

# University and College Union

## Menopause model policy

### Introduction

This policy is meant as a guide for workplace representatives. It should be agreed via proper consultation with all recognised trade unions and amended to suit individual workplaces.

The policy is relevant to anyone who is experiencing or going through the menopause which includes some women, trans men, non-binary people, and intersex people.

It should be noted that experiences of the menopause may differ between women, trans men, non-binary people, and intersex people.

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.

More on these differences can be found in appendix 3.

The menopause can also affect partners and families too.

### Policy statement

[The employer] is committed to providing an inclusive and supportive working environment for all its workers and recognises that it may need to give and put in additional consideration, support and adjustments before (perimenopause), during and after the menopause.

This policy sets out the guidelines for employees on providing the right support to manage menopausal symptoms at work.

It is estimated that between 75% and 80% of menopausal women are in work in the UK. It is therefore imperative that workplaces have a workable, informative and robust policy in place that is fully consistent with UK legislation.

The menopause is a part of most women's' lives and the lives of many trans men, non-binary people, and intersex people, and marks of the end of the reproductive cycle.

For a variety of reasons it may not be an easy time and so it is imperative that workers who require additional support during this time are treated with understanding, dignity and respect.

The policy acknowledges that there is no 'one-size-fits-all' solution to the menopause and therefore it is intended as a support guide for all workers. All stakeholders agree to work proactively to make adjustments so the workplace does not make symptoms of the menopause worse.

Exclusionary or discriminatory practices will not be tolerated.

## **Legislative compliance**

This policy is fully compliant with the following legislation (delete as appropriate):

### **England, Scotland and Wales**

- Health and Safety at Work Act, 1974;
- The Workplace (Health, Safety and Welfare) Regulations 1992;
- The Management of Health and Safety at Work Regulations 1999, GB Regulations 4;
- Public Sector Equality Duty (PSED) introduced by the Equality Act 2010 (England, Scotland and Wales);
- Equality Act 2010.

### **Northern Ireland**

- The Management of Health and Safety at Work Regulations (Northern Ireland) 2000, NI Regulation 3(1);
- Health and Safety, NI Order, 1978;
- Sex Discrimination Order 1976 (Amendment) Regulations (Northern Ireland) 2008;
- Disability Discrimination Act 1995 (NI);
- Section 75 of the Northern Ireland Act 1998;
- Sex Discrimination (Gender Reassignment) Regulations (Northern Ireland) 1999.

It is important to note that recent case law (Davies v Scottish Courts and Tribunals Service (2018)) has found that some experiencing the menopause may

well be disabled persons for the purposes of the Equality Act. In such cases the employer has a duty to provide reasonable adjustments. However, this is not widely known by employers or workers. Many with menopausal symptoms which would amount to an impairment with substantial and long-term impact on their ability to carry out normal day to day activities (the definition of a disabled person under the Act) struggle to get the employer to accept the need for adjustments.

## **Aims**

The aim of this policy is:

- to educate and inform managers about the potential symptoms of the menopause, and the support they can give;
- to understand the menopause and related issues, and how they can affect staff;
- to raise a wider awareness and understanding among the workforce;
- to outline support and reasonable adjustments that are available;
- to create an environment where staff feel confident enough to raise issues about their symptoms and ask for reasonable adjustments and additional support at work.

## **Definitions**

### **Perimenopause**

The perimenopause is the period when there are hormonal fluctuations and changes to periods. The average time to be perimenopausal is between four to five years. During this time, periods may become increasingly heavy and irregular, meaning it is vitally important that those with symptoms are close to toilets and shower facilities. For some, the symptoms during this time can be worse than the actual menopause.

### **Menopause**

Menopause is when there has been 12 months without a period and when the 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 there have 12 consecutive months without a period.

The average time for experiencing symptoms of the menopause is five years, but many experience symptoms for up to ten years and 3% will experience symptoms for the rest of their lives.

Post-menopausal women, trans men, non-binary people, and intersex people 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.

### **Workplace support**

This policy recognises that there are many workplace factors which can make working life more difficult during the menopause and which may make symptoms worse.

Appendix 2 will help with the planning of specific adjustments during the meeting. The adjustments should be shared with the employee before the meeting.

### **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 deal with issues arising from the menopause. 'Management advice' is provided as an Appendix 1 to this policy.

