



SAFFRON WALDEN  
TOWN COUNCIL

## Menopause Guiding Principles for Employees and Managers Policy

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# Menopause: Guiding Principles for Employees and Managers

## Goal

This guidance aims to help members of staff ask for the support they need to manage menopausal symptoms at work. It will also help managers to understand the menopause and offer the right support.

### These guidelines aim to:

- Foster an environment in which colleagues can openly and comfortably instigate conversations or engage in discussions about menopause.
- Ensure everyone understands what menopause is and can converse about it openly confidently and constructively.
- Ensure staff are clear on the Town Council's policies and practices and know where to find additional resources and sign-posts to expert assistance.
- Educate and inform managers about the potential symptoms of menopause, and how they can support people experiencing menopausal symptoms at work.
- Ensure workers experiencing menopausal symptoms feel confident to discuss it, can ask for support and any reasonable adjustments so they can continue to be successful in their roles.
- Reduce stigma of absenteeism due to menopausal symptoms.
- Assure people that are experiencing menopausal symptoms that the Town Council is committed to supporting their needs during the menopause.
- Help us recruit and retain employees experiencing the menopause.

## A Note on Language

- Menopause has almost exclusively been framed around the experience of cis women.<sup>1</sup> However the menopause and menopausal symptoms can also be experienced by some transgender, some intersex and some non-binary people.

In this document we will talk about “people” or “person” to encompass women, transgender, intersex and non-binary individuals who may be menopausal and / or experiencing symptoms. However, when describing or referencing study populations used in research cited in this document, we will use the gender terminology reported by the study investigators, but it should be considered that in some of the studies cited, the study findings may also apply to some transgender, non-binary and intersex people.

- There are different stages to menopause, namely peri-menopause, menopause and post-menopause (more on this below). In this document “menopause” or “menopausal symptoms” is used to broadly encompass any of the stages, unless specifically stated otherwise.

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<sup>1</sup> Cis woman - an adult who was assigned female at birth and whose gender identity is female

## Background

The menopause is a natural part of ageing for women, and for some transgender, some non-binary and some intersex people. The medical definition is that menstruation stops permanently. It usually occurs between 45 and 55 years of age, although it can occur any time from youth up to the mid-60s.<sup>2</sup>

The majority of those going through the menopause experience intermittent physical and/or psychological symptoms during the menopause, and these can last for many years before and after the final period. There are over 34 known symptoms. The symptoms occur because of the fluctuation and depletion of hormones, (oestrogen, progesterone and testosterone) as a result of reduced ovary function and eventually the cessation of menstruation.

Menopausal symptoms can adversely affect the quality of both personal and working life. 75% of people experiencing menopause do experience some symptoms, and 25% could be classed as severe.<sup>3</sup> According to a survey of 1,132 women by The Menopause Doctor who have sought support for symptoms “Nine out of ten women say their menopausal or perimenopausal symptoms have a negative impact on their work”<sup>4</sup>.

Even though half the population will go through the menopause, there is still a lot of mystery, silence, stigma and sexism around the menopause<sup>5</sup>. This can mean that those experiencing symptoms may not be aware that these are related to the menopause, which can lead to confusion and fear. A person may feel embarrassed, confidence is often affected, and they may feel a reluctance to talk about it or to seek support, which can leave a person feeling very isolated.

The menopause may be compounded by the development of other health conditions, as well as coinciding with caring responsibilities for ageing parents and relatives, and / or with children still living at home. Symptoms often occur at the peak of a person’s career. Menopausal symptoms can put pressure on relationships with partners, families, and colleagues. For some, it can be a very stressful experience.

To further compound the challenges, GPs are not routinely trained in the menopause and so there is a huge variation in the medical professions’ understanding, approach and management of those going through the menopause.

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<sup>2</sup><https://cks.nice.org.uk/topics/menopause/#:~:text=Menopause%20is%20when%20menstruation%20stops,after%2012%20months%20of%20amenorrhoea.>

<sup>3</sup> The British Menopause Society <https://thebms.org.uk/2021/08/the-british-menopause-society-response-to-the-department-of-health-and-social-cares-call-for-evidence-to-help-inform-the-development-of-the-governments-womens-health-strateg/>

<sup>4</sup> [menopausedoctor.co.uk](http://menopausedoctor.co.uk)

<sup>5</sup> <https://www.engender.org.uk/content/publications/Engender-Parliamentary-Briefing---Its-Time-to-End-the-Stigma-of-the-Menopause.pdf>

## The Need for Guiding Principles for Menopause in the Workplace

There are many reasons to consider the needs of workers impacted by the menopause. There is an increase in both the amount of, and age of, working women: In 2016, the employment rate for women in the UK (nearly 70%) was among the highest since records began in 1971. Women over 40 are the fastest growing demographic of workers, a trend predicted to continue.

