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UK Parliament

Menopause and the workplace

This is a House of Commons Committee report, with recommendations to government. The Government has two months to respond.

First Report of Session 2022–23

Author: Women and Equalities Committee

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Background and introduction

What is menopause?

1. The menopause is when a woman stops having periods and is no longer able to get pregnant naturally. The menopause is a natural part of ageing that usually occurs between 45 and 55 years of age, as a woman's oestrogen levels decline. In the UK, the average age for a woman to reach the menopause is 51. Sometimes periods stop suddenly, though usually they start to become less frequent over a few months or years before they stop altogether. Around one in 100 women experience the menopause before 40 years of age. This is known as premature menopause or premature ovarian insufficiency.[1] Some trans men and non-binary people may also experience menopausal symptoms.[2]

2. Despite menopause affecting around 51% of the population, many submissions to our inquiry spoke of a lack of awareness or understanding of menopause, even amongst women themselves.[3]

Symptoms

3. The NHS website explains that most women will experience menopausal symptoms. Some can be severe and have a significant impact on everyday activities. Menopausal symptoms can begin months or even years before a woman's periods stop (perimenopause) and last around four years after her last period, although some women experience them for much longer.[4] Each woman's experience is personal and symptoms vary in duration, severity and impact.[5] There is evidence to suggest, for example, that the age at which women go through menopause, and length and severity of symptoms, varies by ethnicity.[6]

4. Common symptoms include hot flushes; night sweats; vaginal dryness and discomfort during sex; difficulty sleeping; mood changes such as low mood or anxiety; reduced sex drive; problems with memory and concentration; headaches; palpitations; joint stiffness, aches and pains; reduced muscle mass and recurrent urinary tract infections (UTIs).[7] The decrease in the body's production of oestrogen can affect many parts of the body: the brain, the skin, and the strength of the bones and their resistance to fracture. Menopausal women are at risk of osteoporosis. There is also evidence that the fall in hormone levels can increase vulnerability to heart disease and strokes.[8]

Our inquiry

5. A 2019 survey conducted by the Chartered Institute for Personnel and Development (CIPD) found that three in five menopausal women—usually aged between 45 and 55—were negatively affected at work.[9] BUPA found that almost 900,000 women in the UK had left their jobs because of menopausal symptoms.[10] We launched this inquiry because, whilst we accept that menopause is an inevitable and natural part of growing older, women feeling compelled to give up work at the peak of their careers is neither inevitable nor normal. We wanted to understand what drove women to leave their jobs, the impact on the economy of haemorrhaging talent in this way, and the legal redress for women who have suffered menopause-related discrimination. Further, given that the Covid-19 pandemic has highlighted more starkly than ever the link between health and the economy, we also wanted to explore how the understanding, diagnosis and treatment of menopause translated into women's experiences at work.

6. We are grateful to all those who assisted with this inquiry. We received over 80 written submissions from members of the public, legal experts, academics, medical experts and health organisations, unions and others. In September 2021, we ran a survey to ask about people's experiences of menopause at work and received over 2,000 responses.[11] We also took oral evidence from medical experts, academics, campaigners, lawyers, unions, business representatives, and Government ministers. We would like particularly to thank everyone who shared their personal experience of menopause with us.

7. After years of stigma and shame around women's health in general, menopause is now being talked about more widely, including in Parliament. In this Report, we explore menopause as a health issue (chapter 1), a workplace issue (chapter 2) and, fundamentally, as an equality issue, in relation to which people need better legal protection (chapter 3). We hope it will raise awareness across wider society, drive change amongst employers, and encourage a proactive and collaborative approach by the Government.

1 Health

8. Menopause is a health issue which can impact many aspects of a woman's life. Whilst this report is primarily about menopause at work, we considered it crucial to explore the health aspects of menopause to fully understand the impact on the working lives of those who experience it. Below we consider social attitudes to menopause; specific challenges for groups; challenges with diagnosing menopause; and access to specialist services and effective treatments.

Social attitudes to menopause

9. Despite menopause being a natural part of ageing, there can still be huge stigma attached to it and to women's health more widely.[12] This stops women from talking openly about their health and affects their ability to seek and receive treatment and wider support. The Government's Vision for the Women's Health Strategy for England (VWHS) acknowledged that "damaging taboos and stigmas […] can prevent women from seeking help, and can reinforce beliefs that debilitating symptoms are 'normal' or something that must be endured".[13] Many submissions to our inquiry spoke of a lack of awareness or understanding of menopause, even amongst women themselves.[14] Women described feeling "unprepared" for the effect menopause would have on their lives.[15] We also heard that women felt dismissed or misunderstood by health professionals in relation to menopause,[16] or were being told to "live with" their symptoms by medical professionals.[17] Dr Nighat Arif, a GP and specialist in women's health and family planning, described there being "misogyny within medicine when it comes to women's health", which led to the "normalisation" of women's pain and menopause symptoms. She spoke of the need for institutional and social change in relation to the value placed on women's health.[18]

10. Stigma was a recurring theme in the evidence we received, and there was a clear link between this and a lack of understanding of menopause.[19] Wellbeing of Women[20] and Staffordshire University[21] referred to menopause being "the last taboo". The Trade Unions Congress (TUC) described the extent of continuing stigma, discrimination and lack of awareness around menopause as "shocking".[22] Witnesses highlighted particular stigma around certain symptoms such as vaginal and bladder symptoms,[23] like vaginal atrophy.[24] Dr Heather Currie, a gynaecologist and trustee at the British Menopause Society, spoke of this stigma as being long-standing:

> Those of us here, did our mothers ever mention menopause? Mine did not. I have been a gynaecologist for 30-odd years and yet my mother never mentioned the word "periods" and never mentioned the word "menopause".[25]

Challenges for particular groups

11. Evidence to the inquiry and responses to our survey suggested that people with certain protected characteristics may experience specific challenges with menopause; witnesses pointed to LGBT+ people, younger women and ethnic minority women, in particular. Many people in these groups felt they were not included in a conversation which, when it happened at all, historically focussed on heterosexual, white, middle-class, 'older' women.[26] These and other groups were also underrepresented in the body of research we examined.[27] As Professor Joanna Brewis, head of the department of People and Organisations at the Open University Business School, told us:

> We know nothing about how women of different racial or ethnic origins might experience the conjunction between menopause and work. We know nothing about trans women. We know nothing about women who identify as anything other than heterosexual. We know nothing about women in the gig economy. Really, the majority of the research that focuses on the workplace is about professional or managerial white, middle-class, able-bodied women.[28]

LGBT+ people

12. The stigma and prejudice faced by LGBT+ people was highlighted by UNISON,[29] the TUC,[30] Business in the Community[31] and the International Menopause/Work Consortium.[32] Tania Glyde, a therapist and founder of the website, 'Queer Menopause', believed that LGBT+ people have been traditionally excluded from the conversation around menopause. The reasons for this included "general prejudice" and a "pervasive unwillingness to […] see beyond the experiences of cisgender women."[33] Further, Glyde said, LGBT+ people may avoid educational and support resources around menopause which are aimed at heterosexual or cisgendered women, because they feel excluded by them.[34] Professor Brewis told us that stigma around menopause compounded the existing difficulties faced by transgender and gender non-confirming people, who already had "so much that is set against them in society."[35]

Young women

13. Dr Currie and Dr Arif highlighted the scarcity of research about young women, and the stigma faced by them due to the poor understanding about premature menopause, and its impact on fertility.[36] Amy Bennie, Chair of the Daisy Network,[37] recounted that when she was 16, she was told that her ovaries were not functioning. She described the dearth of information:

> For six or seven years, I genuinely believed I was the only person in the country with the condition. I did not know what it was called, so I could not even research it. It was only years down the line where I took matters into my own hands and found the Daisy Network charity, which I am now the chair of, which actually told me the name of the condition, about medication, health and wellness, fertility options and all this array of information that I had not been given. I then volunteered in order to spread the word and make sure that other young girls did not go through what I went through.[38]

Ethnic minority women

14. The TUC and UNISON said that Black and ethnic minority women could face additional difficulties with menopause when racial discrimination was also present, for example in workplace settings. The differences in the type, severity and onset of symptoms for different ethnic groups was also an issue. All of this could make it difficult for women to access appropriate support, or have their symptoms taken seriously.[39] Karen Arthur, campaigner and host of the 'Menopause Whilst Black' podcast, explained that she had started raising the issue due to a lack of diversity in the existing discussions.[40] She told us that the fear of intersectional discrimination was preventing Black women from talking about menopause:

> On the whole, they are keeping things to themselves because they have that double whammy of being an older woman and a black woman. They are also still smarting. Is that the right word? Racism has not gone away. Black lives matter; black lives still matter. There is something about feeling that your workplace is supporting you not just because you are going through menopause but also because you are a black woman, and you are seeing people like you being discriminated against or worse on a daily basis. Certainly from my research, women are saying, "I have not told anybody and I am not telling anybody."[41]

15. Dr Arif told us that in South Asian communities, there were "cultural issues in regard to secrecy and shame".[42] She told us that the language used to describe menopause reflected this:

> In Urdu the word for menopause is "banjh", which means barren, that is it, literally you are barren. We know that is not the case. In Punjabi it is even worse. It is essentially, "The woman is off the rag now" because that is essentially what women are capable of doing.[43]

Dr Arif told us that raising wider awareness through translating materials into different languages would be helpful in reaching different communities, as well as normalising conversations about women's health and tackling harmful attitudes.[44]

Changing attitudes and destigmatising menopause

16. A number of solutions for tackling the stigma and lack of understanding around menopause are being pursued by the Government. The VWHS says that the Government will tackle taboos and stigmas by taking forward work such as ensuring access to "high-quality information and education" from childhood to adulthood; training for professionals and updated and evidence-based clinical guidelines.[45] Menopause is part of the Relationships, Sex and Health Education (RSHE) curriculum, which became compulsory in secondary schools in September 2020.[46] The VWHS commits to ensuring teachers have the necessary resources to teach RSHE effectively, and to working to understand gaps in knowledge and teaching materials.[47]

17. On 29 October 2021, the Government announced the establishment of the new cross-government Menopause Taskforce, co-chaired by the then Minister for Patient Safety and Primary Care, Maria Caulfield MP,[48] and Carolyn Harris MP, a member of our Committee. The Taskforce meets every two months and will be reviewed after 18 months.[49] Minister Caulfield told us the Taskforce would "work

together to get best practice out there, to try and eradicate some of the taboo and stigma around going through the menopause".[50] Minister Caulfield told us that the recently created Women's Health Ambassador, would also have a "key role", in ensuring hard-to-reach communities are heard from.[51] The Government subsequently appointed Dame Lesley Regan in June 2022.[52]

18. **Menopause still carries significant social and cultural stigma, particularly for certain groups, including LGBT+ people and young and ethnic minority women. We are encouraged by the recent shift towards talking about menopause more openly, by the inclusion of menopause in the Relationships, Sex and Health Education curriculum and the recognition of persistent stigmas and taboos in the Women's Health Strategy. However, this is no time for complacency, and we must build on the growing momentum.** ***The Government should lead on disseminating good quality and accurate information about menopause. Firstly, we recommend that the Government launches a visible public health campaign around menopause; its symptoms, impact and how to seek treatment and other help, including support at work. A diverse range of expert stakeholders should be consulted to ensure the campaign is inclusive, accurate and impactful and reaches communities and groups typically underrepresented in discussions around menopause. Second, the Government should work with schools and menopause experts to develop high quality, accurate and inclusive resources and ensure that teachers have the knowledge, confidence and ability to teach this important aspect of the RSHE curriculum to all pupils.***

Getting diagnosed

19. A 2020 survey by Mumsnet and Gransnet found that many respondents did not trust GPs to diagnose the perimenopause (39%) and the menopause (25%) correctly. A significant proportion of those who sought help from their GP with perimenopause (36%) and menopause (26%) symptoms said they visited their GP three times or more before being prescribed appropriate medication or help.[53] Evidence to our inquiry raised similar concerns about GPs being poorly informed, and sometimes unsupportive, in relation to diagnosing menopause.[54] Some witnesses told us that they or women they supported had been wrongly diverted to mental health services or misdiagnosed with depression or anxiety.[55] Many of these witnesses believed GPs had little or no mandatory training on the menopause.[56] These difficulties were often compounded for LGBT people,[57] young women,[58] and Black and ethnic minority women.[59]

20. In response to a Channel 4 documentary in May 2021,[60] the Royal College of General Practitioners (RCGP) issued a statement which said that menopause was included in the RCGP curriculum, which all GP trainees needed to demonstrate competency of.[61] The RCGP said that training resources for GPs on women's health had also been developed for use during the career-long continued professional development which GPs are required to undertake.[62]

21. Witnesses agreed that there needed to be more focus on menopause within primary care. Dr Arif told us that educational content on menopause and women's health had been very limited during her own medical training. She called for free menopause training courses for GPs and for there to be consideration given to doctors being required to attend bi-annual menopause training.[63] Dr Currie told us that the British Menopause Society wanted to ensure that every GP practice had someone with a special interest in menopause, and that every region or every primary care team had access to a specialist menopause service.[64]

22. The Government noted that the General Medical Council was introducing the Medical Licensing Assessment (MLA) for trainee doctors from 2024 and the MLA would include specific content on women's health, including the menopause.[65] Minister Caulfield told us that a "key plank of the NHS menopause pathway is around support and training" for primary care professionals including GPs.[66] She added that:

> GPs will have frequent visits from bodies like the CQC, who may not look specifically at diagnosis, particular conditions or things like the menopause, but what they will do is look at the policies that they have in place. For example, does a GP practice have a menopause champion in place, and have they got a policy in terms of how they offer support? We do also get patient feedback, so there is a range of systems in place to monitor the provision in primary care for menopause support. But it is something that we probably need to look at because […] there is definitely a postcode lottery, and it really does often depend on the interest of a GP in that area of work.[67]

