negotiate a policy. Issues that could be covered are listed in Appendix 1
5. Are all managers, supervisors and safety reps trained to deal with menopause issues sensitively and fairly in the workplace?
6. Are workers (and managers) provided with information, advice and training about the menopause?
7. Are there adequate notice boards to enable information to be displayed?
8. Ask your employer to help raise awareness and also encourage health promotion in the workplace
9. Negotiate improved occupational health provision. A good in house OH department should be concerned about preventing injuries and ill-health, raising health awareness and arranging for health screening. For smaller workplaces without in-house provision, encourage your employer to arrange external occupational health provision.
10. Use your rights to ensure that a gender-sensitive approach to the menopause is taken when dealing with risk assessments
11. Does your sickness and absence policy treat menopausal workers fairly and provide for paid time off for medical appointments or treatment?
12. Will flexible working patterns help menopausal women in your workplace?
13. Negotiate flexible rest and toilet breaks
14. When considering shift working be aware that there may be health issues that should be considered. Ensure that night workers are offered health assessments as required under the Working Time Regulations 1998 and that canteen, rest and other facilities are all available equally to day and night worker

## Model policy checklist

**The following should be considered:**

Consultation agreements	
Representation agreements	
Risk Assessment – consider your health and safety policy	
Employee advice, information and support - agreements	
Sickness absence	
Paid time off for medical appointments and treatment	
Rest and toilet breaks	
Work environment and adjustments	
Paid time off for medical treatment	
Occupational health screening	
Health promotion, advice and support	
Flexible working patterns and rest breaks	
Avoiding discrimination and unfair treatment	
Training and awareness raising for all including managers and supervisors	

# UNITE MODEL AGREEMENT

## The menopause and working women

This model agreement outlines key areas for negotiating improved rights for menopausal women in the workplace. As with any other model agreement, it should be adapted to reflect the priorities and concerns in each workplace before it is presented to the employer.

### 1. Introduction

1.1 The employer and the union recognise that the menopause is a key issue for women in the workplace particularly with regard to:

- Enhancing the equal opportunities of women at work.
- Ensuring women's health, safety and welfare whilst at work.
- Recognising the talent and contribution of all sections of its workforce.
- Ensuring that the employer recruits and retains skilled employees.

### 2. Scope

This agreement will apply to all employees irrespective of grade, status, sex, race, sexual orientation, disability, age, caring responsibilities, hours worked and length of service.

2.1 The employer and the union recognise that health, safety and welfare, sex discrimination, disability discrimination and equal pay for work of equal value are subject to provisions laid down in European and domestic legislation.

2.2 The employer and union undertake to monitor and review this agreement on a regular basis to ensure that, as a minimum, it meets the requirements of the law.

2.3 The employer and the union agree that individual grievances shall be subject to the existing grievance procedure.

### 3. Equal opportunities

3.1 The employer opposes all forms of discrimination directly or indirectly related to the menopause, including on the grounds of age, sex, disability, race, religion and sexual orientation and including discrimination in training, promotion and job security.

3.2 The employer and the union will work in partnership to promote a positive attitude towards employees throughout the menopause and endeavour to create a working environment where work and the health effects of the menopause on women workers can be combined.

3.3 The employer undertakes to ensure that appropriate training is given to all employees with supervisory and personnel responsibilities to ensure the effective implementation of this equal opportunities commitment. The role of union equality representatives in promoting equality at work is recognised as important and will be supported through paid release and training.

