

# **Nant-y-Cwm Steiner School Menopause Policy**

## **1. Policy Statement**

- 1.1. Nant-y-Cwm Steiner School is committed to ensuring that all individuals are treated fairly, with dignity and respect in their working environment. As an employer, Nant-y-Cwm Steiner School has a duty to manage age-related issues effectively and provides reasonable and appropriate support to those individuals experiencing the menopause. It is important that all staff understand the difficulties and anxieties of everyone going through this change and we manage this issue by raising awareness, and providing training and development for colleagues.
- 1.2. The menopause is a natural and inevitable stage of life and whilst some women and other people ("other people" refers to some transgender and intersex individuals who may experience menopause or menopausal symptoms) do not suffer with any symptoms, it is important to support those that do to improve their experience in work. For most women and other people going through the menopause it occurs between the ages of 45 and 55, although some women and other people will experience the menopause earlier in life.
- 1.3. The menopause should not be a taboo or 'hidden' subject, and Nant-y-Cwm Steiner School wants everyone to understand what the menopause is, and for individuals to be able to talk about it openly, without embarrassment. This is not just an issue for women and other people going through the menopause, men should be aware also.
- 1.4 This policy sets out information on providing the right support to manage menopausal symptoms at work.

## **2. Purpose**

- 2.1 This policy applies to all staff members and volunteers.
- 2.2 The aim of the policy is to:-
  - Create an environment in which individuals can openly and comfortably instigate conversations, or engage in discussions about menopause.
  - Ensure everyone understands what menopause is, can confidently have good conversations, and are clear on Nant-y-Cwm Steiner School's policy and practices.
  - Provide support to male and female members of staff that are coming to work impacted on by the symptoms of menopause in the home environment whereby their wife, partner or someone they live with is potentially suffering with severe menopausal symptoms.
  - Educate and inform members of staff about the potential symptoms of menopause, and how they can support their colleagues.
  - Ensure that women and other people going through the menopause and 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.

## **3. Definitions**

3.1 Perimenopause: This is the time when many women and other people going through the menopause may experience menopausal symptoms but are still having periods. Some women and other people going through the menopause can commence the premenopausal period several years prior to starting the menopause.

3.2 Menopause: The menopause is when a woman and other people going through the menopause have their last menstrual period and are no longer able to get pregnant. Menopause occurs when the ovaries stop producing eggs and as a result the levels of hormones called oestrogen and progesterone fall.

The menopause is a natural part of ageing that usually occurs between 45 and 55 years of age as a woman's oestrogen levels decline. Premature Ovarian Insufficiency is when the menopause occurs under the age of 40.

In the UK, the average age for a woman to reach the menopause is 51. Most women and other people going through the menopause will experience menopausal symptoms. Some of these can be quite severe and have a significant impact on their everyday activities.

Symptoms include:

- Brain fog (memory problems, poor concentration, low motivation, forgetfulness).
- Irritability including feeling nervous, inner tension, feeling aggressive.
- Depressive mood (feeling down, sad, on the verge of tears, lack of drive, mood swings).
- Anxiety (inner restlessness, feeling panicky).
- Physical and mental exhaustion (general decrease in performance).
- Bladder problems.
- Digestive issues, bloating, altered bowel habits.
- Weight gain.
- Lack of confidence and motivation.
- Hot flushes and night sweats.
- Headaches, migraines.
- Joint stiffness, muscle aches and leg cramps.
- Irregular and heavy periods.
- Skin changes, brittle nails, facial hair.

3.3 Post menopause:

Symptoms may continue on average for four years from the last period and can continue for up to 12 years. There is potentially an increased risk of certain conditions, including heart disease and osteoporosis (brittle bones) during post-menopause because of lower levels of certain hormones. These risks are higher for those who have had an early or premature menopause.

Further information is contained within the Menopause guidance document at the end of the policy.

3.4 The "male menopause":

The "male menopause" (sometimes called the andropause) is an unhelpful term sometimes used in the media. More information is available [from the NHS](#). This label is misleading because it suggests the symptoms are the result of a sudden drop in testosterone in middle age, similar to what occurs in the female menopause. This is not true.

This differs from female menopause in several ways. Not all men experience it and it doesn't involve a complete shutdown of their reproductive organs. However, sexual complications may arise as a result of lowered hormone levels.

Some men develop depression, loss of sex drive, erectile dysfunction and other physical and emotional symptoms when they reach their late 40s to early 50s.

