



Transform Trust Menopause Policy

Policy Number	Author	Publication Date	Review Cycle
320	HR Director	September 2022	Annual – no change autumn 2022 review

1. Who this policy applies to

This policy applies to all employees of Transform Trust on permanent or temporary contracts.

This policy does not apply to casual workers, consultants, agency workers or any other workers who are not actual employees of Transform Trust.

This policy is currently draft and is subject to consultation through Transform Trust Joint Consultative Committee (JCC). Therefore, changes and additions are possible to this version of the policy. The policy will be reviewed each September. Support in the writing of and inclusions into the policy have also been provided by leaders from Allenton Community Primary School.

2. Background

2.1 Transform Trust is committed to ensuring that all colleagues are treated fairly and with dignity and respect in their working environment.

Transform Trust is committed to providing an inclusive and supportive environment for everyone who works here.

2.2 The Trust is also committed to improving the wellbeing of its employees. As an employer the Trust has a duty to manage age related issues effectively.

2.3 In this regard, the Trust will provide appropriate support to women who are experiencing menopausal-related health problems including those related to medicated menopause (HRT). Menopause is a natural part of every woman's life, and it isn't always an easy transition. Whilst every woman does not suffer with symptoms, supporting those who do will improve their experience at work.

2.4 It is important that staff and managers understand the difficulties and anxieties of colleagues currently going through this transition and that this is managed by raising awareness. The changing age of the UK's workforce means that a high percentage of menopausal women are at work.

2.5 – Male menopause

Andropause – (also known as the male menopause) is a condition that is associated with the decrease in the male hormone testosterone. Testosterone is the hormone responsible for deep voices, muscle mass, and facial and body hair patterns found in males. The decrease in testosterone is an important factor in men suspected of having andropause. Through aging, a male starts to create less testosterone at a rate of less than 2% per year.

Some men develop depression, loss of sex drive, erectile dysfunction, and other physical and emotional symptoms when they reach their late 40s to early 50s.

Other symptoms common in men this age are:

- mood swings and irritability
- loss of muscle mass and reduced ability to exercise

- fat redistribution, such as developing a large belly or "man boobs" (gynaecomastia)
- a general lack of enthusiasm or energy
- difficulty sleeping (insomnia) or increased tiredness
- poor concentration and short-term memory

These symptoms can interfere with everyday life and happiness, so it's important to find the underlying cause and work out what can be done to resolve it.

3. Aim of Policy

3.1 The aim of the Policy is to make staff and managers aware of menopause health related issues and how they can affect their employees by:

3.1.1 Creating an environment where women feel confident enough to raise issues about their symptoms and ask for adjustments at work.

3.1.2 Taking a pro-active stance by promoting a greater understanding of the menopause and look to eradicate any exclusionary or discriminatory practices.

3.1.3 Providing direction and clarity on how to support women who raise menopause related issues, either for individuals experiencing this or those who are affected indirectly, for example, line managers, partners (including same sex partners) and colleagues.

3.1.4 Informing managers about the potential symptoms of menopause, what the consequences can be and what they can do to support women at work. Educate and inform managers about the potential symptoms of menopause, and how they can support women at work (See Appendix 1)

3.1.5 Reduce absenteeism due to menopausal symptoms. Where it is possible to source data can be shared with Unions on the amount of absences attributed to menopausal symptoms.

3.1.6 Accepting that menopause related symptoms can affect women differently.

3.1.7 Meeting the requirements under the Health and Safety at Work Act 1974 to ensure the health and safety and welfare of colleagues; the Workplace (Health, Safety and Welfare) Regulations 1992 to make the workplace suitable for individuals who work in them; and the Management of Health and Safety at Work Regulations 1999, which requires the completion of a suitable risk assessment and take action to prevent exposure to risks. There is also a requirement under the Public Sector Duty to promote gender equality. There have been a number of ET cases where the menopause was held to be a disability under the Equality Act 2010 so it is important that consideration on how to manage the impact menopause and menopausal symptoms has and what reasonable adjustments may be appropriate.

3.1.8 Assure women that we are a responsible employer, committed to supporting their needs during menopause.

4. Definitions

4.1 Menopause is defined as a biological stage in a woman's life that occurs when a woman stops menstruating and reaches the end of her natural reproductive life. The menopause is usually defined as having occurred when a woman has not had a period for twelve consecutive months (for women reaching menopause naturally). For most, the menopause starts between the ages of 45 and 55, however, it can be earlier or later than this due to surgery, illness or other reasons. As a result of these hormonal changes, many women experience both physical and emotional symptoms.

4.2 Peri-menopause is the time leading up to the menopause when women may experience changes, such as irregular periods or other menopausal symptoms. This can be years before menopause.

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

4.4 Around 1 in 100 women experience the menopause before 40 years of age. This is known as premature menopause, premature ovarian failure, or primary ovarian insufficiency.

