



LEADERS

TOOLKIT

**YOUR GUIDE TO SUPPORTING
THOSE WITH HIDDEN HEALTH CONDITIONS
AT WORK**

SHESAYS
**BELIEVE
THEIR PAIN**

SHESAYS

According to the [State of the Global Workplace: 2023 Report](#), disengaged and unsupported employees cost \$8.8bn in productivity globally. And as the technical aspects of work become increasingly run by AI, it's the human touch; relational intelligence, problem solving and nurturing leadership that will drive success.

We recognise there are multiple priorities within the workplace when it comes to employee wellbeing, health, diversity, equity and inclusion. So **whilst we have created this document with a focus on ways to support those affected by hidden health conditions—the ideas presented can be applied to other protected characteristics and incorporated into overall DEI strategies within businesses large and small.**

You'll find **suggestions, recommendations, evidence-based activities, policies, and the work of specialists**—to spark action in companies big and small. It's a toolkit for leaders at every level and scope; individual contributors through to leaders of teams.

Real change doesn't happen overnight however, and must be individual to your organisation and teams' needs. The aim is to start the conversation, being open and honest in your approach. You won't get everything right—what's important is showing a willingness to change, with follow through.

You can approach this document's ideas, taking what you need, adapting to your context and seeking further support as needed.

Here's an outline of what to expect. Whilst some items will need a longer time frame to action, you'll find quick-wins too.

Figure out what you can make happen personally, and where additional support and sign-off is required.

1. LEARN BY LISTENING

Organisations must build a safe environment in order to create change:

- Check internal culture to see where you are at—ways of working, policy and employee sentiment—spotting opportunities for meaningful change
- Create ongoing dialogue to understand individual needs and break taboo
- Educate leaders on the legalities
- Conduct company wide education to promote the right use of language

2. DEVELOP NARRATIVE

to change culture

- Challenge bias, incorrect stereotypes and beliefs, by gaining new knowledge
- Work with teams and departments to turn this new knowledge into verbalised beliefs
- And together, co-create collective new narratives
- Visualise and socialise your new narratives across all stakeholder groups—internally and externally

3. CREATE POLICY

Formalise your commitment by turning what you've learnt into meaningful policy:

- Address common issues
- Be thoughtful and holistic, creating adjustments that level the playing field for those with hidden health conditions—e.g. visibility and opportunities for career progression / growth
- Maintain consultation and iterate—policy shouldn't be static
- Fairly apply your policy, so it's realistic and equitable

4. GET TRAINING

No-one expects any individual or company to have all the answers—knowledge and experience is needed. Seek out quality learning and development providers to truly level-up.

5. MAINTAIN MOMENTUM

The experience of your teams, especially those with hidden health conditions, are the true test of the success of your policies and working practices. Constantly gather their feedback—if it works for them and your organisation, congratulations! And if it doesn't, iterate.

Lastly, celebrate your commitment and achievements by sharing far and wide—to drive industry-wide change.



Women are affected by invisible chronic illness at higher rates than men.

Åsbring & Närvänen, 2002; Werth et al., 2018

We conducted research within the SheSays community to find out which pressing issue affecting women and nonbinary people at work, is also the least talked about. Their answer; invisible health conditions and disability. And so we created Believe Their Pain to tackle this deeply gendered experience:

- 1 in 2 women felt their pain was dismissed due to gender
- The top 2 causes of pain were Mental Health and Neurodiversity
- 83% of survey respondents hid their condition at work
- 62%'s top reason for this was due to fear of judgement and prejudice—52% also worried about limits for promotions and opportunities

To start conversation on this critical issue, we took to the streets with a national billboard campaign in partnership with JC Decaux Community Channel. [Our billboards](#) were seen over 11 million times across the UK. As always, though, the next step is to educate and develop tools for systemic change.

SECTION 1

STARTING

CONVERSATIONS

**LISTENING FIRST, UNDERSTANDING THE LANGUAGE
AND ENABLING SAFE CONVERSATION**



LANGUAGE

A COMMON WAY MICRO AND MACROAGGRESSIONS FOR PEOPLE WITH HIDDEN HEALTH CONDITIONS ARE EXPERIENCED IS IN LANGUAGE.

