

Menopause in the workplace guidance



“...recent research showed that women who reported at least one problematic menopausal symptom at the age of 50 were 43% more likely to have left their jobs by the age of 55 and 23% more likely to have reduced their hours.”

[Menopause and the workplace](#), UK Parliament

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Why?

Context

Menopause affects half the population, and yet a broad range of reasons still prevent many people from seeking support. The University is committed to fostering a positive culture where discussions about matters which may impact wellbeing are the norm and our staff feel comfortable to ask for support. This guidance therefore aims to educate and empower our members of staff so that those affected by menopause and menopause symptoms feel confident to seek support and others feel confident and able to offer effective support.

Why this guidance is important

Menopausal symptoms can impact a person's physical and mental wellbeing. For some people the symptoms can be extremely debilitating and can impact their comfort and performance whilst carrying out daily tasks including their work responsibilities. Often some small adjustments can make a big difference. Raising awareness and encouraging open conversations can help to improve the wellbeing of those experiencing menopause and its symptoms. It can also help to increase engagement and productivity, reduce sick leave and help to retain valuable talent.

Who?

Who is affected by menopause?

Menopause affects people.

It's generally known that menopause affects women from their mid-40s onwards. However, it's important to know that it's not just an issue affecting females of this age.

Menopause may be experienced "early" meaning before the mid-40s. This is known as Premature Ovarian Insufficiency or POI. Of those people who experience POI, for approximately 5% this will be between the age of 40-45, and for 1% it will be under the age of 40.

Trans, non-binary and intersex people may experience menopause due to several factors including sex assigned at birth, age-related hormonal changes or hormone treatments and surgeries.

Partners may also be affected directly, for example if experiencing symptoms at the same time, or indirectly. If a partner is experiencing symptoms such as sleep issues, this may increase tiredness and fatigue for both partners. Additionally, if a partner is experiencing significant psychological symptoms such as depression the person not affected may be concerned for their wellbeing and feel increased levels of stress.

Friends, family and work colleagues may also wish to support those directly affected.

It's therefore important that to ensure that conversations about menopause are inclusive.

Menopause and protected characteristics

There's currently very limited research on the menopause experiences of Black, Asian and minority ethnic, transgender (trans), non-binary and intersex, disabled and neurodiverse people. Whilst things are slowly changing, it's important to acknowledge that menopause and its symptoms can be very personal, each person's experience will be different and there are a number of barriers which make it more difficult for people within these groups to obtain support. It's therefore vital not to make assumptions or generalisations about menopause, to recognise that those affected may not wish to discuss it at work and it's not appropriate to ask. Any individual conversations about this topic should be led by the employee.



The limited research available shows that Black, Asian and minority ethnic people's experience of menopause differs to that of white people due to differences in biological and hormonal changes, perceptions, attitudes and expectations. In many cultures and societies menstruation, menstrual health and menopause are topics which have been stigmatised and never spoken about.

Trans, non-binary and intersex people may not wish to disclose their symptoms as this may mean disclosing their trans or intersex status. It can be particularly difficult for these members of staff to access support and/or ask for adjustments.

For disabled and neurodiverse people, menopause symptoms may overlap with symptoms of existing health conditions for example joint and muscle pain or anxiety. Menopause symptoms may therefore be missed or misdiagnosed.

What?

What is menopause?

The word menopause is often used to refer to the whole process. However, the menopause transition actually includes 3 phases: perimenopause, menopause and post-menopause. It's important to note that every experience of menopause will be different including age of onset, reason for onset, the length of the transition, symptoms experienced and intensity of symptoms.



During the menopause transition the ovaries stop producing eggs, periods begin to stop and hormone levels change as the end of fertility is reached. This transition usually begins when a person is in their mid to late 40s.

Some people experience menopause for other reasons. These include surgical menopause and medical menopause. Surgical menopause occurs when the ovaries are removed. Rather than being a gradual process, in this instance hormone levels plummet and menopause is experienced immediately. Medical menopause occurs when the ovaries stop functioning due to medication such as chemotherapy, other medication or radiotherapy.

Transgender, non-binary and intersex people may experience menopause due to age-related hormonal changes or hormone treatments and surgeries. It's important to mention that not all people within this group will have hormone treatment or surgery.

Stages of menopause

Perimenopause

The menopause transition usually starts when a person is in their mid to late 40s but may begin earlier or later. This transition is called perimenopause and is when oestrogen levels begin to decline. Typically, this phase lasts for approximately 5 years but may last for up to 8 or 10 years.

