

Menopause guide

For Edge Schools' Federation Employees

April 2023

This Policy and Guidelines have been **shared with** the following professional associations and Trade Unions representing Teachers, Headteachers and Support Staff:

- National Education Union
- National Association of Schoolmasters Union of Women Teachers
- National Association of Headteachers
- Association of School and College Leaders
- Unison
- GMB

Review April 2025

Menopause guide

This guide has been written for the benefit of all school employees.

It is for:

- women currently experiencing the menopause
- younger women who wish to prepare themselves for this stage of their lives when it occurs in the future
- male employees who may have menopausal colleagues, partners, relatives and friends and wish to be informed about this subject in order to support them and empathise with them
- Headteachers/line managers who have a responsibility to support the wellbeing of their teams, including individuals who are experiencing significant menopausal symptoms which are impacting on their working life
- transgender male and female employees and employees who identify as non-binary who may be affected by the menopause

It aims to:

- encourage conversations about the menopause between Headteachers/line managers and employees where menopausal symptoms are significantly impacting on an individual's experience at work, to ensure that appropriate support is in place to enable the individual to work effectively
- provide support and guidance for all menopausal employees, including promotion of self-care and signposting, and encourage employees to feel confident to ask for support if needed, so they can continue to be successful in their roles
- provide guidance and a clear approach for Headteachers/line managers so they are equipped to have sensitive and proactive conversations about the menopause with individual employees and follow the necessary steps in order to support them
- inform the workforce about the menopause and its possible impact, and the importance of being respectful and sensitive towards colleagues who may be experiencing this life transition
- promote a stigma free environment where menopause is not deemed a taboo subject, but a topic that can be discussed openly and comfortably within a culture where employees can ask for support if needed without feeling embarrassed. Ultimately, this document is a step towards normalising this topic as the School continues its commitment to creating a culture of wellness.
- recognise that each woman is an individual and will have their unique experience of the menopause which may vary significantly from woman to woman

This Guide fits with the School's vision to make the School an organisation where it 'feels good to work'.

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What is the Menopause?

There are essentially three stages to the menopause:

- (1) perimenopause
- (2) menopause
- (3) postmenopause

Perimenopause

The term 'perimenopause' is often used to describe the time before the menopause when a woman experiences menopausal symptoms but is still having periods. It is the transition phase to menopause – the years (approximately 5 – 10) leading up to the menopause, where there can be significant bodily and psychological changes for women.

Perimenopause usually starts when a woman enters her 40s. Women will start to experience changes to their periods (heavier or lighter periods and/or irregular periods) along with many of the classic symptoms associated with the menopause (such as hot flushes, also known as 'flashes', sleep difficulties, night sweats and low mood).

For some women, symptoms only occur for a few months and then their periods stop completely. However, other women experience symptoms for many months or even years before their periods stop. Often when one reads about menopausal symptoms, it also includes perimenopausal symptoms as they are the same, and both are due to hormonal changes.

During the perimenopause, the ovaries become less responsive, producing decreasing levels of Oestrogen and Progesterone and increasing levels of the control hormones Follicle Stimulating Hormone (FSH) and Luteinising Hormone (LH), which continues into menopause, with some fluctuation in levels along the way. It is these fluctuations in hormone levels that cause the symptoms that many women experience, including increasing irregularity of ovulation and periods.

Oestrogen plays a vital role in helping to regulate body fat in women, reproductive function, cardiovascular health, bone health, and brain function. Declining levels of oestrogen therefore impact all of these areas of the body and can lead to increased risk of developing cardiovascular disease and osteoporosis.

Menopause

The word 'menopause' literally means when your periods stop. 'Meno' refers to your menstrual cycle and 'pause' refers to the cycle stopping. The ovaries stop maturing eggs and secreting oestrogen and progesterone.

Menopause is usually defined when a woman has not had a period for 12 consecutive months (for women reaching menopause naturally).

The menopause is usually experienced between the ages of 45 – 55 although some women can experience it earlier than this due to 'premature menopause' or surgery. The average age for a woman experiencing the menopause is 51 years – although it can occur up until the mid-60s.

