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of work for good

Women's health and the workplace

**TUC response to call for evidence on a
women's health strategy.**

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Introduction

The TUC is the voice of Britain at work. We represent more than 5.5 million working people in 48 unions across the economy. Unions play vital role in winning equality in the workplace for women. OECD evidence shows unionised workplaces are safer and more equal than non-unionised workplaces.¹

Trade union membership in the UK grew by over 100,000 in 2019/20, women make up 58 per cent of trade union membership at 3.76 million members, the highest since the series began.²

The health and wellbeing of women cannot be separated out from the workplace. Good workplace terms and conditions and policies that support women at work are essential in supporting women's health and women's equality more broadly. However, women's experiences in the workplace and the impact on their health, cannot be separated out from the discrimination and inequality women face more broadly in the labour market and across society. Our response therefore highlights specific challenges faced by women in the workplace and recommendations of how to tackle them, as well as highlighting broader structural issues that any health strategy for women must seek to address.

Menstruation and menopause are workplace issues.

1. Bloody Good Period research regarding menstruation in the workplace found that discussing periods in the workplace still has a lot of stigma attached to it, and support from employers is lacking. A third of survey respondents felt it was seen as more professional to not discuss menstruation in the workplace and 27% did not feel supported by their employer when it came to periods and the workplace. Nearly two thirds felt that a key thing employers could do is normalise conversations around menstruation.³

¹ OECD (2018) Good jobs for all in a changing world of work: The OECD Jobs Strategy available at <http://www.oecd.org/employment/jobs-strategy/about/>

² Department for Business, Energy and Industrial Strategy (2021), Trade Union Membership, 1995-2020: Statistical bulletin available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/989116/Trade-union-membership-2020-statistical-bulletin.pdf

³ Bloody Good Period, Periods and menstrual wellbeing in the workplace – a case for change, (2021), available at https://e13c0101-31be-4b7a-b23c-df71e9a4a7cb.filesusr.com/ugd/ae82b1_66bbbfefcf85424ab827ae7203b2c369.pdf

2. Period poverty is a key issue – a 2017 Plan International report found that one in ten girls and women in the UK said they had been unable to afford period protection, while one in seven said they had struggled to afford it.⁴
3. The average age of those experiencing menopause is early 50s. Women aged 50 and over are 14 per cent of the total workforce in the UK and 30 per cent of the female workforce.⁵ However, we know that symptoms of the menopause can start earlier and continue for some time once menstruation has ceased. Women can experience perimenopause and early menopause at much younger ages.
4. Survey research from Wales TUC in 2017 showed that nearly 85 per cent of respondents felt that the menopause impacted their working lives.⁶

Additional comments highlighted a range of symptoms that can impact women in the workplace, from physical symptoms such as hot flushes, palpitations, and heavy periods to lack of concentration, memory problems and fatigue.

'Sometimes I was extremely hot and other times so cold I couldn't concentrate and felt ill. I felt lost alone and completely "not me" and I was experiencing extreme stress, but when I mentioned how I felt I was told my job wasn't stressful and it made me feel completely useless.'

'What I had were awful heavy periods during the peri-menopausal period - these made it impossible for me to attend meetings lasting longer than 30 minutes or so, for example, and it was really hard to explain why.'

5. Many working age women are affected by the menopause, and it can have a real impact on their working lives. A recent study from the CIPD and Bupa indicated that nearly 1 million women had left the workforce due to menopausal symptoms.⁷

Recommendations

Workplace policies that can support women's health in the workplace include:

- Ensuring sanitary products are widely available and free to use in workplaces.
- Adopting flexible working practices that allow for working in different locations, use of regular and frequent bathroom breaks and reasonable adjustments of rotas, shifts, uniform or equipment to mitigate the disruption and/or discomfort of symptoms.

⁴ Plan International, Worldwide Annual Review, (2017), available at <https://plan-international.org/publications/plan-international-worldwide-annual-review-2017>

⁵ Labour Force Survey, analysis of Q42020.