For many, the changing level of hormones in this phase marks the onset of symptoms, a number of which are well known but others which are less so. For most people symptoms last approximately 8 years, but for some may last a longer or shorter time.

“On average, women reported experiencing seven different symptoms”.

Dr Clare Spencer, MyMenopauseCentre

Symptoms may include but are not limited to:

Physical symptoms	Psychological symptoms
Hot flushes	Difficulty with memory / concentration (brain fog)
Night sweats	Mood changes / low mood
Changes to flow / frequency of periods	Anxiety
Problems sleeping / insomnia	Loss of confidence / self-esteem
Low energy levels	Depression
Joint aches	
Decreased libido	



Menopause

Eventually periods will stop. Menopause is actually one day, 12 months after the last period. After this point the person is in postmenopause.

Postmenopause

Once the day of menopause has passed, the person enters into the postmenopause phase and is in that phase for the rest of their life. Symptoms may still be experienced in this phase for a further 5 to 7 years and sometimes longer.

How?

How to begin navigating menopause at work

Individuals who may be affected by menopause and menopause symptoms should take time to educate themselves about this topic. They should seek to understand how symptoms may affect them now and/or in the future and reflect on self-care practices and workplace adjustments which may help.

The role of managers is to facilitate and create an open and supportive environment where wellbeing conversations are the norm and provide members of staff with an opportunity to talk about matters impacting their wellbeing should they wish to do so. The [Wellbeing e-learning suite](#) contains a module on how to have effective wellbeing conversations.

Managers should also explore reasonable adjustments with members of staff when requested, to assist in ensuring the comfort of those affected by menopause and menopause symptoms. This in turn will enable individuals to carry out their role to the best of their ability.

Those not directly affected should also seek to learn about menopause. They should be mindful to use supportive language and endeavour not to draw attention to, diminish or doubt the impact that menopause and menopause symptoms may be having on someone.



Recording menopause as a reason for absence

Menopause or Perimenopause symptoms can now be selected as a reason for absence in iTrent.

Exploring reasonable adjustments

Reasonable adjustments can make a huge difference for someone experiencing menopausal symptoms. Sometimes these might require careful thought. However, often a subtle adjustment to a person's working pattern, environment or available facilities can make a significant difference.

If an adjustment helps to keep a person in work and does not impact service provision, where possible managers should approve these. However, if considering putting in place adjustments which affect an individual's working hours or duties, it's advisable to speak with a HR Manager to assess whether an Occupational Health referral should be made. Equally, if managers need advice about reasonable adjustments they may contact a HR Manager.

The following are suggestions of reasonable adjustments that line managers and individuals experiencing symptoms may like to explore. This is not an exhaustive list and other adjustments may be more suitable for a particular individual. Reasonable adjustments should never be assumed and should always be agreed during a two-way conversation between member of staff and manager.

Flexible approach to working

Where a role permits, a flexible approach to working can be extremely beneficial. This often means being able to flex start and end times which can help, for example, if an individual is struggling with fatigue or sleep. However, a more flexible approach to working may also mean enabling a person to take time out during the day. For example, breaks could be split or combined. Incorporating regular short breaks and/or allowing unexpected and unplanned breaks should be accommodated. Home working, depending on the role and where possible, can support with many symptoms including anxiety, fatigue and sleep issues. A flexible approach to working can also enable individuals to take time out to attend any medical appointments in relation to menopause symptoms/treatment.

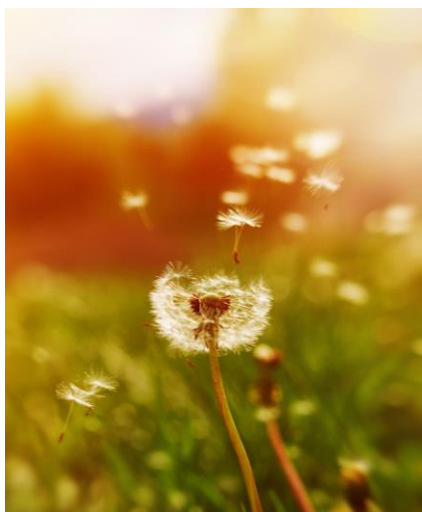
Job design

For those required to stand for long periods of time, allowing the option for them to sit for short periods can help to support symptoms such as joint and muscle pain. Likewise, for those required to sit for long periods, having the option to stand, stretch and move can help.

Uniform

Where uniforms are provided, consider natural fibres where possible, and provide additional uniforms to ensure it's possible to change during the day or when needed. Uniform requirements may also be adjusted if necessary.