5. Symptoms of the Menopause

5.1 Whilst 75% of women do experience some symptoms, and 25% could be classed as severe, it is important to note that not every woman will notice every symptom, or even need help or support. Some women can experience few or no symptoms, whilst others can have symptoms that can debilitate them and can affect their work and the role that they do.

5.2 Symptoms can manifest both physically and psychologically and can be quite severe and have significant impact on their everyday activities including working life.

Common symptoms include:

- hot flushes
- palpitations
- headaches
- sweats
- difficulty sleeping, insomnia
- panic attacks
- skin irritation
- low mood or anxiety
- depression
- loss of confidence
- problems with memory, decision making and concentration
- Irritability, mood swings and emotional outbursts.

5.3 Menopausal symptoms can begin months or even years before a woman's period stop and can last around four years after the last period, although some women experience them for much longer and can need medication to alleviate the symptoms. This can also fluctuate and can return.

5.4 Surgical and medical treatments, such as a hysterectomy, fertility treatment, endometriosis, some cancer treatments and hormone therapy as part of someone's gender transition can also bring about menopause symptoms. Further information about surgical menopause is available on the NHS website. Some of the above conditions may fall within the provisions of the Equality Act 2010 and as a result may require reasonable adjustments to be considered to enable someone to undertake their work.

5.5 The effect of the menopause can significantly impact on, a woman's physical and emotional health, how she does her work and her relationships with her colleagues.

5.6 The menopause can adversely affect behaviour, memory and confidence. An example could be that a woman is usually competent and comfortable with addressing a large meeting of people, and then, suddenly, she loses confidence and just cannot do it. Or, with memory loss, i.e. not carrying out a management request because she forgot, the manager should explore these challenges with compassion, and consider any supportive measures that could be put in place.

5.7 Self-management, such as an early alert on when someone is experiencing symptoms, open dialogue around difficulties and being able to identify what might be beneficial alongside support from the Trust policy/HR team, managers and colleagues, will help to manage symptoms in a more effective way

5.8 In accordance with FOM (Faculty of Occupational Medicine) and NICE guidelines (National Institute for Health and Care Excellence) women should be advised to seek medical advice from their GP in the first instance.

6. Roles and Responsibilities

6.1 Employees

6.1.1 All employees are responsible for:

- Taking personal responsibility to look at the options available such as ways in which to manage symptoms, identifying areas where school can support, seeing their G.P. or considering herbal remedies and their health;
- Being open and honest in conversations with line managers. If a member of staff feels unable to speak to their line manager, they can speak to an alternative manager, HR or their Trade Union;
- Being willing to help and support their colleagues.

6.2 Line Managers

6.2.1 All managers should:

- Familiarise themselves with the Menopause Policy and other available documentation;
- Be ready and willing to have open discussions (appendix 1 and 2) about menopause, appreciating the personal nature of the conversation, and treating the discussion sensitively and professionally;
- Agree with the individual how best they can be supported, and consider any reasonable adjustments required to remove potential barriers such as those identified at Appendix 1 below that may get in the way of the woman effectively doing their job.;

- Record reasonable adjustments agreed, and actions to be implemented (appendix 2)
- Ensure ongoing conversations take place and set review dates;
- Ensure that all agreed reasonable adjustments are adhered to.

6.2.2 Where reasonable adjustments are unsuccessful, or if symptoms are proving more problematic, the manager may wish to consider:

- Making a referral to Employee Wellbeing for further Occupational Health advice;
- Review any Occupational Health advice received, and consider implementing any recommendations, where reasonably practical, taking the needs of the service into consideration.
- Obtaining advice from HR before considering any formal action where symptoms of menopause may be a relevant and mitigating factors, including informal and formal capability and misconduct processes.

6.3 Human Resources

6.3.1 Human Resources will:

- Offer guidance and support to managers on the interpretation of this Policy and supporting documents;
- Support managers in referring employees to Employee Wellbeing for further Occupational Health advice.

7. Menopause related sickness absence

7.1 The menopause is not a widely discussed subject and can be misunderstood. Some women may find it difficult to discuss the menopause with their manager and may feel that they need to take time off work to deal with their symptoms without disclosing the real reason.

7.2 Women may not be comfortable disclosing their difficulties, particularly if their manager is younger than them or is male. Offering an alternative female manager for the individual to disclose their difficulties to, may be an option to consider. However, managers should try to encourage open and honest discussions with their team.

7.3 Those experiencing the menopause or peri-menopause may experience bouts of feeling unwell at work, so managers should take a flexible and sympathetic approach to requests for a break or even a return home.

7.4 Colleagues who are experiencing symptoms of the menopause should follow the normal sickness absence reporting procedure, the attendance management procedure should also be followed when managing a colleague's sickness absence.

7.5 As a reasonable adjustment, higher absence trigger points should be considered where more serious and/or prolonged menopause symptoms are affecting the woman's attendance.

8. Further Sources of Information and Support

8.1 The Trust Employee Assistance Programme (EAP) provided through Health Assured. It is a free, confidential service that can offer colleagues personal support when they require it. Colleagues can

telephone 24 hours a day, 365 days a year on Freephone 0800 0305182 (make sure you quote Perkbox).

