



Our Lady of Good Help

Catholic Primary School

Menopause Policy

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1. Introduction

Our Lady of Good Help Catholic Primary School (OLGH) is committed to providing an inclusive and supportive working environment for everyone who works here. As a school that is committed to the health and well-being of its workforce, OLGH recognises that staff may need additional consideration, support and adjustments during this transitional time before, during and after the menopause and aims to ensure that staff are treated according to their circumstances and needs.

OLGH is committed to ensuring that individuals feel confident in discussing menopausal symptoms and asking for support and adjustments in order to continue with their role within the organisation

Menopause is a natural part of every woman's life and it is not always an easy transition. The right support can make the menopause much better to manage. Whilst every woman does not suffer with symptoms, we recognise that supporting those who do will improve their experience at work. Menopause should not be 'hidden'. As an Organisation that puts well-being at the heart of its ethos, we want everyone to understand what menopause is and to be able to talk about it openly, without embarrassment. This is not just an issue for women, men should be aware too.

Our Lady of Good Help Catholic Primary School is committed to ensuring that all individuals are treated fairly and with dignity and respect in their working environment.

2. The Legislative Setting

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. Note that conditions linked to the menopause may meet the definition of an 'impairment' under the Equality Act and require reasonable adjustments.

3. Rationale

This policy sets out the guidelines for members of staff and managers on providing the right support to manage menopausal symptoms at work. It is not contractual and does not form part of the terms and conditions of employment; however, if the school wishes to amend the Menopause Policy, staff will be consulted on proposed changes via the recognised Trade Unions.

4. Aims

- To create an environment where individuals feel confident enough to raise issues about their symptoms and ask for support and adjustments at work.
- OLGH 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.
- Reduce absenteeism due to menopausal symptoms.
- Assure women that we are a responsible employer, committed to supporting their needs during menopause.

5. Key Principles

OLGH has a positive attitude to the menopause/ perimenopause and will work proactively to make adjustments where necessary to support individuals experiencing the menopause and to ensure the workplace does not make their symptoms worse.

We will ensure everyone understands what menopause is, can confidently have good conversations, and are clear on our policy and practices, supported by the Health & Well Being Committee if appropriate.

OLGH will educate and inform managers about the potential symptoms of menopause, and how they can support women at work.

We recognise that the menopause/perimenopause is a very individual experience and that people can be affected in different ways and to different degrees, and therefore different levels and types of support and adjustments may be needed

OLGH will take the specific needs of individuals into consideration (including stress risk assessments).

6. Definitions and Background

Menopause comes from two Greek words men (month) and pausis (cessation or stop). Literal meaning is therefore 'the last menstrual period that occurs'.

The menopause is part of the natural ageing process for women although it can be brought on as a result of other medical conditions or certain surgical interventions. It refers to the point in time when menstruation has ceased for twelve consecutive months.

After a woman has not had a period for a year, this is considered to be 'post-menopausal'.

OLGH recognises that a proportion of its workers will be working through and well beyond the menopause.

We recognise that the menopause affects all women and it can often indirectly affect their partners, families and colleagues as well.

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

During the time of the peri-menopause individuals may begin to experience symptoms due to changes in their hormone levels. These symptoms may vary in degree between different individuals. Due to the fact that they may be still having regular periods at the onset of the symptoms, many individuals do not always realise that they are experiencing the peri-menopause and may not understand what is causing their symptoms; and can be a barrier to accessing support.

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.

People from the non-binary, transgender and intersex communities may also experience menopausal symptoms.

OLGH recognises that, for many reasons, individual experiences of the menopause may differ greatly. Some people seek medical advice and treatment for the symptoms of the peri-menopause (the time leading up to menopause when a woman may experience changes, such as irregular periods or other menopausal symptoms) and menopause (defined biologically as reaching a natural end to reproductive life).

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

7. Symptoms of Menopause

It is important to note that not every woman will notice every symptom, or even need help or support. However, 75% of women do experience some symptoms and 25% could be classed as severe.

Symptoms can manifest both physically and psychologically including (but not exclusively) hot flushes, poor concentration, headaches, panic attacks, heavy/light periods, anxiety, and loss of confidence. Some women also experience difficulty sleeping. Other symptoms include vaginal symptoms, urinary problems, migraines and headaches, reduced muscle mass, Skin irritation, palpitations – heartbeats that suddenly become more noticeable.

