



Diocese of Norwich  
Education and  
Academies Trust

# Hope Federation of Church of England Primary Academies

## Menopause Policy

<b>Policy Type:</b>	Trust Core Policy
<b>Approved By:</b>	Joint Policy Development Committee
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<b>Review Date:</b>	March 2025
<b>Person Responsible:</b>	Chief Executive Officer

## Summary of Changes

The model policy has been revised to reflect these changes to the statutory guidance as outlined below.

<b>Page Ref.</b>	<b>Section</b>	<b>Amendment</b>	<b>Date of Change</b>
		NEW POLICY	March 2022

## **Roles and Accountabilities**

The Diocese of Norwich Education and Academies Trust (DNEAT) (hereafter referred to as “the Trust”) is accountable for all policies across its Academies. All policies whether relating to an individual academy or the whole Trust will be written and implemented in line with our ethos and values as articulated in our prospectus. We are committed to the provision of high quality education in the context of the Christian values of service, thankfulness and humility where individuals are valued, aspirations are high, hope is nurtured and talents released.

A Scheme of Delegation for each academy sets out the responsibilities of the Local Governing Body and Principal / Head Teacher. The Principal / Head Teacher of each academy is responsible for the implementation of all policies of the Academy Trust.

All employees of the Academy Trust are subject to the Trust’s policies.

## **Introduction**

Menopause is a normal part of every woman’s life. This policy recognises that the menopause is an equality and occupational health and safety issue and that women may need appropriate flexibility, support and adjustments during the time of change before, during and after the menopause. We recognise that there are no rules in relation to the age at which women start the menopause – anyone raising the possibility will be taken seriously, regardless of age.

The Trust has a positive attitude towards the menopause and will treat all individuals with dignity and respect during this time and ensure that the workplace does not make symptoms worse. The Trust is committed to ensuring that women feel confident in discussing menopausal symptoms openly, without embarrassment, and are able to ask for support and adjustments in order to continue to work safely in the organisation. For this reason, the menopause at work policy is important for men as well as women.

This policy and the accompanying guidance and training, is part of our overall approach to supporting wellness in the Trust.

## **The legislative setting**

The Trust undertakes to comply with its legal obligations as set out below:

The Health and Safety at Work etc. Act 1974 requires employers to ensure the health, safety and welfare of all workers. Under the Management of Health and Safety at Work Regulations 1999, employers are required to undertake general risk assessments which should include specific risks to menopausal women, see section 5.3.

The Equality Act 2010 prohibits discrimination against people on the grounds of certain ‘protected characteristics’ including sex, age and disability. Conditions linked to the menopause may meet the definition of an ‘impairment’ under the Equality Act and require reasonable adjustments.

## **Status**

This policy sets out procedures for members of staff and managers to follow in providing the right support to manage menopausal symptoms at work.

## **Aims**

1. To create an environment where women staff members feel confident enough to raise issues about their symptoms and ask for support and adjustments at work.

2. To ensure that conditions in the workplace do not make menopausal symptoms worse and that appropriate adjustments and support are put in place, recognising that the menopause and perimenopause is an individual experience and therefore there is no 'one size fits all' solution.
3. To reduce sickness absence due to menopausal symptoms and retain valued staff in the workplace.

### **What steps will we take as an employer?**

The Trust will educate and inform managers and staff to be aware of how the menopause can affect working women, taking account of the particular circumstances in schools, and about the potential symptoms of menopause, and how they can support women experiencing them. This includes finding ways to educate women themselves about the menopause and how to recognise its onset. Managers need to feel empowered to raise the possibility with staff in a way that is sensitive and will-intended.

Where women members of staff feel uncomfortable going to their line manager, because he is a man, or someone much younger, or both, we will ensure that an alternative contact is available. Confidentiality will always be respected.

The risk assessments which we undertake will consider the specific needs of menopausal women, and, in doing so, we will consult with staff members and share with all managers and new managers, requesting signatures to confirm that measures are understood and will be acted upon. Risk assessments will include consideration of temperature and ventilation issues (thermometers may be needed) and will also address welfare issues; such as access to toilet facilities and cold water, during and outside break and lunch times.

