

Menopause Toolkit [title page]

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Definitions

Andropause

Late-onset hypogonadism, also known as testosterone deficiency syndrome; it refers to the symptoms men may experience as their testosterone production levels decrease with age.

Pre-menopause

The time in life before any menopause symptoms occur.

Perimenopause

A phase when menopause symptoms occur because of hormone changes. Periods usually start to become less frequent over a few months or years before they stop altogether.

Menopause

The point at which menstruation (having a period) stops, and a person has not had a period for 12 consecutive months.

Post-menopause

The time in life after 12 months with no periods.

Surgical menopause

A menopause resulting from certain medical treatments, such as chemotherapy or surgical operations to remove the womb or the ovaries.

Foreword

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The National Fire Chiefs Council (NFCC) is committed to supporting fire and rescue services to embed equality, diversity and inclusion (EDI) in all they do.

Open discussions and championing EDI are an important part of supporting our communities, our workplace and our employees to provide a more inclusive culture. However, menopause has long been a taboo subject, particularly at work.

In 2023, we held a lunch and learn session around menopause and in September the first Menopause in Fire conference took place. Attendance was huge, and the room was full of passionate individuals keen to learn and progress their own services in this area. At the conference it became clear that as a sector we have little understanding about this very important topic.

We know there is some fantastic work going on across fire and rescue services nationally to break the stigma of talking about the menopause. However, we also know that some fire services are at the start of their journey and have been seeking support and guidance on how to become a menopause-friendly employer.

This toolkit takes learning and knowledge from across the sector to benefit everyone – from individuals going through the menopause, to line managers and colleagues seeking more information about how to best support someone with symptoms in the workplace. Strategic leaders will find it useful to see what their fire service could and should be doing, and menopause champions can continue to learn from each other and seek further ideas about how to drive change in their services.

We would like to thank everyone who has been involved in the development of this toolkit. We hope it inspires and supports fire and rescue services to keep the conversation going and push ahead with menopause support actions.

[SECTION 1] Introduction

1.1 What and who is this toolkit for?

The purpose of this toolkit is to raise awareness of menopause transition for all employees, and assist managers in supporting employees going through the menopause. Although the menopause usually affects women in their 40s to 60s, it can impact trans men, non-binary and intersex people, younger women, and partners and families of women. This toolkit is designed to support **anyone** affected by the menopause in the workplace, either directly or indirectly.

1.2 Why is it important?

With life expectancy in the UK steadily increasing, many women are living in the post-menopause phase for up to a third of their lives, and menopause symptoms can have a significant impact on their health and well-being, at home and at work. By increasing our knowledge and understanding, we can help create a more supportive working environment and address challenges brought about by the menopause.

1.3 How can it be used?

Individuals going through the menopause will experience different symptoms during their journey, and approaches should be adapted to meet their needs. It is important to engage in open communication to understand their specific requirements, and work collaboratively to ensure equal opportunities and access to resources. In addition, training and education on menopause awareness for all employees can help create a more inclusive and supportive working culture.

[SECTION 2] What is the menopause?

2.1 What is the menopause?

The menopause is a natural event and refers to the day when an individual has gone a full year without a period. It usually happens between 45 and 55 years old; the average age is 51.

Menopause occurs when the ovaries stop producing eggs and the level of oestrogen (the main female hormone) declines. It is a gradual process that starts some years before the menopause happens – this period is called perimenopause and generally begins when a woman is in her 40s. It is during perimenopause that symptoms of menopause can start.

Symptoms can continue for several years after the menopause – this is called post-menopause.

Although the average age for menopause is 51, and symptoms for most individuals will begin in their 40s, around one in 100 experience early menopause (referred to as premature menopause). Although this may happen naturally, there are some factors that can cause premature menopause, including:

- Surgery to remove the ovaries
- Radiotherapy to the pelvic area as a treatment for cancer
- Some chemotherapy drugs for cancer
- A hysterectomy before the menopause has happened
- A family history of early menopause

Men may also experience something similar to the menopause, known as andropause or 'male menopause' (visit the [NHS website](#) for more information). Men's hormone levels (testosterone) steadily decline at around 2% per year from around the age of 30 onwards. Due to the gradual decline, often men do not experience the same symptoms as women.

2.2 What are the symptoms?

Menopause and perimenopause symptoms can have a significant impact on an individual's daily life, including relationships, family life and work.

Some women have almost no symptoms, but more than 75% experience noticeable changes and of these, 25% describe severe symptoms (British Menopause Society).

The majority of women experience intermittent physical and/or psychological symptoms during the menopause (used here as a generic term for all three stages of menopause). These symptoms are associated with a decrease in the body's production of oestrogen. The

resulting low and fluctuating levels of hormones, particularly oestrogen, are the cause of menopause symptoms.

