

# **BREAKING THE STIGMA:** **WHAT HR TEAMS NEED** **TO KNOW ABOUT** **ENDOMETRIOSIS AND** **MENSTRUAL HEALTH**

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# WELCOME FROM CIPHR

At Ciph, we believe that HR has the power to transform organisations and change lives. That transformation starts with understanding the real challenges people face, and responding with curiosity, empathy, and action.

Endometriosis is one such challenge. It affects 1 in 10 women and those assigned female at birth, yet remains widely misunderstood and under-supported in the workplace. That's why we're proud to be an Endometriosis Friendly Employer and to have partnered with Endometriosis UK on this important research.

This report shines a light on the experiences of HR professionals, line managers, and employees across the UK. It reveals where progress is being made, and where gaps remain. The findings are a call to action for HR teams and business leaders alike: to listen, to learn, and to lead with compassion.

Supporting employees with endometriosis isn't just the right thing to do – it's a smart business strategy. Do more to help your people be happy and well, and they'll repay you with their best work.

We hope this report helps you start or strengthen conversations about endometriosis in your own organisation. Share yours with us on social media using **#EndometriosisAtWork**.

## Claire Hawes,

**Chief people and operations officer, Ciph**

*Ciph is the go-to HR and payroll software and solutions partner for medium and large organisations in the UK. Its integrated HR, payroll, benefits, learning and recruitment software, services and content provide invaluable insights to HR teams, helping to inform their people strategy and grow and develop their organisations. For more information, please visit [www.ciph.com](http://www.ciph.com).*



## A SIMPLE MESSAGE...

### Endometriosis UK has a simple message to all those who pick up this report.

Whether you specialise in HR or a related field, or you're a business owner or leader, we know that you have a lot on your plate, and we want to support you.

As a charity, we have years of experience in supporting those with endometriosis, both through our range of volunteer-led services, our campaigning and advocacy work, and through our Endometriosis Friendly Employer scheme. From this, we know that there are many HR professionals and line managers who are curious, empathetic and keen to put in place the right measures to enable those with endometriosis to feel valued, and contribute to their organisation's success.

Unfortunately, we also know that there are many of whom the opposite is true. We hear stories of women and those assigned female at birth being belittled, treated unfairly or without sympathy, forced to change career or abandon their ambitions, because of endometriosis. Some of those experiences are echoed in the data collected for this report. In so many of these cases a level of understanding of the condition, an empathetic ear and some flexibility from their employer would have gone a very long way.

The endometriosis community is sizeable. This disease impacts 1 in 10 women and those assigned female at birth from puberty to menopause, although the impact can be felt for life. It ranges from those with mild or infrequent symptoms, to those suffering more serious impacts. All in all, it is more than 1.5m in the UK whose talents must not be ignored. It is a community who by dint of the difficulties faced in making themselves believed, navigating the **near nine-year average wait for a diagnosis** and coping with the symptoms they experience, are resourceful, resilient, and loyal to those who believe in them.

We hope you will recognise that providing support to that community is in your interests. Doing so will not only enable those with endometriosis to achieve their potential, but it sends a message to your wider team that they are valued and can expect support and reasonable adjustments.

Thank you to our friends at HR software provider Ciphre for collaborating on this report. We hope you find it an insightful read, and that the 'Talking points' at the end of each section help you to consider opportunities for your organisation. We look forward to discussing it with you.

**Julie Burns,**

**Endometriosis Friendly Employer scheme manager, Endometriosis UK**



## What is endometriosis?

Endometriosis occurs when cells similar to the ones in the lining of the womb (uterus) are found elsewhere in the body. These cells can grow and change in response to hormones in the menstrual cycle, this can cause inflammation, pain and scar tissue. Endometriosis is most commonly found on the lining of the pelvis (peritoneum) and may occur in the ovaries and involve other pelvic organs, like the bowel or bladder. Less commonly, endometriosis can also be found outside the pelvis, such as in the chest.

## The Endometriosis Friendly Employer scheme



The Endometriosis Friendly Employer scheme is a way for employers to confirm their commitment to developing a work environment and culture that enable employees with endometriosis to thrive at work. Through the scheme, Endometriosis UK provides guidance for employers on how to support employees with endometriosis and menstrual health conditions, and work towards improving the work environment. As of September 2025, there are more than 150 Endometriosis Friendly Employers — ranging from NHS bodies, universities and local authorities to listed, global businesses, SMEs and charities — with a combined headcount in excess of half a million.

**Find out more about the disease via our website: [www.endometriosis-uk.org](http://www.endometriosis-uk.org)**

# WHO RESPONDED TO OUR SURVEY

## The individuals...

We surveyed 121 HR professionals and leaders during May and June 2025.

The survey was distributed via the websites, social media channels and newsletters of Ciphr and Endometriosis UK, and through specialist media. A small number (11) of the respondents work for organisations already signed up to Endometriosis UK's Endometriosis Friendly Employer scheme.

Most respondents (87%) work in HR, DE&I (also known as EDI) or benefits/rewards. Others specialise in learning and development (8%) or recruitment and talent management (3%), with the remaining 2% being a business owner, CEO or MD.

### Mostly female

Almost all respondents (98%) identify as female, with the remainder identifying as male. No respondents chose the 'non-binary or alternative identity' box or selected 'prefer not to say'.

