

Gender, safety and health

A guide for UNISON health and safety reps

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Preface

This UNISON guide highlights the different health and safety risks that female and male workers are exposed to at work, and informs both female and male safety reps on how to take a gender-sensitive approach when negotiating health and safety policies and procedures with their employer.

Addressing all hazards in a gender-sensitive way will also mean that we include non-binary and trans people with other identities.

Introduction

UNISON recognises that 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. For example, the jobs that women and men do, their working conditions and how they are treated by society are not always the same. These factors may affect the hazards they face at work and the approach that needs to be taken to assess and control them.

Factors to take into account include:

- women and men have traditionally been concentrated in certain jobs, and therefore may face hazards particular to those jobs
- women and men may be physically different and are biologically different in terms of their reproductive makeup
- women and men may have different responsibilities outside the workplace. Working women are more likely to be exposed to hazards like lifting tasks or exposure to chemicals at work and at home because they have traditionally had greater domestic and caring responsibilities.

It is therefore important to recognise that there may be differences and to take a gender-sensitive approach to health and safety at work, which is a way of improving prevention for women, men, trans and non binary people and making sure that everyone is equally protected.

Gender segregation

There are now almost as many women workers as men. Women currently make up 47% of the UK workforce – around 15.5 million workers, compared to almost 16.8 million men, according to the most recent Office for National Statistics (ONS) figures.

But the labour market is heavily segregated on gender lines, as a result of gender bias and pre-conceptions about the differences between women and men. Female and male employment is often concentrated in particular industries or sectors. For example women's employment tends to be concentrated in health and social work and education, with 78% of jobs in the health and social work sector and 71% in education being held by women. Sectors with only a small proportion of jobs being held by women include construction (16%) and transportation and storage (22%). This is known as horizontal segregation.

Vertical segregation, where career progression and opportunities within an organisation are restricted for one gender, has led to gender segregation by occupation. For example, women are less likely to be managers or senior officials than men.

Because of this strong occupational segregation in the labour market, women and men may be exposed to different workplace environments and hazards and experience different demands, even in the same sector or when carrying out the same roles or tasks.

Other gender differences in employment conditions may also have an impact on health and safety at work. For example:

- women are more likely to be in low-paid, precarious work and this may affect their working conditions and the hazards they are exposed to
- women are more likely to stay in the same job longer than men so may have a longer exposure to the hazards that are present
- worker consultation and participation is an important factor in successful risk prevention, but women are more likely to work in jobs where trade union representation is weaker and they may be less involved at all levels of decision making.

Academic research has also shown that both sex (the biological difference between women and men) and gender (the socially-determined difference) affect workers' health and safety in many ways. It is important to remember that gender differences should not be accepted as 'the norm' and that they can be challenged, and through shifts in attitudes and rights, changed.

Workplace hazards and risks

In this section, statistical evidence is used to identify what hazards and risks in the workplace are more likely to affect one gender more than the other. However, this doesn't mean that a workplace hazard or risk should be regarded as less important or irrelevant for one gender because it is likely to affect the other gender more.

Psychosocial hazards

Women are generally at higher risk of exposure to psychosocial hazards including bullying, discrimination and sexual harassment, which all contribute to work-related stress. Furthermore, work that is poorly paid, of low status, that makes high demands and offers very little opportunity for control is believed to be more stressful than work that does not have such characteristics. These working conditions tend to be more common in the work of women than that of men.

They are also more likely to be at risk of violence because more women than men work in jobs providing face-to-face services to members of the public, clients or service users, in health and social care for example.

Other psychosocial hazards that can trigger work-related stress include:

- work factors (such as excessive hours, unreasonable demands, or inflexible working arrangements leading to poor work-life balance)
- the physical work environment (such as noise, overcrowding or ergonomic problems)
- organisational practices (including poor lines of communication and unclear roles and responsibilities, poor leadership, and lack of clarity about organisational objectives and strategies)
- workplace change (which can contribute to job insecurity and high staff turnover)
- relationships at work (for example poor relationships between staff and supervisors,

management and other colleagues which may contribute to bullying and harassment or violence).

Trans and non-binary workers are also at higher risk of exposure to psychosocial hazards including bullying, discrimination and harassment related to their gender identity or gender expression.

For further information on:

- Bullying at work - see UNISON's *Tackling bullying at work* guide
- Harassment at work - see UNISON's *Harassment at work* guide
- Violence at work - see UNISON's *It's not part of the job* guide
- Stress at work - see UNISON's *Stress at work* guide

Manual handling and musculoskeletal hazards

Manual handling causes over a third of all workplace injuries, including work-related musculoskeletal disorders (MSDs) such as upper and lower limb pain or disorders, and joint and repetitive strain injuries.

MSDs occur in relation to exposure to poor ergonomic conditions such as work requiring awkward postures, monotonous and repetitive tasks, inappropriate work methods or work organisation, and heavy lifting.

