

Menopause guidance for managers

Equality, Diversity & Inclusion

2021-2022

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Background

Menopause is a transitional life stage that can have a significant impact on those experiencing the physical, psychological and emotional symptoms of menopause.

Menopause typically impacts on females over the age of 40 although it can happen at any age and may also impact on gender diverse staff.

UWS recognises that menopause may impact on a significant proportion of our staff, and for this reason, it is important to design an informative procedure, in order to support our staff, with support extending not only to those actually experiencing menopause and its symptoms but also to those who are both co-workers and line managers of affected colleagues.

During 2020, the EDI Team organised 3 initial Menopause Cafés for staff, the purpose of which was to support mental health and wellbeing of staff experiencing menopausal symptoms and to identify personal and workplace strategies that might help alleviate the more negative experiences of menopause.

These menopause cafés provoked a great deal of discussion around the taboo of being able to mention menopause openly, the understanding and awareness of managers on how best to support staff going through menopause, as well as the impact that symptoms had on both their personal and professional lives.

In the workplace, staff typically described:

- tiredness, poor concentration, and memory.
- stress, embarrassment, and diminished confidence at work.
- impact on staff comfort and performance at work
- reduced job satisfaction
- increased sickness absence

Feedback from the Menopause Cafés suggested that it would be beneficial to create guidance for managers, to enable them to better understand the symptoms and impact of menopause in the workplace and support staff effectively.

This procedure was approved by the EDI Committee in May 2022. This can be found at [Equality Impact Assessment](#).

Aims & objectives of guidance

The aim of this guidance is to raise awareness of menopause and to provide information and advice to enable managers to better support staff going through menopause.

The objectives of this guidance are to:

- Recognise menopause as a life-stage and its potential impact on staff
- Raise awareness across all staff groups of menopause and its potential impact on those experiencing this life-stage
- Ensure all managers are aware of their responsibilities in supporting staff experiencing menopausal symptoms
- Contribute to recruitment and retention of staff experiencing menopausal symptoms

What is menopause?

The word 'menopause' comes from two Greek words men (month) and pausis (cessation or stop). The literal meaning is therefore the last menstrual period that occurs. Menopause is a natural part of ageing when menstruation stops, when the ovaries spontaneously fail to produce oestrogen and progesterone. Menopause is said to have occurred when periods have stopped for 12 consecutive months. For the majority of staff this will be a gradual process, but it can also happen suddenly due to surgical or medical interventions. Menopause usually occurs between the ages of 45 and 55 years but can occur before or after this age. The average age is 51 years.

Around 1 in 100 people experience menopause before 40 (some even in their teens or twenties), which is known as premature menopause and can occur naturally or because of medical or surgical interventions.

Perimenopause is the transition period leading up to menopause, during which individuals may experience symptoms due to fluctuating hormones. Periods initially become less frequent and then stop altogether. The transition usually lasts between 4 and 8 years, although 1 in 10 individuals experience symptoms for up to 12 years.

Post-menopause is the time after menopause has occurred, starting when an individual has not had a period for twelve consecutive months.

For the purposes of this guidance, the term **menopause** refers to all aspects of this transitional period of hormonal change.

Symptoms

Staff can go through a wide range of physical and psychological symptoms associated with menopause transition, which can last for several years. Menopause brings physical changes to the body. For many staff experiencing menopause, it can result in physical, psychological and emotional changes to which it can be difficult to adjust.

Around 30-60% experience intermittent physical and/or psychological symptoms during menopause and 20-25% will have hot flushes (although not their only symptom), which adversely affect their perceived quality of personal and working lives. 1 in 4 people experience severe symptoms.

However, it is recognised that each individual will be affected in different ways and to different degrees over different periods of time, and menopausal symptoms can also often indirectly affect partners, families and colleagues.

