

Inclusive Employers

Menopause Package



Introduction

Historically, menopause has been one of those taboo subjects in the workplace....almost with a shame or stigma attached to it. This can only result in exclusion for those who are experiencing menopause. But this is a life event that impacts 50% of the workforce!

Over recent years, and certainly with the increased focus on mental health issues through covid, everyone is learning so much more about menopause and employers are taking their responsibilities serious to create menopause inclusive workplaces.

Employers realise that they risk losing talented, experienced team members, having high absence rates, and staff working at less than full potential. The very serious risk of discrimination claims on the groups of disability, sex or age is also a consideration and in this updates pack, we explore recent ET case law.

This pack aims to equip workplaces with the necessary information, guidance and resources to improve how they support colleagues (including women and some men, trans and non-binary people) before, during and after the menopause.

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Please note that this package uses the term colleague to encompass a range of people who may experience the menopause. This includes: cis-women i.e. people who were assigned female at birth and continue to express their gender as female throughout life, trans-women some of whom may experience menopause or similar menopausal symptoms, depending on their particular circumstances, trans-men who depending on their particular transition or circumstances may experience menopause or similar symptoms, non-binary people whose biological sex is female.

We also use the term women's equality/ gender equality to refer to organisational practice in diversity and inclusion that has traditionally focused solely on cis-women.

We hope you find this resource package useful. Questions, comments and feedback are always welcome by contacting us on 020 803 0689 or info@inclusiveemployers.co.uk

1. Frequently Asked Questions

What is the menopause?

A normal, natural, life-event. It marks the permanent end of the persons potential fertility. The menopause is actually only one day, defined as the final day of the last menstrual period and is usually confirmed when there have been no further periods for 12 months (excluding when they are other causes for the absence of periods e.g. illness or contraception) therefore most people won't know that they have experienced the menopause until months or even years after it has happened.

When does the menopause take place?

In the UK the average age for the menopause is 51. For most people they will experience it sometime between 45 and 55. However around 1 in 100 people experience the menopause before the age of 40.

What is premenopausal?

This term refers to people who are not yet in the stage of their life where they are experiencing any menopausal symptoms.

What is perimenopause?

This is the period of time when the body starts to change in the gradual transition between reproductive years and menopause. It is the phrase when people will start to experience symptoms including hot flushes, irregular periods, night sweats, low mood and difficulty sleeping.

What is postmenopause?

The period of time after the last period. When a person hasn't had a period for at least 12 months they would be postmenopausal.

Why do some people experience premature menopause?

We don't always know why premature menopause occurs, although it is often the result of chemotherapy, radiotherapy and some breast cancer treatments and certain medical conditions or disabilities such as Down's Syndrome can always cause premature menopause.

What causes the menopause?

As we age, the balance of sexual hormones in the body changes so the ovaries produce less oestrogen, which triggers the menopause.

How long do menopause symptoms last?

On average symptoms last around 4 years, for some people starting a year or more before their last period and others only a couple of months before.

What are the common symptoms?

Irregular periods Vaginal dryness Hot flashes Chills Night sweats Sleep problems Mood changes particularly low mood Weight gain and slowed metabolism Thinning hair and dry skin Fatigue Memory Lapses Anxiety Headaches Digestive problems Difficulty concentrating or "brain fog" These symptoms can also be signs of other underlying conditions so please speak to a medical professional if you are experiencing them.

How do I know if I am experiencing the perimenopause?

If you are aged between 45 and 55 and are experiencing the symptoms above then you could be peri or post-menopausal. It is recommended to speak to your GP who can diagnose you through assessing your symptoms. If you are younger than 45 it is essential that you consult your doctor if you are experience these symptoms. Doctors can also take a blood test to confirm your hormone levels and are likely to be taken if you are young than 45.

Are there any treatments for the menopause?