- 4. Health, safety and welfare**
  - 4.1** The employer recognises that the menopause is not an illness
  - 4.2** The employer also recognises that the menopause is a workplace health, safety and welfare issue for women in particular but safe and healthy working affects all employees.
  - 4.3** In accordance with the Health and Safety at Work etc Act 1974 and other legislation and regulations, the employer is committed to ensuring that the jobs, the work environment (including the provision of welfare facilities and maintaining a comfortable workplace temperature) are designed to be safe for all workers, including menopausal women workers.
  - 4.4** The employer undertakes to carry out appropriate risk assessments 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 - including their duty under the Working Time Regulations 1998 to offer health assessments to night workers.
  - 4.5** The employer undertakes to consult and involve the recognised trade union safety representative(s) in all health and safety matters and decisions.
  - 4.6** It is recognised that some work may be more hazardous for, or endanger the health of, menopausal women and that job adjustments may need to be made to ensure the health, safety and welfare of all the employees. The woman's right to transfer her duties in these circumstances, including transferring from night shift duties, without loss of pay or status, is recognised.
  - 4.7** The employer recognises their duty when providing personal protective equipment to take account of the health of those may wear it and undertakes to provide uniforms and personal protective equipment and clothing which are suitably designed for menopausal women.
  - 4.8** The employer undertakes to ensure that a flexible approach is adopted towards rotas, shifts and the provision of toilet and rest breaks.
  - 4.9** The employer recognises that providing information and training about the menopause is essential for all managers and supervisors to ensure that menopause issues are handled sensitively and appropriately in the workplace.
  - 4.10** The employer also recognises that providing information, training and support for all workers is essential, including general health awareness.

## **5. Medical treatment and screening**

Menopausal women employees will be entitled to take time off in paid work time to attend medical appointments and screening.

## **6. Sickness absence**

The employer recognises that the menopause is not an illness and that sickness absence policies will not penalise women who have to take time off from work because of ill-health related to the menopause.

## STRESS AND MENTAL HEALTH

Stress at work is increasingly becoming the major cause of occupational ill health and mental health conditions. 20 per cent of people suffer from mental illness in their lifetimes.

- Cuts to public services are having a serious impact on work place stress.
- Every year UK businesses lose £26 billion and 70 million working days because of conditions like workplace stress.
- Work place stress is preventable; it is a serious health and safety concern that can lead to mental health illness.
- Unite will not tolerate its members who suffer mental illness being discriminated against on the grounds of disability.

Whilst some employees end up being ill or having to leave or take time off, many others continue to work under increasing levels of stress, but can also testify the impact that this has had on their personal health, their family, the quality of their work, their organisation, and their morale.

The tragedy is that this is avoidable. If management undertook risk assessments of the situation and enacted an action plan with a view to managing and preventing work-related stress, which is their duty under the Health and Safety at Work etc Act 1974, then work related stress would not be as prevalent.

Even if these issues are yet to hit your workplace, having risk assessments, policies and processes in place to address these issues are of utmost importance.

You may want to carry out a survey of members using the survey in this pack. Once you have analysed the results, the next step is to have a meeting with the management with the aim of carrying out risk assessments and implementing an effective stress policy in the work place.

Even if there are policies and processes in place, it is important to review their effectiveness and upgrade action plans where necessary. A working party may be part of your negotiations and consultations committee, health and safety committee, or a new sub-group.

## **What the law says**

### **Health and Safety**

#### **Health and Safety at Work etc Act 1974**

Employers are responsible for the health, safety and welfare of all employees at work. This includes protecting them from the harmful effects of stress. So if employers fail to carry out their duties they may be liable not only for breach of contract, but also criminal prosecution. Employees also have duty to work safely.

#### **The Safety Representatives and Safety Committees Regulations 1977**

These require employers to consult with Unite safety representatives on all matters relating to health and safety at work including stress. This should include consulting and discussing with workers on formulating policies on preventing stress at work.

#### **Management of Health and Safety at Work Regulations 1999**

These impose a number of duties on employers, including a duty to carry out risk assessments relating to stress, prevent injury and ill-health and duties to provide training and information – and involve Unite safety reps in risk assessment

#### **Health and Safety Executive Stress Management Standards**

The HSE designed this approach to help employers manage the causes of work-related stress and is based on the risk assessment model. The management standards approach requires managers, employees and their representatives to work together to improve certain areas of work, to have a positive effect on employee well-being.