There are more than 40 recognised symptoms of the menopause. The most common include:

- Hot flushes or flashes
- Night sweats
- Dizziness
- Depression
- Headaches
- Heart palpitations
- Heavy, irregular, painful and prolonged periods
- Recurrent urinary tract infections
- Brain fog
- Sleep disturbances
- Fatigue
- Poor concentration and memory
- Weight gain
- Irritability
- Low mood/mood swings
- Joint ache/pain
- Skin dryness
- Vaginal dryness
- Low libido
- Increased anxiety
- Dry eyes
- Tinnitus

Overall, this period of hormonal change and the associated symptoms can last for several years. Not everyone who goes through the menopause will experience all these symptoms and they may not occur continuously. They can also change during the menopause transition period.

Without appropriate support and consideration, these symptoms can adversely affect the quality of an individual's personal and working life. At work, they can cause embarrassment, diminish confidence, impact performance and be stressful to deal with. The menopause may be compounded by the development of other health conditions, and coincide with caring responsibilities for ageing parents and relatives, and children still living at home.

2.3 How to manage the symptoms

If symptoms are impacting your performance at work or your life in general, it is advisable to make an appointment with your GP. Go prepared, make notes about your symptoms and how they are affecting you. Do your research about potential treatments, for example HRT, as this will give you more confidence to ask for the support you need (refer to section 7 for more information).

Common ways to manage symptoms include:

- **Hormone replacement therapy (HRT)** – this is the most common way of managing symptoms and involves using oestrogen to replace the body's depleting levels; there are different types and doses of HRT, including skin patches, gel, spray, implants and tablets, all of which can offer additional health benefits
- **Fitness** – maintaining fitness with regular, gentle cardio exercise such as a 30-minute walk or strength-building using basic weights can help heart and bone health – both important for women post-menopause (refer to section 3 for more information); Pilates is also recommended
- **Diet** – cutting out or reducing manufactured food and replacing it with whole grains, fruit and vegetables can help prevent weight gain, which is a common symptom of menopause (refer to section 3 for more information)

- **Mindfulness** – looking after mental health is especially important during menopause when mood swings, anxiety and a lack of zest for life affect many individuals; mindfulness apps with breathing techniques can help with mood, calmness and sleep

For more information on lifestyle factors and treatment options that can help manage menopause symptoms, visit the [NHS website](#).

[SECTION 3] Fitness and nutrition

3.1 Lifestyle factors – fitness and nutrition

Having a healthy lifestyle and maintaining good physical fitness is important throughout life. With ageing, cardiovascular fitness, muscular strength and bone mineral density are known to decrease. During the menopause, these reductions may be exacerbated because changing hormone levels can affect a number of physiological systems including cardiovascular and skeletal.

Lifestyle changes, combined with hormonal changes, can also lead to weight gain and reduced muscle mass during the menopause. These changes can increase the risk of numerous health conditions, such as fractures and cardiovascular disease, and decrease an individual's exercise capacity. From an operational perspective, these changes could make maintaining fitness standards more difficult for some individuals.

Regular physical exercise and good nutrition can help to maintain or improve strength and cardiovascular fitness. Achieving a high level of fitness and strength before ageing and the menopause occur could help to maximise fitness levels towards the end of an individual's career. Furthermore, having a healthy lifestyle and being regularly active can have beneficial effects on mental health and sleep quality.

3.2 Physical activity

The NHS recommends that individuals should aim to do some type of physical activity every day, as outlined in the [physical activity guidelines for adults](#).

The following physical activities and considerations may help to manage the impact of menopause symptoms:

- **Weight-bearing exercises** – for example, walking, dancing or running to maintain bone mineral density on two or more days a week
- **Muscle-strengthening activities** – for example, lifting weights, using resistance bands, and doing body weight exercises, yoga and Pilates on two or more days a week
- **Intensity and load** – with all activities, intensity and load will depend on an individual's prior activity levels and should be developed gradually over time
- **Variety** – different types of physical activity should be considered, as it is important that individuals keep to the exercise programme
- **Sedentary lifestyle** – reducing time spent sitting can also be helpful to lessen the risk of cardiovascular diseases
- **Accessibility** – access to exercise facilities and support from health and well-being/fitness advisers should be available to all staff and used where possible

Specialised menopause training for exercise professionals is available and should be considered for health and well-being/fitness adviser continuing professional development (CPD).

3.3 Nutrition

Following a healthy, balanced diet can help individuals to maintain a healthy body weight and bone density, and reduce the risk of cardiovascular disease.

Taking the following steps to improve nutrition may help manage the impact of menopause symptoms:

- **Variation** – eating a varied diet including fruit, vegetables, wholegrains, calcium-rich food and low-fat dairy products is recommended
- **Caffeine and alcohol** – considering caffeine and alcohol intake is also important, as these can be triggers for hot flushes and may impact sleep quality; swapping to decaffeinated options, avoiding caffeine near bedtime and reducing alcohol intake may help.
- **Vitamins and minerals** – numerous herbal supplements claim to relieve menopause symptoms, but the evidence is often limited and the safety of some supplements is unclear. Some vitamins and minerals can be helpful, such as calcium and vitamin D to help maintain bone mineral density. Diet is a key source of vitamins and minerals, so supplements are not always required, although 10mcg of vitamin D is often recommended in winter months in the UK. It is advisable to seek GP support before taking any new supplements.