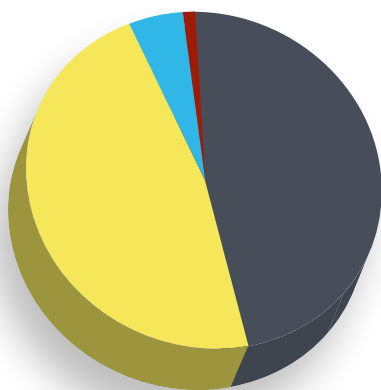
**98%** female respondents

### Mixed understanding of endometriosis

Nearly half (47%) said that they had 'a good understanding' of endometriosis — with the same number again claiming 'a little understanding'.

**47%** good understanding

## How much, if anything, do you know about endometriosis?



● I have a good understanding of endometriosis	47%
● I have a little understanding of endometriosis	47%
● I've heard of it, but that's about all I know	5%
● I don't know what it is	1%

*This roughly aligns with Endometriosis UK's previous polling on endometriosis awareness. In January 2025, 2,000 UK adults were asked if they knew what endometriosis was — 65% (rising to 82% of female respondents) picked 'a gynaecological health condition' from a list of options, 22% said 'not sure', and the rest chose other (incorrect) options.*

## ...and the organisations they work for

We asked respondents how many people were employed by their organisation.

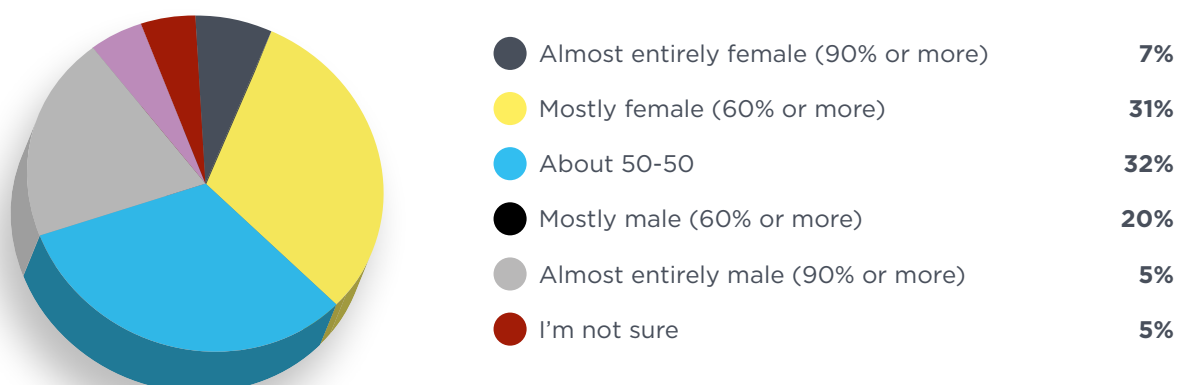
The answers showed a broad range of different sizes – around half work for organisations with more than 250 employees, with some having in excess of 1,000. There were no micro-employers (fewer than 10 staff).

### How many people does your organisation employ?



These organisations also have a range of different gender profiles — a little more than a third have more female than male staff, a third are evenly balanced, and a quarter have more male staff.

### What is the approximate gender profile of your organisation's workforce?



## POLICIES AND MEASURES

We asked respondents what policies they already had in place around a range of different health and wellbeing issues.

We found that the vast majority have flexible working practices in some form, nearly three in five have mental health policies, and almost half have perimenopause/menopause-related policies.

Which, if any, of the following does your organisation have in place for all employees?	
Flexible working practices	<b>89%</b>
Policies on mental health	<b>57%</b>
Option to take additional breaks as / when required	<b>56%</b>
Other health benefits	<b>51%</b>
Policies specifically on perimenopause / menopause	<b>48%</b>
Private health insurance	<b>40%</b>
Health cash plan (or similar)	<b>39%</b>
Fertility / family-forming benefits and support	<b>27%</b>
Policies on women's health (broadly)	<b>21%</b>
Policies specifically on menstrual health and periods	<b>11%</b>
We have joined the Endometriosis Friendly Employer scheme	<b>9%</b>
Policies on men's health (broadly)	<b>8%</b>

The high incidence of perimenopause and menopause policies (see boxout below for an explanation of these two terms) is a positive sign, reflecting several years of increased activism and discussion around these topics.

However with less than half as many respondents having a broad women's health policy, and even fewer having policies around menstrual health and periods, it's clear that other areas of women's health and reproductive health are lagging behind.

### Perimenopause and menopause

**Perimenopause** refers to the transitional phase before menopause, during which individuals may begin to experience symptoms commonly associated with menopause — such as hot flushes, mood changes, or irregular periods. This can last for several years.

**Menopause** is defined as the point in time when a person has not had a menstrual period for 12 consecutive months, marking the end of natural reproductive function. This can also be brought on by some surgical procedures.

Some medical treatments — including those for conditions like endometriosis — can induce a temporary (or medical) menopause. In these cases, perimenopause-like symptoms may occur, but typically reverse once the treatment ends.



***When I was first diagnosed, I had a fairly new boss, who was male, and I kind of gave myself a bit of a pep talk about being open with him about what was going on as I didn't want to be on the back foot if I needed some flexibility,***

remembers **Rachel Hughes**, who is an Endometriosis Champion at the Bank of Ireland, an Endometriosis Friendly Employer since 2022.