Women and men report similar levels of musculoskeletal complaints. Women tend to report more upper limb pain, as opposed to men who report a higher incidence of heavy lifting injuries. However, women working in the health and social care sectors have been shown to be at particular risk of heavy lifting injuries as they can spend a large proportion of their working lives manual handling heavy loads, adopting awkward postures, and using high levels of static muscular effort such as standing for long periods.

In recent years home and hybrid working has increased partly in response to the coronavirus pandemic. Women are more likely to be working from home than men and this can bring about an increased risk of upper limb, neck and shoulder disorders from poorly set up workstations. Employers still have a duty to protect home workers including ensuring that workstation display screen equipment assessments are carried out and appropriate equipment provided.

An additional risk factor for many women is the use of tools and equipment which are not always designed for a female work population. If employers paid more attention to the ergonomic fit of work tools and tasks to the worker's physique, it would not only benefit women in non-traditional work areas, but also men who are not of average build. Safety reps should negotiate with the employer to ensure that all work tools and equipment have been designed for female and male workers, or test it with women and men first, to see if it is suitable.

For further information about the Manual Handling Operations Regulations see UNISON's *Six pack* guide (See list of UNISON's key publications on page 19).

Occupational noise and hand-arm vibration

Men are more than twice as likely to suffer health problems from exposure to physical agents such as noise and vibration. This is no surprise as the sectors with exposure to the highest noise and vibration levels have a predominately male workforce.

The 2020/2021 Labour Force Survey estimated that 14,000 people in the UK suffer deafness, ringing in the ears or other ear conditions caused by excessive noise at work. Noise can also cause or contribute towards work-related stress, causing a loss of concentration, fatigue, and tension, and increasing the risks of ill health associated with stress. It can increase the risk of accidents; may combine with exposure to

hazardous substances at work, vibration, or drugs to cause ill health; and may harm unborn children (low birth weight and the baby's hearing for example).

It is not only workers in heavy industry that are at risk. Those working in the service sector, call centres, open plan offices, and in education are thought to have suffered impaired hearing from their work.

Factors that contribute to hearing damage include:

- the level of noise (intensity - measured in decibel units)
- how long people are exposed to the noise (duration - both short- and long-term)
- whether the noise is stable, fluctuating, or intermittent (impulsive noises – a short burst of loud noise that lasts for less than one second – are particularly harmful, such as from heavy pressing operations).

Hand-arm vibration syndrome (HAVS) is a condition caused by the use of vibrating hand held power tools. It can lead to severe pain and damage to the nerves and blood supply of the hands. An estimated 2 million workers are at risk of developing HAVS.

Workers who handle vibrating tools can also be at risk from developing carpal tunnel syndrome.

Whilst the risk is higher in male dominated industries including construction, equipment such as floor polishers used by cleaners can also cause damage.

Injuries at work

Men are more likely than women to experience fatal or non-fatal injuries at work. This is because more men than women work in jobs that expose them to a higher risk of "accidents". In addition, gender differences in occupational health and safety mean that men usually perceive and manage risks differently from women. For example, risks tend to be judged lower by men than women.

However, shift workers get injured twice as often as workers who work regular hours and women's rates of injury in shift work are higher than those of men. Research done by the Scandinavian Journal of Work, Environment and Health found that women work nine hours more per week on household duties and childcare than men. This extra work combined with exhaustion from inconsistent working hours makes women more vulnerable to shift work injuries.

Furthermore, a Swedish study reported an increased risk of miscarriage in women who worked irregular hours or rotating shifts compared with day workers. Therefore, it is recommended that women avoid or be relieved of such work during pregnancy.

Personal protective equipment

Personal protective equipment (PPE) means all equipment (including clothing affording protection against the weather) worn or held by a person at work and which protects them against one or more risks to their health and safety.

PPE includes:

- protective clothing such as overalls, gloves, safety footwear, safety helmets or high visibility clothing
- protective equipment such as safety goggles and visors, life-jackets, underwater breathing apparatus and safety harnesses.

Under the Personal Protective Equipment at Work Regulations when health and safety risks cannot be adequately controlled by other means, employers must provide employees with suitable PPE. PPE is not suitable if it is badly fitted, uncomfortable, puts a strain on wearers or makes the work unnecessarily difficult.

Unfortunately, in many workplaces women are not provided with suitable PPE because it has been designed for men. A survey conducted by the Women's Engineering Society found that the majority of PPE worn by women respondents (three quarters) was designed for men. 60% of women wearing PPE designed

for men described it as uncomfortable or very uncomfortable and reported that the PPE had hampered their work.

During the coronavirus pandemic the issue of poorly fitting PPE came to the forefront with reports that face fitted respiratory protective equipment (respirators) weren't designed to fit women's faces. A study by the Women in Global Health Network found that less than one in five female frontline health workers agreed that their protective clothing fitted them properly. Poorly fitting respirators, gloves and other PPE puts workers at serious risk of exposure to biological hazards such as coronavirus.

