

Wales
TUC
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A photograph of two women in a professional setting. The woman on the left has short, grey hair and is wearing a light blue button-down shirt. She is looking towards the woman on the right. The woman on the right has long, brown hair and is also wearing a light blue button-down shirt. They are sitting at a desk with a laptop, a pen holder, and some papers. The background features a brick wall and some potted plants.

The menopause in the workplace

A toolkit for trade unionists
Wales TUC Cymru

About the menopause toolkit and course for union reps

The aim of this toolkit is to provide information to help union officers and reps in Wales to represent members affected by the menopause. It aims to help reps in recognising and addressing the workplace issues that can worsen women's symptoms. It provides tools and ideas to help union reps to campaign on the health and safety and equality issues surrounding the menopause. This toolkit is also a resource for the Wales TUC's Menopause Awareness in the Workplace course.

The toolkit and course have been developed by the Wales TUC in response to the survey carried out by the Wales TUC and the Women's Equality Network (WEN) Wales. The survey found that many women want to see a change in the way the menopause is treated at work.

The Wales TUC exists to make the working world a better place for everyone. We want Wales to become a fair work nation.

Over half of all trade union members are women, and with 49 member unions and over 400,000 members in Wales, the Wales TUC has a key role in raising issues that affect women in the workplace.

We support unions to grow and thrive, and we stand up for everyone who works for a living. Join us.

Menopause Awareness in the Workplace course

This two-day course has been designed for trade union reps and aims to create greater awareness of the menopause as a workplace issue.

The course is for all union reps and aims to:

- Create awareness of the menopause and the symptoms women can experience
- Help reps consider various workplace factors that may negatively impact on workers experiencing the menopause
- Consider practices and environments within the workplace that may put the health and safety of menopausal women at risk and/or may be considered discrimination against workers experiencing the menopause
- Consider best practice for workplaces and unions to tackle the workplace issues facing workers experiencing the menopause.

Contact wtuceducation@tuc.org.uk for information about courses running in your area.



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The menopause in the workplace

Around 1 in every 3 women has either experienced or is currently going through the menopause.

Women make up nearly half of the Welsh workforce and with increasing numbers of older workers, many more women are now working through and well beyond the menopause.

Although some women do not experience difficulties as a result of the menopause, around 8 in every 10 women will experience noticeable symptoms and of these 45 per cent will find their

48%

Women make up nearly half of the Welsh workforce



symptoms hard to deal with. Many women report that workplace environments and practices can make symptoms worse.

The menopause has traditionally been seen as a private matter or 'a women's issue' and is often not a topic which is discussed openly or which has been taken into account in the design of workplaces and working practices.

Employers, even in workplaces dominated by women workers, have been slow to recognise the menopause as an issue, and that those going through the menopause might need additional consideration or adjustments. In many cases the menopause is still not recognised as a workplace issue by managers. Consequently, many women feel they have to hide their symptoms or only talk about them in a humorous way. This means many are unable to access the adjustments they need. In some cases women report feeling forced to leave the workforce altogether due to a lack of support.

In 2016, the Wales TUC carried out a major survey of almost 4000 workers on this issue. The survey clearly touched a nerve – in fact, we have never received such an overwhelming response to a survey. It found that almost 9 out of 10 of those with direct experience of the menopause felt that it has an effect on working life. Significant numbers of those responding to the survey also reported witnessing the menopause being treated negatively or as a joke within their workplaces. The survey showed that only a very small number of workplaces have policies in place to support women who experience difficulties during the menopause. This needs to change.

Unions have a key role to play in raising awareness of the menopause as a workplace occupational health issue. Union reps can use this toolkit as a resource to help support members working through the menopause and press employers to take action to address the health and safety and equality issues linked to the menopause.

What is the menopause?

Natural menopause

The menopause is part of the natural ageing process for women. Commonly known as 'the change', it refers to the point in time when a woman stops having periods. It is defined as when menstruation has ceased for twelve consecutive months and a woman has reached the end of her reproductive life. This is known as a 'natural menopause', when the ovaries have stopped producing eggs and hormones fall below certain levels. After a woman has not had a period for a year, she can be described as 'post-menopausal'.

The menopause usually occurs between the ages of 45 and 55. In the UK, the average age is 51, but it can happen much earlier. Many women experience the menopause before 45 (**early menopause**) and a significant number of women experience the menopause before the age of 40 (this is known as a **premature menopause** or **premature ovarian insufficiency**).

Premature menopause

The NHS estimates that around 1 in every 100 women will experience a premature menopause, before the age of 40. In some cases it can happen to women in their teens or twenties. In many cases there is no clear cause of a premature menopause.

Medical or surgical menopause

Some women experience a medical or surgical menopause which can occur suddenly at any age when the ovaries are damaged by specific treatments such as chemotherapy, radiotherapy or surgery. This can happen as a result of cancer treatments, for example. A surgical menopause can also occur when a



The menopause usually occurs between the ages of 45 and 55. In the UK, the average age is 51, but it can happen much earlier. Around 1 in every 100 women will experience a premature menopause, before the age of 40.

woman's ovaries are removed as part of a hysterectomy.

Peri-menopause

The **peri-menopause** is the period of hormonal change leading up to the menopause. This is the time when many women start to experience symptoms. The peri-menopause can often last for four to five years although for some women it may continue for many more years or for others last just a few months.

In general, periods usually start to become less frequent over this time, sometimes menstrual cycles become shorter, periods may become heavier or lighter or women may notice that the odd period is missed until eventually they stop altogether. However, sometimes they can stop suddenly.

What are the symptoms?

During the time of the peri-menopause women may begin to experience symptoms due to changes in their hormone levels. The severity of these symptoms may vary in different individuals from mild to very significant.

Women may find that their symptoms change and other symptoms may develop over time. Symptoms women commonly report can include:

- hot flushes and palpitations
- night sweats (increased sweating may also be experienced during the day)
- insomnia and sleep disturbances
- fatigue
- poor concentration
- headaches
- joint aches
- skin irritation and dryness
- dry eyes
- urinary problems
- hair loss
- changes to periods such as irregular, heavy bleeding or painful periods
- vaginal dryness, itching and discomfort
- loss of libido

There may also be associated psychological symptoms including:

- depression
- anxiety
- panic attacks
- mood swings
- irritability
- problems with memory
- loss of confidence

Because they may still be having regular periods when they first start to get symptoms, many women do not always realise that they are experiencing the peri-menopause and may not understand what is causing their symptoms. This can be a barrier to accessing support.

Women may experience only some or all of these symptoms, and some may experience other, less common symptoms that don't appear on this list. Around 80 per cent of women will experience noticeable symptoms but some women do not experience any.

Many women do not always realise that they are experiencing the peri-menopause and may not understand what is causing their symptoms. This can be a barrier to accessing support.

Interconnection of symptoms

Many women find that their symptoms are interconnected. For example, sleep disturbance can be caused by night sweats or anxiety women feel during the menopause. Sleep loss itself can lead to irritability, lack of concentration and may worsen depression.

How long do symptoms of the menopause last?

The length of time that symptoms last can vary significantly between different women.

Menopausal symptoms can begin months or even years before a woman's period stop, during the time known as the peri-menopause (the time of hormonal change leading up to the menopause). The peri-menopause often lasts around 4 to 5 years, but in some cases it can last many more years or it may only last a few months.

According to the NHS, on average, women continue to experience symptoms for four years after their last period, but around 10 per cent of women continue to experience symptoms for up to 12 years after their last period.

Beyond the menopause, due to lower levels of certain hormones, post-menopausal women can be at an increased risk of certain conditions such as developing osteoporosis ('brittle bones') and heart disease. These risks increase for women who have had an early or premature menopause.

HRT and other treatments for the menopause

Some women seek medical advice and treatment

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for the symptoms of the peri-menopause and menopause. A common form of treatment is known as hormone replacement therapy (HRT). Many women find these treatments helpful for alleviating symptoms, but as with all medications there are benefits and risks and HRT is not suitable or appropriate for all women. Medical advice and supervision is required and side effects can be experienced.

Whilst many women report finding HRT very effective, some women find that the side effects of HRT can also cause problems at work. Side effects that women report include:

- bloating
- breast tenderness or swelling
- swelling in other parts of the body
- nausea
- leg cramps
- headaches
- indigestion
- vaginal bleeding

Women experiencing side effects as a result of HRT may also need adjustments at work or time off to attend appointments.

HRT can cause increased health risks for certain women (these are the subject of ongoing research and debate not discussed here – women are advised to seek advice from their GP or other suitably qualified medical professional). For these and other reasons, not all women who experience symptoms will want to use HRT.

In some cases women may receive treatments for specific symptoms they experience - for example Cognitive Behavioural Therapy (CBT) can be used to treat anxiety or low mood, anti-depressants may be prescribed for depression or other medications used to treat hot flushes.

Some women use complementary or alternative therapies but the NHS does not recommend these because it says it is 'generally unclear how safe and effective they are'. Some remedies can also interact with other medications and cause side effects.



Who is affected?

Often, people assume that the menopause mainly affects women in their late forties or early fifties. Although it is true that the menopause *usually* occurs in women between the ages of 45 and 55, this is just an average as many women experience the menopause at a younger age due to an early, premature, surgical or medical menopause. It is important to remember that many trans people also experience the menopause.

How many people are affected?

The menopause affects all women at some stage, be that earlier or later in life, and it can often indirectly affect their partners, families and colleagues as well. In the UK it is estimated that 13 million or around 1 in 3 women are either currently going through or have reached the menopause.

Many women experience the menopause at a younger age due to an early, premature, surgical or medical menopause.

In Wales, women aged 16-64 make up nearly half (48 per cent) of the Welsh workforce. Around 47 per cent of working women are over 50 – so that means around 216,000 workers in Wales are at an age where they are likely to be experiencing the peri-menopause or to have reached the menopause.

However, estimating the numbers of women affected based on the number of women in the workforce aged over 50 can result in a significant underestimate. If the average age of the menopause is 51, many women will already be experiencing symptoms of the peri-menopause in their mid to late forties. These numbers also do not take into account the many younger women who experience an early, premature, surgical or medical menopause.

There are also many younger women receiving treatments for common conditions such as endometriosis (estimated to affect around 1 in 10 women of reproductive age) and infertility (which affects around 1 in 7 couples). Although strictly

speaking these women may not be menopausal, many of them will experience a temporary 'artificial' menopause and menopausal symptoms whilst receiving treatments which may be carried out over weeks, months or years intermittently.

It is difficult to gauge statistically the number of



people who experience the menopause from the non-binary, transgender or intersex communities. In some cases, trans people may be affected by menopausal symptoms due to the natural menopause process, or treatments or surgeries. It should be noted that due to a variety of factors, the experience of the menopause may be different

for those among these communities. Experiences and perceptions of the menopause may also differ in relation to disability, age, race, religion, sexual orientation or marital/civil partnership status. It is important to recognise that for many reasons, people's individual experiences of the menopause may differ greatly.



How the menopause can affect different people – including people with ‘protected characteristics’

There are many different factors and personal circumstances that may affect how someone experiences the menopause.

It is important for union reps to be aware of how the experience of the menopause may vary for different people, particularly those with certain protected characteristics. (The Equality Act sets out nine ‘protected characteristics’, which are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation).

This section gives some examples of how certain groups of people (including some with protected characteristics) may be affected by the menopause. It is not a comprehensive list but aims to give an idea of the diversity of people’s experience. In every case it is important not to make any assumptions and listen to the needs and experience of the individual concerned.

It is also important to recognise that some people may have more than one protected characteristic and they may therefore experience multiple levels of barriers and discrimination.

Trans people and the menopause

TUC guidance states: “The word “trans” or “transgender” is widely used to include all people who believe that the gender that they were assigned at birth is wrong and who want to live in the gender with which they identify. While this transition may involve corrective surgery or hormone therapy, many trans people choose to live permanently in their acquired gender without any medical or surgical procedures. People who feel that their gender identity is different from the one they were given at birth are sometimes described as having “gender dysphoria”, but because different people feel it in

different ways, not everyone with gender dysphoria will decide to have a permanent or full-time change of gender, or medical treatment.