**The Moral Case:** Saffron Walden Town Council cares about its employees and may have staff either currently going through the various stages of menopause, and more who will in the future. SWTC is an organisation committed to putting women's rights at the heart of everything it does, and is committed to gender justice, equality, diversity, inclusion and to living its values. A supportive and open approach to the menopause can only serve to reduce the mystery, stigma and silence around the menopause

**The Business Case:** Supporting staff can only serve to increase morale, motivation, retention, productivity and reduce sickness and absences.

**The Legal Case:** Legal responsibilities fall primarily under the Health and Safety at Work Act 1974<sup>6</sup>, the Management of Health and Safety at Work Regulations 1999<sup>7</sup> and the Equality Act 2010<sup>8</sup>.

## Definitions

**Peri-menopause** is the time leading up to menopause when a person may experience changes, such as irregular / heavier / lighter periods, severe pre-menstrual tension and many other menopausal related symptoms. This can be years before menopause (i.e., when a person has not had a period for 12 months and so have stopped permanently). As peri-menopause typically starts around the mid 40's age range, and whilst mensuration is still occurring, it is common for people experiencing symptoms, and even GPs, to not realise that symptoms during this phase are linked to the menopause.

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

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<sup>6</sup> Section 2 of the Health and Safety at Work Act (1974): employers must ensure the health, safety and welfare at work of all employees and this extends to the working conditions when experiencing menopausal symptoms.

<sup>7</sup> Management of Health and Safety at Work Regulations (1999): employers must identify groups of workers at an increased risk and require employers to undertake risk assessments and prevent employees from being exposed to risks

<sup>8</sup> The Equality Act (2010) sets out an obligation to promote gender equality and eliminate discrimination. The Equality Act prohibits discrimination on the grounds of certain protected characteristics including sex, age or disability.

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

**Early Menopause** happens when a person's periods stop before the age of 45. It can happen naturally, or as a side effect of some treatments. Surgery to remove ovaries, cancer treatments and other medical interventions, can cause early or premature menopause (see below).

**Surgical Menopause:** Removal of both ovaries (bilateral oophorectomy) is called “surgical menopause”. This initiates a sudden and often severe onset of menopausal symptoms and loss of fertility.

**Premature Menopause** describes those that experience menopause under the age of 40 as a result of Premature Ovarian Failure. This affects around 1 in 100 people.

## **Everyone’s experience and perception of the menopause is individual**

There is a wide range of physical and psychological symptoms, and while some people may face life-changing challenges, others may hardly notice it at all. In addition, disability, age, race, religion, sexual orientation, socio-economic status, or marital/civil partnership status may have a bearing on how menopause is perceived, experienced and managed. Therefore, despite being a natural life change for most people going through the menopause, it can affect every person differently.

Existing research shows how menopause symptoms can be experienced in more complex ways, and sometimes with greater severity, by individuals with intersecting protected characteristics, such as people of color<sup>9</sup> or disabled people<sup>10</sup>.

People living with disabilities and those with pre-existing health conditions, may find that the menopause can aggravate their existing impairments and health conditions or even trigger new ones. Menopausal symptoms can in turn also be made worse by the disabled person’s impairment or health condition<sup>11</sup>.

There is even less research and literature on how the transgender, non-binary and intersex communities experience menopause or menopause symptoms, and on how they seek support. As the physical changes in the body are hormonally based, menopausal symptoms can be experienced by some transgender, intersex and non-binary people. There are various ways in which people from these communities may experience the menopause and / or menopausal related symptoms. In some cases, these people may be affected by menopausal symptoms due to the natural menopause process, and / or treatments or surgeries. It should be noted that due to a variety of factors, the experience of the menopause may be different for those among these

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<sup>9</sup> [Richard-Davis, G., and Wellons, M. \(2013\) Racial and Ethnic Differences in the Physiology and Clinical Symptoms of Menopause Seminars in Reproductive Medicine 31\(05\) 380-386](#)

<sup>10</sup> [Werle de Almeda E. and Greguol, M. \(2015\) Healthcare for Women with Disabilities in the Climacteric and Menopause Sexuality and Disability 33, 279-298](#)

<sup>11</sup> Ibid

communities.<sup>12</sup> It may be even harder for some of these people to seek support as they may not wish to disclose their status.