23. **GPs will be the first port of call for many women who are experiencing perimenopause or**

menopause. It is vital that women can trust their GPs and that GPs feel confident and well-equipped in diagnosing a condition that affects half the population. Menopause must be given more priority in both the initial training and continuing professional development for GPs. *We recommend that the Royal College of General Practitioners makes training on menopause a mandatory aspect of continuing professional development requirements for GPs. In the meantime, all GP surgeries should ensure that at least one member of their clinical staff has received specific training around menopause. We further recommend that the Care Quality Commission considers whether surgeries are providing effective, evidence-led menopause care, during their inspections.*

Access to specialist services

24. Some women will require a referral to specialist menopause services. However, a survey by the Royal College of Obstetricians and Gynaecologists found that 58% of women could not access menopause services locally. The survey found this was part of a broader problem of poor access to basic women's health services.[68] The problem of the differing availability of specialist menopause services was also raised by Wellbeing of Women[69] and Amy Bennie:

> There is a disparity in the level of care that women get. It is a bit of a postcode lottery. Some get sent to an endocrinologist, some to a gynaecologist, some to a menopause specialist and some are just handled by their GP. It is really important that women with this diagnosis get specialist care, and we are not seeing that. Women need a tailored concoction of HRT, bone scans and womb lining ultrasounds, and these things are not happening. Unfortunately, at the first line of GPs, often it is not known how to handle it, or there are not even the resources to get a referral to a specialist.[70]

25. The Government's VWHS noted that access to treatment, especially accessing high quality menopause care, was an important theme during the public consultation.[71] Minister Caulfield told us that the Government would work with local commissioners to ascertain where specialist services were needed and what support was required to set up such services. She also acknowledged the low number of menopause specialists and told us the NHS menopause pathway intended to look at upskilling health professionals to provide specialist menopause care.[72] The Minister also told us that, as part of the NHS menopause pathway, there was a proposal to establish menopause champions in all clinical settings.[73]

26. **It is unacceptable that there are parts of the country where women cannot access the specialist menopause services they need. *By 2024, there should be a menopause specialist or specialist service in every Clinical Commissioning Group area. The Menopause Taskforce, working with the NHS, should prioritise this as part of the ongoing work into the menopause pathway. The response to this report should set out a plan of how this recommendation will be achieved over the next 18 months.***

Treatment

27. The NHS states that the main treatment for menopausal symptoms is hormone replacement therapy (HRT). The main hormone that needs to be replaced is oestrogen, though women with a womb will also need progesterone. The NHS describes HRT as a "safe and effective treatment for most going through menopause and perimenopause".[74] Other measures and treatments are available such as Cognitive Behavioural Therapy for low mood; anti-depressants for depression; vaginal oestrogen, and testosterone for low sex drive.[75] There continues to be considerable confusion amongst some GPs and women themselves, around the safety of HRT. We provide a summary of the evidence at annex 1, which we hope will address some of the concerns we heard.

Cost of HRT

28. We heard that a key problem for some women is the cost of HRT in England, where prescription charges of £9.35 apply (HRT is exempt from prescription charges in Wales and Scotland). Progesterone and oestrogen are sometimes prescribed as two separate items, incurring two charges.[76]

29. In June 2021, Carolyn Harris MP, chair of the APPG on Menopause and a member of this Committee, introduced the Menopause (Support and Services) Bill to, amongst other things, exempt HRT from prescription charges in England. Following the second reading of the Bill in October 2021, the Government agreed to work with NHS England to implement longer prescribing cycles, thus reducing the need for women to pay frequent prescription charges. The Government also agreed to look at combining two

hormone treatments into one prescription, so oestrogen and progesterone are not charged separately. It also announced the creation of the Menopause Taskforce (see paragraph 17).[77]

30. Minister Caulfield told us that there had been delays with the roll out of a proposed digital pre-payment certificate, which would allow women to pay one annual charge of £18.70 to receive 12 months' supply of HRT (regardless of how many products are issued). She told us this would not be available until April 2023.[78] However, she told us that under current NICE guidelines, GPs were able to issue a physical paper prescription for 12 months' supply of HRT so long as the patient had used HRT for three months with no concern. This should allow for HRT products to be issued through a paper prescription at the single cost of £18.70 for a year.[79] She acknowledged, however, that many GPs were simply not aware that they could do this, resulting in many women paying monthly charges and being charged separately for oestrogen and progesterone.[80] She told us that the Department of Health and Social Care would work with the Royal College of GPs and NICE to ensure GPs were aware of the guidelines enabling them to prescribe 12 months' supply of HRT.[81]

Supplies of HRT

31. Minister Caulfield also told us that there was some concern over supplies of HRT, due to the increased number of women being prescribed it, and that suppliers were starting to struggle to keep up with demand.[82]

32. We were concerned to read media reports in March[83] and April 2022,[84] that many women across the country could not access HRT due to shortages of certain products. We heard reports of women considering potentially dangerous steps to ensure their supply of medication was not interrupted, including acquiring HRT from friends or strangers.[85] We note that the then Secretary of State for Health appointed Madelaine McTernan to be an 'HRT tsar' to oversee supply issues.[86] On 29 April 2022 the Government issued a 'serious shortage protocol' to limit dispensing of three different HRT products to three months' supply, until 29 July 2022.[87] The Government has said that women will only pay for prescriptions if they are dispensed in full, meaning they should not face additional costs. Pharmacists cannot dispense alternative products under this protocol.[88]

33. We were further concerned by reports that women were unable to access alternative products, which were in ample supply, due to variations in local formularies.[89] For example, the Daily Mail and the Daily Telegraph reported that Bijuve, an alternative topical HRT product approved by the Medicines and Healthcare products Regulatory Agency, was "stuck in warehouses" as 150 NHS hospital trusts and 130 clinical commissioning groups had not yet approved it.[90]

34. We wrote to Minister Caulfield on 12 May 2022 setting out our concerns.[91] She responded on 25 May, setting out in detail the steps taken in relation to the HRT pre-payment certificate; the serious shortage protocols; communicating with primary care teams in relation to prescribing and issuing alternative HRT; and communicating with frontline teams. We were concerned, however, by the Minister's warning of "a very real risk of further disruption to the supply chain" if "too many" women moved to 12-month prescriptions now.[92]

35. **We are extremely disappointed that despite a clear Government commitment on a single-cost, annual pre-payment certificate for HRT, almost nine months later that commitment has not been realised. Progress has been further derailed by supply issues. We welcome the Health Secretary's announcement of an 'HRT tsar' to consider the challenges with supply.** ***The Government must act urgently to ensure that lower cost HRT prescriptions are being issued and dispensed. Over the next three months the Government should communicate widely to ensure GPs and patients know about both the current NICE guidelines permitting a 12-month prescription, and the forthcoming single-cost pre-payment certificate. This should include but not be limited to:***

- ***writing to all GPs and community pharmacists to ensure they know about the new scheme***
- ***communications (for example, posters) in GP surgeries, pharmacies and walk-in centres***
- ***through the Gov.uk website and DHSC social media accounts***

36. ***We recommend that the Government commits to removing dual prescription charges for oestrogen and progesterone, replacing it with a single charge for all women. We also recommend that the Government works with the NHS and the 'HRT tsar' to develop a national formulary for HRT.***

Both of these recommendations should be completed within six months of publication of this report. The Government should provide the Committee with updates on the HRT supply situation on a six-monthly basis.

2 Menopause in the workplace

37. In this chapter we consider the ways in which menopause affects women in work. We consider why menopause is especially relevant to the current workforce, and the cost to women themselves, to employers, to society and to the economy of not addressing the challenges that employees experiencing menopause face. We then consider how workplaces can support employees experiencing menopause, and the role of Government in assisting employers.

Menopause and the workforce

38. The number of women who will experience menopause whilst in employment is increasing. Pre-pandemic research showed that women over the age of 50 were the fastest growing group in the workforce.[93] There are currently around 4.5 million women aged 50–64 in employment.[94] Women are also staying in work for longer; in 1986 the average age of labour market exit was 60; by 2020 it had increased to 64.3.[95] Evidence to the inquiry pointed out that women in this age group are highly skilled and experienced, typically at the peak of their careers,[96] and are role models for younger workers.[97] However, we also know that many of these women feel forced to leave work because of menopausal symptoms.[98]

39. 2017 research commissioned by the Government Equalities Office (GEO) found that, whilst all female workers will experience menopause transition in their working lives, "the menopause is not well understood or provided for in workplace cultures, policies and training."[99]

How menopause affects work

40. We received evidence about the specific impact of menopause on women in work, which fell into three main categories: problematic symptoms; lack of support and discrimination; and loss of income/reduced work. We consider each, briefly, below.

Problematic symptoms

41. 99% of respondents to our survey told us that they experienced at least one menopause symptom. 'Difficulty sleeping' was the most reported (81%), followed by problems with memory and/or concentration (75%), and then hot flushes and night sweats (both 73%). A significant number (69%) reported anxiety or depression as a symptom. 92% reported that these symptoms affected them at work, reporting they were less able to concentrate (72%), experienced increased stress (70%) and a loss of confidence (67%).[100] Professor Brewis told us that that menopause symptoms can be exacerbated by work and stress caused by the work environment. She highlighted inability to control ventilation, temperature, light and noise; lack of access to toilets; and having to wear synthetic or restrictive workwear as examples of factors which could make menopause symptoms worse.[101]

42. Lynda Bailey, now co-director at Talking Menopause consultancy, told us about the impact menopause had on her whilst working as an Inspector at West Midlands police:

> I had no idea that the mental health challenges, the cognitive challenges that I faced, would absolutely knock me over […] I went from kicking front doors in, literally, to hiding behind my front door. My husband had to take me to work with him because I could not function. That is how debilitating it was.[102]

Lack of support and discrimination

43. As well as difficulties caused by menopause symptoms themselves, we heard that the attitude of colleagues and line managers can have a significant impact on women in terms of feeling able to seek support and even stay in their job.[103] According to our survey, less than a third of respondents who were experiencing menopause told anyone at work. The main reasons given for this were privacy, followed by concern over people's reactions.[104] Even when women did tell their colleagues, a significant number felt unsupported. Only 12% of respondents to our survey sought any workplace adjustments. Over a quarter of respondents who did not seek any adjustments said the reason was 'I was worried about the reaction'.[105]

44. Evidence to the inquiry also pointed to workplace discrimination faced by those experiencing the menopause. The extent of that discrimination is difficult to quantify. Media reports last year suggested there had been an increase in the number of employment tribunal claims based on menopause.[106] However, an analysis by the Employment Lawyers Association (ELA)[107] of claims between February 2017 and August 2021 found that of a total of 78,968 Employment Tribunal decisions published during this period, only 44 mentioned menopause.[108] The ELA considered it likely that claims were not being brought for reasons including claimants being unwilling to embark on stressful litigation, or inability to access or fund legal advice.[109] Colin Davidson from the Discrimination Law Association (DLA) and Adam Pavey, employment solicitor, agreed and pointed to the large volume of cases which settled for various reasons including uncertainty from claimants about the prospects of success and limited funds.[110] We heard that the extent of menopause-related discrimination was in fact "widespread",[111] and "shocking".[112] Evidence from support groups included accounts from their service users outlining such treatment.[113]

Loss of income/reduced work

45. We heard that due to problematic symptoms and workplace responses, some women felt it necessary to cut back their hours,[114] or miss out on or forego promotion or similar advancement opportunities.[115] Professor Brewis told the Committee about recent research showed that women who reported at least

one problematic menopausal symptom at the age of 50 were 43% more likely to have left their jobs by the age of 55 and 23% more likely to have reduced their hours.[116]

46. The CIPD told us that a third of women they surveyed said they had been unable to go into work because of their symptoms.[117] 31% of respondents to our survey told us they took time off work due to symptoms.[118] Lost hours to sickness inevitably impacts on employers too. BUPA suggested that those that take a long-term absence from work to manage symptoms, take an average of 32 weeks leave throughout their career, resulting in both damage to individuals' careers and a huge loss of productivity to a business.[119]

47. The likelihood of women leaving work altogether has been widely and recently reported on; BUPA told us that their research revealed that 900,000 women have left their job over an unspecified period because of menopausal symptoms.[120] Others drew our attention to women leaving or considering leaving the workforce, feeling forced to do so, or in some cases being dismissed for reasons which may have been connected with their menopause symptoms (examined in more detail in Chapter 3).[121]

Addressing these challenges and achieving change

The case for change

48. As well as the costs to women themselves (set out above), there are many other costs of failing to support menopausal employees. These include the loss of talent,[122] financial costs to the individual employer, and costs to the wider economy. Oxford Economics suggested that if a woman earning £25,000 a year leaves her job due to problematic menopause symptoms, it will cost her employer over £30,500 to replace her.[123] A survey of 1,000 women by Health and Her estimated that menopause costs the UK economy 14 million working days per year, in terms of time spent alleviating menopause symptoms. Over half the women surveyed worked extra to 'compensate' for the time lost.[124]

49. In contrast, there are significant benefits to employers becoming more inclusive, supportive and menopause friendly. Claire McCartney from the CIPD set out some of these:

> Firstly a really strong reputational benefit for those organisations that are creating menopause-friendly workplaces. […] This should be able to help organisations attract and retain predominantly female talent who are often at the peak of their knowledge, skills and experience. [… .] If we can create those open cultures, if we can train our line managers to have sensitive one-to-one conversations, then hopefully we will be avoiding a lot of that absence, which obviously costs organisations lots of money. Potentially we will also have less turnover within organisations, which certainly costs businesses lots of money. Equally, support will help women to thrive in the workplace, which is exactly what we want to be taking place.[125]

How to support employees

Openness, awareness and training

50. We heard that it need not be a cost or resource intensive exercise to mitigate the difficulties highlighted in paragraphs 41–47 above.[126] For example, responses to our survey highlighted the need for practical adjustments, policies addressing menopause, education in the workplace and creating a supportive environment. Deborah Garlick, Founder and Director at Henpicked: Menopause in the Workplace, emphasised that talking more openly about menopause within an organisation (at specific events for example) was often the first step.[127] Another simple approach would be for employers to refer to menopause in onboarding[128] and/or induction processes,[129] making it clear that menopause is seen as a health issue, which the organisation wants to help with. We also heard about simple but effective innovations such as providing a small lending library of books on menopause;[130] workplace menopause champions wearing 'ask me about menopause' t-shirts or jumpers;[131] setting up virtual or face-to-face menopause cafés;[132] and separate training sessions for those who may not be aware of the impact of menopause (such as men and younger workers).[133]

Specific menopause policies and guidance

51. Deborah Garlick stressed that initial work to raise awareness and provide training was not a "one-hit wonder", and change would take time.[134] We heard that having specific workplace policies addressing

how employees will be supported ('menopause policies') can be helpful both for employees and their managers.[135] Some witnesses pointed out that guidance about menopause could also be incorporated into existing policies.[136]

52. The CIPD stressed that there was no one-size-fits-all approach to developing menopause-specific policies and guidance, and that a tailored or "cafeteria approach" may be needed.[137] Practical advice to employers about how to support employees experiencing menopause is available from a range of sources including ACAS,[138] Wales TUC,[139] European Andropause and Menopause Society,[140] the Faculty of Occupational Medicine,[141] the CIPD,[142] and support organisations such as Henpicked: Menopause in the Workplace.[143] Each employer will need to tailor solutions to its employees' needs but we hope this report and the good practice examples included in annex 2 will serve as inspiration for employers looking to make a positive change.