### **HSE and Stress**

The HSE identifies causes of anxiety leading to stress at work

- Demands: Workload, work patterns, work environment
- Control: lack of a say over your work
- Support: or lack of it
- Roles at work: e.g. lack of definition
- Relationships at work e.g. conflict and unacceptable behaviours
- Organisational change/restructuring

## **HSE Stress Management Standards**

- Identify the stress risk factors
- Decide who might be harmed and how
- Evaluate the risk
- Record the findings
- Monitor and review

## **Discrimination and Mental Health**

People with mental ill health are faced with discrimination at work and in society. Disabled workers with mental ill health are more likely to face barriers in recruitment and retention. People who are using mental health services or have used these services in the past are often discriminated against in the workplace

### **Equality Act 2010**

The Definition of disability includes mental impairment such as long-term depression “a physical or mental impairment which has a long-term adverse effect on your ability to carry out normal day-to-day activities.

The Equality Act 2010 outlaws disability discrimination where:

- A disabled person is treated less favourably because of their disability.
- No reasonable adjustment is made for a disabled person
- No justification can be made (where it is allowed)
- At all stages of the employment relationship
- All disabled workers are covered from day one
- Protection from discrimination or harassment because they are perceived to have a disability
- This covers workers who are linked or associated with a disabled person e.g. a carer of a disabled child or adult.

Unite Reps remember.....

- You're not an expert on mental ill health and you don't have to be!
- Signpost your member if necessary to appropriate help and support including their GP, occupational health (where available), family and friends or local and national support groups and charities. The member is the person who makes the decision.
- Supporting and representing members facing difficult situations can be stressful for you.
- Remember: 1 in 4 workers may face a mental health issue at some point in their lives – look after yourself too.

## **The survey**

*If you believe that stress may be a problem at your workplace, but are not sure, surveying your members may help to identify concerns, and at the same time this will raise awareness about stress.* Unite has therefore designed a questionnaire for you to use. This is reproduced below. At the bottom, there is space for you to add details of the person to whom staff should return their survey and a deadline date. You can then analyse the results.

Should you wish to run this survey electronically, you may wish to use an electronic survey tool like Survey Monkey, which is available free on line and is simple to set up.

You may want to alter the survey to meet the needs of your organisation. Should this be the case, then please feel free to do this, or discuss this with your regional officer.

### **Stress at Work Survey**

The Health and Safety Executive defines stress as 'the adverse reaction people have to excessive pressures or other types of demands placed on them'.

*Unite the union believes that stress may increasingly impact on people at work and Unite is running a campaign to ensure that your organisation has an action plan in place to combat work-related stress.*

*Finding out about people's concerns is the first step. Please could you help by taking 10 minutes or so to fill out this survey form.*

*The results of this survey will help your representatives understand what is happening in your workplace. They will be shared with you and will form the basis of discussions to take this forward.*

*Unite will seek to ensure that the identity of respondents is kept anonymous, so we have not asked for personal details.*

## **ABOUT YOU**

Name of Employer

*Please ring your answer*

Age

Under 25

25 – 34

35 – 44

45 – 54

55 or over

Male Female

### **1. I am aware of a stress at work strategy at work**

Yes / No

### **2. Do you feel you are stressed by your work?**

Yes / No

## **HOW ARE YOU?**

**Do you generally suffer from symptoms caused by stress in your workplace?** (frequent headaches, depression, anxiety attacks, sleeplessness, indigestion, continual tiredness, or other symptoms)

Yes / No

## **WHAT MAKES YOU STRESSED AT WORK?**

(Please mark 1 for low level of stress, 5 for high level of stress)

### **1. Demands of the job**

- a. Long working hours 1 2 3 4 5
- b. Too much work 1 2 3 4 5
- c. Too little work 1 2 3 4 5
- d. Repetitive or monotonous work 1 2 3 4 5
- e. Insufficient time to do your job 1 2 3 4 5
- f. Not enough rest breaks 1 2 3 4 5

## **2. Lack of control**

- a. Lack of control over work 1 2 3 4 5
- b. Unrealistic targets 1 2 3 4 5
- c. Pace of the work dictated by others 1 2 3 4 5
- d. Deadline which are regularly too tight 1 2 3 4 5
- e. Unremitting pressures to perform well 1 2 3 4 5
- f. Over-harsh discipline 1 2 3 4 5
- g. Too much supervision 1 2 3 4 5
- h. Too little supervision 1 2 3 4 5
- i. Too little job/task specific training 1 2 3 4 5

