



## Menopause Policy (Surrey and Sussex) (1237/2024)

### Abstract

This joint Force policy and procedure details Surrey Police and Sussex Police's approach to managing perimenopause, menopause, and post-menopause in the workplace. It sets out the rights of women and all other individuals experiencing menopausal symptoms and explains the support available to police officers, police staff, special constables, and volunteers.

### Policy

#### 1. Introduction

1.1 Menopause is not in itself an illness or a disability; however, its effects and symptoms can impact significantly on an individual's overall health and feelings of well-being. This can have an impact on working life: for example, attendance levels, resilience, or performance generally.

1.2 It is in both the individual's and the Forces interests that this sensitive issue is firstly recognised and that the individual concerned and their line manager are supported through advice from People Services, the Occupational Health Unit, staff networks and support groups, and by an over-arching Joint Force policy which makes clear the Forces commitments to their workforce and to the public; and which provides links to relevant policy, procedure and guidance.

1.3 Surrey Police and Sussex Police are committed to creating an open and supportive culture. Both Forces want individuals to feel comfortable speaking about how menopause-related symptoms may be affecting them at work and be able to ask for the support that they need to help them manage their symptoms.

1.4 Surrey Police and Sussex Police recognise that in addition to impacting cisgender women, the menopause can impact some transgender, non-binary and intersex individuals who will require support and flexibility relevant to their needs.

1.5 This policy does not form part of any individual's contract of employment and we reserve the right to amend or withdraw it at any time.

#### 2. Scope

2.1 This policy, procedure and linked documents provide information, support and guidance for all officers and staff who have, are, or will experience menopause - and their respective supervisors and managers within Surrey Police and Sussex Police; in order to enable them to effectively manage the variety of symptoms and effects of the menopause, and the ways in which it may impact on their work and duties.

2.2 In this policy, where we refer to the menopause we also mean the perimenopause. A glossary of key terms can be found at section 10.

2.3 It is not intended to be read as a stand-alone document but as a part of wider health and wellbeing guidance intended to inform and encourage line managers to be flexible and creative in supporting their team members, while maintaining due focus on the role and responsibilities of the police in providing a proper police service to the public.

2.4 This policy does not contain a comprehensive list of all of the signs, symptoms and possible effects of the menopause; this would be impossible as the menopause affects every woman or individual experiencing it differently and therefore impacts life and work uniquely to them; however, it will provide guidance for individuals and their line managers; assist them in managing their personal needs while in the workplace; and enable them to work together to identify any adjustments and support required for the officer or staff member to continue to carry out their work and responsibilities to the best of their ability, and as required of them.

2.5 The policy and procedure also highlights that it is also important to recognise andropause (also sometimes incorrectly or misleadingly known as the “male menopause”) and some helpful information and avenues of support are highlighted at section 9.

### **3. Policy Statement**

3.1 Surrey Police and Sussex Police recognise menopause as a stage or transition which occurs in women and in some non-binary, intersex, or trans individuals. Members of the trans, intersex and non-binary community can also sometimes experience menopause symptoms if they are, for example, taking hormonal treatments. With increasing numbers of officers and staff who may experience the menopause within both Forces, it is imperative that a suitable and sufficient policy is in place to ensure the wellbeing of all affected individuals, their colleagues and line managers, while maintaining the continued efficiency of both Forces.

3.2 Line managers have an ethical and legal duty of care for the health, safety and wellbeing of their officers and staff. A part of this responsibility is to provide an environment which is both supportive and responsive to individuals' different needs, where they feel enabled to discuss - without fear of prejudice - potentially embarrassing and personal matters, to receive appropriate support and adjustments within the workplace.

3.3 This policy and the supporting documents are intended to inform decision-making which should consider organisational values, professional judgement (on the context and circumstances of each individual situation) and ‘policing principles’. Line managers are encouraged to liaise with People Services and Occupational Health to help manage and risk assess the needs of their officers and staff. Decisions and subsequent action taken should be proportionate, legitimate and ethical as informed by the National Decision Model (NDM).

## **Procedure**

## **1. Causes of menopause**

1.1 The menopause is a transition in the life of a woman and some non-binary, intersex, or trans individuals. It may occur as a result of:

- the ovaries ceasing to produce eggs: the ovaries also make the hormone oestrogen and the onset of the menopause results in a drop in the level of this hormone; this change disrupts the cycle of periods and causes the symptoms associated with the menopause; or
- fluctuations in hormone replacement therapy (HRT) doses, breaks in HRT, or where an individual is unable to tolerate HRT, when menopausal symptoms may also occur.