Women experience the menopause in widely varying ways. Symptoms can manifest both physically and psychologically and symptoms will also fluctuate throughout the menopause. Some women can go months feeling very well, and at other times symptoms can impact on the quality of their life. Not all women will experience significant symptoms and may in fact 'breeze' through a problem-free menopause, but most experience some symptoms ranging from mild to severe. Some women will note that their body is changing dramatically whilst others may feel it has hardly changed at all. For a quarter of women, menopausal symptoms will be severely debilitating.

Postmenopause

Postmenopause begins when you have officially reached menopause when menstruation has ceased. During postmenopause, for some women, the symptoms experienced during perimenopause and menopause may cease, but for other women they may continue. One in 10 women can experience symptoms for up to 12 years after their last period.

Premature Menopause

Although many women experience this natural change between the ages of 45 and 55, some women may stop their periods and experience the menopause at a much younger age – in their 30s or even younger (the youngest person to go through the menopause in the UK was 15 years of age). This is known as a premature menopause or premature ovarian insufficiency.

This may be a natural transition or due to medical circumstances that will create an immediate menopause, such as:

- a medically induced menopause to shrink fibroids
- when the ovaries are damaged by specific interventions such as treatment for cancer (radiotherapy or chemotherapy)

- 
- when a woman undergoes a hysterectomy – this is known as a medical or surgical menopause
 - surgery to remove the ovaries
 - IVF treatment

The NHS estimates that 1 in 100 women will experience a premature menopause.

Women who experience an early menopause may also have to cope with the psychological distress of facing infertility at an early age.

Trans women and men and non-binary employees

It is important to recognise that the menopause doesn't just affect women and that there is a much wider community it will impact on; non-binary people as well as transgender males and females can also experience menopausal symptoms.

Non-binary people – who do not identify as being solely male or female but may define themselves as both, neither, or something entirely different, may also experience menopausal symptoms.

Trans women – who identify as female but were assigned male at birth may experience pseudo-menopausal symptoms if their hormone therapy treatment is interrupted or levels are unstable.

Trans men – who identify as male but were assigned female at birth may experience natural menopausal symptoms if their ovaries remain in place and no hormone therapy is given. They may experience surgical menopause if the ovaries and uterus are removed and if hormone therapy is in place it may complicate it for trans men.

Menopausal symptoms

Some women experience almost no menopausal symptoms, but around 80% do experience noticeable changes and of these, 45% find their symptoms difficult to deal with. Without treatment, most menopausal symptoms will gradually stop naturally.

Some women report that it is the psychological symptoms rather than the physical symptoms which have the greatest impact.

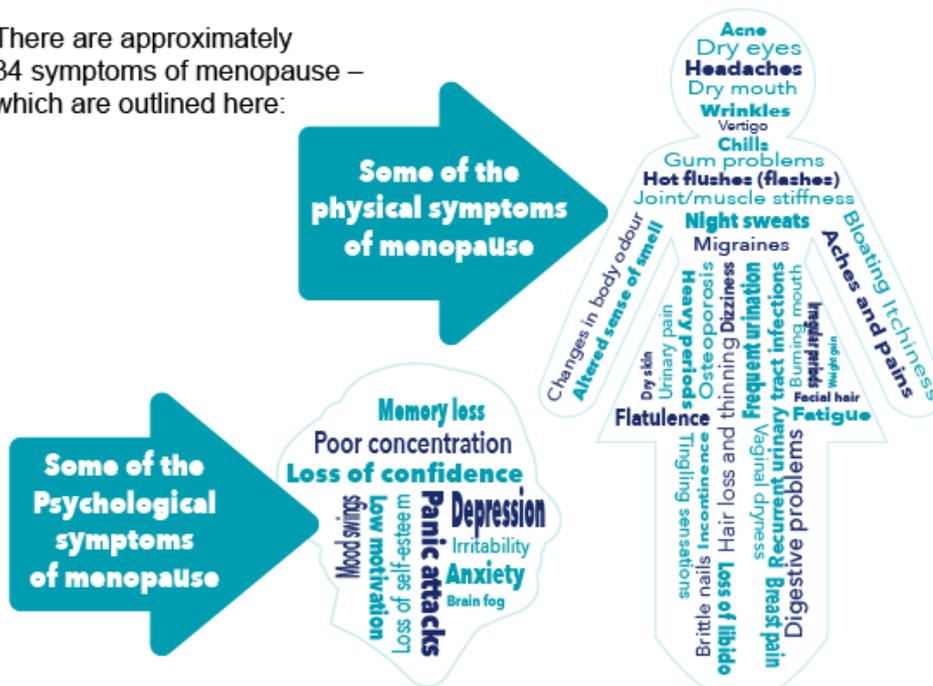
Again, it is important to re-emphasise the fact that each woman's menopause journey will be unique, and symptoms can vary greatly – in duration, severity and what impact they have on an individual woman.