Some of the most typical symptoms of menopause include:

- psychological issues such as mood disturbances, anxiety and/or depression, memory loss, panic attacks, loss of confidence and reduced concentration,
- hot flushes – brief and sudden surges of heat usually felt in the face, neck, and chest
- sleep disturbance that can make people feel tired and irritable
- night sweats – hot flushes that happen during the night impacting on quality of sleep
- irregular periods and/or periods can become light or heavy
- muscle and joint stiffness, aches and pains
- recurrent urinary tract infections (UTIs) including cystitis
- headaches
- weight gain
- palpitations – heartbeats that become more noticeable
- skin changes (dryness, acne, general itchiness)
- loss of libido

It is important to recognise that staff may not experience the above symptoms in isolation: there may also be other factors about their circumstances to consider, including the development of other health conditions, caring responsibilities for ageing parents and relatives and some may also still have dependents living at home.



Impact of symptoms

Experiencing any of these symptoms can pose a challenge for staff as they go about their daily lives, including whilst at work. In the workplace this may lead to the following:

- Tiredness, poor concentration and memory.
- Stress, embarrassment and diminishment of confidence at work.
- Impact on staff comfort and performance at work
- Reduced job satisfaction
- Increased sickness absence

By taking menopause seriously and treating it as an occupational health and management issue, managers can help to mitigate the potential negative impact of symptoms on staff and the organisation, very small changes on a practical level can make a huge difference to the quality of working life for those experiencing menopause.

Menopause and protected characteristics

There are many different factors and personal circumstances that may affect how a staff member experiences menopause

The following examples illustrate how certain groups of staff may be affected by menopause and whilst not an exhaustive list, they provide managers with some idea of the types of issues they should be considering.

Some staff may have more than one protected characteristic and therefore may experience intersectional barriers so needs should be addressed sensitively and on an individual basis.

Staff with a disability or long-term health condition and menopause

Many staff report that menopause makes existing health conditions worse, triggering or coinciding with a flare up of symptoms, or, conversely, that an existing health condition may worsen symptoms of menopause. It can be difficult to tell whether a symptom is caused by menopause or by the existing condition, or to tell which is making the other worse as many symptoms can interconnect or overlap.

There are reports that a wide range of conditions that can be affected by menopause include arthritis, multiple sclerosis (MS), mental health conditions, skin conditions, diabetes, hyperthyroidism, chronic fatigue syndrome, fibromyalgia, and many others.

A significant number of staff also experience menopause as a result of surgery or cancer treatment.

If a person has an existing condition that is worsened by menopause, they may need more time off for medical appointments or treatment for that condition and it may be necessary to review any reasonable adjustments that were previously in place.

Ethnic minority staff and menopause

Some research has found that there is a variation in the average age at which menopause takes place between staff of different ethnic backgrounds and the most common and significant symptoms of menopause has also been found to vary among different ethnic groups, for example Black and Latina women have been found to enter menopause earlier and experience more

severe symptoms (Velez, 2021). It is unclear to what extent these differences are caused by social, economic, language and other cultural factors. Many staff report that stress can impact on menopausal symptoms. For example, if they are experiencing the long-term impact of racism, this can also increase stress which may exacerbate some symptoms.

Trans staff and menopause

'Trans' is an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex that was observed at birth. This includes staff who have a non-binary gender identity.

Transitioning is the steps a trans person may take to live in the gender with which they identify, and each person's transition will involve different things. For some this involves medical intervention, such as hormone therapy and surgeries, but not all trans people want or are able to have this.

Trans males (those who identify as male but were observed to be female at birth) will experience a natural menopause if their ovaries remain in place and no hormone therapy is given. Trans men will also experience menopausal symptoms if the ovaries and uterus are surgically removed (this may happen at an earlier age than commonly happens with a natural menopause). Symptoms may be reduced or complicated if hormone therapy (such as the male hormone testosterone) is in place.

Trans females (those who identify as female but were observed to be male at birth) undertaking hormone therapy will usually remain on this for life and should generally experience limited 'pseudo' menopausal (menopausal-like) symptoms - unless hormone therapy is interrupted, or hormone levels are unstable. Such treatment interruptions however can be a common experience for trans women (and trans men).

As such, many trans staff are likely to experience at least some menopausal symptoms.