1.2 In most instances the menopause occurs gradually. For a few years before the menopause, periods may become irregular. This stage is called the perimenopause and individuals may experience significant variance in the duration of this process. The menopause is considered to have occurred once an individual has not had a period for at least a year.

## **2. When does the menopause occur?**

2.1 For most women and other individuals experiencing menopause, the menopause occurs between the ages of 45 and 55, though some individuals will experience the menopause earlier in life.

2.2 Early menopause occurs between the ages of 40 and 45 and can happen naturally. When the menopause happens before the age of 40, it is considered to be premature menopause. Early or premature menopause could occur as a result of fertility treatment where all eggs are harvested; surgical procedures to remove the ovaries, such as a hysterectomy or oophorectomy where one or both ovaries are removed or, as a result of illness and/or associated treatments. Please also see the glossary of key terms in section 10.

## **3. Symptoms of the menopause**

3.1 There are a wide range of symptoms characteristic of menopause transition which are experienced by most individuals going through menopause. Some of these can be quite severe and have a significant impact on an individual's everyday activities including work life. These can broadly be divided into physical and psychological symptoms.

3.2 Physical symptoms may include irregular and/or heavy periods, hot flushes and night sweats, sleep disturbance, headaches, urinary issues, vaginal dryness / itchiness, dry eyes, and weight gain.

3.3 Psychological symptoms may include anxiety, irritability and mood swings, loss of confidence, and difficulty in concentrating or memory problems, often referred to as 'brain fog'.

3.4 Due to the variance in symptoms and severity for individuals it is not practical to include an exhaustive list. Rather, it is desirable to look to take a more holistic approach to the condition and management interventions.

3.5 It is important that women or other individuals experiencing menopause do not assume that their symptoms are related to menopause transition and are advised to go to their General practitioner (GP) in the first instance, to ensure that other health issues that are not related to the menopause are identified in their early stages.

3.6 For neurodivergent individuals, certain menopause symptoms and neurodivergent traits may overlap or be exacerbated and have a profound impact on the individual. Individuals for whom English is an additional language may also face additional barriers to communication when transitioning through menopause. Please contact the People Resolution Centre for additional support and guidance.

#### **4. Advice and Support**

4.1 The individual's GP is a key source of advice and support for women or other individuals experiencing menopausal symptoms. A GP will be able to offer the relevant tests and give advice and treatments tailored to individual needs. More information around potential treatments is contained within the Menopause Guidance for Individuals.

4.2 Police officers and police staff have a responsibility to tell their Force about medical conditions or the side effects of medication, which impact on their ability to safely perform their role. It is recognised that raising menopausal transition with line managers will be difficult for many women and individuals experiencing menopause. However, declaring this enables the Forces to ensure that support provisions are made available, and that they can meet their duty of care to their staff and officers.

4.3 Where an individual does not feel comfortable speaking with their line manager, advice and guidance can also be sought from People Services, or Occupational Health with the help of one of the line managers within the Menopause Action Group. The Surrey Lesbian, Gay, Bisexual, Transgender, Queer+ (LGBTQ+) Network and Sussex LGBT Network are also available for support where colleagues feel more comfortable approaching them in the first instance. Occupational Health are able to offer advice and guidance, within the referral process, to help individuals stay and be supported effectively in the workplace. Any adjustments recommended will be referred back to the individual's line manager for them to consider and take forward as appropriate. Additional information around Occupational Health Responsibilities is below.

4.4 Surrey Police and Sussex Police have set up a Menopause Support Group to help support those going through the menopause, 'teetering' on the edge of the menopause, or who are now on the other side. It provides a safe space to ask any questions related to the perimenopause and menopause, obtain support from colleagues going through the menopause, and share any useful information. Individuals may email menopause action group to be added to the Teams network.

4.5 A comprehensive directory of avenues of additional support, both internal and external, can be located via the Everything Menopause Page on the Wellbeing Hub which is designed to provide links to a wide range of health and wellbeing information in one easy-to-use place; including how to contact the Police Chaplaincy for wellbeing support.

4.6 Alongside the clear responsibilities line managers have under Health and Safety legislation, line managers should also be aware that a failure to adequately support

women or other individuals experiencing the menopause or implement reasonable workplace adjustments risks creating liability in connection with protected characteristics such as sex, age, gender reassignment and/or disability discrimination under the Equality Act 2010.

## **5. Workplace Adjustments**

5.1 Individuals should speak to their line manager if they feel they would benefit from a workplace adjustment to help them manage any symptoms connected with menopause; for example, around their working pattern, or working environment.

