

Creating a menopause-inclusive workplace

Podcast/Webinar transcript prepared for XpertHR by Callisto Connect.

Laura Merrylees: Hello, and welcome to the XpertHR podcast. I'm Laura Merrylees, and today I'm joined today by Bev Thorogood, the author of XpertHR's new Line manager briefing on supporting employees through the menopause. Bev has a wealth of experience of working with employers around the menopause, and runs Floresco Training, a specialist menopause in the workplace training provider.

Welcome, Bev. We're delighted that you can join us today. [0:00:32.8]

Bev Thorogood: Thanks, Laura. It's great to be here.

Laura Merrylees: There's no doubt that the menopause and its impact at work is being discussed far more now. We certainly see it in the media, with people in the public eye. It's just got a much higher profile than it used to have. And obviously it's great that that taboo that used to exist around the menopause does seem to be gradually broken down. But beyond that, I just wonder whether that's entirely filtered through to line managers, and genuinely how at ease and comfortable they are talking about the menopause with their team.

So today I just really wanted to focus and pick your brains on how managers can feel better placed to have those conversations and how HR can support them in doing that. But I think first off it's important to mention that not all people, not all employees, not all team members will want to talk about the menopause, or indeed feel the need to talk about the menopause at work. [0:01:26.0]

Bev Thorogood: No, you're absolutely right. I think whilst 100% of women will go through the menopause at some point in their life, not everybody is going to have a difficult time of it and not everybody, as you say, is going to want to kind of talk about something that they find quite personal in the workplace.

But I do think there are many, many women who are keeping quiet and struggling because they worry that if they open up about the situation, about the symptoms that they're having, it might be in some way career-limiting or that they're going to be in some way negatively judged or looked over for maybe promotions or projects. So they're kind of keeping quiet about it.

And you're absolutely right, I think the stigma and the taboo around menopause is gradually breaking down. But I still think there's an awful lot of women who find it uncomfortable to talk to their manager, and not

necessarily a male manager, just managers in general, about something that historically has been kind of a taboo subject that we just don't talk about.

Laura Merrylees:

Yeah. And I think we'll probably come on in our discussion to talk about how managers can make that a welcoming environment, as it were, for people to open up if they choose to do so, and that's going to be key to it. And we'll have a chat about that. And it is key, a manager's sensitive handling of the discussion and not making assumptions about what someone might or might not be going through is also central to all of this, and not just necessarily seeing what managers might have thought of the stereotypical menopausal person. [0:03:07.4]

Bev Thorogood:

Yeah. I mean, I was certainly guilty five or six years ago of really having quite a distorted image of what menopause was all about. I'm 56 now and I've got white hair and I look like your typical woman who is likely to be in menopause. Most menopausal women – and I use that term a little bit loosely because actually it's a bit of a misnomer; perimenopausal is the better term, which is that sort of time around the menopause, which is really what we're talking about in the workplace, is that time of perimenopause when women are symptomatic, potentially – but I...

Laura Merrylees:

Yes, sorry to interrupt you there, Bev. So the perimenopause, as you say, is when generally women are symptomatic, and that's the period often leading up to the period when actually the menstrual cycle, the periods stop, isn't it? That can be sort of broadly explained around the peri menopause? [0:04:04.1]

Bev Thorogood:

That's right. And for the majority of women that experience this, it's in their sort of late thirties, early forties, into their mid-forties when the symptoms start to kick in. And of course for many women – and managers as well, I guess – menopause isn't on the radar at that age, because we still do think about it as an older woman's issue.

And there are a few bits there really to unpick in terms of assumptions. One, of course, is around age. As I've said, it's not age-specific. It can happen to women actually at any age from puberty. But perimenopause in general does kick in around about 40 onwards, really.

But of course it's not just a female issue either. So not everybody that experiences menopause will identify as a cis woman. So there are other assumptions that we may make that, certainly from a workplace point of view, a diversity, inclusivity point of view, we need to be aware it's not purely a female issue. So trans men, non-binary. Anybody basically who's owned a pair of ovaries and has menstruated at any time in their life is likely to experience the symptoms. So it's much more diverse than our stereotypical woman with white hair and hot flush with a cardboard wafting herself.

