Pathway Trust

Menopause Policy

Policy effective from	1 September 2026
Policy owner	Director of People
Policy applies to	Berrow Church Primary School Burnham-on-Sea Infant School Castle Batch Primary School Charfield Primary School Cherry Garden Primary School Downend School East Huntspill Primary School Lyde Green Primary School Mangotsfield School Marlwood School Pawlett Primary School Priory Community School Severn Beach Primary School St Andrew's Church Junior School St Anne's Church Primary School The Castle School The King Alfred School Tortworth Primary School West Huntspill Primary School Worle Community School Pathway Partnership Teams
Policy changes since last version	New policy

1. Introduction

1.1. Pathway Trust is committed to providing an inclusive and supportive working environment for everyone who works here. This policy sets out the rights of employees experiencing menopausal symptoms.

1.2. We aim, as part of our desire to create an open, inclusive and understanding culture, to increase awareness of the menopause and the impact it has on individuals' lives.

1.3. The trust is committed to ensuring any policy and procedure does not disadvantage any individual with protected characteristics in line with Equality Act 2010. All policies and procedures are checked to ensure they do not discriminate either directly or indirectly or present any barriers.

1.4. Employees who transfer to the trust on their pre-existing terms and conditions of employment by way of a TUPE transfer may have enhanced contractual entitlements. Where this is the case, those enhanced contractual entitlements will continue to apply, unless superseded by subsequent arrangements.

2. Scope and Purpose

2.1. This policy applies to all employees; please take advice from the trust HR team in regards to how best to support staff who are contracted as workers, such as temporary or casual staff.

2.2. Throughout the policy the term 'we' refers to Pathway as the employer. The definition of 'we' in terms of contact may refer for example to the Headteacher/Director, line manager or the Pathway HR team.

2.3. The purpose of this policy is to foster an environment in which colleagues can openly and comfortably instigate conversations or engage in discussions about menopause and to ensure everyone understands what menopause is and are clear on the trust's policy and practices.

2.4. To assure our employees who are either directly or indirectly impacted by menopause feel confident in discussing their concerns as we are a responsible employer, committed to supporting their needs as someone who is experiencing the menopause or who is the partner or family member of someone who is.

2.5. The purpose of the policy is to educate and inform managers about the potential symptoms of menopause, and how they can support employees at work.

2.6. Ensure reasonable adjustments are accommodated so to reduce absenteeism due to menopausal symptoms.

3. Definitions

The following definitions apply in this policy:

Menopause	is defined as a biological stage in a person's life that occurs when they stop menstruating. Usually, it is defined as having occurred when there has not been a period for twelve consecutive months.

	The average age for to reach menopause is 51, however, it can be earlier or later than this due to surgery, illness or other reasons
Perimenopause	is the time leading up to menopause when there may be changes, such as irregular periods or other menopausal symptoms. This can be years before menopause.
Postmenopause	is the time after menopause has occurred
Medical or surgical menopause	can occur suddenly at any age when the ovaries are damaged or removed by specific treatments such as chemotherapy, radiotherapy or surgery

4. The Effect of Menopause

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

4.2. Different cancer treatments can cause an early menopause. These include:

- chemotherapy;
- surgery to remove both ovaries;
- radiotherapy to the pelvis;

Hormonal treatments for breast cancer may also cause menopausal symptoms or a temporary menopause.

4.3. Trans men (those who identify as male, but were assigned female at birth) will experience a natural menopause if their ovaries remain in place and no hormone therapy is given. Trans men will also experience menopausal symptoms if the ovaries and uterus are surgically removed (this may happen at an earlier age than commonly happens with a natural menopause). Symptoms may be reduced or complicated if hormone therapy (such as the male hormone testosterone) therapy is in place.

4.4. Trans women (those who identify as female, but were assigned male at birth) undertaking hormone therapy will usually remain on this for life, and should generally experience limited ‘pseudo’ menopausal (menopausal-like) symptoms - unless hormone therapy is interrupted or hormone levels are unstable.

4.5. Some trans people may not wish to disclose their trans status and as a result, may be reluctant to discuss menopausal symptoms if doing so would disclose their trans status. Many trans people choose not to disclose their trans status, either before their transition, or if they start a new job after transitioning.

4.6. Some research has found that there is a variation in the average age at which the menopause takes place between women of different ethnic backgrounds. Reporting of the most common and significant symptoms of menopause has also been found to vary among different ethnic groups. It is unclear to what extent these differences are caused by social, economic, language and cultural factors rather than a woman’s ethnic origin.

4.7. It should be recognised that the partner of a menopausal person can be indirectly affected by the menopause – for example insomnia and night sweats may disrupt the sleep of a partner. If their partner experiences significant physical or psychological symptoms (such as depression) they may be concerned for their wellbeing and feel increased levels of stress.

5. Symptoms

5.1. Many who experience menopausal symptoms will have mild symptoms, but for others, symptoms can be severe and can greatly impact their day to day lives. While symptoms vary and each person's experience will differ, they commonly include:

- Hot flushes.
- Night sweats and difficulty sleeping.
- Anxiety and panic attacks.
- Dizziness.
- Fatigue.
- Memory loss.
- Depression.
- Headaches/migraines.
- Dry eyes.
- Recurrent urinary tract infections.
- Joint stiffness, aches and pains.
- Reduced concentration and focus.
- Irregular and/or heavy periods.

