

MINUTES
Menstrual Wellbeing

Women and Work APPG Meeting, Monday 16 November 2020
3-4pm via Zoom

Chairs: Jess Phillips MP and Laura Farris MP, Co-Chairs of the Women and Work APPG

Parliamentarians in attendance:

- Baroness Verma
- Baroness Finlay
- Baroness Grey-Thompson
- Baroness Uddin

Minutes

Co-Chair of the Women and Work APPG, Laura Farris MP convened the meeting, welcoming the guest speakers and audience. She explained that the topic would be menstrual wellbeing, noting that the menopause and conditions like endometriosis have recently begun to be discussed openly, but that awareness around menstrual wellbeing more broadly is still limited.

Co-Chair of the Women and Work APPG, Jess Phillips MP explained that she suffered from endometriosis in her teens and early 20s and argued that there is a difference between how seriously women's health is taken when compared to men's. Jess provided some context around the topic of menstrual wellbeing, stating that 60% of people who experience menstruation feel unable to discuss it at work, which rises to 75% in male dominated industries, and 80% overall do not have access to period care at work. She then introduced the first speaker, **Nancy West, Head of Workplace at TOTM.**

Nancy explained that TOTM makes sustainable and organic period care products, and it is their mission to make period care better for people and the planet. TOTM collaborates with workplaces to deliver period dignity, which means an environment and culture where periods are normalised rather than stigmatised, avoiding shame or any detriment to career progression in relation to one's period. Nancy added that it is important to recognise the intersectionality that surrounds periods, as not everyone who menstruates identifies as a woman, disabled people often experience additional challenges, and there are different cultural and religious attitudes to menstruation, for example.

Nancy stated that in 2020, the majority of people who menstruate still feel that it is a taboo subject that cannot be raised in the workplace. She explained that this should be challenged, because menstruation is a biological reality, and criticised the fact that menstrual needs are largely not met in workplaces. Period care products are not supplied in most bathrooms, while toilet roll and soap are, and many workplaces even provide free tea and coffee.

A TOTM survey found that 80% of people had been caught short by their period at work, and over half said they would go home in this situation or would not be comfortable asking

a colleague for support. 80% said that there was no period care provision at their workplace, even via a paid vending machine. 76% said being caught short in this way had disrupted their working day and their productivity, as, Nancy explained, this leaves people distracted and bleeding into either their clothes or toilet paper. She argued that providing period care in a workplace makes good business sense, as it allows employees to stay engaged and remain at work.

Nancy explained that to make workplaces more period-positive, employers can provide period products in bathrooms, which acknowledges that periods exist and is a significant step toward normalising periods in the workplace. She stated that TOTM has a scheme designed for workplaces, which is easy to implement. Nancy added that TOTM encourages awareness training and workshops too, to build basic knowledge of menstrual health and the conditions that some people have, which are extremely common, with 10% of people who menstruate experiencing endometriosis, and one in three having fibroids at some point in their lives. She said that this opens conversations and allows people to feel that they have a voice to address things that they are dealing with. One of TOTM's clients also opened a Slack forum called "*Go With the Flow*", to provide an open and safe place for people to have a conversation about periods and ask for help and support if they need it.

Nancy encouraged people to look at Lara Owens' study on the experiences and challenges around implementing a menstrual policy in the workplace. This presents a number of challenges and solutions and drew attention to language. Terms like "*menstrual leave*" can single women out or make it seem as though they receive special treatment, whereas broader, more inclusive policies on flexibility at work can also have a positive impact for people who experience challenges with menstruation. Nancy added that it is important to unpack how to support people with menstruation who are working in jobs where they have timed toilet breaks, noting that these are common in sectors where women are predominant, such as the NHS.

Nancy concluded by saying she would like to see workplaces ensuring that menstrual needs are met, through adequate toilet facilities and free period care. She said this helps to make people feel valued and understood. Employers should also try to understand the lived experiences of menstruation among their employees, she said, and build a work culture that increases awareness of this. She added that it is vital to ensure the menstrual needs of key workers are met, particularly during the Covid-19 pandemic.