This is a natural change in your body so you can't completely stop the menopause happening, you can however treat the symptoms if they are affecting your quality of life. This may include tablets such as HRT, oestrogen creams, CBT for low mood, changes to your diet or routine. The best treatment for you can be decided in consultation with your doctor.

2. 10 top tips on creating a menopause supporting organisation

1. Provide information about the menopause, symptoms and treatments through your intranet, Health care provider, Employee Assistance Programmes or Occupational Health
2. Collaborate with your women's network to discuss any areas for concern in your organisation and ways to improve. NB don't forget to have a discussion with your LGBT network to include Trans people in the discussion also.
3. Provide small adjustments that don't require referrals, form filling or meeting with HR such as availability of USB desk fans through the Stationary team or Administrator
4. Promote flexible working as an option for helping to manage menopause symptoms
5. Provide a quiet space where people experiencing headaches, flushes or other symptoms can take some time out
6. Upskill at least one member of the HR team on menopause so that they can be the 'go-to' expert for employee questions
7. Provide training sessions, lunch and learns or webinars open to everyone to dispel myths and provide information about support . Encouraging men and younger women to get involved.
8. Create a menopause policy to give line managers a guide on what steps they should take to support their team
9. When using case studies in D&I training or polices make sure that menopause features
10. Make sure your sickness absence system can take into account the effects of the menopause and that those people who have needed time off don't face any detriment

3. Writing a menopause policy

What's the rational for a policy?

Every organisation will have their own unique business case for a policy but here are some common themes:

- 70% to 80% of menopausal women are currently in the workplace
- With changing UK demographics people are working longer and are more likely to experience menopause whilst at work
- The symptoms of the menopause can, for some people, be debilitating and effect their physical and mental health significantly. This will impact performance and absence
- A menopause policy and accompanying actions strengthen existing work on gender equality
- There have been recent employment tribunals covering menopause which set a clear message around the expectations of employers to support women experiencing the menopause
- Having a policy gives line managers, who may have little knowledge on the subject, a framework to support them in managing menopausal staff fairly

How should I go about writing it?

- If your industry has union involvement it is advisable to involve your unions in the process of writing the policy, even though it will not involve contractual terms
- Consult your women's network and your LGBT network to find out what difficulties people are facing and what they would want from a policy

- You could run some focus groups or listening sessions to get views from across the organisation
- Make sure you only include things in the policy that you are equipped as a business to deliver

What should it include?

- The policy aims
- Who the policy refers to
- Definitions of the key terminology
- The responsibilities of different people in the organisation e.g. what will HR, a line manager and Occupation Health do?
- Link to other policies that interact e.g. absence management
- Signposting to support and further information
- It is always useful to link to a line manager guide or have the guide as part of the policy

4. A line manager's guide: the menopause

Have an open and honest discussion about how your colleague is feeling is an important part of any inclusive workplace and talking about the menopause is no different to this.

Everyone's experience of the menopause will be different so there is no rigid set of rules for engaging in conversation.

There are, however, lots of things you can do to make the conversation and ongoing support effective.

Note that it is not just older women who may want to discuss the menopause, it could be young women, transgender/non-binary people, men who could be experiencing their own aging symptoms or colleagues who have a partner whose menopause is affecting them.

8 tips for having a positive conversation:

1. In the initial conversation colleagues may not be aware that what they are describing is related to the menopause, be open to be led by them and don't jump to conclusions
2. Make sure you have enough time and that you are not rushing off when they are trying to talk to you
3. Find a space to talk privately and never discuss their symptoms or experiences with anyone else unless you agree this with them in advance
4. Advise them on ways that you and the organisation can support them i.e. refer to the menopause policy

5. Encourage them to be open and honest and ensure them that they do not need to feel embarrassed
6. Listen. You don't need to be an expert, there are resources available to you. All you need to do is listen and work in partnership with the colleague, HR and other services to make adjustments
7. Agree actions and implement them
8. Make a record of what has been agreed and set a date for review

Examples of adjustments that can be made:

- Request a USB fan for their desk
- Allow them to move near a window or away from a heat source
- Make sure they have easy access to cold water If they wear a uniform allow them to have a spare uniform and change if they sweat or allow them to wear the uniform differently e.g. without the jacket.
- Make sure they have access to a rest/break room and if they work long shift patterns that they can take more regular breaks
- Permanent access to bathrooms and sanitary products
- Keep long cardigans available in welfare facilities (many women talk about sudden heavy periods which soil their clothes, a long cardigan allows them to cover up until they could get home, they then clean and return the cardigan
- Difficulty sleeping, low mood and anxiety
- Put in a flexible working request and find a pattern of work that enable the most sleep possible
- Agree a place they can go to have some time out when struggling with their mood

- Identify a 'buddy' who can go for a walk with them, take them to a private space to talk when needed
- Refer them to the Employee Assistance Programme
- Sign post them to mental health support such as mindfulness and CBT
- Talk to them about any triggers for their mood or panic attacks and work to reduce these triggers
- Poor concentration and brain fog
- Provide equipment such as to-do list books, planners and organisational tools
Review their workload
- Help them to prioritise tasks and have regular check-ins to keep them on track
Agree they can work from home or a quiet space
- Offer headphones to reduce background noise
- Talk to them about times of the day when symptoms are better/worst and make a plan that works for them

Be there to listen when they are struggling to make sense of tasks. If adjustments aren't reducing symptoms or symptoms are worsening over time you should talk to the colleague about seeking support from their GP. You can also make referrals with them to Occupational Health/ Wellbeing team.

5. Menopause and the Equality Act

Menopause is covered under the Equality Act 2010.

The first cases in relation to menopause have been won, including the first on disability. Others are on the radar and could be age, gender or even disability discrimination related.

Menopause is not a disability in itself, menopause symptoms can give rise to a section 6 Equality Act disability provided the symptoms have a long-term and substantial adverse effect on normal day-to-day-activities.

Merchant vs BT (2012)

This was the first menopause tribunal case. The employee, Ms Merchant, brought this tribunal claim against her employer, BT, on the grounds of gender discrimination. She was experiencing difficult menopausal symptoms, which was affecting her performance at work. Her GP offered evidence outlining her symptoms. She was suffering from stress and poor concentration levels.

Their performance management process required managers to examine whether underperformance was due to health reasons. But her line manager did not consider the impact of menopause or seek expert opinion, relying instead on his own experience and beliefs about menopause.

The company dismissed her and she took them to tribunal. They upheld her claim on the basis that the manager would not have approached a non-female-related condition in the same way. They also found the employer would have treated a man suffering from similar symptoms differently.

The tribunal decision stated, 'It is self evident that all women will experience their menopause in different ways and with differing symptoms and degrees of symptoms'.

Davies vs Scottish Courts and Tribunal Service SCTS (2018)

Davies worked as a court officer for the Scottish Courts. She was suffering from a range of menopause related symptoms and had been prescribed medication for cystitis. She kept the granulated medication in her desk to be dissolved in water. However, on returning to her desk after a court visit she found her personal items had been moved and the water jug on her table was empty. Concerned to see two men drinking water, she alerted them to the fact it could potentially contain medication.

Although it transpired the medication was not in the water – which would have turned pink if so – the health and safety team subjected her to a rigorous investigation. The tribunal found this went far beyond the issues it should have been examining. Her company put her through a disciplinary action and ultimately dismissed her on the grounds of gross misconduct – which she unsuccessfully appealed.

The tribunal's ruling was that the claimant was unfairly dismissed and subjected to disability discrimination. The tribunal ordered reinstatement to her post, £14,000 to compensate her for lost pay between the period of dismissal and reinstatement, plus £5,000 in respect of injury to feelings.

Tiffin vs Surrey Police (2017)

This case was brought on the grounds of disability and sex discrimination. Although all claims failed, this is a useful case for employers to read and see an example of good employment practice.

