

Menopause in the Workplace Policy

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1. Introduction

This policy is intended to raise awareness of the menopause and provide information and support for employees - both those who are directly affected and those indirectly affected, for example, partners, colleagues or line managers.

The purpose of this policy and guidance is also to assist line managers in supporting women going through the menopause in the workplace.

It recognises that women may need additional consideration, support and adjustments during the time of change before, during and after the menopause (the stages of the perimenopause, menopause then post menopause). Southwark Council is committed to ensuring that all individuals are treated fairly and with dignity and respect in their working environment. It is also committed to ensuring the health, safety and wellbeing of the workforce.

Southwark Council will work proactively to make adjustments where necessary to support women experiencing the menopause.

The Council seeks to eradicate any exclusionary or discriminatory practices in respect of age, sex, disability, race, religion or belief, marriage and civil partnership, pregnancy and maternity, sexual orientation and gender reassignment.

2. Key principles

It will be recognised that the menopause is a very individual experience and that women can be affected in different ways and to different degrees, therefore different levels and types of support and adjustments may be needed.

Appropriate information/support will be available to all staff with regards to the menopause.

A menopause support group will be developed within the Council (in conjunction with The Women's Network, Trade Unions and HR) to enable people affected by the menopause to access peer support, share knowledge and information, and so that those affected can be involved in the development and review of relevant workplace policies that may have an impact on menopausal women.

Risk assessments will be carried out which take the specific needs of menopausal women into consideration (including stress risk assessments).

Adjustments to working conditions will be proactively put in place. Training and awareness raising sessions will be available for all managers and staff.

A confidential named point of contact/support will be provided whom women can speak to for support for any issues that arise due to the menopause.

3. What is the menopause?

The menopause is a natural phase of life when women stop having periods and experience hormonal changes such as a decrease in oestrogen levels. It usually occurs between the ages of 45 and 55 and typically lasts for a number of years. Every experience will be



different and menopausal symptoms can begin before the age of 40. Perimenopause, or menopause transition, begins before the menopause.

Because they may still be having regular periods at the onset of symptoms, many women do not always realise that they are experiencing the perimenopause and may not understand what is causing their symptoms. This can be a barrier to accessing support.

Although for many women this is a natural life change, for some women the menopause may be medically induced. Surgery such as a hysterectomy and or chemotherapy can affect women at younger age groups, creating severe symptoms. So, for some it is not a 'natural life change' or transition and this makes the psychological aspect more important. It is therefore a very personal transitional phase in an individuals' life.

- Menopause A biological stage in a woman's life when you have not had a period for 12 consecutive months.
- Perimenopause The time leading up to the end of your periods when changes start to happen.
- Premature menopause Can happen naturally, or because of illness or surgery.

4. Symptoms

Physical symptoms associated with the onset of the perimenopause and the menopause can include:

- → hot flushes
- → palpitations
- → night sweats
- \rightarrow insomnia and sleep disturbances
- → fatigue
- → headaches
- → joint aches
- → dry skin and skin irritation
- \rightarrow increased perspiration during the day
- → dry eyes
- → hair loss
- → urinary problems
- → vaginal dryness, itching and discomfort

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→ irregular and/or heavy, painful periods, brought about by an unpredictable pre-menstrual tension and menstrual cycle, water retention and bloating.

There may also be associated psychological symptoms including:

- → depression
- → stress/anxiety
- \rightarrow panic attacks
- \rightarrow poor concentration
- → changes to mood
- \rightarrow problems with memory
- → loss of confidence

Women may experience only some or all of these symptoms (and others not on this list). Most women will experience some symptoms, but some women do not experience any noticeable symptoms. On average, women continue to experience symptoms for four years after their last period, but around 10 per cent of women continue to experience symptoms for up to 12 years after their last period.

Beyond the menopause, due to lower levels of certain hormones, post-menopausal women can be at an increased risk of certain conditions such as developing osteoporosis ('brittle bones') and heart disease. These risks increase for women who have an early or premature menopause.

The Menopause Symptom Checklist (Appendix A) is a useful tool for considering appropriate support. <a>

A Menopause glossary can also be found at Appendix C.