Some cisgender men may be in cancer treatment that requires taking female hormones that trigger symptoms of female menopause.

## Symptoms of Menopause

Everyone's experiences will be different in the range of symptoms, the frequency and the severity of symptoms, and for the timing of the onset and cessation, and overall duration of symptoms. There will also be differences in coping mechanisms and access to emotional, practical and medical support. 75% of women do experience some symptoms, and 25% could be classed as severe. Symptoms on average continue for four years from the last period, and 1 in 10 women experience symptoms for up to 12 years.<sup>13</sup>

- During menopause a person's brain and mood can be affected causing depression and anxiety; sleep problems which then lead to tiredness, fatigue and/or dizziness; brain fog leading to reduced concentration, poor information retention and a reduced ability to learn; unexplained mood swings, irritability and emotional outbursts. These symptoms could impact on an individual's performance in terms of coping strategies and the pressure of dealing with deadlines and priorities. They may also experience a lack of confidence, anxiety, or a panic disorder. Menopausal symptoms are commonly misdiagnosed as depression. A survey of 2,920 women by Newson Health about their experiences of menopause care, found 66% of women were wrongly offered anti-depressants.<sup>14</sup>
- A person's heart can be affected, causing palpitations and an increased risk of heart disease.
- People can experience hair loss or hair can become thin, lacklustre, and brittle. Women can have mouth problems such as bleeding gums and a dry mouth. This can lead to bad breath. They may also experience taste changes and strange oral sensations including a burning tongue.
- A person's lungs can be affected as they may develop new allergies or existing allergies can become worse. For example, asthma, hay fever, dermatitis (see skin/nails below).
- A person's abdomen and gut can be affected - they may gain weight, develop bloating, abdominal cramps, Irritable Bowel Syndrome (IBS), sickness or nausea. People can also experience urogenital problems which bring about greater urgency and/or more frequent trips to the toilet.
- People can experience irregular periods (brought about by an unpredictable pre-menstrual tension and menstrual cycle), heavy bleeding (i.e. menstrual flooding), water retention and bloating.

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<sup>12</sup> <https://menopauseintheworkplace.co.uk/articles/why-diversity-and-inclusion-matter-in-menopause-support/>  
<https://www.healthywomen.org/your-health/menopause-aging-well/do-transgender-women-experience-menopause>

<https://rockmymenopause.com/get-informed/transgender-health/>

<sup>13</sup> The British Menopause Society <https://thebms.org.uk/2021/08/the-british-menopause-society-response-to-the-department-of-health-and-social-cares-call-for-evidence-to-help-inform-the-development-of-the-governments-womens-health-strateg/>

<sup>14</sup> Newson Health Menopause and the workplace v15-03.pdf (2020)  
<https://d2931px9t312xa.cloudfront.net/menopausedoctor/files/information/381/Menopause%20and%20the%20workplace%20v15-03.pdf>

- People can suffer from general skin itchiness and formication (feels like something crawling about under the skin), allergies such as dermatitis, and thinning skin. Also, nails can become dry and brittle.
- People may develop problems with their muscles, joints, nerves, and bones. This can lead to muscle pain and weakness, joint pain, loss of bone density, and nerve function may be affected.
- People can suffer from sudden changes to body temperature, including daytime sweats and flushes, sudden heat or redness in face, or night-time sweats and flushes.
- Other symptoms (there are 34 recognised as part of the menopause) can include loss of libido, vagina dryness and/or atrophy, weight gain, incontinence, breast pain, urinary tract infections headaches and migraines.

## How is the menopause treated?

For help, advice and support with problematic peri/menopausal symptoms, employees should consider contacting a GP in the first instance to talk through available treatments and to make an informed decision based on their individual circumstances. No one should wait until symptoms become too unmanageable before seeking help. There are a range of treatments available to help manage menopause symptoms and, in many cases, vastly improve quality of life.

Discussions around interventions would ideally be focused on lifestyles changes (i.e. diet and exercise), as well as discussion around suitability, risks and benefits of pharmaceutical interventions such as Hormone Replacement Therapy (HRT), and / or alternative therapies. See the NHS Website for more details<sup>15</sup>.