Symptoms can have a detrimental effect on the quality of an individual's personal and working life. At work, symptoms can cause embarrassment, diminish confidence, and can be stressful to deal with and manage.

The menopause can also be made worse by the development of other health conditions, as well as coinciding with caring responsibilities for ageing parents and relatives. Some menopausal women may have their children still living at home.

Hot flushes are the most common symptom of the menopause – occurring in 3 in every 4 menopausal women. Other common physical symptoms include night sweats, sleeplessness, vaginal dryness, irritated skin, more frequent urinary tract infections, low mood and/or anxiety, and reduced sex drive.

There are approximately 34 symptoms of menopause – which are outlined here:



Physical symptoms – this list is by no means exhaustive:

Hot flushes (also known as 'flashes')	Headaches	Irregular periods	Osteoporosis	Hair loss and thinning	Altered sense of smell	Changes in body odour
Night sweats	Migraines	Heavy periods	Joint/muscle stiffness	Dry skin	Dry eyes	Urinary pain
Dizziness	Fatigue	Breast pain	Aches and pains	Itchiness	Dry mouth	Frequent urination
Weight gain	Vaginal dryness	Bloating	Recurrent urinary tract infections	Acne	Burning mouth	Flatulence
Tingling sensations - hands/feet/arms/legs	Loss of libido	Digestive problems	Incontinence	Wrinkles	Gum problems	Vertigo
	Chills		Brittle nails	Facial hair		

Psychological symptoms – this list is by no means exhaustive:

Anxiety	Panic attacks	Depression	Irritability	Loss of confidence	Poor or reduced concentration
Memory loss	Low motivation	Mood swings	Brain fog	Loss of self-esteem	

Menopausal Women at work – some context:

Nationally

- Women in mid and older life are staying in work longer or returning to work after time out. Women aged 50-64 have been the fastest growing demographic in the workplace for decades across the Western world. Comparing statistics from January to March 1993 against the same time frame in 2020 – this age group's labour market participation has increased by 21.2% (compared with a rise of 12.2% for men in the same period).
- According to the Office for National Statistics' August 2019 figures, there are approximately 4.45 million women aged between 50 to 64 currently in work in the UK. That number will rise as the retirement age for women increases over the coming years.
- Therefore, more women will experience menopause whilst they are in work. The NHS have reported that there are currently 13 million women in the UK experiencing menopause.
- Many women are at the peak of their profession when they start experiencing menopausal symptoms and without the right support at the right time, some women may be unable to reach their full potential. Such talent needs protecting, especially when we consider the vast amount of knowledge, experience, and skills accumulated over an individual's working life.
- Research by the Chartered Institute of Personnel and Development (CIPD) in 2019 found that almost a million women had left their job because of their menopause symptoms.
- It is estimated that the UK could be losing 14 million work days a year due to the menopause.
- World Menopause Day is held every year on the **18th of October**. The purpose of the day is to raise awareness of the menopause and the support options available for improving health and wellbeing.

Headteacher/Line Manager Guidance

Ways in which a Headteacher/line manager can support

Good people management is fundamental to supporting employee health and wellbeing, spotting early signs of ill health, distress or stress, and initiating early intervention. As a Headteacher/line manager, you should ensure that the wellbeing of the individuals you manage is supported, which includes supporting employees who are experiencing menopause symptoms which are impacting on their work life.

