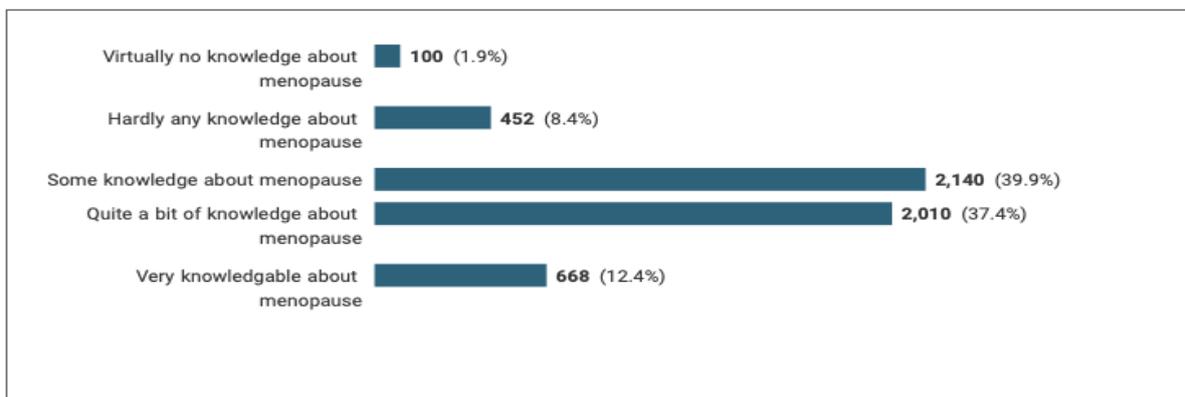


Written evidence from Dr Vanessa Beck, University of Bristol [MEW0038]

I am writing this submission on the basis of researching menopause in the workplace for about 5 years now, including being one of the authors of the 2017 Government Equality Office Menopause Report. Since then, my work has included a large survey on menopause that was open to the population (2019, with 5399 valid responses), a range of interviews with women experiencing menopause transitions, and work with a number of organisations implementing menopause policies, guidelines or menopause clinics. I draw on this body of research in my submission.

1. What is the nature and the extent of discrimination faced by women experiencing the menopause? How does this impact wider society?

1.1 Menopause remains a taboo and a difficult subject for women to talk about despite the increase in attention to the subject matter and this makes it difficult for women to obtain support and advice about their menopause transition whilst in work. Our 2019 survey with 5399 responses to the question 'How would you describe your level of knowledge about menopause?' suggested very mixed levels.



1.2 Women are not necessarily aware of menopause issues themselves, and taboos surrounding open discussions around menopause, linked to gendered ageism and negative perceptions of older women, mean it is not talked about. The fact that almost half of all women in our survey access information online or in books suggests their difficulties in receiving reliable information as some of the most common sources of information are unregulated. There is little knowledge and therefore even less information on and support for different groups of women and their specific experiences of menopause. The list of menopause symptoms as commonly described does not reflect, for example, Black or Asian women's experiences of what a hot flush looks and feels like. This is paralleled by a lack of knowledge and support from colleagues, line managers and organisations as a whole.

1.3 It is at present difficult to gather evidence and data on women's workforce participation being impacted by menopause transition as most workplaces and government statistics do not gather such data. As one of our respondents states:

“I had a performance review where my accuracy was questioned, confirmed that I was going through Menopause and finding it hard not to make mistakes and I was told that she couldn't write Menopause so my reason was left blank”

1.4 These issues apply to absence procedures, productivity and performance reviews, as well as exits from the labour force. The problem is exacerbated by women's reluctance to disclose their menopause status at work because of the associations with being old, 'past it' and underperforming¹. The CIPD² suggests that while nearly a third of their respondents had taken sick leave as a result of menopause symptoms, only a quarter gave their manager the real reason for their absence. However, there are indications³ that work stress and working environment have a greater influence on job performance and turnover intention, though not on days affected by absence, thus questioning whether menopause has a negative impact on work performance and absence levels in the first place. Broader workplace health promotion interventions are therefore more likely to reduce sickness absences⁴. Qualitative results from my own survey-based research (unpublished so far) shows that the use of the Bradford Factor⁵ in assessing absences has particularly negative implications for those transitioning through menopause. It is therefore vital to consider whether sickness absence policies do enough to accommodate women experiencing menopause transition⁶. Categorising repeated absences because of menopause symptoms as related to an ongoing health condition rather than triggering performance management could help. Ensuring alternative approaches are utilised across workplaces is also important.