<LINK>

4.1 Who is affected?

The Council recognises that a large and increasing proportion of its female workers will be working through and well beyond the menopause. In the UK it is estimated that around 1 in 3 women are either currently going through or have reached the menopause. The menopause will affect all women, and it can often indirectly affect their partners, families and colleagues as well.

It should be noted that people from the non-binary, transgender, and intersex communities may also experience menopausal symptoms. Due to a variety of factors, the experience of the menopause may be different for those among these communities. For example, Trans



men (those who identify as male, but were assigned female at birth) will experience a natural menopause if their ovaries remain in place and no hormone therapy is given.

Experiences and perceptions of the menopause may also differ in relation to disability, age, race, religion, sexual orientation or marital/civil partnership status. It is important to recognise that for many reasons, people's individual experiences of the menopause may differ greatly.

Some women seek medical advice and treatment for the symptoms of the peri-menopause and menopause. A common form of treatment is known as hormone replacement therapy (HRT). Many women find these treatments helpful for alleviating symptoms, but HRT may not be suitable or appropriate for all women

Some women using HRT may experience side effects which may also require adjustments in the workplace.

4.2 Workplace factors

This policy recognises that there are many workplace factors which can make working life more difficult for women experiencing the menopause and which may make symptoms worse. These include:

- → Lack of suitable sex/gender sensitive risk assessments
- \rightarrow Lack of awareness of the menopause, (and perimenopause and post-menopause)
- → Lack of management training on women's health issues
- → Poor ventilation and air quality
- → Inadequate access to drinking water
- → Inadequate or non-existent toilet/washing facilities
- → Lack of control of temperature/ light
- \rightarrow Lack of appropriate uniforms or personal protective equipment (PPE)
- → Inflexible working time rules/ break times/length of meetings
- → Inflexible policies which penalise women because of their symptoms
- →Negative attitudes
- → Excessive workloads
- →Workplace stress
- → Unsympathetic line management/colleagues
- → Bullying and harassment



The Council is committed to making the workplace an environment where proactive steps are taken to ensure conditions do not make women's symptoms worse.

5. Access to Workplace Support

It is recognised that the menopause is a very personal experience and different adjustments and levels of support may be needed for different individuals.

Individuals are encouraged to inform their line manager that they are experiencing menopausal symptoms at an early stage to ensure that symptoms are recognised as an ongoing health issue rather than as individual instances of ill health. Early notification will also help line managers to determine the most appropriate course of action to support an employee's individual needs.

Although all line managers are expected to take a positive and supportive approach towards discussions about the menopause, the Council understands that some individual staff members who are affected may feel uncomfortable talking directly to their line manager if they are experiencing problems, especially if the line manager is male or much younger. The Council understands this and women who do not wish to discuss the issue with their direct line manager may wish to have an initial discussion with:

- A colleague they trust
- <u>Women's Network rep</u> (email directly)
- HR Business Partner or HR Adviser via hrtgov.uk
- Occupational health practitioner
- Menopause Support Group (see below)
- Trade Union representative

Counselling services

Individuals can also access confidential support through a variety of initiatives such as our <u>employee assistance programme</u>, which offers expert advice and specialist counselling online or by telephone 24 hours a day, 7 days a week (further details below). Our mental health first-aiders are also on offer at various sites across the council to provide support where needed.

Menopause Support Group

A Menopause Support Group is available to access within the workplace and is open to any member of staff affected by issues linked to the menopause (directly or indirectly). The group will meet on a quarterly basis, and aims to provide a confidential and supportive forum for those affected by the menopause to access peer support and share knowledge and information. Initially a Menopause Support Group shall be available to join via <u>Yammer</u>.

6. Key management actions and adjustments to be made:

A line manager should have a supportive conversation with the individual. Line managers are not expected to be experts or act as healthcare professionals when discussing the menopause. Line managers should advise employees that they should always consult their GP for further support and advice can also be sought from occupational health.