- Being empathetic rather than sympathetic (watch YouTube [Brené Brown's video on Empathy vs Sympathy](#) to note the difference) is key to having positive open conversations with an employee who is being impacted by menopausal symptoms at work.
- Menopause can really impact on an individual's confidence, and it can be very daunting for an employee to talk to someone, including a Headteacher/line manager, who has no knowledge or awareness of the menopause. Some of the symptoms associated with the menopause can manifest themselves in a particularly intimate, even visible way.
- Therefore, having an understanding of the menopause - its symptoms, the ways in which it can impact on an individual at work, and knowledge of the support available, will hopefully provide you with the confidence to discuss this issue, and may also help an employee feel less embarrassed to approach you to discuss how the menopause is affecting their health.
- Understand and reduce the barriers that could prevent an employee from performing or fulfilling their full potential by identifying appropriate workplace adjustments or changes to support individuals in order to help them thrive at work.
- Act fairly and foster an inclusive work environment where everyone is treated equally and where anyone experiencing menopausal symptoms receives the same support and understanding as if they had any other health issues.
- Do not make assumptions – everyone is unique – every woman will have their own experience of the menopause – their experience cannot and must not be compared with others.
- Understand related policies and guidance (Managing Attendance Policy (Sickness Absence); Equality Policy; Flexible Working Policy; Capability Procedure) and be knowledgeable about the support services/resources/tools in place, such as NOSS, Occupational Health, Wellbeing Resources through SAS Insurance (if applicable) Mental Health Support Access to Work, to signpost individuals to if needed.

Having that initial conversation

Headteachers/line managers should be having regular supervision sessions with individuals within their teams – this is especially important if any of your team are working remotely.

Wellbeing should be a standing agenda item in supervision sessions and return to work meetings, providing the ideal setting for a conversation about the menopause should it be required. Such conversations can identify the support needed to help women remain fully productive, as well as offer encouragement to discuss any relevant health concerns with a GP.

Setting the scene

It is important to set the right tone when opening a conversation about any sensitive issue, especially one around medical conditions. Try not to worry too much – being oversensitive will stop you from doing or saying anything – having a genuine interest in a person goes a long way. The following checklist will help you in preparing for such a conversation:

- If meeting face to face, this should ideally be held in a private, comfortable, quiet, and confidential setting where the conversation cannot be overheard – the Headteacher's/line manager's office for example.
- Prepare so that you will not be interrupted – put all telephone calls on hold and make it clear to colleagues that you are in a meeting so are not to be interrupted.
- If your conversation is taking place over a Teams' meeting or Skype call, ensure that both parties are able to talk freely and in confidence.

During the conversation

- Ask simple, open, and non-judgemental questions such as 'How are you doing at the moment?' or 'I've noticed you've been arriving late recently, and I wondered if you're okay?' It is up to the individual to disclose any particular symptoms or health issues they may have been experiencing.
- Do not make assumptions about someone's health conditions or ask them a direct question as to whether they have menopausal symptoms.
- Avoid judgemental responses.
- Listen actively and carefully.
- Encourage the employee to talk.
- Focus on the individual not the problem.
- Be prepared for some silences – do not try to fill these silences unnecessarily and be patient and calm.

Next steps: working together to find solutions and ensure that the right support is provided

If the initial conversation between the Headteacher/line manager and employee determines that symptoms are having a detrimental impact on the employee's working life, then this should be formally recognised and acknowledged.

Arrange another meeting which will allow you to focus fully on identifying the symptoms and agreeing on reasonable adjustments that satisfy both the employee's needs and the School's.

Step One

- Complete the Menopause Symptom Checklist with the employee – this will allow for a proper discussion as you both work through the list of symptoms so that you begin to understand the individual's needs and the nature of the symptoms which will inform how you can best support.
- If the employee would prefer to work through the Checklist on their own because they feel embarrassed or uncomfortable, then offer this to them. They can then email you their completed checklist in advance of the meeting.

Symptom Checklist Template

(Please open a copy of the [Menopause Checker](#) (symptom checklist template) and save a copy as your own, which will allow you to edit it.)

Please note that the checklist of symptoms is by no means an exhaustive list – menopausal symptoms can vary widely, and each individual's experience will be different so must be treated so. With this in mind, if there are symptoms that an employee is experiencing that are not included in this checklist, please add them.

Step Two

After completing the Checklist and identifying the symptoms which are impacting on the individual, you should work together with the employee to identify the reasonable adjustments to be put in place to enable the employee to feel more comfortable at work. The Risk Assessment document will aid with this discussion, providing prompts to help identify the adjustments. You may come up with other reasonable adjustments not stated in the document. Once the adjustments have been agreed, they are to be recorded in the Risk Assessment. Retain a copy of both the signed and dated Risk Assessment and the Symptom Checklist in a way that complies with data protection and GDPR legislation.

(Please open a copy of the [Menopause Reasonable Adjustment Risk Assessment Template](#), save a copy as your own, which will allow you to edit it.)