For further information about the Personal Protective Equipment at Work Regulations see UNISON's *Six pack* guide (See list of UNISON's key publications on page 19).

Hazardous substances

The HSE says that every year, thousands of workers are made ill by hazardous substances, contracting lung diseases such as asthma, cancer and skin diseases such as dermatitis. Under the Control of Substances Hazardous to Health (COSHH) Regulations, before exposing employees to hazardous substances, an employer must conduct a COSHH risk assessment.

The first place to get information is the safety data sheet which suppliers must give with each product supplied. Other sources of information include product labels and other information from the manufacturer/supplier, HSE guidance and publications, technical journals, and UNISON.

Employers must also provide employees and others carrying out work in connection with their business (contractors and agency staff, for example) information on details of the hazardous substances including exposure limits. Unfortunately, most toxicological data used for setting exposure limits for hazardous substances are derived from male subjects. Therefore, safety reps should ensure that,

when an employer conducts a COSHH risk assessment, they consider lower exposure limits for female employees.

For further information on hazardous substances UNISON's *Hazardous Substances at Work* guide (See list of UNISON's key publications on page 19).

Occupational cancer

A 2021 report by the HSE on cancer, estimates that nearly 9,000 deaths per year in Great Britain could be attributed to past occupational exposure to known carcinogens. This is likely to be an underestimate of the real number because there are many suspected links between work and cancer that are not yet proven. The TUC estimates that the true level is likely to be well over 20,000 cases a year with 15,000-18,000 deaths.

The HSE report highlighted that asbestos is the leading occupational carcinogen with the majority of sufferers being men. This is because engineering maintenance and construction workers – the majority of which are men – are at a higher risk of exposure to asbestos than workers in other sectors. However, teaching assistants, the majority of whom are female, are also at risk of exposure to asbestos. This is because the government estimates that 70% of school buildings contain the substance. For the main list of cancer-causing substances see the International Agency for Research on Cancer's (IARC) website (iarc.fr/).

UNISON believes that there should be no workplace exposure to anything that causes cancer. Where possible this will mean removing carcinogens from the workplace completely. In some cases that is not practical, but in these cases the worker should be fully protected from exposure.

Breast and prostate cancer

Breast cancer is the most common cause of cancer in women in the UK, making up nearly a third of all cancer cases. Men and trans people

can also get breast cancer.

Prostate cancer is the most common cancer in men in the UK, accounting for more than a quarter of cancer cases. Trans people can also get prostate cancer.

A number of unions have campaigned for adequate paid time off for workers wishing to be screened for breast, cervical and other cancers, such as prostate cancer in men, and for any medically-recommended follow-up appointments. Some reps have also persuaded their employers to organise a workplace health education programme to increase awareness of the issues and encourage screening.

In 2019, the International Agency for Research into Cancer concluded that night shift work is probably a cause of cancer in humans and a number of studies have linked prolonged night shift work with an increased risk of breast cancer. Studies suggest that the link between night shift and light exposure at night may be due to the disruption of biological rhythms and sleeping patterns (known as circadian rhythms) which curb the production of a cancer protecting hormone, melatonin.

There is also some evidence to suggest that exposure to chemicals known as endocrine disrupting chemicals (EDCs), which can affect the natural hormone oestrogen may increase the risk of breast cancer. EDCs are all around us in household products and cosmetics. They are also found in some cleaning chemicals. More research is needed on the risks presented by EDC. Breast Cancer UK has further information on EDCs and breast cancer (breastcanceruk.org.uk)

Some research also suggests that men working at night may have a higher rate of prostate cancer. Researchers found that exposure to light at night can lead to reduced production of the sleep hormone melatonin, inducing physiological changes that may provoke the development of tumours.

The Working Time Regulations require that health assessments are provided for all night shift workers. UNISON believes that employers should offer advice on breast and prostate cancer awareness and breast and prostate examination as part of the health assessment.

Dermatitis

According to the 2020/21 Labour Force Survey, there are an estimated 16,000 working people within the last year with a skin problem caused or made worse by work. Work related dermatitis, where the skin (usually on the hands) becomes red, irritated and itchy is the main cause of work related skin disease. Work related dermatitis can be a painful and debilitating condition.

Exposure to cleaning chemicals, frequent hand washing, or having hands submerged in water for some of the day, alongside frequent glove wearing are all recognised causes of dermatitis.

Occupations with a high proportion of women workers such as nursing, social care, cleaning and hairdressing have higher levels of work related dermatitis.

Exposure to substances both at work and at home can increase the risk.

Lone working

Many UNISON members work alone as part of their normal day-to-day work, a trend that has increased in recent years. This is as a result of a number of factors, including cutbacks in funding and resources in the public sector. Working alone can put both women and men in a vulnerable position – it may be more difficult for them to summon help if things go wrong or if their health and safety is at risk.