“In addition there are people who do not identify with either gender or who choose to identify with one gender but dress as another, either temporarily or permanently. Some of these people may identify as “non-binary”.

“The important thing to remember is that the word “trans” covers a wide range of experiences and every trans person is different, so some trans people will describe themselves by another term such as “transgender” or “transsexual”. Other people may decide they do not fit into any category and could prefer to use another description such as “non-binary”. In addition there are people who are born as “intersex”. They are not trans but often experience discrimination.”

Trans men (those who identify as male, but were assigned female at birth) will experience a natural menopause if their ovaries remain in place and no hormone therapy is given. Trans men will also experience menopausal symptoms if the ovaries and uterus are surgically removed (this may happen at an earlier age than commonly happens with a natural menopause). Symptoms may be reduced or complicated if hormone therapy (such as the male hormone testosterone) therapy is in place.

Trans women (those who identify as female, but were assigned male at birth) undertaking hormone therapy will usually remain on this for life, and should generally experience limited ‘pseudo’ menopausal (menopausal-like) symptoms - unless hormone therapy is interrupted or hormone levels are unstable. Such treatment interruptions however can be a common experience for trans women (and trans men).

Negative and discriminatory attitudes may also make it more difficult to disclose difficulties or ask for adjustments. A recent TUC survey of LGBT+ workers found that almost half of trans people (48 per cent) have experienced bullying or harassment at work.

Trans people report that for those with unstable hormone levels, access to local services that responsively and proactively monitor and manage hormone levels is currently lacking. As such, many trans people are likely to experience at least some menopausal symptoms. How a trans person experiences symptoms in later life may vary depending on the age at which they transitioned and when in time that was (as treatments have changed and developed over time).

Non-binary and intersex persons may also experience menopausal symptoms – unfortunately there is currently a lack of information about the experiences of these groups of the menopause.

If a trans, non-binary or intersex person experiences discrimination or harassment in the workplace, this may cause increased stress which may worsen some menopausal symptoms. Negative and discriminatory attitudes may also make it more difficult to disclose difficulties or ask for adjustments. A recent TUC survey of LGBT+ workers found that almost half of trans people (48 per cent) have experienced bullying or harassment at work.

Some trans people may not wish to disclose their trans status and as a result, may be reluctant to discuss menopausal symptoms if doing so would disclose their trans status. Many trans people choose not to disclose their trans status, either

before their transition, or if they start a new job after transitioning.

For more information about trans issues in the workplace, see the TUC guide *Transforming the Workplace*.



Case study – the menopause, cancer and chronic fatigue syndrome



“I experienced the menopause in my early forties following treatment for breast cancer and then a hysterectomy. My menopausal symptoms are exacerbated by the tamoxifen that I take. I am unable to take HRT due to the breast cancer.

“Following the cancer treatment I also developed chronic fatigue syndrome (CFS) and it can be hard to separate menopausal and fatigue symptoms. The main symptoms that I experience are joint pain, poor memory/concentration and poor sleep. The CFS has also been partly attributed to the sudden hormonal changes that I experienced.

“I work as a teacher and have been off work a lot over the past 5 years. I had to reduce my hours from full time to 0.4. **Joint pain (especially back pain) also worsens when I am working which can then affect my sleep and make the fatigue worse. When I am in work the fatigue has a massive impact on what I can achieve.** My poor memory and concentration makes it hard to absorb new information and focus during meetings/courses. It also makes it hard to do the work at home that the job requires - especially reports and bigger tasks. Due to my last absence of a year I missed applying for progression on the upper pay scale.

“**I had support from my union rep and a phased return after my initial period of illness. For a number of months I was able to work in another role out of the classroom on a temporary basis. This was arranged at a case conference with my union rep, head teacher and occupational health.** The reduced hours and out of class role made working more manageable and this has worked really well for me. However unfortunately the head teacher was unable to offer the out of classroom role on a permanent basis due to financial pressures on the school and I was told I would have had to return to a classroom role. I felt this would be too difficult to manage with my condition so I have now taken voluntary redundancy.

“Women who are really struggling often feel unable to speak out as they are worried about being seen to be not coping or weak. The menopause is often viewed as a topic to be made light of. Increased understanding of the impact it can have for some women is really important. Having the right support and feeling able to talk openly about it in the workplace is vital. Workplaces should also offer greater flexibility, such as allowing someone to transfer to a role with alternative duties if needed.”

Many women report that the menopause seems to make existing health conditions worse, triggering or coinciding with a flare up of symptoms.

Pre-existing conditions, disabled women and the menopause

There is currently a lack of research and information about the interaction between the menopause and many illnesses and conditions. Many women report that the menopause seems to make existing health conditions worse, triggering or coinciding with a flare up of symptoms. Some women report that the menopause seems to trigger or coincides with the onset of a new condition. An existing health condition may also worsen symptoms of the menopause. It may be difficult to tell whether a symptom is caused by the menopause or by the existing condition, or to tell which is making the other worse. Many symptoms can interconnect or overlap.

For example, for a woman with diabetes, hormone changes associated with the menopause may make it more difficult to keep blood sugar levels stable. It may also be difficult to tell whether symptoms such as sudden changes in body temperature or mood swings are related to fluctuations in blood sugar caused by the diabetes or hormonal changes due to the menopause. This can make symptoms harder to manage and treat.

Women report a wide range of conditions that can be affected by the menopause including arthritis, multiple sclerosis (MS), mental health conditions, skin conditions, diabetes, hyperthyroidism, chronic fatigue syndrome, fibromyalgia and many others.

If a woman has an existing condition that is worsened by the menopause, she may need more time off for medical appointments or treatment for that condition and there may need to be a review and possibly changes to any reasonable adjustments that were previously in place.

A significant number of women experience the menopause as a result of cancer treatment, and they may experience other side effects and conditions at the same time as a result of the cancer itself or the

treatments they receive.

Women with conditions that cause differences in communication or sensing and perceiving (such as women with autism) or women with certain mental health conditions may perceive menopausal symptoms differently, and may find it more difficult to access medical help for symptoms or to get the right support.

It is important that the multiple levels of discrimination and barriers often faced by disabled women are recognised. Each person's needs should be addressed sensitively on an individual basis. Employers should ensure that workplace policies, practices and environments are flexible, supportive and inclusive to accommodate the additional needs that disabled women experiencing the menopause may have and that reasonable adjustments are reviewed to ensure they are still suitable and effective.

Black, Asian and Minority Ethnic (BAME) women and the menopause

Some research has found that there is a variation in the average age at which the menopause takes place between women of different ethnic backgrounds. Reporting of the most common and significant symptoms of menopause has also been found to vary among different ethnic groups. It is unclear to what extent these differences are caused by social, economic, language and cultural factors rather than a woman's ethnic origin.

Women who do not have English as a first language may have more difficulty in communicating symptoms or difficulties they are experiencing. They may not describe things in the same way and some words may not have a direct translation from one language in to another. This may make it more difficult for women to access medical advice or ask for help or adjustments at work.

A recent poll carried out by the TUC found that

The Wales TUC menopause research with BAME women found that a number of those on insecure contracts were reluctant to raise the issue of their menopausal symptoms or ask for adjustments at work, because of concerns that doing so may negatively affect their job security.

over a third of BAME workers had witnessed or experienced racist abuse in the seven months after the Brexit vote. Racism at work can increase work related stress which may worsen some menopausal symptoms.

Research by the TUC has also shown that BAME workers are more likely than white workers to be in insecure work, such as zero hours or casual contracts. The Wales TUC menopause research with BAME women found that a number of those on insecure contracts were reluctant to raise the issue of their menopausal symptoms or ask for adjustments at work, because of concerns that doing so may negatively affect their job security.

Female Genital Mutilation (FGM)

Female genital mutilation (FGM) is a procedure where the female genitals are deliberately cut, injured or changed, but where there's no medical reason for this to be done. It is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts. FGM is illegal in the UK and is a form of child abuse.

FGM is very painful and can seriously harm women and girls. It can cause long-term health problems and difficulties including problems with sex, childbirth and mental health. Girls and women who live in communities that practice FGM are most at risk. The children's charity the NSPCC says that there are an estimated 137,000 women and girls with FGM in England and Wales.

There is not much research or information available about FGM and the menopause. Current research suggests that women who have had FGM are more likely to experience painful periods, urinary problems and difficulties in childbirth, including damage to the pelvic floor. It is known that during the menopause, hormonal changes can weaken pelvic tissue damaged by childbirth further which can sometimes result in incontinence or prolapses. Hormonal changes due to the menopause can also

cause increased urinary problems.

Further information, support and advice about FGM is available from the NHS, NSPCC, and organisations such as BAWSO or Daughters of Eve. See the signposting section at the back of this toolkit for contact information.

Older women and the menopause

The menopause can often come at a time of life when women are already experiencing other issues or difficulties, such as the onset of age related health conditions, increasing caring responsibilities for elderly or sick parents and relatives as well as children or grandchildren. Women still tend to have a larger share of caring responsibilities and these can be an added source of stress during the time of the menopause. Increases in the state pension age also mean that some women will now have to work longer than they had planned.

Women who've suffered damage to their pelvic floor during childbirth may be more at risk of certain conditions as a result of the menopause. For example, problems such as incontinence or prolapses can develop as a result of the hormonal changes during the menopause as this can further weaken damaged tissue.

For older women who do not have children, the fact that the menopause signals the end of a woman's reproductive life can give rise to additional emotional issues. It may be a particularly difficult time for women who wished to have a baby but were unable to conceive or for those who've suffered miscarriages or still birth. For example, one respondent to the Wales TUC menopause survey reported that heavy bleeding during the perimenopause left her feeling distressed as it reminded her of the trauma of a past miscarriage.

Younger women and the menopause

Many younger women will experience a premature

menopause (around 1 in every 100 women will have the menopause before the age of 40). In many cases there is no clear cause. Many younger women also experience a surgical or medical menopause, due to treatments for conditions such as cancer.

As well as the symptoms of the menopause, these women may have a range of related difficulties to deal with at the same time– for example fertility problems and side effects from fertility treatments or recovery from cancer treatment (or both).

It is important that workplaces are flexible enough to support these women at what can be a very difficult time. For example, women may need additional time off to receive and recover from fertility treatments. Many fertility treatments can also in themselves

cause side effects similar to the menopause such as fatigue, night sweats, anxiety and depression. Additional adjustments might be needed.

Women who have an early or premature menopause are also more at risk of developing osteoporosis ('brittle bones') and heart disease.

In the Wales TUC's menopause survey, a number of respondents reported experiencing a premature or early menopause and said that there was often a lack of recognition or even disbelief that younger women could be affected.



39%

of LGBT+ workers have been harassed or discriminated against by a colleague

Lesbian, gay and bisexual women and the menopause

Women in same sex relationships may have a partner who is going through the menopause at the same time. In some circumstances, this may be positive in terms of increased mutual understanding and support at home.

Sometimes, if both partners are experiencing symptoms such as sleep disturbance or night sweats, this may increase tiredness and fatigue for both partners. It may also be more difficult if both partners experience symptoms such as depression or mood swings at the same time.

Many women report that stress can impact on menopausal symptoms. If women are experiencing homophobia at the same time as symptoms of menopause this can also increase stress which may exacerbate some symptoms. A recent TUC survey of LGBT+ workers found that nearly two in five (39 per cent) of all respondents have been harassed or discriminated against by a colleague, a quarter (29 per cent) by a manager and around one in seven (14 per cent) by a client or patient.

Men and the menopause

The NHS describes the term 'male menopause' (sometimes called the 'andropause') as 'unhelpful'. It says: "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 isn't true."

Although men do experience an age related decline in hormone levels, this is normally a very gradual process which happens slowly over a man's lifetime in a way that is unlikely to cause problems in itself.

Some men may develop medical conditions (such as hypogonadism) that can have a more significant

effect on their hormone levels. Exposure to certain chemicals and medical treatments such as chemotherapy, radiotherapy or surgery may also cause problems with hormones. In some cases, this may result in significant symptoms or the need for hormone therapy or fertility treatments. These men may need adjustments in the workplace.