For more information and links to supporting evidence, refer to section 10.2.

[SECTION 4] Individual differences

4.1 Who is affected by the menopause?

With 3.5 million women over 50 in the UK workforce, it is no surprise that it is predominantly women who are affected by menopause in the workplace. However, menopause is not just a gender issue, it is a well-being one.

Menopause can affect many different employees, including:

- Women
- Trans men
- Intersex people
- Non-binary people
- Relatives, colleagues, partners and carers supporting someone going through the menopause

No two experiences of menopause are the same, so it is important to be aware of different circumstances. Establishing an open environment for discussion is incredibly helpful for those going through the menopause, and those who are experiencing it second-hand. Open communication can reduce feelings of isolation, and talking to others will raise awareness and promote understanding.

4.2 Different roles in the fire service

Most of the support currently available for individuals going through their menopause transition is generic and applies to all employees with symptoms. However, there are different considerations for different roles and working patterns in fire and rescue services:

- **Operational and fire control personnel** – while employees in all roles may experience menopause symptoms, there are some individuals who may require specific support at work because of the nature of their role – for example, differing shift patterns, working in hot environments, having a physical role, wearing a uniform or PPE, and dealing with trauma and stress
- **Non-operational personnel** – flexible working practices mean that workplace adjustments for non-operational personnel can be implemented more easily, but there are some non-operational roles that are more physical, require PPE and involve working with the community or outside the office environment, so additional, more tailored support may be required

4.3 Additional factors for consideration

Every menopause journey is different, and some individuals will have additional factors that may affect the way they consider or cope with their menopause and symptoms.

Some examples of these and additional characteristics include:

Race, ethnicity and religion

- Racial and ethnic disparities can be influenced by where we live, culture, beliefs, diet and other factors
- The average age of menopause varies for different ethnicities
- In some cultures and communities, menopause is not acknowledged and can be considered a taboo, which can have an impact on education and awareness
- Symptoms and severity levels can vary according to ethnic background
- Employees from minority ethnic groups are more likely to experience misdiagnosis, late diagnosis and underdiagnosis

Disability and mental health

- It can be more difficult for a disabled employee to find the right menstrual products or a suitable accessible toilet to meet their needs
- Not all disabilities are visible, and employees may not wish to disclose additional health issues
- Symptoms and mood changes experienced during menopause can increase stress and impact employees managing mental health conditions
- Emerging research suggests the menopause can pose significant challenges for some neurodiverse conditions, such as autistic employees and individuals with attention deficit hyperactivity disorder (ADHD)

Sexual orientation and gender identity

- Partners experiencing menopause at the same time may be dealing with their own symptoms while also supporting their partner
- For trans and non-binary people, menopausal symptoms can contribute to gender dysphoria

Socioeconomic status and job roles

- Financial insecurity can influence the choices employees make about menstrual health – for example, those on fixed-term or zero-hour contracts, or freelance employees may not want to talk about challenging symptoms because they fear losing their income
- Different roles will bring about different challenges and impacts from symptoms; the level of physicality required by a job can compound symptoms in different ways

Source: [The British Standard, BS 30416 Menstruation, menstrual health and menopause in the workplace \(www.bsigroup.com\)](https://www.bsigroup.com)

[SECTION 5] Talking about the menopause

5.1 Talking about the menopause

The menopause affects us all, which is why talking about it is really important – the more it is discussed, the more it will help to break the taboo and normalise the menopause. Having the ability to talk openly is fundamental in being able to manage and overcome symptoms. It enables people to explore solutions and changes that could be made to better support those facing menopause-related challenges.

When discussing the menopause, it is important to remember that not everyone's experience or symptoms will be the same. Some individuals may not wish to share their symptoms because they:

- Feel it is a private or personal matter
- Think their symptoms might be embarrassing to share with others
- Do not know their line manager well enough
- Are not sure if their line manager will be sympathetic
- Feel they will not be taken seriously
- Are worried about confidentiality
- Think they will be considered less able to do their job
- Are worried that job security or promotion opportunities might be taken away
- Fear outing themselves as a trans person, non-binary person or a person with variations of sex development

Humour or jokes are common barriers to open conversations about the menopause. What one person finds funny, another may not. For some, symptoms can cause embarrassment and anxiety, which may have a negative impact on their mental health. The topic should be discussed respectfully and sensitively.

5.2 What should be considered?

Individual conversations with employees affected by the menopause should always be confidential and held in private where the manager and staff member are comfortable and will not be disturbed.

A manager should:

- Allow the employee to decide how much information they wish to disclose in the meeting
- Ask general questions, but let the staff member lead the conversation

- Not ask if they want to talk about the menopause or suggest what symptoms they might be experiencing
- Not make any assumptions about the person's symptoms and consider any needs they have

Employees should also have the option to speak to someone other than their manager if they would feel more comfortable.