2. How can businesses factor in the needs of employees going through the menopause?

2.1 Although widely quoted as useful for women experiencing menopause transition at work, there is little information on how flexible working arrangements might be implemented in practice. Uptake and organisational, as well as cultural perceptions about menopause are a hindrance. In the police force, for example, there are differences between the flexibility available and that required⁷. The highest uptake is of flexibility that does not reduce working hours, such as flexi-time and agile working. Part-time work is used less. These patterns might, however, reflect organisational demand rather than usefulness for the individual menopausal woman. Organisational cultures (and presenteeism) are key issues here. Such issues are even more pronounced in female dominated, low-paid jobs where physically demanding and inflexible working hours are common and often accompanied by high levels of work stress and low degrees of autonomy⁸.

¹ Beck, V., Brewis, J. and Davies, A. (2021) Women's experiences of menopause at work and performance management, *Organization*, 28(3): 510-520.

² www.cipd.co.uk/knowledge/culture/well-being/menopause#ref

³ Hardy, C., Thorne, E., Griffiths, A. and Hunter, M. (2018a) Work outcomes in midlife women: the impact of menopause, work stress and working environment, *Women's Midlife Health*, 4(3).

⁴ Verburgh, M., Verdonk, P., Appelman, Y., Brood-van-Zanten, M. and Niewenhuisen, K. (2020) "I get that Spirit in Me" Mentally Empowering Workplace Health Promotion for Female Workers in Low-Paid Jobs during Menopause and Midlife, *International Journal of Environmental Research and Public Health*, 17(18): 6462.

⁵ $B = S \times S \times D$ where B is the Bradford Factor, S is the total number of spells (instances) of absence of an individual over a set period, and D is the total number of days of absence of that individual over the same set period, thus penalising short spells of absence in particular.

⁶ NHS Staff Council (2020) *Menopause at Work*, Leeds: NHS Confederation.

⁷ Atkinson, C. and Carter, J. (2018) *Menopause in the Workplace, West Yorkshire Police*, Manchester: Decent Work and Productivity Research Centre.

2.2 As with flexible working, reasonable adjustments to the workplace are now almost stereotypical and mentioned in most publications⁹ (see also NASUWT's menopause policy which includes a list of recommended reasonable adjustments¹⁰). As with flexible working arrangements, the difficulty in implementing any of these ideas lies in the detail. This may also be because, as previously observed, there is no one size fits all approach that will be helpful to the broad range (and combinations) of menopause symptoms that women experience. To recap¹¹, the recommendations usually cover:

- access to fans, good ventilation
- ability to control temperature
- clean, well-equipped and comfortable toilet facilities
- provision of cold drinking water
- lighter, non-synthetic workplace clothing or uniforms
- quiet workplace rest areas
- being able to move if an office is small and confined
- access to natural light
- access to female-only showers
- a reduction of exposure to noise

2.3 Given the above focus on (organisational) cultures and perceptions, it is not surprising that employers are struggling to provide meaningful and effective support to women experiencing menopause transition whilst in employment. Introducing a menopause policy or menopause guidance has become a popular approach but there is little evidence to show that this makes a significant difference¹². As the following statements from our respondents indicate, training for (line) managers is therefore essential, with the final respondent indicating how useful training and support can be.

“Every time I talk to my male manager he changes the subject and dismissed the discussion as a bit of a joke”

“I requested to work mainly from home, but my managers keep insisting I need to increased attendance in the office which has negatively affected my mental health. I ended up on medication because of their lack of understanding”

“I’ve decided to resign, I’m more anxious than I used to be and frightened of making mistakes. My job has an impact on other people and mistakes are obvious when they

⁸ Verburgh, M., Verdonk, P., Appelman, Y., Brood-van-Zanten, M. and Niewenhuisen, K. (2020) “I get that Spirit in Me” Mentally Empowering Workplace Health Promotion for Female Workers in Low-Paid Jobs during Menopause and Midlife, *International Journal of Environmental Research and Public Health*, 17(18): 6462.

⁹ Hickey, M., Riach, K., Kachoiue, R. and Jack, G. (2017) No sweat: Managing menopausal symptoms at work, *Journal of Psycho- somatic Obstetrics and Gynaecology*, 38(3): 202–209.

¹⁰ <https://www.nasuwt.org.uk/uploads/assets/uploaded/3083b5c2-7a39-4c39-bca77421e080305d.pdf>

¹¹ Brewis, J., Beck, V., Davies, A. and Matheson, J. (2017) *The effects of menopause transition on women's economic participation in the UK*, London: Department for Education.

¹² Beck, V., Brewis, J. and Davies, A. (2021) Women's experiences of menopause at work and performance management, *Organization*, 28(3): 510-520.

happen. My GP is useless, I have breast cancer in the family and didn't want to take HRT, he hasn't offered me anything else, apart from anti-depressants."