8.2

- The Daisy Network - <https://www.daisynetwork.org.uk/>
 - NHS - <https://www.nhs.uk/conditions/menopause/>
 - Menopause Matters - <https://www.menopausematters.co.uk/>
 - Women's Health Concern - <https://www.womens-health-concern.org/>
 - The Menopause Exchange - <http://www.menopause-exchange.co.uk/>
 - My Menopause Doctor - <https://www.menopausedoctor.co.uk/>
 - Cancer Research UK - <https://www.cancerresearchuk.org/aboutcancer/coping/physically/sex/women/early-menopause>
- NICE - Menopause: diagnosis and management - <https://www.nice.org.uk/guidance/ng23>
Faculty of Occupational Medicine (FOM) - <https://www.fom.ac.uk/health-at-work-2/information-for-employers/dealing-with-health-problems-in-the-workplace/advice-on-the-menopause>

Review

This policy was adopted in September 2022 and will be reviewed in 12 months.

Managers' Guidance for colleague discussions

Appendix 1

We recognise that every woman is different, and it is, therefore, not feasible to set out a structured set of specific guidelines.

All advice is given, and written, in accordance with the Faculty of Occupational Medicine (FOM) recommendations and best practice.

If an employee wishes to speak about their symptoms, or just to talk about how they are feeling (they may not recognise themselves that they are symptomatic), or if a male employee wishes to speak about a family member, please ensure that you:

- Allow adequate time to have the conversation;
- Find an appropriate room to preserve confidentiality;
- Encourage them to speak openly and honestly;
- Suggest ways in which they can be supported (see symptoms below)
- Agree actions, and how to implement them (you could use the template at Appendix 2 to record the meeting, so that
- all parties agree what has been discussed, and the next steps, before the meeting ends). Ensure that this record is
- treated as confidential, and is stored securely.
- Agree if other members of the team should be informed, and by whom;
- Ensure that designated time is allowed for a follow up meeting. Do not rely on quick queries during chance encounters
- in the corridor or break room.

Symptoms Support - Symptoms can manifest both physically and psychologically, including, but not exhaustively or exclusively; support for women should be considered as detailed below:

Hot Flushes

Request temperature control for their work area, such as a fan on their desk (where possible a USB connected desk fan to ensure environmentally friendly) or moving near a window, or away from a heat source;

Easy access to drinking water;

Be allowed to adapt prescribed uniform, such as by removing a jacket;

Have access to a rest room for breaks if their work involves long periods of standing or sitting, or a quiet area if they need to manage a severe hot flush.

Heavy/light Periods

Have permanent access to washroom facilities;

Request an extra uniform;

Ensure sanitary products are available in washrooms (as marked on a University map)/key points across the University, in order to obtain personal protection;

Ensure storage space is available for a change of clothing.

Headaches

Have ease of access to fresh drinking water;

Offer a quiet space to work;

Offer noise-reducing headphones to wear in open offices;

Have time out to take medication if needed.

Difficulty Sleeping

Ask to be considered for flexible working, particularly suffering from a lack of sleep.

Low Mood

Agree time out from others, when required, without needing to ask for permission;

Identify a 'buddy' for the colleague to talk to – outside of the work area;

Identify a 'time out space' to be able to go to 'clear their head';

Loss of Confidence

Ensure there are regular Personal Development Discussions;

Have regular protected time with their manager to discuss any issues;

Have agreed protected time to catch up with work.

Poor Concentration

Discuss if there are times of the day when concentration is better or worse, and adjust working pattern/practice accordingly;

Review task allocation and workload;

Provide books for lists, action boards, or other memory-assisting equipment;

Offer quiet space to work; Offer noise-reducing headphones to wear in open offices;

Reduce interruptions;

Have agreements in place in an open office that an individual is having 'protected time', so that they are not disturbed;

Have agreed protected time to catch up with work.

Anxiety

Promote counselling services provided by Transform Trust;

Identify a 'buddy' for the colleague to talk to – outside of work their area;

Be able to have time away from their work to undertake relaxation techniques;

Undertake mindfulness activities such as breathing exercises, or going for a walk.

Panic Attacks

Agree time out from others, when required, without needing to ask for permission;

Identify a 'buddy' outside of work area;

Be able to have time away from their work to undertake relaxation techniques;

Undertake mindfulness activities such as breathing exercises, or going for a walk.

Discuss whether the member of staff has visited their GP. Depending on the discussion, this may be the next step suggested, particularly if the areas of difficulty are sleeping, panic attacks or anxiety.

If they have visited their GP, and are being supported by them, it may be helpful at this point to make an Occupational Health referral to give specific advice regarding the workplace.

Appendix 2

Confidential Colleague Discussion – Template

Member of staff' details:

Name

Job Title

Location (School/Trust Central)

Present at meeting (line manager name and position)

Date of discussion:

Summary of Discussion:

Agreed Actions/Adjustments:

Date of next review meeting

Signed (Member of staff)

Signed (Manager)