

Written evidence from Name Withheld [MEW0052]

Details about a disciplinary procedure have been curtailed. I am writing to explain the impact of the menopause from the perspective of a teacher working in state education.

I explain how the school environment can impact health in adverse ways. How school managers and trade union representatives can be unaware about the impact of middle age and menopause on women. I refer to family expectations placed on women which can become an increased burden at a time when menopause and its effects start to show. I explain that women in male orientated workplaces can struggle to achieve equal rights and this is exacerbated by the onset of the menopause. I explain how professional judgements and procedures seem to be adversely applied to menopausal women and in a manner, unlikely to be applied in comparative circumstances to men. I explain how women who 'struggle' or appear 'unhealthy' in any way during menopause, can become targeted for negative appraisal.

The impact of all of these failures can be destructive to the family, the community, the mental well being and prosperity of women when they have been negatively treated because of their age and their menopause. I am proud that I withstood these experiences with the support of my little family and I wish to contribute to this discussion.

I had taught in schools and colleges for over 20 years, holding positions of Head of department and course leadership roles. I had always maintained a proven record of good examination results. With the onset of the menopause from age 46 - 53, relevant workplace laws seemed to dissipate. Trade union advisers seemed to regard equality and other workplace laws as either too ineffective or they were regarded as taboo topics that could risk the wrath of your employer and endanger your employment and mental wellbeing. I experienced typical symptoms of hot flush, fatigue, brain fog and palpitations, but the menopause also brought atypical conditions which for me included the onset of hypothyroidism which in turn brought hypertension and weight gain. I also started to develop osteoarthritis. I suffered from constant anxiety, severe migraine with visual disturbances and I battled anaemia due to heavy periods. I was diagnosed with asthma and COPD at age 48. Breathing problems may be linked to late onset asthma, but, in my case, they were clearly linked to the very old outbuildings I worked in. This was highlighted to me by my doctor when I described my working conditions. I raised concerns about breathing problems and because of X Ray results, I was sent to occupational health. I had a significant dust allergy. Adaptations to the building exposed asbestos in 2004 and that was just prior to when my breathing problem began. The workplace was improved by having a yearly clean that had not previously taken place and eventually, several years later, it was publicly noted that an ofsted inspection found the building to be unfit for human occupancy and upon Ofsted's insistence, construction for a new building received funding provided by Ofsted. In the years after leaving the school, my asthma improved significantly. I no longer have a diagnosis of COPD or being at risk of COPD. When I first raised my health problem with the school, I felt misunderstood. On one occasion the head teacher referred to my concerns as distractions from more serious financial concerns and he suggested that I could leave. The old classroom could not regulate heating. It was either too hot or too cold. The ceiling leaked. Black

mould was clearly visible on ceilings and in cupboards. It had cracked windows that were not replaced. I had to make repeat requests for window lock keys before I was given a copy to try to regulate the temperature. There was no bathroom near the building. Delays caused to lessons were treated as a serious breach of standards. Due to distance and time restrictions I was unable to stay hydrated throughout the day. From interactions with management and senior staff, it seemed to me that developing a serious breathing problem and going to occupational health was an unwelcome issue. I requested adjustments on health and safety grounds for all the children who also used the classroom, but the discomforts of going through the menopause were never mentioned.

I believe that my health, affected by the school environment, the management system, my hormones and my family concerns, converged to seriously affect my job security. I seemed to be alone when trying to speak up. If a diagnosis of COPD could not do much to improve the work environment, my menopausal health further weakened my position. I think workplace attitudes reflect broader societal sexism, particularly for women of my age. I worked at a predominantly male establishment and as a female colleague, I often felt vulnerable. Raising concerns about sexism is often met with little support and I learned from this societal norm. I failed to report some behaviour because I feared negative connotations could be implied or used against me. When men made inappropriate comments about women, nobody complained about it. I felt an easy target with my face flushed red from multifactorial causes. It was not over-sensitive to find negative comments about my weight or other Innuendo particularly hurtful. I felt voiceless.

During this period of about 6 years, I was a single parent to a young child and a carer for my elderly parents. In 2010, I requested a reduction to 4 days, which I could not afford, but I was legally entitled to do it. The school allowed it, but the union was reluctant to request it.

In 2006, enduring stress due to a family issue and experiences at work, I reacted in fear to a meeting that seemed hostile in nature. I believe this was a pivotal moment. I had rushed out of the meeting in alarm. I felt overwhelmed by sheer panic. Three weeks prior to this, I had received bad news that my mother's condition was terminal and I advised the school. Around this time, a medical test also showed a significant drop in oestrogen levels and it seems clear to me that hormonal changes were also having an effect. The school suspended me initially for expressing anger and rushing out of the meeting. I suffered from a stress condition for 6 weeks. Menopause was not a part of the return to work discussion.