5.3 Inclusive language

It might not always be obvious who is experiencing menopause symptoms. It is therefore important to remember that the menopause affects most women and other people who have a menstrual cycle. This can include:

- Trans people – an umbrella term used to describe people whose gender is not the same as the sex they were assigned at birth
- Intersex people – a term used to describe a person who may have the biological attributes of both sexes or whose biological attributes do not fit with societal assumptions about what constitutes male or female; intersex people may identify as male, female or non-binary
- Non-binary people – an umbrella term for people whose gender identity does not sit comfortably with 'man' or 'woman'; some people identify with certain aspects of binary identities, while others reject them entirely

Any support offered should be equal, and conversations must be confidential and private. This is particularly important because someone might talk about their gender identity when discussing their menopause symptoms and might not want it more widely known.

It may also be a criminal offence to disclose information about a person who has a Gender Recognition Certificate.

Employers should consider that:

- Not all trans, intersex or non-binary people take hormones, but those who do can experience menopause symptoms when stopping or restarting treatment
- Trans men might experience menopause symptoms if their ovaries remain and they are not given hormone therapy
- Trans women and intersex women might experience surgical menopause if their ovaries are removed
- Trans men and intersex women might not experience menopause symptoms with hormone therapy, but they may experience hormonal disruption
- Trans men and intersex women might experience some symptoms related to the menopause if their hormone therapy treatment is interrupted or hormone levels change

5.4 Raising awareness

Awareness days, such as World Menopause Day on 18 October each year, provide an opportunity to raise awareness, break stigmas and highlight support available for improving health and well-being of those affected by the menopause. However, it is imperative that the menopause conversation is ongoing throughout the year. This helps to make menopause more visible and encourages open discussion in the workplace.

[SECTION 6] Workplace adjustments

6.1 Legal considerations

While the menopause is not covered specifically under any legislation, no one should face a detriment based on their sex, age or gender reassignment under the Equality Act 2010. This also includes disability discrimination, which may cover employees who develop conditions or 'impairments' related to the menopause.

The definition of impairment under the Act is 'a mental or physical impairment' that has a 'substantial' and 'long-term adverse effect' on that person's ability to carry out normal, day-to-day activities. 'Substantial' is more than minor or trivial, for example, it takes much longer than it usually would to complete a daily task like getting dressed. 'Long-term' means 12 months or more.

Women whose menopausal conditions meet this definition would be considered to have a disability under the Act. Disabled people are protected from discrimination on the grounds of their disability and are entitled to 'reasonable adjustments' in the workplace where a disabled worker would be at a substantial disadvantage compared to a non-disabled colleague.

Other relevant legislation includes:

- The Health and Safety at Work etc Act 1974 (section 2), which requires employers to ensure the health, safety and welfare at work of all employees
- The Workplace (Health, Safety and Welfare) Regulations 1992, which place an overriding duty on employers to make workplaces suitable for the individuals who work in them
- The Management of Health and Safety at Work Regulations 1999, which require employers to undertake a suitable and sufficient assessment of risks and take action to prevent exposure to risks

For more information on legal considerations, visit the [Acas website](#).

6.2 Menopause and workplace adjustments

When supporting individuals affected by the menopause, managers should consider an employee's situation and evaluate whether any adjustments need to be made. The situation should be addressed sensitively and confidentially, and aim to reduce the effect the menopause may have on the employee.

Examples of adjustments may include, but are not limited to:

- Assessing how work is allocated and whether they may be affected at particular points of the day
- Allowing additional rest breaks
- Increased flexibility in working hours; flexitime, shift swapping, temporary reduction in hours or adjustments to working patterns
- Access to cold drinking water
- Provision of hygiene facilities: toilet, washing and changing facilities
- Emergency period products in toilets and on fire engines
- Environmental adjustments, such as temperature control and ventilation, air conditioning, desk fans, access to open windows

- Comfortable chairs
- Consideration of the most suitable materials to be used for uniform that allow better body temperature regulation
- Time off for menopause-related medical appointments and adjustment to normal absence triggers
- Working from home (depending on their role)
- Adjustments that support and avoid any detriment to menopausal employees, for example, recognising symptoms can affect concentration and performance
- Access to additional support such as the Occupational Health service, employee assistance programme, counselling, The Fire Fighters Charity

If any adjustments are agreed, these should be recorded and reviewed on an ongoing basis to check they are having the required effect. HR should be consulted and will advise on policies and procedures specific to the individual's service. In addition, advice from medical practitioners and the Occupational Health service is encouraged to ensure support is tailored to the individual's needs.

6.3 Case study: Shropshire Fire and Rescue Service (FRS)

How Shropshire FRS supports the menopause

Shropshire FRS has two formally trained menopause champions whose role is to help individuals navigate their menopause journey. The champions do not replace line management or HR support but provide a safe space where people can ask for confidential advice and signposting to resources, internally and externally.