### **Employees**

It is recognised that employees have a responsibility for their health, safety and welfare but that workplace demands can complicate this. Employees can expect such things as:

- access to toilets;
- access to drinking water;

- access to natural light;
- risk assessments, carried out by a 'competent' person; and
- regulated temperatures.

The above are 'standard' requirements.

### **Links to other policies**

- Dignity at Work;
- Grievance;
- Flexible working; and
- Performance Management.

### **Additional help and support**

UCU

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

TUC Wales toolkit

<https://www.tuc.org.uk/sites/default/files/Menopause%20toolkit%20Eng%20FINAL.pdf>

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

The British Menopause Society

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

NHS menopause pages

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

## **Appendix 1**

### **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 affects some women, trans men, non-binary people, and intersex people differently and so there is no 'one-size-fits-all' solution to it.

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 oestrogen levels declining. In the UK, the average age to reach menopause is 51. A person is officially described as post-menopausal when their ovaries are no longer working and when they have 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 symptoms start. The perimenopause can often last for four to five years, although for some 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 when the odd period is missed until eventually they stop altogether. Some report that during the perimenopause, they experience worse symptoms than the menopause.

Some 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).

Some experience few symptoms while others experience such severe symptoms that it impacts negatively on both their home and working lives.

### **Signs and symptoms of the menopause**

The following is merely a guide to some of the signs and symptoms some may experience as part of the menopause. Some may have conditions that are exacerbated by the menopause, such as osteoarthritis and migraine.

Signs and 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.



Many 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 of symptoms of the menopause can vary greatly. Again, there is no one answer for all.

Symptoms can begin months or years before 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 begin to experience painful, intermittent and heavy periods. 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 person continues to experience symptoms for around four years after their last period, but around 10% continue to experience symptoms for up to 12 years after their last period and 3% will suffer for the rest of their lives. 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 post menopause can increase 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% feeling that their symptoms were worse or much worse than they expected;
- 50% 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 when experiencing the menopause, which may make symptoms worse.

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;
- 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 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 (the '*Confidential Discussion Record – Menopause*' should be used to facilitate this);
- Agree a follow-up meeting to review the situation.

## **Appendix 2**

## Planning for specific adjustments

### Confidential Discussion Record – Menopause

<b>Date:</b>	<b>Present:</b>
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STAFF DETAILS		
NAME	Job Title	Department/Location

**Summary of discussions:**

**Agreed action points/reasonable adjustments:**

**Agreed date of review meeting:**

**Signed (staff).....**

**Signed (manager).....**

#### Appendix 2 – Workplace issues/suggested adjustments

Symptom	Examples of workplace factors which could worsen or interact with symptoms	Suggested adjustments
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<p><b>Daytime sweats, hot flushes, palpitations</b></p>	<p>Lack of access to rest breaks or suitable break areas. Hot flushes and facial redness may cause self-consciousness, or the sensation may affect concentration or train of thought.</p>	<p>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.</p>
<p><b>Night time sweats and hot flushes. Insomnia or sleep disturbance</b></p>	<p>Rigid start/finish times and lack of flexible working options may increase fatigue at work due to lack of sleep.</p>	<p>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.</p>
<p><b>Urinary problems; for example, increased frequency, urgency, and increased risk of urinary infections</b></p>	<p>Lack of access to adequate toilet facilities may increase the risk of infection and cause distress, embarrassment and an increase in stress levels.</p> <p>Staff member may need to access toilet facilities more frequently, may need to drink</p>	<p>Ensure easy access to toilet and washroom facilities. Allow for more frequent breaks during work to go to the toilet.</p>

	more fluids and may feel unwell.	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.
<b>Irregular and/or heavy periods</b>	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.
<b>Skin irritation, dryness or itching</b>	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.
<b>Muscular aches</b>	Lifting and moving, as well as work involving repetitive movements	Make any necessary adjustments through review

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<b>joint pains</b>	or adopting static postures, may be more uncomfortable and there may be an increased risk of injury.	of risk assessments and work schedules/tasks and keep under review. Consider providing alternative lower-risk tasks. Follow Health and Safety Executive (HSE) guidance and advice on manual handling and preventing MSDs (musculoskeletal disorders).
<b>Headaches</b>	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.	Ensure comfortable working temperatures, humidity and good air quality. Ensure access to natural light and ability to adjust artificial light. Allow additional rest breaks. Ensure a quiet area/room is available. Carry out Display Screen Equipment (DSE) and stress risk assessments.
<b>Dry eyes</b>	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.	Ensure comfortable working temperatures, humidity and good air quality. Allow additional breaks from screen based work. Carry out DSE risk assessments.

