

2026

# Why UK employees are disengaging, even when benefits are in place

UK employers are investing more in women's and family health than ever. But Maven research reveals why investment in women's and family health isn't translating into the workforce outcomes employers are counting on.

"The opportunity now is to move beyond coverage alone and offer trusted, evidence-based guidance."

**NEEL SHAH, CHIEF MEDICAL OFFICER, MAVEN**

The stakes are high for UK employers seeking to attract and retain top talent: according to Maven's 2026 State of Women's and Family Health Benefits survey, three in four UK-based employers (76%) say women's and family health benefits directly improve retention and attraction.

While the NHS provides a coverage baseline employees rely on, wait times for specialist care leave critical gaps in timing and access. Today, employer-sponsored benefits are increasingly expected to fill that gap.

But many of those benefits aren't reaching employees at all. Across nearly every benefit category, what UK HR leaders report offering and what employees believe is available are separated by 20 points or more. What's more, only 35% of UK employees used any reproductive or family health benefit in the past year.

Benefits that employees don't know about can't be accessed. The challenge for UK HR leaders is whether benefits are designed to be navigable and accessible when employees need them most.



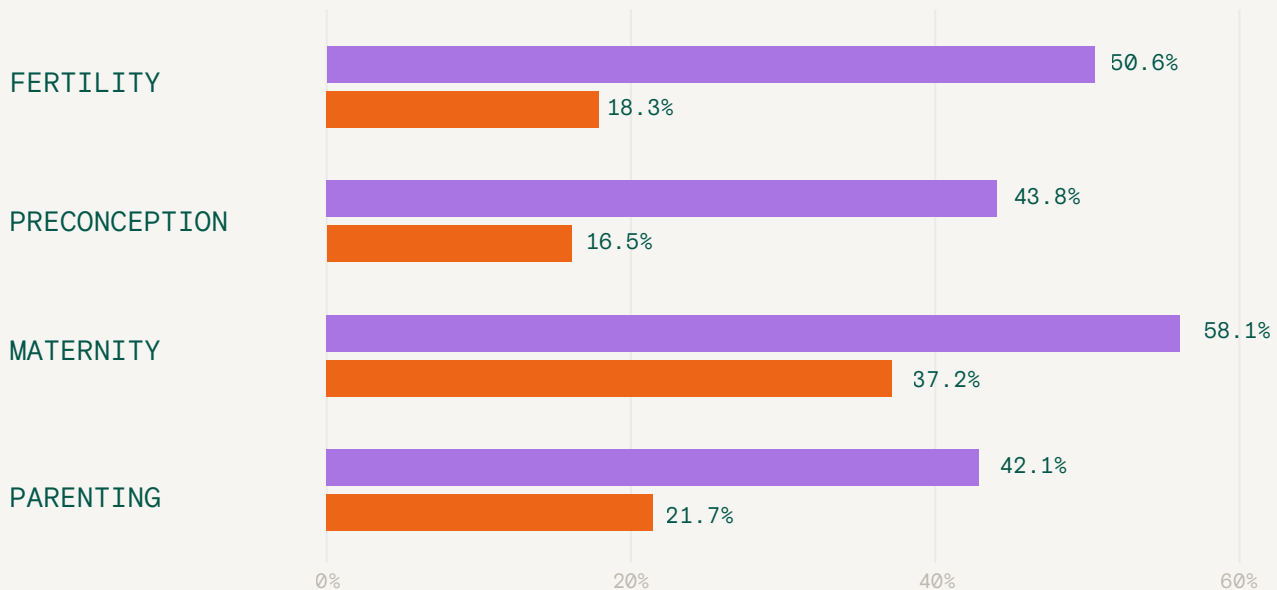
01

## More vendors, more complexity, less access

56% of UK HR leaders plan to add more vendors in the next two to three years. Yet awareness gaps are already widest in specialized benefit categories: fertility (32 percentage points between what HR offers and what employees know exists), preconception (27 points), maternity (21 points), and parenting (20 points).



- **What employers offer** versus **what employees know is available**



More vendors means more eligibility rules, more handoffs, and more entry points employees have to discover on their own — often during high-stress moments when clarity matters most. In the UK, this problem can be compounded by the NHS' offerings. When employees default to NHS pathways first and employer-sponsored alternatives aren't easy to find, those benefits disappear behind the assumption that the public system has it covered.

### Why it matters:

Managing employee experience now ranks nearly as challenging as contracting and procurement for HR leaders. If benefits teams are feeling the weight of a navigation problem, more vendors will only intensify it.

### What HR leaders can do:

Audit benefits for discoverability, not just coverage. Before adding a new point solution, ask whether employees can find what already exists — and whether a more consolidated approach would close the awareness gap faster than expansion.

