Management of Menopause Transition in the Police Service

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Document Author: NPCC Menopause Action Group/PFEW

Foreword, Chief Constable Dee Collins

As with all industries in the United Kingdom, the demographic of the police workforce is changing, with an increasing number of women, and an aging workforce in key frontline roles as well as other roles in our organisations. Alongside the clear health and safety implications for the women, their colleagues, and the general public, there are also direct resource implications in terms of efficiency and the financial consequences of poor management. As such, successful strategic and line management of menopause transition is important to minimise and mitigate the potential impact on operational and non-operational resilience and capability.

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Introduction

The menopause is a natural and inevitable stage of every woman's life. However, it should be recognised that the experience will vary significantly for individual women, and this will need to be reflected in a force's organisational management and support.

Key to this is to understand that menopause transition is a matter for sensitive and proactive line management, and while occupational health can offer advice and support, it cannot simply address issues relating to menopause transition on the line manager's behalf.

This document provides advice and guidance for women[1] going through the menopause, and to assist managers supporting individuals in the workplace. It should be read in conjunction with the Flexible Working in the Police Service Guidance produced by the College of Policing.

Where it is published, local force policy or guidance on the menopause, flexible working, reasonable adjustments, attendance management and heath safety and wellbeing at work should be followed. If specific advice is required, managers or women experiencing symptoms of the menopause should speak with their HR and/or Occupational Health Advisors. Additional support or advice may also be available from staff associations, staff support associations and trade union representatives.

Specific advice and sources of support provided for women going through the menopause, for managers and the partners of those women can be found towards the end of this document. In addition to this, further reading and the relevant research and published information which informs this guidance is available via Annex C.

[1] It is noted that this guidance does not address instances of the male menopause (andropause). This does not reflect the significance of the impact of the condition, but rather the limited knowledge and experience available to the working group. Broadly speaking the advice given in this document is equally relevant to both men and women, though for specific advice men are advised to consult with their General Practitioner. Further information is available at https://www.nhs.uk/conditions/male-menopause/.

Why does this matter to the police service?

The symptoms outlined may pose a series of difficulties for individual women in the workplace. Loss of sleep, for example, can reduce ability to concentrate and stay focused. Heavy periods or hot flushes are physically distressing and can be embarrassing in front of colleagues and managers. Irritability and mood swings could mean that a woman's relationships with others at work are affected by uncharacteristic behaviour. As well as impacting on their performance at work, certain symptoms might mean women are absent from work more frequently. Very severe symptoms may mean women are unable to work at all.

Not all symptoms are directly related to the hormone changes within menopause transition, some are a consequence of their occurrence. For example, hot flushes and night sweats are sometimes said to cause insomnia, and this in itself is identified as leading to irritability, fatigue and poorer cognitive function.

The symptoms of menopause transition can have an impact on quality of working life and performance at work. However, much of the following can be enhanced through supportive interventions and line management:

- efficiency and the avoidance of higher sickness absence
- engagement with work
- job satisfaction
- commitment to the organisation
- the desire to remain at work

The evidence suggests that failure to manage transition symptoms might have an impact on:

- time management
- emotional resilience
- ability to complete tasks effectively
- physical resilience

Considering the above in terms of policing roles and potential deployment, there is a clear need to ensure that individuals going through the menopause are managed sensitively and effectively. By being aware of the impact of the menopause transition on the well-being of women at this stage within their working lives, the police service, line managers and women themselves can be

better prepared to lessen the impact and provide supportive solutions to ensure that individuals are able to work as effectively as possible at this stage in their lives.

Forces are strongly encouraged to develop managers' and leaders' knowledge and understanding and to consider the organisational and individual needs concerning management of menopause transition in the workplace [Annex A]. Details of further supporting literature and help is outlined later in this document.

