

## Menopause at Work Policy

*NIPEC/21/17*

*November 2021*

NIPEC is required to address the 4 questions below in relation to all its policies. This template sets out a proforma to document consideration of each question.

1. What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories (minor / major / none)?
2. Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories?
3. To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group (minor / major / none)?
4. Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?

As part of the audit trail documentation needs to be made available for all policies and decisions examined for equality and human rights implications. The screening template is a pro forma to document consideration of each screening question.

**For information (evidence, data, research etc.) on the Section 75 equality groups see the Equality Portal - [Screening Resources & Evidence](#).**

# **(1) INFORMATION ABOUT THE POLICY OR DECISION**

## **1.1 Title of policy or decision**

### **Menopause at Work Policy**

## **1.2 Description of policy or decision**

- **what is it trying to achieve? (aims and objectives)**
- **how will this be achieved? (key elements)**
- **what are the key constraints? (for example financial, legislative or other)**

The NI Practice and Education Council (NIPEC) is committed to providing inclusive and supportive working environments for all. Women make up 79% of the HSC workforce and with an ageing workforce, as a result of later retirement ages, increasing numbers of women are working whilst experiencing the menopause.

This menopause policy and supporting guidance are intended to provide clarity and direction on how NIPEC should deal with menopause related issues, for individuals experiencing difficulties associated with the menopause.

Employers are responsible for the health and safety of all their employees. They must also proactively support an age-diverse workforce. Employers also need to be aware of protecting women from discrimination on the grounds of gender and age.

The policy sets out the key principles to which NIPEC should adhere to, to ensure that individuals affected by the menopause or perimenopause are treated fairly and given the appropriate support.

The Policy aims to ensure that managers and employees recognise their responsibility to:

- understand the menopause and related issues and how it can affect staff and their work colleagues;
- raise wider awareness and understanding among employees and to outline support and adjustments that are available;
- ensure a consistent approach in the management of employees that are struggling whilst at work with menopausal symptoms and subsequently;
- reduce menopause related sickness absence and promote the retention of menopausal employees in an attempt to retain a skilled and experienced workforce within the organisation;
- foster an environment in which employees can openly and comfortably instigate conversations, or engage in discussions about menopause.

The aims of the Policy will be achieved through the following objectives:

- Provide a clear definition of what the menopause is, the stages of menopause, when it occurs, what happens, potential impact on performance at work, and the responsibilities of different groups within the organisation.

- Provide guidance on how to support employees going through menopause.

### **1.3 Main stakeholders affected (internal and external)**

**For example staff, actual or potential service users, other public sector organisations, voluntary and community groups, trade unions or professional organisations or private sector organisations or others**

NIPEC staff and Council members (including Agency and Bank staff)  
Trade Union / Professional bodies

### **1.4 Other policies or decisions with a bearing on this policy or decision**

- **what are they?**
- **who owns them?**

NIPEC Policies as follows:

- Attendance at Work Policy
- Attendance at Work Procedure
- Leave Pack

Legislation:

- Sex Discrimination (NI) Order 1976
- Disability Discrimination Act (DDA) 1995
- Employment Equality (Age) regulations (NI)2006

## **(2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED**

### **2.1 Data gathering**

**What information did you use to inform this equality screening? For example previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints. Provide details of how you involved stakeholders, views of colleagues, service users, staff side or other stakeholders.**

NIPEC staff data as at June 2021  
NIPEC Council data as at March 2015  
NMC Equality and Diversity NI data 2020/21  
NMC Equality and Diversity UK data 2019/20  
NI HSC Workforce Census as at March 2020  
Census 2011  
NISRA  
NI Life and Times Survey (NILT) 2016 / 2018  
Office for National Statistics (ONS) Sexual Orientation UK 2017  
The Gender Identity Research and Education Society (GIRES)

## 2.2 Quantitative Data

**Who is affected by the policy or decision? Please provide a statistical profile. Note if policy affects both staff and service users, please provide profile for both.**

**Please note:**

- NMC Equality and Diversity NI data relates to 26,151 nurses and midwives who were on the NMC permanent register with an address in NI as at 31<sup>st</sup> March 2021.
- NMC Equality and Diversity UK data relates to the 716,607 nurses and midwives who were on the NMC register on 31<sup>st</sup> March 2020.

