

Menopause Survey Headline Statistics April 2019

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1. Key findings at a glance

- 76% of respondents who had either gone through or were going through the menopause said that they had found symptoms of the menopause either moderately or extremely problematic at work.
- More than eight out of ten respondents said that tiredness and sleep disturbances resulting from the menopause had been either moderately or extremely problematic for them at work.
- In addition, a majority of respondents said that low mood and lower confidence as a result of the menopause had been either moderately or extremely problematic for them at work.
- Overall, 20% of respondents said that they had considered leaving because they have found it difficult to deal with the menopause at work; this increased to 44% of respondents who found their symptoms extremely problematic.
- 44% of respondents who had taken sickness absence due to the menopause had not told their manager the real reason for their absence; only 9% who had told their manager the real reason said that their absence had been recorded accurately.
- 62% of respondents had attended work despite feeling that they should have taken sick leave because they were experiencing symptoms of the menopause, and 35% of respondents had taken annual leave or rest days to take time off because of their symptoms.
- 86% of managers who responded to the survey said that they would be at least somewhat confident to support someone they line-managed who was going through the menopause.
- Only 11% of managers said that they had been given training on how to support someone going through the menopause.
- A majority of managers did not know whether their force had a formal policy or guidance on managing the menopause at work; at least two thirds of these managers said that they would find it useful to have a formal policy and guidance.

2. Executive summary

2.1. Introduction

The Menopause Survey 2018 was a unique collaborative project which involved the engagement and support of many organisations and stakeholders across policing including: the Police Federation of England and Wales, UNISON, the Police Superintendents' Association, the National Police Chiefs' Council and the British Transport Police Federation. The survey was the first of its kind to examine the experiences and awareness of the menopause amongst police officers and police staff at a national level in England and Wales. In particular, it looked at the experiences of individuals who either have gone through or are going through the menopause and the experiences and awareness of managers and supervisors in terms of supporting individuals who are going through the menopause. This report provides an overview of the top-level findings for the survey from all respondents.

2.2. Participants and procedure

The survey was launched on the 18th October 2018 and was open for six weeks; it closed on 30th November 2018. Overall, 6,315 useable responses were received during this time. 59% of respondents were police officers and 40% were police staff (1% were in another role within the police service). These proportions are broadly representative of the Police Service of England and Wales as a whole. Different questions were asked depending on whether respondents had personal experience of the menopause and/or had managerial or supervisory responsibilities. 45% of respondents said that they either had gone through or were going through the menopause. 18% of respondents said that they had managerial responsibilities and 14% fell into both of these categories. A further 23% of respondents fell into neither of these categories and answered a set of broader questions concerning their awareness of the menopause. Statistically the sample sizes obtained within this survey were large enough that the percentages quoted in this report can be considered to be accurate within the normal bounds of academic rigour.

2.3. Experience of the menopause at work

76% of respondents who answered questions about their experiences of the menopause at work said that overall symptoms of the menopause were either moderately or extremely problematic. Tiredness and sleep disturbances were the symptoms most likely to be seen as problematic by respondents, but a notable proportion of respondents also highlighted that symptoms of the menopause linked to their psychological wellbeing were either moderately or extremely problematic, including anxiety/panic attacks (42%) and feeling low/depressed (55%). Respondents reported a high number of symptoms of the menopause to be

problematic at work. The average number of symptoms (from a list of 19) that respondents found to be either moderately or extremely problematic at work was 11.

The aspects of the working environment most likely to make coping with symptoms of the menopause more difficult for respondents were the temperature of the working environment and inadequate opportunity to control the ventilation of their working environment. Specific working environments and work roles appeared to be particularly challenging in coping with symptoms of the menopause. These included the temperature and ventilation of communication/control rooms and the physical demands of frontline, uniformed roles. However, respondents' comments highlighted that different roles brought with them different challenges within the working environment, suggesting that a "one size fits all" approach to workplace adjustments is unlikely to be appropriate to support people going through the menopause.

Respondents generally did not feel that they had sufficient access to adjustments or support mechanisms that might make it easier to cope with symptoms of the menopause at work. This was despite reporting that, for the most part, they would find these adjustments beneficial. For instance, more than two thirds of respondents said that they would find it very helpful for there to be better awareness amongst line managers and senior managers of the menopause as a possible occupational health issue, 55% said it would be very helpful to have information/advice from their force about coping with the menopause at work, and 60% said that they would find flexible working hours very helpful.

2.4. Experiences of working during the menopause

Almost half of respondents felt that their job performance had been negatively affected by the menopause. It was however much less common for respondents to feel that the menopause had negatively affected their manager's and colleagues' views of their competence at work. Moreover, a majority of respondents said that they were satisfied in their jobs. Job satisfaction was however linked to the severity of respondents' symptoms: respondents who said that they found symptoms of the menopause extremely problematic at work were less likely to be satisfied at work than respondents for whom symptoms were less problematic. Respondents who found symptoms of the menopause to be extremely problematic were also more likely to have considered leaving. More than two out of every five respondents in this group had considered leaving because they found it difficult to deal with the menopause at work.

2.5. Disclosure and management support

Respondents were asked about whether they had told their manager they were experiencing symptoms of the menopause and there was a relatively even split between those respondents who had and who had not disclosed to their manager that they were experiencing symptoms. A majority of respondents who did choose to disclose to their line manager did not appear to have been treated negatively or detrimentally following their disclosure. On the other hand, a significant minority of around one in eight respondents who did disclose to their line manager said that they were not treated with dignity and respect. Around one in four did not feel that they received the support they needed.

2.6. Absence due to the menopause

More than one in six respondents (18%) said that they had taken sickness absence because they were experiencing symptoms of the menopause. Respondents however highlighted that inaccurate recording of menopause-related absence was widespread. 44% of respondents who had taken sickness absence due to the menopause hadn't told their line manager the real reason for their absence, and just 9% of those who had told their manager said that their absence had been recorded accurately (e.g. a "menopause-related absence"). Whilst sickness absence due to the menopause was relatively uncommon, almost two thirds of respondents said that they had attended work despite feeling that they should have really taken sick leave because of their symptoms. In addition, around a third had used annual leave or rest days to take time off because they were experiencing symptoms of the menopause.

2.7. Experiences and awareness of managers

There was often a lack of awareness amongst managers regarding the availability of menopause policies and guidance. A majority of managers did not know whether or not their force had a formal menopause policy or formal guidance. In addition, only around one in ten managers who responded to the survey said that they had been given training on how to support someone going through the menopause. Managers however indicated that they would welcome policy and guidance, with a large majority of respondents saying that they would find it useful to have a policy and guidance on management of the menopause at work.

Despite not having access to policy, guidance or training, just over a third of managers who responded to the survey said that they would be very confident in their ability to support someone going through the menopause. This compares to 15% who said that they would be not at all, or not very confident. Levels of awareness about the menopause amongst managers on the other hand were mixed. Whilst 82% of managers with personal experience of the menopause said that they had a good level of awareness, just under half of managers without personal experience felt that they had a good level of awareness. Managers for the most part

appeared to demonstrate progressive views about the menopause at work, and felt that the menopause should be something that was talked about as an occupational health issue.

3. Introduction

The Menopause Survey is part of a major new research project to understand the experiences and awareness of the menopause amongst police officers and police staff. **It is the first of its kind to look at the impact of the menopause within the police service at a national level in England and Wales.** The findings of the survey will be used to better represent and support anyone within the police workforce going through the menopause, as well as to inform future policy and guidance on the topic. The joint project was conducted by researchers at the Police Federation of England and Wales (PFEW) on behalf of PFEW, UNISON, the Police Superintendents' Association (PSA), the National Police Chiefs' Council (NPCC) and the British Transport Police Federation.

The menopause is a natural and inevitable transition in a woman's life when their ovaries stop producing eggs and there is a drop in the production of the hormone oestrogen. This can result in a range of physical and psychological symptoms (including hot flushes, difficulty sleeping, low mood and anxiety, and problems with memory and concentration) many of which can have an adverse impact upon wellbeing at work (NHS, 2018). The menopause usually occurs between 45 and 55 years of age, although around 1 in 100 women experience the menopause before the age of 40 (NHS, 2018).

In England and Wales, around a third of female police officers are aged 45 or over¹. In addition, the police staff workforce is a more mature workforce, with female workers in the majority: 62% of police staff are over 41 and 61% are female². The menopause therefore presents an important occupational health issue that has the potential to affect thousands of people within the police service.

This report provides an overview of the top-level findings for the survey from all respondents. We have also provided a range of illustrative comments from the survey. Further reports containing force-level data and a more thorough analysis of the qualitative, open-text responses will be available from the Police Federation of England and Wales on request in due course.

¹ Data from unpublished 2016/17 Pay Census data

² Data from Home Office's Police Workforce England and Wales, 31 March 2018 data tables (<https://www.gov.uk/government/statistics/police-workforce-england-and-wales-31-march-2018>)

4. Procedure and Participants

The Menopause Survey was open to anyone who was either going through or had gone through the menopause and anyone with management or supervisory responsibility with the police service in England and Wales. Its two main aims were to understand:

- 1) The experiences of individuals who either have gone through or are going through the menopause; and**
- 2) The experiences and awareness of managers and supervisors in terms of supporting individuals who are going through the menopause.**

To date, relatively little research evidence exists concerning the impact of the menopause on the working lives of people within the police service in England and Wales. Research has been conducted on a smaller scale with a sample of police forces (Griffiths et al., 2006); and more recently the Police Federation of Northern Ireland have examined the impact of the menopause on female police officers within the Police Service of Northern Ireland (Police Federation of Northern Ireland, 2018). These earlier studies, however, do not provide an insight at a national level in England and Wales (a different policing context to Northern Ireland on a number of levels); nor do they examine the experiences and awareness of managers. The Menopause Survey set out to address both of these gaps within the current evidence base.

To allow consistency with the existing evidence base, the Menopause Survey used a very similar set of questions to the questions adopted in previous surveys on the menopause in the police service (Griffiths et al., 2006; Police Federation of Northern Ireland, 2018). These questions focussed on the impact of menopause symptoms at work and the access to, and desirability of, specific workplace adjustments. New questions were also included in the current survey to explore in more detail respondents' experience of disclosure and treatment by their line managers. In addition, the survey incorporated further questions on menopause-related presenteeism (attending work despite feeling one should have taken sickness absence) leaveism (taking annual leave or rest days rather than sickness absence), as these practices are thought to be widespread within policing (e.g. Hesketh et al., 2014; Houdmont et al., 2018).

New questions were included in this survey specifically for managers. These focussed on managers' confidence in managing someone who was going through the menopause and the level of support they received to manage someone going through the menopause (in terms of access to training and the existence of force policy and guidance on the menopause at work).

Finally, five questions regarding awareness of the menopause were also included. These questions were open to everyone within the police service, including people who have gone through or are going through the menopause, managers and colleagues. These questions were included to ascertain broader levels of awareness across the police service as a whole.