The Trust will make adjustments where necessary to support individuals experiencing the menopause, and to ensure the workplace does not make their symptoms worse. These could include simple measures such as:

- leaving doors open where safe to do so
- ensuring that windows can be safely opened
- ensuring that it is possible to regulate the temperature in a classroom or other room by turning down radiators (as long as the temperature does not drop below 18 degrees Celsius, this will be comfortable for all occupants)
- provision of fans
- fitting blinds to windows (vertical blinds allow for greater adjustment)
- establishing a system that allows cover for women who need to access toilet/washing facilities while they are teaching (to deal with heavy and recurring bleeding)
- considering requests for changes to working arrangements, eg temporary part-time working
- swift permission for absence to attend menopause-related medical appointments
- adjusting workplace procedures and processes to support and avoid any detriment to menopausal women.

This is not a definitive list of measures. The Trust will actively listen to staff and governors and take on board other suggestions.

It is recognised that many of these practical and easy-to-institute changes to the workplace, which will make working life more bearable for menopausal women, will benefit all staff.

## **Roles and responsibilities**

It is recognised that everyone who works at the Trust has a role to play in ensuring a comfortable working environment for all staff, including women experiencing the menopause.

### **All staff are responsible for:**

- taking responsibility for looking after their health
- being open and honest in conversations with HR and occupational health
- contributing to a respectful and healthy working environment
- being willing to help and support their colleagues
- accepting and supporting any necessary adjustments their colleagues request or are receiving as a result of their menopausal symptoms.

### **Line managers**

The most important and valuable thing a manager can do is listen and, wherever possible, respond sympathetically to any requests for adjustments at work.

### **All line managers will:**

- familiarise themselves with this menopause policy
- be aware of the potential impact of menopause on performance; if someone's performance suddenly dips, consideration will be given as to whether the menopause may be playing a part in this.
- provide a safe place to allow the member of staff to speak openly and honestly
- be ready and willing to listen and have open discussions about menopause, appreciating the personal nature of the conversation, and treating the discussion sensitively and confidentially and allowing adequate time for the discussion
- record adjustments agreed, and actions to be implemented, via an action plan
- ensure ongoing dialogue via a follow-up meeting
- ensure that all agreed adjustments are adhered to and reviewed as regularly as necessary
- recognise their responsibility to make it clear that any measure put in place to support women during this difficult stage in their life in no way reflects their judgment of their ability to do the job well - there is no link between this support and capability action plans.

### **Where adjustments are unsuccessful, or if symptoms are proving particularly severe, the line manager may:**

- discuss with the employee a referral to occupational health for further advice
- review occupational health advice, and implement any additional recommendations
- update the action plan and continue the review process.

## **Occupational health**

The role of occupational health is to:

- carry out a holistic assessment of the employee to ascertain whether or not the working environment may be exacerbating menopause symptoms
- discuss with the employee what adjustments would help
- signpost to other appropriate sources of help and advice.

### **Additional help and support**

[www.neu.org.uk/menopause](http://www.neu.org.uk/menopause)

[www.naswt.org.uk](http://www.naswt.org.uk)

[www.tuc.org.uk](http://www.tuc.org.uk)

[www.menopausematters.co.uk](http://www.menopausematters.co.uk)

[www.thebms.org.uk](http://www.thebms.org.uk)

[www.nhs.uk/conditions/menopause/symptoms](http://www.nhs.uk/conditions/menopause/symptoms)

## **Appendix 1: Definitions**

### **Perimenopause**

The perimenopause is the period in a woman's life when she starts to experience hormonal fluctuations and changes to her periods. The average time for a woman to be perimenopausal is between four to five years. During this time, periods may become increasingly heavy and irregular, meaning it is vitally important for a woman experiencing symptoms to be close to toilets and shower facilities where available. For some women, the symptoms during this time can be worse than the actual menopause. [NB not all primary schools have shower facilities suitable for adult use – we always look at this as part of premises work where necessary, but we are not able to install them everywhere].