<b>Category</b>	<b><i>What is the makeup of the affected group? (%) Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?</i></b>
Gender	<p>As at June 2021, current figure indicate 91.67% of NIPEC workforce is female and 8.33% is male whilst a survey of NIPEC Council members in March 2015, show 76.9% are female and 23.1% are male</p> <p>NMC Equality and Diversity data for NI in 2020/21 reports 92% on the permanent register identify as female, whilst 8% identify as male (slight difference from the UK where 89% identify as female and 11% as male).</p> <p>NI HSC Workforce Census as at March 2020 reports females represented 92% of nursing and midwifery staff, with 57% working full time. Males represented 8% of the nursing and midwifery workforce, with 90% working full time. NI HSC Workforce Census also reports that 79% of HSC employees are female with 56% working full time.</p> <p>Most recent mid-year population estimates for NI was 1,851,600; male 49%; female 51% (NISRA, 2017)</p> <p>The Gender Identity Research and Education Society (GIREs) estimate the number of gender nonconforming employees and service users, based on the information that GIREs assembled for the Home Office (2011) and subsequently updated (2014):</p> <ul style="list-style-type: none"> <li>• gender variant to some degree 1%</li> <li>• have sought some medical care 0.025%</li> <li>• having already undergone transition 0.015%</li> </ul> <p>The numbers who have sought treatment seems likely to continue growing at 20% per annum or even faster. Few younger people present for treatment despite the fact that most gender variant adults report experiencing the condition from a very early age. Yet, presentation for treatment among young people is growing even more rapidly (50% p.a.). Organisations should assume that there may be nearly equal numbers of people transitioning from male to female (trans women) and from female to male (trans men).</p>

	<p>Applying GIRES figures to NI population (using NISRA mid-year population estimates for June 2018) N=1,881,600:</p> <ul style="list-style-type: none"> <li>• 18,816 people who do not identify with gender assigned to them at birth</li> <li>• 470 likely to have sought medical care</li> <li>• 282 likely to have undergone transition.</li> </ul>
Age	<p>As at June 2021, figures indicate NIPEC's workforce falls within the following age groups:</p> <p>35-39 – 8.33%  40-44 – 8.33%  45-49 – 0%  50-54 – 25%  55-59 – 25%  60-64 – 25%  &gt;65 – 8.33%</p> <p>As at March 2015, figures indicate NIPEC's Council falls within the following age groups:</p> <p>16-24 – 0  25-34 – 7.7%  35-49 – 38.5%  50-64 – 38.5%  65-74 – 15.3%</p> <p>NMC Equality and Diversity data for NI in 2020/21 reports 8.75% on the permanent register are aged 61 and over; 25.92% are aged 51-60; 23.01% are aged 41-50; 24.33% are aged 31-40; and 17.96% are aged between 21 and 30. (<b>NB:</b> there was a 5% rise in the combined number of people aged 21-40 and the combined number of people aged 56 and above also increased by 6.2%)</p> <p>NI HSC Workforce Census as at March 2020 reports that 43% of nursing and midwifery staff were aged under 40; 25% were aged 40-59; and 32% were over 50 years of age.</p> <p>Menopause occurs between 45-55 years for most women, and in the UK the average is 51 years. In HSC, 22% of the total workforce is female aged 45-54 years (just over 1 in 5 people) with a further 10% in the 40-44 years.</p> <p>Mid-year population estimates published by NISRA in 2019 show that:</p> <p>0-19 (inclusive) = 485,064 (25.7% of all NI population)  20 – 34 = 364,623 (19.3%)  35 – 49 = 366,967 (19.5%)  50 - 64 = 356,790 (19.0%)  65 – 74 = 169,725 (9.0%)  75 – 89 = 125,334 (6.6%)  90+ = 13,138 (0.7%)</p> <p><a href="https://www.nisra.gov.uk/statistics/population/mid-year-population-estimates">https://www.nisra.gov.uk/statistics/population/mid-year-population-estimates</a></p> <p>NISRA estimated and projected population by age, mid-2016 to mid-2041 show that in 2016, 20.8% of the NI Population were aged 0-15 years, and this is projected to decrease 18.2% in 2041. The proportion of adults aged</p>