It should be recognised that men can be indirectly affected by the menopause – for example if their partner is experiencing insomnia and night sweats men may also experience disrupted sleep and fatigue. If a man's partner experiences significant physical or psychological symptoms (such as depression) he may be concerned for her wellbeing and feel increased levels of stress. In some cases people can experience relationship problems or difficulties at home at this time. These issues may affect men in the workplace.

This guide concentrates on the issues affecting menopausal women, because this is one of many aspects of women's occupational health and safety that has historically been ignored. But that does not mean that everything is fine with men's health and safety. They are still far more likely to be injured or killed directly at work, or to suffer cancers caused by exposure to silica or asbestos. There are also some specific risks to men's health such as some chemical exposures that can affect men's libido, fertility or sexual performance and thus their ability to father healthy children and some can cause cancer of male reproductive organs.

Ensuring that gender issues are considered in health and safety helps both men and women. Men, after all, also come in various shapes and sizes and often have similar problems to women with ill-fitting personal protective equipment (PPE). Also, they are often less likely to seek help when they do experience an occupational illness, especially depression or anxiety caused by workplace stress.



Why the menopause is a trade union issue

The menopause as an equality issue

Unions have long been at the forefront of the fight for equality, whether through the struggle for equal pay or maternity rights.

Union reps have a key role in supporting members and helping to challenge workplace discrimination and harassment of all kinds, including that linked to the menopause.

Employers have a duty not to discriminate under the Equality Act 2010. The Equality Act prohibits discrimination on the grounds of sex. The Wales TUC's research found that many women feel that managers do not recognise problems associated with the menopause. Many reported that managers did not give the same consideration to menopausal conditions and symptoms as they do to other health conditions or similar symptoms arising from different causes. Such attitudes can result in employers implementing policies such as performance management or capability in a way that is discriminatory towards women.

Harassment is also unlawful under the Equality Act (harassment is a form of bullying and/or unwanted behaviour that causes alarm or distress and is related to a 'protected characteristic' such as a person's sex, age or disability). Employers are responsible for preventing bullying and harassment and they are liable for any harassment suffered by their workers. Harassment could include bullying and unwanted comments about the menopause likely to cause alarm or distress.

In some circumstances, conditions arising from the menopause may also meet the definition of an

'impairment' under the Equality Act. The definition of impairment under the Act is 'a mental or physical impairment' that has a 'substantial' and 'long-term

In some circumstances, conditions arising from the menopause may also meet the definition of an 'impairment' under the Equality Act.

adverse effect' on that person's ability to carry out normal day to day activities. Women whose menopausal conditions meet this definition would be considered to have a disability under the Act. Disabled people are protected from discrimination on the grounds of their disability and are entitled to 'reasonable adjustments' in the workplace where a disabled worker would be at a substantial disadvantage compared to a non-disabled colleague.

The Public Sector Equality Duty (Wales) was created by the Equality Act. The duty places a legal obligation on public bodies and those carrying out a public function to consider how they can positively contribute to a fairer society through paying due regard to eliminating unlawful discrimination, advancing equality of opportunity and fostering good relations between people who share a 'protected characteristic' and those who do not. This includes

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.

One concerning finding from our survey was that a number of women reported encountering sexist and ageist attitudes and practices towards women, the menopause and female ageing in their workplaces.

Employers have a duty to prevent workplace discrimination and to make adjustments to ensure women can work safely through the menopause.

linked to the menopause which have been overlooked for too long. It is important that unions actively raise the equality issues linked to the menopause with employers and press for workplace cultures that foster an atmosphere of fairness, dignity and respect.

Of those women with direct experience of the menopause, almost a third (29.3 per cent) felt the menopause was treated negatively in their workplace. Almost 6 of 10 (58.5 per cent) reported witnessing the menopause being treated as a 'joke'.

Although in some cases, survey respondents reported witnessing or using humour about the menopause as a form of camaraderie or as a coping mechanism, in other cases women reported unwanted comments or witnessing sexist bullying and harassment related to the menopause. One respondent reported being *'openly mocked through email systems between colleagues in regards to an Occupational Health report which stated menopause.'* Another reported that in her workplace, *'the whole issue of periods and menopause can be treated as a joke. "Oh she's in a bad mood because of pre-menstrual tension (PMT)"'*

Other respondents reported similar negative experiences:

'We spend a lot of time on equality issues but the menopause is treated as a joke: "are you having one of those moments again," said with a smirk sometimes used as a put down'

'Colleagues have undermined/been derogatory to other colleagues citing "they're menopausal!" or "it must be that time of the month!" to insinuate that the professional they are referring to is being irrational/they are not in control of their behaviour which undermines them, their confidence and others' opinions of them.'

A number of women also reported being penalised for their menopausal symptoms by performance management and sickness absence policies.

There are a number of different equality issues

Employers have a duty to prevent workplace discrimination and to make adjustments to ensure women can work safely through the menopause. But there are benefits for employers in taking a more proactive approach towards the menopause too. By fostering safer and fairer workplaces for women working through the menopause, employers are more likely to retain the skills and talents of experienced and skilled workers and benefit from increased morale and wellbeing among staff.



Case study – “I’ve been mocked and ridiculed over email.”



“During the menopause I’ve had times of panic, a sickness feeling and generally low moods. Flushing at what seems to be just the wrong time - when you’re about to discuss things in a meeting and this uncontrollable heat starts raging inside and your face begins to sweat to the point you have to wipe your brow and your top lip. It’s given me low self-esteem and I feel I just want to hide away until it’s all over. It impacts on relationships with family members too.

“I tried to raise the issue at work but have been mocked and ridiculed over an internal email which was not meant for me but was sent to me by accident by management. When I try to open windows to relieve hot flushes other colleagues close them. One example of a dismissive comment that was made about me by a female manager, “Been there got the t-shirt- she will have to get on with it”.

“I’m working longer hours in order to get things done in work when the rest of the team goes home. I’ve been left feeling alone and more unwell as I don’t feel my employer is sympathetic to the menopause. I used to enjoy my job but no longer do. I am just waiting for the clouds I feel hang over me to lift so I can breathe fresh air again. It’s a roller coaster of emotions, and sometimes I’ve felt that no one really understands the impacts that menopause can have on you.

“I’ve had support from a health professional and from my union rep, who gave me information leaflets and an email link. This has helped me in thinking at last someone is listening. Management need to understand the menopause and take it seriously, female managers and colleagues need to understand that not everyone has the same experience. Training for managers is needed.”

Case study – “If I’d had cancer or broken bones it would have been a totally different story.”

“I was very ill from the menopause and got very depressed. My colleagues were very antagonistic towards me and it took me a long time to get back on top of things. After a period of sickness absence, I had a phased return to work and HR gave my line manager forms to fill in, observing me which made me feel very uncomfortable. She put things on the forms like “could not have eye contact” and “body language was very defensive” like she was suddenly giving me a psychological assessment.

“I had to have a meeting with the senior manager and my line manager in which I was given a dressing down because I was ‘slow’ in returning to full time work. My union rep had to intervene in the meeting because of the level of resentment that they both expressed toward me for being ill. All because I was ill from being menopausal.

“I lost a lot of confidence and faith in my work life and my line manager and it took me a year to fully get back on top of my job. It also took me a while to “forgive” my line manager. I still do not fully trust her and this has continued to affect my working life.

“Through support from my union rep, who was outraged by how I was treated and support from an occupational therapist things did improve for a while. However, despite asking the senior manager for mediation, my relationship with my colleagues has never fully recovered (despite my wanting it to) and my manager continues to bully me. Due to the stresses of returning to work, my marriage has broken down and I have separated from my husband. I am now planning to leave my job because of the bullying.

“This is a big part of women’s experience and I should never have been so vilified by my team. If I’d had cancer or broken bones it would have been a totally different story. I think there should be training for managers to understand the effects on women and a sustained campaign to raise awareness of the menopause.”



The menopause as a health and safety issue

Unions are committed to improving the working lives and conditions of all workers. Pressing for healthy, safe workplaces for everyone is a key part of the union representative's role.

The TUC believes that employers have a responsibility to take into account the difficulties that women may experience during the menopause. The Health and Safety at Work Act requires employers to ensure the health, safety and welfare of their workers, and they are required to do risk assessments under the Management Regulations which should include any specific risks to menopausal women if they are employed.

Risk assessments should consider the specific needs of menopausal women and ensure that the working environment will not make their symptoms worse. Issues that need looking at include temperature, ventilation, toilet facilities and access to cold water. It is important that workplace stress is also considered and addressed properly using the Health and Safety Executive (HSE) stress management standards.

Being aware of issues relating to gender in occupational health and safety ensures unions strive to ensure that workplaces are safer and healthier for everyone. This is because, where the differences between men and women (such as the menopause) are acknowledged when assessing risk and deciding suitable risk control solutions, there is a greater chance of ensuring that the health, safety and welfare of all workers is protected.

The menopause affects all women at some stage. Of those women with direct experience of the menopause who responded to the Wales TUC survey, almost 9 out of 10 felt that it had an effect on working life. Many reported that poorly adapted workplace environments and practices made symptoms worse. The menopause is a key issue that needs to be addressed as part of a gender sensitive approach to health and safety.

Traditional bias in health and safety

In the past, less attention has been given to the health and safety needs of women. The traditional emphasis of health and safety has been on risk prevention in visibly dangerous work largely carried out by men in sectors such as construction and mining, where inadequate risk control can lead to fatalities. Because of this, research and developments in health and safety regulation, policy and risk management have been primarily based on work traditionally done by men, while women's occupational injuries and illnesses have been largely ignored.

This means that, even today, occupational health and safety often treats men and women as if they were the same, or makes gender-stereotypes, such as saying women do lighter work or that men are less likely to suffer from work-related stress. In contrast, a gender-sensitive approach acknowledges and makes visible the differences that exist between male and female workers, identifying their differing risks and proposing control measures so that effective solutions are provided for everyone.

Risk assessments should consider the specific needs of menopausal women and ensure that the working environment will not make their symptoms worse. Issues that need looking at include temperature, ventilation, toilet facilities and access to cold water. It is important that workplace stress is also considered and addressed properly using the Health and Safety Executive (HSE) stress management standards.



Case study – the menopause as a gender specific health and safety issue

Yvonne is a workplace union rep for Unite the union. She secured improvements to address some of the health and safety issues linked to the menopause at the manufacturing company where she worked.

“It was always very difficult to get the employer to recognise the menopause as being a serious issue for women. I tried very hard to negotiate a standalone menopause policy, but was never successful. But I did manage to get my employer to recognise it as a health and safety issue.

“Working in manufacturing and in particular a new unit (which was a bit like a sardine can) - heat was a massive problem, particularly for women with menopausal symptoms (also women suffering PMT). As the building was rented not owned my employer was very reluctant to spend money on air cooling systems. They did eventually spend money on a roof ventilation system, but it took two petitions and a couple years of wearing them down raising many grievances.

“I successfully negotiated gender specific protective personal equipment (PPE), t-shirts, trousers and most importantly footwear, and a good selection and choice of safety glasses (lightweight frames, lenses specific to needs i.e. varifocal, bifocal and thinned as much as acceptable for safety glasses). This meant not having to wear standard safety glasses over our own.

“A few of my women members also had problems with feet or legs so they were sent to have shoes specific to their needs made to measure (a note from own GP or occupational health was required for this due to the additional costs.)

“My members did stick together through this time taking action together, this at least won them extra breaks as and when needed, more water dispensers fitted and the employer purchased a water bottle for every employee to fill up when needed. Method in their madness there though as that prevented us standing by the water dispenser with a cup of water having a chat!

“We did have some successes and improvements for members, but I felt ideally we should have had a standalone menopause policy in place.”

What are the workplace issues?