53. There were two specific changes which were mentioned repeatedly both in responses to the survey and from witnesses; these were sickness policies which address menopause, and flexible working.

Sickness policies

54. Many witnesses and respondents to our survey wanted to see specific action on workplace sickness absence policies. We heard that those where a certain number of short-term absences can trigger performance reviews or disciplinary action, were particularly challenging for menopausal women and employees.[144] Many witnesses proposed that any workplace policies should address menopause-related sickness specifically; some suggested employers should update existing sickness and flexible working policies to acknowledge the menopause as a factor.[145] Others, including Business in the Community, suggested recording menopause-related sickness as an ongoing issue, rather than individual separate absences.[146] Bristol Women's Commission proposed additional sick leave for menopausal employees who require it,[147] whilst Staffordshire University[148] and Tania Glyde[149] called for specific 'menopause leave'. The then Minister for Small Business, Consumers and Labour Markets[150], Paul Scully MP (Minister Scully) told us that online fashion retailer ASOS offered additional paid leave for "life events" which could be used by those experiencing menopause.[151]

Flexible working

55. Flexible working as an adjustment for menopausal employees, in terms of both the place and hours of work, was referred to repeatedly in evidence to the inquiry and in survey responses.[152] Flexible working has clear benefits for many employees, which is why we recommended the introduction of a day one right to request flexible working in our February 2021 report 'Unequal impact? Coronavirus and the gendered economic impact'.[153]

56. In September 2021, the Government announced their consultation 'Making flexible working the default'.[154] The consultation closed on 1 December 2021. Minister Scully told us on 16 March 2022 that the Government was still considering consultation responses and could not be specific on a target date for next steps.[155] However the Minister assured us that "we want to bring the legislation forward as quickly as possible."[156] We were therefore disappointed to see no mention of the long-promised Employment Bill in the Queen's Speech, and further that the consultation website still states "we are analysing your feedback", almost seven months after the consultation closed.[157]

Mandatory menopause policies

57. Evidence to the inquiry was divided on whether workplaces should be legally required to have menopause policies. Some,[158] including the Royal College of Obstetricians and Gynaecologists[159] considered mandatory menopause policies to be key to tackling menopause discrimination and stigma. However, the CIPD, for example, argued against mandatory policies, stating:

> A compulsory requirement would be too prescriptive and risks a tick box approach or a policy being left on the shelf. Actions on the ground are the most important to enable real change.[160]

58. Similarly, Deborah Garlick cautioned against "making policies law and people just downloading policies, storing them in the policy drawer and doing nothing with them."[161]

59. Mandatory or not, several witnesses agreed that it was important for employers to recognise and

highlight the diversity of experience of their menopausal employees when designing policies, guidance and training, and to listen to the needs of those employees.[162] Tania Glyde,[163] Karen Arthur,[164] Amy Bennie[165] and Sharon Ollivier[166] all stressed the importance of listening to employees with lived experience. Deborah Garlick said the language used in policy and guidance documents could promote inclusivity; for example, using plain English and writing in the first or second person also "naturally de-genders policies and guidance documents and, therefore, makes it more accessible to all".[167]

A role for Government

60. In its submission to our inquiry the Government pointed to a number of steps it was taking "to support women to stay in work while managing personal needs or health conditions". These included:

a) Consulting on flexible working

b) The Health is Everyone's Business (HiEB) consultation, published in July 2021, which sets out a package of proposals which aimed to reduce ill-health related job-loss. The Government acknowledged that this did not address menopause directly.

c) Statutory Sick Pay

d) Information and advice

e) Employer engagement through the Minister for Employment's Roundtable of employer organisations, and a task and finish working group on menopause set up as a result.[168]

61. The Department of Work and Pensions commissioned the Menopause and Employment report, which made several recommendations to Government.[169] These included nominating a Menopause Ambassador to work on behalf of Government to represent the interests of people experiencing menopause transition, enacting s14 of the Equality Act 2010 and prioritising menopause on the public policy agenda. The Government welcomed the report when it was published on 25 November 2021 and has now published a response.[170] The Department for Business, Energy and Industrial Strategy (BEIS) and the Department for Work and Pensions are also represented on the Menopause Taskforce.[171] Minister Scully told us BEIS was working to make the business case to employers in relation to supporting menopausal employees and used case studies such as ASOS and Royal Mail to showcase best practice.[172]

62. Some stakeholders have questioned the progress made by Government.[173] We asked Professor Brewis about Government action in terms of tackling menopause-related workplace discrimination since the GEO-commissioned research she co-authored in 2017. She said:

> I am going to be brutally honest here because I was advised to be brutally honest. I do not think very much has changed. The Women's Business Council did some early, and I think very good, preliminary work as part of the Staying On Action Group, which I was a part of. Then obviously the WBC was reconfigured to concentrate on the gender pay gap. Of course, I understand that political priorities change […] However, honestly, I do not see that a lot has changed from when we published the report, which was July 2017.[174]

Nikki Pound from the TUC emphasised that there was a "strategic role for Government" in terms of co-ordinating stakeholders and collating best practice guidance, as well as reviewing the effectiveness of existing legislation.[175]

63. **Menopause is a workplace issue. There is a legal, economic, and social imperative to address the needs of menopausal employees. We are not persuaded that a legal requirement for every workplace to have a menopause policy would embed meaningful change. But there is much that employers can and should do to help their employees. Many of the solutions involve practical adjustments and, in allowing additional flexibility and understanding, alongside fostering a greater respect and understanding of menopause. Employers who fail to support their menopausal employees, or act punitively towards them, leave themselves vulnerable to discrimination claims. They also risk their reputation, their ability to attract and retain female talent, and their profitability**.

64. **The Government has a key strategic role in helping businesses and should lead the way in**

developing and disseminating good practice. ***The Government should appoint a Menopause Ambassador to work with stakeholders from business (including small to medium enterprises), unions, and advisory groups to encourage and disseminate awareness, good practice and guidance to employers. The Menopause Ambassador should publish a six-monthly report on the progress made by businesses, and such report should include examples of good practice as well as noting particularly poor practice.***

65. ***We recommend that the Government, in consultation with the Menopause Ambassador, produces model menopause policies to assist employers. The model policies should cover, as a minimum: how to request reasonable adjustments and other support; advice on flexible working; sick leave for menopause symptoms; and provisions for education, training and building a supportive culture.***

66. **Menopause symptoms can have a significant and sometimes debilitating impact on women at work.** ***The Government should work with a large public sector employer with a strong public profile to develop and pilot a specific 'menopause leave' policy and provide an evaluation of the scheme and proposals for further roll out, within 12 months of commencing the scheme.***

67. **We are disappointed that the long-promised Employment Bill has still not materialised.** ***The Government should bring forward legislation before the end of the current Parliament to make the right to request flexible working a day-one right for all employees. It should issue employers with guidance encouraging them to grant any reasonable requests for flexible working, rather than placing the burden on the employee to justify their request.***

3 Legal reform

68. In this chapter we consider employer awareness of the current law relevant to those experiencing menopause, concerns about the effectiveness of the current law in protecting employees experiencing menopause, and merits of legislative and non-legislative reform.

Current law

69. Some legal protection exists for employees experiencing workplace problems relating to menopause, via existing health and safety legislation (see Box 1) and equality law (see Box 2). Below we set out the key aspects of the law and consider relevant guidance to employers on how to apply the law to employees experiencing menopause.

Health and safety legislation

Box 1: Summary of health and safety law relevant to menopause at work

- Under the **Health and Safety at Work Act 1974 (HSWA)**, employers must ensure the health and safety of all their employees and provide adequate **information, instruction, training, and supervision** to enable their employees to carry out their work safely.
- The **Workplace (Health, Safety and Welfare) Regulations 1992** stipulates **general requirements on accommodation standards** for most workplaces including requirements on temperature, ventilation, sanitary conveniences, washing facilities, and supply of water.
- The **Management of Health and Safety at Work Regulations 1999** requires employers to make a suitable and sufficient **assessment of the workplace risks** to the health and safety of their employees. This includes identifying groups of workers who might be particularly at risk. Employers also owe certain duties to contractors, including conducting risk assessments.
- The **Health and Safety Executive** (HSE) is the national regulator for workplace health and safety. Health and safety law is mostly enforced by the HSE or the local authority. If an employer fails to comply with health and safety regulations, this may amount to a criminal offence. The HSE's powers include providing advice, issuing an improvement notice[176] or prohibition notice,[177] or bring a prosecution against the employer. Individual employees can report breaches to HSE but cannot bring claims directly under the Health and Safety at Work Act 1974.

Source: Health and Safety Executive website: HSE: Information about health and safety at work

70. Employers have a responsibility to protect workers and others from risks to their health and safety. Many witnesses including Acas,[178] the TUC[179] and the Institute of Occupational Health and Safety (IOSH)[180] emphasised that menopause was a health and safety issue, for example in relation to managing problematic symptoms at work. However, the HSE has not published any specific guidance referring to menopause. Acas provides some guidance on what menopause-based risk assessments should cover, including temperature, uniform, rest spaces, toilets and training for managers and supervisors.[181]

71. Marian Bloodworth, Chair of the ELA,[182] explained that employers were "not necessarily alive to some of the health and safety issues that the menopause can present", nor were they necessarily aware of the need to do undertake risk assessments.[183] She told us that the ELA was also not aware of any enforcement action taken by the HSE in relation to menopause in the workplace.[184] The need for the HSE to provide guidance to employers about their legal duties was stated by Professor Brewis,[185] Claire McCartney from the CIPD[186] and the Trade Union Congress.[187]

72. Michael Warren, Director of Labour Market at BEIS, told us that the HSE had worked with Acas to promote Acas' guidance. However, the HSE's position was that "they do not hear enough from people looking for that sort of guidance to, in their eyes, justify producing it" themselves.[188] Both Minister Scully and Mr Warren acknowledged that a lack of approaches to the HSE might be because employees felt nervous or embarrassed about raising menopause,[189] or because employers themselves were unaware they needed advice on menopause as a health and safety issue.[190]

Equality Act 2010

Box 2: Equality Act overview

The **Equality Act 2010 protects individuals** from

- **prohibited conduct** (such as discrimination)
- because of a **protected characteristic**
- in certain **prescribed contexts**

— **Prohibited conduct** includes direct discrimination;[191] discrimination arising from disability;[192] indirect discrimination;[193] a failure to make reasonable adjustments for disabled persons;[194] harassment[195] and victimisation.[196]

— The nine **protected characteristics** are; age, disability, gender reassignment, marriage and civil partnership, race, religion or belief, sex, and sexual orientation.[197]

— The **prescribed contexts** are services and public functions;[198] premises;[199] work;[200] education;[201] associations;[202] contract terms;[203] the advancement of equality (including the Public Sector Equality Duty)[204] and disabled persons' transport.[205]

Source: Equality Act 2010

73. The Equality Act applies to employees experiencing menopause in the workplace.[206] Whilst menopause is not a protected characteristic, discrimination and harassment on the grounds of sex, age and disability are covered by the Act. Victimisation on these and other grounds is also covered. Employees asserting menopause-related workplace discrimination, harassment or victimisation can therefore bring a claim in the Employment Tribunal. Successful claims have been brought on the basis of sex,[207] age,[208] and disability.[209]

74. The ELA told us that, from their analysis of Employment Tribunal claims, "the nub of the issue was lack of understanding by managers of the impact of menopausal symptoms and a failure to make appropriate adjustments."[210] The widespread lack of understanding and awareness of menopause in both the societal and work context is discussed above in chapters 1 and 2. Yet despite this, and despite menopause clearly being an equality issue, the Equality and Human Rights Commission (EHRC) website does not currently feature any guidance to employers about menopause and the Equality Act. In contrast, Acas' guidance to employers[211] does include such advice. The DLA,[212] ELA,[213] TUC[214] and CIPD[215] referred to the need for

further guidance and awareness-raising by the EHRC in relation to employers' duties.

75. **Neither the Health and Safety Executive (HSE) nor the Equality and Human Rights Commission (EHRC) provides any advice on menopause on its website. This should be rectified.** ***The HSE and EHRC should publish guidance on the legal considerations when supporting employees experiencing menopause, within the next six months.***

Challenges with the current law

76. Several witnesses pointed out there are limitations within the Equality Act as framed (see box 2). A repeated concern in relation to the current law was that menopause-related discrimination claims were being 'shoehorned' into claims based on existing characteristics of age, sex and/or disability. Below we explore four specific concerns in relation to fitting menopause-related discrimination into the existing legal framework of the Equality Act; firstly, that the need for a comparator in direct discrimination cases makes it hard to argue menopause as direct age or sex discrimination. Second, the existing legal framework makes it hard to use indirect sex discrimination where the claimant has been penalised for menopause-related absences. Third, the concern that whilst most menopause-related claims end up being argued as disability discrimination, this is neither desirable nor straightforward. Finally, we consider the concern that although claims can be brought under more than one ground, there is currently no ability to argue combined discrimination, which fails to capture that menopause is an intersectional phenomenon.

