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Gender-Sensitive Leadership Risks

A learning module for team leaders, coordinators and trainers in adult education and civil society organisations

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1. About this module

Health and safety is usually treated as a technical field: risk registers, inspections, equipment. This module treats it as a leadership question. Leaders decide which risks are named, whose complaints are heard, who gets protective equipment that fits, and whether a person can report a problem without paying for it. When those decisions ignore gender, risks that fall mostly on women stay invisible, not because they are small, but because nobody is measuring them.

Purpose

To give team leaders, coordinators and trainers a practical way to recognise gender-sensitive health and safety risks in their own team or learning group, and to act on them within their existing authority.

Target group

- Team leaders and coordinators in civil society organisations, adult education centres and small workplaces
- Trainers and educators who lead groups of adult learners
- Board members and volunteers with supervisory responsibility

No prior health and safety training is required.

Format and duration

- Facilitated workshop: 3 hours (plan in section 6)
- Self-study: approximately 2 hours, using sections 2–5 and the checklist in section 7

Learning outcomes

After completing the module, participants can:

1. Explain why occupational health and safety risks differ by gender and why female-dominated sectors are systematically under-assessed.
2. Identify the five leadership risk areas in their own team or learning group.
3. Run a simple gender-sensitive risk review using the five-step procedure in section 5.
4. Conduct a structured safety conversation with a team member or learner.
5. Assess their own leadership practice with the self-assessment checklist and set two follow-up actions.

2. Why gender belongs in health and safety leadership

Occupational health and safety systems were built around industrial, male-dominated work: heavy machinery, falls, chemicals, noise. Those risks are real and remain regulated. But most women in Europe work in care, education, cleaning, retail, hospitality, and administration sectors, where the main risks are different, slower to appear, and easier to dismiss.

Four patterns matter for leaders:

Risks are distributed unequally. Repetitive strain, prolonged standing, lifting people rather than objects, emotional labour and exposure to aggression from clients are concentrated in women-dominated work. They rarely appear in standard risk registers.

Standards are calibrated to a default body. Protective equipment, workstations, tool sizes and even exposure limits have historically been designed and tested on men. Ill-fitting equipment is not a comfort issue; it is a safety failure.

Reporting is not gender-neutral. Harassment, discrimination and psychosocial strain are under-reported where the person reporting expects to be doubted, blamed or seen as difficult. A low number of complaints is not evidence of a safe environment.

Work does not end at the workplace. Unpaid care responsibilities, shift patterns and precarious contracts shape fatigue, recovery and the ability to say no. A leader who plans workloads as if every team member has the same recovery time is planning for a team that does not exist.

In Finland, the Occupational Safety and Health Act (738/2002) obliges the employer to identify and assess hazards, including psychosocial load, and the Act on Equality between Women and Men (609/1986) and the Non-discrimination Act (1325/2014) prohibit harassment and require preventive action. ILO Convention No. 190 (2019) sets the international standard on violence and harassment at work. For a civil society organisation, the legal floor is the starting point; the leadership question is what happens above it.

3. Five leadership risk areas

Each area below follows the same structure: what it is, what a leader typically sees, and what a leader can do without waiting for a policy change.

3.1 Invisible physical risks in women-dominated work

What it is. Musculoskeletal strain from repetitive tasks, prolonged standing or sitting, lifting and moving people, poor ergonomics in improvised workspaces (kitchens, community centres, home offices), and exposure to cleaning chemicals.

What a leader typically sees:

- Complaints of back, neck or wrist pain dismissed as "normal"
- No lifting aids or ergonomic assessment because "it's not heavy work"
- Sick leave patterns that nobody connects to the tasks

What a leader can do now:

- Walk the actual workflow with the person who does it, not with the job description
- Ask directly: "What part of this work hurts by the end of the day?"
- Treat one ergonomic fix per quarter as a leadership KPI

3.2 Psychosocial load: burnout, emotional labour and care

What it is. Emotional labour with clients and learners, exposure to distressing situations, unclear role boundaries, and the combined load of paid work and unpaid care. In civil society, leaders and staff often use mission commitment to justify chronic overload.

What a leader typically sees:

- The most reliable person is always the one who takes on more
- Exhaustion described as personal weakness rather than workload design
- No debriefing after difficult client or learner encounters

What a leader can do now:

- Make workload visible: list what each person actually carries, including the informal tasks

- Schedule debriefs after difficult sessions as routine, not as crisis response
- Protect recovery: no evening messages, real breaks during training days

3.3 Harassment, discrimination and unsafe reporting

What it is. Sexual harassment, gender-based comments, exclusion, and retaliation against those who report. The risk is not only the incident but the reporting environment: if the only path is to tell the person's own manager, and the manager is part of the problem, the path does not exist.

What a leader typically sees:

- "Jokes" that only some people laugh at
- Someone withdraws from meetings or events without explanation
- Zero reports over a long period in a mixed or client-facing environment

What a leader can do now:

- Name the standard out loud, in every new group, in the first session
- Ensure at least two reporting routes, one outside the direct line
- When a report comes: believe first, document, act within a stated time and tell the person what happened next

3.4 Equipment, spaces and procedures built for a default body

What it is. Protective gloves, high-visibility vests, and footwear in men's sizes; furniture and tools at the wrong height; toilets, changing rooms, and rest spaces designed without women, pregnant staff, or menstruating staff in mind; emergency procedures assuming everyone can run, lift, or hear an alarm.

What a leader typically sees:

- Equipment that is "available" but never worn because it does not fit
- Staff improvising with their own items
- Evacuation plans never tested with the actual group

What a leader can do now:

- Ask "does it fit?" before "is it available?"
- Include one participant from each body-type and mobility group when testing procedures
- Make a private, lockable rest space a minimum standard for any training venue

3.5 Unequal voice: who is heard in risk assessment

What it is. Risk assessments are typically written by whoever holds the formal safety role, often not the people exposed to the risks. Women, part-time staff, volunteers, migrants and learners are least likely to be asked and most likely to be told that a concern is "not a safety issue".