People who work alone are at greater risk than other workers. Lone workers are more vulnerable to psychosocial hazards (violence, bullying, sexual harassment, stalking and stress) and manual handling because the potential for harm is often greater. So it is essential that the hazards of lone working are taken into account

when risk assessments are carried out.

Many UNISON members, such as ambulance workers, home care workers, traffic wardens, utility workers, housing support officers, mental health and district nurses, work in remote and isolated areas. This may lead to safety concerns about the journey to and from work.

Home or hybrid workers are also lone workers.

For further information see UNISON's *Working alone* guide for safety reps (See list of UNISON's key publications on page 19).

Reproductive hazards

Reproductive hazards are substances or agents that may affect the reproductive health of men and women including issues such as infertility or difficulty conceiving, miscarriage and birth defects. Examples of reproductive hazards include lead, radiation, exposure to cytotoxic (certain chemotherapy) drugs and biological hazards such as rubella. Physical and psychological hazards such as strenuous physical activity and work related stress can also cause problems.

Fertility

Fertility is the natural human capability of producing offspring. Some factors which can affect fertility in both men and women can be found in the workplace.

With men, reproductive hazards are often categorised into three groups: psychosocial (eg stress); physical (eg excessive heat); and chemical (eg pesticides). Reproductive hazards have been found to slow, or stop, the production of sperm, and to harm those that are produced.

There are two main types of hazards that can affect a woman's fertility. One is hazards that reduce fertility such as exposure to lead, ionising radiation (X-ray radiation), cancer treatment drugs and nitrous oxide. The other type of hazard is one which can disrupt the

menstrual cycle or the production of sex hormones. Examples include certain pesticides, shift work and chemicals such as carbon disulfide or organic solvents.

Psychosocial hazards such as work related stress and trauma can also impact on the menstrual cycle.

Psychosocial, physical and chemical hazards should all be risk assessed by the employer and protective or preventative measures implemented to remove or reduce the risk of reproductive hazards to the health and well-being of female and male workers. Information on whether a substance is a reproductive hazard can be found on safety data sheets, which suppliers must give with each product supplied. Safety reps should negotiate with their employer to ensure that the safety data sheets are made available to their employees and that they are aware of any reproductive hazards. For further information see hazardous substances (page 7).

Pregnant workers

A 2021 report by the campaign group Maternity Action, highlighted that the safety of pregnant workers and their unborn child were not being adequately addressed throughout the coronavirus pandemic. The report highlighted the increased risks to pregnant workers from covid infections and a lack of risk assessments and actions by employers to keep them safe. The authors also highlighted the impact of working in unsafe conditions on pregnant worker's mental health.

There are a number of hazards to new and expectant workers including standing or sitting for long periods; lifting or carrying heavy loads; work related stress; lead; radioactive material and certain infectious diseases.

If a worker is pregnant, has recently given birth or is breast feeding, their employer must do a risk assessment to make sure that the kind of work they do and their working conditions will not put them or their baby's health at risk.

To exercise their health and safety rights under Sections 17 and 18 of the Management of Health and Safety at Work Regulations 1999, a new or expectant worker must:

- tell their employer in writing that they are pregnant or breast feeding, or that they have given birth in the last six months
- if their employer asks in writing for proof that they are pregnant, show the employer their certificate of pregnancy from their doctor or midwife
- discuss any job-related concerns about their health or the health of their baby with their doctor or midwife. If the doctor or midwife advises them that there could be a risk, they should ask for a letter to show to their employer so that the employer can take this into account.

Under Section 16 of the Management of Health and Safety at Work Regulations 1999, a new or expectant worker's employer must:

- carry out a 'risk assessment' of any processes, working conditions, physical, chemical and biological agents that could jeopardise their health or safety or that of their child while they are pregnant, breast feeding, or have given birth within the previous six months
- if the assessment reveals a risk, do all that is reasonable to remove it or prevent their exposure to it
- give them information on the risk and what action has been taken.

If the risk cannot be removed employers must take the following actions:

1. Temporarily adjust their working conditions and/or hours of work.
2. If that is not possible, offer them suitable alternative work (at the same rate of pay) if available.
3. If that is not feasible suspend them from work on paid leave for as long as necessary, to protect their health and safety, and that of their child.

There is some legal protection under health and safety and equality laws for breast feeding mothers at work. Under the Workplace (Health, Safety and Welfare) Regulations 1992, all employers have a legal duty to protect the health and safety of workers who are pregnant or breast feeding by providing 'suitable facilities' for them to rest. This should ideally include access to a private room, access to a secure clean fridge for storing milk and time off to express milk or to breastfeed.

Failure to provide suitable facilities could amount to a health and safety risk. A new mother may be able to temporarily change their hours of work and/or be temporarily given alternative work if their working conditions make it hard or impossible for them to breastfeed or express milk.