⁶ Wales TUC, The menopause: a workplace issue, (2017) available at https://www.tuc.org.uk/sites/default/files/Menopause%20survey%20report%20FINAL_0.pdf

⁷ HRreview, Almost a million women have left the workplace due to menopausal symptoms, May 2021, available at https://www.hrreview.co.uk/hr-news/almost-a-million-women-have-left-the-workplace-due-to-menopausal-symptoms/135691?utm_source=rss&utm_medium=rss&utm_campaign=almost-a-million-women-have-left-the-workplace-due-to-menopausal-symptoms&gator_td=BydE5tUuDOJw%2b5yDek4crAL%2fyi9p%2b8ARQEqluHD5yVhg4TZEEmCx47FhRcV5wuNb1BSMdhRHOzv79F95UqnWUIEq5%2bG%2fs99nZojvPWKeyNbCYJJ1Mkcuo97Qxr27Pu8y6aPAithqEH7LyHcXdre0sojIIWDIHtT3VxvO7U0UijYcp4MRWvfV3%2ftDeHjmbXr%2flYjptnL5%2fJUz5yQyljqQ8aA%3d%3d

- Having a workplace representative as a first point of contact for women who wish to discuss any issues they are having or access any advice or information; this could be a trade union representative and/or a member of the HR team.
- Undertake 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. In particular look at air quality, temperatures, natural, light, and ventilation.
- Employers should create a taboo free culture regarding menstruation and menopause, this could include providing short training sessions, providing workers with information, or displaying posters through the workplace advertising their period and menopause policies.
- No one should work when they do not feel well, for whatever reason. Workplaces should seek to tackle the culture of presenteeism, and sickness and absence policies should not penalise women for needing time off due to menstruation, menopause or any gynaecological health reasons.

Pregnancy and maternal health in the workplace

Pregnancy can be a stressful enough time for any woman without them having to worry about dangers at work as well. While there are clear laws in place to protect new and expectant mums, many employers do not know what they should be doing or are ignoring their legal responsibilities.

6. TUC research during the covid-19 pandemic highlighted that many women have felt even more unsafe at work since the start of the crisis.⁸
7. Thirty per cent of pregnant women in our survey felt very or somewhat unsafe at work during the pandemic.
8. Two in five pregnant women in our survey have not had a health and safety risk assessment. Of those that did have a health and safety risk assessment, almost half (46 per cent) said their employer did not take the necessary action to reduce the risks identified. Over a quarter of pregnant women said the risk assessment did not include the additional risks posed by Covid-19.
9. Our findings showed that low-paid women in our survey were nearly twice as likely as median to high earners to have been wrongly forced out of work and to have lost pay. 28 per cent of low-paid pregnant women told us they were forced out of the workplace on unpaid leave, sick leave or early maternity leave compared to 17 per cent of median to high earners.
10. TUC research during the pandemic also highlighted how racism in the workplace leads to BME women workers being placed in more danger by being exposed higher risk situations more frequently than their white colleagues and being denied proper PPE at

⁸ TUC, Pregnant and precarious: new and expectant mums experiences of working during the covid-19 crisis, (2020), available at https://www.tuc.org.uk/research-analysis/reports/pregnant-and-precarious-new-and-expectant-mums-experiences-work-during?page=2#section_header

work. 45 per cent of Black and Minority Ethnic women said they had been singled out for harder or unpopular tasks at work compared to their white counterparts⁹

11. The organisation FIVEXMORE has highlighted the disparity in maternal morbidity rates of Black and Minority Ethnic women in comparison to their white counterparts. Black women are 5 times more likely to die during pregnancy and after childbirth than white women.¹⁰ While there are multiple reasons for this, the recent debate in parliament highlighted the role of structural racism in the labour market, which sees black women more likely to be in low paid and insecure work, and in-work poverty.¹¹
12. Office of National Statistics (ONS) published analysis which shows that babies from the Black ethnic group have the highest rates of stillbirths and infant deaths, with babies from the Asian ethnic group consistently the second highest, citing deprivation as a contributing factor. This is discussed further in the next section.¹²
13. No Recourse to Public Funds (NRPF) also acts as a huge barrier to maternal health. On average maternal healthcare fees cost around £7,000. This means many vulnerable women are not able to access the necessary maternal care needed to have a safe pregnancy, birth, and afterbirth.¹³

Recommendations

- All employers should carry out individual risk assessments for an employee as soon as they are notified that they are pregnant. Risks from covid-19 should continue to be accounted for.
- Maternal health care should be free at the point of use, regardless of immigration status.