These symptoms (which can vary in degree) may be experienced even though menstruation continues so women who are still having regular periods may not realise that they are experiencing the perimenopause and not understand the cause of their symptoms.

8. Menopause Symptoms in Other Circumstances

There are other circumstances in which symptoms may be experienced:

Whilst menopause is usually a process involving gradual change, it can sometimes be sudden and acute following serious illness, medication or surgery. Sudden menopause tends to experience more severe symptoms and may require treatment and/or post-operative care to manage further problems.

Younger women undergoing treatments for conditions such as endometriosis (estimated to affect around 1 in 10 women of reproductive age) and infertility (affecting around 1 in 7 couples), may experience menopausal symptoms whilst receiving treatment. Surgical and medical treatments as part of an individual's gender transition can result in menopause symptoms.

9. Post Menopause

Symptoms continue on average for four years from the last period and can continue for up to 12 years.

There is potentially an increased risk of certain conditions including heart disease and osteoporosis (brittle bones) during post-menopause because of lower levels of certain hormones. These risks are higher for those who have had an early or premature menopause.

10. Roles and Responsibilities

Menopause is a very personal experience and can affect people at work in various ways. This means that different levels of support and assistance may be needed at what can be a very difficult time. Attitudes can vary from empathy and understanding, through to insensitivity and "jokey", to a complete lack of sympathy.

Members of staff

All staff are responsible for:

- Taking a personal responsibility to look after their health;
- Being open and honest in conversations with managers/HR and Occupational Health;
- If a member of staff is unable to speak to their line manager, or if their line manager is not supporting them, they can speak to their union or the staff health & wellbeing team;
- Contributing to a respectful and productive working environment;
- Being willing to help and support their colleagues;
- Understanding any necessary adjustments their colleagues are receiving as a result of their menopausal symptoms.

Line Managers

The most important and valuable thing a manager can do is listen and, wherever possible, respond sympathetically to any requests for adjustments at work.

People who are experiencing the menopause (whether directly or indirectly) may need sympathetic and appropriate support from their line manager. As with any longstanding health-related conditions, this support can make a major difference to how they deal with the menopause, enabling them to continue working well and productively. You will need to maintain confidentiality in handling health information about the menopause.

Any specific needs identified (including reasonable adjustments that are agreed) should be recorded and reviewed regularly.

All line managers should:

- Familiarise themselves with the Menopause Policy and Guidance;
- Should be aware of the potential impact of menopause on performance;
- If someone's performance suddenly dips, it is worth considering whether the menopause may be playing a part in this;
- Be ready and willing to have open discussions about menopause, appreciating the personal nature of the conversation, and treating the discussion sensitively and professionally;
- On request of the employee, complete a risk assessment to identify potential issues and their remedies (A RA template is attached);
- Ensure ongoing dialogue and review dates;
- Ensure that all agreed adjustments are adhered to.

Where adjustments are unsuccessful, or if symptoms are proving more problematic, the Line Manager may:

- Discuss a referral to Occupational Health for further advice;
- Refer the employee to Occupational Health;
- Review Occupational Health advice and implement any recommendations, where reasonably practical;
- Update the action plan and continue to review.

Occupational Health

The role of Occupational Health is to:

- Carry out a holistic assessment of individuals as to whether or not menopause may be contributing to symptoms/wellbeing, providing advice and guidance in line with up-to-date research;
- Signpost to appropriate sources of help and advice.

11. Risk Assessment

In order to consider the specific needs of individuals going through the menopause and ensure that the working environment will not make their symptoms worse, a risk assessment might need to be completed. The risk assessment will assist in identifying any potential adjustments which may be required.

Particular issues to consider include temperature and ventilation, welfare issues (including toilet facilities and access to cold water).

Appendix 1

Supporting a colleague through the menopause – a Manager’s guide

OLGH recognises that every woman is different, and it is, therefore, not feasible to set out a structured set of specific guidelines.

If an employee wishes to speak about their symptoms, or just to talk about how they are feeling (they may not recognise themselves that they are symptomatic), or if a male employee wishes to speak about a family member, please ensure that you:

- Allow adequate time to have the conversation;
- Find an appropriate room to preserve confidentiality;
- Encourage them to speak openly and honestly;
- Suggest ways in which they can be supported (see symptoms below) – hand out the OLGH Menopause Advice Sheet (appendix 2);
- Agree actions, and how to implement them;
- Agree if other members of the team should be informed, and by whom;
- Ensure that designated time is allowed for a follow up meeting. Do not rely on quick queries during chance encounters in the corridor or staff room.