Difficulties with claiming direct sex or age discrimination

77. To prove direct discrimination, the claimant must compare their treatment with the treatment of someone else who does not have the same protected characteristic.[216] We heard this need for a comparator can cause difficulties for claimants asserting menopause-related discrimination under the grounds of sex or age. The DLA pointed out that "because menopause is not treated as a necessary indicator of female sex, women have to show that they have experienced less favourable treatment in comparison with a man in comparable circumstances."[217] Cloisters chambers described this requirement for a woman experiencing menopause to essentially compare herself to a man with an illness as "wrong" and "demeaning".[218]

78. Similarly, with age discrimination claims, a claimant must demonstrate that a younger employee had been treated more favourably. The ELA,[219] the DLA[220] and others[221] pointed out that it might be difficult for a claimant who had gone through early menopause to make a claim based on age discrimination.

Difficulties with claiming indirect sex discrimination

79. As discussed in Chapter 2, sickness policies can be particularly challenging for menopausal women and employees. The DLA explained that a claimant whose menopause-related absences have counted towards a 'trigger point' for a performance review/disciplinary action, could claim this was indirect sex discrimination. However, the DLA also noted that it is open to the employer to assert that the use of the sickness absence policy was a proportionate means of achieving a legitimate aim. They stated that:

> It is strongly arguable that this is a defect in legal coverage because it reflects an attendance requirement level from a workforce which is set so as to accommodate the likely needs of men, but not of women, who may have need of higher trigger points to ensure that they remain in the workforce[222]

Difficulties with claiming disability discrimination

80. Adam Pavey told us that most lawyers will plead a menopause-related discrimination case as disability discrimination,[223] primarily because that allows claimants to argue there was a failure to make reasonable adjustments, which was "often at the heart of these types of claims and issues that are faced in the workplace".[224]

81. However, some witnesses were concerned about categorising menopause as a disability. For example, the DLA[225] and Police Federation of England and Wales[226] questioned whether it was appropriate or acceptable for a natural life stage such as menopause to be classified as a disability. Law firm Lewis Silkin described this as "unattractive",[227] whilst Cloisters chambers said some women would regard this as "unpalatable".[228] Adam Pavey told us:

> It just seems to me, and to lots of people that I speak to and prospective clients, to be just not the right terminology to use, and in actual fact it is being used for convenience rather than design simply so that you can bring those cases[229]

82. We also heard that some claimants would not be able to fit the criteria for an 'impairment'; for example, Brabners LLP pointed out that those with intermittent menopause symptoms may fail to meet the criteria.[230] Both the DLA[231] and Cloisters chambers[232] pointed out that proving disability can be a long, complex, and resource-intensive process. We were told that the need to frame menopause symptoms as a disability could have a chilling effect on claims due to embarrassment or fear of having to disclose personal details.[233] Colin Davidson of the DLA told us that "giving up large parts of your medical records can dissuade people from bringing claims in the first place."[234] Employment tribunal judgments are published online, and the DLA told us that this too could deter claimants who "will fear that their personal details will form part of an online judgment in perpetuity."[235]

Intersectional perspectives not captured

83. As discussed in Chapter 1, menopause can impact those with certain protected characteristics in different ways. Witnesses reminded us that menopause, and menopause-related discrimination, is intersectional in nature.[236] Professor Jo Brewis told us that menopause "is a fundamentally intersectional phenomenon. It fundamentally, for most people who go through it, involves a combination of sex and age."[237] However, the Equality Act does not currently allow for claims of dual or combined discrimination, although it is possible to bring a claim which relies on more than one ground.[238] Witnesses told us this fails to recognise the intersectional nature of menopause,[239] and further compounds the concern about claims being 'shoehorned', above.

Addressing these challenges

84. Due to the problems outlined in paragraphs 77–83, many respondents to our inquiry and survey felt that changes to law and practice were needed, but there were different views as to what reform might look like. One view was that any change should focus on awareness raising, improving guidance and enforcement. Others felt that legislative reform was necessary; these views focussed on introducing section 14 of the Equality Act, and on creating a new protected characteristic.

Non-legislative reform: improving guidance, awareness and enforcement

85. The CIPD[240] and Institute for Occupational Safety and Health (IOSH)[241] agreed there were barriers within the current law, for example employers not being aware of the menopause as a workplace issue, or clear enough on their obligations and how to implement an effective framework. However, they considered any new laws would have the same barriers. Instead, the Institute for Occupational Safety and Health favoured stronger enforcement of existing legislation. They also encouraged Government and employers to approach menopause in the workplace "with a more holistic view" and focus on:

> effective management policy and practices, practical support and the adoption of a positive workplace culture of an open nature for those experiencing symptoms [… .] We also recommend the development of sound occupational safety and health and occupational health practices, policies, procedures and programs that are age- and gender-appropriate.[242]

86. The CIPD called for a Government-led 'Know Your Rights' campaign in partnership with organisations such as Acas and the EHRC to ensure that employees have access to information, advice and guidance. They also called on the Government to follow the recommendations laid out in the CIPD Menopause Manifesto.[243]

87. However, the DLA doubted whether guidance alone would be sufficient or comprehensive, stating "the history of purely voluntary codes of guidance does not suggest that this will be very effective in eliminating or reducing discrimination related to a characteristic."[244]

Legislative reform

Introducing section 14 Equality Act 2010

88. A legal reform which we explored in evidence was the introduction of Section 14 of the Equality Act (see box 3). This provides for discrimination cases based on a combination of two relevant protected characteristics. S14 of the Equality Act has never come into force.

Box 3: Section 14 of the Equality Act

Section 14(1) provides that:

A person **(A) discriminates against** another **(B) if, because of a combination of two relevant protected characteristics, A treats B less favourably than A treats or would treat a person who** does not share either of those characteristics.

This is known as 'combined discrimination' under the Act, sometimes referred to as 'dual discrimination.' A **successful claimant would need to show that the less favourable treatment was because of the combination of characteristics, as compared with how a person who does not share either of the characteristics in the combination** is, or would be, **treated**. The claim will not succeed where an exception or justification applies to the treatment in respect of either of the relevant protected characteristics.

Source: Explanatory notes to the Equality Act 2010

89. A number of witnesses including Professor Brewis,[245] Colin Davidson of the DLA,[246] and Dr Vanessa Beck[247] said the Government should introduce s14, given that menopause (and menopause-related discrimination) is an intersectional phenomenon. They said enacting s14 would strengthen protection for women and people facing menopause-related discrimination, as well as being helpful for other discrimination cases. The DWP-commissioned Menopause and Employment Report (referred to in chapter 2) also supported the introduction of section 14.[248]

90. Minister Scully told us that there were no plans to enact section 14 as the Government considered the ability for claimants to bring a claim on more than one ground was sufficient.[249] The Minister for Women argued that enacting s14 would "introduce unwelcome regulatory complexity and place new costly burdens on business and the public sector."[250]

91. The DLA told us there was no evidence to support the suggestion that section 14 would be complex or costly to enact. They pointed out that businesses were already aware of their responsibilities under the Equality Act and enacting section 14 would not require much, if any, further training or education. Further, guidance on section 14 could be provided in the same way it is provided for other types of discrimination, for example by EHRC codes of practice and guidance.[251] Similarly, the ELA did not agree there would be increased complexity or costs and did not foresee new burdens to employers outside of "limited and/or minor changes to equality and diversity policies and training".[252] They said that:

> Section 14, if enacted, simply provides a claimant with another avenue to enforce their rights where they believe they have suffered less favourable treatment because of two combined protected characteristics, for example because they are an older woman.[253]

A new protected characteristic

92. There was considerable support for going further and creating a new protected characteristic of menopause, from the DLA,[254] Bar Council,[255] Law Society of Scotland,[256] employment solicitors,[257] members of the public[258] and others.[259] Adam Pavey told us a new protected characteristic of menopause would provide direct and clear protection to those experiencing discrimination because of menopause and recognise the impact of menopause on the lives of working women and others who experience it.[260] The ELA told us that, as an apolitical organisation, they considered that it was a policy decision for Parliament whether menopause should be protected in law. However, if Parliament felt it should be, then the ELA were clear that the current law was "unsatisfactory", and "tailored legislation" was needed.[261]

93. Some witnesses pointed out the disparity in the way that pregnancy and menopause were treated in society and in the workplace.[262] Pregnancy is legally protected[263] whereas menopause is not, even though all women will experience menopause but not all will experience pregnancy. Some witnesses, including the HCSA,[264] Police Federation for England and Wales[265] and Cloisters chambers,[266] considered that the arguments for why pregnancy should be specifically protected under the Equality Act, applied equally to menopause.

94. Cloisters,[267] the ELA,[268] and the DLA[269] considered that if a new protected characteristic of menopause was created, then there should be a duty to make reasonable adjustments, similar to the model of the protected characteristic of disability. The DLA went further and considered the duty should be expressed more strongly as:

> a duty to take all reasonably practicable steps that are proportionate (i.e. appropriate and reasonably necessary) in order to remove any menopause related disadvantage to the claimant caused by the employer's arrangements.[270]

Both the DLA and the ELA accepted that any legal change would need to be preceded by careful and detailed consultation and consideration of how a protected characteristic and any related duties might be defined.[271]

95. A number of concerns and practical difficulties were raised in relation to the creation of a new protected characteristic. One was the problem of how to define menopause or perimenopause within legislation, given existing issues with diagnosis and the fact perimenopause can last for months or even years.[272] Witnesses also raised ramifications for businesses of introducing a new protected characteristic, including costs, training and education for managers and staff.[273] However, Marian Bloodworth from the ELA also emphasised the current opacity for employers, arguing that:

> employers like clarity. They may not welcome your legislation or changes, but if you tell them what they need to do, they then have an opportunity to put in place the policies and the training and to

> make sure that staff, including line managers, are properly educated. Ambiguity or lack of clarity does not help either employee or employer.[274]

96. The Government did not support introducing a protected characteristic of menopause. Minister Scully told us that changes to current legislation

> may well provide an unhelpful distraction for employers from what they actually should be doing, which is complying with the existing law, and familiarising themselves with the guidance.[275]

The Minister for Women, Baroness Stedman-Scott, also told us:

> The "fit" of menopause as a characteristic into the Act would require careful consideration. Wherever possible the Act is intended to create protection across all the relevant areas, and menopause does not seem to align with this, being only relevant to Part 5 of the Act (Employment).[276]

97. **The current law does not serve or protect menopausal women. Whilst the law rightly protects women from pregnancy and maternity discrimination, it does not specifically protect menopause. This is anomalous, given all women will experience menopause, whilst not all women experience pregnancy. It is unsatisfactory that menopausal women must instead frequently present themselves as suffering from a disability in order to make an effective claim. We consider any burdens on employers due to legal change are outweighed by the existing and considerable costs to society, the economy and individual women, of menopausal women leaving the workplace prematurely. Section 14 of the Equality Act 2010 provides a partial solution and is 'shelf-ready'. *The Government should immediately commence section 14 of the Equality Act 2010.***

98. **We are also persuaded that a new protected characteristic of menopause should be created, although we acknowledge this will need careful drafting and consultation. *The Government should launch a consultation on how to amend the Equality Act to introduce a new protected characteristic of menopause, including a duty to provide reasonable adjustments for menopausal employees. This consultation should commence within six months of publication of this report. The Government's consultation response should include a review of whether the newly commenced s14 (above) has mitigated concerns about the current law.***

Annex 1: HRT safety concerns - the evidence

1. HRT was first available in the 1940s but became more widely used in the 1960s. HRT was prescribed commonly to menopausal women for the relief of their symptoms such as hot flushes, night sweats, sleep disturbances, psychological and genito-urinary symptoms and for the prevention of osteoporosis.[277] Initial findings of studies published in 2002 (the US Women's Health Initiative Study)[278] and 2003 (the UK Million Women Study)[279] highlighted some risks of taking HRT, such as breast cancer and heart disease, which led to a significant reduction in the number of women taking HRT.[280] However, publication of the full results of the Women's Health Initiative trials, and subsequent critique of both studies, cast some doubt on those initial findings.[281]

2. The NHS now states that "recent evidence says that the risks of HRT are small and are usually outweighed by the benefits".[282] Cancer Research UK also states that the increase in cancer risk from using HRT is small compared to other risk factors such as weight and smoking.[283] The National Institute for Health and Care Excellence (NICE) provides detailed advice for medical practitioners on the risks and benefits prescribing HRT.[284]

3. Evidence to the inquiry suggested that concerns about HRT safety persist,[285] and take up remains low.[286] Dr Arif and Dr Currie told us there remains concern and fear amongst patients over the link between any form of HRT and cancer.[287] Dr Currie told us:

> The breast cancer thing is the one that most worries women and healthcare professionals […] It is a small risk. For every 1,000 women taking HRT for more than five years over the age of 50—depending on which study you look at, there is not an absolute number that every study agrees with—it is something like an extra five to eight per 1,000 women over five years and it is duration dependent. […] Generally, what we try to do is help women to get it in perspective. For most women there are more benefits than risks. It is the most effective treatment we currently have for controlling menopausal symptoms.[288]

4. The Government's VWHS noted that many consultation respondents mentioned difficulties in accessing HRT, the reluctance of some GPs to prescribe HRT, a need for more information on menopause and treatment options for women and for healthcare professionals to be better educated.[289] Minister Caulfield echoed the view that, "[i]n the vast majority of cases, HRT is a very safe and effective treatment for managing the menopause".[290] She referred to the availability of the NICE guidelines as a "reassurance both to women and to GPs".[291] She acknowledged that HRT may not be clinically safe or effective for all women, but emphasised that:

> It is about making sure that women are offered it and have that conversation with their GP who knows their own medical history and can then advise them accordingly.[292]

Annex 2: Good practice case studies

1. We were pleased to receive and hear evidence of good practice from employers towards employees experiencing menopause. It is clear that a number of employers have already been convinced of the case for change.