Our research identified a number of workplaces factors that could either worsen symptoms of the menopause or make it more difficult for women to raise the issue and ask for adjustments. These included issues such as:

- Lack of appropriate gender sensitive risk assessments
- Poor ventilation and air quality
- Inadequate access to drinking water
- Inadequate or non-existent toilet/washing facilities
- Lack of control of temperature/light
- Lack of appropriate uniforms or personal protective equipment (PPE)
- Inflexible working time rules/break times
- Inflexible policies which penalise women because of their symptoms
- Excessive workloads
- Workplace stress
- Lack of awareness of the menopause among managers and colleagues
- Lack of management training on women's health issues
- Negative attitudes
- Unsympathetic line management/colleagues
- Bullying and harassment
- Insecure employment (e.g. fixed-term, casual or zero-hour contracts)

Addressing workplace issues – examples of adjustments

Employers should carry out a gender sensitive risk assessment considering the specific needs of menopausal women. Employers should always seek to discuss appropriate adjustments with the individual, to make sure they are suitable for the individual’s needs and likely to be effective.

The table below gives some examples of adjustments that may be helpful for various symptoms of the menopause. It is not a comprehensive list but may be a useful starting point:

| Symptom | Examples of workplace factors which could worsen or interact with symptoms | Suggested adjustments |
|--|--|--|
| Daytime sweats, hot flushes, palpitations. | Unsuitable workplace temperatures and lack of ventilation. | <p>Ensure easy access to supply of cold drinking water and washroom facilities.</p> <p>Take account of shift or peripatetic workers schedules and allow them to access facilities during their working.</p> <p>Carry out ‘thermal mapping’ to identify hot and cold spots in the workplace and review office seating plans to allow workspace to be positioned based on suitability/need.</p> <p>Look at ways to cool the working environment for those affected, for example fans at workstations, move desks nearer to windows, opening windows and adjust air conditioning.</p> |
| | Unsuitable uniforms or workwear; unsuitable or ill-fitting personal protective equipment (PPE), for example, face masks/ visors and lead aprons may be uncomfortable if worn for long periods. | <p>Avoid nylon or close-fitting uniforms, provide alternatives made from natural fibres.</p> <p>Ensure all PPE is appropriate in terms of size and materials and that more suitable alternatives are offered if needed. ‘One size fits all’ blanket issue items are unlikely to be suitable for all members of the workforce.</p> |

| Symptom | Examples of workplace factors which could worsen or interact with symptoms | Suggested adjustments |
|--|---|--|
| Daytime sweats, hot flushes, palpitations | Lack of access to rest breaks or suitable break areas. Hot flushes and facial redness may cause women to feel self-conscious or the sensation may affect concentration or train of thought. | <p>Be flexible about additional breaks. Allow time out and access to fresh air.</p> <p>Ensure a quiet area/room is available.</p> <p>Ensure cover is available so workers can leave their posts if needed.</p> |
| Night time sweats and hot flushes. Insomnia or sleep disturbance. | Rigid start/finish times and lack of flexible working options may increase fatigue at work due to lack of sleep (may be compounded if shift work is carried out). | <p>Consider temporary adjustment of shift patterns or hours to accommodate any difficulties.</p> <p>Allow flexible/home working.</p> <p>Provide the option of alternative tasks/duties.</p> <p>Make allowance for potential additional need for sickness absence.</p> <p>Reassure workers that they will not be penalised or suffer detriment if they require adjustments to workload or performance management targets.</p> |
| Urinary problems, for example increased frequency, urgency and increased risk of urinary infections. | Lack of access to adequate toilet facilities may increase the risk of infection and cause distress, embarrassment and an increase in stress levels. | <p>Ensure easy access to toilet and washroom facilities.</p> <p>Allow for more frequent breaks in work to go to the toilet.</p> |
| | Staff member may need to access toilet facilities more frequently; may need to drink more fluids, may feel unwell. | <p>Ensure easy access to supply of cold drinking water.</p> <p>Take account of peripatetic workers schedules and allow them to access facilities during their working day.</p> <p>Make allowances for potential additional need for sickness absence.</p> |

| Symptom | Examples of workplace factors which could worsen or interact with symptoms | Suggested adjustments |
|--|--|--|
| Irregular and/or heavy periods. | Lack of access to adequate toilet facilities may increase the risk of infection and cause distress, embarrassment and an increase stress levels. Staff member may need to access toilet and washroom facilities more frequently. | <p>Ensure easy access to well-maintained toilet and washroom or shower facilities.</p> <p>Allow for more frequent breaks in work to go to the toilet/ washroom.</p> <p>Ensure sanitary products readily available.</p> <p>Take account of peripatetic workers schedules and allow them to access facilities during their working day.</p> <p>Ensure cover is available so staff can leave their posts if needed.</p> |
| Skin irritation, dryness or itching. | Unsuitable uniforms, workwear, PPE or workplace temperatures and humidity may increase skin irritation, dryness and itching, there may be discomfort and an increased risk of infection and a reduction in the barrier function of skin. | <p>Avoid nylon uniforms. Provide alternatives made from natural fibres with options for layering that can be adjusted.</p> <p>Ensure comfortable working temperatures and humidity.</p> <p>Ensure easy access to well-maintained toilet and washroom or shower facilities.</p> <p>Allow for more frequent breaks in work to go to the toilet/ washroom.</p> |
| Muscular aches and bone and joint pains. | Lifting, moving and manual handling as well as work involving repetitive movements or adopting static postures may be more uncomfortable and there may be an increased risk of injury. | <p>Make any necessary adjustments through review of risk assessments and work schedules/tasks and keep under review.</p> <p>Consider providing alternative lower risk tasks.</p> <p>Follow HSE guidance and advice on manual handling and preventing MSDs (musculo-skeletal disorders).</p> |

| Symptom | Examples of workplace factors which could worsen or interact with symptoms | Suggested adjustments |
|------------|--|--|
| Headaches. | Headaches may be triggered or worsened by many workplace factors such as artificial lighting, poor air quality, exposure to chemicals, screen work, workplace stress, poor posture/unsuitable workstations, unsuitable uniforms or workplace temperatures. | <p>Ensure comfortable working temperatures, humidity and good air quality.</p> <p>Ensure access to natural light and ability to adjust artificial light.</p> <p>Allow additional rest breaks. Ensure a quiet area/room is available.</p> <p>Carry out DSE and stress risk assessments.</p> |
| Dry eyes. | Unsuitable workplace temperatures/humidity, poor air quality and excessive screen work may increase dryness in the eyes, discomfort, eye strain and increase the risk of infection. | <p>Ensure comfortable working temperatures, humidity and good air quality.</p> <p>Allow additional breaks from screen based work.</p> <p>Carry out DSE risk assessments.</p> |



| Symptom | Examples of workplace factors which could worsen or interact with symptoms | Suggested adjustments |
|--|---|--|
| <p>Psychological symptoms, for example:</p> <ul style="list-style-type: none"> • Depression • Anxiety • Panic Attacks • Mood changes • Loss of confidence | <p>Excessive workloads, unsupportive management and colleagues, perceived stigma around the menopause, bullying and harassment and any form of work-related stress may exacerbate symptoms. Stress can have wide ranging negative effects on mental and physical health and wellbeing. Performance and workplace relationships may be affected.</p> | <p>Carry out a stress risk assessment and address work related stress through implementation of the HSE's management standards.</p> <p>Ensure that workers will not be penalised or suffer detriment if they require adjustments to workload, tasks or performance management targets.</p> <p>Ensure that managers understand the menopause and are prepared to discuss any concerns that staff may have in a supportive manner. Ensure managers have a positive attitude and understand that they should offer adjustments to workload and tasks if needed.</p> <p>Allow flexible/home working.</p> <p>Make allowance for potential additional need for sickness absence.</p> <p>Ensure that staff are trained in mental health awareness.</p> <p>Raise general awareness of issues around the menopause so colleagues are more likely to be supportive.</p> <p>Provide opportunities to network with colleagues experiencing similar issues (menopause action and support group).</p> <p>Ensure a quiet area/room is available.</p> <p>Provide access to counselling services.</p> |

| Symptom | Examples of workplace factors which could worsen or interact with symptoms | Suggested adjustments |
|---|--|--|
| Psychological symptoms: <ul style="list-style-type: none"> • Memory problems • Difficulty concentrating | <p>Certain tasks may become more difficult to carry out temporarily for example learning new skills (may be compounded by lack of sleep and fatigue); performance may be affected; work-related stress may exacerbate these symptoms. Loss of confidence may result.</p> | <p>Carry out a stress risk assessment and address work related stress through implementation of the HSE’s management standards.</p> <p>Reassure workers that they will not be penalised or suffer detriment if they require adjustments to workload or performance management targets.</p> <p>Ensure that managers understand the menopause and are prepared to discuss any concerns that staff may have in a supportive manner. Ensure managers have a positive attitude and understand that they should offer adjustments to workload and tasks if needed.</p> <p>Reduce demands if workload identified as an issue. Provide additional time to complete tasks if needed or consider substituting with alternative tasks.</p> <p>Allow flexible/home working.</p> <p>Offer and facilitate alternative methods of communicating tasks and planning of work to assist memory.</p> <p>Ensure a quiet area/room is available.</p> <p>Provide access to counselling services.</p> |

What can union reps do?

Workplace surveys and mapping

Unions may wish to consult with members to find out what the issues are and what support members need. Tools such as workplace surveys or mapping may be helpful. Some ideas and examples of surveys and mapping tools are provided in this toolkit.

Raise the issue at the branch, the health and safety committee and with management

Union reps can get the discussion going by getting the issue on the agenda at branch meetings, at health and safety committee meetings or meetings with employers. Get risk assessments reviewed to ensure they are gender sensitive.

Start a workplace campaign

Unions can use their reach to kick-start awareness campaigns in the workplace. Activities could include lunchtime awareness sessions, workshops or providing leaflets and signposting. Raising the issue will help let members know that the union takes these issues seriously and that they can feel confident to approach the union if they need support to tackle issues around the menopause in the workplace.

Negotiate a workplace policy

In consultation with members, unions can negotiate with employers to introduce specific workplace policies covering the menopause. The Wales TUC research found that almost 9 out of 10 of those asked said they would welcome a workplace policy on this issue. Existing policies covering issues such as flexible working, sickness and performance management should be reviewed and amended where necessary to ensure they take the needs of menopausal women into account. An example policy is included in this toolkit.

Get involved in a workplace support group

It's important that the union is involved in any workplace menopause support and action group. This will be a useful way of consulting with members affected by the menopause and identifying any workplace issues that the union can take up with the employer.

Attend the Wales TUC menopause awareness course

A new course will be piloted in January 2018. All reps are encourage to attend this training. It would also be helpful to encourage more women to become union reps, as women members may feel more comfortable speaking to another woman about this issue. However unions should encourage male reps to attend any training opportunities as it is important to increase all reps' understanding of the issues and improve the confidence of male reps in raising this issue on behalf of women members.

Case study – “I suffered stress due to the draconian sick policy”.



“I’ve experienced frequent migraines, anxiety and 25 other of the 42 possible symptoms of the menopause (fatigue, aching joints, general malaise, depression, skin eruptions, mood swings, hot flushes, etc.). I have tried to keep this out of my work life, however I have suffered a great deal of sleeplessness, which must have affected my performance.

“In terms of sickness, I have always told my line managers that I suffer with migraines and they have always been very sympathetic. Luckily most of my migraines have been outside of office hours. But at one time I was getting them on a monthly basis (for about a year) so a situation could have arisen where I was taking sick leave every month, as I am totally incapacitated by them.

“I suffered stress due to anxiety over the draconian sick policy, where I was afraid I would get a warning due to having more than seven incidents of sick. I spoke to my union rep about campaigning for a relaxation of the trigger in the sickness policy for menopause related sick leave. I think the sick policy should contain a clause for menopausal staff to have more occasions of sick during this time, without triggers being affected. I’ve had support from my union, who have raised this issue with HR.

“A male (middle-aged) colleague raised the subject of my migraines and their cause, when I mentioned the cause he said “too much information”. This type of response discourages open dialogue on the subject. If he had been very young I would not have been so open, but given he was a married father, I thought his response was juvenile. The effect was to make me regret being open, when clearly he was in the wrong. Especially when it was he who had broached the topic. I think all staff should have a more open attitude to the subject and it should cease to be a taboo. After all, if women did not have periods, these men would not have been born.”