	<p>16-64 in 2016 was 63.2% of the whole population, set to decrease to 57.2 by 2041. However, the proportion of people aged 65 years and over is projected to rise from 16.0% in 2016 to 24.5% in 2041, overtaking the numbers of children.</p> <p><a href="https://www.nisra.gov.uk/publications/2016-based-population-projections-northern-ireland-statistical-bulletin-charts">https://www.nisra.gov.uk/publications/2016-based-population-projections-northern-ireland-statistical-bulletin-charts</a></p>
Religion	<p>As at June 2021, figures for NIPEC workforce indicate 41.67% are Protestant, 33.33% are Catholic, 8.33% are neither and 16.67% are unknown.</p> <p>A survey of NIPEC Council members in March 2015 found 76.9% are Christian, 7.7% had no religious beliefs and 15.4% stated 'other' in their response.</p> <p>NMC Equality and Diversity data for NI in 2020/21 reports 78.8% on the permanent register are Christian; 7.36% are either unknown or prefer not to answer; 11.09% state no religion; 0.17% are Muslim; 0.45% are Hindu/Buddhist/Jewish/Sikh; and 2.15% other.</p> <p>NI HSC Workforce Census for this group is unavailable.</p> <p>Census 2011 figures for NI indicate:</p> <ul style="list-style-type: none"> <li>• 45.14% (817,424) are either Catholic or brought up as Catholic</li> <li>• 48.36% (875,733) are Protestant or brought up as Protestant</li> <li>• 0.92% (16,660) belong to or had been brought up in other religions and philosophies</li> <li>• 5.59% (101,220) neither belonged to, nor had been brought up in a religion.</li> <li>• Catholic - 40.76% (738,108)</li> <li>• Presbyterian Church in Ireland – 19.06% (345,150)</li> <li>• Church of Ireland – 13.74% (248,813)</li> <li>• Methodist Church in Ireland – 3% (54,326)</li> <li>• Other Christina (including Christian related) – 5.76% (104,308)</li> <li>• Other religions – 0.82% (14,849)</li> <li>• No religion – 10.11% (183,078)</li> <li>• Did not state religion – 6.75% (122,233)</li> </ul>
Political Opinion	<p>As at June 2021, the political opinion of 66.67% of NIPEC's workforce was unknown, 16.67% stated they were broadly Unionist, whilst 16.66% of the workforce stated 'other' or did not wish to answer.</p> <p>Data available for NIPEC Council has been taken into consideration but has been withheld from publication as numbers are relatively small and individuals could be identified.</p> <p>There is no NMC Equality and Diversity NI or UK data for this group.</p> <p>NI HSC Workforce Census for this group is unavailable.</p> <p>NI Population (NILT) 2016:</p> <ul style="list-style-type: none"> <li>• Unionist - 29%</li> <li>• Nationalist - 24%</li> <li>• Neither -46%</li> <li>• Other/don't know - 2%</li> </ul>

<p>Marital Status</p>	<p>As at June 2021, figures indicate 66.67% of NIPEC's workforce is married or in a civil partnership, whilst 33.33% are unknown.</p> <p>A survey of NIPEC Council members in March 2015 found 84.6% are married or in a civil partnership, whilst 15.4% stated 'other' in their response.</p> <p>There is no NMC Equality and Diversity NI or UK data for this group.</p> <p>NI HSC Workforce Census for this group is unavailable.</p> <p>Northern Ireland Life and Times (2018):</p> <p>Single (never married) - 32%</p> <p>Married and living with husband/wife - 51%</p> <p>A civil partner in a legally-registered civil partnership - 0%</p> <p>Married and separated from husband/wife - 3%</p> <p>Divorced - 6%</p> <p>Widowed - 7%</p> <p>Civil partnerships:</p> <p>Annual Reports of the Registrar General for NI show that between 2005 to 2018 inclusive, there have been 1298 civil partnerships registered in NI  <a href="https://www.nisra.gov.uk/statistics/births-deaths-and-marriages/registrar-general-annual-report">https://www.nisra.gov.uk/statistics/births-deaths-and-marriages/registrar-general-annual-report</a></p>
<p>Dependent Status</p>	<p>Full data not available, however, the majority of NIPEC staff are female plus anecdotal evidence indicates about half of NIPEC's workforce have some form of caring responsibilities for family member(s), eg. spouse, elderly parent(s), and/or children in full time education.</p> <p>A survey of NIPEC Council members in March 2015 found 75% had caring responsibilities for either a child, a dependent older person or a person(s) with a disability.</p> <p>There is no NMC Equality and Diversity NI or UK data for this group.</p> <p>NI HSC Workforce Census for this group is unavailable.</p> <p>Census 2011 figures for NI report:</p> <ul style="list-style-type: none"> <li>• 11.81% of the resident population provide unpaid care to family members, friends, neighbours</li> <li>• 3.11% provided 50 hours of care or more</li> <li>• 33.86% of households contain dependent children</li> <li>• 40.29% contained at least one person with a long-term health problem or a disability.</li> </ul> <p>NI Health Survey (2018) reports 17% of respondents were carers (21% of women and 13% of men).</p> <p>Carers NI:</p> <ul style="list-style-type: none"> <li>• 1 in every 8 adults is a carer</li> <li>• 2% of 0-17 year olds are carers, based on the 2011 Census</li> <li>• There are approximately 220,000 carers in Northern Ireland (</li> <li>• Any one of us has a 6.6% chance of becoming a carer in any year</li> <li>• One quarter of all carers provide over 50 hours of care per week</li> <li>• People providing high levels of care are twice as likely to be</li> </ul>