## Menopause in the Workplace

A lack of information and a culture of silence and stigma (real or perceived) means that many do not disclose their menopause status to their manager or colleagues, as a result, they are unlikely to ask for help or reasonable adjustments to address their symptoms. Managers can find it difficult to discuss the menopause with their staff, due to a lack of understanding and fear they may make things worse.

Many people going through the menopause are still learning about it themselves and others do not realise their symptoms are related to the menopause, putting them down to the stresses of work and home life. While stress and business will clearly contribute to a person's mood, brainpower, and energy levels, studies show that menopausal symptoms can have a significant impact on workplace attendance and performance. Menopausal symptoms can also lead to some people leaving their jobs early, or not putting themselves up for promotion.<sup>16</sup>

## Supporting Staff through the menopause

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<sup>15</sup> NHS Website <https://www.nhs.uk/conditions/menopause/>

<sup>16</sup> Newson Health Menopause and the workplace v15-03.pdf (2020)  
<https://d2931px9t312xa.cloudfront.net/menopausedoctor/files/information/381/Menopause%20and%20the%20workplace%20v15-03.pdf>

A supportive environment, being able to talk openly, understanding, flexibility and some basic practical workplace adjustments could make a significant difference to a person's experience and confidence and improve a person's ability to conduct their day to day work.

Managers or those responsible for occupational health may need to put specific measures in place that will help staff cope with troublesome menopausal symptoms. Sometimes even simple changes to a working environment can make big differences. Some changes may be physical ones such as having access to a fan, or a fixed desk in the office that is in a cooler / quieter place, or nearer the toilets etc, other changes may involve being more flexible with certain procedures, flexible working hours etc. – more details on practical support and adjustments can be found in Appendix 1 on Guidelines for Discussions with Colleagues.

## **Roles and Responsibilities in the Workplace**

### **Health & Safety and Facilities**

They should:

- Review control of temperature and ventilation in the office/shop and see how they might be adapted to meet the needs of people. This might include having a desktop fan.
- Provide access to cold drinking water in all work situations.

### **Members of Staff**

All staff are responsible for:

- Taking a personal responsibility to look after their health.
- Taking sick leave for menopausal symptoms if required, using the normal procedure, and being prepared to discuss the issues with their manager if necessary.
- Being open and honest in conversations with managers, HR and Staff Health.
- Contributing to a respectful and productive working environment.
- Being willing to help and support their colleagues.
- Understanding any necessary adjustments their colleagues are receiving because of their menopausal symptoms.

### **Line Managers**

Please refer to Appendix 1 – Managers' Guidance for Colleague Discussions

All line managers should:

- Familiarise themselves with the Menopause and the Menopause guidelines.
- Be ready and willing to have open discussions about the menopause and to ensure they maintain confidentiality.
- Ensure team members have a basic understanding of menopausal symptoms (particularly occasional mood swings and changeable behaviour) and that they are willing to make allowances for their colleagues who are struggling during this period. Disrespectful behaviour will, however, be dealt with in a considerate and timely manner.
- Demonstrate an appreciation of the personal nature of this conversation, with manager's using humility to acknowledge their personal limitations in responding, sign-posting, and treating the discussion sensitively and professionally.



- Listen to what an individual may need and tailor reasonable adjustments where possible. Ensure all team members are clear about agreed adjustments. For example:
  - Consider flexible working hours or shift changes. If sleep is disturbed, later start times might be helpful.
  - Allow for frequent breaks, especially during long meetings, with time to access toilets, get drinks or to get up and walk about where stiffness and joint pain is an issue.
  - Be understanding of staff who have multiple sick leave absences due to Menopausal related issues that are affecting both the mental and physical health of their staff.
  - Work together with the staff member and wider team to ensure the adjustments are working in practice, and proactively make any adjustments required. Owning this responsibility as a manager and together with all your team. Ensure ongoing dialogue and that all agreed adjustments are adhered to.

Where adjustments are unsuccessful, or if symptoms are proving more problematic, the Line Manager may agree with the staff member to refer to Staff Health or Retail Trust for further advice.