What can employers do?

Training for managers and staff

Employers should provide training for all levels of management and HR to ensure understanding and awareness of the menopause. Employers should ensure all managers recognise the menopause as both a health and safety and equality issue. Provide training for all staff to raise general levels of awareness and understanding.

Clear policies developed in consultation with unions

Employers should work with unions to ensure that workplace practices and policies are fit for purpose and support values of equality and diversity including the needs of menopausal women. A specific policy on the menopause can be put in place in consultation with unions. Employers should ensure that policies and practices protect women from discrimination and detrimental treatment because of menopausal symptoms. Once agreed policies should be fully implemented, monitored and enforced to ensure they are effective.

Awareness raising campaigns

Employers should highlight the menopause as part of wider occupational health awareness campaigns, so that staff know that the employer has a positive attitude to the issue and that it is not something that women should feel embarrassed about. Leaflets or online resources should be provided.

Ensure risk assessments take the needs of menopausal women into account and that measures to effectively remove or control risks (including the risk of stress) are implemented

Employers should recognise their responsibilities under the Health and Safety at Work Act in relation to menopausal women and ensure that risk assessments take the specific needs of menopausal women into account.

Establish recognised points of contact within the workplace

Many women are uncomfortable speaking to their managers about this issue, particularly if the manager is male or much younger. Employers should make other options available such as through human resources, a welfare officer or employee assistance programmes.

Improve access to support within the workplace, including workplace peer support groups and mentoring/buddying schemes

Many women who responded to our survey felt that the opportunity to form support groups or access mentoring/buddying schemes in the workplace would be very helpful. Employers could help to organise workplace menopause action and support groups or mentoring schemes and provide resources such as meeting rooms and promotional materials.

Decent jobs

In view of the vulnerability of women on casualised contracts and the detrimental effect that such contracts can have on women's health and well-being, employers should aim to employ all staff on permanent, secure contracts which offer decent hours and decent pay.

Case study – “Flexible working has helped me”.



“Pre-menopause I experienced 2 years or more of very erratic, heavy periods to the point where some days I did not feel confident leaving the house. It was a relief when this subsided but the menopause itself has affected me in ways I did not expect. I am a very positive and energetic person but have been floored by the exhaustion and feelings of low mood and negativity, occasionally bordering on despair. Night sweats started to disrupt my sleep but in retrospect this seems like a minor inconvenience compared to the intense hot flushes that came later at any time of day or night, sometimes several in one hour.

“The pre-menopause heavy menstruation was actually the most difficult to deal with, as I have a role which is a mix of active workout and about with clients, attending meetings and delivering training. The practical issue of fulfilling my role was very challenging and I did not feel this was a subject I could talk about.

“I think we need more open discussion. Working with colleagues who have young children I can see that employers and colleagues have become much more accommodating and thoughtful about how they can be supported. Some similar consideration needs to be given to offering flexible working for women experiencing the menopause. I think that having someone to talk to about it, not a colleague or a line manager but someone with a counselling background would actually be helpful. This would need to be built in to the workplace and accepted as a routine issue in order to be successful.

“Flexible working has helped me, including working from home and working flexible hours. I have become more protective of my own time and don't work excessive extra hours even though the social care work load pushes all of us toward doing so. I make time to exercise. I take iron and eat a healthy diet. I have found that alcohol considerably increases the symptoms of menopause, particularly the hot flushes so I have cut down.”

Supporting members

Due to the challenges caused by lack of awareness and unfortunately in some cases, negative and sexist attitudes, disclosure of the menopause in the workplace can be very difficult. Women report fearing that they will be ridiculed or labelled as 'weak' if they disclose that they are having difficulties and that others will perceive them as less capable than before.

Unions can help by raising awareness of the menopause with employers and workers and by challenging discrimination.

Some people may be happy to disclose and discuss their condition with their line manager or HR department. Often, if people are experiencing difficulties or discrimination they may feel more comfortable speaking to someone else in the workplace, such as a trade union rep.

A trade union rep can provide confidential advice and support.

It is important that all trade union reps, including male reps, feel confident to discuss the menopause with members. This toolkit aims to help reps have a greater understanding of the menopause and gives some examples of case studies and workplace adjustments that may be a helpful resource to those representing members. However because everyone's experience of the menopause is different the most important thing you can do is to listen to the individual.

Unions are able to provide individualised representation and support to members affected by the menopause and also represent members collectively to make wider changes to the workplace.

If a member speaks to a rep with concerns about any symptoms or if they are unsure whether symptoms are due to the menopause, it is important that reps advise the member to seek advice from their GP or another suitably qualified medical professional.

There are also some further sources of information and support women may find useful included in the signposting section at the back of this toolkit.

When dealing with personal cases, it is important to note that in some circumstances, conditions arising from the menopause may meet the definition of an 'impairment' under the Equality Act (meeting the legal definition of a disability). If this is the case the member may be entitled to 'reasonable adjustments' where they would be at a substantial disadvantage compared to a non-disabled colleague.



It is important that the union uses all avenues to assure members that it understands the issues so that members feel confident to approach the union for advice and support.

Disclosure of the menopause

It is important to be aware that many people going through the menopause choose not to tell their manager about their symptoms. For some, this may lead to further problems in the workplace and the worsening of symptoms. Sometimes performance or behaviour might change and others may not understand why. Often women will be reluctant to disclose the real reason for sickness absence so will give another reason. As a consequence, some women have reported sanctions, disciplinary procedures and in some cases, losing their jobs. But the pressure not to disclose may turn out to be a powerful obstacle to getting the right support and adjustments.

Common reasons for non-disclosure include:

- it's private/personal and not up for discussion
- it's embarrassing
- not knowing the line manager well enough
- the line manager is a man, or is younger or known to be unsympathetic
- concern that this is not an issue that their workplace would take seriously, adequately understand or deal with
- concerns about confidentiality
- concerns about negative attitudes and discrimination
- worry about being perceived as less capable than before
- concerns of the effect on job security and/or chances of promotion

Where workers are from an agency, are fixed term, or are part time, they may feel particularly vulnerable and may be even less likely to disclose.

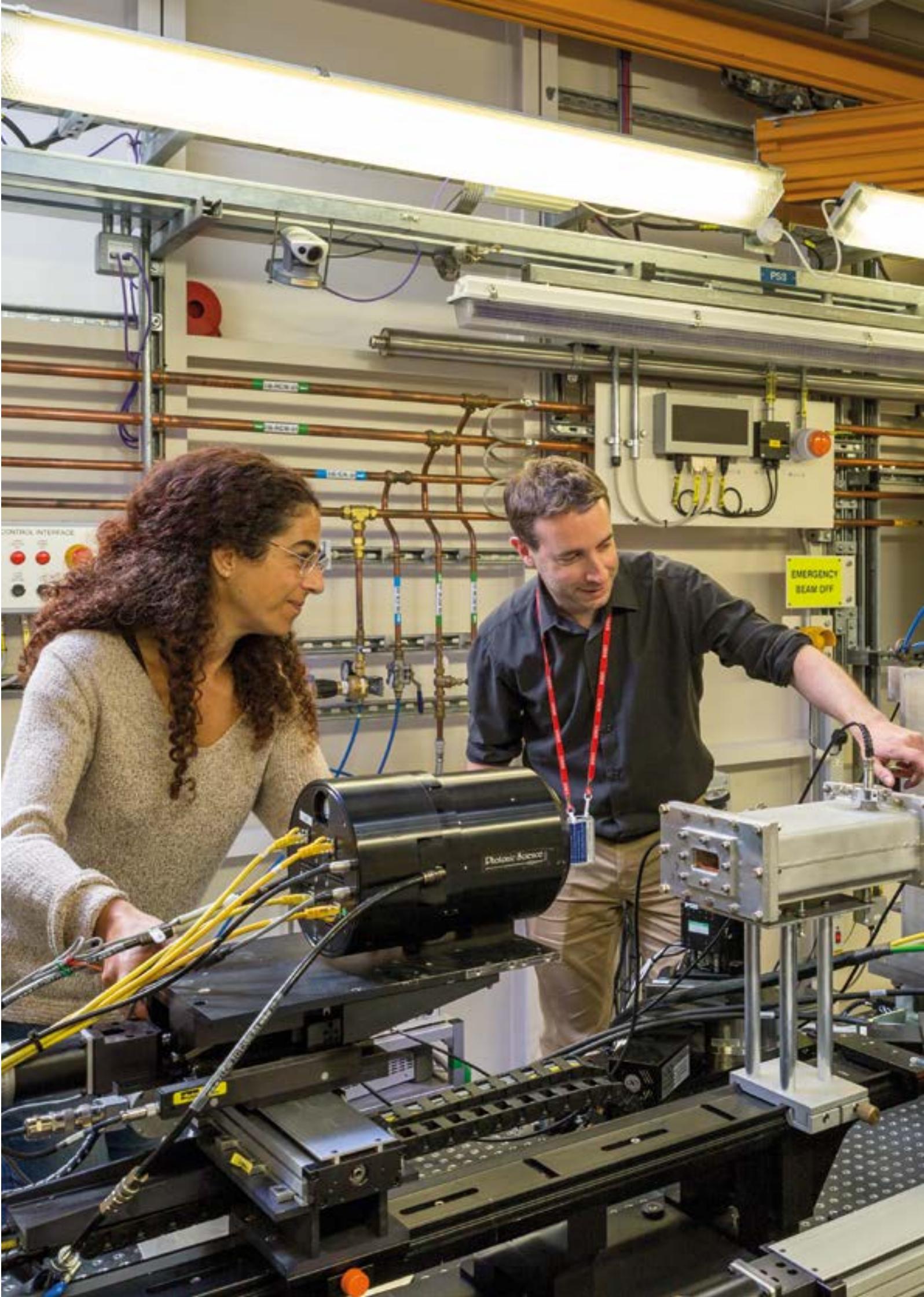
In these circumstances it is particularly important that union representatives have a proper understanding of the menopause and are able to deal sensitively with members.

A positive approach by both the union and the

employer will help encourage members to disclose their condition. Holding awareness raising sessions or organising a workplace menopause action and support group is also important as it shows that the issue is taken seriously and that it is nothing that women should feel embarrassed about.

The best way to encourage members to disclose this issue is to have a menopause aware workplace in the first place, ideally with appropriate policies and gender sensitive risk assessments. Having the right policies and support means that many common issues can be addressed collectively and this may help to prevent some problems arising.

Where this is not the situation, it will be all the more important that the union uses all avenues to assure members that it understands the issues so that members feel confident to approach the union for advice and support.



Tools – surveys and mapping activities

Using body mapping to understand the menopause in the workplace

Reps could start by mapping out the problems workers are having in the workplace related to the menopause using the technique of body mapping. It can be used to raise awareness about illness and injury which may be work-related or can affect an individual's ability to work. Workers can use a diagram to indicate health problems (with coloured pens or stickers) and think about causes and solutions in the workplace. This information can then be used by reps to look at the causes of workplace hazards using hazards mapping.

This is a good way of involving your members. It can often be done during a lunch break and, once people begin to do it, they often find it to be a real eye-opener as they realise that they are not alone.

What is body mapping?

Many health and safety activists use body and workplace maps to see how workers are injured or experience ill health in the workplace. Body mapping is participatory – and fun. It can be used where workers speak different languages or don't read well, and is a quick way to make sense of complex situations.

Maps can show the different experiences of workers by age, seniority, job or gender. Body maps can show the patterns of symptoms and the long-term effects of hazards: workplace maps give an overview that individuals do not have. You can use the two types of maps together to see the workplace in a new light.

The first step in a health or safety campaign is to find common problems – then the detective work to find the hazards behind the symptoms begins.

Activity Step 1

Make a front and back outline of a body on a large sheet of paper.