Menstrual disorders

For the majority of women menstruation is a natural process that doesn't present difficulties. However, the menstrual cycle can be affected by a number of conditions that may cause discomfort or concerns for female employees. Menstrual problems that may affect the workplace include amenorrhea (absent menstrual periods), menorrhagia (heavy menstrual periods), dysmenorrhea (painful menstrual periods), premenstrual syndrome and menopause.

In addition, endometriosis – a condition that affects two million women in the UK – is another menstrual disorder that could affect women at work. Endometriosis is a common condition in which small pieces of the womb lining are found outside the womb.

Employers should provide an understanding and supportive working environment for women with endometrioses and other menstrual disorders. Reps should seek to prevent the use of conduct or capability procedures, particularly as many of these conditions are short lived. Where menstrual disorders are impacting on a worker's performance including, for example,

their attendance at work, it may be helpful to initiate a referral to occupational health services (where available) as a supportive rather than punitive measure. Safety reps may also be able to negotiate reasonable adjustments such as a temporary change of duties, flexible hours, additional breaks or home working.

Premenstrual syndromes

Premenstrual Syndromes (PMS) raise health and welfare issues for hundreds of thousands of women workers, but the health issue is not taken seriously by most UK employers. PMS can occur in any woman during child bearing years. The National Association for Premenstrual Syndromes (NAPS) estimates that as many as 30% of women can experience moderate to severe PMS, with 5-8% suffering severe PMS, this being around 800,000 in the UK. It can also affect trans and non-binary people.

NAPS defines PMS as: 'a spectrum of mood and physical symptoms that occur during the luteal phase of the menstrual cycle (i.e. the phase that begins after ovulation and ends with the start of menstruation).' Common psychological and behavioral symptoms include mood swings, depression, tiredness and anger. Physical symptoms can include bloating and headaches.

Employers should develop workplace guidelines for PMS sufferers, including nominating a designated person - preferably a woman - to provide advice and support. Personnel departments should raise awareness by posting PMS advice with other employment information on notice boards and on the intranet.

Employers should also review sickness and absence management procedures. PMS-related absences may show up as regular days off sick. Policies should recognise this and employers could consider reasonable adjustments (see above) and, in exceptional circumstances, modify the trigger levels for sickness absence procedures to take account of the nature of PMS. UNISON branches should engage with employers to make sure that health and safety

issues around PMS are not overlooked and appropriate measures are put in place.

Menopause

Menopause is an issue in the workplace because increasing numbers of women of menopausal age are working in the UK. It usually happens between the ages of 45 and 55 and the average age for a woman to reach the menopause in the UK is 52. Around 8 in every 10 women will experience noticeable symptoms and of these 45% will find their symptoms hard to deal with.

It can affect younger women too through a premature or a medical or surgical menopause.

It can also affect trans and non-binary people.

While some women experience almost no symptoms, the majority do experience notable changes including hot flushes, palpitations, night sweats and sleep disturbance, fatigue, poor concentration, irritability, mood disturbance, skin irritation and dryness. Overall, this period of hormonal change and associated symptoms can last from four to eight years.

The menopause should be recognised as a workplace health and safety issue as working conditions can exacerbate symptoms and lead to health problems. For example, lack of access to drinking water or toilet breaks can lead to an increased risk of urinary tract infections; heavy lifting and repetitive movements can increase the risk of injuries as hormonal changes can affect the muscles and joints. Poorly designed shift patterns combined with sleep difficulties can make shift work a challenge for many women.

For further information on the menopause see UNISON's *The menopause and work guide for safety reps* (See list of UNISON's key publications on page 19).

Domestic abuse

UNISON considers that domestic abuse is a trade union and a workplace issue, as much as any other form of abuse affecting workers' conditions and income. Home and work issues cannot always be neatly separated. Abusive and violent behaviour does not only take place in the home. It can frequently cross over into the workplace, where victims experience stalking, threats, harassment and worse. Equally, work can be a lifeline to independence and survival for victims of domestic abuse as they are ordinarily able to leave their home to go elsewhere, whilst also maintaining a level of income independent from the perpetrator.

UNISON believes that all victims of domestic abuse should feel safe in the knowledge that they can take action to put their lives back on track with their employment secure and that they are protected while they are at work. UNISON also believes that the UK Government has a responsibility to ensure that victims of domestic abuse are protected at work and that their employers are doing everything they can to support them.

In 2021 UNISON successfully campaigned for changes to the Domestic Abuse Bill to protect and support victims of domestic abuse in the workplace.

UNISON was one of the first unions to raise the issue of domestic abuse and violence in the workplace and negotiate workplace policies. UNISON has published Domestic Abuse guidance. It includes a model domestic abuse policy for negotiating with employers. (See list of UNISON's key publications on page 19)

Policies can include:

- special paid or unpaid leave
- information about local help and support
- appropriate actions that will be taken if the victim and perpetrator work in the same organisation
- ensuring an employee's confidentiality is

protected if they raise this issue in the workplace

- raising awareness of the issue in the workplace.