Low pay, insecure work, poverty, and the impact on women's health.

If you are self-employed or in insecure work, then you are not entitled to some statutory employment rights. This can be compounded further by low pay which may mean you are not entitled to Statutory Sick Pay (SSP). We know that owing to discrimination in the labour market, women are over-represented in low paid, insecure work, Black and Minority Ethnic

⁹ TUC, BME women and work, (2020), available at <https://www.tuc.org.uk/research-analysis/reports/bme-women-and-work>

¹⁰ FIVEXMORE, One year anniversary, our mission remains the same, (2020), available at <https://www.fivexmore.com/blog/five-x-more-one-year-anniversary-a-reflection-of-the-past-year>

¹¹ Hansard, Black maternal care and mortality, (April 2021), available at <https://hansard.parliament.uk/commons/2021-04-19/debates/6935B9C7-6419-4E7B-A813-E852A4EE4F5C/BlackMaternalHealthcareAndMortality>

¹² ONS, Births and infant mortality by ethnicity in England and Wales 2007-2019, (2021), available at <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/childhealth/articles/birthsandinfantmortalitybyethnicityinenglandandwales/2007to2019>

¹³ Maternity Action, What price safe motherhood? Charging for MHS maternity care and its impact on migrant women, (2019), available at <https://www.archivesmataction.org/wp-content/uploads/WhatPriceSafeMotherhoodFINAL.October.pdf>

(BME) women, and disabled women even more so.¹⁴ This can have a hugely detrimental effect on women who are in insecure, low paid work, who may not be able to take time off for doctors' appointments or if they are feeling unwell or have health concerns for fear of losing hours or pay.

Being in low paid and/or insecure work can also exacerbate hardship and poverty, which we know has a significant impact on health outcomes.¹⁵

14. Women are more likely to be in insecure forms of work (such as zero hours contracts) where they are employees (around 7 per cent of women employees are in insecure work, compared to 6 per cent of men).¹⁶
15. While the number of men who are self-employed is higher, as a proportion, more women are in low-paid self-employment (around 49 per cent compared to 43 per cent).¹⁷
16. Black and minority ethnic women (BME) are almost twice as likely to be in insecure jobs than white women.¹⁸
17. Of the nearly 2 million workers excluded from Statutory Sick Pay, 70 per cent are women, many in insecure forms of work.¹⁹
18. In the recent analysis from the ONS on infant mortality rates, they stated "*One known risk factor for both stillbirths and infant mortality is deprivation. Babies from Asian, Black and Any Other ethnic group were more likely to live in more deprived areas compared with their white counterparts which could explain higher rates in those ethnic groups.*" As noted above we know that BME women are more likely to work in low paid jobs and/ or be in insecure work, heightening the risk and incidence of poverty.
19. Data also highlights the discrimination disabled women face in the labour market and the impact that can have on poverty and health outcomes. The disability employment gap between disabled women and non-disabled men stands at 32.6ppt.²⁰
20. The pay gap for disabled women is nearly nine percentage points higher than the pay gap for women overall. Both groups of women are paid less than disabled and non-disabled men, with non-disabled men being paid 36 per cent more than disabled women.²¹

¹⁴ TUC, BME women and work, (2020), available at <https://www.tuc.org.uk/sites/default/files/2020-10/BMEwomenandwork.pdf>

¹⁵ British Medical Association (BMA), Health at a price: reducing the impact of poverty, (2017), available at <https://www.bma.org.uk/media/2084/health-at-a-price-2017.pdf>

¹⁶ TUC, Insecure Work, (2020), available at https://www.tuc.org.uk/sites/default/files/2020-08/Insecurework%20report%202020_0.pdf

¹⁷ Ibid

¹⁸ TUC, BME women and work, (2020), available at <https://www.tuc.org.uk/sites/default/files/2020-10/BMEwomenandwork.pdf>

¹⁹ TUC, Covid-19 and insecure work, (2021), available at <https://www.tuc.org.uk/sites/default/files/2021-04/Covid-19%20and%20Insecure%20Work%20TUC%20template%20report%20130421.pdf>

²⁰ TUC, Disability pay and employment gaps, (2020), available at <https://www.tuc.org.uk/research-analysis/reports/disability-pay-and-employment-gaps>