Step 2

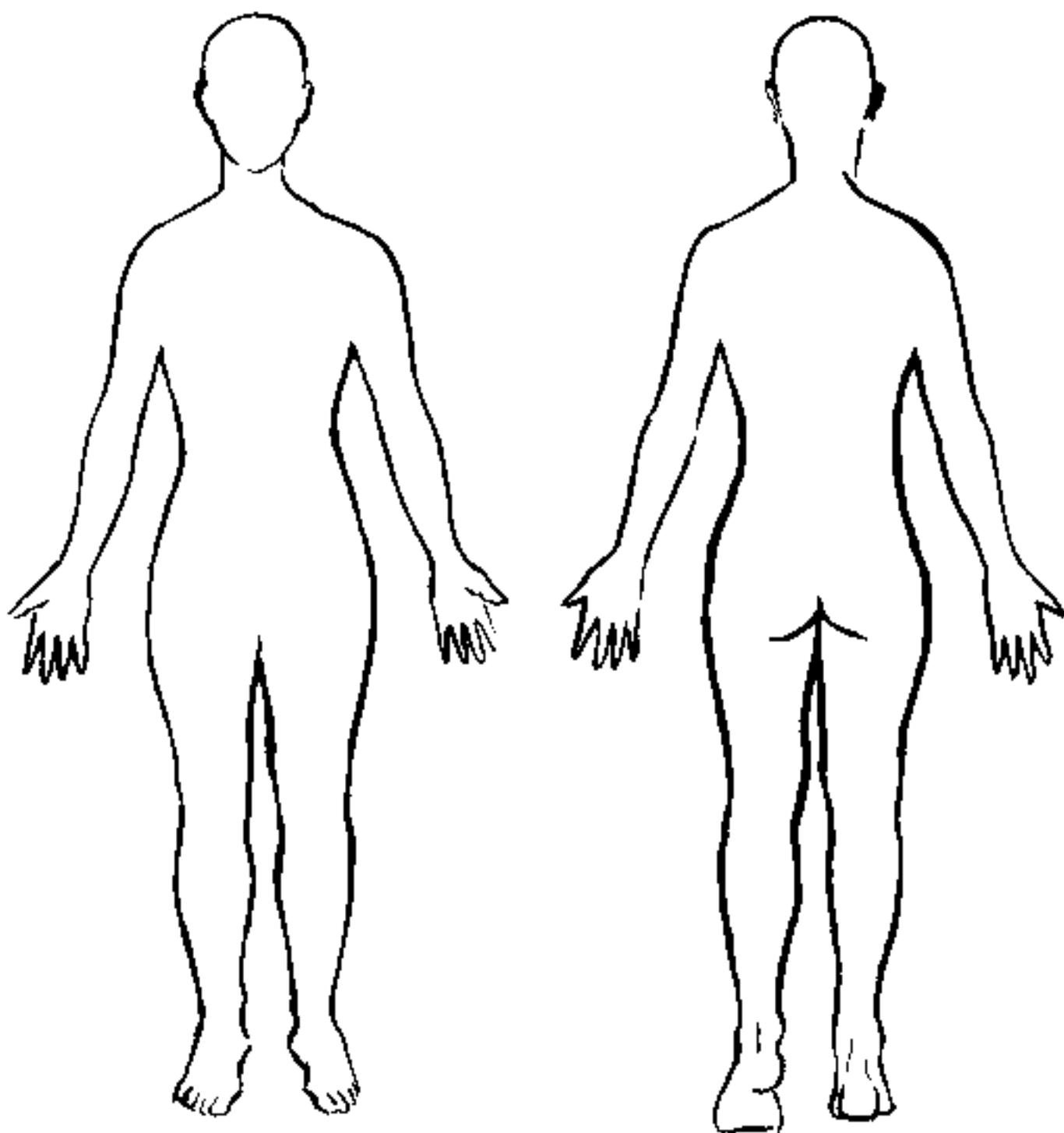
Decide what your questions are. Are you looking for aches and pains? All the symptoms workers have now? Long-term effects, such as cancer, chronic pain or stress? Do you want to see the effects by gender, age, job or seniority?

Step 3

Organise the participants into groups. If you want information by age, for example, divide them into groups based on that category. Give each group coloured markers or sticky dots to mark their symptoms: one method uses red = aches and pains, green = where you feel stress, blue = other symptoms that may be work-related. To get the overall picture, get them to place their mark on the large body map.

Front

Back



Hazard mapping

You can also use workplace mapping to identify the hazards behind the symptoms that show up on the body map, this technique can be used to identify a wide range of hazards, including those which may worsen menopausal symptoms.

Activity

Before making any kind of map, get the group of workers to discuss the following:

- How is the work organised? (E.g. number of workers, shifts, hours worked and breaks).
- What is the work process? (How work is done, the tasks involved, the machines and tools used).
- What are the hazards? (Using the categories below).
- What complaints or symptoms show up in conversations?
- What measures are being taken to prevent or reduce the hazards?
- What else could or should be done?

Groups of workers then draw the layout of their workplace or work area. Be sure to include doors, windows, offices, washrooms, desks, machinery and equipment. The larger the map, the more detail you can have. Try to include the questionnaire information on the map without making it too cluttered.

Hazards are often divided into six categories:

- safety (immediate causes of injuries)
- physical (energy sources such as radiation, temperature, noise)
- chemical (dusts, liquids, gases) and biological or communicable (infection, needle sticks, mould)
- ergonomic (force, repetition, posture, design of control panels)
- work organisation/psychosocial risks (things that cause stress such as long or odd work schedules, no discussion about the job, workload).

Draw a different large, coloured circle or shape to show each category of hazard. The number of workers who may be exposed to the hazard can be marked inside the circle, using sticky dots or some other format to show where individual people work.





Thermal mapping

The Workplace (Health, Safety and Welfare) Regulations (1992) place a legal obligation on employers to provide a 'reasonable' temperature in the workplace. The approved codes of practice state there should be a minimum of 16 degrees centigrade for indoor areas. Unfortunately, there is no current upper limit. The HSE says, *"A meaningful figure cannot be given at the upper end of the scale due to the high temperatures found in, for example, glass works or foundries. In such environments it is still possible to work safely provided appropriate controls are present. Factors other than air temperature, i.e. radiant temperature, humidity and air velocity, become more significant and the interaction between them become more complex with rising temperatures."*

If the temperature does become uncomfortable for longer periods, risk assessments should be carried out, and this would include a thermal mapping exercise. The HSE has developed guidance on what thermal comfort is and the six factors that employers and safety reps should look out for. The six factors affecting thermal comfort are both environmental and personal. These factors may be independent of each other, but together contribute to a worker's thermal comfort.

Environmental factors:

- Air temperature
- Radiant temperature
- Air velocity
- Humidity

Personal factors:

- Clothing insulation
- Metabolic heat

Thermal mapping in practice

- First identify where issues are arising by using simple questionnaires such as that recommended by the HSE: <http://www.hse.gov.uk/temperature/assets/docs/thermal-comfort-checklist.pdf>
- Thermostats should be placed in various locations of the room at workstation height to identify hot or cold spots. Temperature readings should be taken at various times of the day. Take note of any environmental factors which may have an effect in these areas.
- Issues of thermal comfort should be dealt under the normal hierarchy of risk management:
 - Elimination
 - Substitution
 - Engineering controls
 - Administrative controls
 - Personal protective clothes and equipment

Health and safety reps should use the *Safety Representatives and Safety Committee (SRSC) Regulations (1977)* to carry out regular inspections to obtain readings over a longer period of time. They can use these rights to request that the employer provide multiple thermostats as facilities necessary to undertake an investigation.

A copy of the SRSC regulations can be found at: <http://www.hse.gov.uk/pUbns/priced/l146.pdf>

Further information on thermal comfort can be found at: <http://www.hse.gov.uk/temperature/thermal/index.htm>



Surveys

Surveys can be a helpful way of collecting information from members in confidence, particularly on issues that some members may not feel comfortable talking about openly in the workplace. They can also be useful for establishing and measuring what the issues are and what action is needed, and can help to make the case for action. Surveys can be carried out online or paper based surveys can be used.

Surveys can be done anonymously but it is important to make sure that any information that is sensitive or could identify individuals is treated in confidence and stored securely.

Things reps might want to measure as part of survey could include:

- the types of symptoms experienced
- how people feel the menopause affects working life
- how the workplace affects their symptoms or creates difficulties
- whether people are comfortable raising the subject or discussing with managers
- negative or discriminatory treatment or comments about the menopause
- what support, changes or adjustments people feel would help
- any examples of good practice
- establish support for a policy/union action on the issue
- information about the respondent – age, gender, any protected characteristics (e.g. disability, gender reassignment)
- information about the respondent's work area, department, type of job – this may help identify particular 'problem' areas in the workplace

Menopause workplace policy – example

This is an example of how a workplace menopause policy might look, based on some examples of existing policies negotiated by unions.

It is provided as a resource for union reps looking to negotiate their own policies, to give some ideas about what a policy could include. It should be adapted as needed to reflect the issues in different workplaces.

It should not necessarily be used as 'model' suitable for all workplaces as reps should always consult with members and seek advice from their own union regarding the development of a new policy. But it may be helpful as a starting point.

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2. Aims and objectives
3. Legislative compliance
4. Key principles
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8. Key actions and adjustments
9. Self-help measures
10. Signposting and support

1. Policy Statement

This policy recognises that women may need additional consideration, support and adjustments during the time of change before, during and after the menopause. (Organisation's name) is committed to ensuring that all individuals are treated fairly and with dignity and respect in their working environment. It is also committed to ensuring the health, safety and wellbeing of the workforce.

(Organisation's name) has a positive attitude to the menopause and will work proactively to make adjustments where necessary to support women experiencing the menopause and to ensure the workplace does not make their symptoms worse.

2. Aims and objectives

The aim of this policy is to make managers aware of the (organisation's name)'s responsibility to understand the menopause and related issues and how they can affect staff. It also aims to raise wider awareness and understanding among employees and to outline support and reasonable adjustments that are available.

(Organisation's name) aims to create an environment where women feel confident enough to raise issues about their symptoms and ask for reasonable adjustments at work. The organisation is committed to ensuring that conditions in the workplace do not make menopausal symptoms worse and that appropriate adjustments and support are put in place.

This organisation takes a proactive stance and will promote a greater understanding of the menopause and seek to eradicate any exclusionary or discriminatory practices.

This policy and supporting guidance is intended to provide clarity and direction on how (organisation's name) should deal with menopause related issues, either for individuals experiencing the menopause or those who are affected indirectly for example partners, colleagues or line managers.

3. Legislative compliance

The **Health and Safety at Work Act (1974)** requires employers to ensure the health, safety and welfare of all workers. Under the Act, **employers are required to do risk assessments** under the Management Regulations **which should include specific risks to menopausal women** if they are employed.

The **Equality Act (2010)** prohibits discrimination against people on the grounds of certain 'protected characteristics' including sex, age and disability. It is also important to note that conditions linked to the menopause may meet the definition of an 'impairment' under the Equality Act and require reasonable adjustments.

[Where applicable] The Public Sector Equality Duty (Wales) was created by the Equality Act. The duty places a legal obligation on this organisation to consider how it can positively contribute to a fairer society through paying due regard to eliminating unlawful discrimination, advancing equality of opportunity and fostering good relations between people who share a 'protected characteristic' and those who do not. This includes:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected

groups where these are different from the needs of other people.

4. Key principles

It will be recognised that the menopause is a very individual experience and that people can be affected in different ways and to different degrees, therefore different levels and types of support and adjustments may be needed.

Appropriate information/support will be provided to all workers with regards to the menopause.

A menopause action and support group will be developed within the workplace (in conjunction with unions) to enable people affected by the menopause to access peer support, share knowledge and information, and so that those affected can be involved in the development and review of relevant workplace policies that may have an impact on menopausal women.

Working with unions and the menopause action and support group, working conditions, practices and policies will be reviewed and adjusted to take account of the difficulties that some women experience during the menopause.

Risk assessments will be carried out which take the specific needs of menopausal women into consideration (including stress risk

assessments).

Adjustments to working conditions will be proactively put in place.

Training and awareness raising sessions will be provided for all managers and staff.