So think about where change is needed across communication touchpoints, as an individual, team or business. Language and identity preferences differ between individuals, but some key terms are integral to engaging in this subject.

DISABILITY AS AN IDENTIFIER

- Not all those with conditions that fit the legal definition of disability will identify as a disabled person. There is particularly less likelihood of this if the condition is mental health or neurodivergence related. The term also has many negative connotations and is a huge part of why hidden pain remains hidden.
- We suggest treating it the same way as pronouns—the lead should be given by each affected individual. For example, many may prefer terms such as ‘Chronic Illness’, ‘Impairment’ or ‘Condition’.

LET

AFFECTED

INDIVIDUALS

TAKE THE LEAD

RECOMMENDED

& REQUIRED TERMS

PAIN

In the context of the Believe Their Pain campaign and in this document, is defined as the experience of living with any condition (including chronic pain) that impacts the quality of lived experience in an ongoing and individual way.

DISABLED PEOPLE

The most common term in the UK for those affected by disability.

PERSON OR IDENTITY FIRST LANGUAGE

Emphasises the person before their condition or identity.

PEOPLE WITH DISABILITIES is an example of person-first language but is primarily used in the US.

REASONABLE ADJUSTMENTS

Employers must make reasonable adjustments to ensure workers with disabilities and physical or mental health conditions are not substantially disadvantaged when doing their jobs. [Gov, UK](#)

IMPAIRED COGNITIVE FUNCTION or **BRAIN FOG**

Cognition encompasses various brain functions such as memory, language and problem-solving. Issues with these functions can be caused by a number of conditions and worsen or improve sporadically.

NEURODIVERGENT

Neurodivergent people may possess a recognisable diagnosis or label, such as autism, dyslexia, or ADHD. Neurodivergence also extends to those with conditions like epilepsy, brain trauma/head injury, PTSD, CPTSD and some people with severe depression or anxiety.

MASKING

The energy-intensive process of covering up a chronic condition and/or its symptoms to maintain social norms or appear more 'palatable'.

CHRONIC PAIN or **CHRONIC PAIN CONDITION**

Physical pain that occurs for three months or more.

FATIGUE

Unlike tiredness, physical fatigue is much more debilitating and cannot be largely improved with rest. It can also often cause apathy and lack of motivation. It is a common symptom of many health conditions.

STIMMING

The colloquial term for repetitive self-stimulating behaviour—Stimming, not exclusive to ASD—is a repetitive behaviour used to cope with overwhelm and enhance focus.

IMMUNOSUPPRESSED

When the body's immune system is suppressed or more vulnerable to infection, virus, and disease. Immunosuppression can be caused by a number of conditions and can also be caused by a number of treatments, such as chemotherapy.

TERMS TO AVOID

COLLECTIVE TERMS/LABELS

'Disabled' is a description, not a group of people. Use 'disabled people', not 'the disabled' as the collective.

DIFFERENTLY-ABLED

Is patronising, we never recommend using it.

CRAZY, INSANE, SPASTIC, PSYCHOTIC, PSYCHO

These and other terms are ableist slurs and should be treated as such.

REPRODUCTIVELY CHALLENGED

Is patronising and contrived.

COMMITTED SUICIDE

Is criminalising and blaming language; use 'died by', or 'lost to suicide'.

DON'T BE LAZY

Is a common microaggression among people with hidden health conditions heard when they struggle to do tasks.

YOU'RE HORMONAL

Is a weaponised term often used against women and gender non-conforming people showing emotion.

DON'T OVERREACT

An aggressive term that also weaponises emotional or physical reactions and experiences.

CALM DOWN

Is another way of weaponising a response against someone.

ACT NORMAL

Is an insult that implies someone's way of behaving is 'wrong'.

I DON'T KNOW HOW YOU DO IT

Might feel like a compliment, but really, it implies someone's experience is fundamentally suffering.

DON'T BE RUDE

Enforces a sense of otherness. Introversion, or differing from social norms, may be due to a number of valid reasons.