	<p>permanently sick or disabled than the average person</p> <ul style="list-style-type: none"> <li>• 64% of carers are women; 36% are men.</li> </ul> <p>Carers NI: State of Caring 2019 Annual survey (UK wide, including NI):</p> <ul style="list-style-type: none"> <li>• 2 in 5 carers (39%) responding reported being in paid work.</li> <li>• 38% of all carers reported that they had given up work to care.</li> <li>• 18% had reduced their working hours.</li> <li>• 1 in 6 carers (17%) said that they work the same hours but their job is negatively affected by caring, for example because of tiredness, lateness, and stress.</li> <li>• 12% of carers said they have had to take a less qualified job or have turned down a promotion to fit around their caring responsibilities.</li> <li>• Just over 1 in 10 carers (11%) said they had retired early to care.</li> <li>• Only 4% of respondents of all ages said that caring has had no impact on their capacity to work.</li> <li>• Only one quarter (25%) of carers who aren't yet retired and had an assessment in the last year felt that their need to combine paid work and caring was sufficiently considered in their carer's assessment.</li> <li>• Carers who are not yet retired were also asked about their future plans and 53% said they are not able to save for their retirement.</li> <li>• Some carers are saving or have saved less for their retirement with 17% saying they did this because their working hours were reduced.</li> </ul>
Disability	<p>As at June 2021, 75% of NIPEC's workforce stated they do not have a disability, no-one stated they have a disability, whilst 25% of the workforce was unknown.</p> <p>A survey of NIPEC Council members found 76.8% did not consider they had a disability, whilst 23.1% stated they did, citing either a mental health condition or a long standing illness such as cancer, HIV, diabetes, chronic heart disease or epilepsy.</p> <p>NMC Equality and Diversity data for NI in 2020/21 reports 93.57% on the permanent register state they do not have a disability, 2.8% state they do, and 3.59% are unknown or prefer not to answer.</p> <p>NI HSC Workforce Census for this group is unavailable.</p> <p>Census 2011 figures for NI report:</p> <ul style="list-style-type: none"> <li>• 20.69% (374, 668) regard themselves as having a disability or long – term health problem, which has an impact on their day to day activities.</li> <li>• 68.57% (1, 241709) of residents did not have long – term health condition.</li> <li>• Deafness or partial hearing loss – 5.14% (93, 078)</li> <li>• Blindness or partial sight loss – 1.7% (30, 785)</li> <li>• Communication Difficulty – 1.65% (29, 879)</li> <li>• Mobility of Dexterity Difficulty – 11.44% (207, 163)</li> <li>• A learning, intellectual, social or behavioural difficulty - 2.22% (40, 201)</li> <li>• An emotional, psychological - 5.83% (105, 573) or mental health condition</li> <li>• Long – term pain or discomfort – 10.10% (182, 897)</li> <li>• Shortness of breath or difficulty breathing – 8.72% (157, 907)</li> <li>• Frequent confusion or memory loss – 1.97% (35, 674)</li> <li>• A chronic illness (such as cancer, HIV, diabetes, heart disease or</li> </ul>