A gender-sensitive approach to health and safety at work

Recognising gender differences in the workforce is vital in ensuring that workplaces are safe and healthy places for both women, men and trans workers. In order to ensure that proper attention is paid to women, men and trans' health and safety, unions have long advocated a "gender sensitive" approach.

What this means in practice is integrating gender issues into information gathering, standard setting, legislation, practical action to prevent and control risks, policy setting and involving workers in decision-making bodies.

Making risk assessment more gender-sensitive

The Management of Health and Safety at Work Regulations 1999 require employers to assess the risk of work-related ill health arising from work activities, ensure that these are removed or proper control measures are in place to avoid these risks wherever possible and reduce them so far as reasonably practicable.

The European Agency for Safety and Health at Work (EU-OSHA) has produced a factsheet on gender issues in risk assessment that includes a model for making risk assessment more gender-sensitive.

This recommends that employers take a "holistic" approach to risk prevention, recognising the gender differences that relate to work, including sexual harassment, discrimination, involvement in decision-making in the workplace and conflicts between work and home life.

The factsheet explains how gender-sensitivity can be built into a five-step risk assessment process:

1. Hazard identification should include:

- considering the hazards prevalent in both male and female dominated jobs
- looking for health as well as safety hazards
- asking both men and women workers about the problems they experience in their work in a structured way
- avoiding making initial assumptions about what may be "trivial"
- considering the entire workforce, including cleaners, receptionists, part-time, temporary and agency workers and those absent from work, through sickness for example, at the time of the assessment
- encouraging women to report issues they think may affect their health and safety and health problems that may be related to work
- examining and asking about wider work and health issues.

2. Risk assessment should:

- look at the real jobs being done and the real work context, and not involve making assumptions about exposure based solely on job descriptions and titles
- ensure that prioritising risks does not involve gender bias;
- involve all genders in risk assessment through health circles or risk mapping, for example
- ensure that those carrying out risk assessments have information and training about gender issues in occupational safety and health (OSH)
- make sure that instruments and tools used for assessment include issues relevant for male and female workers and if they do not, adapt them
- inform any external assessors that they should use a gender-sensitive approach and pay attention to OSH issues

- take account of gender issues when the OSH implications of any changes planned in the workplace are examined.

3. Implementing solutions should:

- aim to eliminate risks (including reproductive risks) at source to provide a safe and healthy workplace for all workers
- pay attention to diverse populations and adapt work and preventative measures to workers
- involve female as well as male workers in decision-making and implementing solutions
- ensure that all, female as well as male, workers receive information and training relevant to their jobs, working conditions and any health effects.

4 & 5. Monitoring and review, for example include gender by:

- ensuring that female as well as male workers participate in monitoring and review processes
- being aware of new information about gender-related OSH issues;
- including health surveillance relevant to the jobs of both male and female workers
- being careful about making assumptions about job title in relation to monitoring activities
- encouraging the recording of occupational health issues as well as accidents.

Trans and non-binary workers

It is important to recognise the diversity of women and men and how this impacts on gender-related health and safety issues. For example, attention should be paid to health and safety issues for trans and non-binary workers. In the UK, the term trans is commonly used as an umbrella term to cover the diverse ways that people find their gender identity differs from the gender they were labelled at birth.

Stonewall defines non-binary as an umbrella term for people whose gender identify doesn't

sit comfortably with 'man' or 'woman'. Non-binary identities are varied and can include people who identify with some aspects of binary identify while other reject this entirely.

If no one is out as trans or non-binary in your workplace this does not necessarily mean that there are no trans or non-binary workers present, it could be that the workplace culture is hostile. Health and safety reps need to focus on including trans and non-binary health and safety issues in negotiations with management and to dispute the argument 'we don't have any of those people here'.

Sometimes health and safety issues are raised when a member of staff undergoes gender reassignment. Transitioning is often a very stressful time for a trans person. How it is handled at work can make all the difference. It might be appropriate to agree with the employer when an individual starts to use the facilities that aligns with their gender identity.

A report in the Institute of Occupational Safety and Health's (IOSH) journal identified increased risks to trans workers including risk of injuries and occupation diseases as trans workers may avoid using PPE or protective uniforms if they indicate biological sex. Risks to mental health due to discrimination in the workplace and violence and abuse from customers or members of the public.

Agreement needs to be reached on the point at which use of any gender-specific uniform or facilities, such as toilets and changing facilities, will be changed. It is appropriate to agree with the employer that the individual starts to use the facilities for their new gender at the point where they begin to attend work in that gender.

Other approaches, such as requiring the trans or non-binary person to use unisex toilets for disabled workers, will not be appropriate (unless, of course, the individual is disabled), except in the very short term and at the request of the worker who is transitioning. It will be necessary

for the employer to explain the situation to immediate work colleagues as well.