Some examples of possible adjustments to consider which are also suggested in the Risk Assessment:

- Flexible working arrangements may be considered for individuals experiencing debilitating symptoms. Menopause symptoms increase in stressful situations and when an individual is tired. If an individual is not sleeping well at night then consideration of a later starting time, coupled with a later finish time, may be appropriate. You may wish to discuss the possibility of working around the time of the day when concentration is better if this is conducive to your team's day-to-day operation or more time working at home if appropriate.
- Longer or more frequent breaks to allow time to rest and recover.
- The working environment is key for those suffering menopausal symptoms and for those working in an office/classroom environment, look to see if adjustments can be made to ventilation, lighting, being positioned by a window (for access to fresh air) or obtaining a desk fan, ensuring that conditions in the workplace do not make symptoms worse.
- Exploration of the use of memory assisting aids such as lists and action boards to prioritise work activities.
- Discuss with the employee what will be shared with work colleagues (should they need to know), and how and when, so that they understand the reasonable adjustments which are being made and why. If work colleagues have an understanding of the situation, they are more likely to be supportive of any changes which may impact them.

Step Three:

- Keep having conversations in your regular supervision sessions with your employee.
- Review the Symptom Checklist and Risk Assessment regularly with the employee – this is important because symptoms will fluctuate during perimenopause and postmenopause – an individual may be symptom free for a long period of time, and then experience symptoms at another point which are impacting on their quality of life.
- It is also advised that you make a referral to Occupational Health so that the employee can seek professional medical advice/support. The Symptom Checklist and Risk Assessment can be included in the referral to help inform the Occupational Health Adviser before their consultation.

Managing performance proactively and positively when there is a performance issue due to menopausal symptoms

In some cases, menopausal symptoms can be so serious that they affect a person's performance at work.

If an employee's performance is suffering due to menopausal symptoms, it is important to help them address the root cause. In such a situation, it is in everyone's interest (yours as the Headteacher/line manager, the School's, and the employee's) to discuss potential adjustments that could help the individual perform to their full potential.

Some examples of the potential impact of menopausal symptoms for an employee whilst at work

Menopausal symptoms can have a detrimental impact on a woman's comfort, esteem and confidence, and performance whilst at work.

Below are some of the ways in which the psychological symptoms of menopause can have a detrimental impact on a woman's working life:

- a fall in productivity and performance in terms of time management/meeting deadlines, emotional resilience, and ability to complete tasks effectively
- trouble concentrating
- fatigue
- memory loss or 'brain fog'
- reduced decision-making ability
- increased presenteeism
- increased absenteeism
- increased stress
- less engaged and motivated and lower commitment to the organisation
- working harder to offset detrimental effects on performance
- emotional outburst – credibility undermined
- reduced job satisfaction
- being more likely to leave a job due to lack of support

Which in turn could lead to:

- missing out on promotion
- missing out on training
- reducing hours
- losing confidence
- leaving work – and in turn, a loss of skills, experience, and talent.

How to manage health issues affecting performance

- Take any health issues fully into account where an employee is underperforming.
- Discuss and agree an action plan setting out expectations and improvements needed, and the support which will be provided to the employee to enable them to achieve this.
- Approach performance conversations supportively and positively. These conversations should be regular and informal.
- Identify any extra support or coaching the individual may benefit from.
- Refer to Occupational Health if appropriate to obtain helpful medical advice for you and your employee.
- Effective performance management should be incorporated into supervision sessions to aid personal development and should not be a one-off annual appraisal meeting. Performance management is most effective when it's proactive, informal and based on regular and constructive feedback and discussion. This helps to build trust-based relationships and two-way dialogue, making it easier to address any underlying health issues. If you don't address the root causes of poor performance, any solutions are unlikely to fully resolve the issue – and problems can spiral into sickness absence.
- If an underlying health condition is affecting the employee's work performance, it is essential you speak to your HR Officer before considering use of the Capability Procedure.

Menopause and the law

Menopause at work is covered by certain pieces of legislation to protect employees:

- Under the **Equality Act 2010**, menopause is largely covered under three protected characteristics: age, sex and disability discrimination.
- The **Health and Safety at Work Act 1974** provides for safe working, which extends to the working conditions when experiencing menopausal symptoms.
- Acas has also introduced **new codes of practice** surrounding flexible working.