	<p>epilepsy. – 6.55% (118, 612)</p> <ul style="list-style-type: none"> <li>• Other condition – 5.22% (94, 527)</li> <li>• No Condition – 68.57% (1, 241, 709)</li> </ul> <p>Health Survey NI (2017/18 – published 2019):</p> <ul style="list-style-type: none"> <li>• 43% longstanding illness (32% limiting and 11% non-limiting illness)</li> <li>• Females (44%) were more likely than males (40%) to have a long-term condition.</li> <li>• Prevalence also increased with age with 22% of those aged 16-24 reporting a long-term condition compared with 70% of those aged 75 and over.</li> <li>• Four-fifths of respondents (81%) had contact with the Health and Social Care System in Northern Ireland</li> <li>• Of these, 84% were either very satisfied or satisfied with their experience</li> <li>• A fifth (21%) reported high levels of anxiety, while 45% reported very low levels</li> </ul> <p>Health Inequalities Annual Report 2019:  <a href="https://www.health-ni.gov.uk/news/health-inequalities-annual-report-2019">https://www.health-ni.gov.uk/news/health-inequalities-annual-report-2019</a></p>
Ethnicity	<p>Full data on NIPEC’s workforce is not available, however, anecdotal evidence suggests staff are white and/or of European origin.</p> <p>A survey of NIPEC Council members found 7.7% were from an ethnic background, whilst 92.3% are white.</p> <p>NMC Equality and Diversity data for NI in 2020/21 reports 88.85% on the permanent register are white, 2.2% are unknown or prefer not to say, 1.04% are Black/African/Caribbean, 6.85% are Asian Bangladeshi/Chinese/Indian/Pakistani/Filipino or Arab, and 1.06% are mixed/multiple Ethnic/other Ethnic group.</p> <p>NMC note that just under 20% of UK registrants are from ethnic minority groups.</p> <p>NI HSC Workforce Census for this group is unavailable.</p> <p>Census 2011 figures for NI report:</p> <ul style="list-style-type: none"> <li>• White – 98.21% (1, 778, 449)</li> <li>• Chinese – 0.35% (6, 338)</li> <li>• Irish Traveller – 0.07% (1, 268)</li> <li>• Indian – 0.34% (6, 157)</li> <li>• Pakistani – 0.06% (1, 087)</li> <li>• Bangladeshi – 0.03% (543)</li> <li>• Other Asian – 0.28% (5, 070)</li> <li>• Black Caribbean – 0.02% (362)</li> <li>• Black African – 0.13% (2354)</li> <li>• Black Other – 0.05% (905)</li> <li>• Mixed – 0.33% (5976)</li> <li>• Other – 0.13% (2354)</li> <li>• (1.8% 32,596 of the usual resident population belonged to minority ethnic groups)</li> </ul> <p>In addition, Census 2011 figures for NI report the following for language</p>

	<p>spoken by those aged 3 and over:</p> <ul style="list-style-type: none"> <li>• English – 96.86% (1, 681, 210)</li> <li>• Polish – 1.02% (17, 704)</li> <li>• Lithuanian – 0.36% (6, 249)</li> <li>• Irish (Gaelic) – 0.24% (4, 166)</li> <li>• Portuguese – 0.13% (2, 256)</li> <li>• Slovak – 0.13% (2, 256)</li> <li>• Chinese – 0.13% (2, 256)</li> <li>• Tagalog/Filipino – 0.11% (1, 909)</li> <li>• Latvian – 0.07% (1, 215)</li> <li>• Russian – 0.07% (1, 215)</li> <li>• Hungarian – 0.06% (1, 041)</li> <li>• Other – 0.75% (13, 018)</li> </ul> <p>The most recently published population-based data (NI Pooled Household Survey (NIPHS) tables, published 2017) suggests that in 2014/15 the ethnic breakdown in NI was: Ethnicity White – 98.2% (1,409,000); all other Ethnicities – 1.7% (26,000).</p>
<p>Sexual orientation</p>	<p>Full data not available for NIPEC’s workforce, but NI population estimate is 1.2% of the household population identifying as lesbian, gay or bisexual.</p> <p>A survey of NIPEC Council members found 100% are heterosexual.</p> <p>NMC Equality and Diversity data for NI in 2020/21 reports that 1.09% on the permanent register identify as Gay or Lesbian, 91.41% are Heterosexual or straight, 0.81% are Bisexual, and 6.69% are unknown or prefer not to say.</p> <p>NI HSC Workforce Census for this group is unavailable.</p> <p>In 2016, estimates from the Annual Population Survey (APS) showed that:</p> <ul style="list-style-type: none"> <li>• 93.4% of the UK population identified as heterosexual or straight and 2.0% of the population identified themselves as lesbian, gay or bisexual (LGB). This comprised of: <ul style="list-style-type: none"> <li>○ 1.2% identifying as gay or lesbian</li> <li>○ 0.8% identifying as bisexual</li> </ul> </li> <li>• A further 0.5% of the population identified themselves as “Other”, which means that they did not consider themselves to fit into the heterosexual or straight, bisexual, gay or lesbian categories. A further 4.1% refused, or did not know how to identify themselves.</li> <li>• The population aged 16 to 24 were the age group most likely to identify as LGB in 2016 (4.1%).</li> <li>• More males (2.3%) than females (1.6%) identified themselves as LGB in 2016.</li> <li>• The population who identified as LGB in 2016 were most likely to be single, never married or civil partnered, at 70.7%.</li> </ul> <p>There are no accurate statistics on sexual orientation in the community as a whole, it is however estimated that between 5% and 10% of the population would identify as lesbian, gay or bisexual.</p>