Laura Merrylees: Yeah. No, absolutely. And we were talking earlier there about trying to create the right environment within the workplace for people to feel comfortable coming forward if they are experiencing symptoms. What's the groundwork that managers and HR possibly need to do to make that a safe and supportive environment so that those people do come forward if they choose to? [0:05:46.3]

Bev Thorogood: There's lots of sort of practical measures that they can take. Good communication, getting the conversation started with maybe things like an email campaign internally or a poster campaign. Awareness training for everybody – not just managers but general awareness. So perhaps as part of a D&I initiative they include information and...I guess the knowledge around what menopause is, so that people feel more comfortable talking about it.

But actually it goes almost a step further than that. I think it's about having a culture in place already that enables people to talk about health issues, not just menopause but all health issues, whether you're a male or a female going through whatever stage in life, having that culture of openness. And how you get that, I think, that comes down to senior leadership setting the scene. It comes down to making sure that managers are trained well enough to be able to handle potentially awkward or uncomfortable conversations. I don't want to say 'difficult', 'cause we imply that they will be difficult. But actually, as managers we're going to have awkward and sometimes uncomfortable conversations, so having good training in place not just around menopause...I mean, menopause is the subject here, but in reality it's about teaching managers to have the emotional intelligence to be able to handle awkward conversations.

Laura Merrylees: Yeah. Absolutely. And for those listening to the podcast today, the size and the availability of resources where they work may differ hugely, and you were touching there upon, I suppose, slightly more sophisticated initiatives that can be launched within organisations, such as around menopause cafés and employee assistance lines. And that may well be suitable for larger organisations that can resource that type of support. But as you say, whatever the organisation and whatever the size, it is also about managers having interpersonal skills that just enable their employees to talk and to feel comfortable having those conversations, whether it's about the menopause or otherwise.

I mean, one of the points that I just wanted to touch upon here – apologies, I can't remember if you mentioned it there, Bev – menopause policies. I mean, this is something that some organisations will have. And they can be very useful. And I just want to mention that on the site we in fact have a template menopause policy, and indeed other policies that

may be relevant, such as flexible working policies. And for those listening, you can find that in our Policies and documents tool.

But just Bev, assuming that a manager has created this supportive environment and a team member approaches them to discuss their menopausal symptoms or just that they may be struggling with work at that time, how do you sort of, as a manager, specifically try and make that a supportive and constructive discussion? [0:08:49.3]

Bev Thorogood:

Yeah. I think if the groundwork has already been done, so the person already feels safe to open up, then half the job is done already.

But I think again it's just good management. It's coaching skills, being willing to listen, to try and get curious about what somebody is going through. And actually, I think for a lot of managers, because of the nature of managing we often feel like there's a problem that needs to be resolved. We have to fix something or find a solution. And actually, that puts quite a lot of pressure on managers, especially when it comes to menopause, because this isn't a problem to be fixed. I think what's most important is that the manager is willing to sit down and listen, to ask questions, to explore what's going on, to try and do that without judgment, without again making those assumptions that we spoke about earlier, but being open to really understanding what that individual is struggling with, and then trying to explore solutions in terms of workplace adaptations, workplace adjustments to help that person continue to perform to their best, and being open-minded about the options that might be available.

And it's very hard to give a definitive, "This is what you should do if somebody comes to you with menopausal symptoms," because there are so many symptoms. And the diversity of those symptoms means that the support somebody needs is going to be potentially very different to the support somebody else might need. So really, sitting down, being willing to put the time aside to hear, so it's not a kind of water-cooler chat, but actually taking time to sit down and explore what somebody is really going through and find joint solutions. And to be honest, Laura, most of the workplace adaptations that help somebody in menopause are actually quite easy to implement, normally quite cheap to implement if not free, and it's about, I suppose, for the manager being willing to look at the art of the possible to help somebody through this.