Some of the measures taken by Shropshire FRS to support menopause in the workplace include:

- Posters in **all** toilets with an infographic of menopause symptoms, and a photo and contact details for both menopause champions
- A menopause voices group, which actively arranges events such as lunchtime chomp and chat sessions; lunchtime walks; and women networking days with guest speakers on topics like diet and nutrition, exercise and life coaching
- Access to menopause network champion meetings on a monthly basis, delivered as lunch and learn sessions with quarterly guest speakers – most recently Carolyn Harris MP
- Menopause guidance for managers
- Dedicated menopause area on the health and well-being portal
- Active 'closed' Teams channel where useful research, articles and podcasts are shared among colleagues
- Mandatory menopause awareness training for all managers and an e-learning module available for all employees

Examples of reasonable adjustments that Shropshire FRS have in place include:

- Workplace adjustment passport that provides of an individual's agreed workplace adjustments.
- Access/referral to the Occupational Health (OH) service, with a dedicated OH nurse who has an interest in the menopause
- Working from home, temporary reduction in hours and flexible working
- Provision of desk fans
- Quiet/contemplation room
- Air-conditioned offices and common areas

- Access to shower facilities
- Sanitary products in all female and unisex toilets across HQ and all fire stations, and sanitary packs on all fire engines

E-learning menopause modules with knowledge checkpoints, which are available for all employees cover:

- What is the menopause?
- What are the symptoms?
- Different treatment options
- How to manage the menopause
- Challenges and legislation
- Leadership and culture change
- Introduction to reasonable adjustments
- The wider organisation

By encouraging an open and inclusive culture, raising awareness and putting the right support in place, employees are well equipped to manage menopause in the workplace.

[SECTION 7] Guidance

7.1 Guidance for individuals

All individuals in the fire and rescue service have a personal responsibility to look after their health, safety and well-being in the workplace and seek support where needed.

7.1.1 Talk to your line manager

You are strongly encouraged to talk to your line manager at an early stage if you have menopause symptoms that are impacting your performance or experience at work. This is to ensure that symptoms are treated as an ongoing health issue rather than as individual instances of ill health. Early notification will also help your line manager to determine the most appropriate course of action to support your needs.

Menopause can feel like a very personal matter and if you do not wish to discuss the issue with your direct line manager, you may find it helpful to have an initial discussion with someone else. There may be several people in your fire service who are available for guidance and who may accompany you when you speak to your manager if this would help. These may include:

- The HR team or equivalent
- A menopause champion
- A trusted colleague or another manager
- An Occupational Health adviser or nurse
- A union representative
- An equality and inclusion adviser

If you feel apprehensive about approaching your line manager, plan ahead. Think about the following and make notes to take in so nothing is forgotten:

- What symptoms do you have?
- How are these affecting you at work?
- What actions have you taken so far?

- What support do you need?

Notes of planned actions and a review date should be agreed and recorded on a workplace adjustment form or equivalent (refer to section 9.1 for example forms).

More information on approaching your manager to discuss your menopause is available in this short video: [Menopause in the workplace: How to talk to your manager](#)

7.1.2 Support measures

There are a number of measures your service may use to support you, these include:

Risk assessments

- Your fire service may have risk assessments for menopause that could be used to aid discussions (refer to section 9.1)
- If your fire service does not have a risk assessment for menopause, consider your symptoms and explain the impact each symptom is having in the workplace – this may help to structure your meeting

Workplace adjustments

- Your Occupational Health service may also be approached to explore support and recommend any workplace adjustments
- There are a number of support measures and workplace adjustments that your fire service may be able to put in place to help with symptoms (refer to section 6)

You should act on advice from your medical practitioner about measures you can take to support your health and well-being, and engage in any risk assessment or occupational health referral to fully support the process.

7.1.3 Consider speaking to your colleagues

Encouraging all fire and rescue services to talk openly about the menopause will foster a culture where individuals can feel comfortable talking to their team about their symptoms and how it is impacting them at work.

Additional benefits of this approach means that it:

- Helps dispel fears and misconceptions
- Increases awareness and understanding among colleagues
- Normalises the topic
- May encourage others to speak up and share experiences
- Helps create an informal support network
- Generates interest

You could also speak to you inclusion manager or HR team about the possibility of menopause awareness training for your team.

7.1.4 Occupational Health service

If symptoms are impacting you at work, a referral to your Occupational Health service (OH) should be made. This is to ensure the very best support is offered. OH can recommend or endorse any reasonable adjustments and can signpost to further support externally.

7.1.5 Time off work

Anyone unable to work because of menopause symptoms should book sick leave rather than take flexi or annual leave.

Some fire and rescue services have menopause as an absence category. If your service does, it is important to select this to ensure the right support is in place for you and so that services can monitor the impact of menopause at work.

Menopause symptoms can last, on and off, for many years. Where symptoms are severe, and you are unable to fulfil your role with workplace adjustments and take sick leave on a regular basis, you should have a conversation with your line manager so that absence triggers may be reviewed.

7.1.6 Fitness

Fluctuating and low oestrogen levels can impact joints, mood and energy levels. This can make maintaining fitness levels more challenging. A meeting with your service's fitness and well-being adviser, or equivalent, should be booked as they will be able to suggest specific exercises to help. They can also assist non-operational colleagues with advice about exercise and fitness during menopause.