## 2.3 Qualitative Data

**What are the different needs, experiences and priorities of each of the categories in relation to this policy or decision and what equality issues emerge from this? Note if policy affects both staff and service users, please discuss issues for both.**

<b>Category</b>	<b>Needs and Experiences</b>
Gender	<p>The menopause affects all women, and it can often indirectly affect their partners, families and colleagues as well. For example stress or relationship difficulties caused by the symptoms or wellbeing of their partner. This can, in turn affect workplace performance. Whilst women/she/her is used in the policy, it is for all employees regardless of their perceived gender.</p> <p>The menopause can often come at a time of life when women are already experiencing other issues or difficulties, such as the onset of age related health conditions, increasing caring responsibilities for elderly or sick parents and relatives as well as children or grandchildren. Women still tend to have a larger share of caring responsibilities and these can be an added source of stress during the time of the menopause. Increases in the state pension age also mean that some women will now have to work longer than they may have planned.</p> <p>Men can be indirectly affected by the menopause for example if their partner is experiencing insomnia and night sweats, men may also experience disrupted sleep and fatigue. If a man's partner experiences significant physical or psychological symptoms (such as depression) he may be concerned for her wellbeing and feel increased levels of stress. In some cases, people can experience relationship problems or difficulties at home at this time. These issues can have an impact on men in the workplace.</p> <p>Different genders can also be affected, for example transgender, non-binary and intersex people can also experience the menopause. Transgender people may not want to disclose their trans status which cause stress and in turn affect workplace performance and wellbeing.</p> <p>Transgender men (those who identify as male but were assigned female at birth) will experience a natural menopause if their ovaries remain in place and no hormone therapy is given. Transgender men will also experience menopausal symptoms if the ovaries and uterus are surgically removed (this may happen at an earlier age than commonly happens with a natural menopause). Symptoms may be reduced or complicated if hormone therapy (such as the male hormone testosterone) is in place.</p> <p>Transgender women (those who identify as female but were assigned male at birth) undertaking hormone therapy will usually remain on this for life and should generally experience limited 'pseudo' menopausal (menopausal-like) symptoms - unless hormone therapy is interrupted, or hormone levels are unstable. Such treatment interruptions however can be a common experience for transgender women (and transgender men).</p> <p>The Policy and Guidance will increase support for those experiencing menopause related issues at work and promotes understanding to those who are indirectly affected.</p>

Age	<p>Evidence shows with an ageing population increasing numbers of women are working whilst experiencing the menopause. In the UK it is estimated that around 1 in 3 women are either currently going through or have reached the menopause. However it is important to remember some women may experience an early menopause or premature ovarian insufficiency (around 1 in every 100 women will have the menopause before the age of 40) or they may experience a surgical or medical menopause.</p> <p>As well as the symptoms of the menopause, these women may have a range of related difficulties to deal with at the same time – for example, fertility problems and side effects from fertility treatments or recovery from cancer treatment (or both). Many fertility treatments can also in themselves cause side effects similar to the menopause such as fatigue, night sweats, anxiety and depression. Women who have an early or premature menopause are also more at risk of developing osteoporosis ('brittle bones') and heart disease.</p> <p>It is important to recognise that variance exists in age of onset of symptoms and the severity and longevity of symptoms experienced. In many cases it is an individual experience, not comparable with colleagues of the same age or stage of menopause.</p>
Religion	<p>There is no data to suggest that the needs and experiences of service users differ on the basis of Religion.</p>
Political Opinion	<p>There is no data to suggest that the needs and experiences of service users differ on the basis of Political Opinion.</p>
Marital Status	<p>Partners/spouses of menopausal women may be indirectly affected. For example, if their partner/spouse is experiencing insomnia and night sweats, they may also experience disrupted sleep and fatigue. If a partner experiences significant physical or psychological symptoms (such as depression) they too may be concerned for her wellbeing and feel increased levels of stress. In some cases, people can experience relationship problems or difficulties at home at this time, in turn may affect their workplace performance.</p>
Dependent Status	<p>There is no data to suggest that the needs and experiences of service users differ on the basis of Dependant Status.</p>
Disability	<p>Evidence suggests that the menopause can affect and exasperate existing conditions. Physical and psychological symptoms can adversely affect the quality of both personal and working life. There may be occasions in which severe and prolonged menopausal symptoms have a significant impact on daily functioning and have lasted or are likely to last for 12 months or more that the disability legislation could potentially apply and reasonable adjustments should be considered in the workplace.</p> <p>Additionally those with disability may perceive menopausal symptoms differently and may find it more difficult to access medical help for symptoms or to get the right support. The aim of this policy is to provide support and guidance.</p>