Jess thanked Nancy and noted that when she worked at Women's Aid before becoming an MP, the organisation was all women and so conversations about periods were not stigmatised. She said things are very different in Parliament, and she would like to see free period products provided in more places as this makes people feel welcomed and recognised. **Laura** added that her previous workplace did have free period products, agreeing that this makes people feel more seen. She then introduced **Faye Farthing, Communications and Campaigns Manager at Endometriosis UK.**

Faye explained that Endometriosis UK is the largest charity for the issue, which is a condition that affects 1.5 million women and those assigned female at birth worldwide. Faye noted that the majority of these people are of working age, so endometriosis has a huge impact on the workplace.

Faye stated that in preparation for the meeting, Endometriosis UK did some social media research and heard a number of shocking anecdotes about how people have been treated at work. One person's manager had told them that half of the office had periods so they should "*just get on with it*", another was accused of texting friends because she was going to the toilet frequently, and another was told they "*didn't look ill*".

Faye argued that there is a lack of understanding around menstrual conditions, but people who experience them need support. She explained that typical attitudes toward sickness and absence discriminate against people with menstrual health conditions. For example, the Bradford factor, a formula used by HR departments to calculate the impact of employees' absences on the organisation, disadvantages people who have more frequent, shorter absences compared to people who have fewer but longer ones.

A recent report by Endometriosis UK found that 38% of people with the condition are concerned about losing their job, 27% have missed out on a promotion because of it, 28% have left a job and 35% say they have difficulty pursuing the career they wanted. Faye argued that the Government should be taking the lead and be more open about discussing menstrual health, so as to lead the way for employers and break down taboos.

Faye also outlined a positive case study; a new scheme the charity is a part of, called the Endometriosis Friendly Employer Scheme. She said the organisations taking part are doing great work, such as the gender leagues within the UK's police forces, which is working on policies to support people in the police with menstruation, as they often struggle because the role involves being out a lot and not always having access to a toilet.

Faye explained that there are issues for people with endometriosis in accessing sick pay, because it is only possible to apply for this support for a linked period of absence for a maximum of three years. She argued that this penalises people with the condition and the Government should step in to revise this and prevent problematic HR practices like the Bradford factor. Faye concluded by stating that menstrual health can be unpredictable, so people need to be able to have open conversations with their employers.

Laura thanked Faye, agreeing that accommodating menstrual health conditions feeds into the wider issue of embedding flexibility into work practices. **Jess** added that endometriosis is often not taken seriously as an illness or condition, and many women self-medicate for it. She then introduced **Clare Knox, Founder of See Her Thrive**.

Clare explained that she set up See Her Thrive in 2018 after her own experience of living with premenstrual dysphoric disorder (PMDD), which is one of the least talked-about menstrual conditions but affects one in 20 women. It is classed as a mental health condition and has a lot of psychological symptoms, with around 30% of women who suffer from it attempting suicide in their lifetime. Clare said that she was working as a secondary school teacher while trying to manage her symptoms: chronic fatigue, depression, emotional instability, and panic attacks. She did not receive any information or guidance on how to manage the condition at work and there was no workplace guidance she could show to her employer. Clare said she felt unable to talk about what she was going through, despite being part of a close and supportive team.

Clare said that she set up See Her Thrive because this is an issue affecting millions of other women. The organisation has three key aims: breaking the silence, shame and stigma surrounding menstrual and menopause issues, improving workplace awareness of and support for those issues, and ensuring no other women are disadvantaged because of any menstrual or menopause-related issue. See Her Thrive works with employers to bridge knowledge gaps and educate managers and HR teams on how menstruation affects women at work and how to support their employees. It seeks to facilitate positive conversations and the right policies.

Clare stated that sickness absence is a key issue and needs to be changed at Government level. She argued that until improvements are made, women with menstrual issues will be managed out of the workforce.

Clare then turned to the issue of menopause, explaining that she is 34 and has been diagnosed as perimenopausal, starting on HRT a month previously, so is coming from a perspective of lived experience. She said that menopause is much more than hot flushes and high sweats; it can affect productivity, motivation, mood, concentration, and ability to articulate things clearly. She also argued that the stereotype that it only occurs in mid life should be challenged, and the conversation broadened to include people going through chemical or surgical menopause and those who are younger.