A confidential named point of contact/support will be provided whom women can speak to for support for any issues that arise due to the menopause.

5. Definition

The **menopause** is part of the natural ageing process for women. Commonly known as 'the change', it refers to the point in time when menstruation has ceased for twelve consecutive months and a woman has reached the end of her reproductive life. After a woman has not had a period for a year, she can be described as 'post-menopausal'.

The **peri-menopause**, which is the period of hormonal change leading up to the menopause, can often last for four to five years although for some women it may continue for many more years or for others last just a few months. The duration of the peri-menopause varies greatly in different individuals.

During the time of the peri-menopause women may begin to experience symptoms due to changes in their hormone

levels. These symptoms may vary in degree between different individuals from mild to very significant. Because they may still be having regular periods at the onset of symptoms, many women do not always realise that they are experiencing the peri-menopause and may not understand what is causing their symptoms. This can be a barrier to accessing support.

6. Symptoms

Physical symptoms associated with the onset of the peri-menopause can include:

- hot flushes
- palpitations
- night sweats
- insomnia and sleep disturbances
- fatigue
- headaches
- joint aches
- dry skin and skin irritation
- increased perspiration during the day
- dry eyes
- hair loss
- urinary problems
- vaginal dryness, itching and discomfort
- irregular and/or heavy, painful periods, clots and flooding

There may also be associated psychological symptoms including:

- depression
- anxiety
- panic attacks
- poor concentration

- changes to mood
- problems with memory
- loss of confidence

Women may experience only some or all of these symptoms (and others not on this list). Most women will experience some symptoms, but some women do not experience any noticeable symptoms. On average, women continue to experience symptoms for four years after their last period, but around 10 per cent of women continue to experience symptoms for up to 12 years after their last period.

Beyond the menopause, due to lower levels of certain hormones, post-menopausal women can be at an increased risk of certain conditions such as developing osteoporosis ('brittle bones') and heart disease. These risks increase for women who have an early or premature menopause.

6.1 Who is affected

This organisation recognises that a large and increasing proportion of its workers will be working through and well beyond the menopause. In the UK it is estimated that around 1 in 3 women are either currently going through or have reached the menopause. The menopause affects all women, and it can often indirectly affect their partners, families and colleagues as well.

The menopause usually occurs between the ages of 45 and 55.



In the UK, the average age is 51, but it can happen much earlier. Many women experience the menopause before 45 (**early menopause**) and a significant number of women experience the menopause before the age of 40 (**premature menopause**). Some women experience a **medical/surgical menopause** which can occur suddenly when the ovaries are damaged or removed by specific treatments such as chemotherapy, radiotherapy or surgery.

It should be noted that people from the non-binary, transgender and intersex communities may also experience menopausal symptoms. Due to a variety of factors, the experience of the menopause may be different for those among these communities. Experiences and perceptions of the menopause may also differ in relation to disability, age, race, religion, sexual orientation or marital/civil partnership status. It is important to recognise that for many reasons, people's individual experiences of the menopause may differ greatly.

Some women seek medical advice and treatment for the symptoms of the peri-menopause and menopause. A common form of treatment is known as hormone replacement therapy (HRT). Many women find these treatments helpful for alleviating symptoms, but HRT is not suitable or appropriate for all women. Some women using HRT may

experience side effects which may also require adjustments in the workplace.

6.2 Workplace factors

This policy recognises that there are many workplace factors which can make working life more difficult for women experiencing the menopause and which may make symptoms worse. These include:

- Lack of suitable gender sensitive risk assessments
- Lack of awareness of the menopause
- Lack of management training on women's health issues
- Poor ventilation and air quality
- Inadequate access to drinking water
- Inadequate or non-existent toilet/washing facilities
- Lack of control of temperature/light
- Lack of appropriate uniforms or personal protective equipment (PPE)
- Inflexible working time rules/break times
- Inflexible policies which penalise women because of their symptoms
- Negative attitudes
- Excessive workloads
- Workplace stress
- Unsympathetic line management/colleagues
- Bullying and harassment

This organisation is committed to ensuring that the above factors are eliminated from this

workplace and to taking proactive steps to ensure conditions in the workplace do not make women's symptoms worse.

7 Access to workplace support and adjustments

It is recognised that the menopause is a very personal experience and different adjustments and levels of support may be needed for different individuals. This organisation is committed to ensuring that line managers are sympathetic and provide appropriate support and adjustments when needed to help women deal with issues arising from the menopause.

Access to support

Alternative point of contact/support

Although all managers are expected to take a positive and supportive approach towards discussions about the menopause, this organisation understands that some individual staff members who are affected may feel uncomfortable talking directly to their line manager if they are experiencing problems, especially if the line manager is male or much younger. Therefore the organisation has made other options available including x person in x department (e.g. a trained person from HR, OH, Employee Assistance Service). The organisation also understands that women may wish to approach

another manager whom they trust or that they may wish to approach their union rep for support.

Menopause action and support group

A *Menopause Action and Support Group* is available to access within the workplace and is open to any member of staff affected by issues linked to the menopause (directly or indirectly). The group is organised by x . The group meets on a x basis, and aims to provide a confidential and supportive forum for those affected by the menopause to access peer support and share knowledge and information. It also provides an opportunity for those affected by the menopause to provide input into the development and review of relevant workplace policies that may have an impact on menopausal women. Participants include [unions, OH?].

8. Key actions and adjustments to be made:

Risk assessments

Managers should ensure risk assessments consider the specific requirements of menopausal women and ensure that the working environment is suitable and will not make women's symptoms worse. The risk assessment will assist with the identification of any potential adjustments which may be required. Managers should use

the menopause risk assessment checklist as a guide but also take account of any additional issues raised by individuals affected.

Common issues that need consideration are workplace temperature and ventilation, access to adequate toilet and washing facilities and sources of workplace stress such as workload.

Discretion in the implementation of existing policies

The effects of the menopause and hormone replacement therapy (HRT) should be taken in to account in the implementation of sickness absence, capability, disciplinary and performance policies to ensure that menopausal women are not unfairly penalised and do not experience detrimental treatment as a result of their symptoms.

Flexible working arrangements

Changes to working time arrangements should be made available where needed including adjustments to start/finish times, reduced hours, options for home working, additional breaks and leave should be granted at short notice where necessary.

[Examples of specific adjustments for different symptoms such as the table of examples provided in the toolkit could be added here or

put into a separate guidance document.]

9. Self-help measures

Current health promotion advice to women highlights the importance of lifestyle choices before, during and after the menopause and the benefits of:

- Healthy eating – research has shown that a balanced diet can help alleviate some symptoms and help keep bones healthy.
- Eating regularly
- Drinking plenty of water, some women find chilled water helpful
- Wearing natural fibres
- Exercising regularly – exercise can help to reduce hot flushes and improve sleep. It can also help boost mood and maintain strong bones.
- Consulting with a GP on the management of the menopause and to ensure that any symptoms are not due to any other causes
- Not smoking
- Cutting down caffeine, alcohol and spicy food
- Having access to natural light
- Getting adequate rest and relaxation

These measures can help with some symptoms of menopause and may also help reduce the risk of osteoporosis ('brittle bones'), diabetes and heart disease in later life.

10. Signposting and support

Contact details [alternative contact – HR/OH/Welfare/Employee Assistance Service]

Contact details [Menopause Action and Support Group]

NHS information pages
www.nhs.uk/Conditions/Menopause/Pages/Introduction.aspx

Healthy Working Wales
www.healthyworkingwales.wales.nhs.uk

British Menopause Society
www.thebms.org.uk/

Menopause Matters
www.menopausematters.co.uk

The Daisy Network
www.daisynetwork.org.uk

Gender checklist on occupational safety and health

Introduction

People come in all shapes and when it comes to health and safety the “one size fits all” approach just does not apply. Nowhere is that clearer than when we are looking at gender.

Considering gender in health and safety is a very real and important issue in every workplace. The TUC gender checklist provides a prompt to encourage union representatives to pursue issues around gender in the workplace and bring together equalities work and health and safety work. By ensuring that employers take action on the issues, you can make a real difference to the health, safety and welfare of women.

There are other union techniques that will help, such as body-mapping, surveys and risk-mapping. These are successful tools that many unions have used to help address gender issues in health and safety and you can get more information on these in this toolkit.

This checklist is not intended to be a comprehensive list of specific issues relating to gender, but instead some suggestions of what union health and safety

representatives should look at to make sure that the relevant issues in the workplace are identified and addressed in a gender sensitive way.

Using the checklist

The TUC checklist provides a prompt to encourage union representatives to pursue issues around gender in the workplace and bring together equalities work and health and safety work. The priority is the workplace and encouraging employers to take action on the issues that will make a real difference to the health, safety and welfare of women.

Not all of the checklist will apply to every workplace, just pick those points that you think will be useful. Also, once you start thinking about the issues, you might come up with other points. However, the most important thing to remember is that the checklist is not something to just be ticked. To be effective, for every point, you also need to agree what you are going to do about it. Often that will mean working as part of a small group with other health and safety representatives, or with other unions.

Part 1 - Working with the employer

Consultation

- Is there a Joint Health and Safety Committee or other consultative structure and does it cover everyone including part-time, contracted and temporary workers?
- Are health and safety issues and priorities of concern to women regularly discussed at the Joint Health and Safety Committee or other consultative structures, and if items are identified are they dealt with?



Risk management

- Are risk assessments carried out and implemented by the employer?
- Do risk assessments take account of sex and gender differences?
- Have all people involved in risk assessment and risk management been trained to be aware of sex and gender differences affecting men's and women's health and safety at work?
- Are sex and gender differences taken into account in COSHH (Control of Substances Hazardous to Health), risk assessments, including the greater likelihood that women will be exposed to chemicals at home?
- Are sex and gender differences taken into account in manual handling risk assessments and in assessments of postural problems including prolonged standing or sitting?
- Are gender differences taken into account with all relevant types of work equipment and work stations use?
- Are sex and gender differences taken into account when dealing with staff uniform, official workwear or personal protective equipment (PPE) issues at the workplace?
- Are risk assessments relating to expectant, new and nursing mothers (and the unborn or breastfeeding child) carried out properly and in good time?
- Do employers provide an appropriate private space for breastfeeding mothers to express milk, and also provide a safe and hygienic place for the milk to be stored?
- Are any special reproductive health concerns of women and men such as work-related issues relating to fertility, menstruation (including providing female sanitary hygiene disposal facilities), menopause, breast cancer or hysterectomy adequately and sensitively addressed?
- Are risks of violence assessed, including concerns about working alone on site or away, or late into the evening, and access to safe parking or transport home?
- Are harassment (including sexual harassment) and bullying treated as health and safety issues?
- Does the employer allow for flexibility with working time, overtime and shift work to accommodate employees' life demands from outside of work, such as family, medical etc.?
- Does the employer recognise stress as a workplace issue and that it may affect different people in different ways?
- Does the employer recognise that domestic violence can become an issue at the workplace and treat the matter as a safety, health and welfare issue which needs to be dealt with sympathetically and practically?

Sickness absence management and investigation

- Does the employer have a sickness absence management policy or workplace agreement that was negotiated with the union?
- Is the policy applied fairly in practice and not used just to cut sickness absence but to fairly address any underlying issues and help recovery with an appropriate return to work?

- ☑ Is the sickness absence management policy or workplace agreement fair and non-discriminatory and does it ensure that women are not disadvantaged because of issues relating to menstruation, pregnancy, miscarriage, disability, or the menopause by ensuring that they can be treated separately from other sickness absence?
- ☑ Does the policy and practice ensure that any work-related health problems are properly investigated with a review of risk assessments where necessary?
- ☑ Do health and safety representatives get regular reports from management on sickness absence, including a gender breakdown?