IT'S ALL IN YOUR HEAD

Minimises a person's experience as being less valid because it is internal.

YOU SHOULDN'T/DON'T NEED/NEED

Assumes you know better than the person's own lived experience.

GET

TALKING

THE MENOPAUSE QUIZ

Suggested group size: 8+ people

Suggested media: slides, printed assets, Google forms, Typeforms

2
hours

We recommend you get physically or virtually together for this one—ideally in teams to share knowledge and open up to one another. Keep this relatively fun and light, asking your group questions about the definitions of certain menopausal symptoms, guessing the prevalence of symptoms, and even having them think of reasonable adjustments for different symptoms, awarding points to the best ideas.

COFFEE MORNING

Suggested group size:

Team of any size

Suggested media: Internal team speakers, a discussion panel on the desired topic, live podcast recording

1-2
hours

A coffee morning is super flexible; you can adapt it to any sort of setup or team size. From a small team catch-up to check-in on each other's lives and workloads, to a company-wide live podcast recording or even one of your team talking about their experience/specialist subject.

Not sure what podcasts to invite? Listen to some of our favourites here: [Visible women](#), [Disabled & Proud](#), [Slo Mo](#), [At your Cervix](#)

GET VULNERABLE WITH CONVERSATION CARDS

Suggested group

size: 2+, One-on-one

meetings, smaller team or project-based team groups

Suggested media: IRL conversations

0.5-1
hour

Conversation cards can be a great way into deeper conversation. There are [many packs](#) out in the world, so search [for one](#) that looks at the topic you're covering.

Alternatively, you could write your own. We've written some general conversation starters for you to use in whatever context you see fit; as always, feel free to adapt and rewrite to your topic.

LUNCH & LEARN

Suggested group size:

Team of any size

Suggested media:

Specialist speaker

1-2
hours

We are sometimes overly familiar with the good old Lunch & Learn, so make sure it has the most engaging aspects: good food, interesting speakers (not just a dry PowerPoint), and a relatable subject. Ensure you allow your team an hour off at another point in the day so that you do not require more than the required work hours for them to learn.

Not sure who to ask to speak?

Have a look here: [Speaker Agency](#), [DE&I Speakers](#). Or contact some of our favourites: [Sophie Morgan](#), [Colette Philips](#), [Gamiel Yafai](#), [Ellie Middleton](#), [Ali Hanan](#), [Sofia Ukor](#), [Caspian Turner](#), [Jamie Shields](#), [Suki K Bassi](#), [Dr Zoe Williams](#), [Nova Reid](#), [Natalie Silverman](#), [Tash Rosehill](#), [Matt Foster](#), [Leyya Sattar](#), [Bobbi Pickard](#), [Jaz Ampaw- Farr](#)

CONVERSATION

STARTERS



1. **"Are you feeling welcomed, heard and seen by the team?"**—A good way to check in emotionally, especially if there's been a change in team.
2. **"What can we introduce to your day-to-day to cultivate the experience you want at work?"**—This touches on emotional well-being at work but engages in the active desire to improve upfront.
3. Share an experience from your own time in the company or in life that was challenging and follow up with, **"I found it really challenging but have dealt with it now; I wonder if you've had any similar experiences?"**—Use this as an opener, but try not to make the conversation overly about you whilst being vulnerable yourself opens further space for vulnerability.
4. **"I really appreciate how you bring kindness/honesty/passion(or any other positive attribute) to work, I hope you feel that."**—Simply complimenting a colleague's personality and approach to work shows them they are seen and increases feelings of psychological safety and connection.
5. **"I've been struggling with seeing so much XYZ in the news. How have you been doing?"**—Topical subjects can provide more socially acceptable ways to discuss wellbeing.
6. **"I know you've been dealing with XYZ (health condition/personal situation), are you getting all the support you need outside of work, too?"**—Acknowledges that the experience of challenge takes place in and out of work and reminds the person you care about their wellbeing and safety as a whole.
7. **"How are you feeling about the day/week/month/year ahead?"**—This can be a good indicator of how someone is feeling now and is a good question to ask if their answers about the present are short or shut down.
8. **"Are you experiencing any changes in your condition that we can alter your work in line with?"**—Even after disclosure, many people feel intimidated or embarrassed by bringing up the state of their health, especially since ableism is often experienced around health fluctuations. This question acknowledges the fluctuating nature of health and shows you're happy to be flexible with it.
9. "How are you?" **"Ok, but really, how are you doing?"**—Asking twice can prompt people into a more honest answer and goes beyond the social norms.
10. **"Can you tell me more?"**—Is a great follow-up question when you feel someone has more to say.
11. **"What one thing would make work easier for you?"**—Can ease into conversation about potential adjustments whilst prioritising impact.
12. **"Do you require any accommodations or adjustments?"**—Is a great question we should ask for everything, from interviews to client meetings.
13. **"Is work impacting your health and wellbeing at the moment? If so, how?"**—Is a good way to check in on someone you work with.
14. **"How are your pain levels today? Can I get you anything?"**—Is a great way to show your mindfulness of those with chronic pain, which will often be especially bad in the office/outside the home.
15. **"How are you today? Can we adjust your scheduled workload for better efficiency and comfort?"**—Shows you are aware of the fluctuating nature of many health conditions and that you're happy to adjust to what makes the most sense for the individual. There are often times when high-level thinking and planning might not be possible, but desk research is fine.