Although in general this survey mirrors the approach taken by previous surveys, a decision was made by the research team to allow respondents to self-identify as having experience of the menopause. Previous research (e.g. PSNI's 2018 Menopause Survey) has filtered respondents on the basis of the answers they provide to questions on their menstrual cycle. We considered this approach, however came to a conclusion that asking these personal questions was unnecessary to achieve the aims of the survey outlined above. In a further variation on previous studies, because this study relied on self-identification, we also solicited responses from individuals who suspected that they were going through the menopause but had not had this confirmed by a doctor. 26% of respondents who answered questions on the menopause fell into this category.

The survey was launched on the 18th October 2018 and was open for six weeks; it closed on 30th November 2018. Data were collected using an online survey hosted by Survey Monkey. A link to the survey was circulated to the Menopause Action Group (MAG). Members of the MAG took responsibility for the dissemination of the survey link to their respective organisations. All responses were collated and analysed by researchers at PFEW. The lead researcher on this project was a Chartered Psychologist and the research was compliant with all aspects of the British Psychological Society's Code of Ethics as well as the General Data Protection Regulations (GDPR).

Overall, 7,072 responses were received, this was reduced to 6,315 after data cleansing³. 59% of respondents were police officers, 40% were police staff and 1% said that they had another role within the police. These proportions are broadly representative of the Police Service of England and Wales as a whole. **45% of respondents said that they either had gone through or were going through the menopause. 18% of respondents said that they had managerial or supervisory responsibilities and 14% fell into both of these categories.** A further 23% said that they fell into neither of these categories. Although these respondents were not the main focus of the research, they were asked several questions about their level of awareness of the menopause and these are reported towards the end of this report.

³ E.g. responses were removed if they were implausible or did not provide responses to at least one of the key variables required for classification (response to menopause questions, response to manager questions etc.)

Amongst respondents who said that they had personal experience of the menopause, 86% said that they were currently going through the menopause and 14% said that they had gone through the menopause.

Because there are no definitive data on the numbers of police officers and police staff who are experiencing, or have experienced, the menopause, a decision was made not to weight the data in any way. The proportions reported in this report are therefore all unweighted figures. However using broad estimates the population sizes, based on 1) on the number of female police workers aged over 45 for questions relating to the menopause and 2) the number of police officers in a supervisory rank⁴, statistically the sample sizes for these groups were large enough that the percentages quoted in this report can be considered to be accurate within the normal bounds of academic rigour⁵.

⁴ These numbers are for police officers only as data on supervisory responsibilities are not openly available for police staff

⁵ Margin of error of $\pm 2\%$ with a 95% confidence level

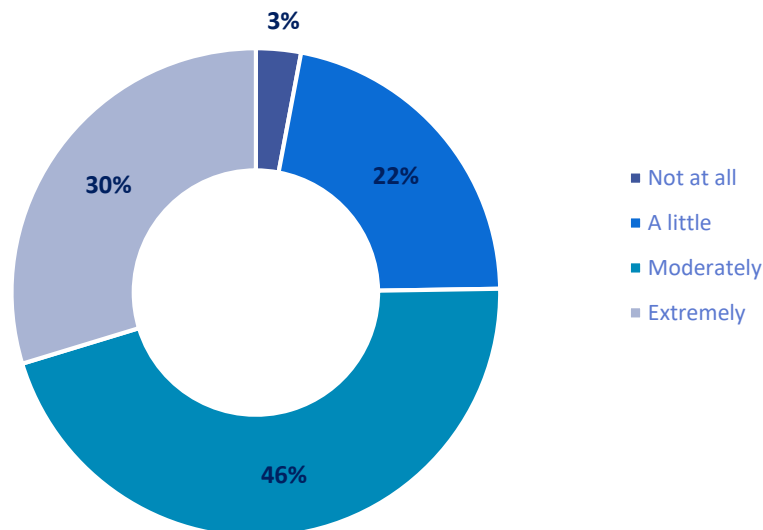
5. Individuals who have been through or are going through the menopause

5.1. Experience of the menopause at work

5.1.1. Menopause symptoms at work

Respondents were asked how problematic symptoms of the menopause have been for them at work. Overall, **76% of respondents said that symptoms of the menopause were either moderately or extremely problematic**; with 46% saying that symptoms were moderately problematic and 30% saying that symptoms were extremely problematic.

Chart 1: Overall, how problematic have symptoms of the menopause been for you at work



The proportions of police officers and police staff who found symptoms of the menopause to be either moderately or extremely problematic at work were broadly similar, at 78% and 74% respectively. Police officers were however slightly more likely to say that they found symptoms of the menopause to be extremely problematic; with 34% of officers finding symptoms extremely problematic compared to 26% of police staff.

Respondents were also asked about the specific symptoms of the menopause that they found to be problematic at work. **Tiredness and sleep disturbances were the symptoms most likely to be seen as problematic by respondents**, with more than eight out of ten respondents saying that they found these symptoms to be either moderately or extremely problematic at work. In addition, night sweats and hot flushes were moderately or extremely problematic for a large majority of respondents, as were poor memory and concentration.

A notable proportion of respondents also highlighted that symptoms of the menopause linked to their psychological wellbeing were either moderately or extremely problematic for them at work. For instance, 42% of respondents said that anxiety or panic attacks were moderately or extremely problematic symptoms at work, 53% said that mood swings were moderately or extremely problematic symptoms and 55% said that feeling low or depressed were moderately or extremely problematic symptoms. These symptoms of the menopause are perhaps less well recognised within a workplace environment, but nonetheless are problematic symptoms for around half of respondents surveyed.

In addition, whilst there were some symptoms that were most likely to be problematic for respondents at work, what is also significant is the number of different symptoms respondents said were having an impact upon them at work. **More than three quarters of respondents (76%) found at least eight of the 19 symptoms listed either moderately or extremely problematic.** The average respondent reported that 11 of the symptoms of the menopause from the list of 19 symptoms provided were either moderately or extremely problematic for them at work. Respondents comments reinforced the cumulative and combined impact that these symptoms have on their wellbeing at work.

“Having to discuss the issues with a male line Manager is uncomfortable. A lot of the symptoms are not visible. I have worked shifts for 20 years and cannot start to describe the tiredness, it is different to just being tired re shift work. For me the tiredness and lack of concentration has been most difficult symptom as a frontline Police Officer. I was on the front line at the beginning of my menopause and this simply wasn't working. The knock on effect after 18 years on the street resulted in an awful drop in confidence which had a knock on effect re depression and anxiety. I was moved to [another role] which has helped a lot as it has reduced the pressure on me and increased my confidence.”

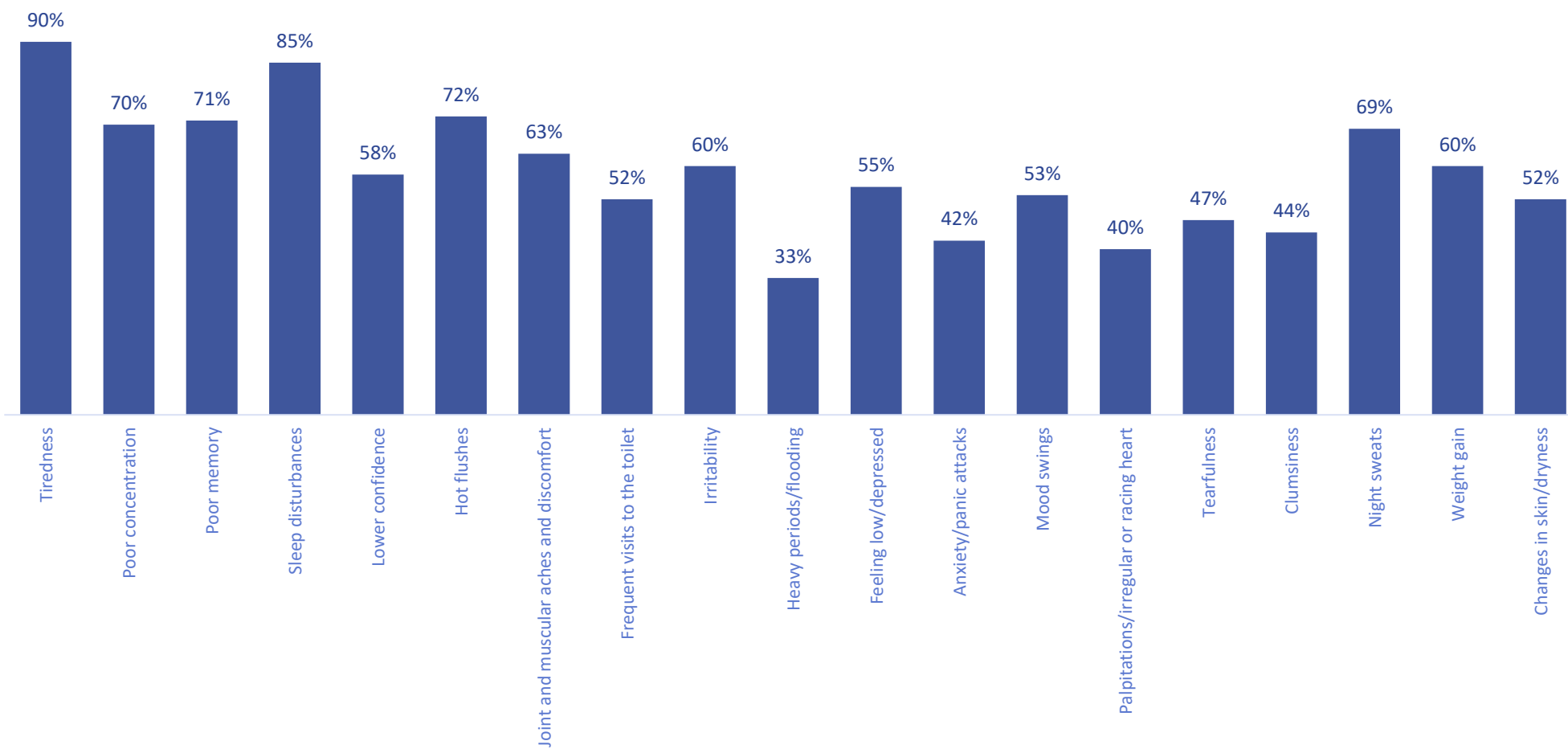
“Hot flushes are a nightmare and there is no ventilation in my office no windows to the outside and no fresh air - I have a fan on my desk which I purchased myself

- making presentations when under pressure brings on the flushes really badly and I can feel my skin starting to break out in sweats it is not nice to cope with when presenting to staff, officers or dealing with interviews ... My joints ache really badly so sitting for long periods at a time makes me very stiff and clumsy. It is not always possible to get up and walk and about depending on what I am doing ... Lighting in the office is atrocious ...far too bright and hurts my eyes....”

“I feel the symptoms I suffered through 8 years of menopause dramatically affected me physically and mentally. Demands of the job (response officer) and having to work shifts exacerbated lack of sleep. The lack of food/refreshment breaks and lack of available toilet facilities during deployment heightened my lack of concentration, poor decision making and anxiety. I became very hyper-vigilant, intolerant and angry towards people/situations which was not in my normal nature.”