## Guidance for Employees

### Coping Strategies at Work

#### Discuss:

1. **Talk to your GP:** Consider talking to a health professional, such as your GP or a menopause nurse, who can help you make an informed decision about the right treatment and lifestyle changes that can help tackle your symptoms. You can find lots of useful information and resources in the links below, including [how to approach the discussion with your GP](#).<sup>17</sup>
2. **Talk to your line manager:** Discuss your symptoms and possible solutions to work out your preferred coping strategies and working patterns. If you feel you can't speak to your own line manager, please speak to the Town Clerk or any other member of staff.
3. **Talk to colleagues:** You are not alone. Talking with colleagues who are also experiencing symptoms can be a source of reassurance and support. There is also [The Menopause Support Network](#) group on Facebook
4. **Know that you can access workplace counselling or advice:** For more information on please contact the Town Clerk

#### Relaxation:

5. **Relaxation techniques:** These can help reduce the impact of symptoms. Changing hormones can cause the sympathetic (fight or flight) nervous system to become over

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<sup>17</sup> [https://menopausesupport.co.uk/?page\\_id=13783](https://menopausesupport.co.uk/?page_id=13783)

stimulated so relaxation techniques can help counter this by triggering the parasympathetic nervous system.

6. **Cognitive Behavioral Therapy (CBT):** You could explore this or similar therapies with a medical professional.
7. **Breathing exercises:** Breathing deeply into your belly, especially when under pressure, can really help calm things down. Bring your awareness to your breath five times a day. Notice three exhalations when you first wake up, last thing at night, and then three times during the day – particularly when you start to feel agitated, or a hot flush coming on.

#### **Lifestyle:**

8. **Lifestyle changes:** Changes such as weight reduction, smoking cessation, reducing alcohol and sugar intake, and gentle exercise can all help improve symptoms.
9. **Stay hydrated:** Staying hydrated can help with symptoms such as headaches and hot flushes. As well as drinking water try snacking on watery fruits, such as melon and orange.
10. **Exercise:** Hormonal changes can leave you feeling more stressed and anxious than usual. Exercise can help by changing your focus and releasing mood-boosting endorphins. Walking a longer route to work is an easy way to squeeze in some exercise before getting to your place of work. Take regular breaks that involve moving – walking up and down the stairs etc. There are also lots of short online yoga classes on YouTube which you can fit in around your working day.
11. **Eat breakfast:** Skipping breakfast could make you more prone to using the fight or flight part of the nervous system.
12. **Reduce caffeine:** Some people find that caffeinated drinks can make menopausal palpitations worse. Switch to decaf or caffeine free drinks, such as rooibos tea, to see if things improve.

#### **Brain support:**

13. **Lists and reminders:** Back up your memory and declutter your head by getting into the habit of writing things down. Keep lists and use technology to set up alerts and reminders on your phone or computer.
14. **Share the challenge:** Ensure there are clear actions and notes from meetings and follow up by email. Ask a supportive colleague to check your workings if you're lacking confidence when doing something complex/detailed. Share any concerns with your line manager so additional support can be identified.
15. **Use Cortana:** This daily Outlook email reminds you of tasks you've committed to, or others have asked you to do, in emails.

#### **Coping with flushes:**

16. **Wear layers in your place of work:** Many people find cotton, rather than synthetic fabric, more cooling.
17. **Cool spritz:** A good tip for coping with hot flushes in your place of work is to put cucumber and mint water in a spritzer, then keep it in the fridge to use as a face mist throughout the day.

18. **Avoid hot flush triggers:** Hot, spicy food and caffeinated drinks can trigger a hot flush. If you're worried about experiencing one, (during a presentation or meeting for example) try and avoid consuming these things beforehand.

## **Appendices**

Appendix 1 – Managers' Guidance for Colleague Discussions

## **Resources/websites:**

### **For HR, Staff Health & Management**

#### **The Chartered Institute of Personnel and Development (CIPD)**

Let's talk menopause resource provides managers with tools on how to effectively support people going through the menopause at work.

<https://www.cipd.co.uk/knowledge/culture/well-being/menopause/people-professionals-guidance>

#### **Faculty of Occupational Medicine of the Royal College of Physicians:**

Guidance from the Faculty of Occupational Medicine of the Royal College of Physicians: offers practical guidance on how to improve workplace environments.