We recommend considering how you organise these conversational activities, ideally involving affected people. Rotating employees to lead ensures the labour doesn't rely on those affected and truly involves all in the culture.

The best ideas for the style of event will come from your own team, but here are some from ours to get you started:

1. Theme celebrations for cultural moments such as International Women's Day, or New Year, i.e. celebrate women's best pain solutions or dress as your scariest pain.
2. At regular events like Lunch & Learns, team drinks or birthdays, you could encourage team engagement with a comfort food potluck or creative cocktail-making inspired by different pains.
3. Your summer party could have a bake-off competition where the theme is hidden pain, just think of all the period pain showstoppers!
4. Festive season gifts could focus on buying colleagues something that provides stress relief or even just showcase something you appreciate about them.

Psychological safety requires an underlying understanding of legality and language. However, the action taken with this knowledge is equally as important as formal learning. Showcasing the organisation's inclusion in engaging ways that normalise issues is key, but **a balance must be struck to ensure it feels authentic.**

LEGALS

A primary area of understanding needed for this work, specifically for HR and Leadership teams, is around legal requirements. We have tolined the core legal concepts and policies below to give you a basic understanding.

HEALTH & SAFETY

The Health and Safety At Work Act 1974 places a duty on employers to ensure, as far as is reasonably practicable, the health, safety and welfare of employees. This includes considerations:

- Where the design and management of work exacerbates the employee's health condition
- Where a worker's health condition makes them or others more vulnerable to workplace risks
- Where the impact of work adjustments could affect the work and health of others

[CIPD](#)

LONG-TERM HEALTH CONDITIONS

'Employers have a legal obligation to protect employees with long-term health conditions.'

[CIPD](#)

LEGAL DISABILITY

Any condition that fits the definition of Disability under the Equality Act is a protected characteristic in UK law.

'A physical or mental impairment that has a substantial and long-term negative effect on someone's ability to do normal daily activities.'

[Equality Act 2010](#)

SOCIALLY REDEFINING DISABILITY

There are two primary ways we understand the concept of disability.

THE MEDICAL MODEL:

The medical model says people are **DISABLED BY THEIR IMPAIRMENTS**. It starts with what is 'wrong' with the person instead of their needs. It creates low expectations and a loss of independence, choice and control.

THE SOCIAL MODEL:

The social model determines that people are not disabled by their minds and bodies, but **BY THE BARRIERS SOCIETY CREATES** for anyone with impairments. These barriers range from lack of physical access, such as ramps or toilets, to attitudinal bias, such as the belief that disability requires visible difference or that disabled people are less competent.

The social model is now the preferred model for understanding disability and is the default model to understand and use.

[Scope, 2023](#)

SECTION 2

DEVELOPING

NARRATIVE

**CREATING MEANINGFUL DIALOGUE,
CHALLENGING BIAS AND TAKING TANGIBLE STEPS**



You might be thinking at this point, starting a conversation is great. But how do I graduate into deep, meaningful, helpful conversation? How do I know what to say after I've listened?!

