

**A guide for people
professionals**

**THE
MENOPAUSE
AT WORK**





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Guide

The menopause at work: a guide for people professionals

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All of the people we spoke to in developing this guide were inspiring as well as knowledgeable, and made the process a truly collaborative one. We are glad to be able to showcase their efforts to break down the stigma around the menopause and create more inclusive workplaces. Their experiences bring this guide to life and reflect their passion and hard work.

Why this matters

Work can and should be a force for good. It should benefit workers, the organisations they work for, and the communities and societies they live in. This starts with valuing people – both their contribution to business success and their fundamental right to lead a fulfilling and healthy working life.

1 Introduction: purpose of this guide

Key points

- People experiencing menopausal symptoms require the same support and understanding from their employer as anyone experiencing any ongoing health condition.
- Employers need to break the stigma and taboo surrounding the menopause at work and create an inclusive working environment where employees and managers feel confident to discuss any practical adjustments that may be needed.



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The menopause is a natural stage of life experienced by most women and yet it remains a taboo subject in many workplaces. While some menopausal women receive help and understanding from colleagues and managers, research shows that many do not disclose their symptoms to management (Griffiths et al 2010). Many employees are too embarrassed to discuss the issue or think their manager would be embarrassed. The result is that most women ‘typically suffer in silence’, while often a few small practical adjustments at work could make a world of difference to someone experiencing some of the uncomfortable symptoms of the menopause. The research also shows that nearly one in five women thought that the menopause had a negative impact on their managers’ and colleagues’ perceptions of their competence at work.

This reluctance to discuss the menopause is understandable, but there should be no need for women to feel isolated and scared to seek the support that could transform their working life. The menopause transition need not be an awkward topic and it shouldn’t be regarded solely as a female issue.

‘All employers should consider making provision and ensuring support for older women who are going through the menopause ... too many older women are left to cope on their own, without support or understanding from colleagues or managers.’

Dr Ros Altmann CBE, 2015

Employers should support people with menopausal symptoms in the same way as they would with any other health condition. Organisations have a responsibility to create a stigma-free environment that encourages open discussion and disclosure; this will encourage women to not suffer in silence and discuss the practical steps needed to support their full engagement and productivity at work.

We need to normalise the conversation about the menopause in the same way many workplaces have begun to break down the barriers and foster inclusion around mental health issues. There is a compelling rationale for taking this issue seriously, starting with the number of working women whose working lives could be positively affected by creating menopause-friendly workplaces.

The average age of the menopause is 51. For years there has been a steady increase in the employment rate of women over 50 in the UK, and this trend is likely to continue given the ageing population. There are now around 4.4 million women aged 50–64 in work (ONS 2019), and the vast majority of these will go through the menopause transition during their working lives. Therefore, the potential to support the continued employment of women in the perimenopausal and menopausal age bracket, for the benefit of themselves and organisations as well as the wider economy, is considerable. At the same time, the quality of working life for women experiencing the menopause could be improved for millions now and in the future.

Who is the guide for?

We know employers come in all shapes and sizes, with different working practices and environments. This guide is designed to support any employer wanting to develop a supportive framework for employees experiencing the menopause. We hope it will be a useful professional resource for HR and occupational health teams in particular. Please note that we are not providing legal or medical advice, but practical guidance – employers may also need to obtain their own specialist advice on the approach to take in any individual case.



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While this guidance is aimed primarily at people professionals, we have also published accompanying guidance on the menopause for people managers, including practical tips for supporting employees. This is available as a separate document here – cipd.co.uk/menopauseformanagers

While we predominantly talk about women in relation to the menopause in this guidance, we also recognise and appreciate that the menopause can impact trans and non-binary people who don't identify as women in the same manner. Although unusual, menopause can still be experienced by a few trans masculine and non-binary identified people whose female characteristics may persist at this stage of their lives. They require the same support and flexibility in the workplace as others with similar symptoms.

Network Rail puts the menopause centre stage to enhance gender equality and workforce capability

Janet Trowse, Head of HR, and Karen Venn, Diversity and Inclusion Project Manager, outline how their 'menopause project' is rooted in Network Rail's HR business strategy to boost the recruitment and retention of valuable female talent.

Network Rail views the menopause as a serious and pressing business issue. Operating in a predominantly male industry, it is firmly positioned as part of the company's strategic target to increase its female workforce from around 17% to 20% by 2020. *'Skills shortages are only going to intensify and we need to ensure we attract and retain valuable female talent,'* says Karen, Diversity and Inclusion Project Manager. *'The menopause can have a significant impact on women's health and well-being and their ability to balance work with other demands and it's vital we support them.'*

By working together on the project to raise awareness and develop organisational support for the menopause, Janet and Karen bring together the strategic side of HR and diversity and inclusion, a combination that helps to integrate their work across the business. Both are passionate about the menopause as an issue that needs serious focus, but they are clear it cannot be viewed primarily from a philanthropic perspective if it is going to receive sustained corporate attention. As Karen explains: *'We presented a persuasive vision for change, but securing the leadership's commitment required a robust business case based on enhancing talent attraction and retention, safety and well-being and organisational performance.'* Presenting compelling workforce data and the need to retain female employees in the 40–60-year age band was a vital part of making the business case concrete and tangible to Network Rail.

'It was also important to set the wider context,' says Janet. *'We view the menopause as part of a Zeitgeist in terms of gender equality, linked to other key workplace issues about women's economic participation such as the gender pay gap, increased awareness around sexual harassment and equal pay claim tribunal wins.'* She is quick to add that the menopause is not just about women, however, but an issue also affecting men and the organisation as a whole.

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Janet and Karen emphasise the importance of gaining strong senior sponsorship and applying a robust project methodology to their work on the menopause. *'Deliver first and capture the imagination of those who hold the purse strings,'* they advise. The project started off as 'budget neutral'; this meant investing a lot of their own time and showing the impact of their investment to encourage future commitment from the board. From the outset the project had a clear 'exit strategy', with the ultimate aim being to embed support and awareness around the menopause so effectively that line managers and employees would be empowered to manage it themselves in the long term.

At an early stage, the project leaders 'put out feelers' to gauge the level of interest, by using the intranet to post communications about the menopause. Every comment they received was positive and indicated a need for further information. Encouraged, the team produced a suite of accessible resources aiming for maximum reach and engagement, including a short film developed with Deborah Garlick of Henpicked: Menopause in the Workplace. Downloadable on a smartphone, some male employees have shown the film to their female partners at home. A launch event on the menopause at Network Rail attracted a lot of interest and was a big success. And the company's Safety Central intranet site attracted 1,200 visits within the first eight weeks.

The project was underpinned by a strong partnership ethos. *'We were keen to work with partners inside and outside the organisation to increase the reach and impact of our work and make it sustainable,'* says Janet. As well as benefitting from the expert input of Henpicked, they collaborated with their HR advice and guidance and employee assistance providers as well as external organisations such as ENEI and Severn Trent. The team say it was vital to invest time in engaging employees on the issue, and they held several focus groups and connected with employee networks inside Network Rail. Dr Richard Peters, Chief Medical Officer, and Loraine Martins MBE, Director Diversity and Inclusion, provided sponsorship and guidance.

Network Rail's project to build awareness and support for women going through the menopause has had a significant impact across the organisation, and the climate has opened up considerably around the issue. The project leaders have learned a lot from their work, which they are keen to share with other organisations.

One learning point is that engagement with employees is vital, but to handle with care. As Janet says: *'First of all, don't assume every woman wants to talk about the issue, but it's also important that the conversation isn't completely dominated by women's personal stories and focuses upon the business case for an inclusive workplace and the information and organisational support available.'* In a similar vein, Karen advises to balance the challenges associated with the menopause with the positive benefits of employment such as the attraction, selection, promotion and retention of women.

Another issue raised as part of the employee engagement piece was having the right level of sensitivity around gender-neutral language. Resisting the 'obvious stereotype' and having male employees on board is seen as one of the key success factors of the project, particularly in view of the strong male gender workforce profile.

Finally, both project leaders emphasise that approaching the project with the same rigour and methodology as any other business imperative has been the defining reason for its success so far. As Janet comments: *'At the centre of the project has been its focus as part of our people strategy and the need to future-proof our business – essentially it's about how we attract, retain and develop the very best talent.'*



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2 What is the menopause?

Key points

- The menopause is a natural process experienced by most women that marks the end of their reproductive life, most typically occurring between age 45 and 55.
- Women can go through a wide range of physical and psychological symptoms associated with the menopause transition that can last for several years. Most menopausal women experience symptoms, although everyone is different and symptoms can be fluctuating and be felt to varying degrees.
- There are very good reasons why employers should treat the menopause as an important organisational issue. Women aged over 50 are a significant and growing employee group, and fostering age- and gender-inclusive workplaces will boost women's economic participation and help employers to tap into valuable skills and talent.
- By taking the menopause seriously and treating it as an occupational health and people management issue, organisations can help to mitigate the potential negative impact of symptoms on the individual and the organisation, such as reduced job satisfaction and higher sickness absence.
- Very small changes on a practical level can make a huge difference to the quality of working life for women experiencing the menopause, and employers can reap the benefits in terms of better attendance and engagement, and reduced employee turnover.
- There is a strong health and safety, as well as legal, case for taking the menopause seriously at work. Under the Equality Act 2010, employers have a duty not to discriminate and employees should be treated with respect in terms of their age and gender; there have already been successful employment tribunal claims in relation to the menopause.

Key facts about the menopause transition

- The menopause is a natural part of ageing that typically happens between age 45 and 55 when a woman's oestrogen levels decline and she stops having periods. It is a biological stage that marks the end of a woman's reproductive life. As menopausal symptoms are typically experienced for several years, it's best described as a 'transition' rather than a one-off event.
- The average age for a woman to undergo the menopause in the UK is 51, but around 1 in 100 experience it before the age of 40, known as premature ovarian insufficiency (POI) or 'premature menopause'.¹ Often, there is no clear cause for the early onset of menopause, but it can also be as a result of surgery (for example hysterectomy, oophorectomy) or illness, or treatment (such as chemotherapy).
- The 'perimenopause' refers to the phase leading up to the menopause, when a woman's hormone balance starts to change; for some women this can start as early as their twenties or as late as their late forties.² It's not always easy to attribute the possible symptoms to the perimenopause as they can be many and varied, ranging from mood changes, sleep disturbance, weight gain, night sweats and hot flushes to dryness of the skin, eyes, mouth and vagina.
- 'Post-menopause' refers to the stage after the menopause, when a woman has not had a period for at least 12 consecutive months.