[www.fom.ac.uk/wp-content/uploads/Guidance-onmenopause-and-the-workplace-v6.pdf](http://www.fom.ac.uk/wp-content/uploads/Guidance-onmenopause-and-the-workplace-v6.pdf)

#### **Henpicked – Menopause in the Workplace**

Menopause in the workplace experts provide training, videos, eLearning, policy and communications expertise to line managers and colleagues

<https://menopauseintheworkplace.co.uk/>

#### **The Institute of Leadership & Management**

<https://www.institutelm.com/resourceLibrary/menopause-and-managers.html>

### **How to talk to your Doctor about the Menopause**

#### **Guides on how to talk to your doctor about the menopause**

[https://menopausesupport.co.uk/?page\\_id=13783](https://menopausesupport.co.uk/?page_id=13783)

<https://henpicked.net/how-to-talk-to-your-gp-about-menopause/>

### **Information on HRT**

#### **NHS information on HRT**

<https://www.nhs.uk/conditions/hormone-replacement-therapy-hrt/>

#### **You Tube Video Menopause & HRT: Q & A with Dr Louise Newson – a high profile menopause specialist**

<https://www.youtube.com/watch?v=EwjLP9O1inw>

#### **My Menopause Doctor**

A website that aims to help empower individuals with necessary information to make informed decisions regarding any treatment they may take to help turn the menopause into a positive experience that does not negatively impact their lives.

<https://www.menopausedoctor.co.uk/>

## **Support for those impacted by premature menopause**

### **Daisy Network**

Daisy Network provides information and support to women diagnosed with Premature Ovarian Insufficiency, also known as Premature Menopause.

<https://www.daisynetwork.org/>

### **Transgender & Menopause:**

#### **TUC guidance on menopause & trans gender**

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

#### **Age UK**

[https://www.ageuk.org.uk/globalassets/ageuk/documents/factsheets/fs16\\_trans\\_issues\\_and\\_later\\_life\\_fcs.pdf](https://www.ageuk.org.uk/globalassets/ageuk/documents/factsheets/fs16_trans_issues_and_later_life_fcs.pdf)

#### **Henpicked**

<https://menopauseintheworkplace.co.uk/articles/why-diversity-and-inclusion-matter-in-menopause-support/>

#### **Healthy Women**

<https://www.healthywomen.org/your-health/menopause-aging-well/do-transgender-women-experience-menopause>

#### **Megs Menopause:**

<https://megsmenopause.com/2019/09/25/transgender-and-the-menopause/>

## **General Menopause Support and Information**

### **NHS menopause pages**

<https://www.nhs.uk/conditions/menopause/>

### **NICE (National Institute for Health and Care Excellence)**

Menopause: diagnosis and management for Healthcare professionals who care for individuals in menopause and people in menopause, and their families and careers

<https://www.nice.org.uk/guidance/ng23>

### **The British Menopause Society**

Educates, informs and guides Healthcare professionals on menopause and all aspects of post reproductive health

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

### **Women's Health Concern**

A charitable organisation – the patient arm of the British Menopause Society – that aims to help educate and support women with their healthcare by providing unbiased, accurate information.

<https://www.womens-health-concern.org/>

### **Healthtalk.org**

Find out about the experience of the menopause, by listening to people share their personal stories on film. Researchers travelled all around the UK to talk to 46 women in their own homes.

<https://www.healthtalk.org/menopause/overview>

### **Menopause Support UK**

Menopause Support is a not for profit community interest company and the home of the national #MakeMenopauseMatter campaign

<https://menopausesupport.co.uk/>

### **Menopause Matters**

An award-winning, independent website providing up-to-date, accurate information about the menopause, menopausal symptoms and treatment options.

<https://www.menopausematters.co.uk/>

### **Manage my menopause**

Website for tailored menopausal advice for people provided by experts.

<https://www.managemymenopause.co.uk/>

## **Appendix 1: Managers' Guidance for Colleague Discussions**

If staff are struggling with menopausal symptoms, they need to know that help and support is available. We recognise that every person experiencing menopausal symptoms is different, meaning it's not feasible to set out a structured set of specific guidelines.

Some people may find it easier than others to have a conversation with their manager – If a person is uncomfortable, ask them if they would prefer to talk to another staff member or ask if they would be more comfortable to be accompanied by a trusted colleague or a Staff Health member.

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

- Are open, flexible and practical.
- Recognise that it may be daunting for a person suffering symptoms to have a discussion with their manager and they may also still be learning about the menopause.
- Allow adequate time to have the conversation without interruptions.
- Ensure and reassure on confidentiality.
- Find an appropriate room to preserve confidentiality or use Teams.
- Encourage them to speak openly and honestly but respect that a person may not wish to share all or some information or experiences.
- Suggest ways in which they can be supported (see symptoms below).
- Agree actions and how to implement them.
- Discuss if it would be helpful for other members of the team should be informed, and if so how and by whom.
- Ensure that designated time is allowed for a follow up meetings. Do not rely on quick queries during chance encounters in the corridor or break room.
- Agree to refer to Staff Health if required.