Some trans staff may not wish to disclose their trans status and as a result, may be reluctant to discuss menopausal symptoms if doing so would disclose their status.

Negative and discriminatory attitudes may also make it more difficult to disclose difficulties or ask for adjustments. A recent Trade Union Congress survey found that almost half of trans people (48 per cent) have experienced bullying or harassment at work, which may cause increased stress, and which may in turn worsen some menopausal symptoms.

LGBT+ staff and menopause

Women in a same sex relationships may have a partner who is going through menopause at the same time as they are. While this can be positive in terms of increased mutual understanding and support at home, sometimes, if both partners are experiencing symptoms such as sleep disturbance or night sweats, this may increase tiredness and fatigue for both partners. It may also be more difficult if both partners experience symptoms such as depression and mood swings at the same time.

Many staff report that stress can impact on menopausal symptoms. For example, if they are experiencing homophobia at the same time as symptoms of menopause, this can also increase stress which may exacerbate some symptoms.

Female staff and menopause

Menopause can often come at a time of life when women are already experiencing other issues or difficulties, such as the onset of age-related health conditions, increased caring responsibilities for

elderly or sick parents and relatives as well as children or grandchildren. Women still tend to have a larger share of caring responsibilities and these can be an added source of stress during the time of menopause. Women who have suffered damage to their pelvic floor during childbirth may be more at risk of certain conditions as a result of menopause – for example, problems such as incontinence or prolapses can develop as a result of the hormonal changes during menopause as this can further weaken damaged tissue.

For women who do not have children, the fact that menopause signals the end of a woman's reproductive life can give rise to additional emotional issues, meaning it may be a particularly difficult time for women who wished to have a baby but were unable to conceive or for those who suffered miscarriage(s) or still birth.

Women can also experience a premature menopause (around 1 in every 100 women will have menopause before the age of 40) or they may experience a surgical or medical menopause. As well as the symptoms of menopause, these women may have a range of related difficulties to deal with at the same time – for example, fertility problems and side effects from fertility treatments or recovery from cancer treatment (or both). Many fertility treatments can also in themselves cause side effects similar to menopause such as fatigue, night sweats, anxiety, and depression. Women who have an early or premature menopause are also more at risk of developing osteoporosis ('brittle bones') and heart disease.

Male staff and menopause

Men can be indirectly affected by menopause – for example, if their partner is experiencing insomnia and night sweats, men may also experience disrupted sleep and fatigue. If a man's partner experiences significant physical or psychological symptoms (such as depression), he may be concerned for her wellbeing and feel increased levels of stress. In some cases, staff can experience relationship problems or difficulties at home at this time and these issues can have an impact on men in the workplace.



Why is menopause a workplace issue?

"Menopause is... an important gender- and age-equality issue and should be part of an organisation's approach to developing inclusive workplaces that support...progression at work throughout their employment lifecycle."

The Menopause at Work: a Guide for People Professionals
www.cipd.co.uk/menopause

The University is committed to supporting staff at each stage of their employment with UWS. As of academic year 2019/20, 60% of all staff were female – and 58% of those staff were aged 46+, i.e. the group most usually affected by menopause.

So, menopause is a significant life-stage for a large proportion of UWS staff and there is a business case for treating it as an important occupational health and people management issue.

Whilst there is no specific legislation addressing the impact of menopause in the workplace, there are regulations of which employers should be aware.

The Health and Safety at Work Act (1974)

The Act requires employers to ensure the health, safety and welfare of all staff – and this will include staff experiencing menopause. Under the Act, employers are required to carry out risk assessments under the Management Regulations and these should include specific risks to menopausal staff, considering their specific needs and ensuring that the working environment will not worsen their symptoms. Particular issues for consideration will include temperature and ventilation, together with welfare issues such as toilet facilities and access to cold water.

The Equality Act (2010)

The Act protects people from discrimination in the workplace because of 'protected characteristics' and includes both direct and indirect discrimination and harassment.