Laura Merrylees:

Absolutely. So I think that point that you were talking about there, about really listening to the individual is, of course, key because it will be the individual who is best placed to let the manager know what might help and what they might need. And you're talking there about many of the adjustments not being expensive or difficult to implement, and that may well be the case. And also not necessarily set in stone, because of course

menopausal symptoms change, and what may be agreed for a certain set of symptoms may need to be adapted as a person experiences different symptoms as the perimenopause, menopause progresses. I mean, can you just, to sort of contextualise that, could you maybe just sort of make a suggestion as to what that might look like, for example, with an individual, how the symptoms might progress and how the adjustments therefore might adapt to that? [0:11:54.4]

Bev Thorogood:

Yeah, absolutely. And you're absolutely bang on there. Menopausal symptoms, because of the nature of why they occur and the fact that hormones are fluctuating, the symptoms can come and go and change over time. So having regular one-to-ones to review what's been put in place. And by regular, it could be anything from every four weeks, maybe every two or three months. I would suggest no longer than three-month gaps between, because actually menopausal symptoms can change that quickly, and what's been put in place may no longer be relevant.

The sorts of things you can look at are very simple. Making it easy to get a desk fan. For hot flushes and increased temperature, localised cooling can make a huge difference. But of course not everybody that experiences menopause is going to get hot flushes. So it could be actually if it's things like fatigue, insomnia or night sweats that are keeping somebody up in the night, maybe only getting two or three hours of sleep, being able to flex working times, start and finish times, potentially work from home, which of course Covid has kind of made a lot easier over the last couple of years. So changes to working patterns. And again, it may be temporary. It doesn't need to be permanent. It could be a temporary redistribution of the workload if somebody is really struggling with brain fog. It could be maybe delegating some of those tasks that person finds difficult. Maybe if they're having to sort of stand up and give a briefing in meetings and they're really struggling potentially with maybe anxiety or brain fog or concentration issues, it could be temporarily redeploying that work to somebody else.

I think the thing to keep in mind is that menopause is a transitional period, and any adjustments that are put in place tend to be transitional as well. So we're supporting somebody through a bit of a bumpy road, but the road does level out after a while and generally speaking, with the right treatment, for the individual, they can manage their symptoms as well.

Other things to look out or think about are things like uniform policies. Are your uniform policies restrictive? Are they detrimental to somebody who maybe is having problems with hot flushes? I know I worked for the Royal Air Force for many years, and in the summer months, even in the hottest months, if female service personnel are on formal duties they have to be in a shirt and tie and they have to have nylon tights on. And you can imagine if you're in the

midst of a hot flush on a hot day, feeling trussed-up like a chicken with your necktie is probably going to be very uncomfortable.

There isn't really a nice definitive list of what we should be doing. I guess the best person to ask is the person who's struggling, what would help.

Laura Merrylees:

Yeah, absolutely.

Bev Thorogood:

But even just more regular breaks, or getting a bit of fresh air every now and again, or having enough uniform that if somebody does have maybe a heavy period and they flood and they get caught out, they've got enough uniform to be able to change, and changing facilities to make that easy. Or making it very easy for people to be able to go to the toilet if they need to. And I would hope in 2022, as adults we would be able to go to the toilet when we needed to. But I'm still not convinced that in all industries that's the case.

So it's about looking at the art of the possible, really. And they're not difficult changes.

Laura Merrylees:

No, no. And as you say, we're going back to this point again about speaking to the individual and understanding what that individual needs. And if it helps our listeners, we have published a Tailored adjustment plan in our Policies and documents tool on the site, which will help managers to sort of be directed to what adjustments might need to be discussed and considered, and then to record and agree with that individual any adjustments that they may need. And I think the really helpful thing about that plan is that it can be portable. So where an individual moves jobs or a manager changes, the process doesn't have to be started again. So for our listeners it may well be worth looking at our Tailored adjustment plan.