Detailed advice is included in UNISON's *Gender identity: An introductory guide for trade union reps supporting members* (See list of UNISON's key publications on page 19).

Equality impact assessments

The Equality Act 2010 introduced a single equality duty called the public sector equality duty. The single duty is broken down into two separate parts; the 'general' equality duty and the 'specific' equality duties. The 'general' equality duty means that public sector employers must give 'due regard' to the need to:

1. Eliminate unlawful discrimination, harassment and victimisation.
2. Advance equality of opportunity between people who share a protected characteristic and those who do not.
3. Foster good relations between people who share a protected characteristic and those who do not.

One of the ways in which an organisation can show that it has given 'due regard' to these issues is to carry out an equality impact assessment (EIA).

An EIA is an analysis of a proposed change to an organisational policy to determine whether it has a disparate impact on one gender, ethnic group, those with disabilities or those working part-time. It applies both to external policies (ie those having an impact on the customers - or clients - of the organisation), and to internal policies (those affecting the organisation's employees).

Under the Health and Safety at Work Act, employers of more than five people must prepare a written health and safety policy and bring it to the attention of employees. The EIA can be used to analyse whether the employer's health and safety policy is gender-sensitive.

For more information on equality duties and discrimination see <https://www.unison.org.uk/get-help/knowledge/discrimination/equality-duties/>

Occupational health schemes

Occupational Health Schemes (OHSs) tend to get very little profile, yet they can have a major effect in preventing work related ill-health and in ensuring that employees are able to return to work as early as possible after a period of sickness. The HSE has identified two elements to OHSs.

The first and most important element is the effect of work on employees' health and the health of others, which includes:

- identifying what can cause or contribute to ill health in the workplace
- determining the action required to prevent people being made ill by work, based on a well informed assessment of the risks
- introducing suitable control measures to prevent ill health.

The second element is to ensure that people:

- with health conditions, or who have a disability or impairment, are not unreasonably prevented from taking up job opportunities
- at work are fit to perform their required tasks, for example, by adapting work practices for people with conditions such as epilepsy or asthma, or making sure that people working in compressed air are fit to do so.

The importance of occupational health, the type of services provided, and the way it is provided, should all be seen as negotiating issues in the same way as any other conditions of service. For example, barriers to accessing OHSs – working night or rotating shifts for example – should be taken into consideration when negotiating with the employer ways in which it will be provided.

Using body mapping

Body mapping is a practical and fun way of identifying common health and safety problems in the workplace by gender. This evidence along

with suggested causes and solutions from the workers can be used to inform risk assessments and associated action plans and in negotiations with managers.

Body mapping starts with two large outlines of a body, front and back. You can get these at hazards.org/diyresearch, or you can draw your own outlines. Get people into small groups. If you want information by gender, for example, divide them into groups based on that category.

Different coloured pens or stickers can be used to identify different problems and clear clusters may emerge showing that people doing the same job are suffering similar symptoms; or highlighting different health and safety problems for men and women in the same workplace. One method uses red (aches and pains), green (where does your stress show up), and blue (other symptoms that may be work-related).

Recruiting more women health and safety reps

With around 70% of UNISON members being women, it is essential that we recruit more women into workplace health and safety activist roles to ensure that women's health and safety concerns do not continue to get overlooked.

To get involved and be a UNISON health and safety representative, you don't need to be an expert in health and safety law. UNISON will provide you with training and support to carry out the role.

If you are passionate about ensuring members' health and safety concerns are addressed by the employer and in building safe and healthy workplaces for women then become a UNISON health and safety rep.

Under the Safety Representatives and Safety Committees Regulations, UNISON's health and safety reps have a legal right to consult with management over safety issues, represent members, inspect workplaces and investigate problems. They also have the right to receive

all relevant information from management, including any risk assessments that have been carried out on women workers. By using these rights, health and safety reps can help to make the work of women safer and healthier.

Health and safety reps can find out whether women are experiencing problems by talking to UNISON members on their regular workplace inspections and by carrying out surveys. You will need to explain that UNISON is trying to gather information on the health and safety concerns of women and wants evidence of these concerns to present to the employer. To ensure a response, surveys should be very simple and to the point.

Health and safety reps can also put women's health and safety needs higher on the agenda by:

- raising the health and safety problems women face at work with employers
- encouraging women to become safety reps
- mounting health and safety campaigns aimed at women
- encouraging women to attend training courses
- finding other ways of raising awareness of women's health and safety concerns.

Self-organisation

UNISON is committed to achieving equality for all. One of the ways we promote equality is through self-organisation. Self-organisation brings together members from certain under-represented groups - women members, young members, Black members, disabled members and lesbian, gay, bisexual and trans members.

There are women's and LGBT+ self-organised structures at national, regional and local level in UNISON. In these groups, women and trans members meet to discuss their particular concerns, which may include health and safety issues, and develop proposals for promoting equality to feed into the wider structures. It can be a way for members to get involved in

the union; developing skills, expertise and confidence.