The protected characteristics are:

- Age
- Disability
- Ethnicity
- Pregnancy and maternity
- Gender reassignment
- Marriage or civil partnership
- Religion or belief
- Sex
- Sexual orientation

Whilst menopause is not in itself a disability, conditions arising from it may meet the definition of an 'impairment' under the Equality Act. As an example, depression or urinary problems linked to menopause and which have a substantial and long-term adverse effect on ability to carry out normal day to day activities, mean that the staff member concerned would be considered to have a disability under the Act. An employer is required to make reasonable adjustments where a disabled member of staff would be at a substantial disadvantage compared with a non-disabled colleagues.

Similarly, if menopause is not taken into consideration, for example as a mitigating factor when applying a performance management policy, when it could be reasonably assumed that similar symptoms (e.g. memory loss) arising from other conditions have been taken into account for a male member of staff, employers could risk claims of sex discrimination

Therefore, if a staff member is experiencing menopause is treated detrimentally because of related symptoms and these are not taken into account within policies or practices, it could potentially give rise to sex and disability discrimination.

One of the ways in which an organisation can show that it has given 'due regard' to these issues is to carry out an equality impact assessment (EIA) of policies, procedures and practices affecting staff.

Menopause is therefore an important workplace issue and should be part of an organisation's approach to developing inclusive practices that support staff progression at work throughout their employment lifecycle.



Support for staff through menopause

As previously stated, menopause is a very personal experience and can affect staff at work in various ways. This means that different levels of support and assistance may be needed at what can be a very difficult time.

The most important and valuable thing a manager can do is listen and, wherever possible, respond sympathetically to any requests for adjustments at work. Staff who are experiencing menopause (whether directly or indirectly) may need sympathetic and appropriate support from their line manager. As with any longstanding health-related conditions, this support can make a major difference to how they deal with menopause, enabling them to continue working well and productively.

Managers can only be sympathetic and supportive if they are aware that their member of staff is experiencing difficulties. Research has shown that staff may feel uncomfortable or embarrassed approaching their manager to discuss any difficulties in managing their menopausal symptoms.

This can be particularly true for trans or non-binary staff who are not 'out' to their colleagues or manager and also for men who may be embarrassed to admit that they are affected by the experiences of their partner.

There is no 'one-size-fits-all' approach to management in this situation, but broad guidelines are available, as detailed below.

UWS Line management actions

UWS line managers undertake to:

- Treat reported menopause appropriately and confidentially
- Participate in line-manager training sessions and remain up to date on legal requirements in this area
- Participate in awareness-raising activities by ensuring all group / team members are aware of the UWS Menopause Guidance and its implications
- Familiarise themselves with the range of symptoms involved and their potential impact on staff
- Be aware of the agreed range of reasonable adjustments and understand their application, in a range of situations
- Provide support to staff who identify as experiencing menopausal symptoms.

Good people-management is fundamental to supporting staff health and well-being, spotting early signs of ill health or distress and initiating early interventions.

Line managers are typically:

- The first point of contact if someone needs to discuss their health concerns or needs a change or adjustment to their work or working hours, to enable them to perform to their full potential
- Responsible for implementing the people management policies and practices that can help someone experiencing menopausal symptoms to feel supported and to be effective in their role.

Simple changes to your management style can make a world of difference:

- Building relationships based on trust, empathy and respect will make it easier for staff to feel comfortable about raising a health issue like menopause
- Regular and informal one-to-ones with members of your team can provide the forum for a conversation about any changes to someone's health situation, including menopause
- Asking staff how they are on a regular basis will help to create an open and inclusive culture and encourage someone to raise any concerns
- Do not make assumptions – everyone is different, so take your lead from the staff member.

How to approach a sensitive conversation

It is important to set the right tone when opening a conversation about any sensitive issue but try not to worry too much – being over-sensitive will stop you from doing or saying anything. Consider the following before approaching a sensitive conversation:

- Avoid interruptions – switch off phones, ensure colleagues cannot walk in and interrupt
- Ask simple, open, non-judgemental questions
- Avoid judgemental or patronising responses
- Speak calmly
- Maintain good eye contact
- Listen actively and carefully
- Encourage staff to talk
- Give the staff ample opportunity to explain the situation in their own words
- Show empathy and understanding
- Be prepared for some silences and be patient
- Focus on the person, not the problem
- Avoid making assumptions or being prescriptive.