***I talked to him about my symptoms and how they potentially impacted me in work, and I've continued to do that with all of my line managers, who have all happened to be male, and have found them all very supportive. I feel fortunate that we have a hybrid working model, so I can work from home, get a hot water bottle, painkillers etc. But I also know that I could say to my boss and my team 'Listen, I've been up since 3am and might need to take a bit of time today', and that's invaluable.***



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It is worth noting that the existence of such policies isn't predicted by employer size in our survey. Overall, 48% of employers with 250+ staff have a perimenopause/menopause policy, the same figure as those with less than 250 people. The respective figures for mental health policies are 61% (250+ employees) and 62% (fewer than 25), while for women's health they are 21% and 20%.

It is clear that the size of an organisation is not a barrier to investing in measures supporting the health and productivity of their workforces.

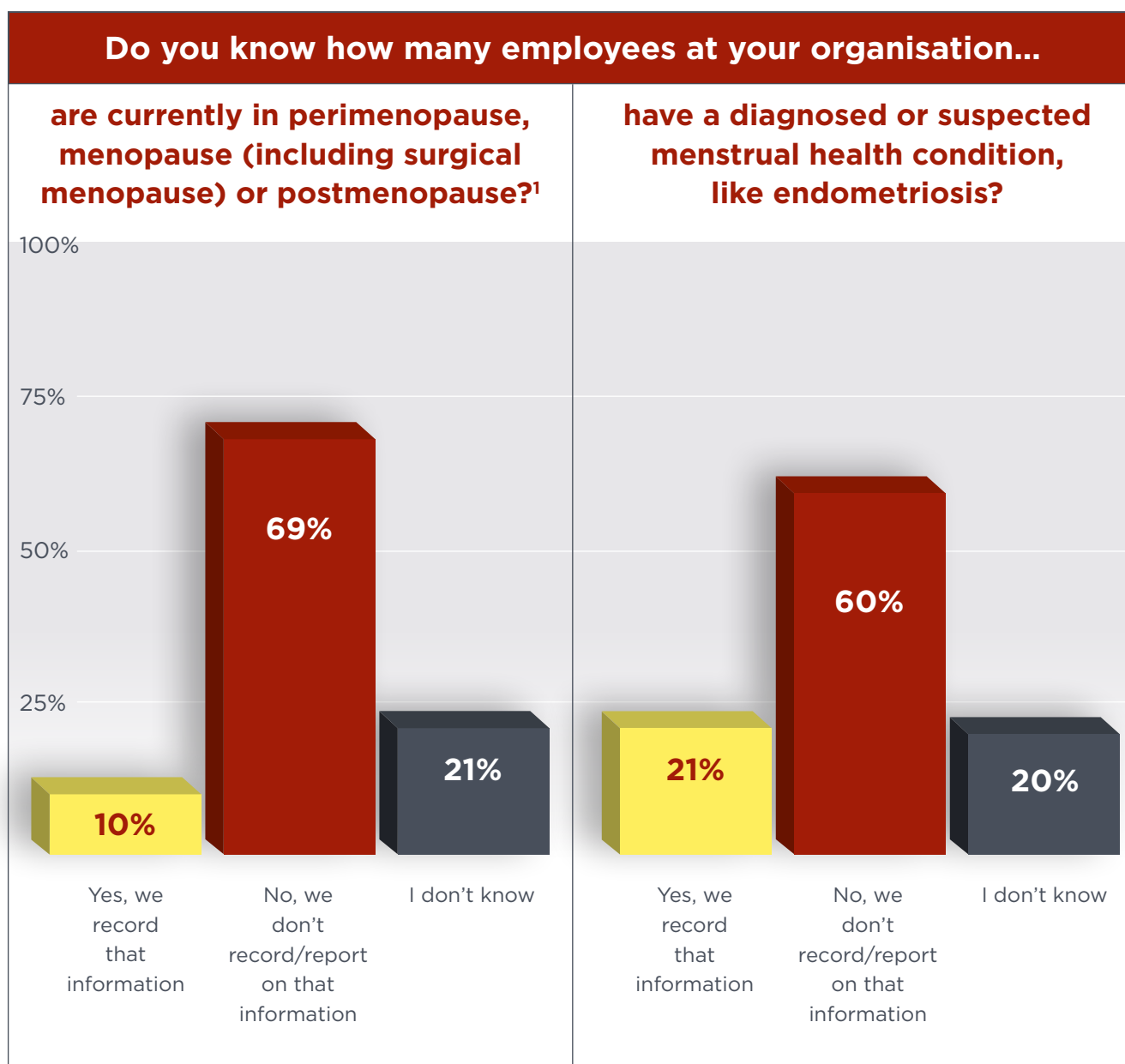
### **Talking points:**

- If your organisation has a perimenopause or menopause policy, does it recognise those in temporary menopause due to a medical treatment? Be mindful and sympathetic to the fact that those in medically-induced menopause may not fit stereotypes around the age at which menopause typically occurs. Remember that menopause — whether natural or medically induced — can take place earlier or later than expected.
- Could you broaden any existing policies — for example if you have a women's health policy that covers menopause specifically, but not menstrual health? Or perhaps you have a period policy or are an Endometriosis Friendly Employer (EFE), but do not have an overarching women's health policy. Does your flexible working policy account for health issues? Becoming an EFE could complement existing policies, or might be a good starting point enabling you to explore other policies relating to women's health and chronic conditions.

## CHECKING THE NUMBERS

We also asked respondents whether they knew how many of their employees have a diagnosed or suspected menstrual health condition, like endometriosis, and how many employees were currently in perimenopause, menopause or postmenopause.