2. We received evidence about two different schemes which recognise employer good practice.

Box 4: The Menopause Workplace Pledge

Over 800 employers including John Lewis, ASOS, Asda, Santander, the House of Commons and the Civil Service have signed up to the Menopause Workplace Pledge created by the women's health charity Wellbeing of Women in partnership with Hello! magazine. In doing so, they have committed to:

- Recognising that the menopause can be an issue in the workplace and women need support
- Talking openly, positively and respectfully about the menopause
- Actively supporting and informing your employees affected by the menopause

Source: Wellbeing of Women website: Sign the Menopause Workplace Pledge - Wellbeing of Women

Box 5: Menopause Friendly Accreditation

The support organisation Henpicked: Menopause in the Workplace have worked with an independent panel of experts to launch Menopause Friendly Accreditation, which recognises employers which have prioritised menopause awareness, education, and support. M&S Bank, First Direct and HSBC were the first organisations of a total of 28 organisations to be awarded this accreditation. Over 100 organisations have signed up to work towards becoming 'Menopause Friendly' employers, including Sainsburys, Boots, Natwest and a number of NHS Trusts.

Source: Menopause Friendly Accreditation website: Menopause Friendly Accreditation | Menopause at Work

3. Below, we highlight some detailed examples of good practice from West Midlands Police, First Direct bank, and South Tees Hospitals Foundation Trust.

Box 6: West Midlands Police

West Midlands Police were featured as a case study in the CIPD's 2019 guidance 'The menopause at work: a guide for people professionals'.[293] Lynda Bailey, a former inspector at West Midlands, gave the following examples of initiatives she put in place:

- Clear leadership
- Setting up support groups and having menopause champions. There would be regular meetings to plan events and share best practice
- Surveying the workforce to get a better picture of employee needs
- Better communication between those dealing with HR, equality and diversity, health and wellbeing
- Practical tools e.g. a template GP letter
- Awareness raising, for example through workshops, the website, conferences and media
- Supervisor training
- Improved systems for recording menopause-specific absenteeism
- Encouraging use of "reasonable adjustments passports"–this is a record of adjustments agreed between a worker who has a disability or health condition (including menopause) and their manager. The passport acts as a 'live' document about agreed changes in the workplace.
- Building occupational health expertise
- In-house doctor

Source: Information provided by Lynda Bailey, co-director at Talking Menopause

Box 7: First Direct

HSBC UK, first direct and M&S Bank started planning their campaign to gain Menopause Friendly Accreditation in March 2019. All three banks are part of the HSBC group, and worked together on their applications, but each organisation received accreditation. They were the first employers to be awarded Menopause Friendly Accreditation in July 2021.

In 2019 they held their first menopause event, with both male and female senior managers sharing their experiences with menopause from an individual and work perspective. Since then, they have been:

- Training 50 menopause advocates and 75 champions to help drive awareness and education. Made up of colleagues of all genders, menopause advocates and champions deliver training and awareness sessions, support and information to both managers and colleagues.
- Holding weekly lunch-and-learn sessions open to all colleagues, providing connection, education and exercise. Sessions cover a wide range of topics, from fitness and how to deal with brain fog and hot flashes, to more taboo topics such as libido, unwanted hair, anxiety coping strategies.
- Launching a menopause page on employee wellbeing hubs. Featuring a range of resources and guidance from fact sheets and guides for line managers and employees, to a comprehensive series of webinars delivered in consult with third-party experts.
- Redesigning the HSBC UK uniform to ensure it is made out of more breathable material and more sets can be ordered without giving a reason.
- Simplifying policies and procedures. For example, making it easier for colleagues to order a fan, whether working in a branch, office or at home during the pandemic.
- Working with BUPA who provide a Menopause HealthLine where a menopause trained nurse is on the other end of the line with guidance and support on managing symptoms

Source: Information provided by First Direct

Box 8: South Tees Hospitals NHS Foundation Trust

Sharon Ollivier, Senior Training and Development Partner, explained that South Tees Hospitals NHS Foundation Trust were motivated to tackle menopause in the workplace due to the human impact of menopause symptoms on women, some of whom were leaving the profession due to the problematic impact of their symptoms. Many of these women had invested most of their working lives in the NHS yet found they were suffering a real loss of confidence both in the workplace and their personal lives, tied to their symptoms. South Tees has been awarded Menopause Friendly Accreditation.

South Tees have taken the following steps to support employees experiencing menopause:

- 'Women-o-pause' support groups with experts and guest speakers providing information, advice and guidance on topics such as diet, exercise, sleep, alternative therapies etc
- Menopause awareness and training sessions, including Menopause for Men training
- Ambassadors carrying 'ask me about menopause' slogan branded bottles and wearing slogan jackets to encourage conversation, both within the hospital and in the wider community
- Addressing uniform and equipment issues such as menopause-friendly uniforms and PPE.

Source: Information provided by Sharon Ollivier, South Tees Hospital Foundation NHS Trust

Annex 3: Summary of some key results from our survey

1. In February 2022 we published the results of a survey we ran in September 2021, about people's experiences of menopause at work and beyond.[294]

2. In our survey we asked, "What do you think is the most important thing employers can do to support employees experiencing menopause?" We analysed a representative sample and found a number of themes emerged as to what respondents wanted their employers to do:

a) "Provide adjustments"; respondents referred to a number of practical adjustments that would help them. These included:

i) having fans at the desks

ii) better ventilation

iii) uniforms appropriate for menopause, for example made of breathable material

iv) access to drinking water

v) easy access to toilets and to washing facilities

b) "Have policies"; respondents called for specific policies in their organisations that recognised the impact of menopause. Sickness policies were frequently mentioned, with respondents asking that absence policies not penalise those needing time off to deal with symptoms, or for menopause-related appointments.

c) "Provide flexibility"; respondents called for flexibility in their working hours, as well as their place of work. Working from home was frequently mentioned.

d) "Education"; respondents wanted to see a greater understanding of the menopause, and its impact, in the workplace. Many pointed to the need for managers to receive training.

e) "Support cultural changes"; the removal of stigma and taboo relating to menopause was a repeated theme, as was a desire to move away from menopause being an acceptable topic for jokes or workplace 'banter'. Respondents said they wanted to be able to feel like it was possible and safe to discuss menopause with their managers and colleagues. Respondents called for an 'open space' for women to talk about what they are going through and for a willingness of others in the workplace to listen to the lived experience of women experiencing menopause. A few respondents were concerned that the introduction of further workplace support could have the unintended consequence of further stigmatising women. Another major theme was 'trust'; respondents wanted to feel like they were trusted to manage their work alongside menopause, without the fear of being disciplined or facing other negative consequences for being open about menopause or having to take time off

f) “Develop support networks”; respondents emphasised the importance of feeling supported in the workplace and knowing how to access that support. Respondents wanted a safe place for women to discuss, or seek support or advice for, what they are going through. Some respondents emphasised being able to speak to female colleagues; others wanted to be able to speak with managers and some sought the support of external professionals who understand menopause.

Conclusions and recommendations

Health

1. Menopause still carries significant social and cultural stigma, particularly for certain groups, including LGBT+ people and young and ethnic minority women. We are encouraged by the recent shift towards talking about menopause more openly, by the inclusion of menopause in the Relationships, Sex and Health Education curriculum and the recognition of persistent stigmas and taboos in the Women’s Health Strategy. However, this is no time for complacency, and we must build on the growing momentum. *The Government should lead on disseminating good quality and accurate information about menopause. Firstly, we recommend that the Government launches a visible public health campaign around menopause; its symptoms, impact and how to seek treatment and other help, including support at work. A diverse range of expert stakeholders should be consulted to ensure the campaign is inclusive, accurate and impactful and reaches communities and groups typically underrepresented in discussions around menopause. Second, the Government should work with schools and menopause experts to develop high quality, accurate and inclusive resources and ensure that teachers have the knowledge, confidence and ability to teach this important aspect of the RSHE curriculum to all pupils.* (Paragraph 18)

2. GPs will be the first port of call for many women who are experiencing perimenopause or menopause. It is vital that women can trust their GPs and that GPs feel confident and well-equipped in diagnosing a condition that affects half the population. Menopause must be given more priority in both the initial training and continuing professional development for GPs. *We recommend that the Royal College of General Practitioners makes training on menopause a mandatory aspect of continuing professional development requirements for GPs. In the meantime, all GP surgeries should ensure that at least one member of their clinical staff has received specific training around menopause. We further recommend that the Care Quality Commission considers whether surgeries are providing effective, evidence-led menopause care, during their inspections.* (Paragraph 23)

3. It is unacceptable that there are parts of the country where women cannot access the specialist menopause services they need. *By 2024, there should be a menopause specialist or specialist service in every Clinical Commissioning Group area. The Menopause Taskforce, working with the NHS, should prioritise this as part of the ongoing work into the menopause pathway. The response to this report should set out a plan of how this recommendation will be achieved over the next 18 months.* (Paragraph 26)

4. We are extremely disappointed that despite a clear Government commitment on a single-cost, annual pre-payment certificate for HRT, almost nine months later that commitment has not been realised. Progress has been further derailed by supply issues. We welcome the Health Secretary’s announcement of an ‘HRT tsar’ to consider the challenges with supply. *The Government must act urgently to ensure that lower cost HRT prescriptions are being issued and dispensed. Over the next three months the Government should communicate widely to ensure GPs and patients know about both the current NICE guidelines permitting a 12-month prescription, and the forthcoming single-cost pre-payment certificate. This should include but not be limited to:* (Paragraph 35)

- *writing to all GPs and community pharmacists to ensure they know about the new scheme*
- *communications (for example, posters) in GP surgeries, pharmacies and walk-in centres*
- *through the Gov.uk website and DHSC social media accounts*

5. *We recommend that the Government commits to removing dual prescription charges for oestrogen and progesterone, replacing it with a single charge for all women. We also recommend that the Government works with the NHS and the ‘HRT tsar’ to develop a national formulary for HRT. Both of these*

recommendations should be completed within six months of publication of this report. The Government should provide the Committee with updates on the HRT supply situation on a six-monthly basis. (Paragraph 36)

Menopause in the workplace

6. Menopause is a workplace issue. There is a legal, economic, and social imperative to address the needs of menopausal employees. We are not persuaded that a legal requirement for every workplace to have a menopause policy would embed meaningful change. But there is much that employers can and should do to help their employees. Many of the solutions involve practical adjustments and, in allowing additional flexibility and understanding, alongside fostering a greater respect and understanding of menopause. Employers who fail to support their menopausal employees, or act punitively towards them, leave themselves vulnerable to discrimination claims. They also risk their reputation, their ability to attract and retain female talent, and their profitability (Paragraph 63)

7. The Government has a key strategic role in helping businesses and should lead the way in developing and disseminating good practice. *The Government should appoint a Menopause Ambassador to work with stakeholders from business (including small to medium enterprises), unions, and advisory groups to encourage and disseminate awareness, good practice and guidance to employers. The Menopause Ambassador should publish a six-monthly report on the progress made by businesses, and such report should include examples of good practice as well as noting particularly poor practice.* (Paragraph 64)

8. *We recommend that the Government, in consultation with the Menopause Ambassador, produces model menopause policies to assist employers. The model policies should cover, as a minimum: how to request reasonable adjustments and other support; advice on flexible working; sick leave for menopause symptoms; and provisions for education, training and building a supportive culture.* (Paragraph 65)

9. Menopause symptoms can have a significant and sometimes debilitating impact on women at work. *The Government should work with a large public sector employer with a strong public profile to develop and pilot a specific 'menopause leave' policy and provide an evaluation of the scheme and proposals for further roll out, within 12 months of commencing the scheme.* (Paragraph 66)

10. We are disappointed that the long-promised Employment Bill has still not materialised. *The Government should bring forward legislation before the end of the current Parliament to make the right to request flexible working a day-one right for all employees. It should issue employers with guidance encouraging them to grant any reasonable requests for flexible working, rather than placing the burden on the employee to justify their request.* (Paragraph 67)

Legal reform

11. Neither the Health and Safety Executive (HSE) nor the Equality and Human Rights Commission (EHRC) provides any advice on menopause on its website. This should be rectified. *The HSE and EHRC should publish guidance on the legal considerations when supporting employees experiencing menopause, within the next six months.* (Paragraph 75)

12. The current law does not serve or protect menopausal women. Whilst the law rightly protects women from pregnancy and maternity discrimination, it does not specifically protect menopause. This is anomalous, given all women will experience menopause, whilst not all women experience pregnancy. It is unsatisfactory that menopausal women must instead frequently present themselves as suffering from a disability in order to make an effective claim. We consider any burdens on employers due to legal change are outweighed by the existing and considerable costs to society, the economy and individual women, of menopausal women leaving the workplace prematurely. Section 14 of the Equality Act 2010 provides a partial solution and is 'shelf-ready'. *The Government should immediately commence section 14 of the Equality Act 2010.* (Paragraph 97)

13. We are also persuaded that a new protected characteristic of menopause should be created, although we acknowledge this will need careful drafting and consultation. *The Government should launch a consultation on how to amend the Equality Act to introduce a new protected characteristic of menopause, including a duty to provide reasonable adjustments for menopausal employees. This consultation should commence within six months of publication of this report. The Government's consultation response should include a review of whether the newly commenced s14 (above) has*

mitigated concerns about the current law. (Paragraph 98)

Formal minutes

Tuesday 19 July 2022

Members present:

Caroline Nokes, in the Chair

Jackie Doyle-Price

Carolyn Harris

Menopause in the workplace

Draft Report (*Menopause in the workplace*), proposed by the Chair, brought up and read.

Ordered, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 98 read and agreed to.

Summary agreed to.

Annexes agreed to.

Resolved, That the Report be the First Report of the Committee to the House.

Ordered, That the Chair make the Report to the House.

Ordered, That embargoed copies of the Report be made available (Standing Order No. 134).

Adjournment

Adjourned until Wednesday 7 September at 2 p.m.

Witnesses

The following witnesses gave evidence. Transcripts can be viewed on the inquiry publications page of the Committee's website.