### **Menopause**

A woman is described as being menopausal when they have gone 12 months without a period and when her ovaries are no longer responsive. The average age for a woman to reach the menopause in the UK is 51. American evidence suggests that this is different for Asian and black women. An Asian woman may start her menopause later and a black woman slightly earlier. To date, there is no UK evidence on this issue.

### **Post-menopausal**

This is the time after menopause has occurred, starting when a woman has not had a period for 12 consecutive months. The average time for women experiencing symptoms of the menopause is five years, but many women experience symptoms for up to ten years and 3% of women will experience symptoms for the rest of their lives. Post-menopausal women have an increased risk of heart disease, diabetes and osteoporosis and managers should be aware of this.

### **Symptoms of the menopause**

Symptoms may include:

#### *Vasomotor Symptoms*

- \*Hot flushes and Night Sweats

#### *Psychological effects of hormone changes*

- \*Low mood/mood swings
- \*Poor memory and concentration
- \*Insomnia
- \*Loss of libido
- \*Anxiety/panic attacks

#### *Physical Symptoms*

- \*Headaches
- \*Fatigue
- \*Joint aches and pains
- \*Palpitations
- \*Formication (creeping skin)
- \*Insomnia

#### *Sexual Symptoms*

- \*Reduced sex drive
- \*Painful sex/\*vaginal dryness
- \*Urinary tract infections
- \*Vaginal irritation

*Consequences of oestrogen deficiency*

\*Obesity, diabetes

\*Heart disease

\*Osteoporosis/chronic arthritis

\*Dementia and cognitive decline

\*Cancer

N.B. This is not an exhaustive list.



## Appendix 2: Management guidance for informal discussions

Managers should familiarise themselves with the menopause before conducting a meeting with a member of staff to discuss their situation. The menopause is a natural part of ageing which usually occurs between 45 and 55 years of age. It occurs as a direct result of a woman's oestrogen levels declining. In the UK, the average age for a woman to reach menopause is 51.

A woman is officially described as post-menopausal when her ovaries are no longer working and when she has not had a period for 12 months. The perimenopause is the period of hormonal change leading up to the menopause. This is the time when many women start to experience symptoms.

The perimenopause can often last for four to five years, although for some women it may continue for many more years, or for others last just a few months. In general, periods usually start to become less frequent over this time. Sometimes menstrual cycles become shorter, periods may become heavier or lighter, or women may notice that the odd period is missed until eventually they stop altogether. Some women report that during the perimenopause, they experience worse symptoms than the menopause. Some women experience sudden menopause after surgery, chemotherapy or radiotherapy.

It is estimated that around one in every 100 women will experience a premature menopause (before the age of 40). The menopause affects every woman differently and so there is no 'one-size-fits-all' solution to it. Some women experience few symptoms while others experience such severe symptoms that it impacts negatively on both their home and working lives.

Many women may also find that their symptoms are connected. For example, sleep disturbance, which is really common during the menopause, may lead to a whole plethora of other serious conditions.

The length of time that women experience symptoms of the menopause can vary between women. Again, there is no one answer for all. Symptoms can begin months or years before a woman's periods stop.

The perimenopause is usually expected to last around four or five years, but it can be much shorter or longer. During this time, many women begin to experience painful, intermittent and heavy periods. As a teacher, it is therefore important to raise this issue with management if adjustments need to be put in place, such as having access to a toilet and shower facilities.

According to the NHS, on average, a woman continues to experience symptoms for around four years after their last period, but around 10% of women continue to experience symptoms for up to 12 years after their last period and 3% will suffer for the rest of their lives. With teachers remaining in the classroom well into their sixties, it is imperative that caseworkers are aware of this and are not afraid to raise it as an issue with women members seeking help and support for other, seemingly unrelated, concerns.

It is also important to recognise that beyond the menopause, postmenopausal women can be at increased risk of certain conditions due to a decrease in hormones. These include osteoporosis and heart disease.