5.2 Line managers should consider whether workplace adjustments are necessary to support women and other individuals experiencing menopause transition, taking into account the individual's particular circumstances; more information can be found in the Menopause Guidance for Line Managers and information around flexible working below.

5.3 Referrals can also be made to Occupational Health for advice and guidance around appropriate workplace adjustments.

5.4 It may be useful to record adjustments received on a Workplace Adjustment Passport; which is a confidential document owned by the individual and created in conjunction with the line manager and, as necessary, with input from Occupational Health. A Workplace Adjustment Passport can be initiated where an individual has a specific health condition that could have an impact on their ability to work. Please refer to Workplace Adjustment Passport and Adjustments in the Workplace Flowchart for further information.

## **6. Flexible working**

6.1 Line managers have a duty to consider accommodating flexible working requests that will help women and other individuals manage their health issues, whether on a temporary or permanent basis. Individuals may decide to make a request in order to improve health by reducing stress, or to meet more readily the needs / wishes of protected characteristics such as those outlined above (a workplace adjustment).

6.2 Surrey Police and Sussex Police support individuals applying for flexible working from day 1 of service and more than one flexible working request may be submitted within a 12-month period; for example, where a review of the existing agreement is needed due to the needs of the individual or the Force or if it relates to a workplace adjustment.

6.3 Further information is contained within the Flexible Working Policy (Surrey and Sussex) (816).

## **7. Sickness Absence**

7.1 Line managers should consider recording any sickness absences that are related to the menopause as an ongoing health condition instead of a series of short-term absences. Further information can be found within the Performance and Attendance Management Policy (Surrey and Sussex) (950).

## **8. Responsibilities**

8.1 **Individuals experiencing symptoms.**

- Read the Menopause Policy and Procedure and Menopause Guidance for Individuals;
- Request support with menopause symptoms and workplace adjustments, where needed; for example, from the GP, line manager, People Services, Occupational Health or the Menopause Action Group;
- Individuals also have a responsibility to notify their home Force where a medical condition or the side effects of medication impact on an individual's ability to safely perform their role. This will also enable the Force to be able to meet their duty of care toward the individual.

## **8.2 Line Managers.**

- Read the Menopause Policy and Procedure and Menopause Guidance for Line Managers; using these to inform decision making which should consider organisational values, professional judgement (on the context and circumstances of each situation) and 'policing principles'. Decisions and subsequent action taken should be proportionate, legitimate and ethical as informed by the NDM;
- Hold regular Focus meetings with their officers and/or staff as a part of business as usual. These meetings are intended not just to identify necessary support and development required in a role-oriented aspect, but also to recognise and address any welfare areas where additional support or workplace adjustments are needed by the individual to assist them in attending work and performing their duties to the required standard;
- Create a supportive environment and culture where individuals feel comfortable to discuss any support required around menopause related symptoms;
- Recognise the responsibilities line managers have under Health and Safety legislation;
- Recognise that a failure to adequately support women or other individuals experiencing the menopause or implement reasonable workplace adjustments risks creating liability in connection with protected characteristics such as sex, age, gender reassignment and/or disability discrimination under the Equality Act 2010;
- Seek appropriate advice and guidance, or signpost where needed; for example, to People Services or Occupational Health.

## **8.3 Occupational Health.**

- Provide professional advice to the individual and their line manager, including signposting to internal support services and/or external networks, in order for the Force to effectively support individuals impacted by menopause and meet legal obligations.
- Offer advice and guidance within the management referral process, to enable individuals to remain at work, including up to date advice on workplace adjustments in line with the Equality Act 2010 and Health and Safety legislation;
- Support and advise in the management of individuals who are unable to undertake all aspects of their role, assisting them to ensure ongoing support is in place, including the physical aspects of their role and considerations in regard to their undertaking the Job Related Fitness Test (JRFT);

- Assist managers to create an environment which is supportive to the individual's needs, for example, easy access to toilet facilities, additional or lighter weight uniforms and environmental comfort such as being able to open windows in an office and/or have access to a fan;
- Work with individuals and managers to tailor flexible working, where required to assist the staff member to manage their own health needs;
- Liaise with the wider People Services department and other departments such as Estates and Facilities, as appropriate, or signpost managers to these;
- Maintain up to date information on intranet sites regarding menopause or working closely with those whose job it is to ensure that all information is up to date and following national and/or National Health Service (NHS) guidance;
- Have a close working relationship with Health and Safety colleagues regarding risk assessments or welfare issues;
- Be a clinical resource within relevant Force working groups and signpost to other resources such as NHS websites, charities and local support networks;
- Work with staff associations and working groups to ensure support is available; and
- Own and be responsible for updating Force policy and development around menopause.