## **3. Work-life balance**

- a. Inflexible working hours (causing childcare, domestic problems, etc) 1 2 3 4 5
- b. Unsympathetic management 1 2 3 4 5
- c. Unfair pay system 1 2 3 4 5
- d. Failure to recognise achievements 1 2 3 4 5
- e. Skills not being fully utilised 1 2 3 4 5

## **4. Relationships at work**

- a. Bullying, harassment or unwanted behaviour 1 2 3 4 5
- b. Respect as an employee 1 2 3 4 5
- c. Discrimination or prejudice from colleagues or managers 1 2 3 4 5
- d. Risk of violence and abuse from customers or service users 1 2 3 4 5
- e. Working alone 1 2 3 4 5
- f. Lack of communication between colleagues 1 2 3 4 5
- g. Lack of communication between staff and management 1 2 3 4 5

## **5. Change**

- a. Uncertainty about your future 1 2 3 4 5
- b. Lack of job security 1 2 3 4 5
- c. Introduction of new management techniques 1 2 3 4 5
- d. Restructuring 1 2 3 4 5
- e. Lack of consultation over changes 1 2 3 4 5

## **6. Conflicting roles**

- a. Unclear job responsibilities 1 2 3 4 5
- b. Conflicting responsibilities 1 2 3 4 5
- c. Confused demands 1 2 3 4 5

## 7. Working environment

- a. Overcrowding or cramped work areas 1 2 3 4 5
- b. Untidy or unclean working areas 1 2 3 4 5
- c. Poor facilities 1 2 3 4 5
- d. Badly designed, unsuitable or uncomfortable equipment 1 2 3 4 5

**What do you believe are the major causes of your stress at work?**

.....  
.....  
.....  
.....

**What do you believe your organisation could do to reduce stress at your workplace?**

.....  
.....  
.....  
.....

**I am a Unite member**

Yes / No

**I am a Unite representative**

Yes / No

**I am interested in getting more involved in this campaign**

Yes / No

**I am interested in being a Unite representative**

Yes / No

(If you are interested in becoming a representative or getting more involved in the campaign, please contact your local representative or contact your Unite local office (details on the Unite website )

If you are interested in joining Unite, please Go to [www.unitetheunion.org](http://www.unitetheunion.org) to join on line |or talk to your local representative.

***Thank you for completing the questionnaire. Please return to your representative or stress at work campaign co-ordinator.***

**RETURN SURVEY TO:**

**NAME:**

**CONTACT DETAILS:**

## **Next steps**

- 1 Consider holding a work place meeting to discuss the issue of stress and mental health at work.**
- 2 Arrange a meeting with management. We hope that you would have had the opportunity to work with management on the survey, however recognise that many colleagues would not. We would encourage you to set up a meeting with management to discuss the results.**
- 3. Work with your Unite Health and Safety Reps to carry out a risk assessment**
- 4 Negotiate an effective Stress Policy for your workplace using the model policy attached - and build into it procedures to ensure it is monitored for effectiveness and reviewed periodically.**
- 5 Review all other policies and procedures to ensure they are not discriminating against members with mental health problems.**
- 6 Encourage your employer to set up a formal Employee Assistance Programme.**
- 7 Develop a positive policy statement to publicise to members that Unite is tackling the issue of Stress and mental health at work.**
- 8 Use the Mind Guide to Surviving Working Life to provide members with information in how to get support if they have a mental health condition.**
- 9 Stay in touch. Contact your Regional Women's & Equalities Organiser to let them know how your campaign is progressing.**

## **WOMEN, CANCER AND WORK**

### **What is cancer?**

Cancer is not a single disease with a single type of treatment. There are more than 200 different types of cancer affecting different parts of the body.

Cancers occur when new cells start growing out of control and develop into a lump or tumour. These tumours can be either benign or malignant. If it is benign the cells do not spread to other parts of the body, but if it is malignant the tumour can spread beyond the original area.