In both cases, around two-thirds of employers said that they did not record this information.



We know that some of those who responded 'no' may already have made the case internally for this information to be collected, or have begun preparations for doing so. Nonetheless, the low rate of 'yes' responses was concerning to our partners to Ciphre, as detailed on the following page...

1. This was the exact wording of the question, but on review we realise that it should have said 'temporary' or 'medical menopause' rather than 'surgical menopause'. For a definition of temporary menopause, see page 8.

**Claire Hawes, chief people and operations officer at Ciphr, comments:**



*This data suggests a significant gap in organisational awareness and readiness to support employees experiencing these health issues. Around 20% of respondents don't know if this data is even being collected, indicating a lack of communication or transparency, and leaving many employers in the dark on how to create inclusive policies.*

*“Systematically capturing data on periods, endometriosis, fertility treatment and menopause turns an ‘invisible’ wellbeing burden into measurable business intelligence, enabling leaders to make the shift from generic wellness benefits to precision investments. What gets measured gets managed, and what isn’t measured risks remaining unsupported.*



As with the previous result, it is worth noting that this is not an issue of smaller organisations lacking the resources — in fact, they are ahead of their larger counterparts. Smaller organisations (less than 250 staff) were slightly more likely to track menopause stats (12%) than larger ones (8%), and significantly more likely to track stats around menstrual health conditions (31% versus 10%).

**Talking points:**

- If your organisation does not record this information, consider what opportunities there are to collect it. It could be done through staff surveys, absence data, exit interview themes or occupational health referrals. Any collection of this kind of data must be done in a sensitive and secure way..
- If your HR team does record this information, what plan do you have for it being used now or in future to improve productivity and employee wellbeing? And when you ask staff about this, do you signpost them to support — either internally or externally, such as from Endometriosis UK?

# TALKING TO MANAGERS

Having the right policies and internal insights is only part of the job. Ensuring that line managers are approachable and knowledgeable on a range of issues which may impact your teams is a crucial part of effective on-the-ground HR.

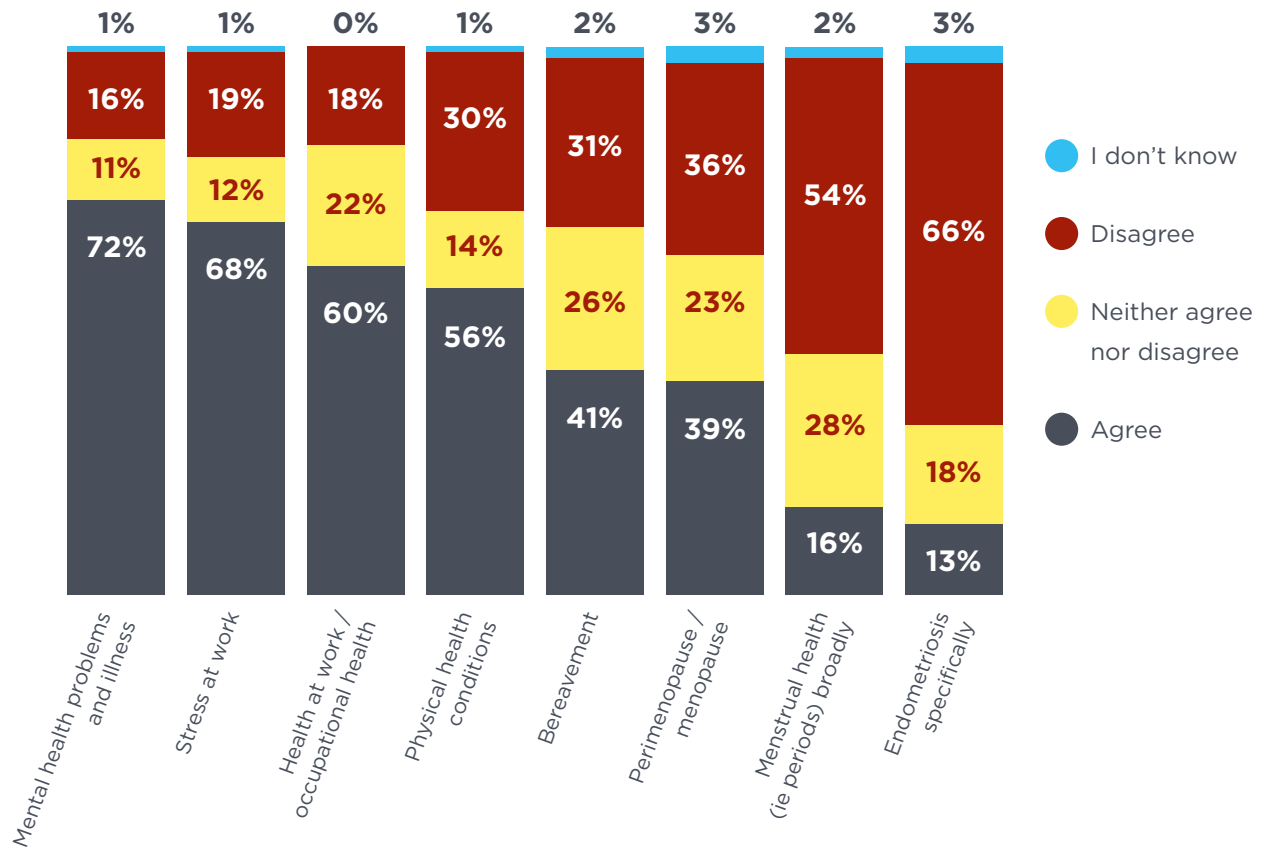
We asked respondents if they thought that the managers at their organisation were approachable about health matters. Half (50%) said that most of them were, and another two-fifths (40%) thought that ‘some’ were — meanwhile, 6% said ‘no, not really’ and 5% were unsure.