I mean, we were talking earlier, Bev, about the importance of respecting individual choice and whether or not somebody chooses to sort of share their menopausal experience, as it were, with their manager. But if a manager has concerns, sort of objective concerns around a person's sickness absence level or performance – and of course there can be all sorts of reasons for that – and they don't know the underlying reason but menopause symptoms may be at play, then presumably the manager should just support and follow process in line with any other potential health condition that might be giving rise to performance or absence concerns. [0:17:11.0]

Bev Thorogood:

Absolutely. I think there's always a danger that we want to try and diagnose the root of the problem. But in reality I don't believe that we need to know that it's menopause to be able to support somebody who's needing a little bit of extra support in the workplace. If there's a dip in performance, deal with

the performance without making the assumption that it's menopause. It may well be that comes up in conversation, and one of the things that I do get asked quite often is, you know, "What if the person doesn't know that it's perimenopause but they're showing all the symptoms?" And I think this is where good education and awareness training for managers really helps, because if you're looking, for example, at somebody's sick absence records and you're seeing lots of individual episodes of sickness that are very disparate because the symptoms of perimenopause can look very disparate – you know, everything from anxiety to migraines to urinary tract infections to insomnia, they're vast and varied. But if you've got a bit of awareness and knowledge about perimenopause and you're looking at somebody's absence record and you're seeing a connection, you're seeing patterns that maybe the individual themselves hasn't picked up on, I don't see that, if you've got a good relationship and that kind of open culture is already in place, I see no problem with a manager potentially sitting down with the individual and saying, "Look, I don't know if you've thought about this potentially being perimenopause, but looking at all of these symptoms, these are all symptoms of perimenopause." And back it up with, "I know this because I've done some training. Have you considered that? I'm not suggesting that's what this is, but these are all sort of indicators. Is that something you've considered?" You might find that the individual, it's not even crossed their mind and suddenly there's a penny drop.

Laura Merrylees:

Yeah.

Bev Thorogood:

But I think there's definitely a time when it's okay to raise the fact that it could be. I guess it depends how that's done and if it's done with compassion and empathy, and from a place of awareness. That's going to benefit everybody.

Laura Merrylees:

Yeah. And the knowledge that the manager has is absolutely key, and of course that goes to, as I mentioned at the outset of this podcast, the Line manager briefing, which you have written for us on XpertHR. And there's a lot in there around increasing a manager's knowledge of the perimenopause, menopause, all of the things that we're discussing today. So I would urge listeners to look at that Line manager briefing so that managers can be upskilled and feel comfortable having those conversations where it's appropriate, as you say, and where it can be sensitively handled. And it will be a question of judgment. And otherwise all the good stuff that would normally apply in terms of liaising with occupational health, an individual's GP, one-to-ones, HR support, just as with any other potential health condition, that would all come into play as well. [0:20:08.4]

Bev Thorogood:

Yeah. If I could just say, though, Laura, I think there has to be an element of responsibility on the individual who's experiencing the symptoms too. We ask a lot of managers, and rightly so, but we can't expect them to be mind-

readers. So if we do need support I think there has to be an element of responsibility that we need to be willing to a) open up about the difficulties that we're having. We need to be able to feel safe that that's going to be okay to do. But it's almost a two-way street. There are a lot of, or a definite increase in the number of tribunals around menopause, and one of the arguments kind of against somebody being discriminated against is, "Were your employers or were your managers aware that this was a problem for you?" So I think there has to be an element of honesty, I guess, on both sides. We can't ask managers to be mind-readers. They need to know what they're supporting. Does that make sense? Have I articulated that clearly?

Laura Merrylees:

Absolutely, yeah. And it ties in with what we were saying earlier about so much of what is key here is making sure that, as a manager, you're creating the right environment for people to be able to have that discussion and dialogue with you, and if you've done so you can't be expected to be a mind-reader. You know, so I think that absolutely is a fair point to raise, Bev.