The British Menopause Society (2016) estimated that 50% of women aged between 45-65 who had experienced the menopause in the previous ten years had NOT consulted a healthcare professional about their menopausal symptoms.

This was despite:

- 42% of women feeling that their symptoms were worse or much worse than they expected;
- 50% of women believed the menopause had impacted on their home life; and
- More than a third believed the menopause had impacted on their work life.

Many workplace factors can make working life more difficult for women experiencing the menopause, which may make symptoms worse. School and college leaders should take into consideration the concerns listed below.

These can include:

- lack of suitable gender sensitive risk assessments;
- lack of awareness of the 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;
- lack of appropriate uniforms or personal protective equipment (PPE in science department);
- inflexible working time rules/break times;
- inflexible policies which penalise women because of their symptoms;
- negative attitudes;
- excessive workloads;
- workplace stress;
- unsympathetic line management/colleagues; and
- bullying and harassment.

### **Line managers**

It is recognised that the menopause is a very personal experience and different adjustments and levels of support may be needed for different individuals. Line managers should seek to provide appropriate support and adjustments when needed to help women deal with issues arising from the menopause.

Should an employee request a meeting to discuss concerns of the menopause, it is recommended that line managers adhere to the following:

- Arrange a meeting at a convenient time for both parties;
- Allow the employee to be accompanied if they want it. This can be a trade union representative or a colleague;
- Choose a venue that provides privacy and is unlikely to be disturbed;
- Allow adequate time to talk;
- Encourage the employee to be open and honest. It is difficult to help when you haven't got the full picture;
- If the employee wishes to speak to another manager, this should be allowed;
- Keep a note of all discussions and agree outcomes and next steps;
- Agree a follow-up meeting to review the situation.

### Appendix 3: Workplace issues/suggested adjustments

Symptom	Examples of workplace factors which could worsen or interact with symptoms	Suggested adjustments
Daytime sweats, hot flushes, palpitations	Lack of access to rest breaks or suitable break areas. Hot flushes and facial redness may cause women to feel self-conscious, or the sensation may affect concentration or train of thought.	Be flexible about additional breaks. Allow time out and access to fresh air. Ensure a quiet area/room is available. Ensure cover is available so workers can leave their posts if needed.
Night time sweats and hot flushes. Insomnia or sleep disturbance	Rigid start/finish times and lack of flexible working options may increase fatigue at work due to lack of sleep.	Consider temporary adjustment of hours to accommodate any difficulties. Allow flexible working. Provide the option of alternative tasks/duties. Make allowance for potential additional need for sickness absence. Reassure workers that they will not be penalised or suffer detriment if they require adjustments to workload or performance management targets.
Urinary problems; for example, increased frequency, urgency, and increased risk of urinary infections	Lack of access to adequate toilet facilities may increase the risk of infection and cause distress, embarrassment and an increase in stress levels. Staff member may need to access toilet facilities more frequently, may need to drink more fluids and may feel unwell.	Ensure easy access to toilet and washroom facilities. Allow for more frequent breaks during work to go to the toilet. Ensure easy access to supply of cold drinking water. Take account of peripatetic workers schedules and allow them to access facilities during their working day. Make allowances for potential additional need for sickness absence.
Irregular and/or heavy periods	Lack of access to adequate toilet facilities may increase the risk of infection and cause distress, embarrassment and an increase in stress levels. Staff member may need to access toilet and washroom facilities more frequently.	Ensure easy access to well maintained toilet and washroom or shower facilities. Allow for more frequent breaks in work to go to the toilet/ washroom. Ensure sanitary products readily available. Take account of peripatetic workers schedules and allow them to access facilities during their working day. Ensure cover is available so staff can leave their posts if needed.
Skin irritation, dryness or itching	Unsuitable workplace temperatures and humidity may increase skin irritation, dryness and itching. There may be discomfort, an increased risk of infection and a reduction in the barrier function of skin.	Ensure comfortable working temperatures and humidity. Ensure easy access to well maintained toilet and washroom or shower facilities.