Breaking that into larger and smaller organisations, it appears that smaller employers may have more approachable line managers.



We also asked whether managers are given relevant training or resources to enable them to effectively support people experiencing a range of issues. While there was a strong degree of confidence in line managers being equipped to support on mental or occupational health matters, this dropped markedly when it came to women’s health issues, in particular menstrual health and endometriosis.

**How much do you agree or disagree with the statement(s) provided. Managers at my organisation are given relevant training or resources to enable them to effectively support people experiencing...**



**Sanchia Alasia is a trustee of Endometriosis UK, and a senior HR professional (and member of the CIPD). She lives with endometriosis, having been diagnosed in 2010 after 15 years of symptoms. She comments:**

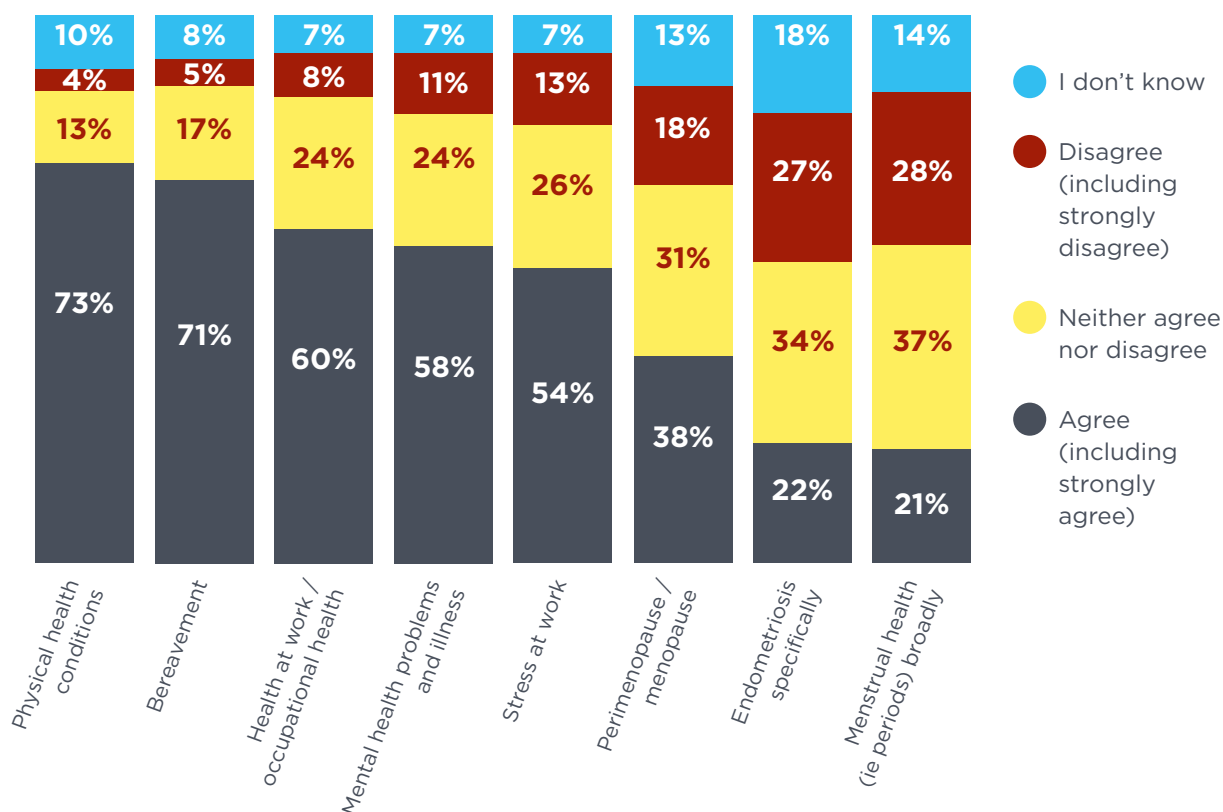


“My personal and professional experience shows me that a little bit of flexibility can go a really long way. Those with endometriosis need to know that if they have a flareup or need to attend a medical appointment, that they can tell a manager and be believed and understood, rather than judged. That flexibility needs to be there both in the culture of an organisation, but also in the policies that line managers turn to. Ultimately, line managers need clarity, and all sorts of employees may need that flexibility at some time or another, regardless of whether they have endometriosis, another medical condition, or other particular circumstances impacting them.”

We then asked whether they thought employees would be comfortable talking to their line managers about those same topics. Many of these answers broadly align with respondents' confidence in the preparedness of line managers at their organisations (see chart on previous page). For example, 38% of respondents thought staff would be comfortable with menopause conversations, and 39% thought their line managers had the training needed to have those conversations.

However, there are some disparities in the findings. A fifth (22%) of respondents thought their staff would be comfortable discussing endometriosis, nearly double the 13% who felt that line managers were likely to be clued up on the topic. Additionally, 71% of respondents assumed colleagues would be happy raising bereavement with a line manager, but only 41% felt that line managers had been prepared for such conversations.