²¹ Ibid

21. Pre-pandemic over half of those living in poverty (6.9 million people) were living in a household that included a disabled person.²² Before the pandemic, research showed the disproportionate impact social security reforms had had on disabled people and their families with households with at least one disabled adult and a disabled child losing just over £6,500, over 13 per cent of average net income annually, because of changes to taxes, benefits, tax credits and universal credit.²³
22. Lone parent families (over 90 per cent of which are single mothers) have the highest poverty rate among working age adults at 43 per cent²⁴, despite 69 per cent of single parents being in work.²⁵
23. Lone parents are disproportionately underemployed – the single parent underemployment rate is 22 per cent in comparison to just over 9 per cent for the entire economically active population.²⁶
24. The pay gap between single parents and second earners in couples is £2.14 an hour, increasing by £1.84 since the early 2000s. The pay gap between single parents and the main earner in couples stands at £5.86 per hour, increasing from £3.59 since the early 2000s.²⁷
25. Employment and pay trends and their negative impact on single parent families are further compounded by reforms to social security. Two thirds of households subject to the benefit cap are single parent households.²⁸

Recommendations

- Increase the minimum wage to £10 an hour for all workers.
- Effective abolition of zero hours contracts by giving workers the right to a contract that reflects their regular hours, and compensation for cancelled shifts. In 2019, similar legislation was introduced in Ireland.²⁹
- Removing the earnings threshold for Statutory Sick Pay and the waiting period for sick pay and increase the value of SSP to £330, equivalent to a week's earnings at the real living wage.

²² Social Metrics Commission, Measuring Poverty 2019, (2019), available at https://socialmetricscommission.org.uk/wp-content/uploads/2019/07/SMC_measuring-poverty-201908_full-report.pdf

²³ TUC, Disabled workers and Covid-19, (2021), available at <https://www.tuc.org.uk/sites/default/files/2021-06/Outline%20Report%20-%20Covid-19%20and%20Disabled%20Workers.pdf>

²⁴ Gingerbread, Living standards and poverty, available at <https://www.gingerbread.org.uk/policy-campaigns/living-standards-and-poverty/>

²⁵ Gingerbread, Employment and skills, available at <https://www.gingerbread.org.uk/policy-campaigns/employment-and-skills/>

²⁶ Ibid

²⁷ Ibid

²⁸ Gingerbread, Living standards and poverty, available at <https://www.gingerbread.org.uk/policy-campaigns/living-standards-and-poverty/>

²⁹ TUC, (2019), A ban on zero-hours contracts, a victory for Irish unions, available at <https://www.tuc.org.uk/blogs/ban-zero-hours-contracts-victory-irish-unions>

- The £20 uplift to universal credit should be made permanent and extended to legacy benefits.
- Universal Credit should be stopped and scrapped and replaced with a fairer social security system. Immediately action must be taken to remove the two-child limit; end the five week wait for payments and convert advanced loans into grants. The basic rate of universal credit must be raised to real living wage levels.
- Mandatory reporting of ethnicity and disability pay gaps should be introduced, all employers should be required to publish action plans of how they intend to tackle their pay gaps (whether gender, ethnicity, or disability).

Care and the impact on women's participation in the workforce

Pre-pandemic the employment rate for mothers with dependents was 75 per cent up from 66 per cent in 2000.³⁰ However, we know that women still face multiple discriminations because of the unequal share of care, the lack of recognition and value placed on both the paid and unpaid work that women often undertake and the lack of access to flexible working practices and affordable childcare. All these factors impact women's agency within the labour market.