Police officers and police staff tended to find the symptoms equally problematic, and the average number of symptoms experienced as moderately or extremely problematic was 11 for both officers and for staff. There were some statistically significant differences between officers and staff; although these differences were relatively small. For instance, 76% of police officers said that poor concentration and poor memory were moderately or extremely problematic symptoms for them at work, compared to 66% of police staff. On the other hand, 75% of police staff reported that hot flushes were moderately or extremely problematic for them at work, compared to 69% of officers. However, regardless of role, respondents who experienced symptoms of the menopause were highly likely to say that these symptoms had been problematic for them at work.

Chart 2: Moderately or extremely problematic symptoms of the menopause



5.1.2. The working environment

The three aspects of the working environment most likely to make coping with symptoms of the menopause more difficult for respondents were the temperature of the working environment, inadequate opportunity to control the ventilation of their working environment and recalling detailed information. For those respondents who said that it was applicable to them, 61% said that the temperature of their working environment made coping with symptoms of the menopause either moderately or extremely difficult, whilst 57% said that inadequate opportunity to control the ventilation in their working environment made coping with symptoms of the menopause either moderately or extremely difficult and 50% said that recalling detailed information made coping with symptoms of the menopause either moderately or extremely difficult.

A general trend in the data suggested that police officers were more likely to find that their working environment made coping with symptoms more difficult compared to police staff. For instance, 36% of police officers said that the physical demands of the job made coping with symptoms of the menopause moderately or extremely difficult, compared to 17% of police staff. 39% of police officers said that their workload made coping moderately or extremely difficult compared to 26% of police staff. Similarly, 46% of police officers said that having to work shifts made coping moderately or extremely difficult, compared to 20% of police staff (again please note, this was only amongst respondents who said that specific aspects of the working environment were applicable to them).

Table 1: Aspects of the working environment (where applicable) that made coping with symptoms of the menopause moderately or extremely difficult (Police officers and Police staff)

	Police officers	Police Staff
Recalling detailed information	56%	45%
Having to work shifts	46%	20%
Having fixed working hours	24%	16%
The temperature of your working environment	60%	62%
Inadequate opportunity to control ventilation in your working environment	56%	58%
Inadequate access to toilet facilities	20%	12%

Shared offices/workspaces	27%	26%
The physical demands of the job	36%	17%
The design of uniforms	29%	17%
The pressure of tight deadlines	39%	26%
Your workload	46%	32%
Not being office-based	13%	5%
Having to make difficult decisions within your job	32%	21%
Having to attend formal meetings	20%	16%
Having to maintain your position for long periods without relief	22%	14%

However, in many instances examining the impact for specific roles and specific work settings is more useful than looking at differences between police officers and staff. For instance, **the temperature and ventilation of communication and control rooms appeared to be a particular issue for officers and staff.** Around three quarters of respondents who worked within this environment said that the temperature of the working environment (75%) and an inability to control the ventilation of their working environment (74%) made coping with symptoms of the menopause either moderately or extremely difficult.

In addition, **the working environment of frontline, uniformed roles (again both officers and staff) seemed to have a greater impact on coping with symptoms of the menopause.** For example, 69% of respondents in a Response Policing role said that shift work made coping with symptoms of the menopause either moderately or extremely difficult, 56% of Response Policing respondents said that the physical demands of their job made coping moderately or extremely difficult and 48% said that having to maintain their position for long periods without relief made coping moderately or extremely difficult. Similarly, around half of PCSOs said that having to work shifts (52%), the physical demands of the job (49%) and having to maintain their position for long periods (48%) made coping moderately or extremely difficult.

Respondents' comments similarly demonstrated that different roles brought specific challenges within the working environment. Together this all suggests that focussing on tailoring specific adjustments for specific roles and working environments may be more appropriate than a "one size fits all" approach that is applicable to all respondents within the sample.

“As a CSI, we are often required to spend days at scenes with no toilet or hand washing facilities. This has included, in the past, pre-planned operations that would then be ongoing for over a week. Whilst I accept that portable toilet facilities cannot be put in situ straight away, the Force actually having some or having a mutual aid agreement with the Fire Service (who have their own portable toilets) would be a start.”

“Being public facing it can be difficult when I experience hot flushes and facially go very red, or when I begin to sweat in front of customers.”

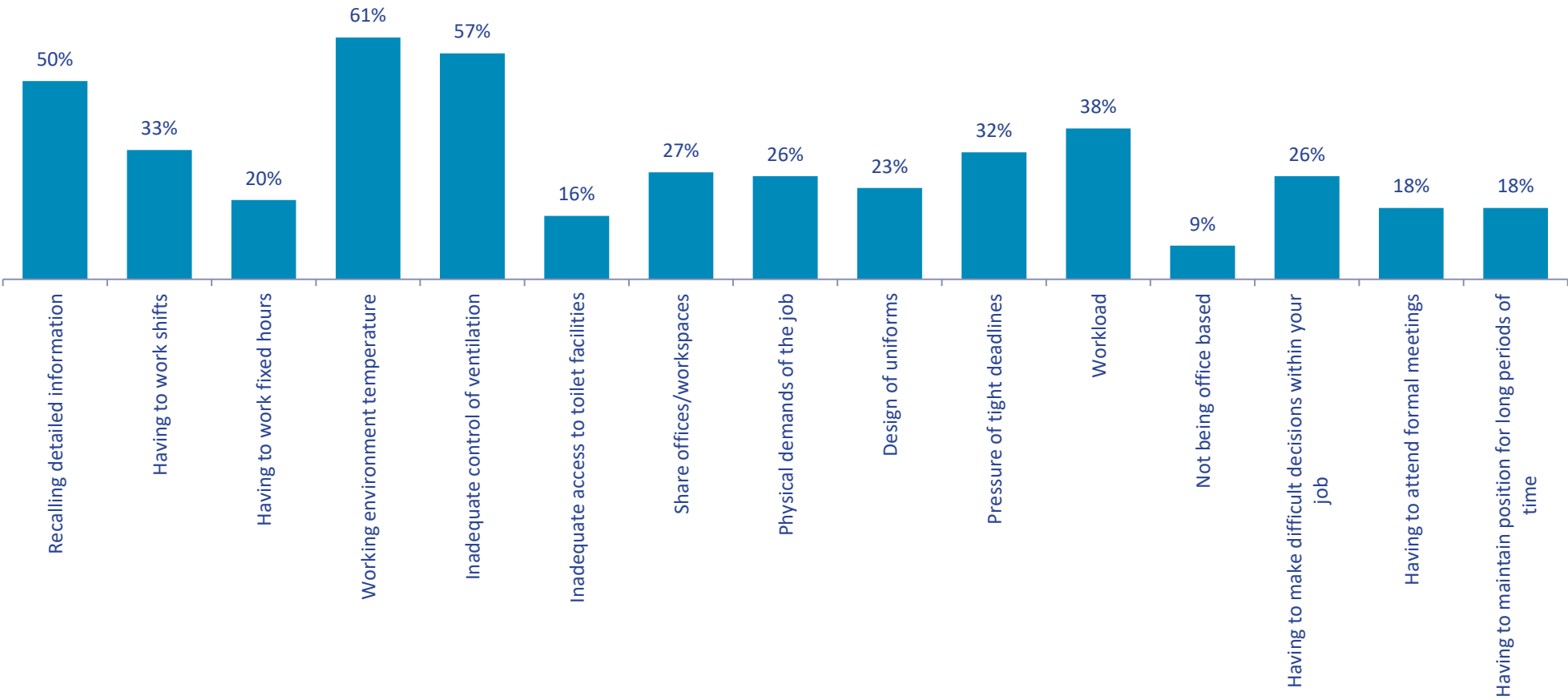
“Due to staffing levels in custody, I am often the only sergeant and due to the demand, even though a toilet is available I am often unable to use it for in excess of 8 hours, I work 12 hour shifts.”

“Frontline response with minimum staffing often means no opportunity for breaks, no access to supervisors to discuss my condition and frankly no one caring about me personally, I am just a collar number on a sheet without the luxury of anyone caring about me as an individual.”

“Having to start at 7am, with a 30 minute commute meaning having to be up at 5.45 am when you've perhaps not slept well the previous night is difficult. It would be helpful to be able to adjust hours at short notice in these circumstances. Similarly if working a late, it can be the same when you experience overwhelming tiredness in the evening.”

Finally, a review of respondents' comments also highlighted a range of other aspects of the working environment that were not captured in the closed-ended questions. These include difficulty concentrating due to noisy working environments, the impact of travel (both during working time and the commute into work), a sense of being permanently visible (therefore unable to “nip off” to change or to let off steam without the absence being noticed) the length of shifts, the requirement to complete fitness testing and the attitudes of colleagues and managers.

Chart 3: Aspects of the working environment (where applicable) that made coping with symptoms of the menopause moderately or extremely difficult

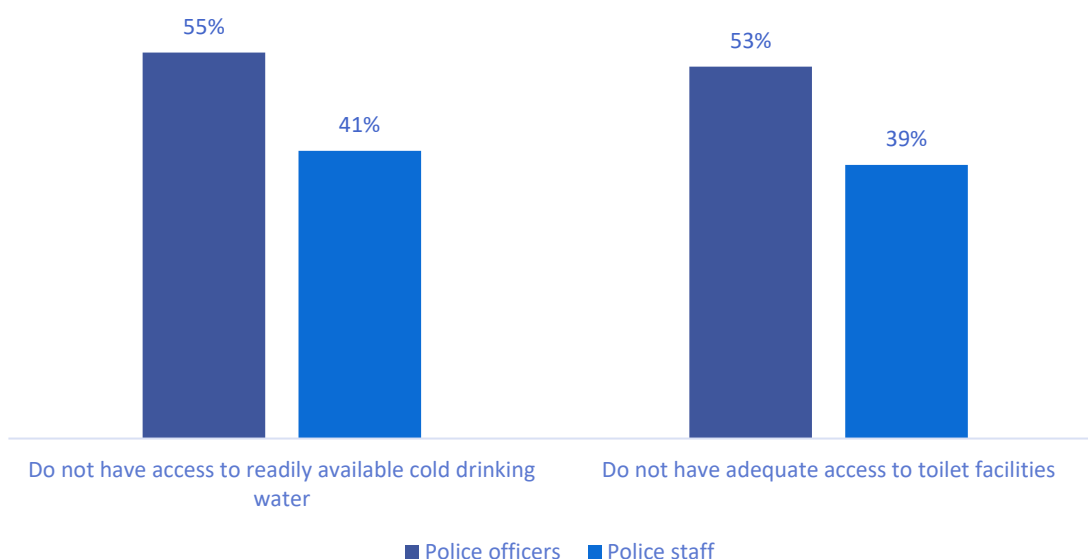


5.1.3. Adjustments and support

Respondents were asked whether or not they had access to specific adjustments and support mechanisms which may make it easier to cope with symptoms of the menopause at work. For the most part, respondents said that these adjustments and support mechanisms were currently not available to them. For instance, **a large majority of respondents said that they did not have sufficient access to better ventilation, air conditioning and temperature control or to information/advice from their employer about menopause and coping at work.** In addition, more than eight out of ten highlighted limited awareness amongst line managers and amongst senior managers of the menopause as a possible occupational health issue.