### How much do you agree or disagree with the statement(s) provided. Most employees at my organisation are comfortable talking to their line managers about...



It is important to remember that this question measures HR professionals' *perceptions* of employee sentiment, rather than the sentiment per se. Nonetheless, it reminds us of two things.

Firstly, an ill-prepared line manager may struggle to give appropriate support to employees that want to have conversations about sensitive or personal issues.

Secondly, there are in many cases staff who do not feel comfortable having such conversations. Such employees may become less productive or less loyal to their employer if they don't feel supported.

**Claire Hawes, chief people and operations officer at Ciph, says that employers should be concerned about these findings. She comments:**

“HR teams must ensure that managers are equipped to support their direct reports in every respect — not just when it comes to KPIs and performance, but with health and wellbeing, too. Mandatory training can definitely help. Employers could also take a more proactive approach and host live Q&As that discuss common symptoms, and talk about reasonable adjustments and the use of respectful language. Organisations can also create a network of trained peer champions of all genders who share lived experience. These champions can buddy managers through initial discussions and help build a pre-approved catalogue of adjustments (extra breaks, cooler workstations, breathable uniforms, remote work on heavy-flow days). This way managers have practical options at their fingertips.”

### Talking points:

- It's clear that many HR professionals and leaders are successfully preparing line managers to have empathetic, sensitive and constructive conversations with staff on a range of difficult issues. In your organisation, do you think that endometriosis falls into that category, or not?
- Endometriosis is not a rare disease. It impacts 1 in 10 women and those assigned female at birth, meaning that someone who spends even a few years managing multiple people has a high chance of endometriosis impacting one of their direct reports. What policy or resource would a line manager in your organisation, who didn't know anything about endometriosis, turn to if encountering it for the first time?

***I feel like I am now able to reach my potential,***

**Kate Jackson** works for Support Staffordshire, an Endometriosis Friendly Employer, and is also the charity's nominated Endometriosis Champion.

***Having lived with endometriosis for 20 years, I have certainly had some negative experiences with people being dismissive of my condition and the impact on my health and overall wellbeing, even within the medical profession. Although I have had a few amazing colleagues who have been supportive in the past, there have also been certain employers and colleagues who weren't very understanding or flexible when it came to me managing my symptoms. But then I joined Support Staffordshire in May 2024 and soon realised what a supportive organisation it was. I mentioned my condition in my interview and instead of worrying about how my condition would affect my ability to carry out the job, my managers were keen to learn more about it.***



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## FREE PERIOD PRODUCTS

We asked respondents whether they provide free period products (ie tampons and sanitary pads) in their workplace.

**69%** said yes      **29%** said no  
and the remaining **3%** said 'don't know'

(It is worth noting that none of the respondents replying 'don't know' were male).

We also asked whether workplace toilets have sanitary bins — ie specific bins for the disposal of period products, colostomy bags, stoma bags or other personal care products.

**78%** said 'yes — in all of them'      **17%** said 'in some of them'  
**4%** said 'no'      **2%** said 'don't know'

Across both questions, there is very little difference between larger and smaller organisations.

The team at Endometriosis UK was surprised to see such a relatively low figure answer 'yes' to these questions. Even if free period products were a less common sight a few years ago, they are increasingly the norm, seen by many workplaces as non-negotiable — and since 2022, public buildings in Scotland have been legally obliged to provide them to anyone who needs them.

### You may like to know...

Organic period care brand **TOTM** offers a **10% discount** on all its products to organisations committing to be Endometriosis Friendly Employers. In addition, 1% of its online sales are donated to Endometriosis UK.



Having these products at hand provides certainty and reassurance that if your period arrives earlier than expected or you've run out of your own preferred products, you're covered. Not making them available sends an unfortunate message to women and those assigned female at birth who work for you, and indeed anyone who visits your workplace for a job interview, meeting or other event. After all, you wouldn't expect staff to provide their own toilet paper, would you?

### Talking points:

- Providing free period products in your workplace toilets is increasingly seen as the norm. It is not an expensive thing to provide — many of those who potentially need them will use them only as a back-up or emergency supply, rather than routinely.
- If you work in serviced offices or a shared workspace, discuss this provision with your landlord — if they are reluctant to support, consider taking steps yourself.

## UNIFORMS

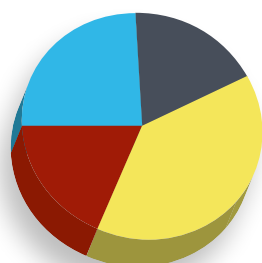
The penultimate section of the report asked respondents about uniform policies.

**Just under half (46%) of respondents said that some of their colleague wear a uniform.**

Of those, **59%** reported that their employees were allowed to request more than one size of uniform  
**7%** said no, with the remaining **34%** being unsure

Following that, we asked whether staff are asked if they require any adjustments to their uniform. In many cases, staff are not asked automatically, and in some cases it is not possible to make adjustments.

### Are employees asked if they require any adjustments to their uniform?



● Yes, all employees are asked	18%
● They aren't specifically asked, but they can make a request	39%
● No — uniforms cannot be adjusted	18%
● I don't know	25%

Smaller organisations (with less than 250 staff) appear better at doing this — 24% of those with staff in uniform ask employees if they need adjustments, versus 14% of larger organisations.

The reason we asked these questions is that those with endometriosis — and other health conditions — may find that a uniform policy itself, or the standard-issue uniform they are given, makes it very hard for them to feel comfortable and able to perform to the best of their ability.