The school became aware that I was on antidepressants as well as using the inhalers to alleviate COPD. I sought union help. They arranged meetings with SLT to present my concerns and if there was ever an opportunity for advocacy from the union, these meetings were quickly and it seems all too easily brushed aside. If I had been younger and less experienced, I would have hesitated about speaking on any topic, but with responsibilities to my son and elderly parents, it was too untimely and inconvenient to simply walk away. On reflection, I had no agency. I sought union advice about sex equality, dignity at work, health and safety at work, constructive dismissal and also the right to a fair appraisal. I brought all these topics to their

attention and read up about them, but the union offered minimal advice and they described themselves as toothless. My requests to raise themes in meetings with SLT were regarded counter-productive and then the meetings that involved the union abruptly stopped without closure.

I was then given notice of my impending redundancy. I requested a full appraisal before they arrived at a decision.

At that point of being made redundant in 2011, I was accused of a procedural failure. A new policy had been introduced. Nobody was harmed and I was not suspended, but I was later called to a disciplinary meeting and I was found guilty. I was summarily dismissed. I had taught at the school for 14 years and had been a teacher for 28 years with an unblemished record. My appeal was turned down. Later, I was offered a COT3 agreement via the union. The dismissal was not reported to the teacher regulation Agency. My disclosure and barring status remained unaffected.

At the time of the disciplinary hearing I was 51, menopausal and on antidepressants. My father died three months after the disciplinary incident and 4 months before the hearing. I do not believe these outcomes could occur to a male teacher of the same age or comparative predicament. While I awaited my disciplinary hearing, a male colleague took the available redundancy on medical grounds. Instead of redundancy, the school then offered him an early retirement at the age of 47. He was then able to take up a new post as a teacher, outside of mainstream education. By giving this discretionary support to a colleague with a non disabling health concern, the school was exceptional in its generosity and empathy. Over many years of teaching I observed several colleagues make significant errors, and maintain lower standards than should be expected, but I never witnessed a male colleague get dismissed.

A month after my dismissal, the school failed ofsted and was placed in special measures. The school had assessed itself to be outstanding in all 5 categories of criteria. The school publicly refuted Ofsted's assertions about pupil behaviour.

The head teacher resigned. I believe he had fervently sought to demonstrate a vigorous approach to all of his new safeguarding policies, but according to Ofsted he failed.

As an outcome of losing my job, I also lost my career and I was very negatively impacted as I lost my sole income. I lost years of teaching materials and my portfolio because they became the property of the school and I believe they were thrown away. I was a single parent of a young child. I had a mortgage. By then I had lost both parents and I believe my father died because my disciplinary hearing caused him such stress. I had depression and became withdrawn. Extended family could not understand the position I was in. My son, who is a bright boy and now studying at university, suffered at school. He suffered feelings of isolation and bullying. During this crucial period I was absent for him.

During year 9 his school decided that he should not sit regular GCSE's even though he was capable. We had to go through hoops to achieve his educational entitlement.

Eventually I became a supply teacher on zero hours. I was turned down for supply teaching with the local authority and had to work for agencies. Through agencies, I still worked for local authority schools and they often begged me to stay on to do long term contracts. Whenever I asked for references from LEA schools, I was refused. For a lot of the time I earned below the minimum wage and I had to draw my pension early. I lost 10 years of pension contributions. I lost ground on relevant experience and CPD training for further full time employment. I lost many interviews and prospects on account of the lack of a positive reference the school had offered. I felt betrayed and failed by the trade union. What I experienced through the union seemed like a secondary form of bullying. The male reps, either could not relate to me, or believed that my health problems interfered with their much broader political agendas within the schools. My decades of dedication to the teaching profession to which I believed I had a vocation, were eradicated.

Even 10 years later, an agency that contacted me to offer work can not accept me without a better reference from the school that dismissed me ten years ago.

The awful experience of the menopause never leaves. I feel that I was failed, from my own personal experience, by the teaching profession and all related institutions like the trade union, school governance and state schooling. I was failed by the laws of equality, of Health and safety and of dignity at work. I was failed by male colleagues and enabling female colleagues in a male institution. I was failed by the UK government.

I am so glad to find a forum after all these years to which I can offer up my account. I hope my testimony shows the reasons why ordinary women in our society need better care, advocacy and laws, to deal with adversity during the menopause.

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