Sufficient access to more basic adjustments was also not available for a substantial minority of respondents. In particular, **48% of respondents said that they did not have sufficient access to readily available cold drinking water, and 46% said that they did not have adequate access to toilet facilities.** Police officers were more likely to say that they did not have access to these specific adjustments compared to police staff; and amongst officers a majority said that they did not have access to readily available cold drinking water (55%) or adequate access to toilet facilities (53%). For police staff these proportions were 41% and 39% respectively.

Chart 4: Sufficient access to basic facilities at work



Again however there were generally more similarities than differences in police staff and police officers' access to specific adjustments and support mechanisms. For instance, 86% of police officers and 81% of police staff noted limited awareness of the menopause amongst senior managers; 88% of police officers and 87% of police staff said that they did not have access to better ventilation, air-conditioning and temperature control; and 83% of police officers and 77% of police staff did not have access to information or advice from their employer about coping with the menopause at work.

Amongst respondents who did have access to these adjustments, the majority said that adjustments were in place because of force policy or practice, rather than because they asked for them. For instance, 79% of respondents who said there was greater awareness amongst line managers of the menopause within their force said that this was because of policy and practice. Similarly, 90% who had access to information from their employer about menopause and coping at work said this was the result of force policy and practice.

Of all the adjustments listed, the adjustment that was most likely to come about because respondents asked for it, rather than it being a matter of force policy or practice, was better ventilation, air conditioning and temperature control. 40% of respondents who had access to this adjustment said they had it because they asked for it, rather than it being the result of force policy or practice. Often respondents commented that they had purchased fans themselves, rather than them being provided by their force. Another recurring theme within respondents' comments was that where they did have the ability to control temperature and ventilation there was sometimes discord with other colleagues in shared office spaces, which some respondents found embarrassing or a knock to their confidence.

"I am lucky I am office based, but sometimes the temperature of the office (particularly the previous office) was unbearable. I have access to a fan which helps, but some people feel the cold and want the heating cranked up in an open plan office. Own office space was easier in the past as you can regulate your own temperature."

"For me the embarrassment of having purchased my own small fan which is plugged in at my desk as we do not have the option to open a window as the large open plan office mainly male dominated has air conditioning and the two younger female members of staff always moan if it is switched on..."

"I sit by a window. When I open a window (other than peak summer) I feel I have to apologise or leave it open for as little time as possible. I have a fan under my

desk, again when that is on for a brief time colleagues around me can feel the fan. Don't get me wrong colleagues are very good but it does knock your confidence to just feel different”

Amongst respondents who did not currently have access to specific adjustments or support mechanisms, there was generally a sense that they would find these adjustments at least somewhat helpful in coping with symptoms of the menopause at work. In particular, **more than two thirds of respondents said that they would find it very helpful for there to be better awareness amongst line managers and senior managers of the menopause as a possible occupational health issue.** 55% said that they would find it very helpful to receive information and advice from their force about menopause and coping at work.

Around two thirds of respondents similarly indicated that they would find it very helpful to have access to better ventilation, air-conditioning and temperature, to cold drinking water and to toilet facilities.

Chart 5: Access to specific adjustments and support

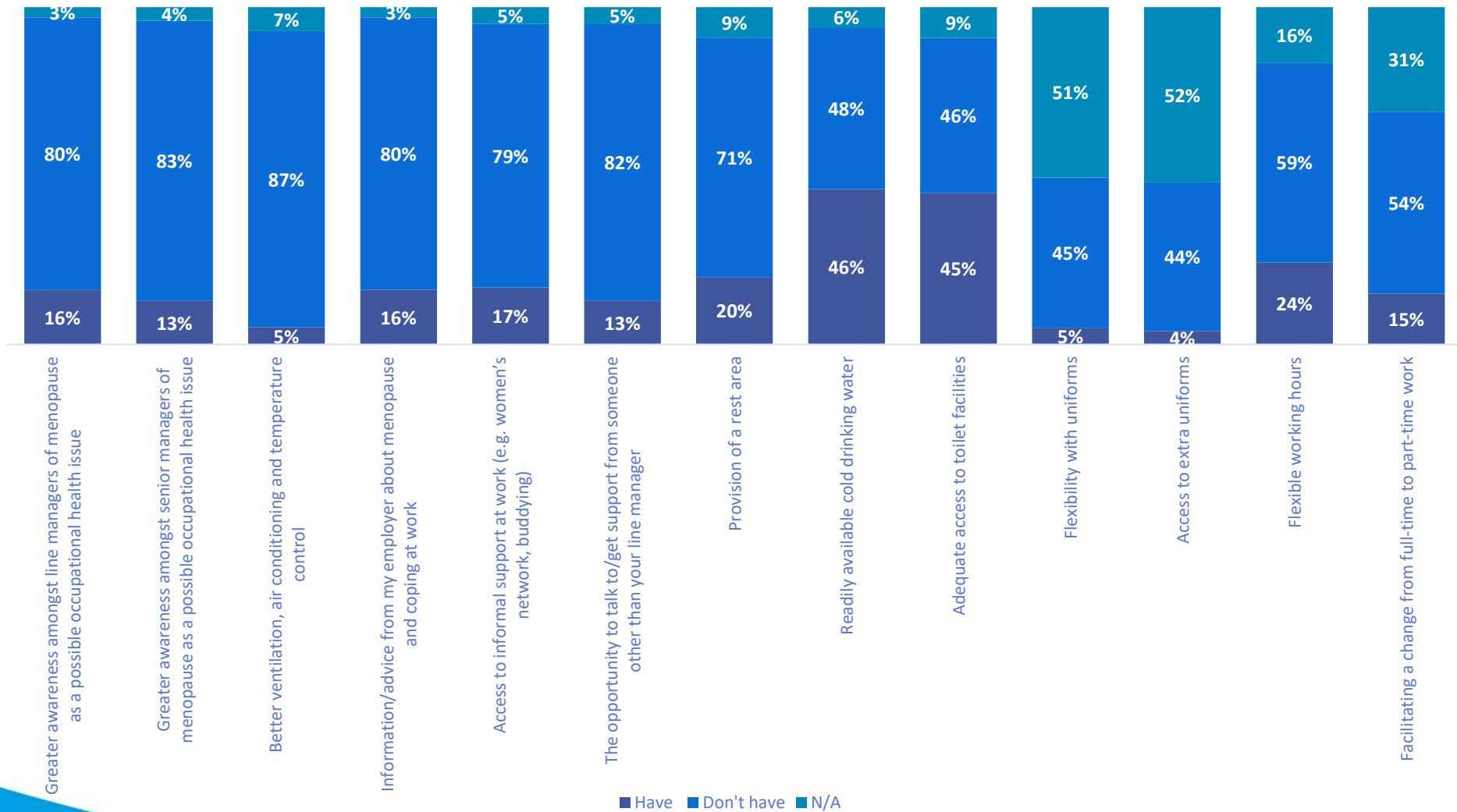
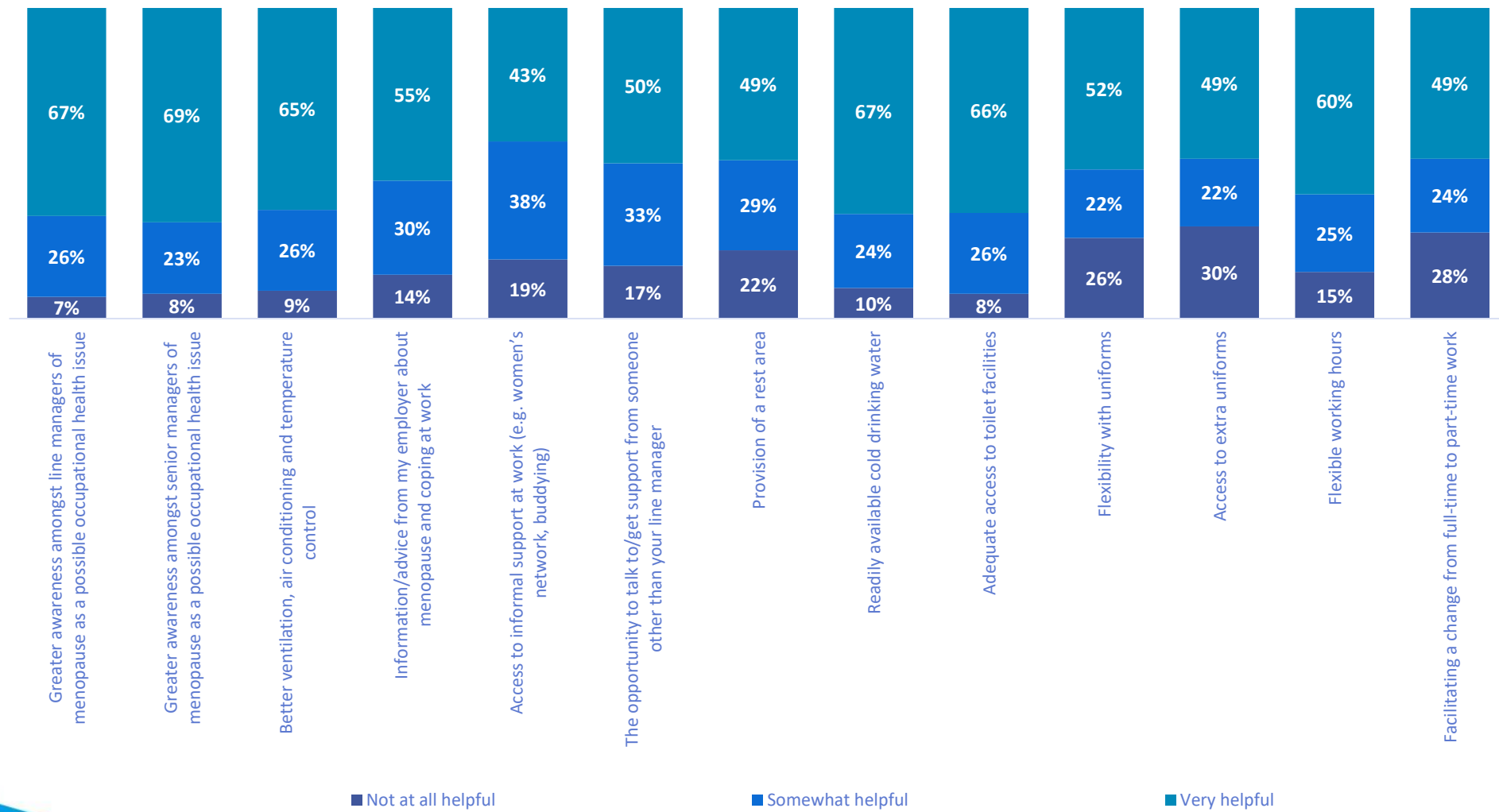


Chart 6: Perceived helpfulness of adjustments and support not already in place

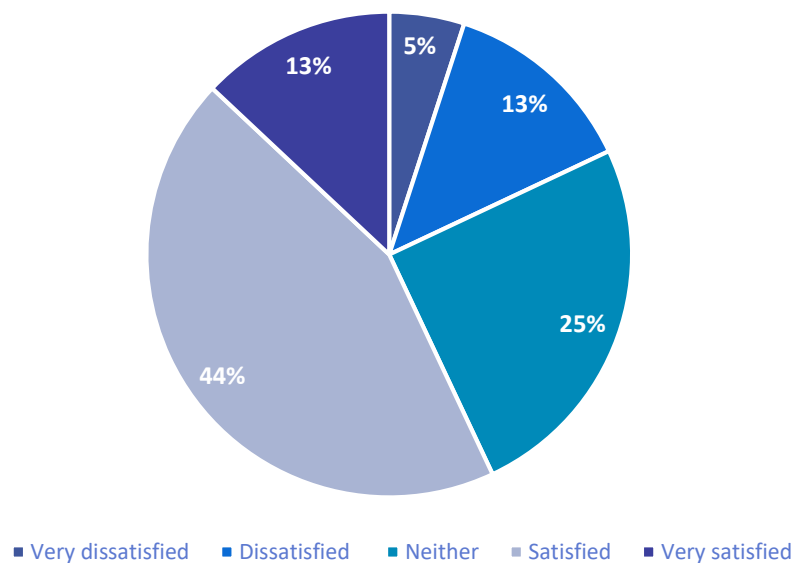


5.2. Experiences of working during the menopause

Overall, a majority of respondents (57%) reported being either satisfied or very satisfied within their job. This compares to 18% who said that they were dissatisfied. There was no substantial variation in job satisfaction between police officers and police staff, although police officers were slightly less likely to be satisfied than police staff, at 54% and 60% respectively.