Heavy periods is one reason for this. Another is the less-known symptom of bloating.

During a four-week menstrual cycle, those with endometriosis may find that bloating around the abdomen can change their body shape by the equivalent of two dress sizes. If that impacts you, and you're not able to request more than one size of uniform, then what do you do — choose the size that fits for three weeks and then is too tight for one, or the size that is baggy most of the time, and then more snug for the final week of your cycle?

“We recently heard from a police officer working for a force which is part of the Endometriosis Friendly Employer scheme. She was issued with specialised trousers that adapt to her while going through her cycle — bloating meant that her tummy could change significantly at certain times of the months, but simply wearing larger trousers meant they didn't fit elsewhere. These new trousers meant her uniform was fit for purpose and didn't get in the way of a job that she loves. It's a relatively small thing that made a huge difference, and reinforces the importance of staff being given a chance to specify how their uniform could be improved or modified.”

**Julie Burns, Endometriosis Friendly Employer scheme manager, Endometriosis UK**

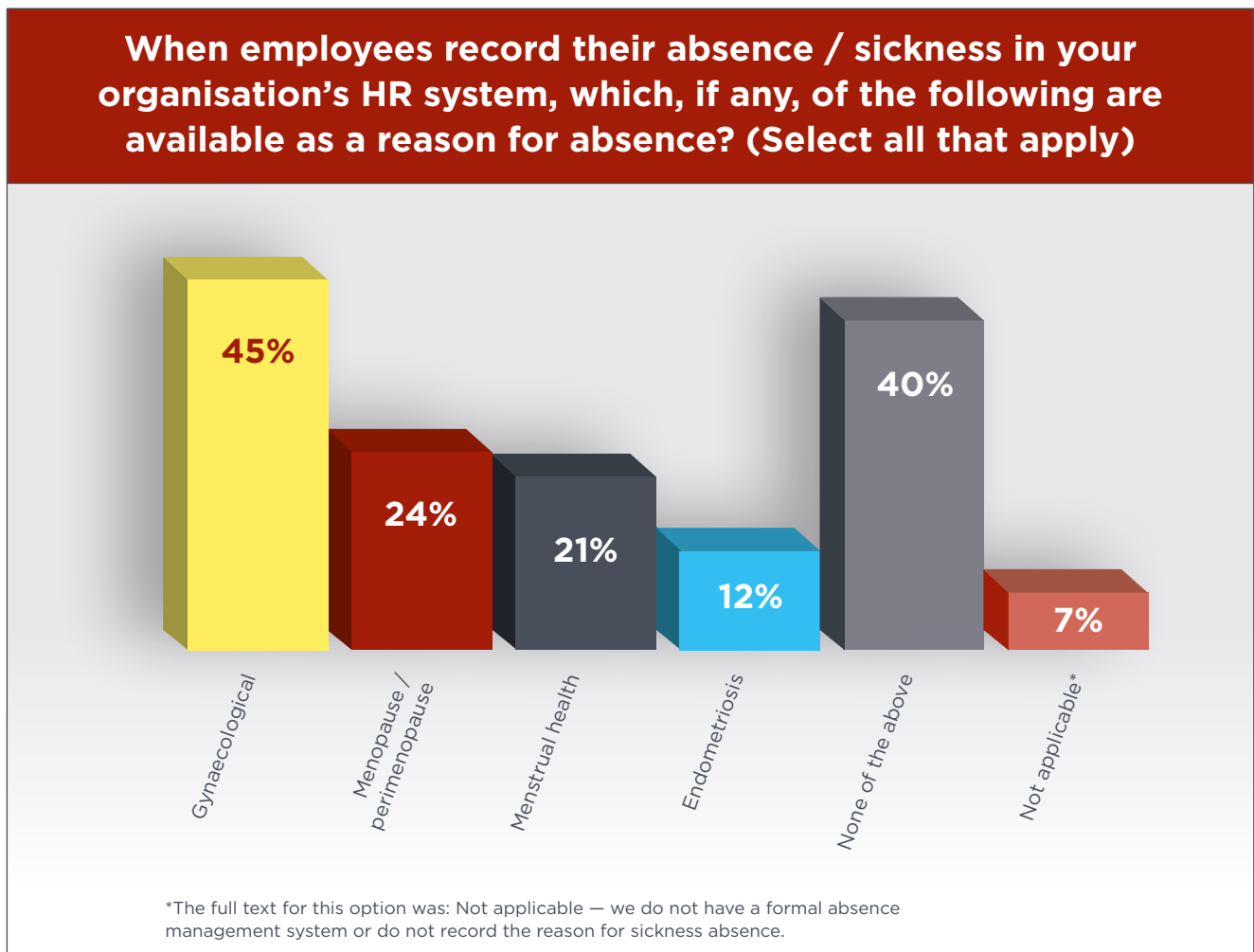
### Talking point:

- If your staff do wear a uniform, do you allow them to ask for multiple sizes or for modifications, to ensure that the uniform is not a barrier to feeling comfortable at work?

## RECORDING ABSENCE

The final three questions in our survey related to absence management recording.

We asked whether endometriosis or other menstrual health-related terms were available as a reason for absence/sickness in HR systems. In many cases, none were.



Like the earlier finding that many employers do not know how many colleagues have a menstrual health condition or are going through the menopause, this was seen as a missed opportunity by our partners at CiphR.