The next step is to work through implicit bias and incorrect beliefs/stereotypes. You might even have noticed in your work so far that you have been confronted with some information that challenges you. That means you're doing it right. Pushing that and developing that info into narratives is key. **Creating new narratives around people with hidden pain starts with education, but it doesn't end there;** the following are some informal activities you can try with your team to **begin to challenge implicit bias and turn your new narratives outward.**



THE REAL DEAL

Suggested group size: Individual or team of any size
Suggested media: Quiz or guessing game

2+ hours

Educate on the real experience and value of those with health conditions. Find stats and facts that are the most relevant to your team and your organisation. Some general ones include:

- People with health conditions are not less productive or reliable
- Menopause can happen anytime from someone's 20's - 60's; due to a health condition, as a result of medical treatment or as a course of nature
- Menopause doesn't cause memory loss. Brain fog just makes memories difficult to access
- Neurodivergence doesn't necessarily impact communication skills
- Two people with the same neurodivergent condition may have radically different symptoms or coping mechanisms
- Neurodivergent people are more likely to

- also struggle with mental health issues
- Many employers report benefits in terms of increased productivity and creativity due to employing more disabled and chronically ill people
- Disabled people often stay longer with an employer and—contrary to popular misconceptions—have less time off
- Suicidal thoughts are not rare—1 in 5 people in England have them
- Mental health challenges affect almost everyone at some point; only 13% of people in the UK report living with high levels of good mental health
- Only a third of UK workers, around 33%, who have experienced a mental health problem have felt supported at work by their manager

Then do a quiz or guessing game with your team to see what they think the ideas or statistics are. Here are some resources to explore stat in the area: [Creative Access](#), [My disability jobs - neurodivergence](#), [Creative Diversity Network](#), [Disability Arts](#), [The Purple Pound](#), [Women Returners](#), [Mental Health Foundation](#), [Creative Differences Handbook](#), [Neurodiversity At Work](#)

MISMATCH MAKING

Suggested group size: 6+ people
Suggested media: IRL meeting

2-3 hours

This is a practice individuation exercise designed to challenge stereotypes and educate individuals outside their own experience. Encourage your group to write down some of their core life experiences or identity factors. For instance, ask them to write: 'What is a life experience that has shaped your identity?'

Then, pair the group up with someone who has a different lived experience than they do. Each pair must ask the same three questions and listen to the response.

THIS FOR THAT

Suggested group size: Team of any size
Suggested media: Digital presentation

1-1.5 hours

This is a Stereotype Replacement activity that helps challenge implicit bias. Pick three adverts or clips from film and TV that showcase people with hidden or visible health conditions. Ask your team or participants to list the biased stereotypes they see. Reference [WFA document](#) as needed to educate on where stereotypes can come in and where they can be rewritten. Then, challenge your team to rewrite those clips with unsteretyped characters.

SECTION 3

CREATING

POLICY

**WALKING THE WALK WITH POLICY, LEGAL
CONTEXT AND REASONABLE ADJUSTMENTS**



This is where we **get serious;**

Now's the time to walk the walk and channel what we know into policy. It should not be solely incumbent on the employee to know their rights. It is equally important for workplaces to share their employee's rights and what the company makes available to them.

In the context of hidden pain, there are two main ways to do this: with a clear policy for common issues and having flexibility with reasonable adjustments. As you begin walking this path, remember to return to the lessons you've learnt so far and ensure you consistently involve your colleagues and any specific individuals affected.

WALKING IN COMPLEXITY

One of the ways we must work to ensure equity is to acknowledge that whilst certain adjustments may dramatically help individuals, there are still challenges that must also be addressed. For instance, an employee may require the ability to work from home; however, this also has the unintended effect of providing fewer mentoring opportunities and progression. Therefore, their holistic work experience must be considered; remember, the point here is to ensure that the degree and frequency of opportunities are the same or more, regardless of access needs.