Wednesday 17 November 2021

Professor Joanna Brewis, Head of Department, People and Organizations, The Open University Business School; **Dr Nighat Arif**, General Practitioner and Women's Health and Family Planning Specialist, NHS and Private; **Dr Heather Currie MBE**, Trustee and former Chair, British Menopause Society Q1–27

Wednesday 8 December 2021

Amy Bennie, Chair, Daisy Network; **Karen Arthur**, Designer, Campaigner and founder of the podcast Menopause Whilst Black Q28–48

Wednesday 19 January 2022

Marian Bloodworth, Partner in Employment Law, Deloitte Legal, Chair, Employment Lawyers Association; **Colin Davidson**, Co-Chair, Discrimination Law Association, Head of Employment Law, Edwards Duthie Shamash; **Adam Pavey**, Director of Employment and HR, Pannone Corporate Q49–83

Wednesday 9 February 2022

Deborah Garlick, Founder and Director, Henpicked: Menopause in the Workplace; **Nikki Pound**, Women's Equality Policy Officer, Trade Union Congress; **Claire McCartney**, Senior Policy Adviser (Resourcing and Inclusion), Chartered Institute of Personnel and Development Q84–109

Lynda Bailey, Co Founder and Director, Talking Menopause and former Inspector at West Midlands Police; **Chris Pitt**, CEO, First Direct; **Sharon Ollivier**, Senior Training and Development Partner, South Tees Hospitals NHS Foundation Trust Q109–137

Wednesday 16 March 2022

Paul Scully MP, Minister for London and Parliamentary Under-Secretary of State (Minister for Small Businesses, Consumers and Labour Markets), Department for Business, Energy and Industrial Strategy; **Michael Warren**, Director, Labour Market, Department for Business, Energy and Industrial Strategy; **Maria Caulfield MP**, Parliamentary Under-Secretary of State (Minister for Patient Safety and Primary Care), Department of Health and Social Care; **William Vineall**, Director, NHS Safety Investigations, Department of Health and Social Care Q138–179

Published written evidence

The following written evidence was received and can be viewed on the inquiry publications page of the Committee's website.

MEW numbers are generated by the evidence processing system and so may not be complete.

1 4 women (MEW0085)

2 ACAS (MEW0049)

3 Anonymised (MEW0068)

4 Anonymised (MEW0060)

5 Anonymised (MEW0052)

6 Anonymised (MEW0014)

7 Anonymised (MEW0022)

8 Anonymised (MEW0021)

9 Anonymised (MEW0008)

10 Anonymised (MEW0005)

11 Anonymised (MEW0006)

12 Arif, Dr Nighat (MEW0089)

13 BUPA (MEW0046)

14 Baxter, Hilary (MEW0080)

15 Beck, Dr Vanessa (Reader in Work and Organisation, University of Bristol) (MEW0038)

16 Brabners LLP (MEW0071)

17 Brewis, Professor Jo (Professor of People and Organizations, The Open University Business School) (MEW0018)

18 Bristol Women's Commission (MEW0058)

19 British Medical Association (BMA) (MEW0091)

20 Business in the Community (MEW0067)

21 CIPD (MEW0043)

22 Carse, Hilary (MEW0027)

23 Centre for Ageing Better (MEW0047)

24 Centre, My Menopause (MEW0084)

25 Childs Farm Ltd (MEW0013)

26 Cloisters Chambers (MEW0082)

27 Collins, Ms Louise (Community Liaison Manager, University of Chester) (MEW0017)

28 Community (MEW0035)

29 Cronin, Dr Camille (Senior Lecturer, University of Essex) (MEW0056)

30 Department for Education's Menopause Network (Staff Network) (MEW0074)

31 Discrimination Law Association (MEW0093)

32 Discrimination Law Association (MEW0081)

33 Downie, M (Academic Strategic Lead , Robert Gordon University Law School) (MEW0062)

34 Dunn, mrs Sue (MA Student, Oxford Brookes University) (MEW0045)

35 Edinburgh Business School, Heriot Watt University (MEW0002)

36 Evans, Maria (CEO and Coach, Head-Line Communication Ltd) (MEW0019)

37 Employment Lawyers Association (MEW0092)

38 Giacomin, Mrs Dorothy Helen (Temp. secretary, Associated Surveyors Ltd) (MEW0028)

39 Glyde, Tania (MEW0087)

40 Glyde, Tania (MEW0032)

41 Gregory, Miss Florence (Library Assistant, NHS Somerset Foundation Trust) (MEW0053)

42 HCSA - the hospital doctors' union (MEW0057)

43 Hattrick, Miss Claire (Blogger, Clipboardclaire.com) (MEW0025)

44 Health & Her Ltd (MEW0054)

45 Hunter, Mr Craig (Select Committee Liaison Manager, BEIS) (MEW0079)

46 Institution of Occupational Safety and Health (IOSH) (MEW0059)

47 International Menopause Work Consortium (MEW0069)

48 Iqbal, Mrs Lindsey (MEW0026)

49 Johnson, Mrs Sue (Professional officer in clinical imaging, Society of Radiographers) (MEW0012)

50 Kuypers, Nina (MEW0083)

51 Lewis Silkin LLP (MEW0073)

52 MBE, Dr Heather Currie (MEW0090)

53 MacGlone, Elaine (Equality and Diversity Manager, Law Society of Scotland) (MEW0078)

54 Manchester Metropolitan University (MEW0061)

55 McCartney, Claire (MEW0088)

56 McMenamin, Jacqueline (MEW0015)

57 Menopause Self Care (MSC) CIC (MEW0041)

58 Menopause Support (MEW0030)

59 Montague, Mrs Maureen (Executive Officer, University of Greenwich) (MEW0051)

60 Muir, Ms Kate (Author and volunteer for The Menopause Charity, producer of Channel 4 menopause documentary, Book out Jan 22 - Everything You Need to Know About the Menopause (but were too afraid to ask).) (MEW0033)

61 NatWest Group (MEW0040)

62 Nottingham Women's Centre (MEW0036)

63 Over The Bloody Moon (MEW0076)

64 Pavey, Adam (MEW0086)

65 Peppy (MEW0044)

66 Plus, (MEW0001)

67 Police Federation of England & Wales (MEW0039)

68 Royal College of Obstetricians and Gynaecologists; British Menopause Society; and Faculty of Sexual and Reproductive Healthcare (MEW0048)

69 Sasso, Ms M (EMEA Financial Services Chief Technologist, Red Hat) (MEW0070)

70 Staffordshire University (MEW0050)

71 The Bar Council (MEW0077)

72 The Latte Lounge (MEW0023)

73 Trade Union Congress (TUC) (MEW0072)

74 UNISON (MEW0020)

75 Vodaphone, (MEW0004)

76 Weldon-Johns, Dr Michelle (Senior Lecturer, Abertay University) (MEW0065)

77 Wellbeing of Women (MEW0066)

78 Wheeler, Christine (Pro Bono Administrator, Employment Lawyers Association) (MEW0042)

79 Women in Sport (MEW0064)

80 Women's Business Council (MEW0063)

81 workingwise.co.uk (MEW0016)

List of Reports from the Committee during the current Parliament

All publications from the Committee are available on the publications page of the Committee's website.

Session 2021–22

Number	Title	Reference
1st	Levelling Up and equality: a new framework for change	HC 702
2nd	Appointment of the Chair of the Social Mobility Commission: Katharine Birbalsingh CBE	HC 782
3rd	Reform of the Gender Recognition Act	HC 977
4th	Ethnicity pay gap reporting	HC 998

Session 2019–21

Number	Title	Reference

1st	Unequal impact? Coronavirus, disability and access to services: interim Report on temporary provisions in the Coronavirus Act	HC 386
2nd	Appointment of the Chair of the Equality and Human Rights Commission	HC 966
3rd	Unequal impact? Coronavirus and BAME people	HC 384
4th	Unequal impact? Coronavirus, disability and access to services: full Report	HC 1050
5th	Unequal impact? Coronavirus and the gendered economic impact	HC 385
6th	Changing the perfect picture: an inquiry into body image	HC 274

Footnotes

1 NHS, Menopause - NHS (www.nhs.uk), accessed on 3 July 2022

2 UNISON, The menopause is a workplace issue: guidance and model policy, 2019

3 For example, Nottingham Women's Centre (MEW0036); BUPA (MEW0046); Dr Camille Cronin (Senior Lecturer at University of Essex) (MEW0056); Trade Union Congress (TUC) (MEW0072).

4 NHS, Menopause - Symptoms - NHS (www.nhs.uk), accessed on 3 July 2022

5 NHS, Menopause - Symptoms - NHS (www.nhs.uk), accessed on 3 July 2022

6 Department for Education, *Menopause transition: effects on women's economic participation*, July 2017

7 NHS, Menopause - Symptoms - NHS (www.nhs.uk), accessed on 3 July 2022

8 Women's Health Concern, The menopause - Women's Health Concern (womens-health-concern.org) accessed on 3 July 2022

9 CIPD, "Majority of working women experiencing the menopause say it has a negative impact on them at work | CIPD", accessed 3 July 2022

10 BUPA (MEW0046). The period of time over which this took place is not specified.

11 Women and Equalities Committee, Fourth Special Report of Session 2021–22, *Menopause and the workplace survey results*, HC 1157

12 Royal College of Obstetricians and Gynaecologists, *Better for Women*, (December 2019)

13 Department of Health and Social Care, 'Our Vision for the Women's Health Strategy for England', 23 December 2021, accessed 3 July 2022

14 For example, Anonymous (MEW0006); Maria Evans (CEO and Coach at Head-Line Communication Ltd) (MEW0019); Community [MEW0035]; Nottingham Women's Centre (MEW0036)]; Dr Vanessa Beck (Reader in Work and Organisation at University of Bristol) (MEW0038); BUPA (MEW0046); Royal College of Obstetricians and Gynaecologists, British Menopause Society, Faculty of Sexual and Reproductive Healthcare (MEW0048); Dr Camille Cronin (Senior Lecturer at University of Essex) (MEW0056); International Menopause Work Consortium (MEW0069); Trade Union Congress (TUC) (MEW0072); Hilary Baxter (MEW0080)

15 Dr Camille Cronin (Senior Lecturer at University of Essex) (MEW0056); International Menopause Work Consortium (MEW0069); Hilary Baxter (MEW0080)

16 Department of Health and Social Care, 'Our Vision for the Women's Health Strategy for England', 23 December 2021, accessed 3 July 2022

17 A 2020 survey of 1500 respondents by Mumsnet and Gransnet found that 39% of those who sought help from their GP for perimenopause symptoms, and 27% of those who sought help for menopause symptoms, say their GP told them they would just have to learn to live with it: Mumsnet, 'Women are struggling to get appropriate help from GPs for perimenopause and menopause symptoms', accessed 3 July 2022

18 Q8

19 Edinburgh Business School, Heriot Watt University (MEW0002); Anonymous (MEW0006); workingwise.co.uk (MEW0016); Community (MEW0035); Nottingham Women's Centre (MEW0036); Police Federation of England & Wales (MEW0039); Christine Wheeler (Pro Bono Administrator at Employment Lawyers Association) (MEW0042); Royal College of Obstetricians and Gynaecologists, British Menopause Society, Faculty of Sexual and Reproductive Healthcare (MEW0048); ACAS (MEW0049); HCSA - the hospital doctors' union (MEW0057); Bristol Women's Commission (MEW0058); Institution of Occupational Safety and Health (IOSH) (MEW0059); Women in Sport (MEW0064); Dr Michelle Weldon-Johns (Senior Lecturer at Abertay University) (MEW0065); Wellbeing of Women (MEW0066); Business in the Community (MEW0067); Brabners LLP (MEW0071); Trade Union Congress (TUC) (MEW0072); Elaine MacGlone (Equality and Diversity Manager at Law Society of Scotland) (MEW0078); Nina Kuypers (MEW0083)

20 Wellbeing of Women (MEW0066)

21 Staffordshire University (MEW0050)

22 Trade Union Congress (TUC) (MEW0072)

23 Q10 [Dr Currie]

24 Q6, Q11 [Dr Arif]

25 Q7

26 For example, Mrs Lindsey Iqbal (MEW0026); Tania Glyde (MEW0032); Hilary Baxter (MEW0080); Tania Glyde (MEW0087); Q28 [Karen Arthur], Q31 [Karen Arthur]; Q40 [Amy Bennie]

27 Professor Jo Brewis (Professor of People and Organizations at The Open University Business School) (MEW0018); Miss Florence Gregory (Library Assistant at NHS Somerset Foundation Trust) (MEW0053); Q6 [Dr Arif; Dr Currie; Professor Brewis]

28 Q6

29 UNISON (MEW0020)

30 Trade Union Congress (TUC) (MEW0072)

31 Business in the Community (MEW0067)

32 International Menopause Work Consortium (MEW0069). This submission also highlighted the lack of evidence on workplace support for people experiencing menopause, who did not identify as cis-gender.