In addition to this, the following simple steps have been identified by the NPCC Menopause Action Group as practical ways that forces can manage the impact on their workforce. These include:

- establishing a close relationship between strategic leaders, staff associations/unions and occupational health;
- signposting sources of information and support;
- enabling women to approach occupational health and ensuring that line managers are fully aware of this provision;
- modifying sickness reporting systems to ensure that absences associated with menopausal symptoms are accurately captured; and
- ensuring that line managers are not only aware that there may be a legal requirement to make reasonable adjustments, but that they are given the discretion to be proactive and supportive in the types of adjustment made.

Guidance for women experiencing menopause transition

What causes the menopause?

The menopause is a natural transition in an individual's life; it occurs when the ovaries stop producing eggs. The ovaries also make the hormone oestrogen and the onset of the menopause results in a drop in the level of this hormone. This change disrupts the cycle of periods and causes the symptoms associated with the menopause.

In most instances the menopause occurs gradually. For a few years before the menopause, periods may become irregular. This stage is called the perimenopause and individual women may experience significant variance in the duration of this process. The menopause is considered to have occurred once a woman has not had a period for at least a year.

When does the menopause occur?

For most women, the menopause occurs between the ages of 45 and 55, though some women will experience the menopause earlier in life.

When the menopause happens before the age of 40, it's considered to be premature (early) menopause. While an early menopause can happen naturally, it can also happen following a hysterectomy where one or both ovaries are removed. Early menopause may also be a result of illness.

What are the symptoms of the menopause?

There are a wide range of symptoms characteristic of menopause transition. These can broadly be divided into physical and psychological symptoms.

Physical symptoms may include irregular and/or heavy periods, hot flushes and night sweats, sleep disturbances, headaches, urinary issues, vaginal dryness/itchiness, dry eyes and weight gain.

Psychological symptoms may include depression and anxiety, irritability and mood swings, loss of confidence and difficulty in concentrating or memory problems.

Due to the variance in symptoms and severity for individual women it is not practical to provide an exhaustive list. Rather, it is desirable to look to take a more holistic approach to the condition and management interventions.

It is important that women do not assume that their symptoms are related to menopause transition and are advised to go to their GP in the first instance to ensure other health issues that are not related to the menopause are identified in their early stages.

The GP is the most obvious source of advice and support for women experiencing menopausal symptoms. A GP will be able to offer the relevant tests, give advice and treatments tailored to individual needs which may include:

- hormone replacement therapy (HRT) – tablets, skin patches, gels and implants that relieve menopausal symptoms by replacing oestrogen;
- vaginal oestrogen creams, lubricants or moisturisers for vaginal dryness;
- cognitive behavioural therapy (CBT) – guided self-help in a group or individual environment;
- eating a healthy, balanced diet and exercising regularly – maintaining a healthy weight and staying fit and strong can improve some menopausal symptoms; and
- medical treatment, not traditionally associated with the menopause, may on occasion be prescribed.

A GP can also refer to a menopause specialist if an individual's symptoms don't improve after trying treatment. See https://www.nhs.uk/conditions/menopause/ for further information.

Police officers and staff have a responsibility to tell their force about medical conditions or the side effects of medication, which impact on their ability to safely perform their role. It is recognised that raising menopausal transition with line managers will be difficult for many women. However, declaring this enables forces to ensure that support provisions are made available, and that they can meet their duty of care to their staff.

If symptoms are a cause of anxiety or impacting on your work and/or professional relationships, there are benefits in approaching your force occupational health department. This will help to ensure that appropriate support (including, where relevant, reasonable adjustments) can be considered, and assist you in deciding whether to raise this issue with your line manager.

Several external sources of advice and support are contained within Annex C.

Guidance for line managers

One of the key requirements of a line manager is to create an environment which is supportive and responsive to different needs and, where relevant, ensure reasonable adjustments are made to support individuals. This is not just a moral and ethical responsibility but also a legal one since line managers have a duty of care in relation to the health, safety and wellbeing of their staff.

All managers are advised to familiarise themselves with the HSE Guidance, regardless of whether they have become aware that a member of staff is going through menopause transition.