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The symptoms

Women can go through a wide range of physical and psychological symptoms associated with the menopause transition that can last for several years. The majority of menopausal women experience symptoms, although everyone is different and symptoms can be fluctuating and be felt to varying degrees. Although on average symptoms last for around four years from a woman's last period, around one in ten experience them for up to 12 years. Some of the most typical symptoms of the menopause include:^{3, 4}

- psychological issues such as mood disturbances, anxiety and/or depression, memory loss, panic attacks, loss of confidence and reduced concentration
- hot flushes – brief and sudden surges of heat usually felt in the face, neck and chest
- sleep disturbance that can make people feel tired and irritable
- night sweats – hot flushes that happen during the night
- irregular periods and/or periods can become light or heavy
- muscle and joint stiffness, aches and pains
- recurrent urinary tract infections (UTIs) including cystitis
- headaches
- weight gain
- palpitations – heartbeats that become more noticeable
- skin changes (dryness, acne, general itchiness)
- reduced sex drive.

Experiencing any of these symptoms can pose a challenge for women as they go about their daily lives, including at work. A bad night's sleep can affect someone's concentration, for example, while heavy periods or hot flushes can be physically distressing and embarrassing in front of colleagues or clients (Brewis et al 2017). Some of the potential psychological effects could also impact on an individual's relationships at work.

Case study: Experiencing a medically induced menopause: Kirstie Williams, Civil Service HR Team

Not all menopauses occur naturally. Here Kirstie Williams, from the Civil Service HR Team, speaks very candidly and inspirationally about her experience of a premature medically induced menopause following her diagnosis and treatment for breast cancer.

In March 2017, I was diagnosed with grade 3 breast cancer. But I was lucky, my prognosis was good. During the following months I learned just how important it was for me to see the positives, to approach things with humour and to be honest about my thoughts and fears.

Due to the type of cancer that I had, part of my ongoing treatment is to take medication that will stop my body producing certain hormones. As a consequence, this means that my body is being medically put through the menopause. I am 42. The drugs can't prevent my cancer from returning, unfortunately, but they might reduce the risk.

When I started this treatment, I knew nothing about the menopause, people just don't seem to talk about it. Short of hearing my mum bemoaning the hot flushes, I was clueless. I certainly wasn't prepared for everything that was about to happen.

The start of me taking this medication coincided with my return to work. It was only four months after my cancer treatment and I had been told it would take time to build myself back up. Being back at work felt good. But about a month in, the hot flushes

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started. They didn't just happen in the day, I was being woken by them six or seven times a night. But I understood this was part of the menopause, so I wasn't unduly worried.

I also understood that I'd just returned to work after a year's absence and it would take time to build up my confidence. So when I started experiencing a bit of memory loss, I put it down to my 'rusty' brain. Similarly, when I started forgetting what I was talking about half-way through a sentence, I thought it was just going to take a bit more time to get my 'game-face' back on.

Then, the anxiety attacks started. I had been warned that anxiety can often follow cancer treatment, but it hadn't been part of my experience so far, so I didn't understand what had changed. During this time, I would regularly recount stories at work of my experiences of hot flushes on the train or emotional meltdowns over the washing up. But, I didn't talk about what was going on in my head. I didn't mention the brain fog or the anxiety attacks, because I just couldn't get my head around them and I was embarrassed. I certainly didn't know that they were all connected.

Shortly after this, a colleague shared some menopause guidance by the Environment Agency with me – and it was a genuine 'lightbulb' moment. Everything I had experienced was connected to the drop in hormone levels, even the brain fog! And it was highly likely that low resilience also caused by the hormone drop had paved the way for the increased anxiety I was experiencing.

Soon after this, I wrote to my line managers to share how I was feeling. I am lucky that I work in an environment where speaking up about your mental health is genuinely encouraged. If I hadn't shared my own experiences at work, albeit through some funny stories, I would never have come across the menopause guidance. This changed the way I felt about my own mental health.

Why is the menopause a workplace issue?

There are very good reasons why employers should treat the menopause as an important occupational health and people management issue:

- **Fostering an age- and gender-inclusive workforce**

With 4.4 million women aged 50–64 in work (ONS 2019), this employee group represents a significant and growing section of the workforce. There are very few workplaces, therefore, where menopause is not an issue affecting women employees. Some sectors with a predominantly female workforce, such as health and social care and teaching, employ huge numbers of women who are either perimenopausal, menopausal or post-menopausal.

For many women the onset of menopause during middle age can coincide with increased caring responsibilities if elderly parents or relatives are in need of support, often at a time when they are still caring for children. The potential for these increased emotional demands to cause stress and/or negatively impact on their mental well-being is significant, especially if it coincides with hormonal change. The level of support that women receive at this stage of their working life can be pivotal in facilitating their continued economic participation, as well as the ability of employers to attract and retain experienced and valuable skills and talent. The menopause is therefore an important gender- and age-equality issue, and should be part of an organisation's approach to developing inclusive workplaces that support women's progression at work throughout their employment lifecycle.



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- **Encouraging better attendance, engagement and retention**

It's important for employers to understand the health impacts that the menopause can have on female staff. Many women undergo an uneventful menopause, but many others experience uncomfortable symptoms that can negatively affect their engagement with work if they are not properly supported. In one survey many women undergoing the menopause said they were little prepared for its arrival and nearly half found it difficult or somewhat difficult to cope with work during it; almost half felt that their job performance had been negatively affected by menopausal symptoms and yet some had worked extremely hard to overcome their difficulties (Griffiths et al 2010).

By taking the menopause seriously and treating it as an occupational health and people management issue, organisations can help to mitigate the potential negative impact of symptoms on the individual and the organisation, such as reduced job satisfaction and commitment, higher sickness absence and an increased desire to leave work altogether (Brewis et al 2017). The evidence shows that, where women receive understanding and help from management, it is greatly valued and enables them to continue working well and productively (Griffiths et al 2010).

Because the menopause is often a taboo subject at work, many women feel unable to disclose the real reason for absence if they need to take time off to deal with their symptoms, particularly if their manager is a man. As Altmann says, *'If performance were affected by symptoms that could be attributed to a different medical condition, there would be far more acceptance and allowances made'* (Altmann 2015). By encouraging more openness about the menopause across the workforce and approaching it as an organisational issue, more women will feel able to discuss the support they need with their line manager.

For some women, their working conditions could exacerbate their symptoms and make it challenging for them to contribute effectively at work. The factors that can make work more difficult to cope with include working in hot and poorly ventilated environments, formal meetings and high visibility activities such as formal presentations (Griffiths et al 2010). And yet very small changes on a practical level, such as supplying fans, can make a huge difference to the quality of working life for a perimenopausal or menopausal woman. Employers that create the right framework of policies, as well as a supportive and open culture, to help women get through the menopause will reap the benefits in terms of lower sickness absence and employee turnover as well as increased engagement and loyalty.

- **Ensuring compliance**

There is a strong health and safety, as well as legal, case for taking the menopause seriously at work. Employers have a duty of care for the health and safety of their workers, and for taking into account any risks to their health and well-being from the working environment. This includes a responsibility to ensure that any factors in the workplace do not worsen someone's menopausal conditions.

The legal context

Under health and safety law, employers must ensure the health and safety of all of their employees. Employers have a duty to make a suitable and sufficient assessment of the workplace risks to the health and safety of their employees.⁵ This includes identifying groups of workers who might be particularly at risk, an approach which should extend to assessing any specific risks that some women may experience during the menopause.⁶ This should involve carrying out risk assessments, in line with the regulations.



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The menopause is also an equalities issue. Under the Equality Act 2010, employers have a duty not to discriminate and employees should be treated with respect in terms of their age and gender. As the menopause is a strictly female condition, any detrimental treatment of a woman related to the menopause could represent direct or indirect sex discrimination.⁷

If a woman experiences serious symptoms from the menopause transition that amount to a mental or physical impairment which has a substantial and long-term adverse effect on her ability to carry out day-to-day activities, this could be classed as a disability under the Equality Act.⁸ Failure to make reasonable adjustments could lead to a discrimination claim.

There have already been successful employment tribunal claims in relation to the menopause. In 2012, in the case of *Merchant v BT plc*, the tribunal upheld the employee's claim of direct sex discrimination when her employer failed to deal with her menopause symptoms in the same way that it would have dealt with other medical conditions.⁹ In another case in 2018, an employee had substantial medical problems related to the onset of menopause. The tribunal found that her employer had discriminated against her on grounds of disability, particularly as it had failed to consider her disability's impact on her conduct.^{10, 11}

The Women's Network leads on creating an open culture to support women experiencing the menopause at the Solicitors Regulation Authority (SRA)

Resourcing Business Partner Alison McBirnie, solicitor Myra Gilbert and Head of HR Leah Lee explain how the work of the SRA's internal women's network has helped to create more open and supportive conversations around the menopause.

The project to raise awareness and improve support for staff going through the menopause at the Solicitors Regulation Authority (SRA) has been driven at a grassroots level by the organisation's Network of Women (NOW). It was solicitor Myra Gilbert's experience of menopausal symptoms, dismissed by her GP because she didn't have hot flushes, combined with Resourcing Business Partner Alison McBirnie's attendance at a CIPD event about the menopause, that led to the issue being raised at a NOW meeting in January 2018.

The Network ran a 'drop-in' session on the menopause with Lynda Bailey from Talking Menopause, and the organisers were overwhelmed by the response and level of attendance. Myra then went on tour to other SRA offices, presenting to colleagues about the menopause and, over the course of a year, awareness and understanding has increased significantly. *'Having the support and backing of HR and the recognised trade union Unite has really helped to raise the menopause as a workplace issue and integrate the support and resources we have produced across the organisation,'* says Alison.

In October 2018 the menopause formed part of the training session for line managers at an away day. As Myra comments: *'Using external presenter Lynda Bailey, we delivered a session to 140 people managers covering issues such as, what is the menopause? How does it affect people? How can you support women going through it at work? Where can you go for more information/support? What are the implications/risks/benefits in the workplace?'* The event was 'a roaring success' and the highest rated session of the day, with 76% of delegates rating it as 'excellent' and 23% as 'very good'.

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The presentations, training interventions and guidance documents developed for staff and line managers have fostered a much more inclusive culture around the menopause and made it easier for many women to approach their line manager if they need adjustments. Myra and Alison have been encouraged by the positive response of many managers – including male ones – and their willingness to learn more, have the right conversations with team members and put in place helpful adjustments. Flexibility – of the kind that is responsive and based on individual need on a day-to-day basis – is seen as crucial to helping staff cope with unpredictable and fluctuating symptoms such as sleep disruption, heavy bleeds and panic attacks.