Ethnicity	<p>Reporting of the most common and significant symptoms of menopause has also been found to vary among different ethnic groups. It is unclear to what extent these differences are caused by social, economic, language and cultural factors rather than a woman's ethnic origin.</p> <p>People who do not have English as a first language or with diverse cultural backgrounds may have more difficulty in communicating symptoms or difficulties they are experiencing, as many cultures do not have a term to recognise the menopause. This may make it more difficult for them to access medical advice or ask for help or adjustments at work.</p> <p>The aim of this policy is to provide support and guidance.</p>
Sexual Orientation	<p>Women in same sex relationships may have a partner who is going through the menopause at the same time. While this can be positive in terms of increased mutual understanding and support at home, sometimes, if both partners are experiencing symptoms such as sleep disturbance or night sweats, this may increase tiredness and fatigue for both partners. It may also be more difficult if both partners experience symptoms such as depression or mood swings at the same time.</p>

## 2.4 Multiple Identities

**Are there any potential impacts of the policy or decision on people with multiple identities? For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people.**

None
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## 2.5 Making Changes

**Based on the equality issues you identified in 2.2 and 2.3, what changes did you make or do you intend to make in relation to the policy or decision in order to promote equality of opportunity?**

<b><i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i></b>	<b><i>What do you intend to do in future to address the equality issues you identified?</i></b>
<p><b>Gender</b>            Whilst menopause occurs in women, it was important to highlight how it can affect different genders both directly and indirectly.</p> <p>This policy and supporting guidance are intended to provide clarity and direction on how NIPEC should deal with menopause related issues, for all individuals irrespective of their perceived gender who are experiencing difficulties associated with the menopause.</p>	<p>This policy shall be reviewed every 2 years, following receipt of new information and/or upon implementation of new agreements which may affect the procedure</p> <p>Staff and line managers awareness/education on menopause via BSO HR</p> <p>Feedback from BSO HR on their consultation with appropriate groups from the voluntary sector via Employment Equality Network Group</p> <p>Ensure appropriate language is used and update where necessary</p> <p>Share and signpost staff to BSO's Health and</p>

<p><b>Age</b>  Although menopause is part of the natural ageing process, medical conditions or surgical intervention can bring on menopause irrespective of age.</p> <p>This policy and supporting guidance highlights how variance exists in age and will raise wider awareness and understanding of menopause. In many cases it is an individual experience, not comparable with colleagues of the same age or stage of menopause.</p> <p><b>Disability</b>  Menopause of itself is not a disability, however, depending on the severity and longevity of menopause related symptoms experienced by the individual it may be classified as such.</p> <p>Davies -v- Scottish Courts &amp; Tribunal Service in May 2018, an employee’s menopausal symptoms were deemed to be a disability for the purposes of the Disability Discrimination Act 1995.</p> <p>Therefore when dealing with employees who have menopausal symptoms, NIPEC will be mindful of the need to consider if an employee is disabled as a result of those symptoms and if it is concluded that they are - reasonable adjustment(s) will be considered in line with relevant policies and related legislative provisions such as the DDA 1995.</p> <p>Case law has also recognised the importance of putting in place ‘timely’ reasonable adjustments for staff with a disability.</p> <p><b>Marital Status/Ethnicity/Sexual Orientation</b>  Menopause Assessment and Action Plan and guidance for managers and employees included in the policy outline how the menopause can have an effect on marital status and affect people differently depending on their ethnicity and sexual orientation.</p> <p>This policy covers the impact of the menopause on employees working within HSC organisations recognising that severe</p>	<p>Wellbeing SharePoint site with up to date information, webinars, infographics, toolkits where appropriate</p>
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<p>menopausal symptoms can adversely affect health and wellbeing, work performance, absenteeism, presenteeism, staff retention and/or health and safety at work.</p> <p>The policy sets out the key principles to which BSO should adhere to, to ensure that individuals affected by the menopause or perimenopause are treated fairly and given the appropriate support and any reasonable adjustments if applicable.</p>	
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## 2.6 Good Relations

**What changes to the policy or decision – if any – or what additional measures would you suggest to ensure that it promotes good relations? (refer to guidance notes for guidance on impact)**

<b>Group</b>	<b>Impact</b>	<b>Suggestions</b>
Religion	None	None
Political Opinion	None	None
Ethnicity	None	None

### (3) SHOULD THE POLICY OR DECISION BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?

A full equality impact assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity.