Other symptoms common in men this age are:

- Mood swings and irritability
- Loss of muscle mass and reduced ability to exercise
- Fat redistribution, such as developing a large belly or "man boobs" (gynecomastia)
- A general lack of enthusiasm or energy
- Difficulty sleeping (insomnia) or increased tiredness
- Poor concentration and short-term memory.

As individuals age, various aspects of the human body start to slow down. Testosterone, an androgenic hormone, is a perfect example of this, as it naturally starts to decrease with age. Unfortunately, low testosterone levels in men can have both physical and emotional implications. The average male loses roughly 1% - 2% of their testosterone levels per year after the age of thirty.

#### **4. Legal Requirements**

There are two main strands of law that may relate to the perimenopause and menopause:

- The Workplace (Health, Safety and Welfare) Regulations 1992 place an overriding duty on employers to make workplaces suitable for the individuals who work in them.
- The Equality Act (2010) protects people from discrimination in the workplace because of 'protected characteristics' and includes both direct and indirect discrimination and harassment. The protected characteristics are: age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, gender, sexual orientation. It sets out an obligation to promote gender equality and eliminate discrimination.

The Health and Safety at Work Act 1974 says an employer must, where reasonably practical, ensure health, safety and welfare at work.

#### **5. Roles and Responsibilities**

**All staff are responsible for:**

- Taking personal responsibility to look after their own health;
- Seeking medical advice if needed.
- Being open and honest in conversations with team members. If a member of staff is unable to speak to their team members or another colleague, they can contact SMT, the H&S Team, or the HR Team.
- Contributing to a respectful and productive working environment;

- Being willing to help and support colleagues;
- Understanding any necessary adjustments their colleagues are receiving as a result of their menopausal symptoms.

#### **All members of staff should:**

- Familiarise themselves with the Menopause Policy, guidance document, risk assessment checklist and associated documents;
- Be ready and willing to have open discussions about menopause, appreciating the personal nature of the conversation and treating the discussion sensitively and professionally;
- Consider the impact of any unexpected changes to an individual's role and/or place of work, for example individuals being required to attend (sometimes at short notice) incidents and/or scenes and ensuring that suitable facilities are available.
- Use the menopause guidance document to signpost individuals to support and advice and together agree how best they can be supported, and any adjustments required.
- Complete a personal risk assessment if they feel it necessary. Refer to "Risk Assessment" document. Nant-y-Cwm Steiner school has a legal duty to ensure working conditions do not exacerbate a person's symptoms, but completing a risk assessment could also identify adjustments that could help an employee perform to their full potential.
- Someone with menopausal symptoms should be supported in the same way as an employee with any on-going health condition. Small adjustments to someone's job or working pattern can help them manage their symptoms and continue to perform well in their role. The individual is usually best placed to recognise what might help them, so staff members should have open conversations with members of their teams.

#### **Help and Support**

- Let individuals know how and where they can access help and support.
- Provide more generic information and material, such as from;
  - [British Menopause Society](#) (for healthcare professionals) – [NICE Guideline](#) and [Tools for Clinicians](#)
  - [NHS](#)
  - NICE (National Institute for Health and Care Excellence) - [An updated Guideline is in development](#) and the expected publication date is 15<sup>th</sup> January 2024
  - [Women's Health Concern](#) have a range of useful factsheets.

#### **Guidance for Colleague Discussions**

We recognise that every person is different, and it is, therefore, not feasible to set out a structured set of specific guidelines. If an employee wishes to speak about their symptoms, or just to talk about how they are feeling (they may not recognise themselves that they are symptomatic), or if an employee wishes to speak about a family member, please ensure that you:

- Allow adequate time to have the conversation;
- Find an appropriate room to preserve confidentiality;

- Encourage them to speak openly and honestly;
- Suggest ways in which they can be supported (see symptoms below) – hand out the Menopause Advice Sheet;
- Agree actions, and how to implement them. Ensure that this record is treated as confidential, and is stored securely.
- Agree if other members of the relevant Team should be informed, and by whom;
- Ensure that designated time is allowed for a follow up meeting. Do not rely on quick queries during chance encounters in the corridor, office or playground.

### **Symptoms Support**

Symptoms of the menopause can manifest both physically and psychologically, including those listed below, but not exhaustively or exclusively.

#### **Hot Flashes**

- Request temperature control for their work area, such as a fan (where possible a USB connected desk fan to minimise energy usage) or moving near a window, or away from a heat source;
- 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.

#### **Heavy/light Periods**

- Have permanent access to washroom facilities;
- Ensure sanitary products are available
- Ensure storage space is available for a change of clothing.