Symptom	Examples of workplace factors which could worsen or interact with symptoms	Suggested adjustments
Muscular aches and bone and joint pains	Lifting and moving, as well as work involving repetitive movements or adopting static postures, may be more uncomfortable and there may be an increased risk of injury.	<p>Make any necessary adjustments through review of risk assessments and work schedules/tasks and keep under review. Consider providing alternative lower-risk tasks.</p> <p>Follow Health and Safety Executive (HSE) guidance and advice on manual handling and preventing MSDs (musculoskeletal disorders).</p>
Headaches	Headaches may be triggered or worsened by many workplace factors such as artificial lighting, poor air quality, exposure to chemicals, screen work, workplace stress, poor posture/unsuitable workstations, unsuitable uniforms or workplace temperatures.	<p>Ensure comfortable working temperatures, humidity and good air quality.</p> <p>Ensure access to natural light and ability to adjust artificial light.</p> <p>Allow additional rest breaks.</p> <p>Ensure a quiet area/room is available.</p> <p>Carry out Display Screen Equipment (DSE) and stress risk assessments.</p>
Dry eyes	Unsuitable workplace temperatures/humidity, poor air quality and excessive screen work may increase dryness in the eyes, discomfort, eye strain and increase the risk of infection.	<p>Ensure comfortable working temperatures, humidity and good air quality.</p> <p>Allow additional breaks from screen based work.</p> <p>Carry out DSE risk assessments.</p>
<p>Psychological symptoms, for example:</p> <ul style="list-style-type: none"> <li>• Depression</li> <li>• Anxiety</li> <li>• Panic Attacks</li> <li>• Mood changes</li> <li>• Loss of confidence</li> </ul>	<p>Excessive workloads, unsupportive management and colleagues, perceived stigma around the menopause, bullying and harassment and any form of work-related stress may exacerbate symptoms.</p> <p>Stress can have wide-ranging negative effects on mental and physical health and wellbeing. Performance and workplace relationships may be affected.</p>	<p>Carry out a stress risk assessment and address work-related stress through implementation of the HSE's management standards.</p> <p>Ensure that workers will not be penalised or suffer detriment if they require adjustments to workload, tasks or performance management targets.</p> <p>Ensure that managers understand the menopause and are prepared to discuss any concerns that staff may have in a supportive manner.</p> <p>Ensure managers have a positive attitude and understand that they should offer adjustments to workload and tasks if needed.</p> <p>Allow flexible/home working.</p> <p>Make allowance for potential additional need for sickness absence.</p> <p>Ensure that staff are trained in mental health awareness.</p> <p>Raise general awareness of issues around the menopause so colleagues are more likely to be supportive.</p> <p>Provide opportunities to network with colleagues experiencing similar issues (menopause action and support group).</p> <p>Ensure a quiet area/room is available.</p> <p>Provide access to Counselling services.</p>

Symptom	Examples of workplace factors which could worsen or interact with symptoms	Suggested adjustments
Psychological symptoms: <ul style="list-style-type: none"> <li>• Memory problems</li> <li>• Difficulty concentrating</li> </ul>	Certain tasks may become more difficult to carry out temporarily; for example, learning new skills (may be compounded by lack of sleep and fatigue), performance may be affected and work-related stress may exacerbate these symptoms. Loss of confidence may result.	Carry out a stress risk assessment and address work-related stress through implementation of the HSE's management standards. Reassure workers that they will not be penalised or suffer detriment if they require adjustments to workload or performance management targets. Ensure that managers understand the menopause and are prepared to discuss any concerns that staff may have in a supportive manner. Ensure managers have a positive attitude and understand that they should offer adjustments to workload and tasks if needed. Reduce demands if workload identified as an issue. Provide additional time to complete tasks if needed, or consider substituting with alternative tasks. Allow flexible/home working. Offer and facilitate alternative methods of communicating tasks and planning of work to assist memory. Ensure a quiet area/room is available. Provide access to counselling services.