Clare said that at the extreme end, some people's experience of menopause meets grounds for disability. This is where it is long term, chronic and disabling and prevents normal day-to-day activities. She stated that from an HR perspective, people experiencing menopause are not specifically listed under the Equality Act but are protected under the Act according to employment case law. Clare said employers must be aware of this from a liability perspective, and argued that if employees knew about this, they would feel empowered to talk about their experiences by its protections.

Clare added that a report by the British Medical Association on female GPs highlighted that many are reducing their hours and passing up promotion opportunities because of a lack of support. She argued that this lack of support leads to a loss of talent across the workforce, at the same time that organisations are asking why there are not more women at the top or why they struggle to recruit women. Clare said that if there was more join-up between these conversations about women's representation and supporting menstrual health at work, more progress would be made.

Clare outlined three key action points to improve experiences of menstruation in the workplace. These were mandatory education and training for all HR teams and line managers with female employees to improve awareness and understanding of how to support them, improving policy and legislation to make it illegal to penalise absence from work and ensuring that organisations understand that menstrual and menopause issues are protected under the Equality Act, and finally, providing employees who menstruate with access to the information and support to help them manage their symptoms at work.

Jess thanked Clare, noting that there are also significant issues around access to healthcare for people going through menopause. She then handed over to **Manjit K. Gill, Founder & CEO of Binti International.**

Manjit explained that Binti was the first period charity in the UK when it was founded, but now she has been awarded an MBE, showing how far things have come since she started. She said that seven years ago in India only 12% of people had access to period products, but now more and more have access and are able to use them. In the UK, Manjit said that more and more information and understanding about inequalities is coming to light. She noted that in current policy, there is a universal understanding that everyone should have access to toilet paper in all toilets and asked why this should not be the same for menstrual products.

Manjit said that Binti is working with some politicians on building dignity around period products. She noted that the most common time for a woman to be sectioned is when she is on her period. She said she understands that free period products will be available in Parliament too.

Manjit argued that work around poverty and periods is vital, noting that if every business and public toilet had free period products, poverty related to periods would be eradicated. Manjit added that she feels the term “*period poverty*” creates additional stigma.

Manjit said that menopause is not discussed enough due to shame and is just seen as the end of the time when you get your period. She called for normalisation of the conversation around periods and explained that a key argument in doing this is explaining that if a woman leaves her workplace for an hour each month because she is caught short by her period, the loss of learning or work will be significant. She stated that framing these issues in this way and monetising them helps employers, and men, who don’t want to discuss details about periods, to understand them.

Manjit argued that it is shocking that most women in the UK use toilet paper in between buying menstrual products. She said that this is an example of inequality, and also argued that working from home during Covid has shown that the 9-5 office structure is unnecessary and designed for men. She also noted that airline toilets provide razors and mouthwash, but not period products, showing how many other things are designed for men too.

Manjit also called for a change in the culture and shame surrounding periods, particularly that which makes people feel they have to hide their period products at work. She said that culture change involves everyone and encouraged people to usurp their shame to educate the next generation. She also said that adverts should stop using blue liquid to represent period blood. Manjit concluded by stating that there is no such thing as a “*normal period*” and called on organisations to be bold and proactive in creating workplace equality.

Jess thanked Manjit, saying that periods are a unifying factor.

Q&A

Jess then asked the panellists what the Government can do with initiatives like the tampon tax fund and legislation to improve period equality and encourage menstrual wellbeing. **Manjit** said that there should be a push for businesses to provide period products in all workplaces like they do toilet paper. **Jess** noted that it would be possible to legislate for

this. **Clare** argued that sickness absence is managed badly and needs overhaul, saying it would not change unless it happened at Government level. **Faye** said that the Government should take the same approach to supporting employers on menstrual health as it does with mental health. **Nancy** said that all workplaces must be made suitable for the female body, with period products, the facilities to use a menstrual cup, and broader awareness of different experiences of menstruation. **Jess** added that it is important to ensure a good range of period products are offered at work, as not everyone's body is the same.

Jess thanked the speakers and the audience and brought the meeting to a close.