The Equality Act

- Under the Equality Act 2010 it is unlawful to discriminate against people at work because of a protected characteristic. The protected characteristics include age, disability and sex.
- Age discrimination is when you are treated differently because of your age. Indirect age discrimination may be the result of a rule or policy which puts people within a certain age group at a disadvantage.
- Sex discrimination is when you are treated differently because of your sex. Indirect sex discrimination may happen when an organisation has a particular policy or way of working that applies in the same way to both sexes, but which puts a woman at a disadvantage because of her sex unless it can be objectively justified. Therefore, if a woman experiencing the menopause is treated detrimentally because of menopausal symptoms and these are not taken into account within policies or practices, it could potentially give rise to sex and age discrimination.

Menopause and disability

- Whilst menopause itself is not classed as a disability, in some circumstances, menopausal symptoms meet the Equality Act definition of disability due to the fact that some menopause symptoms may continue to have a substantial adverse effect on normal day to day activities for some employees eg low mood and/or anxiety – therefore, potentially meeting the legal definition of a disability under the Equality Act.
- Under the Equality Act, a disabled person is defined as someone who has a mental or physical impairment that has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities. 'Long-term' meaning 12 months or more.
- Employers have a duty to make reasonable adjustments for disabled workers, where failure to do so would place the disabled worker at a substantial disadvantage compared to non-disabled workers. They must not treat employees less favourably than others as a result of a disability.

Some Menopause Tribunal cases – what not to do:

Merchant v BT PLC (2012)

- In this case the employee, Ms Merchant, was found to have suffered from direct sex discrimination and an unfair dismissal.
- Ms Merchant was being performance-managed for capability concerns. She was dismissed for poor performance, but her manager failed to take into account her menopausal symptoms, even though she had given him a report from her GP which indicated there were health issues related to menopause, including impaired concentration.

- The manager should have investigated her health problems linked to her menopause further; instead, he not only disregarded fresh medical evidence, but made stereotypical assumptions based on his own personal experience of his wife's and a colleague's menopausal experiences. This reiterates the point that each woman's menopausal experience is unique and must not be compared or judged against others' experiences.
- The tribunal decided that the manager would never have adopted "this bizarre and irrational approach with other non-female-related conditions" or treated a man suffering from ill-health with comparable symptoms (failed concentration) in this way.
- It also ruled that the manager had failed to follow the capability policy which referred to seeking medical evidence, relying only on anecdotal evidence.

Davies v Scottish Courts and Tribunals Service (2018)

- In this case, the employee, Ms Davies, who worked as a court officer, was found to be unfairly dismissed and to have suffered from disability discrimination. The tribunal considered that Ms Davies was disabled as defined by the Equality Act because of the substantial and long-term menopausal symptoms which caused memory loss and confusion.
- A mix-up occurred at work about whether her medication had been added to a jug of water or not. To treat cystitis, Ms Davies was prescribed granulated medication to put into water. When she briefly left the court, two male court users were seen drinking water. Her jug had been emptied and she reached the conclusion that they had been drinking her water. The court undertook a health and safety investigation followed by a disciplinary investigation and concluded that Ms Davies had deliberately misled them, and she was dismissed for gross misconduct despite an occupational health report which confirmed that she had perimenopausal symptoms which affected her memory and concentration. They very clearly failed to take into account evidence of the impact menopause had with regards to her behaviour and concentration.

A v Bonmarche Ltd (2019)

- The claimant was a senior supervisor at Bonmarche and had worked there for a long time. Her manager began to bully her, ridiculing her as she was going through the menopause. He called her a 'dinosaur' and encouraged other staff to laugh at his comments.
- During a restructure, her post was unaffected, yet others were encouraged to apply for her role. She suffered some significant sickness absence but did manage to return to her role on a phased basis working shorter hours. However, her manager placed her on a full shift for the following week. She resigned and suffered a breakdown due to the harassment and bullying she had endured. She was successful in her claim of age and sex discrimination.

Employee Guidance

For employees who find their menopausal symptoms are affecting their well-being and their working life and need support, please consider the following suggestions, and do not suffer in silence.

- Discuss your practical needs with your Headteacher/line manager at an early stage – remember, they have a duty of care to support you. Early discussions will help your Headteacher/line manager determine the best approach in supporting your needs. As a school employee, we want you to feel empowered and comfortable in approaching your Headteacher/line manager to be as open and honest as possible in your conversations; having these conversations helps to normalise this natural milestone in your life.