Cancer is the name given to a malignant tumour. If the tumour is left untreated, it may spread into the surrounding tissues. Sometimes cells break away from the original cancer and spread to other organs in the body through the bloodstream or lymphatic system. When the cancer cells reach a new area they go on dividing and form a new tumour.

### **Occupational cancer**

Cancers can develop for a wide range of reasons. These include exposure to radiation – both from radioactive materials and the sun – infection by certain viruses, a genetic defect, a weakened immune system, age, bad diet, and exposure to chemical carcinogens.

Carcinogens damage cells and make them more likely to turn cancerous. There is a wide range of known carcinogens, including tobacco smoke, asbestos fibres, diesel exhaust, radiation, and a wide range of chemicals found in the workplace. Although some cancers seem to develop for no apparent reason, most are a result of exposure to a carcinogen, lifestyle issues, genetic defects, age or a combination of these.

The most recent estimate from the HSE, published in 2011, is that around 13,500 cases of cancer are caused by work every year, with over 8,000 deaths:

This is an underestimate – giving a figure for what causes any kind of cancer can be very difficult as it is often not easy to ascertain the cause. For example, a link between a specific cancer and a chemical or dust may not be proven or skin cancer contracted by an outdoor worker may be caused by exposure to the sun at work or on holiday. The TUC estimates that the true number of occupational cancer cases could be well over 20,000 each year.

Because men traditionally were more likely to work in engineering and construction more men get occupational cancer. The two exceptions are cervical cancer and breast cancer.

Although men can get breast cancer, it is very rare. What is fairly certain, though, is that the gap will narrow between men and women as we increasingly have less job segregation between men and women.

So it is essential that Unite safety reps work with their employer to ensure that appropriate measures are put in place at work to prevent occupational cancer.

## Cancer Screening

**Breast cancer** is the most common cancer in women in the UK. Nearly 41,000 women are diagnosed with breast cancer every year and it affects one in nine women at some point in their life: 80% of cases occur after the menopause.<sup>3</sup>

The NHS National Breast Screening Programme provides free screening for all women over the age of 50 and women between the ages of 50 and 70 are routinely invited for a free mammogram. With better screening and new treatments there has been a significant improvement in survival rates, from 52% surviving for five years in the 1970s, to 80% in the 21<sup>st</sup> century.

**Cervical cancer** is the second most common cancer in women under 35 and it most likely to occur in women aged 25 to 65. The smear test identifies the early changes of cervical cancer and the NHS Cervical Screening Programme invites all women aged 25 to 64 for a free smear check every three to five years. By identifying these changes before cancer has become fully established, cervical screening saves approximately 4,500 lives a year and the death rate has reduced by 60% in the past 30 years.<sup>4</sup>

These statistics on cancer survival show the importance of women being

- aware of the importance of breast screening and smear tests
- able to attend appointments for these to be carried out.

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<sup>3</sup> Breakthrough Breast Cancer Leaflet

<sup>4</sup> DirectGov and BCC Health Websites

## Action points for negotiators

### **1. Ensure health and safety compliance**

Safety representatives should make sure their employer is complying with health and safety legislation – for example carrying out risk assessments, controlling (and preferably preventing) exposure to hazardous substances, substituting hazardous substances with safer alternatives and consulting workers.

### **2. Negotiate a Cancer Prevention and Screening Policy**

It is recommended that safety representatives approach their employers seeking a commitment to remove exposure to all known or suspected carcinogens at their workplace, and seeking a written commitment that no carcinogens will be introduced to the workplace in the future.

The policy should apply to all workers regardless of age, gender, employee status, working hours, length of service, etc and should make a clear commitment that employees with cancer will not be discriminated against on grounds of disability (this is unlawful under the Equality Act 2010).

The policy should include provision for time off with pay for regular cancer and other screening for men and women; and time off with pay for treatment.

For more detailed technical advice on carcinogen in the context of a policy please refer to the Unite leaflet Guidance on Cancer at work.