Managers should encourage the development of shared organisational values, beliefs and norms within which menopause transition, like pregnancy, is acknowledged as a natural process and that women are able to seek support including reasonable adjustments to their working conditions.

It is important to develop tailored interventions for individuals taking into consideration all the different and often unique working environments.

The following aspects are particularly challenging, for example: -

inadequate ventilation, high temperatures, humidity and dryness have a negative impact on the experience of hot flushes;

stress related to workload, deadlines, responsibility, formal meetings – especially meetings involving senior colleagues – increased stress in having to learn something new and/or give presentations is linked to frequency of menopausal symptoms;

lack of access to appropriate toilet facilities, showers, cold drinking water or quiet rest areas and not being able to take regular breaks can make coping with heavy or irregular periods, hot flushes and transition-related fatigue difficult;

confined work spaces or crowding can make the experience of hot flushes worse;

working with men, uncomprehending clients and younger colleagues can cause women concern that those people will not understand their situation or that their symptoms will affect the way they are perceived or treated;

unsuitable uniforms, ties, suit jackets or other heavy, uncomfortable or cumbersome work-wear can exacerbate the experience of menopausal symptoms; and

the physical demands of a job can make heavy periods harder to manage (Healthtalk.org; PCS).

It is vital that employers are aware of the health impacts menopausal transition can have on female workers.

All line managers should familiarise themselves with their force policy regarding the management of menopause transition. Managers should liaise with their HR and/or occupational health teams to help manage and risk assess the woman's needs. A generic risk assessment is attached at Annex B.

Line managers should also consider:

- recording any sickness absences that are related to the menopause as an ongoing health issue instead of a series of short-term absences;
- accommodating flexible working requests that will help women manage their health issues; and
- whether reasonable adjustments are necessary to support women who are experiencing the menopause transition.

Alongside the clear responsibilities line managers have under health and safety legislation, line managers should also be aware that a failure to adequately support women experiencing the menopause or implement reasonable adjustments risks creating liability for sex and/or disability discrimination under the Equality Act 2010.

Guidance for occupational health

Menopause is a normal event for women and should not be seen as a medical condition that will prevent an individual undertaking their role. It may be necessary to implement adjustments to roles or for additional support to be offered to support them in the workplace.

In order for forces to achieve this support, whilst ensuring they meet their legal obligations, the occupational health department will provide professional advice to both the individual and managers, including signposting to internal support services or external support networks.

The aim and role of occupational health is to:

- offer advice and guidance, within the management referral process, to enable staff to remain at work, including up to date advice on reasonable adjustments in line with the Equality Act 2010 and Health and Safety legislation;
- support and advise in the management of individuals who are unable to undertake all aspects of their role, assisting them to ensure ongoing support is in place, including the physical aspects of their role and considerations in regard to their undertaking the JRFT;
- assist managers to create an environment which is supportive to the individual's needs, for example, easy access to toilet facilities, additional or lighter weight uniforms and environmental comfort such as being able to open windows in an office and/or have access to a fan;
- work with individuals and managers to tailor flexible working, where required, to assist the staff member to manage their own health needs;
- liaise with other departments such as HR, uniform stores as appropriate or signposting managers to these;
- maintain up to date information on intranet sites regarding menopause or working closely with those whose job it is to ensure that all information is up to date and following national and/or NHS guidance;
- have a close working relationship with health and safety colleagues regarding risk assessments or welfare issues;

- be a medical/nursing resource within a force's women's health working group and signpost to other resources such as NHS websites, charities and local support networks;
- work with staff associations and working groups to ensure support is available; and
- offer advice and recommendations in relation to in force policy development.

Annex A

Strategic policy for forces on menopause transition

In addition to this guidance, forces are encouraged to establish formal policies regarding the management of menopause transition in their force area.

It is noted that many forces already have established processes for policy development. It is also noted that significant resources already exist within this guidance and the supporting information section (Annex C). As such, force polices should be concise and clearly articulate the strategic necessity. To achieve this, the following is advisable:

The policy is developed through clear and continuous consultation including the following:

- Human Resources;
- the occupational health unit;
- the health and safety advisor; and
- all staff associations and trade unions.