Respondents who said that they found symptoms of the menopause extremely problematic at work were however less likely to be satisfied at work than respondents for whom symptoms were less problematic. 70% of respondents who found symptoms of the menopause not at all or a little problematic at work reported that they were satisfied in their jobs. This compares to 59% of respondents who said that they found their symptoms moderately problematic and 46% of respondents who found their symptoms extremely problematic.

Chart 7: Overall how satisfied are you within your job?

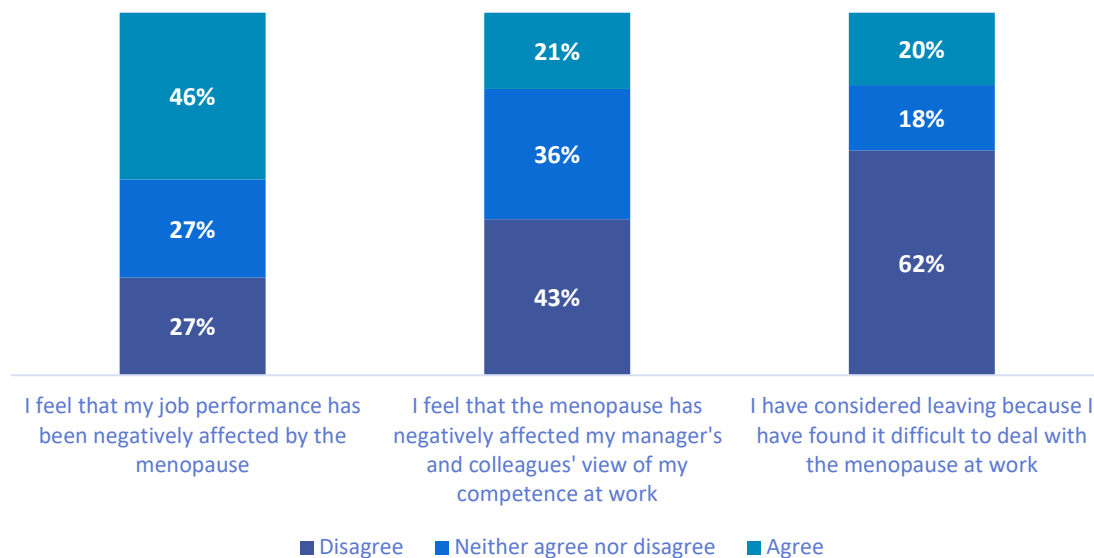


Almost half of respondents (46%) felt that their job performance had been negatively affected by the menopause, although respondents who said that they found symptoms of the menopause extremely problematic were much more likely to feel that their performance had been negatively affected. Almost three quarters of this group (73%) felt that their job performance had been affected.

It was much less common for respondents to feel that the menopause had negatively affected their manager’s and colleagues’ views of their competence at work, with only 21% of respondents overall reporting this to be the case (for respondents who found the menopause extremely problematic this still fell well short of a majority at 39%). This perhaps suggests that whilst respondents felt that their performance had been affected, they were making efforts to ensure that this negative effect was not seen by those they worked with.

A somewhat higher proportion of police officers felt that the menopause had a negative impact on their job performance compared to police staff (52% and 41% respectively). Moreover, police officers were slightly more likely to feel that the menopause had a negative impact upon their colleagues’ and manager’s perceptions of their performance (25%, compared to 18% of police staff).

Chart 8: Experiences of work as a result of the menopause



One in five respondents overall (20%) said that they had considered leaving because they have found it difficult to deal with the menopause at work. Again police officers were slightly more likely to consider leaving (23%) than police staff (18%); but once more, the extent to which respondents found symptoms to be problematic was the biggest predictor. **More than two out of every five respondents (44%) who said that they found the symptoms of the menopause extremely problematic said that they had considered leaving because they found it difficult to deal with the menopause at work.**

Finally, **46% of respondents said that they were less likely to consider promotion or progression opportunities** than before they began to experience symptoms of the menopause; increasing to 63% of respondents who found the symptoms of the menopause to be extremely problematic at work. For police officers and police staff, these proportions were relatively similar at 48% and 44% respectively.

5.3. Disclosure and management support

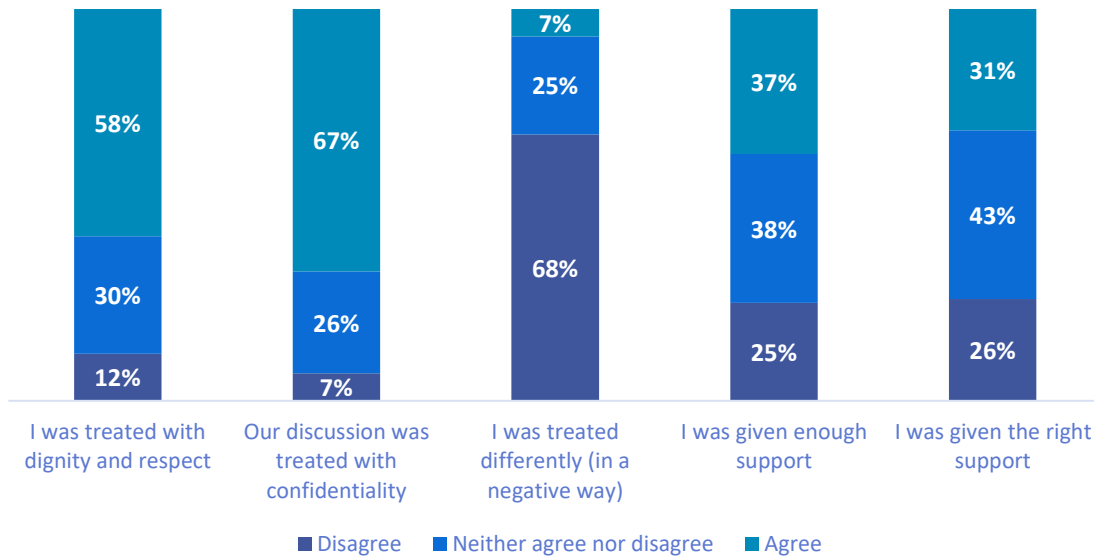
Respondents were asked about whether or not they had disclosed to their line manager that they were experiencing symptoms of the menopause. **There was a relatively even split between those respondents who had (47%) and who had not (51%) disclosed to their manager that they were experiencing symptoms** (the remainder did not feel this was applicable to them).

The most **common reason for respondents' disclosure to their line manager was that they were having difficulty coping with their symptoms (71%)**. Other common reasons included that they were worried about the effect of symptoms on their work performance (67%), to account for changes in their behaviour (60%) and because their symptoms were obvious (58%). Only 16% of respondents said that they had disclosed to their manager that they were experiencing symptoms of the menopause because they wanted to be referred to Occupational Health.

Overall, **a majority of respondents who did choose to disclose to their line manager that they were experiencing symptoms of the menopause did not appear to have been treated negatively or detrimentally following their disclosure**. Over two thirds who did disclose to their manager said that their discussion was treated confidentially and that they were not treated differently (in a negative way). Moreover 58% said that they were treated with dignity and respect. It is of note however that **a significant minority – equivalent to around one in eight respondents (12%) – who did disclose to their line manager said that they were not treated with dignity and respect**. In addition, around one in four said that they were not given enough support or the right support. Only around a third actively agreed that they were given the right support.

Police officers were more likely to report that they had not been treated with dignity and respect compared to police staff (15% compared to 10% respectively). They were also more likely to feel that they were not given enough support (31% compared to 20% of police staff) and not given the right support (31% compared to 21% of police staff).

Chart 9: Treatment after talking to line manager



Respondents who did not disclose to their line manager that they were experiencing symptoms of the menopause were asked why they had decided not to disclose. Respondents' comments often highlighted that they saw it as a personal matter, and had not discussed with their line managers because it was not affecting their work performance. A number of respondents did however indicate that they would be embarrassed to discuss their symptoms with their line manager, or that their line manager would not understand. There were also concerns amongst some respondents that they would be treated differently in a negative way if they did disclose. Often respondents highlighted that their line manager was male and sometimes younger than them, which they also saw as an additional barrier to disclosure.

“It's a personal matter, not affecting my work performance so no reason to discuss.”

“Too embarrassed or they will think I am making an excuse for any dip in performance. I do not want to be singled out as no one else has mentioned it.”

“Didn't feel that I would get any support and don't really think they are approachable. It is a case of 'just get on with it' as most women have to go through it.”

“They already believe I have lost confidence and doubt my ability I don't have confidence they will understand and will only see this as a form of weakness rather than support my needs.”

“Both my first and second line managers are male, I don't feel comfortable talking about an issue as private as this with them. Menopause is not something which we freely talk about inside the workplace and its only through experiencing the symptoms that you realise just how impactful it is upon your professional life. I wouldn't want people thinking I am making excuses if I am off my game.”

“I currently do not have one and the one I did have before she moved wouldn't be remotely interested in my personal/medical issues. I believe as she is younger than myself she wouldn't necessarily understand what happens when you are going through the menopause. I would love it to be mandatory for all line managers to have training on the subject.”

Another less frequent, but nonetheless important, barrier to disclosure was amongst respondents who did not fit the “stereotype” of who experienced the menopause. Comments from transgender men and younger women for example, highlighted the impact that this could have on preventing disclosure.

“Embarrassment. The fact that my age people didn't believe me even though have a family history of early menopause.”

“All menopause support is directed at older women, including originally this very survey. Men are not permitted -- either literally, or socially -- to seek menopausal support. Doing so would have forced me into a position of repeatedly coming out as transgender and explaining how the menopause is possible for me. It was very

upsetting to repeatedly see something I was going through described as a women's issue and support being offered only for women. Even challenging that is deeply upsetting as it forces engagement with posts like women's officer, women's network, etc., which created a feeling of persistent and aggressive hostility towards my gender identity. It would have made me feel much worse to engage with any of that, so I instead either said nothing at all, or feigned illness as the explanation for the things I couldn't hide. It made going through it much, much harder - especially as I went through it twice due to different stages of medical transition."