### **3. Negotiate improvements to occupational health provision**

A good OH department should be concerned about preventing injuries and ill-health. This could include providing workplace-based NHS screening facilities and counselling for workers having screening or who have been diagnosed with a problem. The process must of course be confidential and the results of any screening should not be detrimental to job/career prospects

### **4. Raising awareness**

Ask your employer to help raise awareness about cancer and cancer screening, and encourage health promotion in the workplace

### **5. Negotiate Improvements to workplace welfare facilities**

Cancer often has multiple causes and improvements in workplace conditions will help prevention. Examples could be:

- Providing healthy eating options in the staff canteen

- Ensuring a smoke free environment
- Providing paid time for workers to attend smoking cessation programmes
- Reducing stress at work
- Carrying out risk assessments and implementing them in relation to shift working
- Introducing flexible working.
- Negotiate schedules (eg for drivers) that allow for adequate breaks and access to canteen and other facilities at all times.

### **What else can you do?**

- a)** campaign for improved NHS screening services for women and men – lobby your MP, the Secretary of State for Health, your local Health Authority and local councillors
- b)** promote health awareness through your Branch – invite a speaker on women's health

## CONTACTS AND SOURCES OF INFORMATION

### UNITE

[www.unite.theunion.org](http://www.unite.theunion.org)

#### **Unite 24-hour legal helpline service 0800 709007**

For initial advice on non-employment legal matters including divorce, child support and property.

#### **Unite health and safety:** - contact Susan Murray , 020 7611 2596

[susan.murray@unite.theunion.org](mailto:susan.murray@unite.theunion.org)

[www.unite.theunion.org/healthandsafety](http://www.unite.theunion.org/healthandsafety)

### TRADES UNION CONGRESS (TUC)

Website [www.tuc.org.uk](http://www.tuc.org.uk)

Telephone number: 020 7636 4030.

#### **TUC report Working through the change (by Jane Paul, 2003)**

Available on TUC website [http://www.tuc.org.uk/h\\_and\\_s/tuc-6316-f0.cfm](http://www.tuc.org.uk/h_and_s/tuc-6316-f0.cfm)

Wide range of TUC H&S leaflets include: Supporting women through the menopause; occupational cancer [www.tuc.org.uk/h\\_and\\_s/](http://www.tuc.org.uk/h_and_s/)

TUC Gender and Occupational Safety and Health “gender sensitivity checklist” and guidance notes

TUC Worksmart [www.worksmart.org.uk/health](http://www.worksmart.org.uk/health)

TUC *Hazards at Work* book: Chapter 42 Women Workers

Sign up for TUC Risks ebulletin

The TUC free weekly e-bulletin on health and safety is a brilliant way to keep up to date with health and safety issues and campaigns, both in the UK and internationally. Sign up at [www.tuc.org.uk/register](http://www.tuc.org.uk/register) To view on line go to [www.tuc.org.uk/risks](http://www.tuc.org.uk/risks)

### HAZARDS MAGAZINE AND WEBSITE

The only magazine specially published for union safety reps. Subscribe now! Special rates for trade unions. To subscribe to *Hazards* or for further details contact Jawad Qasrawi on 0114 235 2074  
Email: [sub@hazards.org](mailto:sub@hazards.org)

Hazards campaigning website is at [www.hazards.org](http://www.hazards.org) with special pages about women's health and safety at [www.hazards.org/women](http://www.hazards.org/women)

*Information on workplace mapping is also available on the Hazards website.*

## **HEALTH AND SAFETY ENFORCEMENT BODIES**

### **Health and Safety Executive (HSE) [www.hse.gov.uk](http://www.hse.gov.uk)**

HSE enforces in many workplaces in England, Scotland and Wales. A wide range of information and advice is available free on HSE's website including special web pages covering:  
health and safety for mothers [www.hse.gov.uk/mothers](http://www.hse.gov.uk/mothers)  
diversity and health and safety [www.hse.gov.uk/diversity](http://www.hse.gov.uk/diversity)  
stress [www.hse.gov.uk/stress](http://www.hse.gov.uk/stress)  
disability [www.hse.gov.uk/disability](http://www.hse.gov.uk/disability)