‘We decided we didn’t need to develop a standalone policy because our policy infrastructure was already robust and comprehensive enough to provide a framework in key areas such as reasonable adjustments, flexible working and attendance management,’ says Leah Lee, Head of HR. *‘But it’s all credit to the NOW, who have led the way on this issue.’*

At the outset, the Network established its key aims as breaking down the taboo around the menopause by raising awareness, and signposting staff to sources of support inside and outside the organisation. According to Alison, using an external speaker was particularly helpful in the early days to open up the conversation and encourage other women to share their experiences. Another word of advice is to ‘get savvy with stakeholders’ to help ensure the issue is taken seriously. As she says: *‘As well as strong support from our Unite rep Brenda Hanna, we asked senior male managers to like and share our communications on menopause awareness days, and the CEO, Paul Philip, highlighted the issue in his closing speech at the away day for managers, which again helped to “normalise” the conversation.’*

The Network has created a buddy scheme for women to support other women experiencing the menopause. Not all buddies are NOW members. ‘Training lite’ sessions were run to set expectations on what a buddy is (and isn’t), as well the difference between coaching and mentoring and the importance of contracting in. They covered what to do – for example, the value of shared experience and practical tips. And what not to do – for example, provide clinical guidance or HR guidance. *‘The scheme is branded “MOB” (MenopauseBuddy) to reflect the fact we got “mobbed” at our first event,’* adds Alison.

Looking forward, the Network aims to use the buddy scheme to help maintain momentum and build on the work done so far to improve the climate and support for staff experiencing the menopause. Intersectionality is another focus, and the Network is starting to have conversations with some BAME colleagues about specific cultural aspects of the menopause. Alison and Myra are also keen to spread good practice and help other organisations to learn from their experiences.

There are valuable lessons to be learned. For Alison, one learning point is to test your own biases. As she explains: *‘I wish I had known beforehand how supportive many of our male colleagues would be, as well as grateful for information. Equally, don’t assume that everyone wants to talk about the menopause as it’s a very personal issue, and don’t expect every woman to share the same agenda.’* It’s also important to be sensitive when positioning the issue. As Alison advises: *‘If you approach someone*

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for help to raise awareness on this topic, do think about how to approach them – for example, if you want assistance from a colleague in a professional capacity, and they coincidentally happen to be a female of a certain age, they may think you are stereotyping or making assumptions.'

Leah adds: *'It's important to review your existing policies and other health and well-being initiatives and make sure you work out how this topic fits in, both strategically and practically, so that it's not a single issue but embedded properly: for example, mental health first-aiders, well-being calendars, stress and well-being policy, reasonable adjustments and sickness absence policy – especially triggers.'*

'The support of the wider organisation is vital, but because the work has been led by the Network and women who are interested and passionate about the issue, it is authentic and has inspired people to listen and learn, and change their perceptions,' says Myra.

Alison has the final word on the positive impact that the Network's work on the menopause has achieved at the SRA: *'Great things happen when women (and men) come together.'*

3 Create an open, inclusive and supportive culture

Key points

- It's important that women experiencing the menopause feel properly supported and included in their working environments.
- Employers need to promote awareness of the symptoms associated with menopause transition, encourage open conversations and communicate the considerable organisational benefits of embracing an older female workforce.
- It's also useful to think about ways in which to actively include employees in the ongoing development of support and guidance on the menopause, for example by engaging with any employee or women's networks including health and well-being champions.
- All women should be given information on how they can get support for any issues that arise as a result of the menopause, including access to information on how they can help to alleviate some of their symptoms.
- Some women might feel uncomfortable going to their line manager for support and other options should be available. This may be through HR, an employee resource group or a welfare officer. Many employers have employee assistance programmes that can also be helpful.

Promoting and supporting diversity in the workplace is an important aspect of good people management – it's about valuing everyone in the organisation as an individual. To reap the benefits of a diverse workforce, it's vital to have an inclusive environment where everyone feels able to participate and achieve their potential.¹²



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It's important, therefore, that women experiencing the menopause feel properly supported and included in their working environments and that there is an openness of culture when it comes to discussing issues relating to the menopause. Employers need to promote awareness of the symptoms associated with menopause transition across their workforce, encourage open conversations about this natural life stage, and appreciate and communicate the considerable organisational benefits of embracing an older female workforce.

Workplace attitudes to the menopause can range from empathetic and understanding to insensitive and jokey, to a complete lack of sympathy for employees who are experiencing this natural life event.¹³ Employers therefore need to shift attitudes away from insensitivity and humour to informed and supportive on this important issue.

Communicate a positive approach and attitude

Employers should communicate their positive attitude towards the menopause, so that all employees know that their employer is supportive of the issue. Developing a workplace well-being policy which recognises the menopause is a good starting point, but they should also use wider communication channels to educate and build support. They should build into their communications that the menopause transition need not be a private or embarrassing topic and shouldn't be regarded solely as a female issue.

A key aim should be to develop understanding and support of menopause at work issues among line managers and colleagues, using a variety of ongoing approaches and ongoing awareness-raising activities. Information and education about the menopause should be included as part of the organisation's diversity and inclusion training for the whole workforce, and integrated into its induction programme for new starters. Employers can use health and well-being days to promote information and advice on the menopause, and guidance on how to deal with the menopause should also be freely available in the workplace.

Employers should also think about ways in which to actively include employees in the ongoing development of support and guidance on the menopause, for example by engaging with any employee or women's networks including health and well-being champions. Creating a positive and stigma-free environment in relation to menopause issues requires a 'bottom-up' focus as well as strong leadership from above, and it is only by taking this inclusive approach that an organisation will be able to translate policy into practice. Encouraging peer-to-peer discussions will help to grow genuine conversations about the menopause and enable women to share experiences of managing the day-to-day impact of their symptoms, which in turn will help to create more openness and understanding in the workplace.

Provide information and support to employees experiencing the menopause

All women should be given information on how they can get support for any issues that arise as a result of the menopause. They should also have access to information on how they can help to alleviate some of their symptoms. Because of the societal taboos that still surround the menopause, some women might feel uncomfortable going to their line manager for support and other options should be available. This may be through HR, an employee resource group or a welfare officer. Many employers have employee assistance programmes that can be a confidential source of help and advice.



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Severn Trent opens up the culture about menopause at work

Severn Trent has put in place a holistic framework to support women experiencing menopause transition, with awareness events, training sessions and practical guidance creating an open and supportive culture across the business. 'This links very much with our aim of having an Awesome Place to Work,' says Management and Leadership Development Manager Juliet Saimbi.

Since spring 2017, Severn Trent has introduced a number of initiatives to help open up the conversation about the menopause and increase the awareness and support available to colleagues and managers. The work has been led by Juliet Saimbi, who herself experienced menopause transition, which gave her insight into the need for better education and a more open culture at work. As she explains: *'I experienced severe symptoms, but hadn't discussed the impact of how I was feeling at work, and so I know first hand how important it is to be able to discuss the symptoms and support needed with your manager.'*

From April 2017 the organisation worked with expert menopause organisation Henpicked: Menopause in the Workplace to build awareness about the menopause across the workforce. The first 'town hall' event was held at the company's Coventry head office and attracted over 90 people, including a few men. Further events followed and are now ongoing, with every workshop and training session oversubscribed, demonstrating the high level of interest in the issue. A small team in HR also worked with around 25 colleagues and trade union representatives to review the company's guidance on the menopause, which now includes more information and signposting to sources of support as well as more open communication with managers.

'I spoke about my own experience of the menopause at the first event and it's important to encourage people to share their stories as this really opens up the conversation,' says Juliet. *'It also increases awareness about how wide-ranging and serious the symptoms can be and how they can impact at work.'* As she continues: *'The culture is opening up and becoming more inclusive around the menopause at Severn Trent, as we continue to upskill our managers about this issue and help them to have good conversations to support employees.'* A communication from the chief executive to all 6,000-plus employees prompted 600 replies, all of which were answered.

Training on the menopause is now a mandatory element of the company's 'Awesome Leadership' programme for managers and the support and guidance are well embedded as part of Severn Trent's HR and well-being framework, including its employee assistance programme. Recognising how important flexibility is to supporting someone with the menopause, there is also a strong link with the company's flexible working policy. A section of the intranet is now dedicated to the menopause, which includes a range of support and guidance, including a short video, promotional and educational material, and slides for line managers.

The training and awareness-raising work carried out by Juliet and her team is already having a significant impact. Line managers across the business are on board with the company's aim to build an open and inclusive culture and are much better prepared to have sensitive conversations with female employees about menopausal symptoms and making the right adjustments. *'We don't just wait for events and workshops to promote awareness and understanding; it's important to keep the awareness level*

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up on an ongoing basis,' says Juliet. There is now an internal Yammer group where colleagues can post comments and share support, and the aim is also to help people to help family members and friends as well.

Momentum has built up within a relatively short timescale and it now feels like there is a community supporting Severn Trent's aim to create an open culture around the menopause, according to Juliet. Word has also spread externally about the work that Severn Trent has done around the menopause, and Juliet is often in demand to share good practice and visit other organisations as they develop guidance and support.

4 Develop a framework to manage the menopause

Key points

- Too often, organisations are reactive and ad hoc in their approach to people's health and well-being; HR is ideally placed to take a proactive approach to the menopause at work.
- It's important to approach the menopause holistically, and integrate relevant provision across the areas of people management, equality and occupational health to be effective.
- It's for each organisation to decide the level of formality needed when introducing a framework, but developing a dedicated policy or plan on the menopause can aid clarity for managers and employees, for example by setting out key responsibilities and signposting to sources of support.
- Consider adopting a 'cafeteria approach', where women can choose from a range of options to help with their specific symptoms.

Adopt a proactive approach

HR is ideally placed to take a proactive approach to the menopause at work, thereby helping to mitigate the potential negative impact that the workplace can have on someone's symptoms. Too often, organisations are reactive and ad hoc in their approach to people's health and well-being. This means they can miss the opportunity to develop a more strategic and preventative framework to help people to perform to their best even if they do develop a health condition or disability.

We know that the vast majority of female employees in the 45–55 age bracket will experience the perimenopause and menopause and that many of them will have a range of symptoms that are often fluctuating. Regular monitoring of the gender and age profile of the workforce will therefore enable the organisation to anticipate the potential health-related needs of this employee group and the scale of support that is likely to be needed. This doesn't mean making assumptions about an individual's circumstances or required support; however, if the organisation has a large proportion of female employees around this age range, it should ensure that it has the right level of line manager training in place in the right areas. It could also consider running an awareness campaign as part of any ongoing health promotion programme, signposting to the formal and informal support in place.