Environment



Providing access to a quiet room to work when needed can help with a number of symptoms, particularly for those experiencing brain fog, noise sensitivity and difficulty concentrating. The Staff Wellbeing Room, situated on floor 9 of the Schwann Building in the Occupational Health Department, is available for staff to take a quiet break during the day. For more information, please contact the Wellbeing team on staff.wellbeing@hud.ac.uk

Ensuring a comfortable working temperature in the office will support those experiencing hot flushes and difficulty regulating body temperature. Where possible, access to opening windows and/or air conditioning should be provided. Desk fans may also help in this respect.

For photosensitivity the ability to adjust lighting is helpful and ability to adjust window blinds will support both this and temperature regulation of the workspace

For further details on potential reasonable adjustments speak with a HR Manager.

Facilities

Certain University facilities and initiatives may also support those experiencing menopause and menopausal symptoms.

All staff should have access to cool drinking water from a kitchen tap and/or drinking water fountain. If your area does not have access to cool drinking water, please speak to your Line Manager in the first instance.

The SU shop and Huddersfield outlets provide a place to obtain snacks. This can be beneficial for those needing to take medication with food.

Access to a toilet with a wash basin in the cubicle and larger cubicles can be helpful for those needing to change clothes during the working day. There are a number of these across campus including but not limited to:

Harold Wilson HW1/11	Student Central Sports SC3/12
Laura Annie Wilson LWC/02	Charles Sikes CS1/32
Sovereign Design House SDG/05a	

The University is also currently trialling free period products. Free period products are now available at vending machines in the following locations:

Barbara Hepworth Building - BH1/07	Oastler Building - OA5/22
Charles Sikes - CSG/13	Schwann Building - SB4/22
Harold Wilson Building - HW2/23	Students' Union Advice Centre – SC/5
Laura Annie Wilson Building – LWC/03a	

All female and gender-neutral toilets have hygienic disposal for sanitary products. Where there is no gender-neutral toilet, hygienic disposal will be found in the cubicle of the male toilet.

The locations of sanitary disposal bins in male toilets are:



Bronte Lecture Theatres – Ground floor – BLG/11	3M – Ground floor – BICG/26
Barbara Hepworth – Level 1 – BH1/05	Oastler – Level 4 – OA4/24
Cockroft – Workshop – CO/09	Ramsden – Ground floor – RG/08
Richard Steinitz Building – Ground floor – RSG/08	Queen Street – Ground floor – QSBG/05
Haslett – Ground floor – HAG/02	Percy Shaw – Ground floor – SHG/20
Joseph Priestley West – Ground floor – JPWG/72	Sparck Jones – Lecture theatre side – SJG/31
Lockside – Ground floor – LSG/03	Laura Annie Willson – LW5 (Railway) – LW5/14

Where?

Below you will find the University's support resources. For additional support click [here](#)



Menopause Talk and Support

These menopause peer support sessions aim to provide a forum to talk about menopause and menopause symptoms, to share experiences, ideas, tips and support! Click [here](#) to join.

Staff Networks

Our staff networks provide an opportunity for staff who share a protected characteristic to network, obtain peer support and share information. The networks are run by and for the members with support from the University EDI team. Click [here](#) to learn more.

Staff Wellbeing Team

The Staff Wellbeing team is responsible for leading on design and implementation of the Staff Wellbeing Framework in partnership with Schools and Services. They also offer a wide range of staff wellbeing initiatives from the Staff Wellbeing Confidential Support Service to coordinating the Wellbeing Champion and Mental Health First Aider networks, staff wellbeing communications, organising wellbeing events and activities. Click [here](#) for more information.

Mental Health First Aiders

Our Mental Health First Aiders are a network of people across the University that are trained to offer proactive early intervention and support for those developing or experiencing a mental health issue, experiencing a worsening of an existing mental health issue or who are in mental health crisis. Click [here](#) for more information.

Occupational Health

The work of the Occupational Health team concerns health related to work and the impact of work on the health of members of staff. In partnership with the Staff Wellbeing team they promote the health and wellbeing of staff and also of students. They offer a variety of services to staff. For more information click [here](#).

Staff Wellbeing Confidential Support Service

This service is available to all staff. It's provided by an external company and offers confidential counselling by qualified, British Association of Counselling and Psychotherapy (BACP) approved therapists. For more information and to access the service click [here](#)

Menopause Training

Training helps to educate staff and raise awareness of menopause in our community to ensure we support everyone experiencing menopause and/or its symptoms and ensure we're able to signpost people to support. Express your interest by emailing staff.wellbeing@hud.ac.uk