**Claire Hawes, chief people and operations officer at CiphR, comments:**



Absence-reason data can provide detailed trends and act as an early-warning system. Detailed codes allow HR to spot spikes in gynaecological-related absence before they translate into resignations or grievances, to evidence the business case for investment and change.



Of course, providing the option is just one part of the equation. As such, we then delved into whether staff always give the real reason for their absence. Only 4% of surveyed HR professionals said they thought that staff ‘always’ do, with 73% saying ‘mostly’, 11% saying ‘occasionally’, 3% saying ‘rarely’, and 9% selecting ‘I don’t know’.

Then, we asked the reasons why — with respondents asked to select at least three options.

Possible reasons for not sharing the real nature of an absence	
They may not feel comfortable sharing sensitive or personal health conditions with their manager	<b>74%</b>
They may feel embarrassed	<b>60%</b>
They may be worried that their manager may not think it’s a valid reason to take time off work	<b>48%</b>
They may prefer to discuss the ‘real’ reasons with their manager, than select a single, short description in the HR system	<b>41%</b>
They may be worried about what others will think of them	<b>38%</b>
They may be worried about who else has access to this information (privacy concerns)	<b>27%</b>
They may feel that there isn’t a legitimate reason to provide this information	<b>24%</b>
The options available may not be relevant to them	<b>23%</b>
They may have concerns about the consequences of being truthful, such as disciplinary action	<b>19%</b>
They may think that their employer doesn’t care what the real reason is	<b>18%</b>
They may not know how to use the HR system	<b>8%</b>
Other	<b>3%</b>

As with another previous question, it’s important to remember that this question records HR professionals’ *perceptions*, rather than the actual reason. Nonetheless, the frequency of the most common responses suggests that a level of embarrassment or awkwardness around menstrual health is still seen as ‘normal’ or expected.

Some of the less common answers also raise important questions. The fact that 27% of HR professionals are concerned that employees may be worried about privacy and data security, and 19% feel that staff may be worried about disciplinary action as a result of their health, both suggest a lack of trust among employees.

### Talking points:

- What menstrual health and endometriosis-related options are available in your absence management system? How might this data help you to support your staff, provide relevant interventions and ultimately improve productivity?
- Do your colleagues feel comfortable that information that they provide about reasons for sick leave will be treated in a sensitive and appropriate way?

# SUMMARY OF TALKING POINTS – AND NEXT STEPS

## Policies and measures



- If your organisation has a perimenopause or menopause policy, does it recognise those in temporary menopause due to a medical treatment? Be mindful and sympathetic to the fact that those in medically-induced menopause may not fit stereotypes around the age at which menopause typically occurs. Remember that menopause — whether natural or medically-induced — can take place earlier or later than expected.
- Could you broaden any existing policies — for example if you have a women's health policy that covers menopause specifically, but not menstrual health? Or perhaps you have a period policy or are an Endometriosis Friendly Employer (EFE), but do not have an overarching women's health policy. Does your flexible working policy account for health issues? Becoming an EFE could complement existing policies, or might be a good starting point enabling you to explore other policies relating to women's health and chronic conditions.

## Checking the numbers



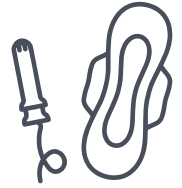
- If your organisation does not record information on how many employees have a diagnosed or suspected menstrual health condition (like endometriosis) or are currently in perimenopause, menopause or postmenopause, consider what opportunities there are to collect it. It could be done through staff surveys, absence data, exit interview themes or occupational health referrals. Any collection of this kind of data must be done in a sensitive and secure way.
- If your HR team does record this information, what plan do you have for it being used now or in future to improve productivity and employee wellbeing? And when you ask staff about this, do you signpost them to support — either internally or externally, such as from Endometriosis UK?

## Talking to managers



- It's clear that many HR professionals and leaders are successfully preparing line managers to have empathetic, sensitive and constructive conversations with staff on a range of difficult issues. In your organisation, do you think that endometriosis falls into that category, or not?
- Endometriosis is not a rare disease. It impacts 1 in 10 women and those assigned female at birth, meaning that someone who spends even a few years managing multiple people has a high chance of endometriosis impacting one of their direct reports. What policy or resource would a line manager in your organisation, who didn't know anything about endometriosis, turn to if encountering it for the first time?

## Free period products



- Providing free period products in your workplace toilets is increasingly seen as the norm. It is not an expensive thing to provide — many of those who potentially need them will use them only as a back-up or emergency supply, rather than routinely.
- If you work in serviced offices or a shared workspace, discuss this provision with your landlord — if they are reluctant to support, consider taking steps yourself.

## Uniforms



- If your staff do wear a uniform, do you allow them to ask for multiple sizes or for modifications, to ensure that the uniform is not a barrier to feeling comfortable at work?

## Recording absence



- What menstrual health and endometriosis-related options are available in your absence management system? How might this data help you to support your staff, provide relevant interventions and ultimately improve productivity?
- Do your colleagues feel comfortable that information that they provide about reasons for sick leave will be treated in a sensitive and appropriate way?

**We'd love to discuss these talking points, and other issues around endometriosis, menstrual health and the workplace, with you.**

Please don't hesitate to contact Julie Burns, the manager of the Endometriosis Friendly Employer scheme, on [julieburns@endometriosis-uk.org](mailto:julieburns@endometriosis-uk.org) — you can also connect with her on [LinkedIn](#).

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