When an employee tells their line manager about their issues with the menopause, they should gain an understanding of what the employee is likely to need in the workplace. Managers can use the information provided in this guidance to help you start a conversation about the menopause:

- Appendix A is self-identification of menopausal symptoms checklist this leads to a discussion of what adjustments are suitable;
- Appendix B is the Menopause Risk Assessment which can open the discussion between line manager and staff.
- Appendix C is the Menopause Glossary defining terms relating to the menopause.

The employee may have chosen to speak to a colleague, a different manager or to HR before raising the subject with you, their line manager.

6.1 Line manager's should:

Line managers should be mindful of the Respect at Work Policy. Everyone has a right to feel respected and valued at work, and to be confident in raising issues when they need to;

Remember that every individual's issues are unique to them, do not make assumptions;

Ensure that all information shared by the employee is treated in the strictest confidence and is not shared further without the employee's consent;

Listen to and gain an understanding of any concerns your employee has about their issues or symptoms, avoiding assumptions;

Discuss timescales and leave requirements if this has been raised as part of the discussion. It is worth underlining that perimenopause and menopause symptoms do not have an indicative timeline for resolution;

Take account of individual and business needs when dealing with requests for special/medical leave, being mindful of the importance of being supportive of attendance at appointments;

Outline the support available to the employee, such as Occupational Health, the Employee Assistance Programme and adjustments in the workplace.

Contact HR for advice if unsure of any aspect of the policy.

Risk assessments

Line managers should ensure risk assessments consider the specific requirements of menopausal women and ensure that the working environment is suitable and will not make women's symptoms worse. The risk assessment will assist with the identification of any potential adjustments which may be required. Managers should use the menopause risk assessment checklist as a guide but also take account of any additional issues raised by individuals affected.



Common issues that need consideration are workplace temperature and ventilation which could be improved by a USB desk fan, access to adequate toilet and washing facilities and sources of workplace stress.

Discretion in the implementation of existing policies

The effects of the menopause and hormone replacement therapy (HRT) should be taken in to account in the implementation of sickness absence, capability, disciplinary, complaints, respect at work and performance policies to ensure that menopausal women are not unfairly penalised and do not experience detrimental treatment as a result of their symptoms.

Flexible working arrangements

Changes to working time arrangements should be made available where needed including adjustments to start/finish times, reduced hours, options for working from home (where the role allows this), additional breaks and consideration of leave requests at short notice where unavoidable.

Examples of specific Adjustments that may help are listed in the Menopause Symptom Checklist

7. Self-help measures

Current health promotion advice to women highlights the importance of lifestyle choices before, during and after the menopause and the benefits of:

→ Consulting with a GP on the management of the menopause and to ensure that any symptoms are not due to any other causes

- → Having access to natural light
- → Getting adequate rest and relaxation
- → Wearing natural fibres

→ Eating healthily and regularly – research has shown that a balanced diet can help alleviate some symptoms and help keep bones healthy

→ Drinking plenty of water – some women find chilled water helpful

→ Exercising regularly – exercise can help to reduce hot flushes and improve sleep. It can also help boost mood and maintain strong bones

- → Not smoking
- → Be aware of your caffeine and alcohol intake

These measures can help with some symptoms of menopause and may also help reduce the risk of osteoporosis ('brittle bones'), diabetes and heart disease in later life.

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8. Signposting and support

Employee Assistance Programme (EAP)

The Council's Employee Assistance Programme is available 24 hours a day, 365 days a year. The EAP can advise on a range of issues and arrange counselling where required.

Freephone telephone from UK landlines - **0800 756 3354**, 24/7 365 days a year Website: Login Link

Contact details Menopause Support Group: Yammer

External Links

Menopause matters

The British Menopause Society

NHS menopause pages

NHS information on HRT

NICE Menopause: diagnosis and management

Healthtalk.org

Women's Health Concerns

The Menopause Exchange

Menopause Support UK

Guidance from the Faculty of Occupational Medicine of the Royal College of Physicians:

British Occupational Health Research Foundation – research on women's experiences working through the menopause

The Daisy Network: For women with POI (Premature Ovarian Insufficiency)

TUC Menopause in the workplace guidance

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