**How would you categorise the impacts of this decision or policy? (refer to guidance notes for guidance on impact)**

**Please tick:**

Major impact	<input type="checkbox"/>
Minor impact	<input checked="" type="checkbox"/>
No further impact	<input type="checkbox"/>

**Do you consider that this policy or decision needs to be subjected to a full equality impact assessment?**

**Please tick:**

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

Please give reasons for your decisions:

Mitigation has been put in place to address any equality issues identified in the screening of this policy. It is not thought that subjecting this policy to EQIA will present further opportunities to promote equality of opportunity.

#### **(4) CONSIDERATION OF DISABILITY DUTIES**

**4.1 In what ways does the policy or decision encourage disabled people to participate in public life and what else could you do to do so?**

<b><i>How does the policy or decision currently encourage disabled people to participate in public life?</i></b>	<b><i>What else could you do to encourage disabled people to participate in public life?</i></b>
N/A	N/A

**4.2 In what ways does the policy or decision promote positive attitudes towards disabled people and what else could you do to do so?**

<b><i>How does the policy or decision currently promote positive attitudes towards disabled people?</i></b>	<b><i>What else could you do to promote positive attitudes towards disabled people?</i></b>
The policy will increase support for all employees experiencing the effects of the menopause. Where severe menopausal symptoms have a substantial adverse impact on an employee's daily functioning for 12 months or more - reasonable adjustments will be considered and provided for in line with the DDA 1995.	

#### **(5) CONSIDERATION OF HUMAN RIGHTS**

**5.1 Does the policy or decision affect anyone's Human Rights?  
Complete for each of the articles**

<b>ARTICLE</b>	<b>Yes/No</b>
Article 2 – Right to life	No
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment	No
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour	No
Article 5 – Right to liberty & security of person	No
Article 6 – Right to a fair & public trial within a reasonable time	No

Article 7 – Right to freedom from retrospective criminal law & no punishment without law	No
Article 8 – Right to respect for private & family life, home and correspondence.	No
Article 9 – Right to freedom of thought, conscience & religion	No
Article 10 – Right to freedom of expression	No
Article 11 – Right to freedom of assembly & association	No
Article 12 – Right to marry & found a family	No
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights	No
1 <sup>st</sup> protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	No
1 <sup>st</sup> protocol Article 2 – Right of access to education	No

If you have answered no to all of the above, please move on to **Question 6** on monitoring

**5.2** If you have answered yes to any of the Articles in 5.1, does the policy or decision interfere with any of these rights? If so, what is the interference and who does it impact upon?

List the Article Number	Interfered with? Yes/No	What is the interference and who does it impact upon?	Does this raise legal issues?*
			Yes/No
N/A	N/A	N/A	N/A

\* It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this

**5.3** Outline any actions which could be taken to promote or raise awareness of human rights or to ensure compliance with the legislation in relation to the policy or decision.

N/A
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## **(6) MONITORING**

**6.1** What data will you collect in the future in order to monitor the effect of the policy or decision on any of the categories (for equality of opportunity and good relations, disability duties and human rights)?

Equality & Good Relations	Disability Duties	Human Rights
Monitored through feedback from BSO Occupational Health, and NIPEC Managers and Staff.	Monitored through feedback from BSO Occupational Health, and NIPEC Managers and Staff.	Monitored through feedback from BSO Occupational Health, and NIPEC Managers and Staff.

Approved lead officer: Jill Jackson

Position: Head of Corporate Services

Date: November 2021

Policy/decision screened by: Janet Hall, Corporate Services Manager

**Please note that having completed the screening you are required by statute to publish the completed screening template, as per your organisation's equality scheme. If a consultee, including the Equality Commission, raises a concern about a screening decision based on supporting evidence, you will need to review the screening decision.**

**Please forward completed template to: [equality.unit@hscni.net](mailto:equality.unit@hscni.net)**

If you require this document in an alternative format (such as large print, Braille, disk, audio file, audio cassette, Easy Read or in minority languages to meet the needs of those not fluent in English), please contact:

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 NIPEC  
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 Belfast BT1 4JE

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 Tel: 0300 300 0066