The employee, Ms Tiffin, had failed to pass a fitness test which had been introduced as a policy across the Surrey Police Force. This was to ensure all their officers were fit for the job. Ms Tiffin said she could not pass the fitness test due to health reasons. The employer made various attempts to support her in this. Eventually she resigned and took Surrey Police to tribunal on the grounds of disability discrimination.

However, the tribunal found that her employer had behaved reasonably. They had followed their own processes, kept good communications going throughout, offering her reasonable adjustments to help her pass such as access to gym facilities and a running club, with her manager offering to undergo the tests with her for support.

The ruling of the tribunal was that fitness requirements were a necessary part of the job and that Ms Tiffin had not been discriminated against. Surrey Police had behaved as a reasonable employer.

A v Bonmarche Ltd (2019)

The claimant was a senior supervisor at the retailer, and had worked there a long time. Her manager started a bullying campaign, ridiculing her as she was going through menopause. He called her a dinosaur and encouraged other staff to laugh at his comments.

During a restructure, her post was unaffected, yet others were encouraged to apply for her role. She suffered some significant sickness absence, but did manage to return to her role on a phased basis working shorter hours. However, the claimant's manager placed her on a full shift for the following week. She resigned and suffered a complete breakdown due to harassment and bullying she had endured. She was successful in her claim of age and sex discrimination.

The claimant was awarded £28k. £10,000 was for loss of earnings, £18,000 was injury to feelings as a result of the serious bullying and harassment she had suffered.

6a. Blog - Early Menopause

Nia Fisher explains how it feels to go through early menopause.

It's a chilly winter night but I'm lying in bed sweating, unable to sleep. I've thrown my duvet aside and got rid of my pyjamas. I've spritzed myself with water and turned my fan up high, but the heat is still intense, rising from my midriff towards my head in pulsating waves. When I first experienced this unsettling feeling, I didn't know what was going on. Yes, I knew that night sweats were a symptom of menopause, but I thought that only happened to women in their fifties. I was just 35, single and not sexually active, so when I missed a few periods I thought it was odd, but put it down to stress. As an actress appearing in a West End musical, my work schedule was intense, my dad was having treatment for cancer and I was packing to move house. I felt more emotional than usual, but it was the constant sweating that disturbed me, so eventually I went to see my GP, who recommended blood tests to measure my oestrogen levels and something called the follicle stimulating hormone (FSH) in my body.

Oestrogen is the most important hormone for regulating your cycle and is essential for reproduction, while FSH helps oestrogen production, so it's crucial for fertility.

If your level is too high, it can be because your ovaries are struggling to produce oestrogen and the body is working overtime to correct this, indicating you're approaching menopause.

While I waited for the results, I went to stay with my parents in Devon for a few days. It was August, and I can remember standing in the garden looking at their blooming flowers when the doctor called. It was bad news. My tests showed a low oestrogen count and a very high FSH count of 104. Just to put this in context, 'normal' FSH levels range from 3.5 to 11.5 with anything above 40 indicating that the ovaries are failing.

I stood in disbelief, trying to process what he'd said – that the results showed signs of early menopause. Surely, it was inconceivable that there was a possibility my body was

failing me when I was a fit, healthy woman? By my age, my mother had given birth to three children. She didn't go through the menopause until her early fifties, so there had been no suggestion that having children might be a problem.

Now all I could think was that the choice to have my own biological children was being taken away from me. Because of my young age, I was referred to an endocrinologist (a hormone specialist), who did some more blood tests to investigate what was happening to me. S

he told me I was perimenopausal, meaning my body had started making the transition towards menopause and my ovaries were beginning to produce less oestrogen.

As well as regulating the cycle, this hormone helps control body temperature. This explained the hot flushes, night sweats and irregular periods.