### **Health and Safety Executive HSENI (Northern Ireland)**

#### **[www.hseni.gov.uk](http://www.hseni.gov.uk)**

Enforces health and safety in Northern Ireland.  
Telephone: 028 9024 3249. Fax: 028 9023 5383

### **Health and Safety Authority HSA (Republic of Ireland)**

#### **[www.hsa.ie](http://www.hsa.ie)**

Enforces health and safety in Ireland. Telephone: (01) 614 7000  
Fax: (01) 614 7020

### **European Agency Safety and Health at Work - <http://osha.eu.int>**

This site provides easy access to safety and health information from the Agency, the member States, European and International Organisation and from Safety and Health sources worldwide. This includes reports and factsheets on gender sensitive health and safety.

## **EQUALITIES ORGANISATIONS**

### **Equality and Human Rights Commission**

<http://www.equalityhumanrights.com/>

#### **Helplines:**

- England 0845 604 6610
- Scotland 0845 604 5510
- Wales 0845 604 8810

### **Equality Commission for Northern Ireland**

Equality House, 7-9 Shaftesbury Square, Belfast, BT2 7DP

Telephone: 028 90 500600

Fax: 028 90 248687

Email : [information@equalityni.org](mailto:information@equalityni.org)

Enquiry Line 028 90 890 890

### **The Equality Authority in the Republic of Ireland**

2 Clonmel Street, Dublin 2, Ireland

Telephone: 00 353 1 4173333

Fax: 00 353 1 4173331

Email: [info@equality.ie](mailto:info@equality.ie)

Public information centre Local : 1890 245 545

## **VOLUNTARY ORGANISATIONS**

**Women's Aid** – Supporting women facing domestic violence and abuse.

[www.womensaid.org.uk](http://www.womensaid.org.uk)

24-hour Helpline

0808 2000 247

**Scottish Women's Aid**

0800 027 1234

**Women's Aid, Republic of Ireland**

1800 341 900

**Women's Aid Federation Northern Ireland**

0800 917 1414(24 hr)

**Welsh Women's Aid**

0808 8010 800

**Men's advice line**

0808 801 0327

Men who need protection or access to safe housing should contact their local police or local council housing department for help.

**Broken Rainbow**

Supporting LGBT people facing domestic violence and abuse.

[www.broken-rainbow.org.uk](http://www.broken-rainbow.org.uk)

08452 60 55 60

Helpline – 0300 999 5428

**Rape Crisis Federation (England & Wales)**

[www.rapecrisis.org.uk](http://www.rapecrisis.org.uk)

0808 802 9999

They can refer you to a local rape counselling service.

0300 999 LGBT (5428)

**Victim Support**

0845 3030 900

**Southall Black Sisters Helpline**

Supporting BAEM women facing domestic violence and abuse.

020 8571 0800

**Dawes Project**

Supports women experiencing problems at work because of domestic violence and abuse.

0161 839 3236

**Maternity Action**

Helpline: 0845 600 8533 and a range of factsheets.  
<http://www.maternityaction.org.uk>

**Family Planning Association (FPA)**

Provides information, advice and support on sexual health, contraception and abortion.

Tel. 0845 122 8600 (9am-6pm, Mon-Fri) [www.fpa.org.uk](http://www.fpa.org.uk)  
FPA Northern Ireland: Tel. 0845 122 8687 (9am-5pm, Mon-Fri)  
IFPA the Republic of Ireland  
Tel. 1850 49 50 51 [www.ifpa.ie](http://www.ifpa.ie)

**Brook**

Provides free and confidential information for under 25s.

Tel. 0808 802 1234 (Free phone, 9am-7pm, Mon-Fri) [www.brook.org.uk](http://www.brook.org.uk)  
Brook Northern Ireland: Tel 0808 802 1234 (Free phone, 9am-7pm, Mon-Fri) [www.brook.org.uk/brook-northern-ireland](http://www.brook.org.uk/brook-northern-ireland)

**BPAS**

Provides abortion.

Tel. 08457 30 40 30 (24hrs) [www.bpas.org](http://www.bpas.org)

**Marie Stopes**

Provides abortion.