7.1.7 External support and information

There are many nationally recognised websites with additional information and support, some of these are listed in section 10. If your symptoms are impacting your quality of life or performance at work, it is recommended that you make an appointment with a medical professional.

7.1.8 Health and well-being

The menopause can be a challenging and emotional time for many. Individuals do not always feel themselves and can sometimes feel out of control of their bodies. As symptoms are physical and psychological, it is important that everyone finds time for self-care.

Examples of well-being techniques that could help include:

- Relaxation techniques, such as mindfulness and cognitive behaviour therapy, which can help reduce the impact of symptoms
- Lifestyle changes, for example, stopping smoking and doing more exercise
- Walking, yoga or Pilates, which are all good for body and mind
- Speaking to your Occupational Health service for suggestions
- Engaging with The Fire Fighters Charity, which runs several well-being sessions relating to menopause (refer to section 9.2.2 for more information)

7.2 Guidance for line managers

7.2.1 Active listening

Employers and managers have a responsibility to look after the health, safety and welfare of their employees. Line managers should be open and ready to listen and act sympathetically, sensitively and appropriately.

Individuals should be able to expect support and practical assistance during their menopause transition, recognising that for some, it can be an extremely challenging time. Regular, informal conversations between a manager and employee will enable more open discussions about any changes in health, including issues relating to the menopause. Such conversations can identify any support needed at work and help individuals continue to be safe and well in carrying out their work.

The level of trust you build with people will determine the extent to which they are able to discuss menopausal symptoms and any support they may need.

Some people may be uncomfortable or anxious about discussing the menopause with their line manager, so signposting to the Occupational Health service, HR colleagues, an equality professional or menopause champion may be useful as a first step.

7.2.2 Practical steps

If someone asks to talk about their menopause symptoms, here are some things to consider:

- The menopause is a very personal experience, and they may feel apprehensive or uncomfortable speaking about their symptoms
- To help them feel at ease, make the environment as relaxed as possible, use open body language, and encourage them to speak openly and honestly
- Find an appropriate space for the meeting that allows for confidentiality and remove any distractions such as phones and laptops
- Allow adequate time to have the conversation and listen and encourage them to describe the symptoms they are experiencing, how they are impacting them at work and to what extent
- Ask what workplace adjustments are being requested and consider them on an individual basis
- If workplace adjustments are required, make a management referral to the Occupational Health service and reassure them this is to ensure they receive the best support
- They may not know what workplace adjustments can be requested – some may be simple to accommodate (for example, a desk fan, window seat, quiet area and more breaks) but some may require a discussion with HR colleagues or other managers, such as requests for flexible working or changing shift patterns
- Do not dismiss any workplace adjustment requests until further conversations have been held and ensure they are aware of who you need to consult with about any request as you will be sharing personal information
- Speak to your HR team, or equivalent about the best way to document any workplace adjustments, such as completing a risk assessment or recording the discussion and outcome in a different way
- A copy of the workplace adjustments should be stored on the employee's personnel file; always arrange a review date

- You may wish to schedule another meeting with them after seeking advice from the HR team, or equivalent or following their appointment with the Occupational Health service
- If symptoms are impacting work, encourage them to seek further support from their GP or other health practitioners – for information and signposting to other agencies that can offer support, refer to section 8
- Do some additional learning about the menopause and the impacts of different symptoms – the [NHS website](#) has a good overview

If the menopause is given as a reason for a drop in performance during a performance meeting, continue to listen actively without making assumptions. Discuss any additional needs and highlight any support your service can offer, including speaking to the Occupational Health service, the HR team, or a menopause champion, or employee network if your service has one.

7.3 Guidance for all colleagues

7.3.1 Inclusivity

If a colleague discusses their menopause experience and how it is impacting them at work, listen without judgement or comment and ask what support they require. They may need understanding if their physical fitness is not as it normally is on a particular day, or they may experience brain fog so finding the right word is difficult or they could forget how to do something.

7.3.2 Active listening

They are likely to want to know that colleagues are there to help them without judgment. There may be more ways in which you can support them, including showing empathy and understanding. This can make a significant difference to how the menopause may affect them mentally (reducing anxiety and preventing loss of confidence).

If you want to understand more about the menopause, there are lots of external resources linked in section 10. Your service may also offer menopause training to increase understanding and awareness.

[SECTION 8] Support

8.1 Medical support

If you believe that you or someone you know is perimenopausal or menopausal and symptoms have started to interfere with quality of life, it is a good idea to make an appointment with a GP or healthcare professional who specialises in the menopause.