33 Tania Glyde (MEW0087)

34 As above

35 Q9

36 Q6 [Dr Arif]; Q10 [Dr Currie]

37 A charity supporting women with Premature Ovarian Insufficiency

38 Q29

39 UNISON (MEW0020); Trade Union Congress (TUC) (MEW0072)

40 Q28

41 Q44

42 Q3

43 Q11

44 Q11

45 Department of Health and Social Care, 'Our Vision for the Women's Health Strategy for England', 23 December 2021, accessed 3 July 2022

46 Department for Education, *Relationships Education, Relationships and Sex Education and Health Education guidance*, June 2019

47 Department of Health and Social Care, 'Our Vision for the Women's Health Strategy for England', 23 December 2021, accessed 3 July 2022

48 Maria Caulfield MP was appointed Minister of State at the Department for Health and Social Care on 7 July 2022.

49 "Nation unite to tackle menopause taskforce", Department for Health and Social Care press release, 4 February 2022

50 Q139

51 Q140; Q141

52 "Dame Lesley Regan appointed Women's Health Ambassador", Department for Health and Social Care press release, 17 June 2022

53 Mumsnet, 'Women are struggling to get appropriate help from GPs for perimenopause and menopause symptoms', accessed 3 July 2022

54 Edinburgh Business School, Heriot Watt University (MEW0002); Anonymous (MEW0005); Mrs Sue Johnson (Professional officer in clinical imaging at Society of Radiographers) (MEW0012); Childs Farm Ltd (MEW0013); Ms Louise Collins (Community Liaison Manager at University of Chester) (MEW0017); Maria Evans (CEO and Coach at Head-Line Communication Ltd) (MEW0019); Anonymous (MEW0022); Hilary Carse (MEW0027); Menopause Support (MEW0030); Nottingham Women's Centre (MEW0036); Dr Vanessa Beck (Reader in Work and Organisation at University of Bristol) (MEW0038); Police Federation of England & Wales (MEW0039); Peppy (MEW0044); BUPA (MEW0046); Health & Her Ltd (MEW0054); Dr Camille Cronin (Senior Lecturer at University of Essex) (MEW0056); HCSA - the hospital doctors' union (MEW0057); Wellbeing of Women (MEW0066); Ms M Sasso (EMEA Financial Services Chief Technologist at Red Hat) (MEW0070); Trade Union Congress (TUC) (MEW0072); Hilary Baxter (MEW0080)

55 Maria Evans (CEO and Coach at Head-Line Communication Ltd) (MEW0019); Menopause Support [MEW0030]; HCSA - the hospital doctors' union (MEW0057); Trade Union Congress (TUC) (MEW0072); Discrimination Law Association (MEW0081)

56 Wellbeing of Women (MEW0066); Trade Union Congress (TUC) (MEW0072); Childs Farm Ltd (MEW0013); Ms Louise Collins (Community Liaison Manager at University of Chester) (MEW0017); Menopause Support (MEW0030); Nottingham Women's Centre (MEW0036); Police Federation of England & Wales (MEW0039); Peppy (MEW0044)

57 Tania Glyde (MEW0032); Tania Glyde (MEW0087)

58 Qq34–36 [Amy Bennie]; Tania Glyde (MEW0032); Women and Equalities Committee, Fourth Special

Report of Session 2021–22, *Menopause and the workplace survey results*, HC 1157

59 Q33 [Karen Arthur]; UNISON (MEW0020); Women and Equalities Committee, Fourth Special Report of Session 2021–22, *Menopause and the workplace survey results*, HC 1157

60 Channel 4, 'Davina McCall: Sex, Myths and the Menopause' (first broadcast 12 May 2021), accessed 3 July 2022

61 "Menopause care is included in GP curriculum, says College", Royal College of General Practitioners press release, 12 May 2021

62 "Menopause care is included in GP curriculum, says College", Royal College of General Practitioners press release, 12 May 2021

63 Q14

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65 BEIS (MEW0079)

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67 Q154

68 Royal College of Obstetricians and Gynaecologists, *Better for women: Improving the health and wellbeing of girls and women*, December 2019

69 Wellbeing of Women (MEW0066)

70 Q35

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73 Q146

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78 Q149

79 Qq149–151

80 Q155, Q175, Q177

81 Q175

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84 "Women struggling to 'sleep and work competently' amid England's HRT shortages", *The Guardian*, 21 April 2022 ; "Sleepless nights for women due to HRT shortage - BBC News" , *BBC News*, 22 April 2022

85 "Doctor urges women to stop swapping HRT medication with strangers", *Daily Mail Online*, 15 April

2022; "Shortage in menopause medicine forcing women to swap drugs with strangers | UK News | Sky News" 17 April 2022; "Women warned not to swap HRT drugs amid supply issues | Evening Standard", 27 April 2022

86 "Madelaine McTernan named as new HRT tsar", *BBC News*, 29 April 2022

87 Oestrogel®, Ovestin® cream and Premique Low Dose®

88 "Three-month limit for 3 HRT products to ensure continued access", Department of Health and Social Care press release, 29 April 2022

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90 "Postcode lottery for menopause drugs: As outcry over HRT supply crisis grows, audit reveals many women are being let down because they cannot access alternative treatment", *Daily Mail*, 25 April 2022; "Red tape leaves HRT 'stuck in warehouses", *The Daily Telegraph*, 10 May 2022

91 Letter dated 12 May 2022 from the Chair of the Committee to Maria Caulfield MP, Parliamentary Under Secretary of State for Primary Care and Patient Safety, Department of Health and Social Care

92 Letter dated 25 May 2022 from Maria Caulfield MP, Parliamentary Under Secretary of State for Primary Care and Patient Safety, Department of Health and Social Care, to the Chair of the Committee

93 CIPD, *The menopause at work: Top tips for people professionals*, (March 2019)

94 In February-April 2022 (the latest data available), according to the Official for National Statistics. Office for National Statistics, 'A05 SA: Employment, unemployment and economic inactivity by age group (seasonally adjusted)', 14 June 2022, accessed 3 July 2022

95 Department for Work and Pensions, 'Economic labour market status of individuals aged 50 and over, trends over time: September 2021', accessed 3 July 2022

96 Mrs Sue Johnson (Professional officer in clinical imaging at Society of Radiographers) (MEW0012); Professor Jo Brewis (Professor of People and Organizations at The Open University Business School) (MEW0018); Hilary Carse (MEW0027); Menopause Self Care (MSC) CIC (MEW0041); Christine Wheeler (Pro Bono Administrator at Employment Lawyers Association) (MEW0042); CIPD (MEW0043); Staffordshire University (MEW0050); Health & Her Ltd (MEW0054); HCSA - the hospital doctors' union (MEW0057); Institution of Occupational Safety and Health (IOSH) (MEW0059); Business in the Community (MEW0067); Lewis Silkin LLP (MEW0073)

97 Tania Glyde (MEW0032); University of Glasgow (MEW0069); Trade Union Congress (TUC) (MEW0072); Lewis Silkin LLP (MEW0073); Over The Bloody Moon (MEW0076); The Bar Council (MEW0077)

98 Hilary Carse (MEW0027); Menopause Support (MEW0030); BUPA (MEW0046); M Downie (Academic Strategic Lead at Robert Gordon University Law School) (MEW0062); Brabners LLP (MEW0071); Elaine MacGlone (Equality and Diversity Manager at Law Society of Scotland) (MEW0078)

99 Department for Education, *Menopause transition: effects on women's economic participation*, July 2017

100 Women and Equalities Committee, Fourth Special Report of Session 2021–22, *Menopause and the workplace survey results*, HC 1157

101 Q18

102 Q109

103 CIPD (MEW0043); Dr Camille Cronin (Senior Lecturer at University of Essex) (MEW0056); HCSA - the hospital doctors' union (MEW0057); Institution of Occupational Safety and Health (IOSH) (MEW0059); Anonymous (MEW0060); M Downie (Academic Strategic Lead at Robert Gordon University Law School) (MEW0062); Wellbeing of Women (MEW0066); Business in the Community (MEW0067); International

Menopause Work Consortium (MEW0069); Brabners LLP (MEW0071); Trade Union Congress (TUC) (MEW0072); Lewis Silkin LLP (MEW0073); Over The Bloody Moon (MEW0076); The Bar Council (MEW0077); Edinburgh Business School, Heriot Watt University (MEW0002)

104 Women and Equalities Committee, Fourth Special Report of Session 2021–22, *Menopause and the workplace survey results*, HC 1157

105 Women and Equalities Committee, Fourth Special Report of Session 2021–22, *Menopause and the workplace survey results*, HC 1157

106 "Menopause is at the centre of a growing number of employment tribunal cases" HR Review, 9 August 2021; "Menopause at centre of increasing number of UK employment tribunals", The Guardian, 7 August 2021; "Menopause-related employment tribunal claims on the rise", Personnel Today, 20 November 2021

107 Christine Wheeler (Pro Bono Administrator at Employment Lawyers Association) (MEW0042)

108 Of these, 17 mentioned menopause "only in passing as a background issue...not pertinent to the application or claim", Christine Wheeler (Pro Bono Administrator at Employment Lawyers Association) (MEW0042)

109 Christine Wheeler (Pro Bono Administrator at Employment Lawyers Association) (MEW0042)

110 Q59 [Adam Pavey], Q61 [Colin Davidson]

111 Over The Bloody Moon (MEW0076); The Bar Council (MEW0077); Hilary Baxter (MEW0080)

112 Trade Union Congress (TUC) (MEW0072)

113 Menopause Support (MEW0030); Nottingham Women's Centre (MEW0036)

114 The Bar Council (MEW0077); BEIS (MEW0079); Professor Jo Brewis (Professor of People and Organizations at The Open University Business School) (MEW0018); UNISON (MEW0020); Christine Wheeler (Pro Bono Administrator at Employment Lawyers Association) (MEW0042); Health & Her Ltd (MEW0054); Brabners LLP (MEW0071)

115 Menopause Support (MEW0030); Community (MEW0035); Police Federation of England & Wales (MEW0039); Christine Wheeler (Pro Bono Administrator at Employment Lawyers Association) (MEW0042); CIPD (MEW0043)

116 Q18

117 CIPD (MEW0043)

118 Women and Equalities Committee, Fourth Special Report of Session 2021–22, *Menopause and the workplace survey results*, HC 1157

119 BUPA (MEW0046)

120 BUPA (MEW0046)

121 Christine Wheeler (Pro Bono Administrator at Employment Lawyers Association) (MEW0042); Miss Florence Gregory (Library Assistant at NHS Somerset Foundation Trust) (MEW0053); Brabners LLP (MEW0071); Lewis Silkin LLP (MEW0073); Over The Bloody Moon (MEW0076), The Bar Council (MEW0077); Ms Louise Collins (Community Liaison Manager at University of Chester) (MEW0017); Maria Evans (CEO and Coach at Head-Line Communication Ltd) (MEW0019); Hilary Carse (MEW0027); Menopause Support (MEW0030); Community (MEW0035); Nottingham Women's Centre (MEW0036); Dr Vanessa Beck (Reader in Work and Organisation at University of Bristol) (MEW0038); Staffordshire University (MEW0050); Anonymous (MEW0052); HCSA - the hospital doctors' union (MEW0057); Manchester Metropolitan University (MEW0061); Women in Sport (MEW0064); Business in the Community (MEW0067)

122 Hilary Carse (MEW0027); Ms Kate Muir (Author and volunteer for The Menopause Charity, producer of Channel 4 menopause documentary at Book out Jan 22 - Everything You Need to Know About the Menopause (but were too afraid to ask).) (MEW0033); Christine Wheeler (Pro Bono Administrator at Employment Lawyers Association) (MEW0042); CIPD (MEW0043); Anonymous (MEW0068); Lewis Silkin LLP (MEW0073)

123 Q18 [Professor Brewis]

124 Health & Her Ltd (MEW0054); the submission explained that Censuswide on behalf of Health & Her surveyed 1000 women aged between 50 – 64 and calculated this on the basis of 0.51 hours in a week spent alleviating symptoms* 48 weeks in the year = 24.48 hours spent alleviating symptoms. 24.48 hours * 4,357,000 working women aged 50–64 in the UK (ONS) = 106,659,360 hours / 7.5 hours (working day) = 14,221,248 working days.

125 Q98

126 Q103 [Claire McCartney]

127 Q101

128 Q91 [Nikki Pound]

129 Q101 [Deborah Garlick]

130 Q104 [Deborah Garlick]

131 Q104; Q121 [Sharon Ollivier]

132 A menopause café is an informal peer support group, referred to by: Professor Jo Brewis (Professor of People and Organizations at The Open University Business School) (MEW0018); Nottingham Women's Centre (MEW0036); Dr Vanessa Beck (Reader in Work and Organisation at University of Bristol) (MEW0038); NatWest Group (MEW0040); Christine Wheeler (Pro Bono Administrator at Employment Lawyers Association) (MEW0042); CIPD (MEW0043); Royal College of Obstetricians and Gynaecologists, British Menopause Society, Faculty of Sexual and Reproductive Healthcare (MEW0048); Miss Florence Gregory (Library Assistant at NHS Somerset Foundation Trust) (MEW0053); HCSA - the hospital doctors' union (MEW0057); Business in the Community (MEW0067)

133 Q121 [Sharon Ollivier]

134 Q101

135 Dr Vanessa Beck (Reader in Work and Organisation at University of Bristol) (MEW0038); Peppy (MEW0044); Trade Union Congress (TUC) (MEW0072); Lewis Silkin LLP (MEW0073); Women and Equalities Committee, Fourth Special Report of Session 2021–22, *Menopause and the workplace survey results*, HC 1157

136 ACAS (MEW0049); Q110 [Lynda Bailey]

137 CIPD (MEW0043)

138 Acas, Supporting staff through the menopause: Menopause at work - Acas accessed 3 July 2022

139 Wales TUC, The menopause in the workplace - A toolkit for trade unionists Wales TUC Cymru | TUC accessed on 3 July 2022

140 European Menopause and Andropause Society, Menopause in the Workplace – European Menopause and Andropause Society (emas-online.org) accessed on 3 July 2022

141 Faculty of Occupational Medicine, Advice on the menopause (fom.ac.uk), accessed on 3 July 2022

142 CIPD, Let's talk menopause | CIPD Guidance, accessed on 3 July 2022

143 Menopause in the Workplace, Menopause at Work Training | Henpicked: Menopause in the Workplace accessed on 3 July 2022

144 UNISON (MEW0020); Institution of Occupational Safety and Health (IOSH) (MEW0059); Community (MEW0035); Dr Vanessa Beck (Reader in Work and Organisation at University of Bristol) (MEW0038); Police Federation of England & Wales (MEW0039); Christine Wheeler (Pro Bono Administrator at Employment Lawyers Association) (MEW0042); BUPA (MEW0046); Business in the Community (MEW0067); HCSA - the hospital doctors' union (MEW0057); Trade Union Congress (TUC) (MEW0072)

145 BUPA (MEW0046); Brabners LLP (MEW0071); Department for Education's Menopause Network (Staff Network) (MEW0074); UNISON (MEW0020); Community (MEW0035)

146 Business in the Community (MEW0067)

147 Bristol Women's Commission (MEW0058)

148 Staffordshire University (MEW0050)

149 Tania Glyde (MEW0032)

150 Paul Scully MP was appointed Minister of State at the Department for Levelling Up, Housing and Communities on 7 July 2022