The published policy should be endorsed at a strategic level (Chief Officer), and if desired the Policing and Crime Commissioner.

The policy should be supported by staff associations and trade unions.

The policy should remain under the governance of the Human Resources unit to ensure it remains in line with other workforce policies.

The policy should be compatible and supportive of occupational health provisions embedded in the force.

Where force alliances exist across force areas, the policy should remain consistent and applicable.

The policy should be placed in an accessible location and publicised to the workforce.

A formal review date should be included to ensure the policy remains fit for purpose and consistent with workforce policies and legislation.

Annex B

Risk assessment form and checklist

Name: **Div./Dept:** **Date:**

This is a living document and should be retained by the individual for as long as is necessary. During meetings between the individual and line manager this document should be updated to reflect the current situation following which it should be shared with Human Resources and maintained on the HR system.

Areas to consider	**Further detail**	**Reasonable adjustments**
Sanitary and health issues	Are workstations/work areas easily accessible to sanitary and rest facilities? Are private washing and changing facilities available? Is there access to sanitary products (bins etc)? Do rotas/shifts ensure that colleagues have easy access to sanitary and washing facilities?	
Temperature – hot flushes and perspiration	Is there a policy on workplace temperature? Is ventilation provided? Is additional ventilation available for example portable fans? Does the uniform and PPE reflect the colleagues needs?	
Aches and pains, dizziness, lack of energy, headaches	Have workstation assessments been reviewed to take the menopause into account? Are there opportunities to switch to lighter or different duties?	

	Are there flexible working arrangements in place in relation to breaks? Do working hours in general take account of these health issues?	
Reproductive organs and bone damage	Is there access to natural light? Are there regular and flexible breaks? Are uniforms where possible made of natural fibres? Are work processes considered?	
Mood swings, irritability, loss of concentration, insomnia	Is there flexible working time? Are there flexible breaks? Is there access to natural light?	
Workstations and work environment for skin and eyes	Has workstation set up been reviewed? Where VDUs are used are there regular breaks? Are ventilation systems functioning?	

Please note:

The list above is not exhaustive. There may be other issues that are highlighted which should be considered when considering reasonable adjustments.

CONFIRMATION OF COMPLETION OF REASONABLE ADJUSTMENTS IDENTIFIED

Agreed reasonable adjustments

Confirmation that meeting was held for _____ on _____ and that the reasonable adjustments above were agreed.

Signature (Line Manager) **_____**

Printed name (Line Manager) **_____**

Signature (Employee) **_____**

Printed name (Employee) **_____**

Annex C

Further information

Legislation

The Health and Safety at Work Act (1974)

Workplace (Health, Safety and Welfare) Regulations (1992)

Management of Health and Safety at Work Regulations (1999)

The Equality Act 2010

Work and Families Act 2006

Guidance

Guidance from the Faculty of Occupational Medicine

West Yorkshire Police - Menopause in the Workplace

NHS - The Male Menopause

ACAS

References

Ballard, Kuh and Wadsworth 2001; Griffiths et al. 2006; Griffiths and Hunter 2014; Hunter and Rendall 2007; Public and Commercial Services Union/ PCS; TUC 2014; Wroolie and Holcomb 2010; Coulam, Adamson and Annegers 1986 , cited in Wroolie and Holcomb 2010; de Araújo Moraes et al. 2012; Taechakraichana et al. 1997; Utian 2005; Xu, Thurston, Matthews, Bryce, Hays, Kapoor, Ness and Hess 2012; Healthtalk.org; Jack et al. 2014; Kopenhager and Guidozzi 2015; Paul 2003; PCS; Putnam and Bochantin 2009; Hunter and Rendall 2007; Kopenhager and Guidozzi 2015; Park et al. 2008, 2010; Putnam and Bochantin 2009; Reynolds 1999; Hammam et al. 2012; High and Marcellino 1994; Paul 2003; Putnam and Bochantin 2009