Tel. 0845 300 8090 (24hrs) [www.mariestopes.org.uk](http://www.mariestopes.org.uk)  
Marie Stopes the Republic of Ireland: [www.reproductivechoices.ie](http://www.reproductivechoices.ie)  
Tel. (01) 830 0630 (24hrs) [info@reproductivechoices.ie](mailto:info@reproductivechoices.ie)

**Working Families:** [www.workingfamilies.org.uk](http://www.workingfamilies.org.uk)

Tel. 0800 013 0313 (Mon 10am-2pm, Tue 10am-4pm, Thur & Fri 10am-1pm)

**Financial assistance**

For women in Northern Ireland and the Republic of Ireland who are struggling with the cost of abortion and related costs, the Abortion Support Network may be able to provide assistance with treatment costs and accommodation.

**Abortion Support Network:**

[www.abortionsupport.org.uk](http://www.abortionsupport.org.uk)  
Tel. +44 (0) 7897 611593 [info@abortionsupport.org.uk](mailto:info@abortionsupport.org.uk)

**British Menopause Society**

[www.the-bms.org](http://www.the-bms.org)

**British Occupational Health Research Foundation Report** "Women's

Experience of Working Through the Menopause (2010) – Institute of Work, Health and Organisations, University of Nottingham.

Available on line at

[http://www.bohrf.org.uk/downloads/Womens\\_Experience\\_of\\_Working\\_through\\_the\\_Menopause-Dec\\_2010.pdf](http://www.bohrf.org.uk/downloads/Womens_Experience_of_Working_through_the_Menopause-Dec_2010.pdf)

**Disability Alliance**  
[www.disabilityrightsuk.org](http://www.disabilityrightsuk.org) 020 7250 3222

**Breakthrough Breast Cancer**  
[www.breakthrough.org.uk](http://www.breakthrough.org.uk)

**The Age and Employment Network (TAEN)**  
[www.taen.org.uk](http://www.taen.org.uk)  
Older Women, Work and Health (2006)

**Rights of Women**  
Speak to a trained woman solicitor or barrister (free service)  
020 7251 8887

## UNITE REGIONAL WOMEN'S & EQUALITIES ORGANISERS

### **North West**

Sharon Hutchinson 0161 848 0909  
[sharon.hutchinson@unitetheunion.org](mailto:sharon.hutchinson@unitetheunion.org)

### **North East Yorkshire & Humberside**

Sue Pollard 0113 236 4830  
[sue.pollard@unitetheunion.org](mailto:sue.pollard@unitetheunion.org)

### **West Midlands**

Maureen Scott-Douglas 0121 553 6051  
[maureen.Scott-Douglas@unitetheunion.org](mailto:maureen.Scott-Douglas@unitetheunion.org)

### **East Midlands**

Jessica Honess (Acting) 01332 548400  
[jessica.honess@unitetheunion.org](mailto:jessica.honess@unitetheunion.org)

### **South West**

Karen Cole 0117 923 0555  
[karen.cole@unitetheunion.org](mailto:karen.cole@unitetheunion.org)

### **London & Eastern**

Carolyn Simpson 0208 800 4281  
[Carolyn.simpson@unitetheunion.org](mailto:Carolyn.simpson@unitetheunion.org)

### **South East**

Janet Henney 01753 313820  
[Janet.Henney@unitetheunion.org](mailto:Janet.Henney@unitetheunion.org)

### **Scotland**

Lorna Glen 0141 404 5424  
[lorna.glen@unitetheunion.org](mailto:lorna.glen@unitetheunion.org)

### **Ireland**

Taryn Trainor	Belfast	028 90 232 381
	Dublin	00 353 1873 4577
<a href="mailto:taryn.trainor@unitetheunion.org">taryn.trainor@unitetheunion.org</a>		

### **Wales**

Jo Galazka 02920 394521  
[Joanne.galazka@unitetheunion.org](mailto:Joanne.galazka@unitetheunion.org)

## NOTES

## NOTES

# WORKING WOMEN

## STRONGER TOGETHER



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Tel: 020 7611 2500

[www.unitetheunion.org](http://www.unitetheunion.org)

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