UNISON women's and LGBT+ committees should work with joint health and safety committees in all workplaces to ensure that women and trans members participate in the work of these committees and that their concerns are taken into account.

For further information about self-organisation see UNISON's *Organising for equality* guide (See list of UNISON's key publications on page 19).

TUC 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 UNISON branch?
- 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, female and trans, full-time and part-time, permanent and temporary, about OSH issues including risk assessments?

2. Your branch policy

- Does your branch 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 employers your

branch covers?

3. Health and safety management

- Are women, trans and non-binary workers 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, women and trans' 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, trans and non-binary workers 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 have 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 at a convenient time and place for women members?

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, trans and non-binary workers 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 workers, 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, men, trans and non-binary workers 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 - for women, trans and non-binary workers and men adequately addressed through risk assessment?
- Are risks of work-related stress to women, trans and non-binary workers 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 branch carry out any confidential surveys of members' health and safety concerns, and if so, are all members consulted?

- Do branch surveys allow the branch 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, men, trans and non-binary worker 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. Are there any other issues specific to your workplace?

* adapted by UNISON

Further information

Specific help and advice

If you have any specific problems where you need help or advice, your branch health and safety officer or branch secretary may be able to assist. If they are unable to help you then they may pass on your query to a regional organiser, who may in turn contact UNISON's Health and Safety Unit.

And do not forget UNISONdirect, our phone line dedicated to providing information and advice to members. The number is 0845 355 0845.

You are not alone in UNISON. We are here to give you the information and support that you need to carry out your role.

Guidance and other materials

Most of our general health and safety materials, including those for recruitment are available on the web at <https://www.unison.org.uk/unison-health-and-safety>. Some job or sector specific materials are produced by and available from the relevant national department or their website. Items such as guides, leaflets, recruitment leaflets, and posters can also be ordered online at <https://www.unison.org.uk/get-involved/in-your-workplace/key-documents-tools-activists/online-catalogue/> or by emailing stockorders@unison.co.uk.

For email orders you will need to state the document title and stock number, the quantity required, your name, your branch name and number, your telephone number and full postal address.

Other useful guidance can be found on the websites of Hazards Magazine, the TUC, and the HSE. You can find links to these from our website at <https://www.unison.org.uk/unison-health-and-safety/>

Links to resources

Health and Safety Executive (HSE) – <https://www.hse.gov.uk/vulnerable-workers/>

World Health Organization (WHO) – Gender, Health and Work: <https://www.who.int/publications/i/item/gender-work-and-health>

International Labour Organization (ILO) – Women Workers and Gender Issues on Occupational Safety and Health: <https://www.ilo.org/safework/areasofwork/gender-and-occupational-safety-and-health/lang-en/index.htm>

Hazards – Women: hazards.org/women/

Institution of Occupational Safety and Health (IOSH) – A gender sensitive approach <https://www.ioshmagazine.com/2021/02/23/gender-sensitive-approach>

European Agency for Safety and Health at Work (EU-OSHA) – <https://osha.europa.eu/en/themes/women-and-health-work>

Labour Research Department (LRD) – Women's Health and Safety at Work <https://www.lrdpublications.org.uk/publications.php?pub=BK&iss=1939>

Trade Union Congress (TUC) – Gender in Occupational Health and Safety: <https://www.tuc.org.uk/resource/gender-occupational-safety-and-health>

European Trade Union Institute (ETUI) – Gender, working conditions and health. What has changed? <https://www.etui.org/publications/gender-working-conditions-and-health>

UNISON websites

Health and safety zone

<https://www.unison.org.uk/unison-health-and-safety/>

Equality

<https://www.unison.org.uk/about/what-we-do/fairness-equality/>

Key UNISON publications available at

<https://shop.unison.site/>

Bullying at work. Stock number 1281.

Harassment at work: A UNISON guide.
Stock number 1359

It's not part of the job. Stock number 1346

Stress at work guide. Stock number 1725.

The health and safety six pack.
Stock number 1660.

Working alone guide.
Stock number 1750.

The menopause and work. Guide for safety
reps. Stock number 3075.

*Domestic violence and abuse: a trade union
issue.* Stock number 3477

*Gender identity: An introductory guide for trade
union reps supporting trans members.*
Stock number 2726

Pregnancy: Your rights at work.
Stock number 2148

*Sexual harassment bargaining guidance and
model policy.*
Stock number 4167

Pregnancy toolkit:

*Protecting the health and safety of pregnant
workers and new mothers in the workplace: a
toolkit for UNISON workplace reps*

<https://www.unison.org.uk/unison-health-and-safety/protecting-the-health-and-safety-of-pregnant-workers-and-new-mothers/>



Join UNISON online today at unison.org.uk/join
or ring 0845 355 0845