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It's also important to listen to employees themselves about how the most effective provision can be developed and what it should look like, and the organisation should tap into any employee networks and/or volunteers, both for feedback and to help drive forward change and inclusivity around the issue. Recent research surveyed women aged 45–65 to explore what employers and managers should and should not do in relation to women going through menopause (Hardy et al 2017). The findings are a useful resource for organisations considering how to develop a suitable framework. Key recommendations focus on a positive environment where the menopause is treated seriously, the need for effective communication skills, consideration of the menopause at a policy level, and education and training for line managers, including how to make reasonable adjustments.

Audit existing policies and practices

Creating an organisational framework to support female employees experiencing the menopause transition means recognising that this is an equality, occupational health and people management issue. The organisation therefore needs to view its approach to the menopause holistically, and integrate relevant provision across the policies and practices in all of these three areas to be effective.

Certain workplace factors could worsen someone's perimenopausal or menopausal symptoms, and so the first step is to ensure that the organisation's existing policies and working practices don't unintentionally create barriers for female employees during this stage of their life. These can include both the 'physical' aspects of someone's working environment as well as the less tangible impact that an organisation's customs and policies can have on someone's experience of work.

For example, could the constrictions of a uniform or dress code exacerbate menopausal symptoms? How well ventilated is the workplace? Do line managers understand that the menopause should be viewed as an occupational health issue for women, and do they take this fact into account during the performance management process where appropriate? Does the organisation's flexible working policy explicitly recognise that the menopause is an occupational health issue that could require adjustments for someone by highlighting the range of working options that could be offered to support female staff in these circumstances?

Develop a policy or plan

The level of formality that HR decides to adopt when introducing a framework to create an inclusive and stigma-free working environment and help managers to support women experiencing the menopause will depend on a number of factors. These include the size of the organisation, its culture and general approach to people management, and whether or not there is already a cohesive health and well-being strategy or plan in place. If an organisation does already have a health and well-being plan, this is a good place from which to develop a policy or guidance on the menopause.

Not every organisation will decide that having a standalone menopause policy is appropriate for its culture or people management framework; it may prefer to incorporate provision related to the menopause across its existing policies, such as flexible working and equality and diversity, and develop dedicated line manager guidance and training to bring this policy provision to life. However, developing a standalone organisational policy or plan on the menopause can serve a number of purposes, for example:

- It will prompt HR to systematically audit the organisation's existing policy provision related to the menopause and think strategically and practically about how to develop the most effective framework.



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- It provides the opportunity for HR to collaborate with its occupational health (OH) service, if it has one, and any employee assistance programme (EAP) partners, to develop a framework that is fully integrated into both people management and occupational health policies and practices and OH provision.
- A standalone policy provides clarity for managers and employees, for example by setting out key responsibilities and signposting to sources of support.
- Developing a policy provides an opportunity to engage with employees on the issue and shows the workforce it regards the menopause as a serious work-related health issue.
- It can provide the framework for evaluating the impact of the organisation's provision in this area.

If one is developed, a menopause policy should be consistent with the organisation's wider people management policy provision, and cover key areas including:

- **statement of principles**, including how the organisation and its senior managers are committed to supporting female employees through the menopause transition, and why this is an important workplace issue for everyone
- **policy objectives**, including the actions that the organisation will take to implement the policy, and the key outcomes it wants to see, such as a more open and inclusive culture so that women feel able to discuss the menopause and seek the support they need
- **definitions and symptoms of the menopause**, to promote a basic understanding among all employees about what the menopause is and how it can impact on female employees' health
- **key responsibilities**, setting out which employee groups have responsibility for implementing specific aspects of the policy, including senior managers, line managers, HR, employees and occupational health
- **activities and initiatives** to be implemented under the policy, such as stress risk assessments, line manager training
- **links to internal and external sources of support**, such as occupational health, an employee assistance programme, counselling services, any internal employee networks and external support groups.

Consider a 'cafeteria approach'

There is no one-size-fits-all approach to menopause transition at work due to the unique way in which a woman can experience the range of potential symptoms. An article contributed by experts on developing workplace menopause policies for Occupational Health at Work therefore recommends adopting a 'cafeteria' strategy, *'where women can choose from a range of options to assist with their specific symptoms, depending on severity, regularity and duration'* (Beck et al 2018).

The elements that a cafeteria approach could cover include many of the same areas outlined in this guide, such as tailored absence policies, specialist support from an employee assistance programme and/or occupational health, flexible working arrangements, workplace adjustments based on individual need and informal support networks such as menopause cafes. The subtle but important difference is that developing and communicating a strategy based on employee need and preference helps to empower the woman experiencing menopause transition to manage her symptoms with the right organisational support in place at the right time. The authors describe a cafeteria strategy as an 'opt-in' approach that can help to counter the reluctance of women to talk about work-related issues relating to the menopause. They cite evidence in support of a cafeteria approach showing that women who believe they have high levels of workplace control and autonomy report fewer menopause symptoms.



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The University of Leicester's Menopause Policy is reproduced in Appendix 1 for reference. This includes the first eight pages of the main policy; the full policy with appendices (including line managers' guidance, confidential discussion template and menopause advice sheet) is also available – please email: Staffhwb@le.ac.uk

Creating a community group to support colleagues with the menopause: Bernice Allport, Communications Manager, the Environment Agency

The Environment Agency has a well-established and vibrant women's network going back many years. Its aim is to 'encourage women to reach their full potential', and it has several sub-groups focusing on various aspects of gender equality in the workplace. But in 2015 one employee, Bernice Allport, decided that a gap around activity devoted to the menopause should be addressed. And so she and a few other colleagues set up a Menopause Community Group as part of the network and slowly – at first – started to build awareness and collaboration around the issue. As she comments: *'We discussed the silence around the menopause and the need to tackle what we saw as the last taboo.'*

As a communications manager, Bernice had the right skill-set to create an effective campaign and communicate the need for a virtual group to share experiences and advice. Other volunteers brought their own skills and experience to the group, meaning that everyone has been able to play to their strengths as well as contribute at a level which suits their circumstances.

Early on the group decided that it wanted to achieve two key aims: first, to find a way for people to talk to each other; and second, to make it easier for colleagues experiencing menopause transition to approach their line manager if they were struggling with their symptoms.

To address the first goal, the group created an online private group on Defra group Yammer network (a bit like a work Facebook), which has now grown to around 300 members. A public version of the Yammer group on the same network now has around the same number of users, demonstrating how much more open the culture is now and how much more willing many people are to share their thoughts around the menopause. The Yammer groups provide a safe and collaborative environment for colleagues to seek advice and share their experiences, but Bernice stresses that the emphasis is on support and practical help to enable colleagues to help each other as well as themselves.

To achieve the group's second aim, to help colleagues to discuss their menopausal symptoms with their manager and the support they need, the group developed a menopause discussion pack, including a guide on managing the menopause at work. It defines the menopause, outlines the range of symptoms, explains how it can impact on work and how line managers can help. It also contains ideas for workplace adjustments. *'We have also boosted the pack with a series of blogs, with strong storytelling themes, as we were keen to include as wide a range of experiences as possible,'* says Bernice. *'One woman's experience of the menopause can be so different from another's, and it's powerful to share stories, but there are also less typical experiences such as early menopause or cliff-edge menopause brought on by treatment, which it's also very important to share.'*

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The guidance created by the group has had a significant impact already, with many managers endorsing it and saying how helpful they have found it in guiding supportive conversations with members of their team. There is also strong leadership at the top of the Environment Agency, with two senior gender champions (one woman and one man) regularly promoting the guidance at meetings. It's the combination of this 'bottom-up' and 'top-down' approach that is so important to opening up the culture and embedding support for the menopause across the organisation, in Bernice's view.

The hard work of the volunteers in the Menopause Community Group was recognised in the Civil Service Diversity and Inclusion Awards 2017, when it won the Championing Gender award. Momentum continues to build, and Bernice and her fellow volunteers are now working more widely across the Civil Service, including with colleagues in the Civil Service HR Employee Policy team, to help spread the good practice and cultural change taking place in the Environment Agency and many other parts of government.

5 Manage health and sickness absence

Key points

- Organisations should treat an employee with menopause symptoms in the same way they would manage and support someone with any long-term health condition, including making reasonable adjustments. Effective adjustments can be simple, low cost and make a significant difference to how well someone with symptoms can perform at work.
- Absence management policies and procedures should be flexible and highlight the menopause as a potential long-term fluctuating health condition.
- If an organisation has access to occupational health (OH) services, HR should work closely with their OH team to develop an effective organisational framework to support women with menopausal symptoms.
- Employers have a legal duty to control the risks to people's health and safety at work, and this should involve carrying out a risk assessment or audit to help prevent and manage the symptoms experienced by someone going through the menopause.

Organisations should treat an employee with menopause symptoms in the same way they would manage and support someone with any long-term health condition. Information about the menopause and the support available for female employees experiencing it should be woven through all of the organisation's health and sickness-absence-related policies and procedures. One woman's experience of the menopause transition can be entirely different from another's, so an organisation needs to develop a framework that encourages managers to have a tailored approach, where the focus is on providing individualised support.

Workplace adjustments

Although it's relatively unusual for the symptoms associated with the menopause to be regarded as a disability, they can be, and it's good practice to consider making



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adjustments for any individual experiencing difficulties at work because of a long-term health condition such as the menopause. Adjustments should be considered in relation to a specific individual and their specific role. The aim is for the organisation to understand the barriers the employee is experiencing and put adjustments in place to resolve them. It's very important, therefore, that a manager involves the employee in discussions about the potential adjustments that could help to mitigate the impact that any menopausal symptoms are having at work. One woman's experience of menopausal transition can vary enormously compared with another's and so there is no uniform set of adjustments that an organisation can put in place.

Effective adjustments can be simple, low cost and make a significant difference to how well someone with symptoms can function at work. Therefore, the organisation should develop and disseminate clear guidance on making adjustments and incorporate specific advice on menopause transition into it. The guidance should be promoted across the workforce but particularly targeted at line managers, who will typically have responsibility for having supportive and informed conversations with female employees about adjustments.

The guidance should be practically focused and include advice on the range of potential menopausal symptoms women can experience and the type of workplace adjustments that can be made to support someone with the menopause. It's important to provide examples of potentially helpful physical adjustments, such as a change to the workplace or workstation, for example, investigating ways of cooling the working environment by providing fans, or a relaxing of the uniform or dress code if it's uncomfortable. But it's also important to highlight the 'softer' range of adjustments that could make a difference, such as allowing for more frequent breaks during someone's work schedule, arranging additional time to carry out a task, providing a mentor or changes to an employee's job description or duties.

An organisation's guidance on making adjustments should encourage managers to consider ways they can be flexible about how a job is done, and discuss options with the employee. By having a sensitive and supportive conversation with the employee about how a job can be done differently, the individual is likely to have the best ideas on what changes can make the biggest difference to how well they can do their job.