<p><b>Psychological symptoms, for example:</b></p> <ul style="list-style-type: none"> <li>• <b>Depression</b></li> <li>• <b>Anxiety</b></li> <li>• <b>Panic Attacks</b></li> </ul>	<p>Excessive workloads, unsupportive management and colleagues, perceived stigma around the menopause, bullying and harassment and any form of work-related</p>	<p>Carry out a stress risk assessment and address work-related stress through implementation of the HSE's management standards.</p>
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<p>● <b>Mood changes</b> ●  <b>Loss of confidence</b></p>	<p>Stress may exacerbate symptoms.  Stress can have wide-ranging negative effects on mental and physical health and wellbeing.  Performance and workplace relationships may be affected.</p>	<p>Ensure that workers will not be penalised or suffer detriment if they require adjustments to workload, tasks 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. Allow flexible/home working. Make allowance for potential additional need for sickness absence. Ensure that staff are trained in mental health awareness. Raise general awareness of issues around the menopause so colleagues are more likely to be supportive. Provide opportunities to network with colleagues experiencing similar issues (menopause action and support group). Ensure a quiet area/room is available. Provide access to counselling</p>
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		services.
<p><b>Psychological symptoms:</b></p> <ul style="list-style-type: none"> <li>• <b>Memory problems</b></li> <li>• <b>Difficulty concentrating</b></li> </ul>	<p>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.</p>	<p>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.</p> <p>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.</p> <p>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</p>

		tasks and planning of work to assist memory. Ensure a quiet area/room is available. Provide access to counselling services.
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## Appendix 3

### Intersecting characteristics and the menopause

- Trans, intersex, and some non-binary people can also experience menopause, as will anyone who has had their ovaries removed. Trans people who take hormones may also experience menopausal symptoms if they stop taking them for any reason, for example, to prepare for a procedure, or if hormone levels are unstable. Trans, intersex, and non-binary people experiencing menopause symptoms may also face difficulties in getting their symptoms taken seriously at work. Concerns about stigma and prejudice may present barriers for them in raising these difficulties, particularly if they have not disclosed their trans status. It is important for employers to be inclusive of trans and non-binary people in the support they offer and for this to be explicit in policies.
- Black people may face additional difficulties dealing with menopausal symptoms, particularly if there is racial discrimination in the workplace, which can mean problems in accessing appropriate support or having their symptoms taken seriously. They may not have access to the same standard of healthcare due to health inequalities and consequently may experience inferior diagnosis and treatment of the menopause. This could lead to prolonged symptoms and more time off to attend additional appointments.
- Evidence suggests that there may also be some variations in the average age at which the menopause takes place between people of different ethnic backgrounds. Some studies suggest that symptoms may be more prevalent and more severe for Black women, although research is not yet clear on the reasons for this. Black workers are also more likely to be in insecure work on casual or zero hours contracts, making it even more difficult to cope with significant menopausal symptoms.
- It is also reported by disabled people and those with underlying health conditions, that the menopause can exacerbate their existing impairments and health conditions or even trigger new ones. Medication that is commonly prescribed for the menopause can conflict with other medication or have an adverse effect on other medical conditions. Examples reported include those with diabetes who find it more difficult to keep blood sugar levels stable, or conditions such as multiple sclerosis (MS), mental health problems, skin conditions, chronic fatigue syndrome, fibromyalgia etc. being exacerbated. Menopausal symptoms can in turn

also be made worse by the disabled person's impairment or health condition. The nature of the impairment may also make it more difficult for the disabled person to get the medical support they require, or to recognise the symptoms as being related to the menopause.

- Recent case law (Davies v Scottish Courts and Tribunals Service (2018)) has found that some experiencing the menopause may well be disabled persons for the purposes of the Equality Act. In such cases the employer has a duty to provide reasonable adjustments. However, this is not widely known by employers or workers. Many with menopausal symptoms which would amount to an impairment with substantial and long-term impact on their ability to carry out normal day to day activities (the definition of a disabled person under the Act) struggle to get the employer to accept the need for adjustments.