It is essential that you are familiar with the UWS Menopause Guidance, for managing staff experiencing menopause transition, and understand your role within that. It is also important that you are aware of UWS's legal duty as an employer to make reasonable adjustments where needed.



**LET'S
TALK!**

Reasonable Adjustments

Some possible support or adjustments may include:

- Flexibility around working arrangements for those experience debilitating symptoms, e.g.
 - Where the role permits, allowing staff to work around their symptoms, perhaps by allowing them to rest when they are tired and make the time up later
 - Permitting remote working when symptoms are severe
 - Some experiencing menopause will find that they have times of the day where symptoms are more or less problematic therefore start and finish times could be adjusted to take this into account
 - Those with disturbed sleep patterns may find they are more productive with a later or earlier start time
- Flexibility around the taking of breaks, or increased breaks, during the working day
- Flexibility around attending relevant medical appointments
- Changing/ washing facilities to facilitate changing clothes during the working day and ensuring storage space is available for a change of clothing
- Where uniforms are provided, consider natural fibres where possible, and provide additional uniforms to ensure it is possible to change during the day. Uniform requirements may also be adjusted if necessary
- Facilitating a more comfortable working environment, taking into account temperature and lighting, to help manage body temperature. Make desk fans easily available and consider if ventilation is sufficient or can be improved
- Providing temperature control for the work area, such as a fan on the person's desk, enabling them to move near to a window, or away from a heat source
- Adapting prescribed clothing, such as permitting the removal of a jacket or lab coat when not needed
- Ensuring easy access to washroom facilities
- Allowing short breaks in long meetings and ensuring regular breaks from workstations
- Referral to UWS Occupational Health Service or staff can also self-refer
- Providing staff with details of how to access the Employee Assistance Service and other internal support mechanisms.

The above list is not exhaustive and would depend on individual circumstance and business need.

Staff Consultation

A staff consultation, between the line manager and the colleague raising the issue of menopause, should be undertaken in order to consider the specific needs of the individual going through menopause and ensure that their working environment will not make their symptoms worse.

This consultation will assist in identifying any potential adjustments which may be required, with particular issues to consider including temperature, ventilation and the materials used in any uniform which is provided (where relevant). Welfare issues (including toilet facilities and access to cold water) should also be considered. (See Appendix 1 – Suggested Manager's Checklist for Staff Consultation).

By encouraging more openness about menopause across the workforce and approaching it as an organisational issue, more staff will feel able to discuss the support they need with their line manager.