Although the news was bleak, I could fall pregnant during perimenopause, because the body is still ovulating, so we talked about the possibility of freezing my eggs. The next stage was taking an anti-mullerian hormone (AMH) blood test to check the quality of my remaining eggs. It's not available on the NHS, but most fertility clinics routinely offer it for around £100. Five days later, I was told that my ovaries had failed and any eggs I did have left would be of too poor quality to conceive with.

So that was it. After a torturous ten-month waiting game, during which time my best friend became pregnant with her first child, I was diagnosed with premature ovarian failure, more commonly known as premature menopause.

One in every 100 women are defined as being menopausal before the age of 40.

The symptoms are similar to the normal menopause, which the average woman experiences at 51 – hot flushes, night sweats, mood changes and low libido. But it doesn't happen overnight; It's impossible to say how long it took for me, because I was obviously going through the process before I realised, but after 12 months of no period, you're defined as menopausal.

After the endocrinologist delivered the final bombshell to me over the phone, I was numb with shock on the tube to work. When I reached the theatre, I turned around and went home. I just couldn't face anyone. The best the doctors could do for me was help

manage my menopausal symptoms, so I was put on hormone replacement therapy (HRT) and told I'd need to remain on it until my fifties.

Fortunately, the hot flushes had stopped by then, but my mood had been incredibly low and the HRT helped me cope with my hectic lifestyle a bit better. Dealing with the emotional fallout of early menopause proved far more difficult than the physical symptoms. It isolated me from friends going through the usual milestones of their thirties – falling in love, settling down and getting pregnant. I remember holding by friends newborn baby when it arrived later that year and marvelling at the beauty of the moment, while inwardly grieving for the children I would never have.

Like many women in their thirties, I'd put off motherhood till later, waiting until I met someone I could picture having a family with, but suddenly that chance to have a baby was out of my hands.

Seeing families on days out in London with young children left me feeling empty; it was hard going on Facebook with all the baby pictures, too. I went from being open and friendly to not wanting to be noticed. I avoided parties and wouldn't make eye contact with men if I was out, so they didn't approach me. I didn't want to have to tell them I was flawed, an insufficient woman. I let those three little words, 'premature ovarian failure' define me.

Back at work, I had to deal with a heavy sadness that I just couldn't shift. My body was still capable of dancing every night, but I felt I was only half a woman. It seemed so unfair that there was no explanation for what I was going through. Early menopause can run in families, but it can also be cruelly random, striking without warning. I watched as three cast members bloomed with fertility after announcing their pregnancies, and each time it was another reminder of everything that my body wasn't capable of.

Being surrounded by young, attractive women day in, day out, in an industry that prizes youth and beauty, was agonising. I passed off my hot flushes as being hot from dancing, and left my dressing room to cry in the stairwell when things got on top of me. It may have been easier if there had been some external evidence of what I was going through, like wrinkles or grey hair, but, on the outside, nothing had changed.

Knowing I can't have children has made me question who I am and my purpose in life. I've suffered anxiety and panic attacks, and was signed off work for one week last summer with stress.

There were times when I felt like I was falling apart. But at last I am learning to accept my situation. I'm now having counselling and have started blogging about my experiences on thelotusnetwork.com, which has been hugely therapeutic for me.

Sometimes it feels like society prizes youth and fertility over everything, but I've realised there are other journeys you can take as a woman. One day, I might meet a man I can adopt a child with. I have a niece, a nephew and beautiful godchildren. I love my career and have great friends. Five years on from my first symptoms, I'm at the point where I don't feel like premature menopause defines me any more. It's always going to be sad, but I now remember the qualities I had before the diagnosis. For a while, I lost faith in myself. I forgot I can be creative, funny and attractive. Now, I give myself permission to embrace who I am. It's been a challenge but, if anything, this has only made me stronger.

Blog by Nia Fisher, published by Marie Claire, August 31 2017 on www.marieclaire.co.uk

6b. Blog - The 'male menopause'

Sometimes referred to as the andropause and in the media often the 'male menopause' has a misleading name. The name drawing parallels to the physical and hormonal changes in the female body doesn't adequately explain these changes as there is no sudden change in hormones of end of reproductive cycle.