Access the [Disability Confident and CIPD guide for line managers on employing people with a disability or health condition](#).

Sickness absence procedures and reporting

Employers should develop an absence management framework and culture that encourages genuine reporting of the reasons for sickness absence, whereby women feel able to disclose menopausal symptoms. A 2014 survey by the National Union of Teachers about women's experiences of the menopause found that only 20% had taken sick leave because of menopausal symptoms, but over 80% of these had not disclosed the menopause as the reason.¹⁴ Although understandable, being able to be open about the need to take time off to deal with menopausal symptoms would be a big step forward for women needing support and potential adjustments from work.

The onus is on the employer to take practical steps to create a genuine reporting climate, and absence management training and guidance for line managers should include



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awareness about the menopause and its potential symptoms. Absence management policies and procedures should be flexible and highlight the menopause as a potential long-term fluctuating health condition that should be treated as such, with support and understanding. If symptoms affect a woman's capacity to work and her attendance, it's appropriate to treat this type of non-attendance outside of the normal absence reporting procedures and triggers. Therefore, if a woman has a series of short-term absences related to the menopause, these should be recorded separately as part of an ongoing health condition, and no adverse management action should be taken for this type of absence. One useful approach could be to have a code in the organisation's absence recording system to note the menopause as a reason for absence distinct from other types of sickness absence.

Some employers use the Bradford Factor to measure the number of absence spells in order to identify persistent short-term absence. But this approach could penalise an employee who needs to take sick leave to deal with their symptoms. The reasons for an employee taking frequent periods of absence should be discussed with the employee.

If someone is off sick, particularly for a lengthier absence, a return-to-work interview is a good opportunity for a manager to explore what factors are contributing to someone's absence, and identify if they have an underlying health issue. These need to be carried out in a sensitive and empathetic way. An effective return-to-work interview can build trust and engagement with the employee, and support their smooth and sustainable return to work. Managers should advise employees in advance to expect a return-to-work interview and make it clear that this is a supportive process to help them make a successful and lasting return to the workplace, and address any ongoing health needs. It's important to remember that an employee is unlikely to be fully fit when they return to work, and will need ongoing support as well as possible adjustments to their workload to help ease them back into their work routine, particularly if the absence has been long term and the condition is ongoing and fluctuating, as is typically the case with menopause transition.

Access the CIPD's resources on managing absence:

www.cipd.co.uk/knowledge/fundamentals/relations/absence

Working with occupational health

If an organisation has access to occupational health (OH) services, HR should work closely with their OH team to develop an effective organisational framework to support women with menopausal symptoms. As a specialist branch of medicine focusing on health in the workplace, OH professionals will have valuable expertise and knowledge that HR can tap into to inform its policies, guidance, training and awareness-raising related to the menopause.

If an organisation doesn't have access to its own OH service, Fit for Work offers free, expert and impartial advice for anyone looking for help with issues around health and work, available at: <http://fitforwork.org>

Many organisations access OH support in a reactive way, when a particular sickness absence case is complex and/or becomes long term, for example. However, a lot of support an OH service can provide is proactive, aiming to create a preventative and supportive environment to promote good health and well-being. OH specialists are therefore able to provide expert advice and guidance in areas such as:



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- designing and implementing policy on the menopause transition
- promoting good health education programmes on the menopause, and ensuring that the issue is highlighted as part of wider occupational health awareness campaigns
- minimising and eliminating workplace factors that could exacerbate menopausal symptoms, and advising on the ergonomic factors that could help to support women
- providing regular check-ups and advice for women experiencing the menopause and monitoring the health of an employee who is experiencing significant menopausal symptoms.

Menopause transition can cause a wide range of physical and psychological symptoms, and a manager may need expert advice and guidance from OH to help them understand how symptoms may impact on an individual's capacity to perform certain tasks. A significant number of women with symptoms can experience depression, anxiety and/or stress, and it's important that managers have access to expert OH advice where possible to help them understand how to manage mental health issues connected with someone's menopause transition. The specialist advice that OH can provide will be invaluable in helping managers to make tailored adjustments and support someone on an ongoing basis, particularly if the woman's symptoms are severe.

Access to OH services is identified as one of the most effective interventions for long-term absence, and HR should develop a case management approach with OH and an employee's line manager to support someone who is off sick with menopause symptoms to ensure they receive the support and adjustments needed for an effective return to work.

Access the CIPD's information and advice on occupational health:
www.cipd.co.uk/knowledge/culture/well-being/occupational-health-factsheet.

Carry out appropriate risk assessments

Employers have a legal duty to control the risks to people's health and safety at work, and this should involve carrying out a risk assessment or audit to help prevent and manage these risks to individuals. The Health and Safety Executive (HSE) has a range of resources and guidance to help organisations to carry out a suitable risk assessment (Health and Safety Executive 2014, and www.hse.gov.uk/risk). This includes the potential risks that employees experiencing the menopause could face, to make sure that working conditions will not adversely impact on their symptoms. Menopause transition can cause a wide range of physical and psychological symptoms, and a significant number of women with symptoms can experience depression, anxiety and/or stress. Therefore, organisations should also carry out appropriate stress risk assessments, and the HSE has a range of resources, including tools and templates, to support organisations as part of their Management Standards framework.

Promote an employee assistance programme

If an employer has an employee assistance programme (EAP), the organisation needs to first check that it is knowledgeable on the menopause in the workplace. The services it provides, such as counselling, can be used to support employees going through the menopause. The organisation should therefore actively promote the support it can provide to employees, and also encourage managers to access expert advice via the EAP on how the workplace and working conditions can be made more menopause friendly.



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Case study: Using a reasonable adjustment passport: Catherine, West Midlands Police

Having a reasonable adjustment passport explaining her menopausal symptoms and the adjustments needed to help alleviate their impact at work has really helped Catherine to continue to perform in her civilian role at West Midlands Police.

One of the first signs that 'Catherine' (not her real name) was in menopause transition was when she started having ocular migraines at age 51, although she didn't realise it at the time. Other symptoms soon followed, including sleep disruption and vivid nightmares, night sweats, exhaustion and itching. The most testing symptoms were psychological, including crying and 'just not being able to recognise the good feelings anymore'.

It took a while to identify her symptoms as menopausal, but eventually Catherine was prescribed HRT, which really helped, but she needed to stop taking the medication for a while and her migraines became constant. Combined with memory loss, panic attacks and poor concentration, this meant some aspects of her role became very challenging. It was at this point that an empathetic line manager started a conversation with Catherine, prompting a supportive discussion about the menopause and the types of adjustment that could help to ease the impact of her symptoms on her role.

As part of a two-way conversation, some of her duties were changed so that she didn't have to memorise large amounts of data. *'It took a long time to get to the root causes of why and how I was struggling, and I found it hard to articulate at first, but my manager was very sympathetic and supportive, which made a huge difference to me getting the support I needed,'* says Catherine.

Discussing and agreeing a reasonable adjustment passport with her line manager has been crucial to ensuring that Catherine has the ongoing support she needs day to day. The document explains her menopausal symptoms and how they affect her ability to perform certain tasks at certain times. It also sets out the range of adjustments and flexibility she needs to manage her fluctuating symptoms. These include physical adjustments, such as a fan, dimmer lighting and access to cold drinks, as well as 'softer' ones, such as the flexibility to start her working day a bit later following a disturbed night and being able to take rest breaks at the onset of a migraine. Catherine has a 22-mile commute to and from work and so, sensibly, the passport allows her to work at an office nearer to home on an ad hoc basis to help alleviate tiredness.

Although Catherine's passport has essentially stayed the same since it was agreed in 2016, she says it is a fluid document and can be adapted if her symptoms change. It has been signed and agreed by both Catherine and her line manager and HR holds a copy on file. It is also portable as she can start a new role or acquire a new manager without the need to draw up another document. *'The changes it sets out are relatively simple but they make a huge difference to how well I can perform my job,'* Catherine says.

Catherine says her employer has been supportive from the outset, and talking about her symptoms has enabled her to obtain the adjustments she needs: *'The response has been, "what can we do to make you feel better?"; which has made me feel valued and enabled me to carry on working to my full potential.'*

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There is wider support available for women experiencing menopause transition at West Midlands Police, including a menopause support group that Catherine attends. With funding from the staff association and organised as part of Women in Policing, it has grown organically from just ‘a small group of struggling women’ to over 200 members. It holds meetings and training sessions, often with external speakers giving sessions on topics like nutrition, alternative remedies and mindfulness. The group communicates regularly by email and disseminates articles and research on the menopause. It has also developed an intranet site.

There is also a closed Facebook group that provides a safe and supportive environment to help communicate and share ideas about the menopause. *‘Having a closed group means that women can share very personal details but we have opened the group up to friends and family of employees so that we can spread the support available,’* says Catherine.

Catherine is now 59, and so she has experienced her symptoms for several years, but she says it’s the combination of the grassroots movement and people management support that has been invaluable. As she concludes: *‘The support I have received has really made me value West Midlands Police as an employer, but if I hadn’t spoken up I wouldn’t have received that support. I know it can be hard to speak up about the menopause, but try not to make assumptions about the response you will receive at work because I have been so encouraged by the reaction from managers and colleagues.’*

A copy of West Midlands Police’s current Reasonable Adjustments Passport (RAP) template is reproduced as Appendix 2, although the organisation will be introducing a new Workplace Adjustment Policy and Passport in March 2019. Appendix 2 of this guide reproduces the first 11 pages of the RAP without the appendices.

6 Promote good people management

Key points

- Good people management is crucial to supporting employees going through the menopause. Employers should ensure all line managers have been trained on how the menopause can affect work and what adjustments may be necessary.
- Negotiating flexible working hours or practices could make a real difference to someone experiencing menopausal symptoms, and so organisations should promote the opportunities available through its flexible working policy.
- Performance management should be a positive process and focus on the support needed to help everyone perform to the best of their ability, including taking on board any underlying health issues.

Much of the day-to-day responsibility for supporting people’s health and well-being and implementing the policies that can help to accommodate women experiencing menopause transition falls on line managers. A line manager will typically be the first point of contact if someone needs to discuss their health concerns or needs a change to their work or



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working hours. It's therefore essential that a line manager is knowledgeable about the organisation's framework for managing people with a health condition, including someone experiencing menopausal transition, and understands their role within that.

