



MOSAIC
SCHOOLS LEARNING TRUST

MENOPAUSE AND ANDROPAUSE POLICY

All schools in Mosaic Schools Learning Trust are committed to safeguarding and promoting the welfare of children and young people and expect all staff and volunteers to share this commitment.

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| Staff Responsible: | HR |
| Approved by: | Finances & Resources Committee |
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VERSION CONTROL

| Date | Change |
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1. Aims

This policy aims to:

- Make sure that our Trust can support staff affected by the menopause and andropause and help them to feel comfortable at work, both when experiencing symptoms and when asking for support and adjustments
- Set out how our Trust will make reasonable adjustments to minimise the risk of the working environment making menopause or andropause symptoms worse for those experiencing them
- Minimise menopause and andropause-related stigma in our Trust by educating staff on what it is and the symptoms that staff affected by it might suffer
- Provide further resources to help staff, particularly line managers and HR teams, to support others through difficulties the menopause or andropause may cause them

2. Definitions

The **menopause** is a stage of life when a woman* stops having periods. It typically affects those aged between 45 and 55, when oestrogen (female sex hormones) levels begin to fall. In the UK, the average age to reach the menopause is 51.

Perimenopause is the time of hormonal change leading up to this, when a woman may experience symptoms. **Post-menopause** is the time beyond menopause.

Early menopause is when a woman's periods stop before the age of 45. It can happen naturally, or as a side effect of some treatments.

For the purpose of this policy, any reference to the menopause shall include perimenopause and early menopause.

*We acknowledge that while the majority of people affected by the menopause will be women, those who are trans or non-binary may also experience the menopause or menopause-type symptoms. The support outlined in this policy is designed to meet the above aims for all affected colleagues.

The **andropause, or late-onset hypogonadism** is a gradual decline in testosterone levels typically starting between the ages of 40 and 60. Unlike the female menopause this is a gradual process declining about 1% annually after the age of 30. It does not affect all men and unlike the menopause it does not tend to be as a result of a sudden drop of hormones in middle age.

2.1 Symptoms

Individuals suffering from the menopause may experience symptoms that cause changes to their emotions and other aspects of their health, some of which may impact them at work.

Menopause symptoms might include:

- Challenges with memory, confidence and concentration
- Low mood, anxiety and depression
- Hot flushes, night sweats and palpitations
- Difficulty sleeping, insomnia and fatigue
- Headaches and joint and muscle pain
- Weakened bladder function and urinary tract infections
- Vaginal dryness and reduced sex drive

Andropause symptoms might include;

- Reduced muscle mass/strength, increased body fat and gynecomastia (breast development)
- Depression, low motivation, irritability and poor concentration
- Hot flashes, sleep disturbances and loss of body hair.
- Decreased libido, erectile dysfunction and infertility

For some individuals, being at work may make their symptoms worse. For example, if the temperature is too high, this may cause symptoms such as hot flushes, dizziness, discomfort, sweating and heart palpitations.

Symptoms affecting sleep can make it difficult for staff experiencing them to concentrate and stay focused, while low confidence, low mood, irritability and anxiety may impact on decision-making and relationships with colleagues.

We acknowledge that the menopause and andropause will affect everybody differently – some individuals may experience no symptoms at all, and some may experience a variety. We will adapt our response to staff affected by the menopause and andropause on a case-by-case basis.

3. Legislation and guidance

Under the [Health and Safety at Work Act 1974](#), employers have a legal duty to ensure the health, safety and welfare of all staff, so far as is reasonably practicable.

The [Management of Health and Safety at Work Regulations 1999](#) require that employers make an assessment of the risks to the health and safety of their employees. This requires undertaking general risk assessments, which should include specific risks to the health of staff affected by the menopause.

The [Equality Act 2010](#) prohibits discrimination against an individual based on the protected characteristics, which include age, sex and disability. Employers are under a statutory duty to consider whether any 'reasonable adjustments' are required to alleviate any disadvantages staff encounter based on these characteristics.

[Section 6](#) of the Equality Act 2010 states that a person has a disability if:

- They have a physical or mental impairment, **and**
- The impairment has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities

Relating specifically to menopause symptoms:

- Many of the aforementioned symptoms would be likely to be classified as a physical and/or mental impairment
- 'Substantial' means more than minor or trivial
- 'Long-term' means an impairment if it has lasted for at least 12 months, is likely to last for at least 12 months, or is likely to last for the rest of the life of the person affected
- 'Day to day activities' are those carried out by most people on a regular basis, and includes but is not limited to: walking, driving, carrying or moving things, being able to concentrate, writing, reading, typing, speaking

Ongoing symptoms linked to the menopause and andropause may meet the definition of a disability and where they do, employers will be required to consider whether any reasonable adjustments are required to alleviate any disadvantage.

Any such adjustments will be made on a case-by-case basis and, where appropriate, staff affected by the menopause or andropause will be offered a variety of approaches to support them.

4. Roles and responsibilities

4.1 The Trust

The Trust has ultimate responsibility for health and safety matters in our schools, but delegates responsibility for the strategic management of such matters to the Finance and Resources Committee.

The Board delegates operational matters and day-to-day tasks to Headteachers and staff members.

4.1 The Board

The Board has ultimate responsibility for health and safety matters in our Trust, but will delegate day-to-day responsibility to Headteachers and Chief Officers.