Respondents were also asked about other people or groups that they had told they were experiencing symptoms of the menopause. **A large majority of respondents (75%) had disclosed to their colleagues that they were experiencing symptoms of the menopause.** Other than disclosure to friends and family (91%), colleagues were the group respondents were most likely to tell that they were experiencing symptoms of the menopause; even more so than a medical professional outside the police (73%).

Disclosure to departments such as Occupational Health and Human Resources was much less common as seen in Table 2. Taken together with findings in Section 5.4 below that menopause-related absence is under-reported and under-recorded, this suggested that there may not be full awareness amongst Occupational Health and HR of the scale of the impact that the menopause has within the police service.

Rates of disclosure were broadly similar across police officers and police staff. For instance, 46% of police officers and 48% of police staff said that they had told their line manager, 72% of police officers and 78% of police staff had told their colleagues and 7% of police officers and 6% of police staff had told their HR department. Police staff were however slightly less likely to have talked to their Occupational Health department about their symptoms of the menopause compared to police officers (14% and 26% respectively).

Table 2: Disclosure of menopause

Your line manager	47%
Occupational Health	20%
Human Resources	7%
Your colleagues	75%
A more senior officer/member of staff who is not your line manager	18%
The people you manage	44%*
A medical professional outside of the police service	73%
A formal menopause support network outside of the police service	5%
Your friends and family	91%

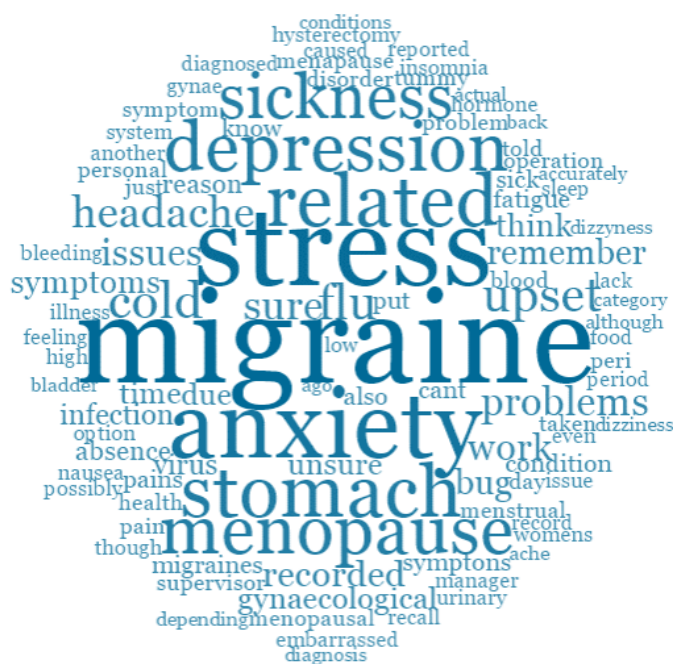
* Respondents with managerial responsibilities only

5.4. Absence due to symptoms of the menopause

More than one in six respondents (18%) said that they had taken sickness absence because they were experiencing symptoms of the menopause. Of those respondents who had taken sickness absence, 44% had not told their line manager the real reason for their absence.

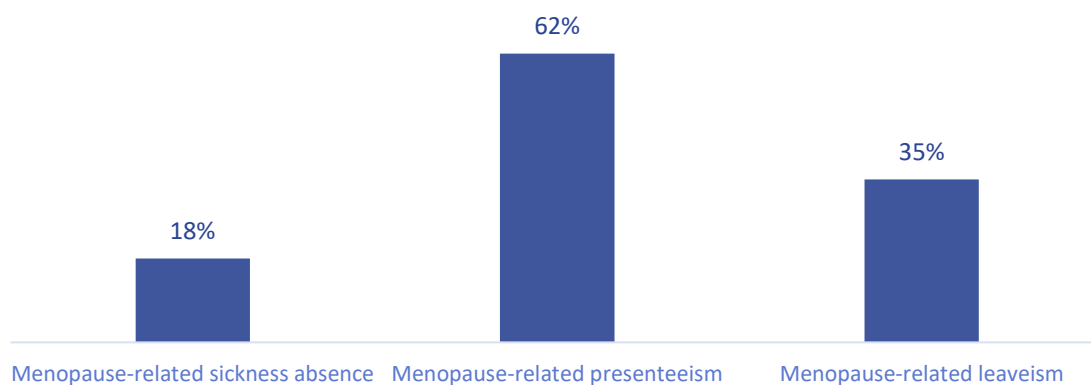
Whilst sickness absence due to menopause symptoms was not very common, inaccurate reporting of sickness absence was. **Amongst respondents who had told their line manager they had been absent due to the menopause, just 9% said that their absence had been recorded accurately** (e.g. as menopause-related absence). 27% were unsure of how their absence had been recorded, but 64% knew that it had been recorded inaccurately. Respondents were asked to tell us how their absence had been recorded (if not as menopause-related absence). Responses highlight a range of different recording practices, however menopause-related absence that was not accurately recorded was most commonly recorded as a migraine or an upset stomach instead. Respondents often said that this was recorded as non-specific “gynaecological problems”. A substantial number of respondents said that their absence was recorded as stress, anxiety or depression.

Figure 1: Word cloud of most common inaccurate recording of menopause related absence



Although respondents who had taken sickness absence because they were experiencing symptoms of the menopause were in the minority, **62% of respondents said that they had attended work despite feeling that they should have really taken sick leave because of their symptoms** (i.e. menopause-related “presenteeism”). In addition, **35% had taken annual leave or rest days to take time off because they were experiencing symptoms of the menopause** (i.e. menopause-related leaveism).

Chart 10: Absence from work due to symptoms of the menopause



The rates of menopause-related sickness absence amongst police officers and police staff were relatively similar, at 19% and 18% respectively; as were the proportions of officers and staff whose absence were reported as menopause-related to their line manager (45% and 44% respectively). The proportion of police officers whose absence was inaccurately recorded (66%) was slightly higher than amongst police staff (61%); as was the proportion of police officers who reported menopause-related presenteeism (66% compared to 58% of police staff), and menopause-related leaveism (38% compared to 33% of police staff).

What these findings primarily demonstrate, however, is **that inaccurate sickness absence reporting and recording, menopause-related presenteeism and menopause-related leaveism are relatively ubiquitous within the police service** (amongst both police officers

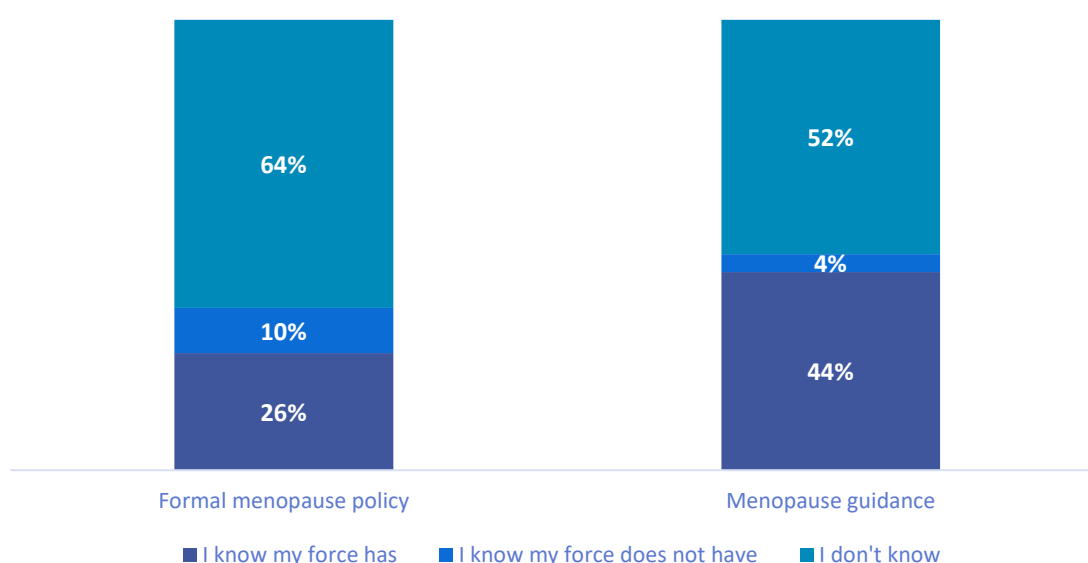
and police staff); and potentially demonstrate a substantial underestimation of the occupational health impact that the menopause has within the police service.

6. Experiences and awareness of managers

6.1. Availability and awareness of policy and guidance

Amongst managers there was often a lack of awareness regarding menopause policies and guidance. **64% of managers said they did not know whether or not their force had a formal menopause policy**, and **52% said that they did not know whether their force had formal guidance**. 26% of managers said that their force did have a formal policy; whilst awareness of guidance was slightly more common at 44%.

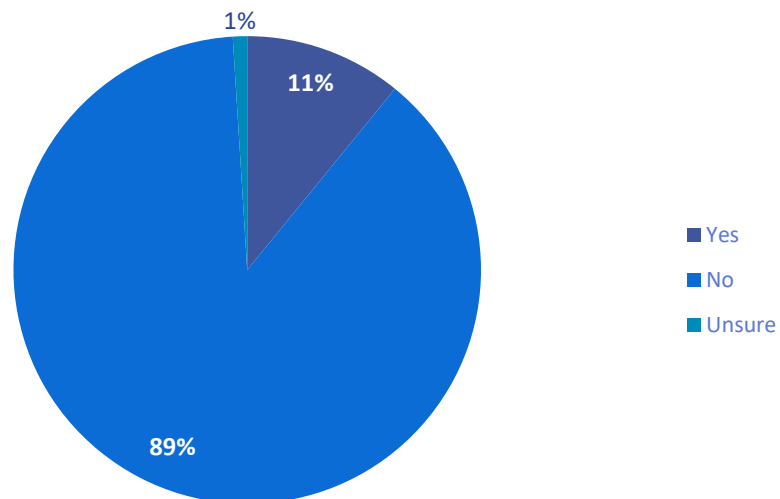
Chart 11: Force menopause policy and guidance



Whilst many were not aware of policy or guidance, **a large majority of managers said that they would find it useful to have a policy (67%) and, in particular, guidance (75%) on management of the menopause at work**. Moreover, amongst respondents who said that their force did have guidance on management of the menopause at work, 65% said they had found the guidance either somewhat or very useful.

Very few managers said that they had been given any training on how to support someone going through the menopause; around one in ten said that they had received training, compared to almost nine out of ten who had not received any training. Those who had received training generally rated the training positively: 71% said that the training was either good or very good, compared to just 4% who felt the training they received was poor or very poor.