#### **Headaches**

- Have ease of access to fresh drinking water;
- Offer a quiet space to work if practical;
- Offer noise-reducing headphones to wear in open offices;
- Have time out to take medication if needed.

#### **Difficulty Sleeping**

- Ask to be considered for flexible working, particularly suffering from a lack of sleep.

#### **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';

#### **Loss of Confidence**

- Ensure there are regular Personal Development Discussions;
- Have regular protected time with their manager, buddy, Team Facilitator or SMT member, 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 books for lists, action boards, or other memory-assisting equipment;
- Offer quiet space to work;
- Reduce interruptions;
- Have agreements in place in an open office that an individual is having 'protected time', so that they are not disturbed;
- Have agreed protected time to catch up with work.

### **Anxiety**

- Promote counselling services. Education Support is for all staff in education;
- Identify a 'buddy' for the colleague to talk to – outside of their 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.

### **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.
- Discuss whether the member of staff has visited their GP. Depending on the discussion, this may be the next step suggested, particularly if the areas of difficulty are sleeping, panic attacks or anxiety.

## **Menopause Advice Sheet – How To Talk To Your GP About Menopause**

If you are suffering from menopausal symptoms to the point they're getting in the way of you enjoying life, it's time to talk to your doctor. However, sometimes, that's easier said than done.

We all know how difficult it can often be just to get an appointment, and then it's often only ten minutes. Talking about symptoms can be hard, let alone if you feel rushed or unprepared. So, what can you do?

We've put together some helpful, straightforward tips to help you get the best from your doctor's appointment.

- Don't wait. It is all too common for women to feel they must simply 'put up' with menopausal symptoms as a part of life, but if they are affecting you, there are things you can do, and support is available. There is no need to wait until symptoms feel unbearable.
- Read the NICE guidelines which are what your doctor will use to determine the type of conversations to have with you and treatments to offer. There are guidelines for patients, which are really useful to read before you see your GP, so you know what to expect.
- Prepare for your appointment. It's easier for your doctor to understand what's going on if you provide them with all the information.
- That may sound obvious, but blood tests to say where you are on the menopause transition aren't always available or accurate – your hormones can fluctuate daily during this time. So, your doctor will be thinking about what to recommend for you, based on your symptoms.
- Keep a list of your symptoms, your menstrual cycle, hot flushes, how you're feeling, and any changes you've noticed. Write them down, and take them to your appointment. Your doctor will thank you for it, and it's more likely that together, you'll find the right solution faster. And, if you have any preferences about how you manage your symptoms, tell them that too – for example, if you'd like to try hormone replacement therapy (HRT), or not.
- Ask the receptionist which doctor is best to talk to about menopause. They are often the font of all knowledge at a surgery, and can help you find the best person to speak to – it might not be your usual GP, it could be someone who has had special training in the subject.
- Ask for a longer appointment. If you don't think your standard appointment will be long enough, try to book a double appointment, as some surgeries do offer this.
- Don't be afraid to ask for a second opinion. If you don't feel you've received the help you need, ask to speak to someone else.
- Don't be put off, you know how you're feeling, and how it's affecting you.
- Ask if there is a menopause clinic in your area. Occasionally, there are regional clinics, specifically devoted to menopause. If there is one in your area, and you think this would be helpful, ask for a referral.
- Take your partner or a friend with you. The chances are, you spend your life supporting others and, during menopause, it's your turn to ask them for support. Your partner, or a friend, will know how the symptoms are affecting you. They could support you at the appointment, and also find out how they can continue supporting you.

### **What to expect from your doctor**

There are certain things a GP should – and should not – do during your appointment.

They should:

- Talk to you about your lifestyle, and how to manage both your symptoms, and your longer-term health;
- Offer advice on hormone replacement therapy and other non-medical options;
- Talk to you about the safety and effectiveness of any treatment.

They should not:

- Tell you that it's just that time of your life. Yes, for women menopause is a natural stage, but please don't feel that means you should have to put up with every symptom without help;
- Tell you they don't prescribe HRT. It's up to you what you want to try, and for them to say whether it could be right for you, depending on your medical history;
- Impose unnecessary time restrictions, such as they will only prescribe this once, or for a year or two. This is an on-going conversation, and if your symptoms persist, you will still need help to manage them.

Remember, your GP is there to help and support you, and you should feel comfortable and confident in talking to them about your symptoms, and any help you need. Don't think you have to struggle through menopause when there is help and support available.

Policy written by H & S Team

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