One way this might be achieved in this example is to proactively assign a remote employee a mentor and schedule regular check-ins to ensure that they receive this support and visibility. Another might be to discourage 'impromptu' meetings that don't include all team members, remote or physically present.



FLEXIBILITY

IS

REASONABLE

THE LEGAL CONTEXT

We've covered the legal definition of Disability and protections for those with Chronic Illness, but you must equally be well versed in what this entitles individuals to and the details that may affect your policies.

REASONABLE ADJUSTMENTS

'The Equality Act states that a disabled worker is entitled to 'reasonable adjustments' where they would be at a substantial disadvantage compared to a non-disabled colleague. The requirement covers 'provisions, criteria and practices' (this usually includes workplace policies, rules, procedures and requirements regardless of whether or not they are written down). It also covers 'physical features' and the 'provision of auxiliary aids' (such as an adapted keyboard or sign language interpreter).'

The key principle to note is that under the Equality Act, disabled workers are entitled to be treated more favourably in order to remove the disadvantages they already face and arrive at a more equal outcome. For example, this might mean allowing a disabled worker additional paid disability leave, which non-disabled workers are not entitled to. This key difference is often poorly understood, particularly where managers have not been adequately trained. This can lead to bad practices based on the misconception that equality is about treating everyone the same.'

Though reasonable adjustments are only legally required for those that fit the Equality Act's definition of disability and to some degree, to facilitate those with long-term conditions, the approach of adjustments should be **encouraged for all workers**. Adjusting the work environment and role to fit every individual makes us all healthier, more effective and more efficient.

DHIW Toolkit

WALK THE

WALK

When writing policy, it is key to remember that not only the policy itself matters but also the fair application of the policy. So, ensure you consistently think creatively about how your work can ensure realistic and equitable policy implementation. Below are some legally required and suggested policies and some examples to be inspired by.

“The EHRC Statutory Code of Practice states that disability-related sickness absence should be counted separately or that a separate disability leave policy should be in place.”

DHIW Toolkit

An example of a Disability leave policy can be [found here.](#)

EXAMPLES OF POLICIES AND REASONABLE ADJUSTMENTS

WFH FURNITURE BURSARIES

This may be an addition to make your existing work-from-home policy more accessible and inclusive. [Access to work grant](#)

IN-OFFICE CALM OR LOW SENSORY SPACES

These kinds of spaces can be helpful for many, including those dealing with menopause symptoms, physical pain and more. There are many different ways of creating this space; as always, your team should be engaged, but some principles for set-up can be found from various sources online. [Office Design for Neurodiverse Offices](#)

TEMPERATURE AND PAIN MANAGEMENT OPTIONS

Simple things such as fans, hot water bottles and cold packs in the office help ensure physical comfort and create more psychological safety, especially if used by those in leadership positions. [CIPD Menopause](#)

FLEXIBLE WORKING HOURS

Another multipurpose adjustment that can be applied company-wide or for individual adjustment, this one really requires clear communication with your team. [TUC](#)

FLEXIBLE WORKPLACE

It is often overlooked that a flexible workplace and working from home is actually a reasonable adjustment. [AskEarn](#)

DUVET DAY

It can sound trivial, but taking a day off without explaining why and still being paid is a great option for all employees well-being, especially for those with hidden pain conditions. [Employment Hero](#)

DEEP WORK HOURS/DAYS

Deep work is simply the time and space (free of meetings, notifications and emails) to focus alone on work. This is useful for anyone with cognitive challenges from any health conditions or neurodivergence. [HR Morning](#)

MENSTRUAL POLICY

Menstrual issues from Endometriosis to Menopause have huge impacts on people with uteruses at work. **85% of UK** working women feel stress or anxiety managing their period at work', and 100% of people with uteruses will go through menopause, so the impact of policy helping this range of issues can be huge. [WACL menopause policy](#)

FERTILITY POLICY

Of those who experience fertility issues, 72% said it impacted their working life and 41% struggled to stay on top of their work.' [Building a business case, Fertifa](#) Fertility policy has huge impacts not just on individual experiences but also on workplace efficiency, and therefore, increasing numbers of employers are addressing this issue with their own policies and the [Fertility Workplace Pledge](#).