Managers or those responsible for occupational health may need to put specific measures in place that will help staff cope with troublesome menopausal symptoms, and sometimes even simple changes to a working environment can make big differences. Some changes may be physical ones such as having access to a fan, or a fixed desk in the office that is in a cooler / quieter place, or nearer the toilets etc, other changes may involve being more flexible with certain procedures, flexible working hours etc.

### **Practical Solutions to Symptoms Support**

Symptoms can manifest both physically and psychologically.; Below is a list (though not exhaustive) of support for people that should be considered:

#### **Brain Fog, Memory Loss, Difficulty Retaining Info**

- For colleagues experiencing this/these symptom(s) an agreement may need to be reached about how to respond. The wider team will need to be aware of this when the person is ready to have it and has agreed how that discussion will be managed.
- Ask about preferred styles of work and information retention. Is there flexibility in how you and your team can work with that person? For example, could you communicate in ways that are easier to remember?

### **Hot Flashes**

- Request temperature control for their work area, such as a fan on their desk (where possible a USB connected desk fan to ensure environmentally friendly).
- Easy access to drinking water.
- Have access to a rest room for breaks if their work involves long periods of standing or sitting, or a quiet area if they need to manage a severe hot flush.
- A team agreement may need to be reached about how to respond to someone having a hot flush.

### **Heavy/light Periods**

- Have permanent access to washroom facilities with sinks inside the door by the toilet.
- Ensure storage space is available for a change of clothing.
- Option to work from home at certain times.

### **Headaches**

- Have ease of access to fresh drinking water.
- Be able to open a window for fresh air.
- Offer a quiet space to work.
- Offer noise-reducing headphones to wear (if possible).
- Have time out to take medication if needed.
- Reduce screen time by having phone calls or Teams meetings without video.

### **Difficulty Sleeping**

- Offer flexible working to those suffering from a lack of sleep. Support could include varied start and finish times, agreed times of day where there are no meetings to allow for rest and good lunch breaks.
- Be able to open a window for fresh air.

### **Low Mood**

- Agree time out from others, when required, without needing to ask for permission.
- Identify a 'buddy' for the colleague to talk to – outside of the work area.
- Identify a 'time-out space' to be able to go to clear their head.
- Ensure they are aware of Staff Health if they need to have a confidential chat.
- Ensure they are aware of, and have the contact information for, Health Assured counselling.

### **Loss of Confidence**

- Ensure there are regular Personal Development Discussions.
- Have regular protected time with their manager to discuss any issues.
- Have agreed protected time to catch up with work.

### **Poor Concentration**

- Discuss if there are times of the day when concentration is better or worse and adjust working pattern/practice accordingly.
- Review task allocation and workload.
- Provide notebooks for lists, action boards, or other memory-assisting equipment.
- Offer a quiet space to work.
- Consider noise-reducing headphones (where possible).
- Reduce interruptions.
- Have agreements in place in an open office/shop so that if an individual is having 'protected time', they are not disturbed.
- Have agreed protected time to catch up with work.

### **Anxiety**

- Promote counselling services provided by Health Assured.
- Identify a 'buddy' for the colleague to talk to – outside of work their area.
- Be able to have time away from their work to undertake relaxation techniques.
- Undertake mindfulness activities such as breathing exercises or going for a walk.
- Remind staff about free Headspace access.

### **Panic Attacks**

- Agree time out from others, when required, without needing to ask for permission.
- Identify a 'buddy' outside of work area.
- Be able to have time away from their work to undertake relaxation techniques.
- Undertake mindfulness activities such as breathing exercises or going for a walk.

Don't offer medical advice but do offer support. Ask whether the member of staff has visited their GP. The member of staff may not want to have that discussion with their line manager and should be offered all available options each time personal and medical questions are asked e.g., Staff Health, buddy, union rep etc. Depending on the discussion, a GP visit may be the next suggested step, particularly if the areas of difficulty are sleeping, panic attacks, anxiety or depression.

Ensure to follow up on any agreements and plans going forward and be aware that symptoms can come and go, a person may feel better for a while but then need more support later on.