And you were talking there...I'd just like to explore that point around employment tribunals that you were mentioning there about the litigation. And of course, what we've been talking about here on this podcast is all the positive reasons and all the positive things that you can do as a manager to support people going through the menopause. But it would be wrong for us not to mention the risks that are involved if you don't. And from a legal perspective we have certainly seen that uptick in employment tribunal claims over the past year, 24 months or so, where the menopause is cited as a reason for that individual bringing the claim, and predominantly the reasons around age, sex discrimination and disability discrimination of course as well. So it is important that not only do managers want and need to do the right thing by the individual, but they also need to get it right for good reason in order to protect the organisation and not be exposed to a claim. [0:22:21.9]

Bev Thorogood:

Absolutely. I must admit I'm much more in favour of the carrot than the stick. I'd much rather we focused on, you know, the benefits of supporting somebody through menopause and talked about retaining really great female talent, not losing that talent if it went unnecessarily. You know, having great relationships, reducing absenteeism, all of the benefits. But there is a stick if we get this wrong, and as you quite rightly say, we're seeing an increase in the number of tribunals where menopause sits at the sort of heart of the discrimination, and it's a little bit of a grey area at the moment because menopause isn't a protected characteristic in its own right. There has been talk about whether it may be included in the Equality Act in the UK as a protected characteristic, but just this last week the question was asked of the minister for the Department of Work and Pensions, who categorically said that

there is no intention to make this a protected characteristic. My personal thoughts – and I had a conversation with an employment lawyer just last week on my podcast – as we see more tribunals coming through, we might find that there's a need to protect menopause as an individual characteristic. And it isn't at the moment, which means it is a bit of a grey area. But yes, you're absolutely right. Age, sex and disability. And although menopause in itself isn't a disability, it's not a disease, it's not an illness, it's a normal life stage, it definitely has symptoms that, because of their severity and potential longevity, would categorise as a disability or a temporary disability. And we are seeing more tribunals, and unfortunately it does seem to be male managers predominantly who are falling foul of the law. Now whether that's through a lack of awareness, a lack of understanding, perhaps unconscious bias going on, I don't know why. But there does seem to be a predominance of male managers being kind of taken to tribunal.

And of course it's costly, not just financially but emotionally. The stress involved with going through a tribunal.

Laura Merrylees:

And reputational, reputationally for a business. And again, organisations naturally need to be protected from claims and that's highly important, but we're talking there about positive reasons for doing things as well. When we were speaking earlier about the adjustments that managers can put in place, of course you want to put those adjustments in place to support that individual, but if the symptoms were such that it fell within the definition of disability, of course that would also be hugely helpful in being able to defend any claim or allegation that an individual hadn't had adjustments put in place if they were found indeed to have a disability. [0:25:18.6]

Bev Thorogood:

Absolutely. You touched earlier, Laura, on policy. And a policy is a great tool. It doesn't change behaviour, it doesn't change attitudes, but what it does do is potentially gives guidance and direction for managers if they're not sure of the direction they should be going. Generally it will have good information in there about what menopause is, and also signposting to further sources of help. So you've got things like occupational health, you've got your employee assistance programme if you've got one, your HR support. All of those sort of signpostings will be in a policy, and whilst a policy in itself I don't think is the be-all and end-all, I definitely think it's a really useful tool in the toolbox, especially when it comes to avoiding the tribunal in court. Because if as an organisation you've got guidance in place that hopefully will have to be followed, then that makes a lot of sense.

Laura Merrylees:

Yeah. And I think, as you say, there's no one thing. It is a toolbox. And certainly, as we've been discussing today, there are a number of tools, not least the Line manager briefing that we were talking about, but also

the policies and documents. We also have a How to guide on the site as well. So there's plenty there to review and visit and take on board.

That's been a brilliant discussion, Bev. Thank you ever so much for your time. Really, really valuable insight and so appreciative of you coming onto our podcast and sharing those thoughts with us today.

Bev Thorogood:

Thank you so much for inviting me. It's been a pleasure.

Laura Merrylees:

Well thanks ever so much for listening to our XpertHR podcast. That brings us to the end, and we look forward to you joining us again next time.