Evidence throughout the pandemic suggests that economic lockdowns and school and childcare provider closures have disproportionately impacted women's hours, earnings, and their mental health.³¹

26. Analysis from the Office of National Statistics in 2016 showed that women carry out on average 60 per cent more unpaid work than men, around 26 hours per week versus 16 hours for men.³²
27. Research also shows that mothers experience significant pay and progression discrimination, often referred to as the motherhood penalty. Women are far more likely to reduce their hours and work part-time after having children than men.³³ Prior to Covid-19 over half (56%) of mothers said they had made a change to their employment due to childcare reasons compared with 22.4 per cent of fathers.³⁴

³⁰ ONS, (2019), Families and the labour market, available at <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/familiesandthelabourmarketengland/2019>

³¹ TUC, Working Mums Paying the Price, January 2021, <https://www.tuc.org.uk/workingparents> See also IFS, May 2020, How Are Mothers and Fathers Balancing Work and Family Under Lockdown, <https://ifs.org.uk/publications/14860>

³² Office for National Statistics (ONS), November 2016, Women Shoulder More of the Responsibility for 'Unpaid' Work, <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/articles/womenshouldertheresponsibilityofunpaidwork/2016-11-10>

³³ TUC, The Motherhood Penalty, March 2016, <https://www.tuc.org.uk/sites/default/files/MotherhoodPayPenalty.pdf>

³⁴ ONS, (2019), Families and the labour market, available at <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/familiesandthelabourmarketengland/2019>

28. Three in 10 mums with a child aged 14 years and under said they have reduced their working hours because of childcare reasons compared to one in 20 fathers.³⁵
29. Shared Parental Leave since its introduction has not worked, with research suggesting less than 1 per cent of eligible families taking up the offer.³⁶ A driving factor in the low take up is that it is unaffordable for most working families – without an enhanced workplace policy, parents receive only £152 per week.
30. Prior to Covid-19 one in three flexible working requests were turned down by employers.³⁷
31. Between 2008 and 2018, childcare costs rose 8 times faster than wages.³⁸ The UK also has the highest childcare costs in Europe and second highest in the world.³⁹
32. In 2019, 40 per cent of lone parents found it difficult to meet their childcare costs, compared to 24 per cent of coupled parents. Over a third of non-working mothers cite childcare issues as the main reason they are unable to work.⁴⁰
33. The gender pensions gap stands at 40.3 per cent. Contributing factors are the impact of women reducing hours or taking more time out of employment to look after family, and the cumulative impact of women earning less than men over their working lives.⁴¹
34. During the pandemic mothers have been one and a half times more likely to lose or quit their job or be on furlough.⁴²
35. A TUC survey of over 50,000 working parents, the majority of whom were women found that during the pandemic, a quarter of working mothers who responded to our survey had used annual leave to manage their childcare – but 1 in 5 had reduced their hours and 7 per cent had taken unpaid leave.⁴³
36. A quarter of working mothers surveyed by the TUC were worried that they would lose their job, lose hours or be singled out for redundancy.⁴⁴

Recommendations

³⁵ Ibid

³⁶ Birkett, H. & Forbes, S. (2018). Shared Parental Leave: Why is take up so low and what can be done? (1). Retrieved from: <https://www.birmingham.ac.uk/Documents/college-socialsciences/business/research/wirc/spl-policy-brief.pdf>

³⁷ TUC, (2019) One in three flexible working requests turned down, available at <https://www.tuc.org.uk/searchsite?term=three%20in%2010%20flexible%20working&dateRestrict=all>

³⁸ TUC, (2020), Forced out: The cost of getting childcare wrong, available at <https://www.tuc.org.uk/sites/default/files/2020-06/ForcedOut2.pdf>

³⁹ Women's Budget Group, (2020), A care-led recovery from coronavirus, available at <https://wbg.org.uk/wp-content/uploads/2020/06/Care-led-recovery-final.pdf>

⁴⁰ Gingerbread, Childcare, available at <https://www.gingerbread.org.uk/policy-campaigns/childcare/>

⁴¹ Prospect, What is the Gender Pensions Gap? Available at <https://prospect.org.uk/article/what-is-the-gender-pension-gap/>

⁴² IFS, May 2020, How Are Mothers and Fathers Balancing Work and Family Under Lockdown, <https://ifs.org.uk/publications/14860>

⁴³ TUC, Working Mums Paying the Price, January 2021, <https://www.tuc.org.uk/workingparents>

⁴⁴ Ibid

- A right to flexible working from day one of employment. Flexible working can take lots of different forms, including having predictable or set hours, working from home, job-sharing, compressed hours and term-time working. The CIPD have set out several benefits of flexible working for employers and employees, including improved work-life balance, supporting more people in to and remaining in the labour market, productivity improvements, and job satisfaction.⁴⁵
- All jobs to be advertised as flexible unless the employer can demonstrate no flexibility is possible. Research for insurance company Zurich showed a 19 per cent increase in the number of women applying for senior roles, and a 16 per cent increase in women applying across all vacancies when they advertised jobs as flexible.⁴⁶
- Reform of shared parental leave which must include an individual right to paid time off for both parents on a use it or lose it basis and an increase in the value of payments. Shared parental leave, maternity and paternity rights must be available to all working parents regardless of employment status.
- Ten days' paid carers leave, from day one in a job, for all parents. Currently parents have no statutory right to paid leave to look after their children.
- Investment in the childcare sector is needed with targeted support to children from low-income households.