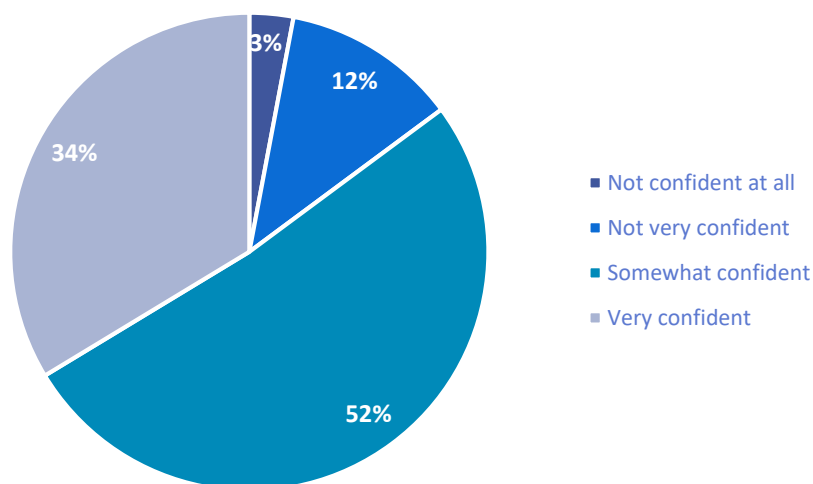
Chart 12: Have you been given training on how to support someone going through the menopause?



6.2. Confidence to support someone going through the menopause

Despite a majority of respondents not having access to policy, guidance or training, managers generally reported being confident in their ability to support someone they line managed who was going through the menopause. **Just over a third of managers who responded to the survey said that they would be very confident in their ability to support someone going through the menopause;** contrasting with 15% who said that they would either be not at all or not very confident that they would be able to support them.

Chart 13: How confident would you be in your ability to support someone you line manage who was going through the menopause?



It is notable that around 44% of survey respondents who answered questions pertinent to managers also said that they had either been through or were going through the menopause. It is therefore plausible that levels of awareness of menopause policy, guidance and training on the menopause as well as confidence in being able to support someone going through the menopause were influenced by managers' own personal experience. We interrogated this further and found that **personal experience of the menopause created a small boost in awareness regarding the availability of policy and guidance, however this effect was only slight.**

For instance, 58% of respondents with personal experience of the menopause said that they were not aware if their force had a policy on the menopause, compared to 69% who had not personally experienced the menopause. Similarly, 47% of respondents with personal experience of the menopause said they were not aware if their force had published guidance on managing the menopause, compared to 56% who did not have personal experience of the menopause.

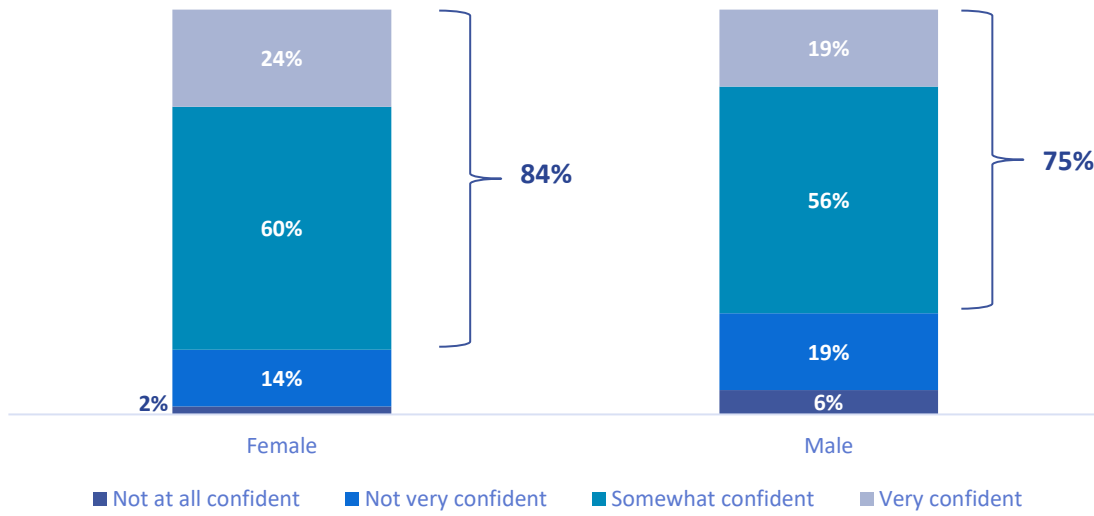
Moreover, there was little to suggest that personal experience was seen as a substitute for formal guidance regarding the menopause. Managers who had personally experienced the menopause were in fact more likely to say that they would find it useful to have guidance on how to support someone going through the menopause (81%) compared to those who hadn't (70%).

Personal experience of the menopause was also associated with a slight boost in respondents' confidence in their ability to support someone they line managed going through the menopause. **Whilst 78% of respondents with no personal experience of the menopause said that they felt somewhat or very confident in their ability to support someone going through the menopause, 94% of respondents who had gone through or were going through the menopause said that they felt confident.**

Female managers without personal experience of the menopause were also slightly more likely to feel confident of their ability to support someone going through the menopause than male line managers, although the size of the differences between these groups was relatively small. Similarly, differences between the confidence of police officers and police staff were small, with 84% of police officers and 89% of police staff saying that they would feel somewhat or very confident in their ability to support someone they line managed who was going through the menopause.

It must be remembered that, as reported in Section 5.3 above, only around a third of respondents who disclosed to their line manager that they were experiencing symptoms of the menopause agreed that they received enough support and the right support. This may suggest some discrepancy between the confidence of line managers to provide support and the actual experience of people going through the menopause, which may be important to recognise going forward.

Chart 14: Confidence in ability to provide support of line managers without personal experience of the menopause

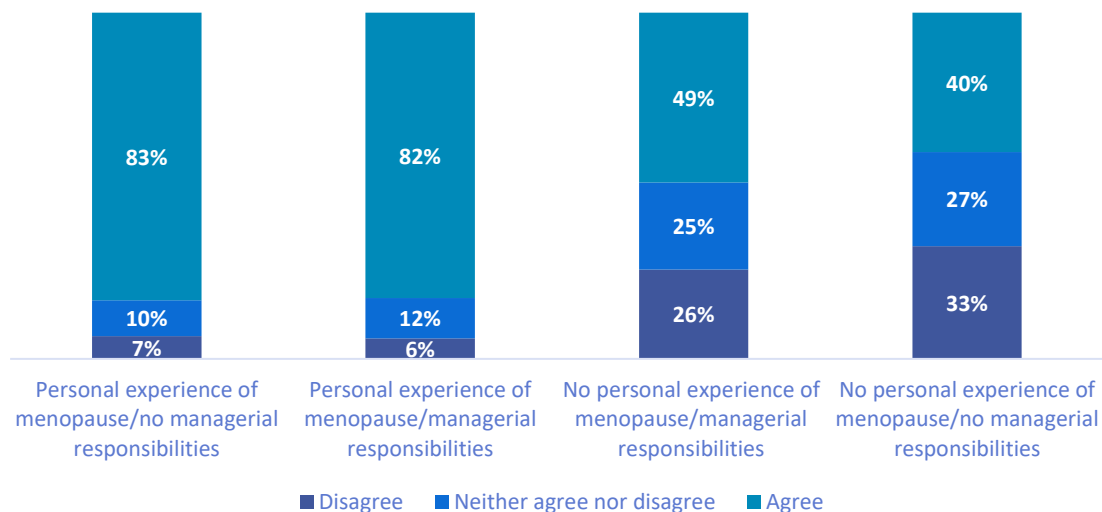


7. Awareness of and attitudes towards the menopause across the police service

A final section within the Menopause Survey focussed on awareness of, and attitudes towards, the menopause more generally. These questions were open to everyone who completed the survey. This also included officers and staff who were neither managers nor had gone through or were going through the menopause.

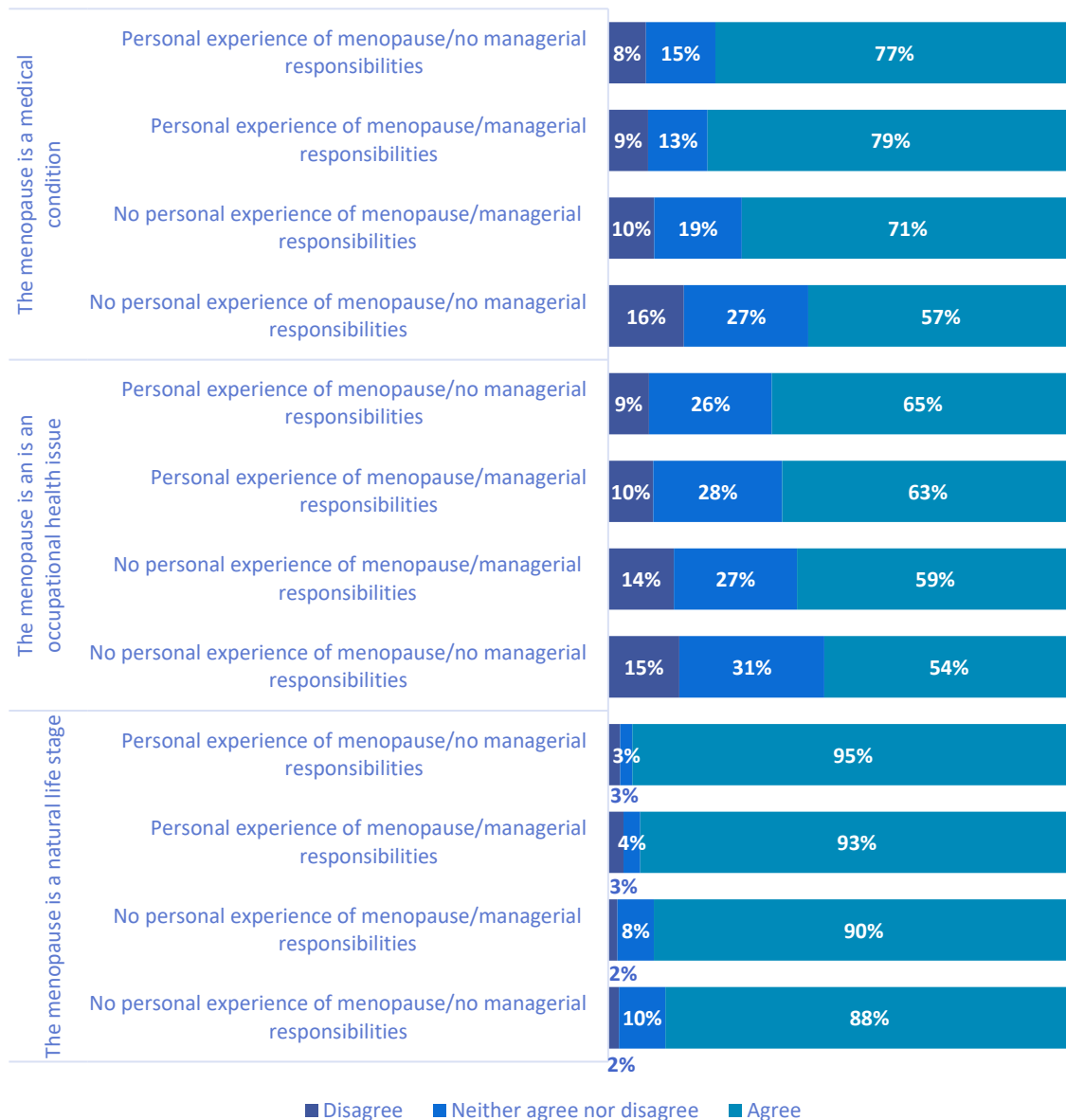
As would perhaps be expected, respondents who had personal experience of the menopause were substantially more likely to feel that they had a good level of awareness of the menopause compared to respondents without personal experience. Amongst respondents without personal experience of the menopause, managers were slightly more likely to feel that they had a good level of awareness compared to respondents without managerial responsibilities, however this difference was much smaller. Amongst this group, 49% of managers and 40% of non-managers felt that they had a good level of awareness.