Further information & support

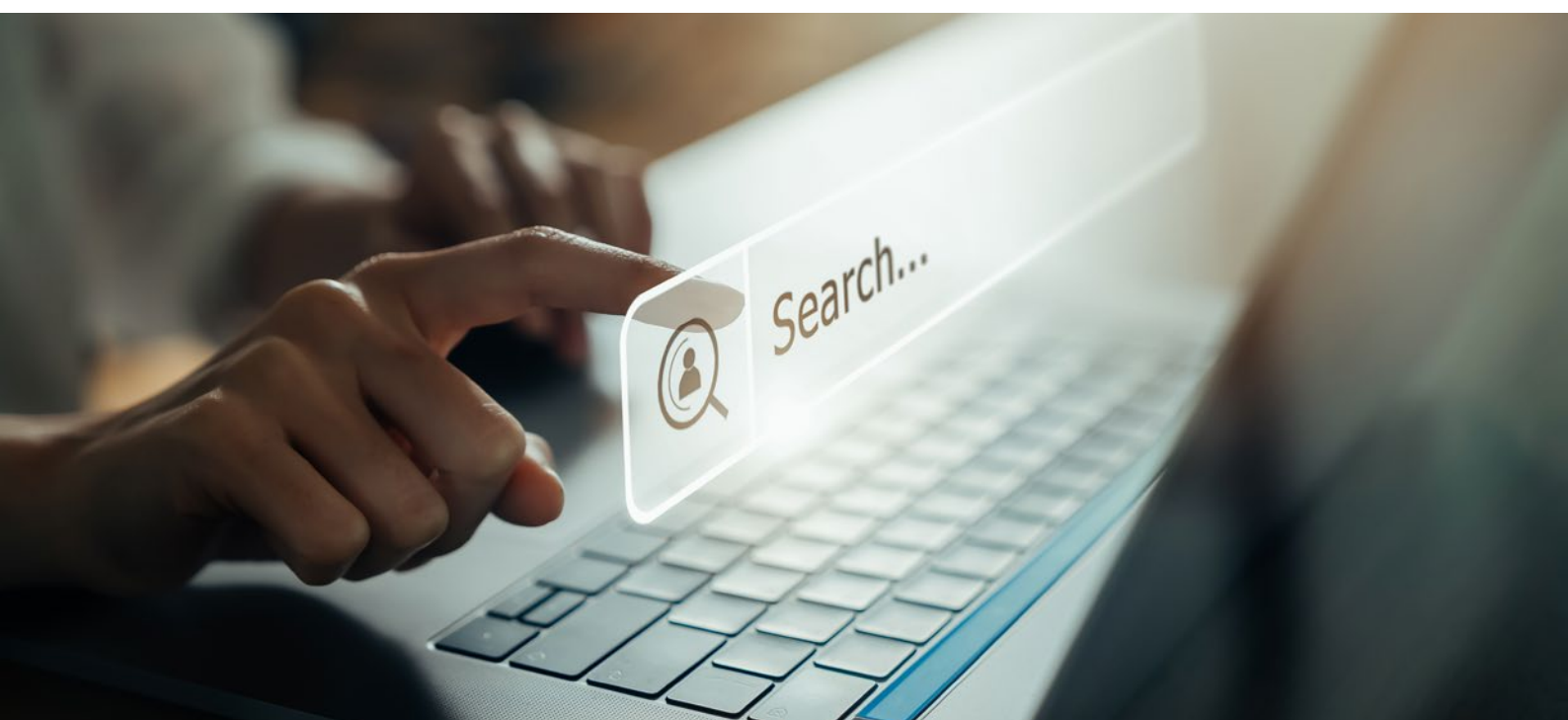
The following sources can provide additional support for managers:

[UWS Occupational Health Service](#) OH at UWS, which includes physiotherapy, is aimed at promoting and maintaining optimum health. Early interventions for physical and mental health are proven to have better outcomes for lifelong wellbeing and so prompt referrals to OH are encouraged. OH, is part of People & OD and works closely with Resilience and Safety. See below for more information on the support available and how to refer for an appointment.

[Employee Assistance Programme Health Assured](#) is the University's employee assistance programme, a confidential helpline which is available 24 hours a day for all UWS staff and their immediate family. As well as over-the-phone advice, the Health Assured website has lots of practical tips across a range of work and life skills, including webinars on remote working, resilience at work, sleep, change and maintaining a work-life balance.

[Menopause online training](#) Menopause can cause a wide range of debilitating symptoms that affect work and relationships, and the low hormone levels resulting from menopause can also lead to long-term medical issues such as heart disease, diabetes, and dementia. With women over 50 being one of the fastest-growing groups in the workforce, organisations are increasingly likely to have employees who are affected by menopause and being able to have conversations around treatment, support and adjustments is crucial for ensuring their well-being, engagement and productivity. This course looks at the common symptoms and long-term effects of menopause and sets out key steps for organisations to take in raising awareness and supporting staff.