5.2. Three out of four people get symptoms, one in four troublesome enough to affect day to day life (NHS Employers, 2021). The physical and emotional impact of the menopause can be far reaching due to the symptoms outlined above and may have a significant impact in the workplace. For some individuals who are dealing with these symptoms, they may find their job more challenging which in turn may affect their wellbeing, confidence, and performance at work. It is important that we work together to reduce the stigma around the menopause, increase our understanding and awareness of the topic and offer appropriate support while individuals go through this period in their lives.

6. Roles & Responsibilities

6.1. The trust expects everyone to be supportive of colleagues who may be affected by the menopause in the workplace.

6.2. Anyone affected by the menopause is encouraged to speak to their Headteacher or manager about their symptoms and the support they may need to reduce the difficulties the menopause can cause them at work. Early notification, where possible, will also help to determine the best course of action to support an individual's needs.

6.3. Managers should:

- Familiarise themselves with the Menopause Policy;
- Be ready and willing to have open discussions about menopause, appreciating the personal nature of the conversation, and treating the discussion sensitively and professionally;
- Use the guidance in order to signpost their employee, and before agreeing with the individual how best they can be supported, and any adjustments required;
- Record adjustments agreed, and actions to be implemented;
- Ensure ongoing dialogue and review dates;
- Ensure that all agreed adjustments are adhered to.
- Refer the employee to Occupational Health, with support from the Pathway-HR Team
- Review Occupational Health advice, and implement any recommendations, where reasonably practical, with support from the Pathway-HR Team;
- Update the action plan, and continue to review.

6.4. The role of Occupational Health is to:

- Carry out an 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;
- Provide support and advice to Headteachers/Directors and managers in determining and agreeing reasonable adjustments, if required.

6.5. The role of the Pathway HR Team is to:

- Assist with Occupational Health referrals.
- Provide guidance and advice with how to implement reasonable adjustments.

7. Time Off

7.1. For those directly impacted by menopausal symptoms then the main source of support will be enabling them to attend medical appointments when necessary.

Employees should give as much notice as possible so that arrangements can be made to accommodate them.

7.2. There may be occasions when an employee may need planned time away from work in order to attend medical appointments. Employees should follow the usual absence request process for medical appointments and every attempt should be made to accommodate this time off, which will be paid.

7.3. Where we know or suspect that unplanned absence or lateness is due to the menopause, then no action through a disciplinary route should be taken. Advice should be sought from the trust HR team on how best to approach this.

7.4. If employees have a partner or dependent who is experiencing menopausal symptoms and have requested time off to attend medical appointments to support them, then consideration will be given as to whether time off can be permitted. If time off is agreed then this will be unpaid. The more notice given for this type of appointment the better the chance that arrangements can be made to cover but this is no guarantee that time off will be agreed. Any unplanned absence (sickness or emergency leave) which is related to these types of appointments will be dealt with through the Absence Management Policy.

8. Internal Support Available

8.1. Those both directly and indirectly impacted should be encouraged to download the THRIVE app, so that they can access support or guidance in regards to their mental health and wellbeing if required.

8.2. Those who require more in depth support should contact the Employee Assistance Programme, GP Anytime, on-demand Physio through Healthshield or online health assessments through Wisdom or by contacting the trust HR team.

8.3. Referrals to Occupational Health can be made to ensure that further adjustments such as workload, working times and other useful information can be considered to ensure the employee is supported in the workplace.

8.4. Employees may wish to consider making a flexible working request to enable them to be supported with their symptoms. Please refer to the Flexible Working Policy. Examples of flexibility could include a change to the pattern of hours worked, work from home, a reduction in working hours, or more frequent breaks. Requests may be approved on a permanent or temporary basis.

8.5. Welfare meetings should be arranged to review how the employee is and whether the support in place is sufficient. An invite letter will need to be sent to the employee outlining the nature of the meeting, please refer to the Absence Management Policy.

8.6. These meetings can take place whilst the employee is absent, or if they are in work and should be used to discuss adjustments and to signpost employees to support available. Employees have the right to be accompanied at this meeting by either a trade union representative or official, colleague or where appropriate a medical professional - proof of their status and role will need to be supplied before the meeting.

8.7. If absence were to reach a level where there are no further adjustments to be found then the employee would then be supported and managed through the Absence Management Policy.

9. External support (specialist agencies and charities)

- Menopause Matters
- Daisy Network
- Menopause Cafe
- Henpicked
- Balance Menopause

10. Retention and data protection

When managing an employee's leave and pay under this policy, the school/trust processes personal data collected in accordance with its Data Protection Policy. Data collected is held securely and accessed by, and disclosed to, individuals only for the purposes of managing the leave and pay. We will comply with the requirements of the **Data Protection Legislation** (being (i) the General Data Protection Regulation ((EU) 2016/679) (unless and until the GDPR is no longer directly applicable in the UK) and any national implementing laws, regulations and secondary legislation, as amended or updated from time to time, in the UK and then (ii) any successor legislation to the GDPR or the Data Protection Act 1998, including the Data Protection Act 2018). Records will be kept in accordance with our Privacy Notice, our Retention and Destruction Policy and in line with the requirements of Data Protection Legislation.

11. Review of this policy

This policy is reviewed and amended annually by the trust. We will monitor the application and outcomes of this policy to ensure it is working effectively.