Training and support for managers

Employers should ensure that all people managers are trained and have a broad understanding of how menopausal symptoms can affect employees' interaction with work. They also need to be knowledgeable about what adjustments may be helpful to support women who are experiencing particular symptoms. As well as ensuring that any ongoing training interventions aimed at managers, such as diversity and inclusion training and management development programmes, include information and advice about the menopause, there are wider issues to consider. These involve ensuring that managers have the ability to not shy away from personal and potentially sensitive issues and have the confidence and competence to have challenging conversations with female employees about the menopause and the support they may need at work. Acas has practical guidance written for line managers on challenging conversations and how to manage them.¹⁵

Managers also need to be trained in how to be alert to the early warning signs of poor well-being, and changes in employee behaviour or performance at work that could be linked to the menopause, as well as be confident in signposting to expert sources of support such as occupational health, GP services and an employee assistance programme, if available.

Access the [Disability Confident and CIPD guide for line managers on employing people with a disability or health condition](#).

Offer flexible working

Being able to negotiate flexible working hours or practices could make a really big difference in helping someone experiencing menopausal symptoms to continue to work to their full potential. Employers should consider temporary changes in work patterns and recognise that sickness absence may be more frequent as employees struggle with symptoms such as excessive bleeding or sleep deprivation.

There are a wide range of flexible adjustments that an employer can make to someone's job or working arrangement to help menopausal women to deal with their symptoms, ranging from taking extra breaks during the working day to part-time working or a shift change. If an employee's sleep is disturbed because of the menopause, a later start time could help someone to balance work and their symptoms. An employee may also need to leave work at short notice if they are feeling unwell or experience heavy bleeding or flooding.

Other ways that working life can be made more flexible for women in transition include:

- reducing workload
- ensuring women are not working excessively long hours
- rearranging formal meetings or presentations if necessary
- allowing them to switch to different tasks on bad days
- allowing them to work flexible hours and/or at home, especially on bad days or if sleep is poor
- allowing time off in the day to attend medical appointments (Brewis et al 2017).



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Because women can experience menopausal symptoms in very different ways, it's important that HR and managers are able to discuss flexible working solutions on a case-by-case basis, tailored to the needs of the individual. Organisations can tend to be reactive in how they approach flexibility in the workplace, and quite limited in the range of flexible working options that are offered and taken up. They need to be more creative and proactive in thinking about the kind of flexibility that can support women with menopausal symptoms, and educate managers so that they are confident about discussing a range of flexible options with employees.

Access the CIPD's resources on flexible working:
www.cipd.co.uk/knowledge/fundamentals/relations/flexible-working

Manage performance positively

There should never be assumptions about someone's ability to perform to a high standard, but it should be recognised that women can experience a wide range of uncomfortable symptoms for many years as part of the menopause transition. It's not surprising that they can pose a challenge for women as they go about their daily lives, including at work, where performance can be impacted. One study found that around half of women felt their job performance had been negatively affected by their menopausal symptoms, with the major impact of their symptoms attributed to poor concentration, tiredness, poor memory, feeling low/depressed and lowered confidence (Griffiths et al 2010). Nearly a fifth thought that the menopause had a negative impact on their managers' and colleagues' perceptions of their competence at work and felt anxious about these perceived performance deficits.

Addressing the stigma about the menopause means challenging negative and stereotypical attitudes by changing the culture, but policies and practices such as performance management also have an important role to play. It's important to remember that performance management should, in essence, be a positive process and focus on the support needed to help everyone perform to the best of their ability, including taking on board any underlying health issues. The design and implementation of an organisation's performance management system should be based on this premise.

Access the CIPD's resources on managing performance:
www.cipd.co.uk/knowledge/fundamentals/people/performance

The CIPD's accompanying guidance on the menopause for people managers, including practical tips for supporting employees, is available as a separate document here – cipd.co.uk/menopauseformanagers

The University of Manchester's Manager Guidance: Menopause in the Workplace is also available for reference as Appendix 3.



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7 Useful resources

[NHS guidance on menopause symptoms and treatment](#)

[NICE guidance on menopause diagnosis and management](#)

[British Menopause Society](#) (provides 'education, information and guidance to healthcare professionals specialising in all aspects of post reproductive health')

[Women's Health Concern](#) (the patient arm of the British Menopause Society)

[Daisy Network](#) (support for premature menopause or 'premature ovarian insufficiency')

[Faculty of Occupational Medicine](#) (provides guidance on the menopause at work)

[Henpicked: Menopause in the Workplace](#) ('making it easy for you to introduce the right menopause awareness, training, policies and practices')

[Menopause Café](#) ('gather to eat cake, drink tea and discuss menopause')

[Talking Menopause](#) (provides 'seminars, coaching and individually tailored programmes helping organisations transform their culture and create menopause-friendly workplaces')

[The Menopause Exchange](#) (provides 'independent advice about the menopause, midlife and post-menopausal health')

[Menopause Matters](#) ('an independent website providing up-to-date, accurate information about the menopause, menopausal symptoms and treatment options')

[Menopause Support](#) (provides personal and business support)

[Meg's Menopause](#) ('an open source of information and advice dedicated to empowering women through an honest and frank discussion of all things menopause')

8 References

ALTMANN, R. (2015) *A new vision for older workers: retain, retrain, recruit* [online]. Independent report. London: DWP. Available at: www.gov.uk/government/publications/a-new-vision-for-older-workers-retain-retrain-recruit [Accessed 1 September 2018].

BECK, V., BREWIS, J., DAVIES, A., FISH, S. and GARLICK, D. (2018) Developing workplace menopause policies: four reasons why, and how. *Occupational Health at Work*. Vol 15, No 3. pp22–5.

BREWIS, J., BECK, V., DAVIES, A. and MATHESON, J. (2017) *The effects of menopause transition on women's economic participation in the UK* [online]. Research report. London: DfE. Available at: www.gov.uk/government/publications/menopause-transition-effects-on-womens-economic-participation [Accessed 1 September 2018].

GRIFFITHS, A., MACLENNAN, S. and WONG, Y. (2010) *Women's experience working through the menopause*. Research Report. Nottingham: University of Nottingham and the British Occupational Health Research Foundation.



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HARDY, C., GRIFFITHS, A. and HUNTER, M. (2017) What do working menopausal women want? A qualitative investigation into women's perspectives on employer and line manager support. *Maturitas*. July. Vol 101. pp37–41. (See synopsis in: 'What do working menopausal women want?' [online]. *Henpicked: Menopause in the Workplace*. Available at: <https://menopauseintheworkplace.co.uk/menopause-at-work/what-do-working-menopausal-women-want/> [Accessed 18 January 2019].)

HEALTH AND SAFETY EXECUTIVE. (2014) *Risk assessment: a brief guide to controlling risks in the workplace* [online]. Guidance leaflet. London: HSE. Available at: www.hse.gov.uk/pubns/indg163.pdf [Accessed 10 January 2019].

OFFICE FOR NATIONAL STATISTICS. (2019) *Employment, unemployment and economic inactivity by age group (seasonally adjusted)* [online]. Newport: ONS. Available at: www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/employmentunemploymentandeconomicinactivitybyagegroupseasonallyadjusted05sa [Accessed 8 March 2019].

9 Endnotes

- 1 NHS. (2018) [Menopause: overview, symptoms, treatment](#).
- 2 HENPICKED. (2016) [What is the perimenopause?](#)
- 3 NHS. (2018) [Menopause: overview, symptoms, treatment](#).
- 4 RCN. (2016) [The menopause and work: guidance for RCN representatives](#).
- 5 HSE. [Managing for health and safety: Legal duties](#).
- 6 UNISON. (2013) [The menopause and work: a guide for UNISON safety reps](#).
- 7 NET and NUT. (2016) [Women's health and safety: NUT health and safety briefing](#).
- 8 BEESTON SHENTON SOLICITORS. (2017) [Menopause in the workplace](#).
- 9 PURE EMPLOYMENT LAW. (2012) [Dismissal without taking account of menopause symptoms – discriminatory and unfair](#).
- 10 SCOTTISH COURTS AND TRIBUNALS SERVICE. (2018) [Judgment of the Employment Tribunal](#).
- 11 PEOPLE MANAGEMENT. (2018) [£19,000 tribunal win for court officer dismissed over medication muddle](#).
- 12 CIPD. (2018) [Diversity and inclusion in the workplace](#).
- 13 RCN. (2016) [The menopause and work: guidance for RCN representatives](#).
- 14 NUT. (2014) [Teachers working through the menopause](#).
- 15 ACAS. (2014) [Challenging conversations and how to manage them](#).



10 Appendix 1



UNIVERSITY OF
LEICESTER

Menopause Policy and Guidance



For use In	All Colleges, Schools/Departments and Divisions
For use by	All University Staff
Owner	Staff Health and Wellbeing
Dates of trade union consultation	Sent by e-mail to all union inboxes 27/09/17
Launch Date	Soft launch 12/10/17 – uploaded to website 03/11/17
Contacts	Nicola Junkin – Staff Health and Wellbeing Lead Cathy Howells – Occupational Health Manager



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1. Introduction

- 1.1. The University is committed to providing an inclusive and supportive working environment for everyone who works here.
- 1.2. Menopause is a natural part of every woman's life, and it isn't always an easy transition. With the right support, it can be much better. Whilst every woman does not suffer with symptoms, supporting those who do will improve their experience at work.
- 1.3. Menopause should not be taboo or 'hidden'. We want everyone to understand what menopause is, and to be able to talk about it openly, without embarrassment. This is not just an issue for women, men should be aware too.
- 1.4. The changing age of the UK's workforce means that between 75% and 80% of menopausal women are in work. Research shows that the majority of women are unwilling to discuss menopause-related health problems with their line manager, nor ask for the support or adjustments that they may need.
- 1.5. This policy sets out the guidelines for members of staff and managers on providing the right support to manage menopausal symptoms at work. It is not contractual, and does not form part of the terms and conditions of employment – however, if the University wishes to amend the Menopause Policy, staff will be consulted on proposed changes via the recognised Trade Unions.

2. Aims

- 2.1. The aims of this policy are to:
 - 2.1.1. Foster an environment in which colleagues can openly and comfortably instigate conversations, or engage in discussions about menopause.
 - 2.1.2. Ensure everyone understands what menopause is, can confidently have good conversations, and are clear on the University's policy and practices, supported by Human Resources and Occupational Health.
 - 2.1.3. Educate and inform managers about the potential symptoms of menopause, and how they can support women at work.
 - 2.1.4. Ensure that women suffering with menopause symptoms feel confident to discuss it, and ask for support and any reasonable adjustments so they can continue to be successful in their roles or studies.



2.1.5. Reduce absenteeism due to menopausal symptoms.

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

3. Scope

3.1. This policy applies to all University staff and managers.

4. Definitions

4.1. **Menopause** is defined as a biological stage in a woman's life that occurs when she stops menstruating, and reaches the end of her natural reproductive life. Usually, it is defined as having occurred when a woman has not had a period for twelve consecutive months (for women reaching menopause naturally). The average age for a woman to reach menopause is 51, however, it can be earlier or later than this due to surgery, illness or other reasons.