DISABILITY & CHRONIC ILLNESS LEAVE

Are disability leave, paid carers leave and flexible working options available? 'Having such policies already in place as standard is good practice and may prevent many issues from arising in the first place.' [DHIW toolkit](#). The DHIW toolkit also has a useful example of a checklist of key points to look for in your own policy. [Disability Justice Project, Davidson Morris, NHS Employers](#)

SECTION 4

GETTING

TRAINING

FURTHER SUPPORT, TRAINING AND SCHEMES



No one expects any individual or company to have all the answers, knowledge and experience is needed.

If you've completed the sections above and reviewed them with your team, and there's still more to be tackled, it's time for training.

We recommend the following training providers based on their coverage of the issues addressed, not because SheSays has a direct relationship with them. Definitely do your own research, this list is just a starting point.

- [Trans & Gender Identity awareness training](#)
- [Unconscious bias training](#)
- [Challenging Sexism training](#)
- [Scope Disability in the Workplace Training](#)
- [Disability Confident Service Providers list](#)
- [Individual Anti-racism course](#)
- [Line manager & Wellbeing champion training](#)
- [Bias training & Diversity dictionary](#)
- [Fertility in the workplace](#)
- [Fertility matters at work](#)
- [Menopause Training for Managers](#)
- [Mental Health First Aid](#)
- [Mind training](#)
- [Anxiety UK](#)
- [ADHD UK](#)
- [Beyond Autism](#)
- [Neurodiversity Training](#)
- [Neurodiversity Awareness training](#)

SECTION 5

MAINTAINING

MOMENTUM

**CONSTANTLY SEARCHING FOR FEEDBACK,
AND CELEBRATING YOUR PROGRESS!**

It would be impossible to truly finish this document. Individual experiences differ vastly, whilst understanding, training, and policy move forward constantly.

Therefore, it is integral to ensure you are consistently welcoming feedback and conducting audits on all your policies and work.

The experiences and opinions of your team, specifically those affected by hidden health conditions, are the true test of your success.

If it works for them and your organisation—**congratulations!**

This work warrants celebration and sharing. Often, some of the value and impact on psychological safety comes from the openness and normality of how topics are discussed and experienced daily.

Now's not the time to be humble or afraid of feedback, get your work out there and keep moving it forward.



Ways to celebrate and share

Get buy-in from your line manager for anything you want to share. Here are some ideas:

- You may have some existing policies to circulate internally
- **Share this pack with colleagues and peers to help change the global discussion on hidden pain**
- [Use the SheSays email signatures](#) to show your allyship
- **Hold a 'launch' event** to share your new knowledge and any new policies you've made
- Create some **social media content with the most interesting facts and resonant understandings** you've discovered
- Book time in the entire company schedule to **individually go over the materials** or **hold group sessions to educate and listen**
- **Send out an email newsletter** to clients and followers to share what you've learned and any new policies or recommendations based on your experience
- **Print some creative posters** showcasing some key lessons or tangible actions
- Donate to relatable causes as an individual or as a team – SheSays is an option, you can find out more about us and donate [here](#)

Additional helpful tips

- [8 Strategies](#) to reduce and interrupt implicit bias
- [Unstereotype Alliance](#)—casting video to challenge stereotypes
- [Unstereotype Alliance - State of The Industry Report](#)—an assessment of progress in diversity, equity and inclusion across the global advertising industry
- [All In Census](#)—advertising industry action plan to improve inclusion in the workplace
- [Breaking the prejudice habit](#)—scientific literature on breaking prejudice
- [Neurodiversity At Work](#)—a guide for HR professionals on supporting neurodivergent people
- [Human Fertilization](#)—for a better understanding of fertility treatment terminology
- [Improving conversations about disability at work](#)
- [CIPD Menopause](#)—facts around the menopause
- [Facts you need to know about mental health](#)

SHESAYS 

BELIEVE

THEIR PAIN

The global network for creative women and non-binary people

weareshesays.com

This document features photos and assets from Adobe Stocks, Unsplash, Pexels, Vecteezy and Freepik.