The Board has a duty to take reasonable steps to ensure that staff are not exposed to risks to their health and safety on Trust premises.

The Trust, as the employer, also has a duty to:

- Assess the risks to staff and others affected by school activities in order to identify and introduce the health and safety measures necessary to manage those risks
- Inform employees about risks and the measures in place to manage them
- Make sure that adequate health and safety training is provided

4.2 Role of senior staff

Senior staff will make every effort to make reasonable adjustments to the workplace to support staff experiencing the menopause or andropause symptoms, and try to make sure the workplace doesn't make their symptoms worse. Things that might be considered are;

- Carrying out individual risk assessments to assess working conditions in line with the specific needs of staff affected by the menopause
- Monitoring the wellbeing of staff through regular surveys and structured conversations
- Providing resources and training opportunities to make sure that all line managers and HR staff are aware of the menopause, its potential impact on work, and what adjustments may be necessary
- Promoting information about and access to external support services
- Ensuring good ventilation and air quality throughout the school, leaving doors open where appropriate and ensuring windows can be safely opened
- Ensuring regular access to fresh drinking water for all staff
- Where possible, regulating and monitoring the temperature of schools and collecting feedback from all staff about comfort levels. Aiming to have, wherever reasonable, heating and cooling systems that can be regulated per room by turning down radiators, for example. It is acknowledged however that given the age of some of our buildings; the nature of some of our heating systems and the cost of cooling systems, this might not always be possible.
- When and where possible, ensuring toilet, washing and sanitary facilities are accessible for all staff, and establishing a system that allows for cover for staff to access these facilities where there is an urgent need whilst teaching. It is acknowledged however that at times there might not be excess staff available for cover but this will be provided where this is possible and where there is an urgent need.
- Providing small desk fans to help staff cool down
- Fitting blinds to windows
- Designating a member of staff such as a wellbeing champion that staff affected by the menopause can speak to about their symptoms in confidence, if they do not feel comfortable doing so with their line manager

Senior staff will aim to create a culture in our Trust where staff can talk openly about the menopause and andropause by:

- Providing information on the menopause and andropause
- Sharing information on the menopause and andropause provided by our Employee Assistance Provider
- With consent, connect those who want to seek support from each other
- Providing advice/training for staff and managers to achieve consistent practice
- Referring to the menopause and andropause in our Trust's and schools' policies where appropriate.
- Considering the use of an occupational health service or employee assistance programme (EAP) to access support.

4.3 Role of line managers

Line managers who work with staff who may be affected by the menopause will:

- Provide a non-judgmental, empathetic and confidential support system to staff
- Appreciate the personal nature of any conversations about the menopause and andropause and treat them confidentially and sensitively
- Along with HR, monitor sickness absence, and have support meetings with staff if any patterns emerge
- Have regular, informal conversations with staff that they line manage who are affected by symptoms to discuss what support they need, and record any reasonable adjustments that are agreed
- Consider flexible working requests in order to accommodate acute symptoms
- If at all possible, allow staff affected by the menopause to take a break from their work if necessary to help manage symptoms
- Give timely permission for absence to attend medical appointments
- Promote information about and access to external support services
- Be mindful of menopause and andropause-related absences that might be triggering sickness absence procedures.
- Be sensitive to health issues such as the menopause and andropause during the performance management/appraisal process.
- If necessary, seek advice from HR or occupational health colleagues, or discuss a referral with the staff member to occupational health for further support

4.4 Role of staff members affected by the menopause or andropause

We encourage staff who are experiencing symptoms that are impacting their health and wellbeing at work to:

- Share their practical needs to reduce the difficulties the menopause or andropause can cause and their preferred coping strategies with their line manager, or a member of the senior leadership team
- Report honestly about their wellbeing and let their line manager or another trusted member of staff, such as a member of the senior leadership team, know if the menopause or andropause is having an impact on this
- Make time in their schedule to visit their GP and other support services
- Access our employee assistance programme (EAP) for further support

4.5 Role of all staff

All staff are expected to:

- Promote health and wellbeing for themselves and others at all times
- Treat each other with empathy and respect
- Support other members of staff, such as by providing practical assistance or emotional reassurance
- Accept and support any adjustments that staff affected by the menopause or andropause may be receiving as a result of their symptoms
- Report honestly about their wellbeing to their line manager or to another trusted member of staff, such as a member of the senior leadership team.

5. Further resources

- [Menopause](#) (NHS)
- [Menopause Matters](#)
- [Menopause: identification and management](#) (National Institute for Health and Care Excellence)
- The [Daisy Network](#) charity
- [Menopause and work](#)
- [Menopause resources](#) from the CIPD, particularly for: [line managers](#) and [HR staff](#)
- <https://www.southtees.nhs.uk/staff-area/resources/andropause-symptom-checker/#>
- <https://www.healthassured.org/blog/menopause-at-work/>

- <https://www.nhs.uk/conditions/male-menopause/>

6. Monitoring arrangements

This policy will be reviewed at least every two years. At every review, it will be approved by the Finance and Resources Committee.

7. Links to other policies

This policy is linked to our:

- Health and safety policy
- Sickness absence policy
- Performance management policies
- Flexible working policy
- Equality/inclusion policy
- Dignity at work policy