4.2. **Perimenopause** is the time leading up to menopause when a woman may experience changes, such as irregular periods or other menopausal symptoms. This can be years before menopause.

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

5. Symptoms of Menopause

5.1. It is important to note that not every woman will notice every symptom, or even need help or support. However, 75% of women do experience some symptoms, and 25% could be classed as severe.

5.2. Symptoms can manifest both physically and psychologically including, but not exclusively, hot flushes, poor concentration, headaches, panic attacks, heavy/light periods, anxiety, and loss of confidence. Some women also experience difficulty sleeping.

6. Drivers

6.1. While the Athena SWAN initiative has been a driver to move academic women's careers forward, it has primarily been women who have been involved. As a HeforShe Champion Organisation, we have committed to advance gender



equality, and to influence change within the Higher Education sector. This Policy feeds two HeForShe commitments, namely:

- Creating a cultural transformation around gender; and
- Making public the conversation around gender, providing transparency, and actively monitoring progress on these issues.

6.2. The University has used guidance from the Faculty of Occupational Medicine (FOM), and the National Institute for Health and Care Excellence (NICE) guidelines, to inform this policy. The NICE guidelines set out the recommendations for medical professionals when treating menopausal women, and for patients as to the treatment and guidance they should be offered.

6.3. Self-management, with support from the University, managers and colleagues, will help to manage symptoms. Appendix 1 details some recommendations to support symptomatic women and men, who may need advice and support. Appendix 1a is a template to assist you in recording conversations, and agreed actions and adjustments, with members of staff.

6.4. In accordance with FOM and NICE guidelines, women should be advised to seek medical advice from their GP in the first instance. Appendix 2 offers a helpful guide for women on how to have constructive conversations about menopause with their doctor.

7. Roles and Responsibilities

7.1. Members of staff:

7.1.1. All staff are responsible for:

- Taking a personal responsibility to look after their health;
- Being open and honest in conversations with managers/HR and Occupational Health;
- If a member of staff is unable to speak to their line manager, or if their line manager is not supporting them, they can speak to HR (via hradvice@leicester.ac.uk), their Union, or the staff health and wellbeing team (via staffhwb@leicester.ac.uk);
- Contributing to a respectful and productive working environment;
- Being willing to help and support their colleagues;
- Understanding any necessary adjustments their colleagues are receiving as a result of their menopausal symptoms.



7.2. Line Managers (see Appendix 1 for Managers' Guidance)

7.2.1. All line managers should:

- Familiarise themselves with the Menopause Policy and Guidance;
- Be ready and willing to have open discussions about menopause, appreciating the personal nature of the conversation, and treating the discussion sensitively and professionally;
- Use the guidance in Appendices 1 and 2, signposting and reviewing together, before agreeing with the individual how best they can be supported, and any adjustments required;
- Record adjustments agreed, and actions to be implemented;
- Ensure ongoing dialogue and review dates;
- Ensure that all agreed adjustments are adhered to.

Where adjustments are unsuccessful, or if symptoms are proving more problematic, the Line Manager may:

- Discuss a referral to Occupational Health for further advice;
- Refer the employee to Occupational Health;
- Review Occupational Health advice, and implement any recommendations, where reasonably practical;
- Update the action plan, and continue to review.

7.3. Occupational Health

7.3.1. The role of Occupational Health is to:

- Carry out an holistic assessment of individuals as to whether or not menopause may be contributing to symptoms/wellbeing, providing advice and guidance in line with up-to-date research;
- Signpost to appropriate sources of help and advice (refer to Appendix 2 for more information);
- Provide support and advice to HR and Line Managers in determining and agreeing reasonable adjustments, if required;
- Monitor referrals due to menopause symptoms, and provide additional signposting, where required;
- Attend training sessions, and develop briefing sessions, for staff;
- Summarise all cases relating to menopausal symptoms in a quarterly activity report;
- Review the Menopause Advice Sheet (see Appendix 2), and keep this up to date.

7.4. Human Resources (HR)

7.4.1. HR will:

- Offer guidance to managers on the interpretation of this Policy and Guidance;
- Attend training sessions, and develop briefing sessions, for staff;
- Monitor and evaluate the effectiveness of this policy in respect of related absence levels and performance.

7.5. Employee Assistance (Validium)

7.5.1. The Employee Assistance service will:

- Provide access to 24/7 telephone counselling and face-to-face counselling for all members of staff call 0800 358 45 68
- Provide on-line (downloadable) advice sheets (see further links in Appendix 2).

8. Links to other policies

This policy is linked to:

- [Dignity at Work](#);
- [EDI Strategy](#);
- [Flexible working](#) guidance;
- Health and Wellbeing Strategy (goes live December 2017);
- Maximising Attendance (goes live January 2018);
- [Stress Management](#).

9. Appendices

- Appendix 1 – Managers' Guidance For Colleague Discussions;
- Appendix 1a – Confidential Colleague Discussion Template;
- Appendix 2 – Menopause Advice Sheet.

10. External links

- All colleagues can access **counselling** by contacting the Validium Employee Assistance helpline on 0800 358 45 68, minicom 0800 039 7879 or online at [vClub](#) (username: UoLeicester, password: wellbeing).
- **National Institute for Health and Care Excellence (NICE) guidelines.** These explain how your GP will determine what types of treatments and interventions they can offer you. You can find out more information by using the following link <https://www.nice.org.uk/guidance/ng23/ifp/chapter/About-this-information>.
- The **National Health Service** provides an overview of menopause. You can find more at <http://www.nhs.uk/Conditions/Menopause/Pages/Introduction.aspx>.
- **Menopause information.** The Royal College of Obstetricians and Gynaecologists offer further information in a dedicated area of their website at: <https://www.rcog.org.uk/en/patients/menopause/>.
- **Premature Ovarian Insufficiency (POI)** information and support on very early menopause. You can find out more at <https://www.daisynetwork.org.uk>.
- **Information on hysterectomy.** This provides an insight into surgically induced menopause as a result of having a hysterectomy. Further details can be found at <https://www.hysterectomy-association.org.uk>.
- A **Government Report**, researched by the University of Leicester's own School of Business has been published. Read more here [Menopause transition: effects on women's economic participation](#).
- **Henpicked.** This site provides information on managing menopause, and an insight into women's stories (see <https://henpicked.net/menopause/>).



Appendix 2



REASONABLE ADJUSTMENT PASSPORT (RAP)

The Individual who owns this document:

Name:

Collar / Staff No:



WEST MIDLANDS POLICE

Reasonable Adjustment Passport (RAP)

A key aspect of the Equality Act 2010 that can impact on an organisation is the duty to make reasonable adjustments.

The duty to make reasonable adjustments is a cornerstone of the **Equality Act 2010** - (section 20) and requires employers to take positive steps to ensure that disabled people can access and progress in employment. This goes beyond simply avoiding treating disabled workers, job applicants and potential job applicants unfavourably and means taking additional steps to which non-disabled workers and applicants are not entitled.

The Equality Act also covers the provision of information which must be provided in an accessible format.

The cost of a reasonable adjustment cannot be passed on to the disabled person. The Reasonable Adjustment Passport (RAP) has been developed to provide a mechanism for an individual to request a reasonable adjustment, and is a living record of any reasonable adjustment(s) that have been requested and agreed between a disabled person and their line manager.

This document should be completed by the relevant line manager in conjunction with the individual to whom it refers (being relevant to both police officers and police staff, collectively referred to as 'staff members', and recruitment).

It should be completed following completion of relevant assessments.

NOTE: Where Occupational Health make adjustments for a member of staff returning to work after a period of absence, this is part of a Managed Return to Full Duty (MTFD) and is Not a reasonable adjustment unless implemented for a Disability. This form should NOT be used for MTFD.

A change of working hours to accompany domestic/childcare circumstances is a Flexible Working Arrangement and is NOT a reasonable adjustment. This form should NOT be completed in these circumstances.

SECTION 1 Background

The purpose of this document is to:

- Ensure that both parties (the individual staff member and their line manager / the organisation), have an accurate record of what has been requested and agreed.
- Minimise the need to renegotiate reasonable adjustments every time the staff member changes role, is relocated or assigned a new line manager within the organisation.
- Provide staff members and their line managers with the basis for discussions about reasonable adjustments at future meetings.

This form allows an individual to explain the impact of their disability on them at work, and to work with WMP in outlining suggested adjustments that will make it easier for them to do their job.

This is a living document and should be reviewed regularly by the staff member and their line manager to review the effectiveness of any adjustments that have been agreed, and amended as appropriate.

Remember however, that expert advice from third parties, such as Occupational Health Advisors, EDHR team, Access to Work or IT Specialists may be needed before requests and potential changes can be agreed and implemented in the work place.

New line managers of staff who already have a Reasonable Adjustment Passport (RAP) in place should accept the adjustments outlined in the agreement as reasonable, and ensure that they continue to be implemented, although this may be an opportune time for review to ensure they are fit for purpose.



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Reasonable Adjustment Passport (RAP)

Individual's Name:

Individual's Job Role (including prospective Job Role):

LPU/ Dept:

The nature of the Individual's condition/ disability:

Description of disadvantage experienced by the individual within work (i.e. how does your condition affect you and/or your ability to work) and the nature of the adjustment sought?

How long has this condition been present?

Line Manager:

**An individual is not obliged to give details about their disability, impairment or health condition, only how it affects their working life. To enable the organisation to make reasonable adjustments, it has to understand what the condition or disability is. The organisation also has an obligation to ensure the health and safety of its workforce, which it is only able to do when provided with full details. This information will be kept confidential and only disclosed in confidence with your prior consent.*



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Reasonable Adjustment Passport (RAP)

SECTION 2

Recruitment and Interview (for both internal and external candidates)

2A - Reasonable Adjustments suggested for Recruitment Process:

2B - Reasonable Adjustments suggested for Interview:

This information will be added to the Applicants Personal File. If the applicant is successful, Section 2 must be forwarded to the new Line Manager so that a full reasonable adjustment passport (RAP) can be completed during the induction process

Line Manager's Signature:

Date:



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Reasonable Adjustment Passport (RAP)

SECTION 3

Preliminary Reasonable Adjustments Suggestions / Discussions

3A - New starter (or prior to existing member of staff moving to a new role)

Date of meeting with staff member to discuss what, if any, Reasonable Adjustments may be required for them in their job role (N.B. this MUST be completed prior to the starting date for a new starter, or prior to existing member of staff moving to a new role):

Reasonable Adjustments Suggested:

3B - Existing member of staff who declares their disability and requests a Reasonable Adjustment(s) in their current role

Date of request and/or discussion:

Reasonable Adjustments Suggested:

Also complete referral to Occupational Health for their information and consideration of medical appointment or reasonable adjustment

3C - Existing member of staff who already has a Reasonable Adjustment(s) in place

Please record details of any existing Reasonable Adjustments in place:

3D - Has individual been given contact details for Access to Work? YES / NO

3E - Has Access to Work application been completed? YES / NO

3F - Have any assessments been undertaken?
If YES what were they? YES / NO

Line Manager's Signature:

Date:



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Reasonable Adjustment Passport (RAP)

SECTION 4

Details of all reasonable adjustments discussed / agreed with staff member (Refer to Access to Work agreement if applicable)

Nature of Reasonable Adjustment(s) suggested or identified as necessary:

Description of disadvantage experienced:

Date sought:

Has advice been sought from anyone else, e.g. Occupational Health, GP, Specialist, Access to Work adviser?