Opening up dialogue with your Headteacher/line manager will ensure that your symptoms are treated as an ongoing health issue rather than as individual instances of sickness absence.

- In your initial conversation with your Headteacher/line manager, you may find it helpful to prepare by considering the following points:
 - think how the menopause is affecting you
 - the more information you can volunteer and feel comfortable volunteering will help you get the best possible support
 - what are your symptoms and what challenges can they cause?
 - how do the following factors impact on you?
 - environment
 - communications and relationships
 - equipment
 - uniform
 - facilities
 - travel
 - working hours
 - learning new systems
 - what do good and bad days look like for you? On good days, consider how menopause symptoms impact on you at work. On bad days, what are your symptoms and what should you notice?

- After your initial conversation, your Headteacher/line manager will organise a separate meeting to focus on and work through the **Symptom Checklist Template** and the **Risk Assessment** with you to agree on some reasonable adjustments in order to make you feel more comfortable in the workplace.

(Please open separate copies of these documents and save a copy as your own, which will allow you to edit the documents.)

- If you would prefer to complete the Symptom Checklist by yourself prior to the meeting, then do so and then email it to your Headteacher/line manager in advance of the meeting.
- It is recognised that some employees may not feel comfortable talking to their Headteacher/line manager about their menopausal symptoms and if they have been off sick due to menopausal symptoms, may be reluctant to disclose the real reason for any sickness absence. Additionally, some women may have their own coping mechanisms to deal with this transition in their lives and may not need support at work.

If you feel unable to speak with your Headteacher/line manager, then please do speak to your HR Officer in the first instance who can then start to include and support your Headteacher/line manager in the ongoing dialogue and in completing the Risk Assessment.

- Keep having conversations with your Headteacher/line manager in your regular supervision/catch up sessions. These sessions provide you with the opportunity to discuss your health and review the Symptom Checklist and Risk Assessment when you need to because symptoms will fluctuate during the perimenopause and postmenopause. An individual may be symptom free for a long period of time, and then experience symptoms at another point which are impacting on their quality of life.
- See your GP for advice on available treatment options (such as HRT or Cognitive Behavioural Therapy [CBT]) and coping mechanisms. It may be beneficial to read up on the **Nice Guidance** before you see your GP because not all GPs are knowledgeable about the menopause. It may be worth requesting an appointment with a GP who has an interest in women's health.
- Use technology, where this is helpful and available eg for reminders and note taking and consider the use of memory assisting aids to prioritise work activities:
 - write physical 'to do' lists.
 - use the MS Outlook Calendar to record tasks to be completed to help keep you on track and organised for the day.

- use OneNote (part of the Office 365 suite) for 'to do' lists and for audio recording a voice note if there is a preference to listen back rather than read.
- use the **MS To Do app** todo.microsoft.com
- the Windows Sticky Notes App (find in your Software Centre) is like a physical sticky note but digital.
- MS Viva and Cortana (your personalised productivity assistant) are both good organisation tools, encouraging employees to book focused daily time in MS Outlook Calendar. You should receive regular, if not daily, email notifications from them.

Your School IT support will be able to discuss the above options with you.

- If those you work with are supportive, this can make a big difference. Talk about your symptoms with colleagues, particularly those who are also experiencing symptoms, and the changes that are being made to your work life so that they understand and can be supportive.

Some lifestyle recommendations if you don't already do any of the following:

- Avoid hot flush triggers (such as hot food, spicy food, and hot drinks) especially before presentations or meetings.
- Consider relaxation techniques such as Mindfulness, Tai Chi, and yoga; alternative/complimentary therapies like acupuncture, aromatherapy, herbal treatments, homeopathy, hypnotherapy, and reflexology – which have all been reported to be helpful when coping with the menopause. Read this **factsheet** produced by Women's Health Concern (the patient arm of the British Menopause Society) for further information.
- Consider lifestyle changes such as weight reduction, smoking cessation, and incorporating exercise into your weekly regime.
- Consideration of vitamin supplements like Vitamin D and Magnesium and herbal and nutritional remedies like Black Cohosh for hot flushes and St John's Wort to stabilise mood swings. You are advised to check with your GP first in case any of these supplements adversely affect any existing medication you are on.
- Eat a healthy varied diet with plenty of fruit and vegetables.
- A table listing some menopause symptoms and suggestions on how to manage them can be viewed in the document 'Menopause symptoms and practical tips to manage them.'