Symptoms Support

Symptoms can manifest both physically and psychologically, including, but not exhaustively or exclusively; support and potential control measure for women should be considered as detailed below:

Hot Flushes

- Request temperature control for their work area, such as a fan on their desk (where possible a USB connected desk fan to ensure environmentally friendly) or moving near a window, or away from a heat source;
- Easy access to drinking water;
- Encourage use of the staff room for breaks.

Heavy/light Periods

- Have permanent access to washroom facilities;
- Ensure sanitary products are available in ladies’ toilets;
- Understand that on occasions there may be a need for a member of staff to go home to access personal care.

Urogenital Problems

This will include an increased frequency and urgency to pass urine, with a need to access toilet facilities more frequently and to drink more fluids.

Suitable adjustments may include:

- Providing ready access to suitable toilet facilities;
- Providing ready access to suitable washing facilities;
- Allowing more frequent breaks to go to the toilet including procedures for during lesson times;
- Providing easy access to drinking water.

Headaches

- Have ease of access to fresh drinking water;
- Use the staffroom as a quiet place to work when not teaching or when time out is required;
- Have time out to take medication if needed.

Low Mood

- Agree time out from others, when required, without needing to ask for permission with due consideration for safeguarding;
- Identify a 'buddy' for the colleague to talk to – away from the work area;
- Identify a 'time out space' to be able to go to 'clear their head'.

Loss of Confidence

- Ensure there are regular Personal Development Discussions;
- Have regular protected time with their manager to discuss any issues;
- On a case-by-case basis agree the best way of supporting the member of staff.

Poor Concentration

- Discuss if there are times of the day when concentration is better or worse;
- Review task allocation and workload;
- Provide books for lists, action boards, or other memory-assisting equipment;
- Offer quiet space to work.

Anxiety

- Identify a 'buddy' for the colleague to talk to – away from their work area – ask the Health & WellBeing Committee if appropriate for support
- Be able to have time away from their work to undertake relaxation techniques with due consideration for safeguarding;
- Encourage your colleague to undertake mindfulness activities such as breathing exercises, or going for a walk.

Panic Attacks

- Agree time out from others, when required, without needing to ask for permission;
- Identify a 'buddy' outside of work area;
- Undertake mindfulness activities such as breathing exercises, or going for a walk.

Muscular Aches and Bone and Joint Pain

For individuals experiencing these symptoms, moving and handling or adopting static postures may be more uncomfortable. Suitable adjustments may include:

- Making any necessary temporary adjustments through review of risk assessments and work schedules.

Discuss whether the member of staff has visited their GP. Depending on the discussion, this may be the next step suggested, particularly if the areas of difficulty are sleeping, panic attacks or anxiety. If they have visited their GP, and are being supported by them, it may be helpful at this point to make an Occupational Health referral to give specific advice regarding the workplace.

Appendix 2: Menopause Advice Sheet – A guide for staff seeking extra support

Don't Suffer in Silence ...

Advice and support

Whilst some women go through this natural stage without any requirement for intervention, others experience more difficult symptoms. These can pose significant challenges to daily living, leading to the need to seek help from a healthcare practitioner or to consider self-help alternatives. If you are struggling to cope, please seek a professional opinion from your GP or Occupational Health.

Don't wait. It is all too common for women to feel they must simply 'put up' with menopausal symptoms as a part of life but, if they are affecting you, there are things you can do and support available. There is no need to wait until symptoms feel unbearable.

Prepare for your appointment. It's easier for your doctor to understand what's going on if you provide them with all the information. That may sound obvious, but blood tests to say where you are on the menopause transition aren't always available or accurate – your hormones can fluctuate daily during this time. So, your doctor will be thinking about what to recommend for you, based on your symptoms.

Keep a list of your symptoms, your menstrual cycle, hot flushes, how you're feeling and any changes you've noticed. Write them down and take them to your appointment. Your doctor will thank you for it and it's more likely that, together, you'll find the right solution faster. And, if you have any preferences about how you manage your symptoms, tell them that too – for example, if you'd like to try hormone replacement therapy (HRT) or not.