Consider taking the following steps to help prepare for medical appointments:

- **Research** – look into treatment options before your appointment so you are well-informed and prepared
- **Book an appointment** – ensure you book enough time to discuss your symptoms and concerns; some surgeries allow you to book double sessions

- **Record** – before your appointment, make a note of any symptoms you may be experiencing and note any changes to your periods (you can log these on the Balance app and generate a health report to give to your GP – section 9 has more information)
- **Support** – if you are feeling anxious, consider taking a friend or family member to your appointment for moral support
- **Questions** – make a note of any questions or concerns so you do not forget to mention them during your appointment
- **Speak up** – if you have a preferred treatment in mind, do not be afraid to discuss it with your GP – this may result in additional action like blood tests and blood pressure monitoring for treatment options such as HRT
- **Follow up** – try to leave with as many questions answered as possible and arrange a follow-up appointment, if needed

Several misconceptions and misunderstandings continue to exist about HRT based on outdated reports. If there is no medical reason why HRT is unsuitable for you, and this is your preferred option, then it is important to speak up and, if necessary, ask for a second opinion.

8.2 Women in the Fire Service UK

Women in the Fire Service UK (WFS) is a volunteer-led organisation made up of individuals working in the fire and rescue service. It has a shared vision to develop a culture of equality of opportunity and to support all women in achieving their full potential. In particular, WFS aims to empower confident and successful women to contribute to building a more progressive fire and rescue service.

Services offered by WFS that may support your menopause journey include:

- **Annual national training and development event** – providing a platform for networking, learning and growth
- **Women’s Development Programme** – designed to empower women with skills and knowledge needed to succeed
- **Partnerships and collaboration** – to actively support the menopause and regional fire and rescue services networking and development events, creating opportunities for women to connect, collaborate and support one another
- **Support network** – closed social media platform (Facebook) where individuals can share experiences and ask for advice in a safe space
- **Awareness raising** – advocating for menopause awareness through promotion and sharing of WFS opportunities, lived experiences and journeys

For more information, visit: [Women in the Fire Service UK](#)

8.3 The Fire Fighters Charity

The Fire Fighters Charity (FFC) empowers all members of the fire service community to live healthier and happier lives, through access to health and well-being information, advice and support. This support is tailored for individuals directly, or those offering support to individuals, and can be accessed digitally or face-to-face.

Menopause support offered by FFC includes:

- **Wellness and behaviour change coaching** – FFC works directly with fire and rescue services to deliver an ‘understanding menopause’ well-being workshop and informal cafés that explore the physical, psychological and social impact of the menopause on body and mind, as well as providing self-help strategies and information on support available
- **Health and well-being content and webinars** – there is a wealth of health and well-being content available on the FFC website covering the menopause, including pre-recorded webinars, bite-size and 6-week [online courses](#), and [podcast episodes](#) presented by wellness and behaviour change coaches
- **My Fire Fighters Charity app** – FFC provides a dedicated space for the fire and rescue community to access health and well-being resources, collaborate and share experiences in groups, and seek support via a short form
- **Residential programmes** – three dedicated centres offer a series of face-to-face health and well-being programmes, including a menopause-focused programme
- **Psychological support** – mental health support is offered remotely and face-to-face, depending on individual needs, including the online [Hope Programme](#) for those experiencing stress and anxiety, and [telephone counselling](#)

FFC support is available at www.firefighterscharity.org.uk or through the dedicated support line on 0800 389 8820. Access to immediate and ongoing crisis care for past and present UK fire services personnel is also available on 0300 373 0896.

8.4 Menopause champions

The majority of fire and rescue services have an appointed menopause champion. This is an individual who has volunteered or been given the responsibility to drive improvements for menopause support in their fire and rescue service. There is a national network of menopause champions for fire and rescue services.

To find out who your champion is, email [Hayley Douglas](#) (Chair of the network). If there is no menopause champion in your service, and you would like to speak to one from another service for guidance, you can request contact details via the email address above.

8.5 Trade unions

Workplace trade union representatives can provide support to their members who are experiencing difficulties, and signpost to union guidance and advice.

Trade unions menopause resources include, but are not limited to:

- Fire Brigades Union – [Good practice guidance for menopause](#)
- Trades Union Congress (TUC) – [The menopause in the workplace](#)

For more information, contact your local workplace representative.

8.6 The British Standards Institution

In July 2023, the British Standards Institution (BSI), the UK national standards body, launched the menstruation, menstrual health and menopause in the workplace standard (BS 30416).

The standard aims to provide examples of good practices for employers, including policy guidance, work design, workplace culture and physical aspects of work.

Key steps for consideration set out in the standard include:

- **Workplace culture** – to determine whether there is a general awareness of menopause and whether employees are given opportunities for open conversations or to request support
- **Training and resources** – to consider whether staff are suitably trained or receive suitable resources to understand the potential impact of menopause
- **Environmental factors** – to review if the workplace environment is properly controlled and if there are facilities, such as toilets, discrete changing rooms or quiet recovery spaces easily accessible
- **Policy** – to check whether the relevant policies (including well-being, equality, diversity and inclusion, performance management, sickness and absences, flexible working) consider menopause
- **Workplace adjustments** – to look at whether work designs enable some flexibility for an individual approach, such as scheduling, timing of breaks, access to individual cooling or heating, and opportunities for sitting or stretching

The guidance is designed to be flexible, acknowledging that experiences of menstruation and menopause vary significantly and not everyone will want support from their employers.