Women and supporting their mental health.

Many of the issues outlined above can impact on women's mental health and their participation in the workplace.

An UN report in 2019 highlighted the government obligations to:

*'create and sustain specific conditions that promote a life of dignity and wellbeing for all'*⁴⁷.

*and 'Reducing inequalities is a precondition for promoting mental health and for reducing key risk factors, such as violence, disempowerment and social exclusion'*⁴⁸

Poverty and struggling to make ends meet, having to shoulder a disproportionate amount of care with little support, and discrimination in the workplace can all lead to anxiety, stress and poor mental health for women.

37. TUC surveying of working mothers during the pandemic found that 9 out of 10 had experienced a negative impact on their mental health.⁴⁹

⁴⁵ CIPD, (2018) Flexible working – the business case, available at https://www.cipd.co.uk/Images/flexible-working-business-case_tcm18-52768.pdf

⁴⁶ Baska, M. People Management, (2020), Advertising jobs as flexible boosts applications from women, study suggests, available at <https://www.peoplemanagement.co.uk/news/articles/advertising-roles-with-flexible-working-boosts-applications-from-women#gref>

⁴⁷ United Nations, (2019), Right of everyone to the enjoyment of the highest attainable standard of physical and mental health, available at https://www.un.org/en/ga/search/view_doc.asp?symbol=A/HRC/41/34

⁴⁸ Ibid

⁴⁹ TUC, Working Mums Paying the Price, January 2021, <https://www.tuc.org.uk/workingparents>

38. TUC research looking at racism in the workplace found that of BME women who had experienced bullying, harassment, or assault in the workplace, 57 per cent said it had affected their mental health.⁵⁰
39. TUC research into third party harassment in the workplace found that 45 per cent of young women who had experienced bullying or harassment reported a negative impact on their mental health.⁵¹
40. TUC research into sexual harassment in the workplace found that 1 in every 2 women had experienced some form of sexual harassment in the workplace. Of women who had experienced sexual harassment in the workplace, 1 in 10 said it had a negative impact on their mental health and 3 per cent reported a negative impact on their physical health.⁵²
41. Similarly, our report into LGBT workers experiences of sexual harassment found that 1 in 8 LBT women had experienced serious sexual assault or rape at work. In the same report, around one in six people (16 per cent) said the harassment had a negative effect on their mental health, including making them feel more stressed, anxious, depressed, while four per cent of respondents said the harassment had a negative impact on their physical health.⁵³

Recommendations

- Government and workplaces can and should introduce policies such as those suggested in previous sections to tackle structural issues that can lead to and/or exacerbate poor mental health.
- Government and employers should also seek to tackle bullying, abuse and harassment in the workplace by introducing new preventative duties on employers to introduce preventative workplace policies.
- Enforcement bodies such as the Equality and Human Rights Commission (EHRC) and the Health and Safety Executive (HSE) should be strengthened and properly resourced to ensure that employers are protecting women and their wellbeing in the workplace.

⁵⁰ TUC, (2017) Is Racism Real?, available at <https://www.tuc.org.uk/sites/default/files/Is%20Racism%20Real.pdf>

⁵¹ TUC, Not part of the job, (2018), available at <https://www.tuc.org.uk/sites/default/files/NotPartoftheJob.pdf>

⁵² TUC, Still just a bit of banter, (2016), available at <https://www.tuc.org.uk/sites/default/files/SexualHarassmentreport2016.pdf> and Sexual harassment of LGBT workers in the workplace, (2019), available at https://www.tuc.org.uk/sites/default/files/LGBT_Sexual_Harassment_Report_0.pdf

⁵³ Ibid