Ask the receptionist which doctor is best to talk to about menopause. They are often the font of all knowledge at a surgery and can help you find the best person to speak to – it might not be your usual GP; it could be someone who has had special training in the subject.

Ask for a longer appointment. If you don't think your standard appointment will be long enough, try to book a double appointment as some surgeries do offer this.

Take your partner or a friend with you. The chances are you spend your life supporting others and, during menopause, it's your turn to ask them for support. Your partner or a friend will know how the symptoms are affecting you. They could support you at the appointment and also find out how they can continue supporting you.

What to expect from your doctor

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

They should:

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

They should not:

- Tell you that it's just that time of your life. Yes, menopause is a natural stage, but please don't feel that means you should have to put up with every symptom without help;
- Tell you they don't prescribe HRT. It's up to you what you want to try, and for them to say whether it could be right for you, depending on your medical history;

- Impose unnecessary time restrictions, such as they will only prescribe this once, or for a year or two. This is an ongoing conversation, and if your symptoms persist, you will still need help to manage them.

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

Appendix 3: Template Risk Assessment

A	Date:	School:	Team:	Location:
Review Date:		Ref:	Assessor:	Manager:

7	Assessment of Risk for: Generic Risk Assessment - Menopause
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8	List Hazards Here	List Groups of People at Risk	List Existing Controls	Risk Level
Ser No				
1	All Hazards Listed	All women employees between ages of 45 and 55 Also women in premature menopause, peri-menopause or medical/surgical menopause	Any additional medical advice specific to each woman worker will be taken into account when implementing controls. Time off with pay will be given for medical appointments made on the advice of a GP. Support system are in place to allow for breaks and assistance at short notice. Consideration to be given to pre-existing medical conditions which may be affected by menopause.	

2	Manual Handling	As above	<p>All heavy moving and handling activities are to be avoided.</p> <p>The extent of manual handling is reduced to within the personal capabilities of the individual worker (initial consultation made and individual capability regularly monitored).</p> <p>Susceptibility to injury, associated with manual handling, will be monitored during menopause duration.</p> <p>Instruction provided in correct handling technique.</p>	
3	Posture e.g. standing or sitting for long periods, twisting,	As above	<p>The need for long periods of standing is avoided; seating provided at workstation. The combination of sitting and standing working positions is encouraged.</p>	

	stooping or reaching upwards.		<p>Increased frequency of rest breaks is encouraged, allowing for additional rest and welfare requirements (access to toilet facilities and allowing for intake of additional fluids and food).</p> <p>DSE self-assessment should be reviewed during time of menopause, to ensure manager is made aware of any potential problems with the workstation set-up etc.</p> <p>Requirement to twist, stoop and reach upwards is reduced to within the personal capabilities of the individual employee (initial consultation made and individual capability regularly monitored).</p> <p>Backache associated with poor posture will be monitored during menopause and regular movement is encouraged to maintain healthy circulation.</p>	
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4	Working Hours	As above	Long working hours are avoided and working hour's adjustment arrangements are in place.	
5	Extreme Temperatures	As above	<p>Exposure to high / low temperature working environments is kept to a minimum and appropriate clothing is provided where required.....</p> <p><i>please detail any specific PPE.....</i></p> <p>Uniforms (where provided) to be made from appropriate materials (natural fibres), where possible.</p> <p>Adequate ventilation and means for local cooling (e.g. electric fans) provided.</p>	
6	Inadequate Welfare Facilities	As above	<p>There is reasonable access to toilet and rest facilities, with drinking water freely available.</p> <p>There is an area that allows the worker to sit down in privacy (rest and refreshment breaks encouraged).</p>	
7	Occupational Stress	As above	<p>There is a general stress risk assessment in place, see..... <i>ref stress risk assessment here.....</i></p> <p>There is regular monitoring and consultation with employees who are during menopause to ensure workplace stressors are kept to a minimum.</p>	

8	Work-related Violence	<p>Risk of violence reduced to a minimum through adherence to _____ School's Violence at Work Policy.</p> <p>There is a general work related violence risk assessment in place, see..... <i>ref</i></p> <p><i>work related violence risk assessment here</i>.....</p> <p>Alternative work is offered where the risk of violence cannot be significantly reduced.</p>	
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Risk Level:

High: Accident likely with possibility of serious injury or loss

Medium: Possibility of accident occurring causing minor injury or loss

Low: Accident unlikely with control measures