[SECTION 9] Templates and resources

9.1 Template examples [links not live]

Your fire and rescue service may have individual menopause policies and supporting guidance in place for managers and colleagues, alongside additional resources such as training modules and webinars. Example documents from a range of services are provided below.

West Midlands Fire and Rescue Service

- Menopause policy
- Risk assessment form and checklist

Cambridgeshire Fire and Rescue Service

- Individual risk assessment
- Generic menopause risk assessment
- Menopause guidance
- Exploratory menopause survey

Gloucestershire County Council Fire and Rescue Service

- Menopause policy

Warwickshire Fire and Rescue Service

- Menopause service order

Suffolk County Council Fire and Rescue Service

- Menopause in the workplace guidance

Nottingham Fire and Rescue Service

- Menopause policy
- Individual risk assessment

North Wales Fire and Rescue Service

- Menopause policy
- Assessment form
- Preparing for your GP appointment checklist
- Supporting employees during the menopause: line manager procedure
- Supporting employees during the menopause: employee procedure

Poster: Could it be menopause? [poster to be created]

- Generic fire and rescue service poster designed for the back of toilet doors to raise awareness about menopause symptoms.

9.2 Resources

Key menopause resources from a range of organisations.

9.2.1 National Fire Chiefs Council (NFCC) lunch and learns

Menopause lunch and learn videos from guest speakers invited to present at the Menopause in Fire event in September 2023: [NFCC Menopause Conference 2023 – YouTube](#)

Guest speakers include:

- Dr Louise Newson, GP menopause specialist, author and podcaster – keynote speaker for the Menopause in Fire conference
- Dr Rebecca Lewis, GP and menopause specialist – managing my menopause
- Neil Taylor (Firefit) and Dr Emily Watkins (Roehampton University) – fitness and thermoregulation
- AJ Whitaker, Wellness and Behaviour Change Coach – The Fire Fighters Charity
- Helen Tomlison, government Menopause Employment Champion – menopause support in the workplace
- Jules King, Women in the Fire Service UK – menopause in the workplace
- Hayley Douglas, Cambridgeshire Fire and Rescue Service – menopause in the workplace case study
- Nicola Thurston, Kent Fire and Rescue Service – menopause in the workplace case study
- Zoe Tolmie, Kent Fire and Rescue Service and Lorraine Moore, Bedfordshire Fire and Rescue Service – my menopause experience

9.2.2 The Fire Fighters Charity (FFC)

Menopause-related web pages:

- [Menopause: key coping strategies](#)
- [Menopause: symptoms, impact and tips](#)

Pre-recorded webinar:

- Including [common signs, symptoms and advice on ways of coping](#)

Online courses:

- www.firefighterscharity.org.uk/online-courses
- [Bite-size – menopause \(www.rightsteps.co.uk\)](http://www.rightsteps.co.uk)
- [Menopause ‘find out more’ guide \(www.rightsteps.co.uk\)](http://www.rightsteps.co.uk)

My Fire Fighters Charity app:

- www.firefighterscharity.org.uk/myfirefighterscharity to register
- [Watch a short introduction to the FFC menopause group](#)

Shout! podcast:

- [Menopause part 1](#)
- [Menopause part 2](#)

9.2.3 Balance app

[The Balance app](#) designed by Dr Louise Newson, a recognised expert in menopause, can be downloaded and used for free to log symptoms, generate a personalised health report and show your GP what symptoms you are experiencing.

[SECTION 10] Further support and information

10. Further support and information

10.1 Some useful websites about the menopause

Acas

[Menopause at work – managing the menopause](#)

Menopause matters

[Menopausal symptoms, remedies, advice](#)

The British Menopause Society

[For healthcare professionals and others specialising in post-reproductive health](#)

NHS

[Menopause pages](#)

NICE

[Menopause: diagnosis and management](#)

Women’s Health Concern

[Help and advice](#)

The Menopause Exchange

[Free independent and practical advice](#)

Menopause Support UK

[Supporting you through change](#)

Daisy Network

[Charity for women experiencing premature menopause](#)

Henpicked

[Menopause in the workplace – training, e-learning and resources](#)

Menopause Café

[Gather to eat cake, drink tea and discuss the menopause](#)

Queer / LGBTQIA+ Menopause

[Menopause resources for LGBTQIA+ people](#)

10.2 Further information and sources supporting section 3 (fitness and nutrition)

Physical activity

Bupa

www.bupa.co.uk/newsroom/ourviews/menopause-exercise

Women in Sport

<https://womeninsport.org/resource/menopause/>

NHS

- www.nhs.uk/live-well/exercise/exercise-guidelines/physical-activity-guidelines-for-adults-aged-19-to-64/
- www.nhs.uk/live-well/exercise/exercise-guidelines/why-sitting-too-much-is-bad-for-us/
- www.nhs.uk/conditions/menopause/things-you-can-do/

Nutrition

British Nutrition Foundation

www.nutrition.org.uk/life-stages/women/menopause/

British Dietetic Association

www.bda.uk.com/resource/menopause-diet.html

NHS

www.nhs.uk/conditions/menopause/things-you-can-do/