02

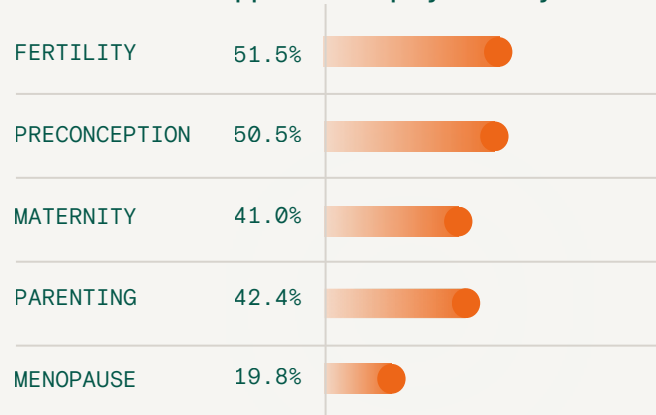
## Menopause support is a high-stakes missed opportunity

No benefit category in the UK data tells a clearer story about the cost of the access gap than menopause.

Only 27% of UK HR leaders currently offer menopause support, yet 62% say benefits help employees manage menopause and midlife health. The gap between what employers believe matters and what they've built is substantial: of those who do offer it, just 36.2% say it works "very well," the lowest satisfaction score across all benefit types.

Employees rate it even lower: only 19.8% say their menopause benefits support them very well. HRT coverage, at 48.8%, lags 12 points behind the global average.

### • Benefits that support UK employees "very well"



Menopause affects employees at peak career and leadership years, and NHS waiting lists that stretch up to 12 months mean that even employees with employer-sponsored support are often waiting too long for it to make an impact.

#### Why it matters:

47% of Maven members with severe menopause symptoms are more likely to stay with their employer because of support. Menopause benefits that work are a retention lever. Right now, most UK employers are leaving it on the table.

#### What HR leaders can do:

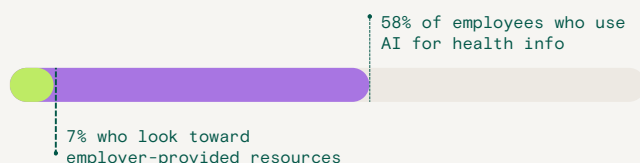
Evaluate menopause benefits not just for existence, but for whether they deliver in time. Having a menopause policy without accessible, timely support to back it up is where UK employers are most exposed — and where the retention cost of inaction is most measurable.



03

## Employees are finding health answers before benefits enter the picture

58% of UK employees use AI tools for health information daily or weekly, and 39% have taken a health action based on AI guidance. At the same time, only 7% turn to employer health resources first when they have a health question. When an NHS GP appointment can take weeks, the pull toward AI for immediate answers is even stronger than in markets with faster primary care access — and 87% of UK HR leaders are already concerned about the consequences.



Education alone isn't enough. 81% of HR leaders already provide guidance on where to find trustworthy health information, but that doesn't intercept the moment an employee searches for answers with a consumer AI tool because their GP can't see them for two weeks.



### Why it matters:

Consumer AI tools weren't built for protected health information and operate without GDPR compliance or data protection safeguards. When employees enter sensitive reproductive health data into systems outside employer governance frameworks, the compliance exposure is real — and largely unaddressed.

### What HR leaders can do:

Reframe the AI question. Evaluate whether your benefits offer on-demand guidance — not just scheduled appointments. Prioritize platforms that combine clinical oversight with the virtual experiences and immediacy employees are already seeking from consumer AI tools, and assess your GDPR exposure for sensitive health data that may already be leaving your benefits ecosystem.

04

## On-site work can be a hidden access barrier — but virtual care is a fix

UK employees aren't skipping women's healthcare because they don't value it — they're skipping it because they can't reach it. The most common reason employees delayed or skipped care wasn't cost; it was scheduling: 53.5% said appointment times didn't work for them. On-site employees delayed care at more than double the rate of remote workers — 25% versus 12%.

With a majority of UK employees working fully on-site or hybrid, this affects the overwhelming majority of the workforce. 70% of UK employees say virtual healthcare would help them miss less work — meaning that virtual care could help employees get the care they need, sooner.



### Why it matters:

NHS maternity unit consolidations and the concentration of specialist services in urban centres mean geography compounds the scheduling problem for employees outside major cities. For many employers in the UK, virtual care is a major unlock for delivering equitable care access across their workforce.

### What HR leaders can do:

Assess whether your benefits are designed for how your workforce actually works. If most employees are on-site, ask whether care can be accessed outside standard working hours — and whether virtual options are clearly available and easy to use.