Internal support:

- Your Headteacher/line manager should refer you to [Occupational Health](#) if your symptoms are impacting on your wellbeing and work life.
- You can self-refer to [NOSS](#) 01978 780479 – Shropshire Council’s confidential counselling service.

National support:

- [Henpicked](#) is one of the UK’s largest, fastest-growing websites for women over 40. It’s Menopause Hub has a wealth of information, useful resources, tips, and women’s stories.
- [Nice Guidance](#)
- [Menopause Matters](#) is an award-winning independent website which provides information about the menopause, menopause symptoms, and treatment options.
- [NHS Menopause Guidance](#)
- [Daisy Network](#) is a charity providing support for women diagnosed with Premature Ovarian Insufficiency, also known as Premature Menopause.
- [My Menopause Doctor](#) – Dr Louise Newson, a Menopause specialist, provides some useful resources/booklets to download on: younger women and the menopause; relationships; surgical menopause; HRT; changing body shape. The website aims to help empower women with necessary information to make informed decisions regarding treatment they may take to help turn the menopause into a positive experience that does not negatively impact their lives.
- [balance app](#) has been designed by Dr Louise Newson (My Menopause Doctor); balance gives free evidence-based and non-biased information to women about the perimenopause and menopause globally. It allows you to track your menopause symptoms, access personalised expert content, share stories and lots more.
- [Women's Health Concern](#) is the patient arm of the British Menopause Society that aims to help educate and support women with their healthcare by providing unbiased, accurate information.
- The Menopause Exchange website gives independent advice about the menopause, midlife, and post-menopausal health. They send out free quarterly newsletters with useful impartial help and support.

Further Resources:

Books:

Menopause: The Change for the Better by Deborah Garlick

Men...Let's Talk Menopause: What's going on and what you can do about it
by Ruth Devlin

*Menopause: The One-Stop Guide: A Practical Guide to Understanding
and Dealing with Menopause* by Kathy Abernethy

Preparing for the Perimenopause and Menopause by Dr Louise Newson

The Happy Menopause: Smart Nutrition to Help You Flourish by Jackie Lynch

Recordings from Henpicked:

- Menopause and Hot Flashes - Dr Tonye Wokoma
<https://henpicked.net/hot-flashes-and-what-you-can-do-about-them/>
- Menopause and Periods - Dr Karen Morton
<https://henpicked.net/periods-menopause/>
- Menopause & Sex - Dr Claire Macaulay
<https://henpicked.net/menopause-and-sex-what-you-need-to-know/>
- Menopause & Bone Health with Dr Shahzadi Harper
<https://henpicked.net/menopause-bone-health-video/>
- Menopause & Mental Health with Linda Gillham, Healthy Minds
Lead, Peppy Health
<https://henpicked.net/menopause-mental-health-techniques/>
- Menopause and fertility with Francesca Steyn, Peppy Health.
<https://henpicked.net/menopause-fertility-2/>
- Menopause, weight gain & diets - Jackie Lynch
<https://henpicked.net/menopause-weight-gain-diets/>
- HRT - Kathy Abernethy
<https://henpicked.net/hrt-ga/>
- Menopause, resilience & stress management - Danny Symonds
<https://henpicked.net/menopause-resilience-stress-management-2/>
- Menopause, mental health & brain fog - Dr Shahzadi Harper
<https://henpicked.net/menopause-mental-health-brain-fog-2/>

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- How CBT helps during menopause - Professor Myra Hunter
<https://henpicked.net/cbt-helps-menopause/>
 - Menopause & Sleep - Dr Jessica Baron
<https://henpicked.net/category/menopause-hub/videos/>
 - Getting support from your GP - Kathy Abernethy
<https://henpicked.net/menopause-gp-support-kathy-abernethy/>
 - Early and premature menopause - Mr Nick Panay
<https://henpicked.net/early-menopause-and-its-treatment-video/>

Women's Health Concern have produced some useful factsheets on a variety of symptoms.

- [Complementary and alternative therapies](#)
- [HRT Benefits and Risks](#)
- [Menopause and insomnia](#)
- [The Menopause](#)
- [Osteoporosis – bone health following the menopause](#)