If so, please go to Section 5 and provide the details of the advice/assessment provided (or a date by when this is expected).

How effective will the adjustment be in preventing the disadvantage?



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Reasonable Adjustment Passport (RAP)

How practical is it to make the adjustment? For example, how long will it take to implement the adjustment and/or will additional training be needed for the individual or anyone else? If YES what training is required?

What are the financial and other costs, if any, of the adjustment?

Date budget holder(EDHR Team) contacted, if relevant:

Is financial or other assistance available to help make an adjustment, e.g. Access to Work?

What, if any, disruption will be caused by making the adjustment?

What effect, if any, will the adjustment have on any other staff members?

What effect, if any, will the adjustment have on the service and delivery, and service users?

Would making the particular adjustment result in either unacceptable risk(s) to the health and safety of any person, or reduce a health and safety risk for any person (including the individual staff member)? If YES, please state risks.



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Any other factors to be taken into account in assessing 'reasonable cost' e.g. recommendations from appropriate experts, medical and/or workplace assessment, and also in relation to the training that has been invested in the individual (level of skill, knowledge and experience):

Specific Adjustment(s) agreed, following discussion and a decision reached by both parties on whether it is reasonable:

Date Agreed

Signatures

Date Agreed:

Individual:

Manager:

Date Implemented:

If any of the listed reasonable adjustments will not be implemented (including if on review none are needed) please record the reasons for this:

Date that outcome and feedback provided to the individual:



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Reasonable Adjustment Passport (RAP)

SECTION 5 Specialist Support / Advice

5A - Has any other specialist support been sought?

YES / NO

5B - If Yes, who has been requested to provide advice (i.e. name and function)?

5C - What were outcomes (or when is a report expected)?



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Reasonable Adjustment Passport (RAP)

SECTION 6 Health and Safety

6A - Has a Risk Assessment been undertaken for the role?	YES / NO
6B - Name of Risk Assessor:	Date:
6C - Line Manager discussed with:	Date:
6D - Has Personal Emergency Evacuation Plan (PEEP) been completed?	YES / NO
If YES by whom?:	Date:
If NO is a PEEP necessary?	YES / NO
Risk Assessment - assessment and review date:	
PEEP - assessment and review date:	



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Reasonable Adjustment Passport (RAP)

SECTION 7 Reviews

Reviews should normally be undertaken on an annual basis, but may be reviewed and amended as necessary with the agreement of both parties:

- before the member of staff changes their duties, role, location, and prior to the introduction of new technology or ways of working;
- at a return to work meeting following a period of sickness absence, or if there is a change to the individual's condition / disability;
- at any regular one to-one meeting, supervision or appraisal.

It may also be relevant that an assessment is to be undertaken on a more regular basis, particularly if the disability is degenerative or alters and/or if the individual may need additional reasonable adjustments.

An up-to-date copy of this form will be retained by the staff member, and the organisation (line manager, HR Department and the EDHR Hub responsible for collating a record of any reasonable adjustments made).

A copy of this form may also be given to a new or prospective line manager, with the prior consent of the staff member.

If the staff member changes role, is relocated, or is assigned a new line manager, the new manager should accept the adjustments agreed and outlined in this document as reasonable, and ensure that they continue to be implemented.

The form may need to be reviewed (including any requests and agreements) and the date amended subsequently but this should not happen until both parties have worked together and in their respective roles for a reasonable period of time.



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Reasonable Adjustment Passport (RAP)

SECTION 8 Record of Reasonable Adjustments – Agreement

Line Manager:

The adjustment(s) listed have been discussed with the individual staff member and their views on the questions above have been sought and accurately recorded. The reasonable adjustment request has been fully explained to the individual.

The information contained in this form has been provided to help the organisation decide whether the adjustment is reasonable, and expert advice has been taken on board where appropriate, to assist the decision making process as to whether to implement the specific adjustment(s) identified / requested.

This agreement will be reviewed at regular intervals (normally on an annual basis) to ensure that it is still appropriate.

Line Managers Signature: _____ Date: _____

Individual Staff Member:

The adjustment(s) listed above have been discussed with me and this form incorporates my views on the information sought, which has been accurately recorded. I confirm that the information I have provided is accurate.

I understand that further information may be needed from me and that expert advice and/or an assessment may be necessary before a decision is made in relation to the specific adjustment(s) identified / requested and an adjustment being implemented, and also that the views of other colleagues may also be sought where appropriate.

I will inform the organisation (via my line manager) if there are any changes to my condition that have an effect on my work and/or if the agreed adjustments are not working, and should a further discussion be needed to consider any further changes or adjustments that may need to be made.

Should my line manager change, I agree that a copy of this form may be shared, with my consent, to the new line manager.

Individual's Signature: _____ Date: _____

Once signed, please retain and forward a completed copy of this document to the individual, Line Manager, EDHR Hub (via LP Diversity) Occ Health (Via SS Occ Health) & SS General Enquiries.

Menopause in the Workplace

The purpose of this guidance is to raise awareness of menopause related issues at work, and in particular assist managers in supporting staff who are experiencing the menopause and their associated symptoms. . The University is committed to the wellbeing of its staff, and aims to create an environment where women feel confident enough to raise issues about their symptoms and ask for support at work, and where managers feel confident in holding relevant conversations and providing appropriate support.

Introduction

Women comprise approximately half (47%) of the UK's workforce. Of those employed people aged over 50, 45% are women, representing 3.5 million workers. Thus, many of today's women workers are, or will be, working through the menopause and managing associated symptoms at work. Around 75% of women experience some symptoms of the menopause, and 25% could be classed as severe.

Symptoms associated with the menopause include hot flushes, palpitations, night sweats, sleep disturbance, fatigue, poor concentration / memory, irritability, mood disturbance, depression and anxiety, skin irritation and dryness. Overall, this period of hormonal change and associated symptoms can last from four to eight years.

Studies show that some women felt the menopause had negatively affected their job performance; including believing that it had a negative impact on their managers and colleagues' perceptions of their competence at work. Managing symptoms in the workplace can also lead to increased levels of stress.

Taking a proactive stance to supporting women through the menopause can ensure that they are able to ask for help and adjustments so they can continue to be successful in their roles, reduce absenteeism due to menopausal symptoms and assure women that we are a responsible employer committed to supporting their needs during this transitional stage of their lives.

Definitions

Menopause: when a woman ceases menstruation for 12 consecutive months. Typically occurring between the ages of 45-55. It is a natural part of the aging process for women.

Peri-menopause: the transition period leading up to the menopause during which women may experience symptoms due to fluctuating hormones.

Around 1 in 100 women experience the menopause before 40; this is known as premature menopause. This can occur naturally or because of some cancer treatments or a hysterectomy.

Key Principles

- The University recognises the menopause as an Occupational Health issue and will seek to support women during this change of life.
- Staff who are experiencing symptoms at work relating to the menopause are encouraged to discuss their needs with their manager if they feel able to do so.
- The University recognises that some women are not comfortable discussing such issues with their manager, so they may contact the HR department for a confidential discussion in the first instance.
- The University wishes to support women experiencing menopause related symptoms at work, and will accommodate reasonable adjustments to the working environment and working patterns where it is possible to do so.
- Advice will be available from Occupational Health where required.

Manager Support

Women experience the menopause in a multitude of ways. Some women do not need any assistance with the menopause and require no medical intervention. Some women have much more severe symptoms and

require medical treatment or support. Each situation is different and there is no standard approach to supporting women at work.

As with any longstanding health-related condition, sympathetic and appropriate support from employers and managers is crucial in order to provide staff with the support that they need. Above all, it is important to listen to women and respond sympathetically to any requests for adjustments at work.

Some possible support or adjustments may include:

- Flexibility working arrangements for those experience debilitating symptoms. For example, where the role permits, allowing staff to work around their symptoms, perhaps by allowing them to rest when they are tired and make the time up later, or permitting occasional homeworking when symptoms are severe. Some women experiencing the menopause will find that they have times of the day where symptoms are more or less problematic and start and finish times could be adjusted to take this into account. For example, women with disturbed sleep patterns may find they are more productive with a later start time.
- Flexibility around the taking of breaks, or increased breaks during the working day.
- Flexibility around attending relevant medical appointments.
- Changing/ washing facilities for women to change clothes during the working day.
- Where uniforms are provided, consider if natural fibres where possible, and provide additional uniforms to ensure it is possible to change during the day. Uniform requirements may also be adjusted if necessary.
- Facilitating a more comfortable working environment, taking into account temperature and lighting, to help women manage their body temperature. Make desk fans easily available and consider if ventilation is sufficient or can be improved.

It is important to recognise that some women may not want to discuss the menopause.

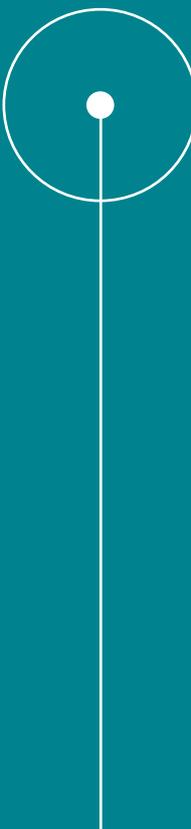
Advice on adjustments can be sought from HR.

Manager Responsibilities

Managers are responsible for:

- Ensuring that no one experiences less favourable treatment as a result of the menopause.
- Ensuring that any conversations are kept strictly confidential.
- Putting in place any required support / adjustments.
- Recording any agreements made.
- Holding regular dialogue with members of staff regarding support required, including follow up meetings to review adjustments that have been made.
- Seeking additional advice from Occupational Health where necessary.
- Signposting relevant sources of support, such as the University Counselling Service.
- Agreeing with the member of staff if other colleagues should be informed about any adjustments that have been agreed (even if the reason is not disclosed).

Managers can contact HR for additional guidance and information where necessary.



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