"Our workplace is very progressive as we have an intrant page on menopause, bitesize training and also a support group for women. This is working really well for all at informing people and supporting them. Most people are really grateful to have information as GP's are not well informed about the menopause."

3. How can practices addressing workplace discrimination relating to menopause be implemented? For example, through guidance, advice, adjustments, or enforcement. What are examples of best or most inclusive practices?

3.1 The above-mentioned focus on organisational cultures, the continued existence of the taboo, and barriers to open discussion of menopause in the workplace are crucial here. Otherwise, there is a danger of having workplaces in which addressing menopause is 'at best difficult and at worst ill-advised'¹³.

3.2 One way to influence organisational culture is to introduce formal policies to mandate and enforce action in response to the need for support. A range of organisations and institutions now provide information on how to develop a policy or guidelines (e.g. ACAS¹⁴, CIPD¹⁵, NHS Employers¹⁶, and trade unions including Unison¹⁷, NASUWT¹⁸ and the GMB¹⁹). Whatever shape menopause support in workplaces takes, it needs to be based on all legislative requirements, i.e. the Health and Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1999 and the Equality Act 2010. The usefulness of policies is dependent on the willingness of menopausal women (and others) to engage with the process, thus necessitating an ongoing dialogue to ensure that measures are as effective and helpful as possible.

3.3 Similarly, our research demonstrates that the existence of a menopause policy or menopause guidelines alone is insufficient to produce meaningful change for women experiencing menopause transition in the workplace because such documents in themselves do nothing to change organisational cultures and support mechanisms. Equally the individualised nature of menopause symptoms make 'blanket human resource policies' on their own inadequate²⁰. Instead, normalising conversations about menopause in the workplace, which our research show is more likely to occur with (close) colleagues though ideally also involving managers, can be a useful starting point to (gradually) change organisational cultures.

¹³ Grandey, A. A., Gabriel, A. S. and King, E. (2020) Tackling taboo topics: A review of the three Ms in working women's lives, *Journal of Management*, 46(1): 7–35.

¹⁴ <https://www.acas.org.uk/guidance-for-employers-to-help-manage-the-impact-of-menopause-at-work> although the full guidance document has been archived it is still available

¹⁵ <https://www.cipd.co.uk/knowledge/culture/well-being/menopause#ref>

¹⁶ <https://www.nhsemployers.org/case-studies-and-resources/2020/03/new-guidance-on-menopause-at-work>

¹⁷ <https://www.unison.org.uk/content/uploads/2019/10/25831.pdf>

¹⁸ <https://www.nasuwt.org.uk/uploads/assets/uploaded/3083b5c2-7a39-4c39-bca77421e080305d.pdf>

¹⁹ <https://www.gmb.org.uk/menopause>

²⁰ Steffan, B. (2021) Managing Menopause at Work: the contradictory nature of identity talk, *Gender, Work and Organisation*, 28(1): 195-21.

3.4 Mandatory equality and diversity training that specifically addresses menopause has been identified as having positive impacts on organisational cultures and support structures for those transitioning through menopause. Managers, supervisors and team leaders are especially in need of such training and education. Researchers have designed and delivered a 30-minute web-based training intervention specifically for line managers and demonstrate significant improvements in managers' awareness, knowledge, confidence and normative beliefs²¹. Yet whilst these managers' intentions to discuss menopause with staff increased, their actual behaviour did not change significantly.

3.5 Awareness training can be key to normalising the discussion of menopause in workplaces²² and should be available to managers and employees to ensure that dialogue and supportive conversations can be established. To achieve this the training cannot be merely based on providing information but also needs to contain concrete ideas to improve mainstream management practice. There are significant numbers of sites that provide menopause specific equality and diversity training and guidance which can make it difficult to determine more reputable offerings (such as e.g.

<https://menopauseintheworkplace.co.uk>, <https://www.talkingmenopause.co.uk/training-workshops>, https://www.cipd.co.uk/Images/menopause-guide_tcm18-55426.pdf).

3.6 Occupational Health is often signposted as a go-to for individual workers who may not want to discuss their menopause status with their line manager, or where the line manager is unsure how to help. This can take the form of a specialist Occupational Health team or an outsourced Employee Assistance Programme. This is also reflected in the advice provided by the Faculty of Occupational Medicine back in 2016²³. Further mention is made of counselling options, menopause 'champions' (nominated female support contacts) and single sex communication sessions about menopause, and other female-led support systems.

3.7 Support and conversations, such as during Menopause Cafés[®] have been recommended as they offer: accessible, respectful and confidential space; are open to all; and do not have any intention (and therefore pressure) to lead to specific conclusion, products or courses of action. The aim of the Cafés is to break taboos, create space for conversation, empower participants who generate their own topics, "swap stories, questions, tips, tears and laughter"²⁴.