However, male menopause is similar to the changes in the female body in 2 ways:

1. It is usually age related, 40+
2. It has similar symptoms e.g. mood swings, poor concentration and difficulty sleeping

The male menopause is caused by the gradual decline in testosterone, around 2% per year starting in the mid-30s and continuing into old age. 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 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" a general lack of enthusiasm or energy difficulty sleeping or increased tiredness poor concentration and short-term memory

These symptoms can interfere with everyday life and work, so it's important to find out how we can support men as they age.

Colleagues may 'banter' and refer to the men as having a 'mid-life crisis' due to changes in attitude, mood or breakdowns in personal relationships.

Often men, themselves, aren't away of the hormonal changes so may struggle to understand why their feelings have changed.

What can do we do to support men as they age and the ‘male menopause’:

1. Raise awareness with colleagues that as they age it is natural to feel different and they may be more likely to be affected by mental illness
2. Provide healthy work environment i.e. fruit and vegetables in canteens, cold drinking water, plenty of natural light and places to get fresh air
3. When running information sessions on the menopause make them open to everyone and have a small amount of information targeted at men

7. Post-menopausal energy surge

However difficult or not your perimenopause and menopause years were some women talk about a postmenopausal energy surge, when their symptoms have finally given them a break and they are ready to throw themselves back at life, work and enjoyment.

The wisdom, experience and knowledge postmenopausal colleagues have is an asset to organisation and would be a huge loss if not harnessed. Ways to feel empowered post-menopause:

1. Spend time making a plan that suits you; do you want to be promoted? Do you want to change working pattern to enable your happiness outside of work? Are you planning for retirement? Take control of your future with your organisation and then work with your manager to achieve your goals
2. Find new challenges; people can always learn. Colleagues going through symptoms of menopause may have experience brain fog and things that stopped them being mentally stimulated but now is the time for a new challenge
3. Allow yourself to empower, teach and mentor others. Everyone benefits when you mentor younger or less experienced colleagues
4. Be mentored. If your organisation has reverse mentoring you could volunteer to be mentored by a more junior colleague. This will give you an opportunity for reflection and growth
5. Do things differently. If you have always worked in a certain way, try a new approach. It could be working different hours, organising tasks differently or try new responsibilities

6. Refer or talk to your manager about referring you to a development programme. It doesn't specifically have to be for women. Sometime older women can be overlooked when managers are putting candidates forward for development opportunities. Make sure you tell your manager you want to be considered

7. Speak up. Post-menopausal colleagues often say they feel irrelevant or out of touch but your opinion and voice is important so make it heard.

8. Don't compare yourself to others or to your pre-menopausal self. Embrace the new you, your age and everything that comes with it. You have just as much (if not more) fantastic qualities you can give to work and home.

7. Additional resources

The menopause: Signposting research and reports:

https://www.tuc.org.uk/sites/default/files/extras/supporting_women_through_the_menopause.pdf

<https://www.daisynetwork.org/about-us/who-we-are/> - Daisy Network is dedicated to providing information and support to women diagnosed with Premature Ovarian Insufficiency, also known as Premature Menopause.

<https://www.macmillan.org.uk/cancer-information-and-support/impacts-of-cancer/menopausal-symptoms-and-cancer-treatment>

<https://www.healthline.com/health/menopause/best-blogs-of-the-year#1> - the best menopause blogs of 2020

<https://www.channel4.com/programmes/davina-mccall-sex-myths-and-the-menopause> - Davina was 44 and felt like she was losing it - hot flushes, depression, mental fog. Now she tells her menopause story, busting midlife taboos from sex to hormone treatment

<https://www.dpt.nhs.uk/news/mental-health-and-the-menopause>

<https://www.peoplemanagement.co.uk/experts/legal/managing-the-menopause-at-work#gref>





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