151 Q158 and Q169. ASOS offers flexible working, working from home and short notice leave for employees experiencing menopause, as well as up to six weeks paid leave for a range of wider health-related and other life events - ASOS, "ASOS launches new policies to provide support for employees going through important health-related life events | ASOS plc", accessed on 3 July 2022

152 Edinburgh Business School, Heriot Watt University (MEW0002); Vodaphone (MEW0004); Anonymous (MEW0014); Professor Jo Brewis (Professor of People and Organizations at The Open University Business School) (MEW0018); UNISON (MEW0020); The Latte Lounge (MEW0023); Community (MEW0035); Nottingham Women's Centre (MEW0036); NatWest Group (MEW0040); Menopause Self Care (MSC) CIC (MEW0041); Christine Wheeler (Pro Bono Administrator at Employment Lawyers Association) (MEW0042); CIPD (MEW0043); BUPA (MEW0046); Centre for Ageing Better (MEW0047); Royal College of Obstetricians and Gynaecologists, British Menopause Society, Faculty of Sexual and Reproductive Healthcare (MEW0048); Miss Florence Gregory (Library Assistant at NHS Somerset Foundation Trust) (MEW0053); Bristol Women's Commission (MEW0058);Institution of Occupational Safety and Health (IOSH) (MEW0059); Women and Equalities Committee, Fourth Special Report of Session 2021–22, *Menopause and the workplace survey results*, HC 1157

153 Women and Equalities Committee, Fifth report: Unequal impact? Coronavirus and the gendered economic impact, HC 385

154 Department of Business, Energy and Industrial Strategy, Making flexible working the default, 23 September 2021 (now closed), accessed 3 July 2022

155 Qq70–71

156 Q171

157 Department of Business, Energy and Industrial Strategy, Making flexible working the default, 23 September 2021 (now closed), accessed 3 July 2022

158 Peppy (MEW0044); Miss Florence Gregory (Library Assistant at NHS Somerset Foundation Trust) (MEW0053); Women in Sport (MEW0064); Over The Bloody Moon (MEW0076)

159 Royal College of Obstetricians and Gynaecologists, British Menopause Society, Faculty of Sexual and Reproductive Healthcare (MEW0048)

160 CIPD (MEW0043)

161 Qq88–89

162 Q107 [Nikki Pound]; Q108 [Deborah Garlick, Claire McCartney]

163 Tania Glyde (MEW0087)

164 Q33 and Q42

165 Q43

166 Q122

167 Q108

168 BEIS (MEW0079)

169 50 PLUS Choices Employer Taskforce, Menopause and employment: how to enable fulfilling working lives, 25 November 2021

170 Department for Work and Pensions, Menopause and the Workplace: How to enable fulfilling working lives: government response, government response, 18 July 2022

171 "National unite to tackle menopause taskforce", Department for Health and Social Care press release, 4 February 2022", Department for Health and Social Care press release, 4 February 2022

172 Q158

173 Dr Vanessa Beck (Reader in Work and Organisation at University of Bristol) (MEW0038); Police Federation of England & Wales (MEW0039); HCSA - the hospital doctors' union (MEW0057);M Downie (Academic Strategic Lead at Robert Gordon University Law School) (MEW0062); Lewis Silkin LLP (MEW0073); Mrs Sue Johnson (Professional officer in clinical imaging at Society of Radiographers) (MEW0012); Ms Louise Collins (Community Liaison Manager at University of Chester) (MEW0017)

174 Q20

175 Q92

176 Health and Safety at Work etc. Act 1974 section 21 provides that, where an inspector is of the opinion that a person is contravening one or more of the relevant statutory provisions, or has contravened one or more of those provisions in circumstances that make it likely that the contravention will continue or be repeated, s/he may serve an improvement notice. The notice requires the person to remedy the contravention or the matters occasioning it.

177 Health and Safety at Work etc. Act 1974 section 22 allows an inspector to serve a prohibition notice on a person if s/he is of the opinion that an activity carried on (or likely to be carried on) by or under the control of that person involves (or will involve) a risk of serious personal injury. A prohibition notice will direct that the activity should not be carried on by or under the control of the person on whom the notice is served unless the matters giving rise to the inspector's opinion have been remedied.

178 ACAS (MEW0049)

179 Trade Union Congress (TUC) (MEW0072)

180 Institution of Occupational Safety and Health (IOSH) (MEW0059)

181 Acas, Menopause and the law: Menopause at work, accessed 3 July 2022

182 The ELA describe themselves as "an unaffiliated and non-political group of specialists in the field of employment law. We are made up of about 6,000 lawyers who practice in the field of employment law[....]ELA's role is not to comment on the political merits or otherwise of proposed legislation or calls for evidence. We make observations from a legal standpoint": Christine Wheeler (Pro Bono Administrator at Employment Lawyers Association) (MEW0042)

183 Q49

184 Q53

185 Q21

186 Q84

187 Q92

188 Q159

189 Q159 [Michael Warren, Minister Paul Scully]

190 Q160 [Minister Paul Scully]

191 Equality Act 2010, section 13; where a person is treated less favourably than someone else has been treated (or would be treated) because of a protected characteristic under the Equality Act.

192 Equality Act 2010, section 15

193 Equality Act 2010, section 19; this applies when there is a 'provision, criterion or practice' that applies in the same way for everybody but disadvantages a group of people who share a protected characteristic, including the potential claimant. The person or organisation applying the policy must show that there is a good reason for it (known as 'objective justification').

194 Equality Act 2010, section 21

195 Equality Act 2010, section 26

196 Equality Act 2010, section 27

197 Equality Act 2010, section 4

198 Equality Act 2010, part 3

199 Equality Act 2010, part 4

200 Equality Act 2010, part 5

201 Equality Act 2010, part 6

202 Equality Act 2010, part 7

203 Equality Act 2010, part 10

204 Equality Act 2010, part 11

205 Equality Act 2010, part 12

206 Brabners LLP (MEW0071); Trade Union Congress (TUC) (MEW0072); Lewis Silkin LLP (MEW0073); The Bar Council (MEW0077); Elaine MacGlone (Equality and Diversity Manager at Law Society of Scotland) (MEW0078); Discrimination Law Association (MEW0081)

207 Merchant v BT plc [2012] ET/140135/11: The Employment Tribunal found that a male comparator would have been referred to Occupational Health for further investigation and therefore this amounted to direct sex discrimination.

208 A v Bonmarche Ltd (in administration) 4107766/2019: The tribunal judge found that treatment of the claimant amounted to direct sex discrimination and age discrimination as well as harassment on the grounds of age and sex.

209 Donnachie v Telent Technology Services Ltd 1300005/2020, The judge concluded that the claimant, due to her menopause symptoms, was disabled. See also Ms Mandy Davies v Scottish Courts and Tribunals Service 4104575/2017 and Ms A Kownacka v Textbook Teachers Limited 2602697/2018

210 Christine Wheeler (Pro Bono Administrator at Employment Lawyers Association) (MEW0042)

211 Acas, Menopause and the law: Menopause at work, accessed 3 July 2022

212 Q79 [Colin Davidson]; Discrimination Law Association (MEW0081)

213 Q80 [Marian Bloodworth]; Christine Wheeler (Pro Bono Administrator at Employment Lawyers Association) (MEW0042)

214 Trade Union Congress (TUC) (MEW0072)

215 CIPD (MEW0043)

216 Equality Act 2010, section 13

217 Discrimination Law Association (MEW0081)

218 Cloisters Chambers (MEW0082)

219 Christine Wheeler (Pro Bono Administrator at Employment Lawyers Association) (MEW0042)

220 Discrimination Law Association (MEW0081); Q64 [Colin Davidson]

221 M Downie (Academic Strategic Lead at Robert Gordon University Law School) (MEW0062); Elaine MacGlone (Equality and Diversity Manager at Law Society of Scotland) (MEW0078)

222 Discrimination Law Association (MEW0081)

223 Equality Act 2010, section 15. Section 6 sets out the definition of disability for the purposes of the Equality Act, requiring a Claimant to demonstrate a "mental or physical impairment" which has a "substantial" and "long-term" negative effect on their ability to perform daily activities

224 Q54

225 Discrimination Law Association (MEW0081)

226 Police Federation of England & Wales (MEW0039)

227 Lewis Silkin LLP (MEW0073)

228 Cloisters Chambers (MEW0082)

229 Q54

230 Brabners LLP (MEW0071)

231 Discrimination Law Association (MEW0081)

232 Cloisters Chambers (MEW0082)

233 Police Federation of England & Wales (MEW0039)

234 Q55

235 Discrimination Law Association (MEW0081)

236 International Menopause Work Consortium (MEW0069); Q44 [Karen Arthur]; Q72 [Colin Davidson]

237 Q21

238 BEIS (MEW0079); Discrimination Law Association (MEW0081).

239 Q21 [Professor Brewis]; International Menopause Work Consortium (MEW0069); Discrimination Law Association (MEW0081)

240 CIPD (MEW0043)

241 Institution of Occupational Safety and Health (IOSH) (MEW0059)

242 Institution of Occupational Safety and Health (IOSH) (MEW0059)

243 CIPD (MEW0043). The Menopause Manifesto calls on the Government to: 1. Ensure that menopause is referenced as a priority issue in its own public policy agenda on work, diversity and inclusion 2. Nominate a Menopause Ambassador to represent the interests of women experiencing menopause transition across Government departments. 3. Support an employer led campaign to raise awareness of the menopause as a workplace issue: CIPD, The CIPD launch policy manifesto for menopause at work | CIPD, 18 October 2019, accessed 3 July 2022

244 Discrimination Law Association (MEW0081)

245 Q21

246 Q72

247 Dr Vanessa Beck (Reader in Work and Organisation at University of Bristol) (MEW0038)

248 50 PLUS Choices Employer Taskforce, Menopause and employment: how to enable fulfilling working lives, 25 November 2021

249 Q164

250 Letter dated 25 May 2022 from Minister for Work & Pensions (Lords) and Minister for Women relating to Menopause and the workplace

251 Discrimination Law Association (MEW0093)

252 Employment Lawyers Association (MEW0092)

253 Employment Lawyers Association (MEW0092)

254 Discrimination Law Association (MEW0081)

255 The Bar Council (MEW0077)

256 Elaine MacGlone (Equality and Diversity Manager at Law Society of Scotland) (MEW0078)

257 Brabners LLP (MEW0071); Lewis Silkin LLP (MEW0073); Adam Pavey (MEW0086)

258 Anonymous (MEW0005)

259 Cloisters Chambers (MEW0082); Staffordshire University (MEW0050); HCSA - the hospital doctors' union (MEW0057); Over The Bloody Moon (MEW0076)

260 Adam Pavey (MEW0086)

261 Christine Wheeler (Pro Bono Administrator at Employment Lawyers Association) (MEW0042)

262 Cloisters Chambers (MEW0082), HCSA - the hospital doctors' union (MEW0057), Mrs Sue Johnson (Professional officer in clinical imaging at Society of Radiographers) (MEW0012); Police Federation of England & Wales (MEW0039)

263 Equality Act, section 17 (non-work cases) and section 18 (work cases)

264 HCSA - the hospital doctors' union (MEW0057)

265 Police Federation of England & Wales (MEW0039)

266 Cloisters Chambers (MEW0082)

267 Cloisters Chambers (MEW0082)

268 Christine Wheeler (Pro Bono Administrator at Employment Lawyers Association) (MEW0042)

269 Discrimination Law Association (MEW0081)

270 Discrimination Law Association (MEW0081)

271 Q77 [Marian Bloodworth]; Q78 [Colin Davidson]; Q83 [Colin Davidson]

272 M Downie (Academic Strategic Lead at Robert Gordon University Law School) (MEW0062); Christine Wheeler (Pro Bono Administrator at Employment Lawyers Association) (MEW0042)

273 Christine Wheeler (Pro Bono Administrator at Employment Lawyers Association) (MEW0042)

274 Q80

275 Q164

276 Letter dated 25 May 2022 from Minister for Work & Pensions (Lords) and Minister for Women relating to Menopause and the workplace

277 Women's Health Concern, HRT: Benefits and risks, accessed on 3 July 2022

278 A clinical randomised trial; more information is available at Women's Health Concern, HRT: Benefits and risks, accessed on 3 July 2022

279 An observational questionnaire study; more information is available at Women's Health Concern, HRT: Benefits and risks, accessed on 3 July 2022

280 Women's Health Concern, HRT: Benefits and risks, accessed on 3 July 2022

281 Women's Health Concern, HRT: Benefits and risks, accessed on 3 July 2022 and British Menopause Society, Benefits and risks of HRT before and after a breast cancer diagnosis, accessed on 3 July 2022

282 NHS, Benefits and risks: Hormone replacement therapy (HRT), accessed 3 July 2022, describes the risks as:
a) a small increase in the risk of breast cancer from combined HRT
b) a small increase in the risk of blood clots (from HRT in tablet form)
c) a small increase in the risk of stroke (HRT tablets only), however when HRT is started before 60, it does not significantly increase the risk of cardiovascular disease and may decrease it

283 Cancer Research UK, Does hormone replacement therapy (HRT) increase cancer risk?, accessed on 3 July 2022

284 National Institute for Clinical Excellence, Menopause: diagnosis and management, accessed on 3 July 2022

285 Ms Kate Muir (MEW0033); Ms M Sasso (EMEA Financial Services Chief Technologist at Red Hat) (MEW0070); BEIS (MEW0079); Mrs Maureen Montague (Executive Officer at University of Greenwich) (MEW0051); Dr Camille Cronin (Senior Lecturer at University of Essex) (MEW0056)]

286 BEIS (MEW0079)

287 Q11 [Dr Arif] and Q16 [Dr Arif, Dr Currie]

288 Q16

289 Department of Health and Social Care, 'Our Vision for the Women's Health Strategy for England', 23 December 2021, accessed 3 July 2022

290 Q147

291 Q147

292 Q147

293 CIPD, *The menopause at work: Top tips for people professionals*, (March 2019)

294 Women and Equalities Committee, Fourth Special Report of Session 2021–22, *Menopause and the workplace survey results*, HC 1157

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