4. How well does current legislation protect women from discrimination in the workplace associated with the menopause? Should current legislation be amended? What further legislation is required to enable employers to put in place a workplace menopause policy to protect people going through the menopause whilst at work?

²¹ Hardy, C., Griffiths, A. and Hunter, M. (2019) Development and evaluation of online menopause awareness training for line managers in UK organizations, *Maturitas*, 120(2019): 83-89.

²² Atkinson, C. and Carter, J. (2018) *Menopause in the Workplace*, West Yorkshire Police, Manchester: Decent Work and Productivity Research Centre.

²³ <https://www.fom.ac.uk/health-at-work-2/information-for-employers/dealing-with-health-problems-in-the-workplace/advice-on-the-menopause>

²⁴ Weiss, R. (2020) Menopause Cafés: It's good to talk, *Maturitas*, 132(2020): 79-80.

4.1 The 2017 government report²⁵ concluded that the evidence base did not provide a foundation for any changes in UK law. Since then, there have been further successful employment tribunal cases by menopausal women following on from the original success of *Merchant vs BT* in 2012 in which Ms Merchant won against her former employer on the grounds of gender discrimination. In 2017 in *Tiffin vs Surrey Police*, Ms Tiffin was unsuccessful in her tribunal case against Surrey Police Force on the grounds of disability discrimination. However, in *Davies vs Scottish Courts and Tribunal Service SCTS* (2018), we saw the first menopause-related tribunal that was won on the grounds of disability discrimination. A more recent case was brought by Miss J Donnachie against Telnet Technology Services Ltd in August 2020. A preliminary hearing was brought to determine whether the claimant was a disabled person in accordance with the Equality Act 2010 at all relevant times because of symptoms of menopause (including anxiety and problems with concentration); and/or Raynaud's Syndrome. The hearing found the claimant to be disabled on the first count but not the second. These cases highlight the difficulty of having to bring tribunal cases under one equality criteria, especially where we see the somewhat uncomfortable finding that menopause is linked to disability due to the long-term disabling impact of symptoms. This raises questions over the way in which the Equality Act 2010 is implemented as Section 14 of the Act contains a provision which is still not in force, to cover direct discrimination on the basis of up to two combined characteristics, e.g. in the case of menopause this might be gender and age. Such legislation for 'dual discrimination' would benefit not just menopausal women but would address wider intersectionalities.

5. How effective has Government action been at addressing workplace discrimination related to the menopause, and what more can the Government do to address this issue?

5.1 There are limited developments in this field. The main direction here is for public and policy recognition of gender differences that are not based on or reflect male norms. The different social codes to different behaviours that are expected of women must be highlighted²⁶. De facto, this means that women are socially still not men's equals. National culture, regional variations and structural differences need to be taken into consideration, including potential developments in collective rights, individual rights through employment law, state welfare policies and social spending²⁷.

5.2 Government action is limited in relation to such suggestions. In fact, one of the few observable changes is the establishment of a Cross Government Menopause Network²⁸ in 2017, which is mainly concerned with civil service staff and is therefore inward looking rather than leading for national policy changes. One of the key recommendations in 2017²⁹

²⁵ Brewis, J., Beck, V., Davies, A. and Matheson, J. (2017) *The effects of menopause transition on women's economic participation in the UK*, London: Department for Education.

²⁶ Pronk, A.M.E. (2018) *Social Politics of the Menopause. How Dutch female managers experience their menopause on the work floor*, MA Gender Studies Dissertation, University of Utrecht.

²⁷ Atkinson, C., Beck, V., Brewis, J., Davies, A. and Duberley, J. (2021) Menopause and the Workplace: New Directions in HRM Research and HR Practice, *Human Resource Management Journal*, 31(1): 49-64.

²⁸ <https://civilservice.blog.gov.uk/2020/11/04/making-a-big-noise-about-menopause/> see also: [https://foryoubyyou.org.uk/system/files/content/menopause-awareness/Menopause%20awareness%20tool%20kit%20\(2\).pdf?_ga=2.235913671.758446172.1621355293-1313047308.1621355293](https://foryoubyyou.org.uk/system/files/content/menopause-awareness/Menopause%20awareness%20tool%20kit%20(2).pdf?_ga=2.235913671.758446172.1621355293-1313047308.1621355293)

²⁹ Brewis, J., Beck, V., Davies, A. and Matheson, J. (2017) *The effects of menopause transition on women's*

was for government to provide advice to employers, in particular on their legal obligations and the role of the Health and Safety Executive in providing workplace support for menopause issues. Instead of taking such a lead, government seems to have, instead, followed the slowly developing practice of instituting menopause policies (often due to individual initiatives) and encouraging women to self-organise support networks.

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