What a leader typically sees:

- Risk documents written without talking to frontline staff
- The same two people speak in every safety discussion
- Concerns raised informally that never reach a written record

What a leader can do now:

- Rotate who leads the safety walk-through

- Use anonymous input before open discussion
- Record every concern raised, with what was decided and why, including "no action"

4. The structured safety conversation

Most gender-sensitive risks surface in conversation, not in inspection. This guide is for a one-to-one talk with a team member, volunteer or learner. It takes 20–30 minutes. The leader's job is to listen and record, not to solve on the spot.

Before

- Choose a private space and a time when neither of you is about to run to the next task
- State the purpose: "I want to understand what makes this work harder or less safe for you. Nothing you say will be used against you."

Four questions

1. "Walk me through a typical day. Where does the strain come from physically or emotionally?"
2. "Is there anything you have stopped mentioning because nothing changed?"
3. "If something happened that made you feel unsafe here, who would you tell? Would you?"
4. "What is one thing I could change in the next month that would make a difference?"

After

- Write down what was raised, what you committed to and by when
- Follow up within four weeks, whether or not the issue is solved. Silence after a safety conversation teaches people not to have the next one
- If the conversation reveals harassment, discrimination or a risk to health, move to the organisation's formal procedure the same day

5. Gender-sensitive risk review in five steps

A lightweight procedure for a team leader or trainer to run once a year or before a new programme starts. It is designed to fit inside an existing risk assessment, not replace it.

1. Map the people, not the posts. List who actually does each task, including volunteers, part-time staff and learners. Note gender, contract type and any known constraints (mobility, pregnancy, care responsibilities) that the person has chosen to share.
2. Walk the work with them. Observe each core task as they do it. Ask what hurts, what is awkward, what they avoid.
3. Screen the five risk areas. For each of the areas in section 3, answer: present / possibly present / not present, and write one sentence of evidence.
4. Check the reporting path. Trace what happens to a concern from the moment it is raised. If any step depends on a single person, add a second route.
5. Decide, record, tell. For each risk: action, owner, date. Share the record with the team. Include what you decided not to act on, and why.

6. Workshop plan (3 hours)

For a group of 8–20 participants. Materials: this module, flipchart or shared document, printed checklist from section 7.

Time	Activity	Facilitator notes
0:00–0:15	Opening and standard-setting	State the purpose and the group agreement: confidentiality, no obligation to share personal experience, right to step out.
0:15–0:45	Input: why gender belongs in H&S leadership	Present section 2. Ask participants for one example from their own sector of a risk that "doesn't count".
0:45–1:30	Five risk areas: small groups	Each group takes one area from section 3, identifies it in a real setting they know, and proposes one action a leader could take this month. Report back in two minutes each.
1:30–1:45	Break	Real break. Model the standard.
1:45–2:20	Safety conversation practice	Pairs. One is the leader, one the team member; use the four questions in section 4. Swap after 12 minutes. Debrief: what was hard to ask?
2:20–2:45	Self-assessment	Individual work with the checklist in section 7. No sharing of scores.
2:45–3:00	Two commitments and close	Each participant writes two actions with dates. Collect anonymised feedback (three questions: most useful/missing / one thing I will do).

Adaptations

- Learners with limited language or digital skills: use the section 3 headings as picture cards; run the conversation practice in pairs sharing a first language
- Online delivery: replace small groups with breakout rooms; collect the checklist through an anonymous form
- 90-minute version: sections 2 and 3 only, plus commitments

7. Leader self-assessment checklist

Answer honestly. "Partly" is a legitimate answer; "yes" without evidence is not.

Statement	Yes	Partly	No
I know which physical tasks in my team cause strain because I have watched them being done.			
My team's workload is written down and includes informal tasks.			
Difficult client or learner encounters are followed by a debrief as routine.			
I state the standard on harassment and respect at the start of every new group.			

There are at least two reporting routes, one outside the direct reporting line.			
Every concern raised in the last year has a written record with a decision.			
Protective equipment and workspace furniture fit every person who uses them.			
Training venues we use have a private, lockable rest space.			
People other than me have led a safety walk-through in the last year.			
I have held a structured safety conversation with each team member in the last twelve months.			
I have followed up on every safety conversation within four weeks.			
I know the legal minimum that applies to my organisation and where our practice goes beyond it.			

Scoring is deliberately absent. Count the "No" answers; pick the two that are cheapest to fix and the one that is most dangerous to leave. Those are your next three actions.

8. Reflection and follow-up

- Which of the five risk areas did you not recognise as a safety issue before this module?
- Whose voice is missing from your current risk assessment, and what would it take to include it?
- What is the one leadership habit you will change, and who will notice?

Suggested follow-up: repeat the checklist after three months; compare answers; discuss the difference with a peer leader.

9. Sources and further reading

- Occupational Safety and Health Act (738/2002), Finland
- Act on Equality between Women and Men (609/1986), Finland
- Non-discrimination Act (1325/2014), Finland
- ILO Convention No. 190 on Violence and Harassment (2019)
- European Agency for Safety and Health at Work (EU-OSHA) publications on women and occupational safety and health, and on psychosocial risks
- European Institute for Gender Equality (EIGE) resources on gender-sensitive risk assessment
- Finnish Institute of Occupational Health (Työterveyslaitos) guidance on psychosocial load and workload assessment
- Training materials and study visits, KCMC Riga, October–November 2025: FN-SERVISS, Jūrmala Youth Initiatives Centre, Jūrmala Welfare Administration