#### **8.4 People Resolution Centre.**

- As the single point of contact for People Services, manage queries and provide first line help, advice and guidance (including around this policy and procedure) across both Forces and to individuals, line managers and those supporting them - in order for the Force to effectively support individuals impacted by menopause and meet legal obligations;
- Signpost to or refer on to avenues of specialist / expert support and guidance as appropriate, including Occupational Health and the Wellbeing Hub;
- Resolve or escalate any problems or issues raised around this policy and procedure as required, to ensure effective and swift resolution;
- Offer advice and recommendations in relation to Force policy and development around menopause.

### **9. Andropause**

9.1 It is also important to recognise andropause (also sometimes incorrectly or misleadingly known as the "male menopause"). Andropause is a condition that is associated with the decrease in the hormone testosterone (responsible for deep voices, muscle mass, and facial and body hair patterns).

9.2 Andropause (more commonly clinically referred to as late-onset hypogonadism or testosterone deficiency syndrome) refers to the symptom's men and other individuals may experience as testosterone production levels decrease with age. Andropause is not the male equivalent to female menopause as testosterone levels start to decline steadily

after the age of 40 (rather than a sudden drop in hormones, as with menopause), and andropause is unlikely to cause any problems in itself. Testosterone levels can also decline due to medications and lifestyle choices.

9.3 Symptoms that are common in men at this age include: Depression; Anxiety; Erectile dysfunction; Mood swings and irritability; Loss of muscle mass and reduced ability to exercise; Lack of energy; Difficulty sleeping or increased tiredness; Poor concentration and short-term memory.

9.4 These symptoms are not exhaustive and specific to andropause, however they can interfere with everyday personal life and at work, so it is important to find the underlying cause and work out what can be done to resolve it. Individuals should speak to their GP, to gain advice and help with their symptoms; and should also consider reaching out to their line manager and/or Occupational Health if they feel support and adjustments might be required within the workplace. In addition, support may be sought from other groups such as the Men’s Support Group (Surrey and Sussex) or other relevant staff networks.

## 10. Glossary of key terms

### 10.1

Perimenopause	Perimenopause is the time leading up to menopause during which symptoms may begin to be experienced.
Menopause	Menopause happens when a menstrual period has not occurred for 12 months – the following day is classed as menopause.
Premature Menopause	Where menopause is experienced before the age of 40.
Early Menopause	Where menopause occurs between the ages of 40 and 45.
Surgical Menopause	If an individual’s ovaries are removed during a hysterectomy or oophorectomy, they will go through the menopause immediately after the operation, regardless of their age. This is known as a surgical menopause.
Oophorectomy	A surgical procedure to remove one or both of the ovaries. It may also be called an ovariectomy or ovarian ablation and may happen as part of a hysterectomy.
Hysterectomy	A hysterectomy is a surgical procedure to remove the womb (uterus). If an individual’s ovaries are removed during a hysterectomy, they will go through surgical menopause. If 1 or both of ovaries are left intact, there is a chance the individual will have the menopause sooner than they would have if they did not have a hysterectomy.

Post Menopause	The time after the menopause transition has been completed.
Menopause Transition	The years or period of time during which menopausal symptoms are experienced.
Andropause	A condition that is associated with the decrease in the hormone testosterone.
Trans	An overarching umbrella term to refer to people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth.
Transgender	Someone whose gender is not the same as the sex they were assigned at birth.
Non-binary	Someone whose gender identity does not fit within a male / female binary.
Intersex	A naturally occurring variation of human development where someone's sex may not be explicitly male or female depending on various factors.
Cisgender	Refers to a person whose gender identity aligns with their birth sex.

## 11. Supporting Guidance, Documents and Procedures

### 11.1

Menopause Guidance for Individuals

Menopause Guidance for Line Managers

Everything Menopause Pages

Trans and Non-binary Guidance

Flexible Working Policy (Surrey and Sussex) (816)

Leave (Police Officers and Police Staff) Policy (Surrey and Sussex) (477)

Agile Working Policy (Surrey and Sussex) (1199)

Disability Guidance Toolkit

Equality, Diversity and Inclusion Policy (Surrey and Sussex) (193)

Job Related Fitness Test Policy (Surrey and Sussex) (1140)

Performance and Attendance Management Policy (Surrey and Sussex) (950)

Public and Personal Safety Training and Equipment Policy (Surrey and Sussex) (586)

Medical Redeployment for Police Staff Policy (Surrey and Sussex) (1182)

Health and Safety Policy (Surrey and Sussex) (1022)

**Team:** Occupational Health