[Menopause Staff Network](#) The Equalities team have created a confidential Teams channel for the UWS Menopause Staff Network where staff members going through, or affected by, menopause can support each other, gain information on the Network's upcoming events, share useful resources, get advice and signposting and ask questions. If staff are interested in joining the Teams channel and/or the UWS Menopause Staff Network, please use this UWS Menopause Network Teams Channel Link and click "request to join", or contact equality@uws.ac.uk



NHS guidance on menopause symptoms and treatment

Women's Health Concern (the patient arm of the British Menopause Society)

Faculty of Occupational Medicine (provides guidance on menopause at work)

Henpicked: Menopause in the Workplace ('making it easy for you to introduce the right menopause awareness, training, policies, and practices')

Menopause Cafe ('gather to eat cake, drink tea and discuss menopause')

Talking Menopause (provides 'seminars, coaching and individually tailored programmes, helping organisations transform their culture and create menopause-friendly workplaces')

The Menopause Exchange (provides 'independent advice about menopause, midlife and post-menopausal health')

Menopause Matters ('an independent website providing up-to-date, accurate information about menopause, menopausal symptoms, and treatment options')

Menopause Support (provides personal and business support)

NICE Guidelines Menopause: diagnosis and management.

Appendix 1:

Suggested manager's checklist for staff consultation

Name:

Department:

Date:

Hazards	Considerations	Who might be harmed / level of risk?	What is already being done?	Further action necessary	Action by whom?	By when?	Date achieved
Information on menopause	Does the staff member have access to information on menopause, relevant policies on attendance management, EAP, Occupational Health etc.?						
Sickness reporting	Is there the facility for those who are not able to attend work due to menopausal symptoms to report these to a female manager or other point of contact?						
Stress	Are there the appropriate mechanisms in place to deal with other related issues such as stress management? e.g., Counseling services, HSE Stress Management Standards						
Occupational health arrangements	Has the staff been made aware of what facilities are in place for OH referral and support to remain in the workplace? Do they need a referral?						
Union's support / discussion groups	The staff has been made aware of other support mechanisms in the workplace which may be able to help? E.g., Occupational Health, EAP Menopause Café						

Physical

Hazards	Considerations	Who might be harmed / level of risk?	What is already being done?	Further action necessary	Action by whom?	By when?	Date achieved
Workstations	Are workstations / locations easily accessible to toilet, and rest facilities?						
Facilities	Are there private washing and changing facilities available?						
	Is there access to sanitary products?						
	Do rotas, shifts and schedules ensure that workers have easy access to sanitary and washing facilities?						
Temperature	Is the staff/employer aware of the workplace maximum and minimum temperature and is it implemented?						
	Is ventilation available and is it regularly maintained?						
	Is additional ventilation provided, e.g., fan or sitting near a window						
	Are clothes provided made of natural fabrics?						

Physical

Hazards	Considerations	Who might be harmed / level of risk?	What is already being done?	Further action necessary	Action by whom?	By when?	Date achieved
Environment / duties	Have workstation risk assessments been reviewed to take menopause into account?						
	Are there opportunities to switch to lighter / different duties?						
	Do manual handling assessments take any issues around menopause into account?						
	Are there flexible arrangements in place in relation to breaks?						
	Can start and finish times be adjusted as part of a flexible working agreement?						
	Is the role suitable for remote working? If not, why not?						
	Is there access to natural light?						
	Have work processes been assessed to see if any adjustments are needed?						
	Is air conditioning / humidifiers functioning efficiently?						
	Is the environment too noisy?						
	Does the role impact on fatigue?						
	Does the role result in fatigue from standing?						
	Do you have sufficient workspace?						

Physical (continued)

Hazards	Considerations	Who might be harmed / level of risk?	What is already being done?	Further action necessary	Action by whom?	By when?	Date achieved
Environment / duties	Are you able to move freely / adjust posture?						
	Do you undertake remote working?						
	Could remote working support you to perform effectively in your role? E.g., ad Hoc Home Working Policy?						
	Do you work night shifts?						
	Do you work shifts in general?						
	Are you a lone worker?						
	Do you work ad hoc / regular overtime / on call?						
	How do you travel to work? Do you drive for business purposes?						

Other Risks: Please Identify

Hazards	Considerations	Who might be harmed / level of risk?	What is already being done?	Further action necessary	Action by whom?	By when?	Date achieved

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