Chart 15: I have a good level of awareness about the menopause



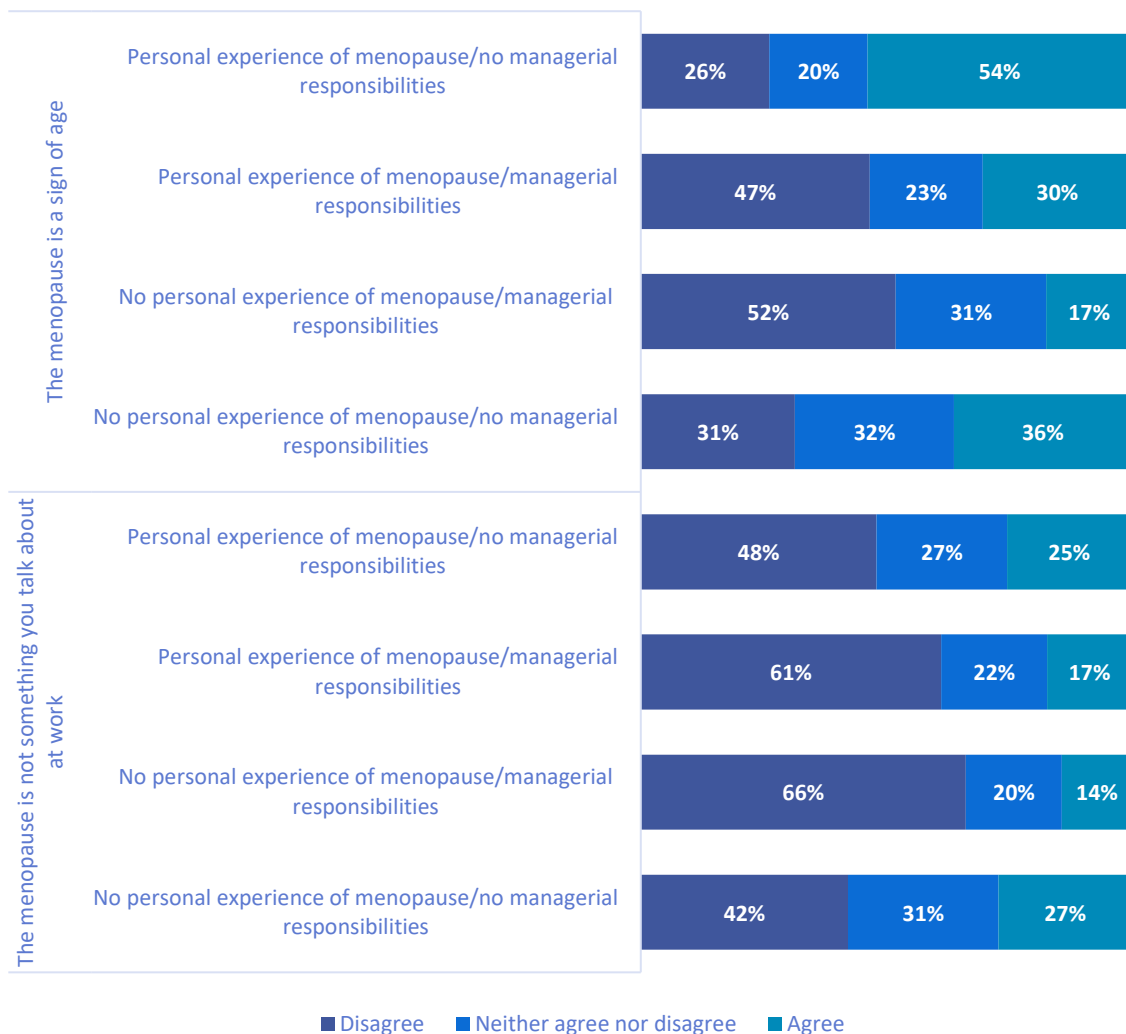
Almost all respondents felt that the menopause was a natural life stage. In addition, a majority of respondents, regardless of whether or not they had personal experience of the menopause or managerial responsibilities, said that the menopause was a medical condition and that it was an occupational health issue. Again, non-managers without personal experience of the menopause were least likely to agree with these statements. However, even amongst this group, only 16% disagreed that the menopause was not a medical condition and 15% did not feel it was an occupational health issue.

Chart 16: Attitudes towards the menopause



Notably, **respondents with personal experience of the menopause were much more likely to see the menopause as a sign of age compared to those without personal experience.** Overall 48% of respondents with personal experience of the menopause felt it was a sign of age. This was particularly common amongst non-managers with personal experience of the menopause (54%). This statistic corresponds with respondents' comments within the survey, for instance in relation to reasons for not disclosing to their line manager. However, this contrasts sharply with the 17% of managers without personal experience of the menopause who saw the menopause as a sign of age.

Chart 17: Attitudes towards the menopause (continued)



Managers were also more likely than respondents without managerial responsibilities to feel that the menopause was something that should be talked about at work. 61% of managers with personal experience of the menopause, and 66% of managers without personal experience of the menopause said they disagreed with the statement “the menopause is not something you talk about at work”. This compares with 48% of non-managers who had personal experience of the menopause and 42% of non-managers without personal experience of the menopause. This can be seen as a positive finding, potentially signalling a greater openness to discuss the menopause at work than there has been in the past. However importantly, it also highlights the importance of sensitivity from line managers, particularly when their attitudes towards the menopause differ from the people they line manage.

8. Conclusion

Although the findings in this survey may not come as a surprise to the many people within the police service who have gone through or are going through the menopause, for the first time we have been able to obtain national empirical evidence to demonstrate the impact of the menopause within the police workforce in England and Wales. For instance, the survey results showed that more than three quarters of people who either had gone through or were going through the menopause found their symptoms to be either moderately or extremely problematic at work. Furthermore, one in five survey respondents had considered leaving because they found it so difficult to deal with the menopause at work, jumping to more than two in five when respondents found their symptoms extremely problematic.

These findings highlight how common it is for the menopause to have a big impact on people's working life within the police service. Put another way, our findings indicate that for every four members of the police workforce who go through the menopause, at least three of them will find their symptoms either moderately or extremely problematic. Given that the menopause is a natural and inevitable stage of every woman's life, problematic menopause symptoms cannot be seen as a niche issue. Instead they should be given due recognition as an important occupational health concern within the police service.

The survey also demonstrated the high prevalence of symptoms such as tiredness and sleep disturbances amongst respondents. These symptoms can of course be difficult and distressing for anyone, regardless of their job. However we know from other research within a policing context (for instance the Police Federation's Demand, Capacity and Welfare survey⁶), that levels of fatigue within the police service are already worryingly high. There is therefore a clear risk that tiredness, sleep disturbances and related symptoms resulting from the menopause could exacerbate or compound existing levels of fatigue.

Similarly, we also found that symptoms of the menopause linked to respondents' psychological wellbeing were common within our sample; in particular, lower confidence, feeling low or depressed and, to a slightly lesser extent, anxiety and panic attacks. Again, existing research suggests that the mental wellbeing of the police population may already be poorer than the general population⁷. Thus for people going through the menopause there

⁶<http://www.polfed.org/documents/DemandCapacityandWelfareSurveyHeadlineStatistics2018-06-02-19-V1.pdf>

⁷ Ibid.

could be a heightened risk of experiencing problematic psychological symptoms in a work context where poor mental wellbeing is already widespread.

This illustrates why it is vital to ensure that effective support and adjustments are in place for people who go through the menopause within the police service. Moreover, at present there are a number of ongoing reviews of welfare within the police service, including as part of the Home Office's Frontline Review of Policing. We would like to see potentially exacerbating factors such as the menopause taken into account within these reviews, and in the recommendations and actions that result from them.

It is also important to note that we found a high degree of under-reporting and under-recording of menopause-related symptoms within the survey. A majority of people who said that they had taken sickness absence due to the menopause had not told their line manager the real reason for their absence. Even if they did report their absence accurately, the survey findings show that it was unlikely to have been recorded accurately. In addition, more than a third of people had used annual leave or rest days to take time off due to the menopause, and just under two thirds had come into work despite feeling they should have taken sick leave due to the menopause. Together this all suggests that forces, and the police service as a whole, will have underestimated the true impact that the menopause can and is having on the police workforce. We therefore believe that more work is needed within many forces to understand the full effect that the menopause is having upon people within the police service.

Arguably there are also some positive findings coming out of this survey. For instance, more than eight in ten managers felt at least somewhat confident that they would be able to support someone going through the menopause. A majority of managers surveyed also saw the menopause as an occupational health issue that should be discussed openly at work. This shows that there is a willingness amongst many managers to ensure that the people they supervise are provided with appropriate guidance and support regarding the menopause. It must be noted however that there was a lower response rate within the survey amongst managers than amongst people who had gone through the menopause. Consequently, there may be many managers whose knowledge and awareness of the menopause remains limited and who chose simply not to engage with a survey on this topic. In light of this we believe that there is still much work to be done to ensure that every manager within the police service has the knowledge and confidence to support someone they line manage who is going through the menopause.

In conclusion, the Menopause Survey has demonstrated the extent to which symptoms of the menopause can affect the working lives of police officers and police staff. An essential next step is to put in place the support mechanisms and adjustments needed to recognise and,

wherever possible, lessen the impact on those affected. PFEW, UNISON, the PSA, the NPCC, the College of Policing, HMICFRS and the Home Office have jointly published guidance to provide advice and guidance for women going through the menopause, and to assist managers supporting individuals in the workplace. As a minimum, all forces should be making use of this guidance going forwards to address the issues that we have identified within the survey. Whilst some forces have been proactive in providing support on these issues, a majority of the managers we surveyed reported that they did not have access to training, policy and guidance on managing the menopause at work. We hope that the new guidance will go some way towards tackling this shortcoming.

9. Acknowledgements

The Menopause Survey was a collaborative project which involved the engagement and support of many organisations and stakeholders across policing. The reach and impact of survey would not have been possible without these people and the Police Federation of England and Wales would therefore like to thank all members of the Menopause Action Group, everyone involved in the working group as well as UNISON, the British Transport Police Federation, the Police Superintendents' Association and the National Police Chiefs' Council.

The Police Federation of England and Wales would also like to extend our gratitude to our colleagues at the Police Federation of Northern Ireland, whose own Menopause Survey informed a number of the questions used within the current survey, and who provided invaluable insight from their own study to help improve and advance our research project. We finally wish to thank Professor Amanda Griffiths from Nottingham University. Professor Griffiths' own research on the menopause within the police service was again invaluable in the design of our survey, but we also wish to thank her for the advice and support that she has given throughout the project.

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