Reporting and monitoring procedures

- ☑ Does the employer ensure all workers are made aware of the importance of reporting injuries, incidents, work-related ill health and health problems made worse by work, in an environment where employees feel they will not be victimised for reporting them?
- ☑ Are all injuries, incidents (including near misses) and work-related health problems reported?
- ☑ Does data on injuries and ill health include gender and does it differentiate, not only between women and men, but also between different jobs and job levels and between different shift patterns?
- ☑ Are trends in the ill-health and sickness absence statistics analysed as well as trends in injuries and near misses?
- ☑ Are all injury and ill health statistics systematically reviewed at joint safety committee meetings?
- ☑ Where any issue of concern is found from the meetings' deliberations are health concerns given the same priority as safety concerns?

Part 2 - Involving members

In addition to ensuring that your employer protects the health safety and welfare of all the workers, health and safety representatives can look at how they involve and inform members to make sure that their concerns are raised and addressed.

Here are a few ideas:

- Ask members. You could carry out a confidential survey of members' health and safety concerns, but make sure that you can differentiate between men's and women's responses when the responses are analysed.
- Review how you communicate with members. Do all sections of the workforce have access to a health and safety representative, including shift workers, part-time and temporary workers? Are they all consulted about their health and safety concerns?

- Make sure that there are enough women health and safety representatives. Women may have more confidence that their issues are being addressed if there are women representatives and they are included in any joint safety committee.
- Talk about the issue. Make sure that branch meetings or workplace meetings include specific discussions on practical issues that are of concern to women members, or even hold a special meeting on a problem that women workers are facing.
- Work with others. You should make sure that you are reporting regularly to your branch. It is also important to work with other representatives such as stewards, equality, women's and learning representatives. If there is more than one union in your workplace then it benefits everyone to work together. And where you have any successes, make sure that your union, and your members know about them.



Example menopause risk assessment checklist

The table below gives an example of a workplace risk assessment checklist on the menopause that could be included in a menopause risk assessment.

This checklist is not intended to be a comprehensive list of specific issues relating to the menopause for every workplace, but provides some common examples of what union health and safety representatives and employers could look at to make sure that the relevant issues around the menopause in the workplace are identified and addressed.

Not all of the checklist will apply to every workplace and there might be some things missing that would be important to cover in your workplace. There is space at the bottom to add additional hazards to the checklist.

Health and safety management

| What are the hazards | Considerations | Who might be harmed and how including level of risk | What is already being done | What further action is necessary | Action by whom | Action by when | Date achieved |
|----------------------------------|---|---|----------------------------|----------------------------------|----------------|----------------|---------------|
| Information on menopause | Does the employee have access to information on menopause, relevant policies on attendance management etc? | | | | | | |
| Sickness Reporting | Is there the facility for those who are not able to attend work due to menopausal symptoms to report these to a female manager or other point of contact? | | | | | | |
| Stress | Are there the appropriate mechanisms in place to deal with other related issues such as stress management? e.g. HSE Stress Management Standards | | | | | | |
| Occupational Health Arrangements | Has the employee been made aware of what facilities are in place for OH referral and support to remain in the workplace – do they need a referral? | | | | | | |

| What are the hazards | Considerations | Who might be harmed and how including level of risk | What is already being done | What further action is necessary | Action by whom | Action by when | Date achieved |
|---------------------------|--|---|----------------------------|----------------------------------|----------------|----------------|---------------|
| Unions and support groups | The employee has been made aware of other support mechanisms in the workplace which may be able to help? | | | | | | |

Physical

| | | | | | | | |
|---------------|---|--|--|--|--|--|--|
| Work Stations | Are work stations / locations easily accessible to sanitary and rest facilities? | | | | | | |
| Facilities | Are there private washing and changing facilities available? | | | | | | |
| | Is there access to sanitary products? | | | | | | |
| | Do rotas, shifts and schedules ensure that workers have easy access to sanitary and washing facilities? | | | | | | |

| What are the hazards | Considerations | Who might be harmed and how including level of risk | What is already being done | What further action is necessary | Action by whom | Action by when | Date achieved |
|----------------------|---|---|----------------------------|----------------------------------|----------------|----------------|---------------|
| Temperature | Is the employee/employer aware of the workplace maximum and minimum temperature and is it implemented | | | | | | |
| | Is ventilation available and is it regularly maintained? | | | | | | |
| | Is additional ventilation provided if necessary? | | | | | | |
| | How is this implemented? | | | | | | |
| | Do uniforms and PPE equipment reflect the needs of the individual? | | | | | | |
| | Is the employee aware of what additional uniform can be provided and how to get this? | | | | | | |
| | Are the clothes provided made of natural fibres? | | | | | | |

| What are the hazards | Considerations | Who might be harmed and how including level of risk | What is already being done | What further action is necessary | Action by whom | Action by when | Date achieved | |
|----------------------|---|---|----------------------------|----------------------------------|----------------|----------------|---------------|--|
| Environment / duties | Have workstation risk assessments been reviewed to take menopause into account? | | | | | | | |
| | Are there opportunities to switch to lighter or different duties? | | | | | | | |
| | Do manual handling assessments take any issues around menopause into account? | | | | | | | |
| | Are there flexible arrangements in place in relation to breaks? | | | | | | | |
| | Can start and finish times be adjusted as part of a flexible working agreement? | | | | | | | |
| | Is the role suitable for agile working – if not why not? | | | | | | | |

| What are the hazards | Considerations | Who might be harmed and how including level of risk | What is already being done | What further action is necessary | Action by whom | Action by when | Date achieved |
|----------------------|---|---|----------------------------|----------------------------------|----------------|----------------|---------------|
| Environment / duties | Is there access to natural light? | | | | | | |
| | Have work processes been assessed to see if any reasonable adjustments are needed? | | | | | | |
| | Are humidifiers functioning if applicable? | | | | | | |
| | Noise (too much)? | | | | | | |
| | Fatigue, mental and physical? | | | | | | |
| | Fatigue from standing? | | | | | | |
| | Insufficient workspace? | | | | | | |
| | Movements and posture? | | | | | | |
| Environment / duties | Remote working – is this part of the current role and what mechanisms are in place to manage this in terms of access to facilities? | | | | | | |
| Working Conditions | Night Shifts | | | | | | |

| What are the hazards | Considerations | Who might be harmed and how including level of risk | What is already being done | What further action is necessary | Action by whom | Action by when | Date achieved |
|----------------------------------|---------------------|---|----------------------------|----------------------------------|----------------|----------------|---------------|
| Working Conditions | Shifts in general | | | | | | |
| | Lone working | | | | | | |
| | Overtime | | | | | | |
| | Travelling for work | | | | | | |
| Other hazards Please Identify | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Further information and support

Some useful websites on the menopause

Menopause matters

www.menopausematters.co.uk

The British Menopause Society

www.thebms.org.uk

NHS menopause pages

www.nhs.uk/Conditions/Menopause/Pages/Symptoms.aspx

NHS information on HRT

www.nhs.uk/Conditions/Hormone-replacement-therapy/Pages/Introduction.aspx

NICE Menopause: diagnosis and management

www.nice.org.uk/guidance/ng23

Healthtalk.org

www.healthtalk.org/peoples-experiences/older-life/menopause/topics

Women's Health Concerns

www.womens-health-concern.org/help-and-advice/factsheets/focus-series/menopause

The Menopause Exchange

www.menopause-exchange.co.uk

Menopause Support UK

www.menopausesupport.co.uk/

Guidance from the Faculty of Occupational Medicine of the Royal College of Physicians:

www.fom.ac.uk/wp-content/uploads/Guidance-on-menopause-and-the-workplace-v6.pdf

British Occupational Health Research Foundation

– research on women's experiences working through the menopause www.bohrf.org.uk/downloads/Womens_Experience_of_Working_through_the_Menopause-Dec_2010.pdf

Trade union resources on the menopause and gender and occupational safety and health

Wales TUC menopause research, survey report and campaign

www.tuc.org.uk/equality-issues/wales-tuc-pleased-publish-its-new-report-%E2%80%98-menopause-workplace-issue%E2%80%99

Wales TUC menopause eNote

(online briefing for reps) www.tuceducation.org.uk

TUC guidance on gender and occupational safety and health

www.tuc.org.uk/sites/default/files/GenderHS2017.pdf

TUC guidance on the menopause

www.tuc.org.uk/sites/default/files/TUC_menopause_0.pdf

TUC research on the menopause

survey of health and safety reps www.tuc.org.uk/workplace-issues/health-and-safety/women-and-health-and-safety/working-through-change-health-and

TUC GOSH website

www.tuc.org.uk/workplaceissues/health-and-safety/gender-andoccupational-safety-and-health

TUC guide on Health and Safety Organising

www.tuc.org.uk/sites/default/files/TUC%2025951%20Health%20and%20Safety%20Organising%20Report%20v4%20Lo-res.pdf

10 keys for Gender Sensitive OSH Practice – ILO –

www.ilo.org/wcmsp5/groups/public/---ed_protect/--protrav/---safework/documents/publication/wcms_324653.pdf

DIY research tools

Hazards Magazine www.hazards.org/diyresearch/

Hazards article on the menopause

www.hazards.org/haz82/menopause.pdf

RCM guidance on the menopause

www.rcm.org.uk/sites/default/files/Equality%20and%20Diversity%20Publication%20-%20Working%20with%20the%20Menopause%2020pp%20A5_7.pdf

UNISON guidance on the menopause

www.unison.org.uk/content/uploads/2013/06/Online-Catalogue204723.pdf

www.unison.org.uk/content/uploads/2013/08/Briefings-and-CircularsMenopause-Factsheet2.pdf

Other useful websites, resources and organisations

TUC guidance on older workers

www.tuc.org.uk/sites/default/files/Older%20workers%20april%202014%20pdf.pdf

TUC guidance on trans issues

www.tuc.org.uk/sites/default/files/Transformingtheworkplace.pdf

European Health and Safety Agency web-pages on women

www.osha.europa.eu/en/themes/women-and-health-work

The Health and Safety Executive

guidance on gender in health and safety www.hse.gov.uk/vulnerable-workers/gender.htm

Women's Equality Network (WEN) Wales

www.wenwales.org.uk

Daisy Network

support for women with premature ovarian insufficiency www.daisynetwork.org.uk

Hysterectomy Association

information about hysterectomy, women's health, the menopause and hormone replacement therapy www.hysterectomy-association.org.uk

Healthy Working Wales

Free occupational health support for employers and individuals. Healthy Working Wales supports employers, individuals and a range of health professionals to help working age people in Wales stay fit and healthy so they can remain in employment, or return to work following a period of ill health.

www.healthyworkingwales.wales.nhs.uk

Ageing Well in Wales

working to ensure Wales is a good place to grow old for everyone www.ageingwellinwales.com

Daughters of Eve

working to end FGM and support women and girls to live well after FGM www.dofeve.org

BAWSO

information, advice and support for black and minority ethnic people in Wales www.bawso.org.uk

The National Society for the Prevention of Cruelty to Children

Wales information <https://www.nspcc.org.uk/preventing-abuse/child-protection-system/wales/>

Disability Wales

membership organisation of disabled people's groups campaigning for disability equality in Wales www.disabilitywales.org

Disability Rights UK

disabled people's organisation campaigning for equal participation for all www.disabilityrightsuk.org

Stonewall Cymru

campaigning for legal equality and social justice for lesbian, gay bisexual and trans people in Wales www.stonewallcymru.org.uk

Gender Identity Research and Education Society

working to improve the lives of trans and gender non-conforming people, including those who are non-binary and non-gender - www.gires.org.uk

Gendered Intelligence

www.genderedintelligence.co.uk

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Gender in Occupational Safety and Health

Supporting Working Women Through the Menopause

Health and Safety Organising

Transforming the workplace – guide for trade union activists

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This publication is also available in the Welsh language.

All TUC publications can be provided for dyslexic or visually impaired readers in an agreed accessible format, on request, at no extra cost.

This toolkit will be regularly updated, so we would welcome any comments or suggestions on how it could be improved. Please let us know if you notice anything that is out of date, unclear, or that you think may need correcting or updating.

Contact: Jo Rees or Rhianydd Williams

e: wtuceducation@tuc.org.uk t: 029 2034 7010

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Wales TUC Cymru,
1 Cathedral Road,
Cardiff CF11 9SD
www.wtuc.org.uk

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